

GP's sometimes reluctant to do MH Plans, NDIS paperwork etc due to the time involved.

Proactive care in the community may avoid some of the hospitalisations people experience (I feel that the "missing middle" are especially impacted in this respect).

I think, and have received enormous feedback from consumers, that there is a need for a mental health after-hours telephone support service that sits between the crisis line and Lifeline.

Despite that the fact that services are very well promoted, eg. Pamphlets and websites, many people still do not seem to be able to easily access services and/or always know what is available.

If you do not have access to technology, phone numbers are not always available and/or readily available in phone books.

I feel that the "automatic cut-off" from the DSP, when you gain more than 30 hours employment and/or reach a certain income limit, should be extended to 5 years (to allow for fluctuations and lack of long-term stability in a person's mental health status).

Professional qualifications for the peer workforce are lacking at a tertiary level (particularly at university level). Also there seems to be a lack of professional recognition for the lived experience of a person.

Mental health consumers are often financially disadvantaged due to "breaks in employment" caused by episodes of ill health (eg. lower superannuation balances, inability to save a deposit and/or secure and service a mortgage on a home).

I feel large organisations would find it at least as, or more, challenging to ensure a psychological and emotionally safe workplace as what would smaller organisations.

Also, due to the fact that there are a large number of people in the workplace, interacting with each other and whilst dealing with work pressures; despite an organisations best efforts and/or knowledge and skills around what is a 'safe' workplace, this is not always necessarily the case or easy to implement.

(Much more difficult to identify, quantify and act on than what OH&S issues of a physical nature are).

Furthermore, I think "extra-flexible conditions" for workers, eg. Doing work outside normal office hours or from home for some tasks, would facilitate better attendance and performance for some people.

I feel that the recommendations referring to tiers of government working together should be extended to include non-government and community managed organisations.

In regard to education, although most imperative for young people; I feel that it should also be facilitated for adults to re-enter the education system (especially people who have not been able to complete schooling and/or training, to gain employment, due to their mental health condition).

I feel that it is discriminatory to mental health consumers, that some medications that would allow them a better level of wellness, are not available on the PBS (as mental health consumers are often not financially well off).

Yes, I agree there should be more training to GP's on the side-effects of medications and their impacts on the physical health of people. Also, there is sometimes complex reactions between various medications that can make a person feel quite ill.