
Productivity Commission

Inquiry into Mental Health

Included are only those comments received as of 30 October 2019, for which the submitter gave their approval for use of their comment by the Commission. Some comments have been edited to remove information which the Commission considered could enable identification of the submitter or a non-public third party individual.

Comments from people who are a user or consumer of mental health services or supports

1.	Hello, and thank you for your inquiry. Firstly, accessing the Disability Support Pension entailed a prohibitive amount of paperwork (which luckily my mother was able to deal with); And secondly, the employment Nova Employment Services found me was inappropriately challenging (and the employers ripped me off). Thank you for your time.
2.	Hard won experience has told me that a depressing majority of employers do not comprehend mental health and disabilities as anything much more than a potential liability, they want nothing to do with it, views are dated and backwards, talking about it is a career death sentence. Same with talking about any potentially chronic health issue, really. The sickie culture and the idea that such a culture exists (indeed, does it really?) has also really hurt perceptions of legitimate illness. Hard won experience has also taught me that the alleged medical professionals who provide publicly funded mental health services are often poorly equipped or too overzealous with tools like the ability to order police to detain patients, patients who are overly concerned about starting a treatment after one initial visit and no trust relationship established with the treating doctor. (yes, this happens) In particular, I urge this inquiry to investigate reports and complaints about public mental health services in Australia, the APHRA agency has records of complaints made by people such as myself. I saw my partner detained for 4 days in Rockingham's mental health ward last year under the order of an overzealous doctor over a refusal to take medication after one visit and then a second visit while I accompanied him and expressed my concerns, the doctor was practically fresh off the plane from the medical school in their own part of the world and then given a stack of forms for the mental health act detainment orders, so naturally the moment their judgement was questioned by myself they borrowed from their own authoritarian cultural background and used the form as a weapon to punish. Police broke into my house the following Saturday and detained my partner, whilst two very smug looking nurses accompanied them. I recorded everything. I still have the evidence including a form that says my partner was suffering "delusions of grandeur", which was subsequently proven to be invalid after 4 days of observation by more qualified professionals. He should never have ended up there. The ward treated both myself and my partner like crap, the food was poor, they took his shoelaces and threatened to take his phone when we both started complaining to regulators about his treatment. By the end of it I shut up and they got their compliance, I feel like they tried to break both of us. They were investigated by APHRA, who as I expected, proceeded to find no fault or

	<p>problem with the situation. Typical. 4 days of our lives wasted and no consequences. No real sense of accountability. Nothing even so much as a sincere apology. Mental healthcare is a joke in Australia as far as I am concerned. All people such as myself and my partner want anymore isn't help, help has proven to be harmful where it is forced rather than offered as in my example above, we'll seek help when we can. No, what we want is to be left alone to deal with our issues on our terms and not interfered with</p>
3.	<p>I would like to comment that a mental health strategy and plan should be preventative and far reaching. Australia's culture of macho stoicism is quite literally killing males at an alarming rate and should be addressed from the time children are in school through to the workplaces they end up in.</p>
4.	<p>My experience with the mental health system in Australia is that it is complicated and expensive. My journey towards recovering from clinical depression started with a consultation with my GP and a blood test. From there, I was prescribed an antidepressant. I cannot fault the professionalism, empathy and helpfulness of my GP in helping me find the medication that managed my symptoms in the most helpful way. However, I eventually decided I wanted to undergo Cognitive Behavioural Therapy (CBT) with a psychologist. My GP gave me a Mental Health Care Plan and a referral letter recommending I see a private psychologist. Despite the Medicare rebates, six sessions cost over \$660. I was fortunate enough to have the financial backing of my parents to make this work for me, but I am all too wary that there are many other patients who would have seen the gap and given up. A couple of years later, I decided to have another shot at CBT since my symptoms were not wavering beyond the limited results that medication can provide. I decided to see a psychologist at Headspace. I really clicked with them, they helped me manage my feelings, and it didn't cost me a penny out of pocket. Medicare paid Headspace a benefit of just under \$85 per session. There are two things I would like to point out in regards to my experience with the mental health system based on the experience I have shared above. First, even with a GP, navigating the mental health system is hard, and your GP may not direct you towards a service that you can actually afford (this problem is widespread across the entire private health system). Second, the Australian Government has decided that treating an individual's mental health issues is only worth \$848 (\$84.80 benefit multiplied by 10 maximum sessions on a Mental Health Care Plan) per year. Maybe for some people this is enough, but for many it simply isn't. When formulating mental health policy, government needs to consider how much a life is worth, and I'd argue it's worth a lot more than what Medicare reckons it is</p>
5.	<p>I am currently in protracted withdrawal from the antidepressant Effexor and have had 9 ECT treatments under the guidance of a psychiatrist. I cannot deal with what is happening to me and feel like I am losing my mind. I haven't been at work since July 2018 and wonder if I'll ever feel well again. I do not trust my doctor any more and I need desperate help. Where do I turn? What is happening to me is inhumane and no fair. Please help me.</p>
6.	<p>Victoria does not have enough services to cater for PTSD services for emergency services workers. The Veterans services at the Austin Hospital (Formally RGH Heidelberg) no longer cater for psychiatric service outside of 9-5 or weekend. They also demand 2-3 weeks notice for PTSD patients. So if it is an emergency, there is no service for Veterans, as the best service is with their own, not with a civilian system that does not cater to or understand military systems of military illness. Ptsd can be debilitating and affect the</p>

	whole family. Methods of treatment can be employment specific, especially relating to the ADF.
7.	There needs to be an acknowledgment of the overuse of psychotropic medications in Australia. There needs to be a recognition that antidepressants are addictive. There needs to be support services established to help people to withdraw from their psychotropic drugs. The drugging of the population is not even mentioned in the terms of reference, only the financial cost to the PBS. For an initial overview of this subject, please refer to Professor David Healy and the content of the Rxisk website and his title "Pharmageddon"
8.	My comments relate to my personal experience in working through the mental health system. Working in a Government agency there were constant cutbacks when the workforce was frozen then reduced without a commensurate reduction in output expectations. This led to a toxic work environment where we were constantly under increasing pressure. The result was an increasing number of bullying, sick leave, and actual and attempted suicides. Management failed to see and act on this. I knew I was in trouble when I was carted out of work in an ambulance. I then became an ongoing dependant on the medical system with depression, anxiety and then developed acrophobia. I have been unable to work for one and a half years. The process of becoming "supported" was a troubling time with lengthy delays e.g., it took eight months before I could access, on a regular basis, a psychiatrist, and five months for a psychologist. There was due to a lack of support in getting help to navigate the internal and external processes, and the absence of qualified medicos in the ACT. I learned that the many forms that need to be filled in would be OK for someone with a physical injury but not someone with mental health issue. The agency "wasn't allowed to help" nor my assigned case managers. The lack of support led to alcohol abuse as a mechanism to avoid the nightmares. I was then admitted to the Adult Mental Health unit. I saw how difficult other people had it, and experienced the poor support in this under resourced environment. It made me feel that I should have worked harder to commit suicide rather than dialling 000 for help. I have lost count how many case managers I have had between my employer, Comcare, rehab provider etc. The system doesn't allow for continuity of care. This leads to having to repeat oneself so many times that in itself contributed to the continued downward spiral. I kept a diary of every appointment for each of the participants in my "health care (non) recovery" because doctors said I had become confused and unresponsive. I was further devastated when my pay stopped because someone failed to tell me about a form that should have been filled in. Then later my pay was cut 25% because Comcare only pays 75% after 45 weeks. How is this right? I was injured in the workplace (proven) but they still cut my pay. This financial hardship caused further anxiety. Our credit card has been maxed out for some time as we struggle to pay the bills. I can now never work again and am in the process of being retired on medical grounds with a total and permanent incapacity. I think that if I had a more caring work environment, and a less stressful time "entering" the mental health system, and continuity in care, that I could still be able to work today. As it is, I will be on Comcare until age 65.
9.	Your organisation is a cart harnessed behind the horse, mental illness is society and society is mental illness - being the product of the Whole, so called individual treatments of ECT, lobotomy and antidepressants depicting the Nightmare of humanity -split within and without.

10.	<p>I am a retired school teacher and had my first episode in my late thirties. I had 2 young children and my husband was in a very demanding job. We both kept asking the necessary questions about what to do but the most pressing problem was the financial burden it placed on our lives. Numerous visits to doctors who didn't bulk bill, referrals to psychologists and the never ending tinkering with drugs. Over the years I've spent thousands of dollars on my condition and am lucky because I had a job which could finance it, but what about those people who do not have the necessary funds. Through this inquiry, my wish is to have the financial aspects explored. E.G., when one tablet doesn't work and a new one is prescribed, can the cost be transferred instead of having to pay for, yet again, another script. At various times I've had a drawer full of drugs which have been discarded. For me this is the most distressing component of mental health.</p>
11.	<p>I have been an employee of the Department of Education for ten years. During this time I have been a victim of bullying and harassment from executive staff. The services currently available to support teachers feeling anxiety or depression from the workplace is limited. I was told to report my concerns to Injury Management. Frustrations begin here when no outcomes or investigations are placed, only documentation. I was told to go to Employee Assistance Program for free counselling. The counsellors are not qualified psychologists, they do not offer any strategies for improving my mental health or have an understanding of treating trauma. They again only offered documentation. I was told to contact my union. The union cannot support me as an individual because they also represented my executives, again they just document. I felt isolated and lost so I took stress leave. No action or investigation process was ever made from the Department to ensure that this does not happen again or to even question what happened, which means that my executives continue to harass me. I am not just a teacher. I am also a mother. I care for 2 children with Autism. The unreasonable work demands and constant personal and professional invalidation by my executive staff led to needing a Mental Health Plan and medication. I believe that my depression and anxiety was agitated further by the fact that no actions were taken when I reported my Injury to the Department. You also have no one at school to support you or to ask how you are going. Mental health is not a priority to the Department. If it was, The Bullied Teachers Support Network would not need to exist and I would not have left the profession.</p>
12.	<p>Back when I did my time with Mental Health I was engaged with the Mental Health Rehabilitation team. It was run using Living Skills as a model. chronic sufferers of mental illness list as their number one problem is loneliness and that's where the Living skills centre was useful because one concept of living skills was an open door policy and or "drop in" function, relationships were encouraged, and therapeutical alliance with a clinician taking on a secondary role, Living skills sponsored several paid work programs which served as a springboard in to Tafe/ Uni educational courses or part time work, I took part in both, The Commonwealth Rehabilitation Service found me a sponsored work place which led on to permanent part time work. At One stage I worked in three separate work places. It was challenging but rewarding socially as well as monetarily. Now rehab has continued on but with a strictly clinical focus and those consumers who can't cope with employment are siloed off into slave labour with Flagstaff e.g. or warehoused into Disability centres contracted to NGO's where they are supervised while they play games. This herd mentality is crushing the human spirit, and consequently ingenuity, imagination and resourcefulness of users The consumer led recovery movement has meant that the</p>

	<p>consumer is in charge and scientific based professions are there to serve, we have got it pretty good haven't we? Until you realise that mental illness is the most demoralising function disabling mechanism that nature has devised and without a lot of support people get left behind. Families used to be the main support for sufferers but relationship fracture is all too common, this coupled with economic rationalism and the increasing technological basis for our interactions nowadays leaves little room for Love. Because that is what it takes to restore broken lives, disable stigma and bring joy back to our brothers and sisters. For love to work it requires a relationship, not a short term contract or burnt out staff members because of a lack of resources. How do we reward those who do suffer we pay them Newstart or if you are extremely fortunate a DSP. The Disability Support Pension is for those who basically can't work it is paid at the same rate as the Aged Pension, those who receive the aged pension have worked all their life and stored up assets to help them live out their remaining years, the consumer if he hasn't spent time in gaol, because his behaviour brought the person to the attention of the police, if he wasn't homeless because the Housing Market is geared towards the rich end of town and it's impossible to get a loan from the Banks on a DSP, let alone find a flat to rent because there is a housing shortage. There is ten thousand people on the waiting list in our town. Meaningfully engaging with our able bodied cousins is a pipe dream, enjoy your lattes.</p>
13.	<p>I refer to p 26 of the Productivity Commission's Issues Paper 'The Social and Economic Benefits of Improving Mental Health', where it states: The rate of workforce participation among people with a diagnosed mental illness (62%) is considerably lower than for those without a mental illness (80%). However, the 62% figure appears high having regard to figures published in ABS 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2015. Disability can impact on a person's opportunities to participate in the labour force. In 2015, one in four (25.0%) people aged 15 to 64 years with psychosocial disability (living in households) were employed, compared with just over half (57.3%) of people of the same age with a disability other than psychosocial, and 78.8% of people without disability. UK data published in Paul Farmer and Dennis Stevenson 'Thriving at work: The Stevenson Farmer review of mental health and employers', October 2017 (https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers) identified that in 2017 only 44% of people with a long term mental health condition were in employment. Additionally the House of Commons (2018). People with disabilities in Employment, Briefing Paper Number 7540. London: The Stationary Office. (http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540) paper identified: There were 3.5 million people of working age (16-64) with disabilities in employment in April-June 2017, an employment rate of 49.2%. The employment rate for people without disabilities was 80.6% (p 4).</p>
14.	<p>Early last year, I was in a serious Mental Health crisis. I was extremely suicidal due to Severe PTSD. My GP, Psychologist and I were working hard to get me admitted into a Psychiatric hospital, The Melbourne Clinic. This hospital refused to admit me, solely on the basis that I have Epilepsy, an ABI, which came from the past trauma I'd experienced, which caused my SPTSD. I was already in distress, but to having dozens of itimit phone interviews, (lasting over a week), with staff from TMC, promises that I'd be admitted, to having them finally admit... "we don't want to have to call an ambulance if you have a seizure here". I live alone and have been managing my seizures well on my own for a decade. I was stunned and angered, as was my GP and Psychologist. This was an outright discrimination against myself having physical health issues as well as mental health issues.</p>

	<p>I had similar problems with "Albert rd Clinic", with their admissions staff, laughing at my recall of the traumatic events causing my illness. My Pastor overheard this phone call; and was in tears at the way I was treated. Something needs to be DONE! People who have multiple illnesses, and who live alone, need Advocates to help them navigate the cruel mental health system. I made a second attempt on my life; after all the trauma of these phone calls and the let down of the system. I survived, but next time; I may not, without being admitted into a Psychiatric hospital. I pray that no-one needs to go through this humiliation in the future. Thank you for your time.</p>
15.	<p>Thank you for hearing our comments. My comment pertains to the absolute discrimination in employment which still exists even in workplaces where you would hope that management were less ignorant & better able to work through the complexities presenting when they chose to discriminate instead. I was honest with my workplace when I experienced a workplace incident that according to my GP & I, gave me what I considered a need to take absence in order to be a responsible professional employee & to bounce back. I was honest & informed my management of all that had taken place & the symptomatology ensuing. The games began from my employer! Some support (or packaged up as support) ensued from the workplace alongside performance management, being spoken to in forceful chastisement & then came sudden unprofessional statements out of the blue & uninvited from managers - that they believed (based on workplace communications & observations that they had never heard my side of the story of) I was already unwell (in a separate, not quite completely related symptomatic way) prior to the incident (which was not the case, as substantiated by a relevant clinician that I had at the time who had never observed same nor achieved a positive result on me for same whilst the clinician was using globally well established assessment tools for such). Some of the games were things like not allowing a support person, trying to take me by surprise with their tactics in meetings, making-up new "guidelines" about how they wouldn't accept a medical certificate because it came from a different GP to my usual one & encouraging me to follow their urges that I go elsewhere for assessment because, "internal policy - about medical certificates - will change soon" (which it never did, & couldn't acceptably change, because how preposterous that a client can access their usual same GP for any spontaneous illness that occurs, 365 days a year! Eventually, after years of me being an honest, gracious, collaborative & positive and resilient employee in the face of the symptomatology, the workplace support, & it's pseudo-support & the illegal treatment by my employer which dropped the jaw (literally) of my GP, I spoke to a well-supported middle manager "x" at my place of employment. I told "x" that it appeared that since I had opened up about the symptomatology (symptomatology that my workplace & I & outside independent professional supervisor had all stated wasn't impacting on my capacity to perform my role) to the workplace, it appeared increasingly difficult to be considered for well-deserved promotion there. The manager "x" then actually admitted discrimination to me by stating that she, "x" can "never tell when you well or unwell"! I mean to say! - So, this is to suggest that I committed a crime of appearing well at times (not surprising after working hard on recovery & also functioning well enough for work as stated)? - which made it that work could not promote me for seeming well?</p>
16.	<p>Thank you for holding a commission into this very very important area. It needs to be constantly remembered that mental health issues can be like living with death, chronically, just not being physically dead, and can lead to death, if not a slow or a hastened death, (something which family, friends, & others like the health system may -still- not</p>

	<p>understand when feeling unable or unavailable to help someone with mental health issues who is asking for their assistance). I would like to make submissions and contributions to assist the betterment of health care & indeed supports available for others, as I have found that health carers do not always relate to complexity, they can be turned-off by attitudes of patients who have had enough of not finding the right support, & from attitudinal stigma & ignorance re. confidentiality from many (even close friends) in communities. Patients are tired and yet still health practitioners do not train in the crucial ADVANCED empathy & communication skills required to traverse across the emotionally charged environment to assist those chronically and acutely impacted by trauma & mental health issues. I have been a clinician in trauma & found this to be a strength of some practitioners, was hard work & to a degree required instincts but also frameworks & knowledge education, yet was a rare strength. I find as a patient that it is hard to come-by a broad enough framework from clinicians that can enable complexity to be thoroughly explored. And today's fast GP visits - a culture that has developed, are really not suitable for mental health issues. Furthermore, there is no commission for patients to make suggestions to. I once rang the Aust. Medical Association in Perth who informed me that they cannot take a general suggestion after I was berated by a GP for caring to ask questions after he had provided his advice. The only avenue would be to make a complaint. The most important thing I would like to say here to the Commission is to please please very much expect a low contribution from members of the public whose voice needs to be heard the most. Those are the folk who won't make it to a computer, don't know this is on (that was me until just now), can't get to their GP even (& from experience, that encompasses even some of those affected at a low threshold of symptoms). We constantly hear (& I was a proponent myself as a clinician) in the media & from public health & supporters that it is best to try to find support. Even as a white, reasonably socially privileged person, I could not find suitable support in Australia. I was horrified. It has led to another level of distress - the difficulty of finding adequately low stigma, thorough, considered, knowledged, well-rounded, responsiveness from anyone - friends, family, social workers, GPs, counsellors, psychiatrist or psychologists. The psychiatrist I saw scared me away from ever wanting to enter into that "power-shop" ever again & I have not returned in two yrs.</p>
17.	<p>Actual cause for many persons believed to have schizophrenia is RADIO-WAVING and BRAINWASHING. It is introduced by other interested parties in the individual's financial and legal status for varying reasons. For me it started with a Queensland Heal Quality and Complaints matter involving a conciliation process. Also to I am a single woman (with a devoted friendship) whom owns her own home outright. I have also had a QSuper claim that did not come to fruition for work insurance with the same district that owed me a response and engaged in the conciliation process with the HQCC. I believe that the voices, characters and mention of categorisations, and ongoing sentences heard over and over again and mention of real actual people are attempted brainwashing. I am an former registered nurse and firmly believe that during times of expected psychosis such as when exams and assignments are due that catecholamines in twenty-four hour urine collection and naturally occurring dopamine levels should be measured. This would be an indicator of a biochemical imbalance other than reported symptoms of dismissed auditory hearing which is my only symptom. I have endured extensive social isolation at times because of the stigma that my illness attracts. So Much so that my children were unjustly removed from my care at the time of the conciliation for money to compensate me for my youngest son's birth trauma. I strongly recommend that alternate sinister purposes for symptoms of</p>

	<p>schizophrenia be investigated. I am now without my sons two fathers, [name withheld] and [name withheld] through unexpected death. My sons permanent care order carer was also killed in a heart surgery surgical misadventure. I had asked that his carers at the time leaving now [name withheld] pursue his due and proven compensation. I hope that by this comment it may be realised that there are lucrative purposes for radio-waving a person. Ultimately it is an inhuman thing to do to someone and I have endured this since 03-04/07/2008</p>
18.	<p>I have tried to get help from Beyond Blue sometime ago. They did not even respond to me when I reached out to them. Also: I saw [name withheld] in Ballarat when I was in need of help on account of Catalonia Independence which affected me deeply being me from there. She did not help/got involved/understood anything. Wasted my time. in both occasions. My husband [name withheld] also visited a psychologist who did not help him. He clearly, is having mental issues which were not tackled, just avoided. He's perhaps autistic? I do not know. He wasted his time. The psychologists we have seen were just killing time and getting paid for it.</p>
19.	<p>I wish to comment on the Centrelink and FACS Housing systems. I work as a support worker. I am on the DSP and living in FACS Housing NSW. These two organisations work against the person who works and is on Centrelink payments and in FACS Housing. Centrelink assumes you are doing the "wrong thing" and treats you accordingly and FACS Housing's system for calculating rent cannot manage a variable income. I am about to resign from my position due to the way FACS Housing has treated me over the past 18 months. Their letters demanding rent and water payments, increased amounts and exponential debt has become unbearable. I have never missed a payment and always pay the advised amount. They do not communicate. Their current treatment of me has caused an acute relapse of my Bioplar Depression and has necessitated a new medication. Centrelink ring you and quizz you and state that if you make an error in your reporting you will be charged 10% interest even if it is your employer who makes the error. The systems need review as do the people who "press" the enter button on the computer because their actions may destroy the person who receives the letter they have not checked. I cannot work for no reward. I loose between 42% to greater than 50% of my gross income each fortnight. Systems should not hinder people working.</p>
20.	<p>The NDIS appears to be a grossly unfair system, benefiting some and excluding others. The majority of those with Borderline Personality Disorder (bpd), are NOT looked after by the public health system nor the community sector, as their needs are complex and long-term, and stigma says they are to blame. Now they are also being rejected by the NDIS. Primarily a disorder of trauma and non-secure attachment, those with bpd are alienated from themselves, their family, and society, as they have major functional impairments around cognition, perception, memory, learning, processing, trusting etc. Emotional dysregulation means drowning in a sea of extremely terrifying emotions, almost constantly, and believing you ARE these emotions. Maladaptive survival behaviours mean meaningful connections and relationships are next to impossible. And without relational skills and connection, it's extremely difficult to access other services, and life is not worth living. The NDIS urgently needs to include those with bpd as qualifying for a package to access services and treatments on par with those who have equally debilitating conditions.</p>

21.	<p>I have suffered from depression for the past 7 years. Coming and going from the mental health system. From a short term perspective there is a vast amount of help which is cost effective (to the public), easily accessible and fast moving. Funding for ongoing treatment is in great need, seeing a private psychologist is very costly to the general public so most can't afford to see one; gaining access to a funded psychologist takes 6 weeks on average. People who have suicidal tendencies need help now and ongoing treatment, by then it can be too late. Short term solutions (rehab, outreach) are helping people immensely but there is no link from the short term to long term. I'd like to speak from personal experience here, I was in a psychiatric ward for 5 days (for attempted suicide);during that time I was on high doses of medication, if I feel sad I was given a benzodiazepine to suppress that emotion. I was not given the opportunity once to speak about why I was feeling the way I was, how they can help when I leave the ward and what we can do to prevent this from happening again. It is proven talking therapy is more effective than medications in most cases. Once I had left the ward I was back to the beginning I had no connections outside of the ward to help me on an ongoing basis, by changing this people can feel like they are receiving the help they desire. I strongly believe prescription medication should not be the only alternative other than a psychologist (much more accessible to gain medication than see a psychologist). Getting to the root cause of the issue is much more of value to a person than have their emotions suppressed. Discrimination within the workplace when it comes to mental healths is still at astonishing highs. This comes back down to stigma surrounding mental disorders. Having an educator/counsellor coming in to a workplace every so often to discuss stigma and provide a safe space for people to share their own experiences making connection and not isolation.</p>
22.	<p>I identify as having paranoid Schizophrenia, responsive and compliant with treatment. Note: I am on Zyprexa (Zypine / Olanzapine), 15mg. They don't make 15mg. I therefore pay for two medicines (10mg and a 5mg), and the government pays two subsidies (PBS). I take mine all once a day, but conceded that some people need the separate two pills if taken at different times of day. The multiple names for the medicine hides this phenomena, as occasionally it appears I'm on 10mg Zypine but 5mg Olanzapine.</p>
23.	<p>I reported an ex-policeman and an Order of Australia recipient to the Victorian Police in 2013 and succeeding in having this person charged on a number of offences of historical sexual abuse of a child. The perpetrator avoided trial because he had a medical condition and a dementia diagnosis. The case went from the Police Prosecution to the Public Prosecution and was withdrawn due to these elements. Throughout the investigation, my mental health was sustained through the medical referral system of 10 sessions with a psychologist per year. When that was exhausted my care was dealt with by University psychology students. I ended up in chronic pain, living on antidepressants and became so distressed I was danger to myself. This process compromised my mental health so severely that I have had to claim support from VOCAT. I began suffering anxiety from the beginning and this continues still. The Police case was compromised because the perpetrator was ex-police and the officer was discharged from Duty for mental health reasons. I was unrepresented from that point due to staffing insufficiency within SANO and was left out in the cold uninformed and unsupported and then discarded when the case was withdrawn by the Public Prosecutor. I was told by the Police at SOCIT, and the Public Prosecutor that I WAS eligible to make a claim to VOCAT. The harrowing process of proving your eligibility as a primary victim of crime is soul destroying. My now</p>

	<p>compromised mental state was dealt with by a magistrate on a legal basis not on a medical basis. VOCAT refused to authorise Counselling claiming that I had already had enough counselling during the process of investigation and court hearings. It is a testament to my own resilience to have survived this and I'm writing on behalf of people who can't because they just don't survive. It has further tested my resilience to battle VOCAT as if I was the criminal. I was told I was ineligible because VOCAT did not exist at the time that the crimes were committed. The experience of VOCAT was even more traumatising than the judicial system and I am now dealing with stress induced migraines and a compromised nervous system. I wish I had never stepped onto the path of justice, especially against a perpetrator with power and position. After the case was withdrawn, the Public Prosecutor and the officer apologised to me for the lack of their continuity in the case. VOCAT is horribly inefficient and incompetent and seems to run on the judicial system of delays, non communication and ignorance of trauma to the mental health of the people they are serving. I am very fortunate that the solicitor representing me with VOCAT now represents me pro-bono to also try and effect change. I submit this because so many people are suffering through this inefficiency and careless system. These organisations are overworked and understaffed and they damage people through that. Thankyou</p>
24.	<p>Psychiatry has literally saved my life and enabled me to stay in the workforce over many years. Talking and raising awareness is one thing but where are the services that work? They are very few. You have to be very resourceful and have a lot of persistence to secure them. These qualities are hard to come by if you are not well. Waiting lists for psychiatric services are excessive and the gap between what is charged and what Medicare covers make them very hard to afford. I live in a major city and have a good income. What happens to those outside cities and on below average incomes? Please use the evidence, direct public money into what works, psychiatry and medications.</p>
25.	<p>We are members of the headspace Bondi Junction Youth Reference Group. The things we see would make a difference are: 1) Adequate and timely access to healthcare and support.</p> <ul style="list-style-type: none"> • GPs properly trained around identifying mental health symptoms. This includes NOT automatically prescribing medication, and knowing appropriate medications based on symptoms and feelings not just age/gender. • Increase mental health beds in hospitals (eg more than 4 PEC beds in Prince of Wales Hospital). • Increase subsidised psychologist visits to 12 per year. • Increase ratio of school counsellors to students, with better training. • Culturally appropriate services, especially for Aboriginal, CALD and LGBTI people. <p>• headspace centres being funded so wait times to see a private practitioner are 2-3 weeks rather than the 6-8 weeks it is at our centre</p> <p>2) Education across society on what practices contribute to a healthy headspace, what signs to look out for in people developing mental health issues, and where to get support.</p> <ul style="list-style-type: none"> • Education for teachers on recognising the signs of emerging mental health issues (eg Mental Health First Aid) and on LGBT inclusivity. • Workplaces, clubs, entertainment venues, religious institutions, and social media companies all having a focus on mental wellbeing. <p>3) Prevention activities – support for in-person social connections for all ages</p> <ul style="list-style-type: none"> • Every child having a weekly extracurricular activity in a group setting. Every person having somewhere they are expected regularly, and where people will check in if they miss it. • Promotion of a collective culture, where people are encouraged to rely on one another. • Social and community spaces for people with unstable circumstances to have community connection – especially peer-lead organisations. <p>4) Hope for the future at a society level</p> <ul style="list-style-type: none"> • Addressing politically the things that worry young people: Climate change, environment, employment, cost of education,

	<p>finances (studying and renting in Sydney is particularly stressful), ability to buy property, internships being unpaid. • Pressure to perform, especially year 12, is very high. Canberra process for Years 11-12 is less stressful than NSW. An Example – Male student I experienced a traumatic event mid year 11, and spent a week at home not getting out of bed. I made it to school after a week – was triggered, ran to reception – no counsellor there that day – spoke to the Vice Principal, and spent the next week in the nurse’s office. Then got physically sick – couldn’t work, had to take a month off from my casual job. Stayed in my room for a few weeks – didn’t go to work, school, volunteering role at headspace, or see my friends. It also impacted all my year 12, and led to other Mental Health conditions. What would have helped: access to ongoing crisis counselling immediately after the traumatic event (eg within days). What worked: knowing the signs, where to get support, proactive parents who found a private psych, being open with work</p>
26.	<p>Thank you for the opportunity to comment on arrangements and funding for our Mental Health Services. In particular I would like to comment on the Better Access to Mental Health Care program. My psychologist is in private practice and has 30 years' experience as well as post graduate qualifications (PhD in clinical psychology field). She is trained in many therapies for severe and complex conditions. However, she is not endorsed as a Clinical Psychologist. My psychologist has changed our family' lives immeasurably. My 14 year old son spent years being labelled as oppositional, was in trouble at school and at home, low self-esteem and had it not been for my psychologist's skill in assessment and diagnosis, he would likely be still struggling at school and in more trouble in our community and at home with oppositional behaviour. Thanks to my our psychologist, she correctly diagnosed my son with ADHD and with treatment he is now a happy, well-behaved young person with vast improvements in his academic performance and behaviour, and holding down a casual job as well. My older son had been seeing a "Clinical" psychologist for severe depression and anxiety including suicidal thought, but did not progress. My son failed to develop rapport with that psychologist. Now that my son is seeing my psychologist, he has made significant improvements and no longer severely depressed. He is getting on with his life. I too have made significant improvements from therapy with my psychologist. She has assisted me work through my traumas using trauma focused therapies and my quality of life is greatly improved. I am most upset at the idea of people like my psychologist being restricted in their practice. I am also aware that funding for "Headspace" centres is planned to be taken from the Better Access program. This will not only lower consumer choice, but neither I nor my children would be willing to be treated by a "team." at these "Centres". Besides, my psychologist has always actively engaged in a team approach where required: with my son's school, GP etc. I am concerned that if proposals by the Australian Psychological Society are approved using a stepped care model, that my psychologist would not have been able to treat my son who has ADHD, my other son who has severe depression, and myself who has trauma. We are all doing well now, but the thought of not being able to have access to her services leaves me very worried.</p>
27.	<p>Thank you for providing the opportunity to submit a comment to this enquiry. I want to specifically address the need for a greater range of easily-accessible services to people with mental health issues who are not currently experiencing a crisis. During a mental health crisis there are often publicly-funded services available which cease to be available after the crisis, which leaves many people living with chronic mental ill-health unable to access help which can prevent further crises. Community mental health teams offer a range</p>

	<p>of services which might be extremely helpful to people with ongoing mental health issues, but due to under-funding and lack of resources they are not able to provide ongoing care and services. And whilst crisis intervention is, of course, absolutely essential, ongoing care will contribute significantly to crisis prevention. This includes services beyond psychology - for example, parenting support programs, occupational therapy, and in-home support. These services are covered by the NDIS but accessing the NDIS is incredibly difficult for people with "psychosocial disabilities", and the process itself is not accessible for many people experiencing mental health issues. Additionally, 10 sessions with a psychologist or social worker are grossly insufficient for most people with mental health issues, and do not account for the fact that finding the right therapist is often the key to successful treatment, but this relies on having sessions with more than one therapist. Other proven therapies may provide more benefit to individuals, but are not covered by Medicare at all, such as art therapy, which has been shown to be more effective than talk-based therapy for some people, particularly people who have experienced trauma. Of important consideration is also the ways in which other services designed to help people or provide support are not accessible for people with mental health issues. For example, due to anxiety, contacting Centrelink is, for all intents and purposes, an impossibility for many I know with mental illness, even though they could technically be helped by Centrelink. The difficulty of navigating these systems without assistance ensures they discriminate against people experiencing mental health issues. Greater support is needed for parents living with mental illness. Currently programs which exist are only available if there happens to be a COPMI worker within your specific LHD, but increased support for parents with mental illness would ensure that their children grow up to require far less support in the future and, from a purely economic point of view, would decrease their need for services. Overall, a greater range of accessible, affordable services is essential to seeing the increased participation of people living with mental health issues.</p>
28.	<p>I am submitting my comment on behalf of the headspace Horsham Youth Reference Group (YRG). I have chosen to represent the YRG because I believe I have a lot to say regarding the issue of mental health in Horsham. I have been able to work up the courage to freely speak further about my beliefs on the issue because of the motivation and encouragement from the headspace centre. I think it is most relevant to speak from an emotional point of view when it comes to mental health. Because mental health issues have such a negative impact on our every-day lives and that is not something to celebrate. When you have a mental illness it can be difficult to do even the little things in life, from going out and seeing friends, socialising within a crowd or attending work or school. My biggest issue with mental health, was that I was not getting a healthy amount of sleep every night, and this was physically affecting the way I would work, sometimes I would not go in to work at all. The incredible welcoming staff at headspace have helped me to get into a good sleeping routine and now I can deal with the demands of my busy lifestyle. The conversation around mental health in our community started when headspace Horsham first opened it's doors. By having a safe place for our youth to go that doesn't cost them anything, has opened up opportunities for young people to better not just their mental health but their physical health also. Being a part of the YRG has taught me a lot about mental health concerns and how common they are in our community. I have learned that doing the right thing for my body physically is the best thing to maintain my positive lifestyle in-regards to mental health. When you have an unhealthy eating pattern, you're more likely to show signs of depression and anxiety. The beneficial thing about having a</p>

	<p>headspace centre in our area not only helps people to fix their existing mental health issues, but also helps to prevent it by educating young people to learn about the early signs of mental health issues and guiding them into the correct place to seek the help they need. Not only do the actions of headspace employees and the system of the centre itself benefit the community, but also the space we have been given to provide comfort to the young people in Horsham and the surrounding areas. People feel invited into the centre by the vibrant, happy colours and the positive, encouraging posters on the walls. Even if it is just for a moment, to just walk in and make themselves feel safe and secure, people genuinely appreciate the presence of the wonderful services that headspace Horsham provide. I wouldn't change a thing about the way headspace Horsham engages with the community.</p> <p>Youth Reference Group Horsham</p>
29.	<p>I draw the attention of the Productivity Commission to the following publication: A Powell, People with disabilities in employment, House of Commons Briefing Paper Number 7540, 30 November 2018 (file:///Users/peterviney/Documents/EOC%20Complaint/CBP-7540.pdf) This publication provides a significant body of statistical information and observations relating to the UK, many of which also have relevance to nations like Australia. In terms of mental health the following extract is particularly relevant: 2.2 Health condition Employment rates vary considerably depending on the disability or health condition Less than a quarter of people with learning difficulties, a speech impediment or mental health conditions were in employment.</p>
30.	<p>I was first diagnosed with depression in 2013, however it took me a very long time to acknowledge I had a problem and to seek help, and for many years I self-medicated with one, two, three or more glasses of wine a night. I eventually visited my GP, who was very sympathetic, and was prescribed medication and referred to a psychologist under the Better Access program. At the time I was working part-time and had three young children. Getting to the psychologist appointment was complicated between work, arranging for child care and it was an hour drive to the appointment, making it a three hour round trip. Out of pocket costs were \$100 per visit, plus child care. I managed three appointments (all of which were very useful and informative) before deciding it was adding to my stress levels rather than improving them. What has surprised me is that recovery for mental health, even for mild to moderate depression, is not a linear journey, eg diagnosis, treatment, cure, like it is for many other medical conditions. Now, five years later, I am beginning to realise and understand that my recovery will be an ongoing process which I must remain attentive to. I have used the internet to understand more about this and there are some amazing apps out there that really help. In saying that, it's not all doom and gloom, I am still working part-time (four days a week). What really gets me through is my husband and children, they are the reason I get out of bed every day, even when I feel like I could just sleep forever. There is significant stigma around mental health, and I personally have not told my employer of my diagnosis and only shared it with a handful of family and friends. I believe that in order to help people to be well and stay well, we must teach them how to do this. Just like 'Slip, slop, slap' media campaigns for sun safety what is the 'slip, slop, slap' equivalent for managing stress, and good mental health. The solutions are quite simple – getting sleep, eating well, exercise, taking time out, talking to someone who understands – however I don't believe it's widely known. If we do this well and in a way that reduces stigma around mental illness, it could have a real impact.</p>

31.	I am a mother of three adult daughters. They all had their difficulties and mental health issues at some moments of their life's I also needed to seek professional support. Since the Better Access to mental health scheme has been rolled out , finding support become confusing. The government only providing this service via psychologist or social workers, and only modalities as CBT and some mindfulness is very limiting. Our choice would be to see a psycho-dynamic psychotherapist or a somatic practitioner or art therapist is not supported. It is especially restricting since CBT does not work for me and for my daughters.
32.	I am deeply concerned about the mental health of artists in Australia who experience a great number of pressures including - - unstable employment - inadequate payment (most artists live significantly under the poverty line) - a lack of opportunities to engage with their practice in professional contexts at local, national and international levels - enduring a certain level of contempt by the community as being 'bludgers', not contributing to society. - a lack of recognition of their contribution to society - no holiday or sick leave - no maternity or parental leave - no superannuation - no long service leave - a culture where 'nothing' has become the going remuneration - a deep anxiety about the future All of these factors contribute to the enormous burden carried by artists in Australia as we struggle to survive and this, of course, has significant implications for our mental health. There have been very sad situations where artists have found this burden, especially if they have a family whom they are trying to raise, just too heavy and have suicided. There are many more cases we're artists are struggling to keep going on every level.
33.	My Concern, is regarding Child Sexual Abuse which I am a Victim Survivor. There is such a lack of skilled Therapists in Trauma Counselling. I have worked with Psychiatrists Psychologist and Counsellors. My Healing began when I took up Somatic Counselling. The difficulty for my counsellor was to get me out of my Head and into my Body. The Body holds the Trauma of the past. What we need is a Greater understanding of Trauma. In two years of Somatic Counselling I have achieved so much and have been able to release so many parts of my Body that have been holding Trauma. I live in a country town in Western Australia. There is not one Support Group for Men suffering from Sexual Abuse. There is so many good books on the market now on Trauma.
34.	Firstly, choosing 3 topics above is difficult because they all feed into each other. I have severe anxiety and OCD. My main struggles have been finding help and having enough money to live, but these topics also feed into the services I can receive, the impact I have on my family and how these issues relate to early intervention. I'm on Newstart while my DSP application is assessed. I cannot afford a rental anywhere in Vic. I am 32 and I have been forced to move home, putting more financial strain on my mum, who already supports me a lot. Anyone without my level of family support would be homeless. My Job network has made things worse rather than better, costing me time, money and stress. Being poor is like money circling around you but you can't grab any of it. The money comes in and goes straight out. When something unexpected comes up, the pressure makes my mental health much worse, heightening my anxiety. I have a "very good" credit rating. Above average not only for my demographic but for the area of Camberwell where I used to live. I cannot get a loan because I do not have a job. The NILS loans don't help because so many of my costs are cash based and I have not lived in one spot for 3 months since last year. Finding mental health services that suit is difficult. I was seeing a councillor at

	<p>my old drs and they both left the practice at the same time. Since then I have had 2 drs offices decline to prescribe my medication (valium) because they are more worried about getting into trouble than helping patients. I am finally seeing someone at my current GPs offices, but it is \$60 out of pocket to see him and, as I have moved home, I now need to travel from Altona to Forest Hill - a 45 min drive. This is still preferable to finding another councillor. My psychiatrist is about \$100 out of pocket and I see him once a month. I would prefer to see someone else but starting the process of finding someone again is so daunting that I won't. I am worried the time and mental effort that would take would be more stress than I can take.</p>
35.	<p>Mothers who have lost children to adoption often suffer complex PTSD as a result of their experience. Childbirth itself becomes a traumatic event partly from the cruel treatment meted out to them at the time of birth and partly from the neglect and lack of care after the birth. Babies separated from their mothers and taken for adoption are also traumatised at birth due to their abrupt separation from the only world they have ever known, that of their mother's heartbeat, smell and natural affinity with their newborn. This ignorance results in a seriously overlooked mental health problem. Medical professionals need to be properly educated about the trauma surrounding this terrible loss both for the mothers and their children damaged by this practice. Life in the work force is especially difficult for mothers and adoptees because of the negative responses they are at risk of receiving from fellow workers. Often both parties find it easier to keep their status a secret because of the risk that they may be triggered by ignorant remarks by fellow workers. That does not create a comfortable and fulfilling work environment. It is time adoptees and their natural families had their trauma recognised for what it is and were able to access facilities specific to their needs. Even since the Federal Government apologised for past adoption practices there has been little improvement in mental health services provided to us in WA. No additional services were offered by our State Government at the time of their apology and we remain solely dependent upon federal services to assist us with our trauma responses to any and all adoption practice. This limits our social interactions and, in particular, our ability to sustain a place in the workforce commensurate with our abilities and education. It is high time our mental health needs were acknowledged and our trauma accepted instead of being treated as people who have an interrupted grief reaction. We need professionals properly trained to assist trauma survivors. We do not need to be told we have a pathological grief reaction when what we have actually endured is: isolation for a long period ie during pregnancy; lies and deceit from health professionals and social workers who brainwashed us into believing adoption would provide a perfect life for our beloved children; rejection by our families of origin; loss of our homes and jobs; many of us were used for medical experiments, as teaching subjects and/or were heavily drugged after the birth so as to facilitate the obtaining of signatures; the list grows as more and more people come forward with their experience of abuse. We need APPROPRIATE help and acknowledgement and we need it now.</p>
36.	<p>Having been in and out of the workforce due to a mental illness, I recommend Australia-wide adoption through all jurisdictions, of: 1. the Federal Government "Recruitability" scheme as a means of educating colleagues and management about dealing with people with a disability in the workplace. See: https://www.apsc.gov.au/recruitability-scheme-guide-applicants Lack of knowledge by various State public service employers of how to</p>

	<p>deal with mental illness of an employee who was becoming ill before their eyes, contributed to my repeated loss of employment. I have been for several interviews in the past 12 months under the Recruitability scheme and am on a 12-month order of merit for 3 positions with one organisation. I found my treatment at interview was courteous, polite and supportive and that the interview panel was proud that their organisation had the scheme in place. 2. The advertisement of designated Affirmative Measure “Disability” jobs. I have been interviewed for 2 jobs under this scheme and have been placed on a 12-month order of merit for one organisation. See examples of advertisements with the Department of the Prime Minister and Cabinet: Australian Public Service Commission https://www.apsjobs.gov.au/SearchedNoticesView.aspx?Notices=10747731%3A1&mn=JobSearch Graduate https://www.apsjobs.gov.au/SearchedNoticesView.aspx?Notices=10747185%3A1&mn=JobSearch</p>
37.	<p>I experienced severe perinatal anxiety and depression through my journey of having children. During this time I have sought care and help from both public and private mental health services in my regional area as well as having to travel to a major city to access more specialised services. Relating to my own experience the major concerns I have about mental health care are how difficult it is to navigate the system and find appropriate care, the expenses associated with care and also a serious lack of knowledge about perinatal mental illness through all levels of the system. Many of the health professionals that I sought care from or was referred to simply did not have the education and skills to provide care specific to the perinatal period. My family and I had to spend many days and hours trying to find the right professionals that would be able to help, and this came at a cost as I had ended up having to pay for private care away from my home town. I felt the public system fobbed me of and labeled me as 'attention seeking' because of my circumstances. I would really like to see big improvements perinatal mental health care with large scale education of health professionals to raise knowledge and awareness about the illness.</p>
38.	<p>The mother baby (MBU) unit I spent time in when suffering post natal depression and psychosis was seriously life saving. There is only 1 MBU for the whole of South Australia, no where near enough beds to meet demand. Also mixed gender public mental health acute wards should no longer be in existence, the safety issues around this are well known and well documented and yet nothing is done about it. I have PTSD from my time spent in a mixed gender public mh ward and this shouldn't be happening! I know I'm not alone in this, we as mh patients are already in a vulnerable place and should not be placed in an unsafe environment, causing further mh issues rather than helping.</p>
39.	<p>Early intervention for postnatal anxiety and depression is absolutely critical to ensuring successful recovery. For critical cases a mother baby unit is the best early intervention. A public MBU saved my life and kept my family together. Please invest in them, especially in rural and outer suburban areas. They are the link to getting mums well again quickly, with the least impact on family life.</p>
40.	<p>Please consider the following points: * Due to long standing mental health issues and consequent loss of income which has meant I could no longer afford the outpatient private health care I was receiving, I have found I am no longer with support and the continuity</p>

	<p>of care previously received has become non-existent. To be rectified, I believe transitions between public and private health care systems need to be improved if more people are to avoid losing their needed supports. I would find it hard to believe I am the only one who no longer receives adequate supports when financial barriers present. * General practitioners need further training to recognise and understand mental illness as they are the potential bridge to supports, but as is in my case, cues have been ignored and this has exacerbated the powerlessness I feel in finding supports. It has been extremely difficult for me to find a GP with both interest and/or training in mental health in an accessible location. * As a 51 year old, I am seeing many resources being targeted toward younger people with mental health issues. Given the population is ageing, I question why more focus is not on those of us who are maturing and who are suffering from fragmented service delivery and a double stigma from having mental illness AND from ageism. Finding employment is particularly hard with both of these aspects so inherent in society. - There also seems to only be a very vague separation of the differences between older people with mental health issues (eg. depression,etc.), and those with diagnosed dementia-related illnesses. I think this distinction needs to be further highlighted so that appropriate policy can more adequately address the issues and service delivery around mental illness which are not related to dementia. * Lastly, what of those individuals who are unable to maintain adequate employment due to mental illness but who already have a mortgage? I have had to sell and move to cheaper accommodation and I've often wondered why those who are on disability pension (through no fault of their own) and who have a mortgage, can afford to maintain housing. No income support is given as an equivalent to rent assistance.</p>
41.	<p>I am a Nurse and I wish to comment on the fragmented and poorly resourced health care system. The devastating and unexpected death of our adult son by suicide, has lead me on a search for answers as to what the medical profession and society could do to prevent this happening to other men and women. The research indicates that men and women have different health needs and they are affected differently by various illnesses. A greater understanding of how gender impacts health outcomes is needed. My suggestions for improving the health system and making it more cost effective - * Improve staff training to increase their capacity to understand and respond to the specific health care need of men and women. * Undergraduate training for doctors to include mental health issues. * Incentives for doctors to take on additional training in psychiatry. * Increase the number of psychologists and social workers being trained. * Conduct ongoing reseach with universities to ensure treatment is 'evidence based' * Develop Health and Wellness Hubs in all municipalities. These hubs would have designated sections for Men's health, Woman and children's health and 'headspace'. These hubs would be a 'one stop shop' with all services located in the one building - doctors, counsellors, psychiatrists, social workers, x-ray, pathology, physiotherapy, housing and centrelink. Each client to be assigned a case manager to ensure follow-up of client. Open extended hours and weekends to accommodate the working person. Partner with organisations that can engage the client, for example sporting clubs. * Prune back the funding for the little known health organisations. The remaining organisations would come under the umbrella of the Health and Wellness Hub. Thank you for the opportunity to comment. Concerned Nurse</p>
42.	<p>Made a comment yes yesterday but just wanted to add a letter I sent editor local newspaper ref PTSD some years back. Also I did attempt suicide once and felt a failure back then 1976 approx that I didn't succeed by dying. I didn't for years feel I was worthy of my 3</p>

	<p>subsequent children after my first born was taken for adoption against my will. My 3 subsequent children have also suffered greatly and Been denied the right to know there half sibling my stolen taken daughter. I still have a huge distrusted if doctors generally. I took control of my on Health and stopped taking all antidepressants doctors where continually prescribing for me . The results I have never felt better .</p>
43.	<p>Mental health support services are predominately delivered via a health service or a charity organisation. These choices infer a person is either medically sick or spiritually sick. Perhaps these options embody truth, but lived-experience has shown me that neither position is helpful. Learning about the Spiritual Heart and consequently opening my Heart in 2009 led to a profound journey of realisation and healing that brings me to prompt The Australian Government to directly fund Heart-Based Intelligence as a valuable and sustainable method of Mental Health recovery. I feel direct funding is preferable than via a health service, as the later inherently infers sickness to be the issue. Every person has a Heart and within our Heart is a well of Intelligence that is custom-made for our unique healing journey. I work in partnership with my GP and my Psychiatrist, but I no longer feel inferior to them, as my Spiritual Heart is guiding me to treat all people equally. An unintended consequence of my Heart learning is the value of compliance. I am willing to follow my doctor's suggestions nowadays, whereas before opening my Heart I was defiant and often times ignored prescriptions and advice which invariably led to increased symptoms and hospitalisation. Learning to meditate also provides a self-caring therapeutic which builds self-esteem and confidence which for many with mental health challenges is lacking and in my view perpetuated by the clinical model. Since opening my Heart I have overcome numerous addictive behaviours including smoking cigarettes, marijuana and alcohol consumption, plus learned to cook for myself and family and friends and am continually awakening to the beauty in nature, which is far more interesting to me than the sign addiction that plagued my life in the decade before opening my Heart. Heart Intelligence sits within every individual and has the potential to move our society from a service based economy to a creative economy as people rely less on the advice of others and tune in to what is naturally best for them. Please learn more at: www.openyourheart.ws</p>
44.	<p>I'm a Natural Mother who had her new born daughter abducted and put up for adoption against my will in 1973. Was incarcerated in a Catholic Unwed home for approx the last 4 months of my pregnancy. I was sent there because my parents maybe because they were migrants ? Always said the doctors know best. Unfortunately the doctor was Catholic (A doctor I Now realize was pushing and encouraging adoptions if you happened to be a single expectant Mum and the option of marriage wasn't a possibly. I became pregnant the first time I had sex it was non consensual. I was told by the nuns to Forget this ever happened and to get on with my life. Since 1973 doctors and other "so called professionals" have done me far more harm then good. I have been off and on antidepressants for years. Its only been in recent years since 2012 that I have finally received proper trauma counselling. I had a mental health report conducted on me by a Professor in psychiatry was outraged to read one of her diagnosis of me and I quote her exact words here. [NAME WITHHELD] had no history of any problems with her mental health before going to St Annes Hospital. Her experience at the hospital surrounding the loss of her daughter to adoption was associated with the development of ABNORMAL</p>

	<p>GRIEF reaction complicated by Major Depressive disorder and post Traumatic Stress Disorder. End Quote. My objection Abnormal Grief. My trauma Counsellor also agrees with me that my grief was and never will be ABNORMAL . I asked my then doctor whom I was in to just get blood test results if he had read some documents I gave him to read on forced adoptions as I felt the medical profession as a whole Don't get it and need educating. His replied " that was years ago its time you moved on" He then asked me if I was depressed I said NO. I couldnt believe I walked out there with yet another Another script for antidepressants . It could have been disastrous as I took these tablet for 3 months and felt Suicidal taking them I wasn't suicide When I went to get my blood results. Just given you a very brief run down here. I have many more similar story to many to mention here.I Feel Doctors are not being made accountable and its time there were. They also allowed us to be drugged up after giving birth. I came out of St Anne's on Valium. I took myself off all medication and if I followed some doctors advise I would still to this day be taking antidepressants to shut me down. I only take pain tablets on occasions for Fibromyalgia Currently having Somatic Trauma Counselling with good results. This is a different counsellor to the one I mentioned above in 2012. Only started the somatic Counselling last year 2018. She too reaffirmed for me that my grief is and never was ABNORMAL.</p>
45.	<p>We are told if we need help or someone to talk to, we should ring one of the support groups. I rang beyond blue, as i desperately needed someone to talk to and came away feeling like i wasted their time and was 'fobbed off'. This hurt my mental health more and just feel like all the advertising is just a joke. No one really cares.</p>
46.	<p>My doctor mismanaged my SSRI taper in June 2018 and then misdiagnosed my withdrawal symptoms, instead prescribing a double dose of an SNRI. After months of withdrawal symptoms I realised what had been happening and reinstated the original SSRI myself at a low dose. My symptoms eased off. The dizziness and vertigo and cognitive symptoms were debilitating. I was self medicating with a strong antihistamine to stabilize my spinning head but couldn't work much of the time. I saw three GPs and a neurologist in June/July 2018, none recognised that I had withdrawal symptoms from cold turkeying off 40mg off Lexapro and I am still managing and treating this myself. I am now on both an SSRI and SNRI as my central nervous system is so sensitive I can't tolerate any more than a 2.5% decrease in dose per month of these medications. 9 months later I have just been through another bout of dizziness and brain fog and flu-like feelings and I have resigned from my job.</p>
47.	<p>As a member of ARMS-Association of Relinquishing Mothers Services-and an adoptee welcomed into the group I have the following comments. We as mothers and children experienced a legitimate trauma in the very popular adoption practices in which approximately 250,000 children were relinquished. The mothers have experienced a real trauma, one which has been formally apologised for by the Federal Gov't. They struggle with PTSD and a real fear of institutions. This is something of consequence when they enter aged care facilities. The fear of authority and losing control over their bodies and existence. So few get help, but there are a lot of women who have long term mental health issues resulting from their children being taken.</p>

48.	<p>My comment relates to access of perinatal mental health information and services. My own experience may have been prevented if i had known about services and resources. For example, the helpline that PANDA (Perinatal Anxiety and Depression Australia) provides. Greater dissemination of what is available for all stages of pregnancy and parenthood.</p>
49.	<p>Early Intervention - provide training for all teachers to identify and support children in distress. Schools must employ sufficient mental health professionals that can support students.</p> <p>Workforce - Establish professional body for peer workers that will provide continuing professional development for peer workers; Remove exclusions to income protection insurance provided as part of Super. If a person is employed because of their lived experience, they should not be subject to normal exclusions for income protection insurance provided under SUPER funds. The LE workers income is dependent on having their LE, therefore to be excluded for the same reason for income protection insurance (provided under SUPER) is preposterous.</p> <p>Psychosocial Disability Services - link up the person with a peer support group/self help mutual group upon discharge in addition to other supports. Peer groups address social isolation, creates a sense of community and goes a long way in addressing stigma.</p> <p>Mentally Healthy Workplaces - there is little evidence if any that 'interventions' are effective in promoting mentally healthy workplace. What is required is a shift in thinking and culture. In the absence of this interventions are unlikely to succeed. For example providing resilience training for staff is not going to change the culture of the workplace; such interventions leaves the responsibility with the individual; there is no collective responsibility. Sick leave - seeking on going help from a mental health professional is a prevention mechanism; for those with a chronic condition it is imperative that they seek regular and on going care, this can result in regular personal leave or sick leave. Therefore, personal leave in this context is not an inefficiency, instead it is an investment to ensure well-being.</p>
50.	<p>I wish to comment on the Centrelink and FACS Housing systems. I work as a support worker. I am on the DSP and living in FACS Housing NSW. These two organisations work against the person who works and is on Centrelink payments and in FACS Housing. Centrelink assumes you are doing the "wrong thing" and treats you accordingly and FACS Housing's system for calculating rent cannot manage a variable income. I am about to resign from my position due to the way FACS Housing has treated me over the past 18 months. Their letters demanding rent and water payments, increased amounts and exponential debt has become unbearable. I have never missed a payment and always pay the advised amount. They do not communicate. Their current treatment of me has caused an acute relapse of my Bioplar Depression and has necessitated a new medication. Centrelink ring you and quizz you and state that if you make an error in your reporting you will be charged 10% interest even if it is your employer who makes the error. The systems need review as do the people who "press" the enter button on the computer because their actions may destroy the person who receives the letter they have not checked. I cannot work for no reward. I loose between 42% to greater than 50% of my gross income each fortnight. Systems should not hinder people working.</p>

51.	<p>In November 2017 I was diagnosed with breast cancer. 6 weeks later my father died and 3 weeks into chemotherapy my partner was retrenched making me the sole income earner at a time when I had been considering resigning from my work place due to unrealistic work demands. Any one of these things would trigger a 'mental health issue' for all but the most resilient of people. I was fortunately enough to be referred to an 'in-house' rehabilitation program which included physical rehab, lymphedema clinic and access to a psychologist at a very low cost (\$10) per session. This psychological was critical to my recovery. Through out chemotherapy, radiotherapy and targeted drug therapy, this person was a constant resource for helping me to balance my self care, returning to work and having a positive outlook post cancer treatment. I was able to go through the various levels of grief - for my loss of health, loss of my father and loss of self direction in employment options, as well as being the sounding board for negative thoughts and doubts rather than burdening my partner and family during the treatment. However I discovered that this service is not available to everyone who was undergoing treatment for cancer. It was only offered because I have lymph nodes removed which triggered access to the lymphedema clinic and other wrap around service. This shocked me and make me feel dreadfully guilty. All cancer patients should be able to access low cost or no cost psychological services. At best, there is access to a social worker through the cancer centre which was insufficient and poorly targeted. Moreover, people who survive cardiac arrests are offered 6 weeks physical rehabilitation during which they are educated about exercise, nutrition and told to look for signs of 'cardiac blues' but there is no access to psychological support! Staff can see it coming and can only say 'I recommend you see your GP about your mental health"! As you say in the issues paper, the relationship between physical and mental conditions can be a two way causation with physical illness making people more prone to developing a mental illness... (p15) There is copious evidence that suggests that having a chronic illness/disease increases your chances of also developing mental illness. Psychological support during treatment for, and rehabilitation due to a chronic disease such as cancer or heart disease should be provided through both public and private hospitals as a part of targeted and integrated clinical and social support. Value add with the use of Exercise Physiologists and other allied health or nurse practitioners to support long term health lifestyle changes around exercise and nutrition. This will go a long way to supporting people, especially those newly diagnosed and living with chronic disease to manage their recovery and longer term physical and mental health and wellbeing, return to full productivity and ultimately help reduce the burden on the health system</p>
52.	<p>I want to bring to light the issue of Premenstrual Dysphoric Disorder (PMDD) among young Australian Women. The condition is seriously debilitating and women with PMDD need to be marked as high risk for suicide. I also believe women with it could easily end up in jail through out of control behaviour. We need more support, most of these women can't hold jobs and those that do end up losing them for having to take so much time off work because the debilitating condition doesn't allow them to function normally. Most of these women have kids. Husbands/partners need to know about PMDD. Mostly on how to support their spouses. When I set up my facebook group there was nothing in Australia like it. We are 20 years behind the Americans on PMDD, yet here it is. I have lived with PMDD since I was 11 years old and now I'm 55. I no longer have PMDD after having gone through menopause and continue to support women who are desperate. Nothing works except for a total hysterectomy where the ovaries are removed. One woman suicided in our group during a bout of PMDD last year. They're dying. Their husbands</p>

	<p>leave them. Their kids don't understand why mum sleeps all day or why she's acting wierd. Please help them!</p>
53.	<p>The inappropriate paperwork that is required by Superannuation Insurance to claim for Insurance due to my mental health illness</p> <p>I have been ill for about 4 years, I am now 56 I have been diagnosed with PTSD Complex and will never be able to return to my work. I am on New Start under 10hours but am unable to do this. I do not seem to qualify for the disability pension and so find myself struggling financial, my home is in dire need of urgent work which i can not afford. I am applying to my hardship money from my superannuation fund Tasplan (the plan i was under as a government employee in tasmania) I found out I have insurance so am trying to get all the paperwork filled in. The paper work is totally inappropriate for mental illness claims. It asks my weight, which hand is my dominate, and many other irrelevant questions to have access to what I have paid for over the years I work. I find paperwork very hard to deal with as part of my illness. I am struggling and can't afford a lawyer and do not see why I should have to have a lawyer to get access to something both my gp and psychologist support me in. I have not worked but have attempted volunteering(not good) and a free semester of a subject at uni (i was notable to complete it) The paperwork. I also feel that support by Centrelink is very hit or miss it depends on the person you see on the day, often, and in rural areas (i live remote rural in tasmania)and though I now Have internet(as my psychologist no longer comes to my area and its 140km round trip (the trip is often out of my ability to manage as my anxiety can stop me but it costs approx \$25 in petrol alone, i have no access to any public transport) I needed to have internet access (as so much has to be done on it now) I pay \$69 a month which is too much but the cheapest I could get in my area to meet the needs as assessed for me.</p>
54.	<p>I would like to see an overhaul for perinatal health and support. Especially home support. For new mothers and father's. Early diagnosis and staff care to patient is at an all time low due to pressures on staffing and low workplace morale. Giving the patients late diagnoses and traumatic experiences. The whole 'breast is best" at my local hospital was extremely pushed. 3 lactation consultants mis diagnosed with my son with severe oral ties which led to mental health issues as I couldn't breastfeed. My traumatic ordeal during the birth of my son was down played by professionals (they were the reason for my trauma) which has left me with deliberating anxiety, PNDA, and PTSD. Perhaps a support system for allergy children would be well received also</p>
55.	<p>After completing my Medical Degree in 1993 I worked under the influence of all classes of psyche drugs. In 2001 I ended up in suicidal psychosis from Effexor yet was told to continue drug, then double dose ..I ended up on DSP. cannabis helped me exit this chemical nightmare ..benzo mimic alcohol, SSRI is like LSD, and SNRI mimic cocaine ...all cause suicidality, brain damage and premature death ..I could Doctor manic or depressed on heaviest psyche drugs but have been banned from my profession for over a decade using a herb. I have done deep dive into adverse effects of both and it's the safest treatment yet drug co indoctrination teaches otherwise. I have many reviews of evidence for various submissions. Happy to send but too big to attach...needs proper focussed research as using pills known to make people psychotic or suicidal is bad for them and productivity. I know I was a workaholic before iatrogenic insanity</p>

56.	<p>We are the headspace Frankston Youth Reference Group. We are writing this comment as we believe that it is important for young people with a lived experience of mental health to have their say We have experienced a range of different mental health challenges and they have impacted our lives in a significant way – going to school or university can be exhausting, trying to engage with work places that don't understand the significant stress associated with mental health issues can be debilitating and coping with the stigma, assumptions and lack of support is an everyday challenge. The toll that mental health issues have on physical health is something that has a huge effect on us and another wildly misunderstood area, as is the ripple effect on families and friends There are some things that are currently working really well; mental health is becoming a more talked about topic, which is leading to healthy conversations, less stigma, more understanding and more services being made available. Organisations like headspace allow a youth friendly and focused space for us to work on our issues while being supported; it made us feel like we were not alone in our struggles, helped us to create more independence and provided us with more knowledge and resources. It has also helped us become advocates for mental health and allowed us to share our stories and influence change in the youth mental health area However, there are a few things that would have helped us and could definitely help others going forward. While the conversation about mental health has definitely started, there is a severe lack of understanding and knowledge around what mental health is and how it can effect someone, especially in work places and school environments. More support in this area would allow information to be made available, would help young people access the services needed and would create less stigma attached to mental health One way to address this would be to make mental health and wellbeing education compulsory in schools - if information about mental health is made available to everyone at a younger age, there may not be such a misconception about it later on As well as more knowledge, there needs to be more easily accessible services available. The cost of services is a huge barrier for some people, as well as travel distances, availability and understanding of what is involved. While all these are issues for everyone, it can be an even bigger obstacle for minority groups such as LGBTIQ+, CALD, neurodiversity, people with disabilities and communities where mental health is not spoken about. Making services easier to access would allow more people to seek the support that they need Thank you for reading our comment. We encourage you to continue to engage with young people throughout this process, as getting mental health care and the right support early can reduce the help required later in life and allow mental health to be more understood and accepted</p>
57.	<p>We are the headspace Swan Hill Youth Reference Group and we are writing this comment because we believe young people's voices should influence conversations and decisions made around mental health. Something we see headspace doing well is providing knowledge and awareness around mental health through their involvement in schools. Whether it be through a speech at assemblies or fun activities during lunch, headspace engages all school students from year 6 to 12. Educating people early about mental health is significant in the process of reducing stigma and promoting help-seeking behaviours. With less stigma, young people are better positioned to maintain good mental health and to be active and prosper in the community. Whilst everyone may not feel the need to seek help or access a local headspace centre (or other mental health service), knowing mental health services are easily accessible provides young people reassurance that should they ever need someone to talk to, help is there. Knowing that there is someone who has 'got</p>

	<p>your back’ allows people to participate in the community without the fear of being alone during a tough time. Mental ill-health can arise from many circumstances, especially the stress of trying to juggle everyday issues. Many times we have seen young people try and take on study, work, sports, manage relationships and other personal issues, and it can become overwhelming. Some people reach a breaking point, and feel as though they can’t keep up. As a result, they decide to give up and disengage from the community and their personal lives as the stress overcomes them. Mental health community support allows individuals to engage for as long as possible within their own environment. Through headspace community events we are able to hear people’s stories and reflect on the powerful messages being shared. These turn mental ill-health into a reality rather than just a statistic and gives those listening a chance to change their mindset and behaviours. Understanding the reality of mental health helps everyone to support those experiencing mental health challenges on their road to recovery. Thank you for reading our comment. We encourage you to continue to engage with young people throughout the Inquiry, as getting mental health care and the right support early will reduce the help required later in life.</p>
58.	<p>What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces? Reporting to a Federal Level Body the deliberate Bullying of people out of the workforce in some States [Fair work doesn’t apply to State Govts] - I have experienced a strategy used by Government Employers [or Government controlled agencies] commencing disciplining to get rid of people. Mental health issues can result from toxic behaviours where there is a gender imbalance in my case for women who are not from the State or the Country. • If you follow policy and actually go to the Public Sector Commission, you get no assistance – the reward is you get a discipline action against you for whistleblowing • When I reported the bullying behaviours of a female Minister, to the Public Sector Commission - I was not helped and my mental health was damaged as a result. I reported to the police getting items thrown at my head requiring stitches –The management of that entity requested I cover up the behaviour. If you whistle blow to the Public Sector Commission - you can enjoy a backlash instead of the behaviours expected documented in policy. If you do not whistle blow on inappropriate behaviours – you can also experience attacks Mental health issues caused by the very people that claim to have policies preventing such events – is why Federal Reporting of unsafe State Workplaces is critical – because there is nowhere for people to get help in the State. There are States that are unsafe for people who are not Australian’s to work in Government and its entities. Overworking people who are from other countries is also common in Government systems that have allowed & rewarded public servants who do not want to handle political matters. • I was asked to falsify time sheets • Corporate risk from overloading causes issues for a person to be able to function. Any mistakes are blamed on the person - not the situation the Govt. as a poor employers put the employee in.</p>
59.	<p>As a sufferer of depression and anxiety, one of the biggest obstacles to getting through life is being overwhelmed. A case in point, I am interested in providing a submission to this inquiry, at a time when I am physically and mentally depleted. I read the submission page and just turned away. To me, this represents how much of society works now. There are so many impersonal layers to get through anything in life, and this has catastrophic impacts on many. Can I read the terms of reference? Am I mentally able to read and follow the lengthy process that is required? Another time, yes. Now? No. As a first port of call, having an avenue for sufferers to contribute in a less-overwhelming format, would add much by</p>

	<p>way of integrity and authenticity to this review. I am deeply affected by my mental and physical health challenges, and it has enormous consequences on my financial and mental well-being. Right now, I want to be heard, really heard. I found out about the 'in person' submissions in my nearest town by chance, on the morning they were on, so had no chance to get there. Even so, talking in person about deeply personal issues would have been tough. For those with the most to gain from an inquiry such as this, the convenor must seek to work harder to include them.</p>
60.	<p>Being a NEAMI participant helped me receive the NDIS in April 2018. However I live in Melbourne's outer eastern suburbs and the rollout of recipients of the NDIS and their support co-ordinators (NEAMI's replacement Me-well) was not matched by the rollout of NDIS approved service providers. I waited from April until August to get a cleaner, who refused to do more than the floors or the bathroom even though I had specifically asked (and was promised) more. Had 5 different support workers, none were experienced. One young African girl solumly thought her job was to help me shower and dress. I have bipolar disorder and am able bodied. I called her manager to complain and she said "oh yeah she must have read the wrong part of the manual I told her to read";. My support coordinator made an "administrative error"; and used up about 80percent of her hours within 6 months. Her replacement was sarcastic to me when I wound up in hospital Dec/Jan and I didn't know what was happening with my NDIS, so I kept texting her and she said "maybe you could write the 9 month review, thatd save a few hours wouldn't it?";. I showed my doctor and he was disgusted and said that I had his full support. I was going to change from Me-well prior to my annual review but on the morning of the review the support coordinator's team leader rang and persuaded me to stay. After only a month I changed support co-ordinators due to Me-well being unethical. I emailed my support coordinator one day to say I felt like blowing my brains out and she handpassed it to her team leader who danced around everything in the email except the expression of suicidiality. I brought this up in our last call and she was more intent on being defensive than apologetic. Me-well is one of many dysfunctional NDIS organisations for mental health in Melbourne's outer east. The lack of transparency and inefficient bureaucracy of the NDIS itself is astonishing and service providers need to be regulated. There needs to be an audit and benchmarking put in place. From the chat on the facebook NDIS groups I would estimate satisfied customers as being less than 10 percent. We need more service providers who are PROPERLY TRAINED PROFESSIONALS. Not 21 year old kids who, when asked what they want to do when they finish their course simply shrug and say "I dunno"; and go back to scrolling their phone.</p>
61.	<p>why does the family court system aim to provoke men into violence and maximise mental health issues by allowing lawyers of the mother to accuse innocent men of violence and inappropriate acts with their children? not only does the court system condone this behaviour, which is a well process of the ballarat court, but then reward the mother by giving her greater access to the children and more of the wealth? unfortunately the system is creating violent men and creating massive mental health issues. I am a victim of mental and financial attack and have severe depression that has halved my income and destroyed all will and possibility for self funded retirement.</p> <p>additional to my comments, men cannot seek non medicated help with mental health during family law cases as all information provided to the carer can be used against them in court. what a disaster with a system aimed to maximise mental health issues and then doesnt allow the victim to seek help!!!!!!!!!!!!</p>
62.	<p>Mental health services are at critical and we can't get help until we have to call the cops and be told we're violent before we can get help. The NDIS DOES NOT ADEQUATELY ADDRESS MENTAL HEALTH yet they stripped all of our community mental health services. Now only a percentage of us have support. Please address this urgently.</p>

63.	Was misdiagnosed by a GP placed on Zyprexa then Psychiatrist prescribed Seroquel that ruined my life heavy sedation, only to find out Seroquel have long term memory & cognitive impairment now going off disability as going off antipsychotics was very hard took 15 years off my life destroying friendships & relationships there is no Bi Polar , no test no blood scan or lab or universal MRI diagnosis is not based on science drug companies making 23 million per day on Seroquel this should be taken off shelf & there is no “sorry”. The withdrawal symptoms are horrible & horrific, preying on vulnerable people who just needed support call me for the doctors involved.
64.	Please consider funding Peer Support Crisis Houses (hospital diversion services). They are a proven business model overseas that is cost effective and reduces acute psych ward hospital admissions considerably. They serve the needs of people with a mental illness who are experiencing a crisis who need temporary 'time out' accommodation. The services are primarily run by Peer Workers. Afiya Peer Respite is a good example of this type of service in the U.S. : https://www.westernmassrlc.org/afiya Thank You for considering my comment.