2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"'- Audits should never be pre-warned to facilities. Spot audits should be done. With pre warning facilities ensure clients with - challenging behaviours - ability to complain are off the unit around those dates if on the unit are more often than not taken ""on an appointment"" or ""outing"". Clients are spic and span for the expected dates of visits. Units are given spit and polish and dressed up with table cloths - flowers - carpets steam cleaned - scents sprayed around. Files - paperwork - reports are all put in order - corrected - updated on a select group of clients and handed to auditors instead of Auditors selecting files. Clients are engaged by all staff - hive of activity occurs over these days or as soon as auditors or higher management arrive. - People raising concerns to be protected fully. If threats - bullying etc occurs for either the employer be held accountable and for the employer to hold the party accountable. - Middle to lower management to be held accountable for not passing information up the line of management. Unit managers/Team leaders/Executives keep complaints - concerns - reporting at that level putting the issue/s under the carpet. When/if the complainant - advocate follows up or raises higher the person reported to denies the occurrence. Middle management give guilty staff members the opportunity to resign or have report to Ahpra made. The guilty have always resigned on own merit and unfortunately moved to other facilities and continued behaviors. Middle management have employed nursing staff knowing that a person has been ""sacked"" from one employer, this has occurred twice with staff that have been ""sacked from [redacted] Health Service"" to then employ the two staff members one in [redacted] which is a unit within the [redacted] Health Service hospital rented from them by [redacted] Health. The other staff member this same Unit Manager employed at the [redacted]. All staff members registered with Ahpra that have reports put in about them and found to be warranted Must be reported to Ahpra. This should be Mandatory, if it is found that Ahpra have not been informed the Unit Manager and Employer be held responsible. - Ahpra's investigation time is way to long - should more be employed - especially in country regions. - Management at any level should not inform staff that until an ""issue"" is put in writing nothing can be done and once in writing the person the complaint/issue/behaviour concerns shall be informed of who made the complaint/concern. Management can act upon concerns, unnecessary/unwelcome/inappropriate behaviour by raising in staff meetings and having all staff read minutes - sign and date, then if behaviour continues management then acts without having to put the staff member who initially raised the concern being put through duress. When an issue has been made a copy of this should be passed through to Human Relations and filed. If the report has gone to Ahpra, Ahpra should be able to access the staff members file to see if this person has a record of behavior. - Staff members that have been stood down pending investigation should have this on their record that they are stood down pending investigation so that if the staff member resigns this is there for public to see as so many staff move on once a person stands up and advocates or reports. - Older Mental Health Registered Nurses are still very much in the belief that what they say and do is the law. There is

no consideration given for the clients aging and general health, ""it's their Mental Health"", ""it's behaviour"". - Many nursing staff members working in the Mental Health area especially aged care have no aged care training or basic general nursing skills - bed rolls - end of life care. - The recovery model does not work for our aging citizens who are approaching the end years. - When investigations are being done that independent bodies carry these out which occurred in this instance. Unfortunately the woman who interviewed me had never done/had an interview of this sort to my understanding. The person/s that hold these interviews - statements must be professional investigators. - Unions - blanketed staff. - Interviews with staff should never be held on the premises and in smaller towns possibly look at holding them in another town or well away and in a place away from passing people. - [redacted] who carried out the investigation had to have everything clarified for a court of law. This along with staff relationships - friendships - union - living locally - having worked together for years - being a unit of campus and well away from higher management (out of mind out of sight) - being related or friends of the staff reported - inability to get employment elsewhere - society of no ""dobbing"" - staff believing the clients are there for them, instead of we are the professionals providing a service to our clients attitude - staff members that were delegates and very pro active union members all made this investigation fail. - Staff scared of reprisals from other staff - friends - family and general public in the region. - Staff having only ever worked in the one position and one employer - employer may have changed on ly due to takeovers from other facilities. - Unit managers that are not open to change or out to achieve what they want. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
The Mental Health Complaints Commission. This body has the client foremost.

What is already working well and what can be done better to prevent suicide?
N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
N/A

What are the needs of family members and carers and what can be done better to support them?
N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise

these opportunities?
N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
"[redacted]"