

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community’s understanding of mental illness and reduce stigma and discrimination?

More support is needed in the area of personal care and hygiene Community based Barbers and Hair and clothing . Assistance with high cost of lodgings in the SRS facilities.

The level of abuse and neglect of the residents in the SRS facilities .

The SRS ACT and regulations should require the same staffing and level of care that the Department disabilities houses

2. 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 level of care offered by the Department disability houses works well and the SRS facilities should offer the same.

3. What is already working well and what can be done better to prevent suicide?

Ensuring that people with mental health that are prescribed with a Depo so not miss their injection dates.

<p>4. 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.</p>
<p>I believe that courses in Emotional intelligence would have a huge impact on understanding and improving anxiety and depression</p>
<p>5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?</p>
<p>Privately owned SRS Facilities Review of the legislation ..SRS facilities to be audited for breaches of the regulations .</p> <p>The Department of human services to act more sternly on the level of care offered in the Privately owned SRSs</p>
<p>6. What are the needs of family members and carers and what can be done better to support them?</p>
<p>Access to support net works ..Regular up dates on community events .. Respite</p>

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

Submission to the review of the effectiveness of the legislative frame work governing Supported residential services ... November 2016 Author Sophia Rinaldis .. Office of Public Advocate ... Urgently needs to be in effect . Why has the review been ignored ?.. The review is a very accurate submission of the changes needed to the SRS regulations legislation 2012 act 2010.

Appropriately trained staff working in SRS facilities . Suitable staff.. Personal care is not being met in SRS facilities due to the number of staff requirements per resident 1 staff member for 30 residents division 6 staffing requirements only 1 staff member on duty per 30 residents or fraction of . Qualified staff requirements not been met Sleep over shift from 7.30 till 9am one staff member on shift to facilitate personal needs , Medications and preparing supper and breakfast is not providing the appropriate care needs . SRS low care facilities with high care residents and staff requirement as per care plan not being met.

Drugs and Alcohol allowed in the facility , residents constantly intoxicated and disturbing other residents and threatening to staff. Violence , sexual assault , Beatings , theft, Death of a resident due to beatings.. Breaches in the act and regulations to providing a safe environment for residents and staff .

In appropriate administering of medication to all 35 residents by one staff member over meal times with no medication cups used. . Signing of medication completed only after all meds were given . Medication removed from locker in the dining room over meal times

Un trained staff injecting insulin in the dining room

No rules or regulation for any public visitor including drug dealers to stay at the SRS facilities and abuse residents.

No rules in place for residents to freely enter the units of other residents and causing conflict and uncontrollable theft ,

No support staff for sleep over shift or any assistance or relief after high risk incidents.

Staff members allowed to Drink alcohol on the Job.

Staff members supplying drugs . Residents supplying drugs and alcohol to other residents.

Residents allowed to be highly intoxicated in the common areas and dinning room.

Required hours on duty for coordinator not met. Un qualified staff such as cleaners required to perform personal care duties and attend appointments with clients.

Cleaners and Personal care assistants required to cook and prepare meals un supervised with out hold a food and hygiene certificate.

Bullying reports not being addressed by the proprietor.

Proprietor/ licensee of a SRS should be reviewed every year for suitability for the requirements .

The licensee of privately owned SRS should be reviewed for not complying to the regulations of

the Act.

Cameras must be working at the SRS to be evidence of incidents of high risk to both residents and Staff.

Cameras that are not working have been used by the proprietor to deny incidents that have accrued

Cameras were guaranteed to be working in SRS to staff.

Incident report books not being filled out by staff members to avoid attention from the community visitors

Residents with Mental health will mostly be reluctant to report on another resident regarding issues of violence and abuse .. Most often the residents are too timid or scared of an abusive resident to report to the police called to the scene of the incidents . The residents most often will not report on the violent behaviour to the community visitors ..

Staff members can be favoured by the proprietor for not reporting incidents in the book to be used as evidence..

Staff members encouraged not to talk to community visitors Proprietors of SRS not educating staff members of the role and importance of the community visitors.

The Department of human services should ensure that the SRS has the appropriate number of staff on shift and contingency plans for emergency. support staff. The Department should follow up on the request of required number of staff members for the number and requirements of the residents

Staff numbers to be increased .. EXAMPLE SRS 35 beds .. From April 2018 to June 2018 there only 6 staff members for 7 days and nights .

Staff members

Cook.. full time mon friday

Cleaner .. full time

Cleaner Casual

PCA weekends ONLY..Day shift and sleep over

PCA week days 40 hours and 4 sleep overs 80 hours

NO RELIEF SLEEP OVER STAFF EMPLOYED OR ANY ON CALL STAFF

No counselling offered to SRS staff after experiencing high risk incidents

UN fair pay , no penalties for back to back sleep over and day shifts.

Un lawful working hours .

Sleep over shifts to start at 10.30 pm as do in the Department houses

SRS staff to have the support of a union as do the Department workers.

8. 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?

People living with mental health in SRS Facilities need financial assistance with the high cost of lodgings in the SRS mostly leaving residents with only a few dollars .

SRS facilities should offer in house activities for residents Games, books, cards, beads movies ext.

More opportunities for volunteers to offer group or individual activities

Clothing donations

Access to information on free community events

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

PRIVATLY OWNED SRS FACILTIES

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Auditing the privately owned SRS facilities .Staffing numbers and qualifications

OPA Submission to the review of the SRS legislation 2016 to be active.

11. Is there anything else you would like to share with the Royal Commission?

I would like to share with the Royal Commission.

I Nicole reading have been diagnosed with a chronic adjustment disorder , trauma with anxiety depression

My mental illness has occurred as a result of the work conditions, lack of staff support and physiological abuse by my employer whilst I was employed as a Personal Care Assistant at a privately owned Supported Residential Care Facility

Please find attached my Statement.

Privacy acknowledgement	<p>I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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