



WITNESS STATEMENT OF JANET BUTLER

I, Janet Butler, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
- 2 Five years ago, my son Christopher began to suffer from an acute mental illness. This statement is about our family's journey through the mental health system in Victoria which was marked by trauma and difficulty, with brief moments of help.

Background and nature of Christopher's illness

- 3 In 2013, Christopher was a university student aged 22, a member of a band and working two jobs. Although he had suffered bouts of anxiety growing up, he had never suffered from acute mental illness.
- 4 Things changed in around December that year when Christopher was under a lot of stress which affected his mental health.
- 5 He went to the doctor and was prescribed anti-depressant medication. We understand now that he had a predisposition to bipolar. The significant stress he was under, combined with the particular medication he was prescribed acted as triggers for the onset of the illness. He was hyper-anxious with paranoia creeping in so he returned to the doctor and as a result, the dosage of his medication was doubled.
- 6 After this time, Christopher's illness escalated rapidly until it was out of control. He was sleeping four hours in any one period of 48 hours, was delusional, spoke quickly, and was barely eating. His behaviour was explosive and erratic, and at times it was dangerous and he engaged in risky activities. My husband and I had no prior experience of engaging with someone with serious mental illness, but we knew something was wrong.

Our journey through the mental health system

- 7 In around March 2014, my husband and I contacted a hospital and the hospital's CAT Team assessed Christopher. This resulted in Christopher being referred to a public drug rehabilitation clinic which had a waiting period of three months.

- 8 When he was assessed, the CAT Team did not see beyond the effects of drug use, yet it became apparent to us that the issue was much more complex than that.
- 9 Christopher did not receive any treatment for the next three to four months. We contacted the CAT Team a number of times over this period for help but did not receive it as his condition was assessed by them as drug related or behavioural.
- 10 We realised that Christopher was mentally ill. At times, his behaviour was frightening. At one stage my husband and I fled the house. We went back to the hospital, but were told that they could not help and that we needed to go home and call the CAT Team. We rang them and there was a two hour call-back waiting time. My understanding is that the CAT Team is the only entry point for acute help. We received no help over the next few months.
- 11 Around this time, Christopher was basically homeless. He was couch surfing and wandering the streets. He would turn up home, randomly, more ill each time.
- 12 Late one night in June 2014, Christopher was picked up by the police. A police officer called me at 4.00am. I asked him to take Christopher to the emergency department at another hospital and to wait for us there.
- 13 When I arrived I experienced one of the worst moments of my life. I heard my son, my boy, for whom I had done everything possible to obtain help, terrified, screaming and manic.
- 14 Christopher was seen by the psychiatric registrar, the head of emergency, and a psychiatric nurse, and a diagnosis of first episode psychosis/bipolar was made. There was no suggestion then that his presentation was simply drug related.
- 15 Christopher was admitted into hospital as an involuntary patient. He was placed in seclusion for three days and stayed in hospital for a total of 31 days. I understand that because of the lack of beds, a patient needs to be 'acute' to be admitted. He was still unwell when he was discharged in July 2014.
- 16 Towards the end of his stay, there was discussion with the hospital staff who were looking into accommodation for Christopher. However, on the day Christopher was discharged he turned up without warning at home in a taxi with what remained of his possessions in a supermarket bag. We were not informed in advance, or given any advice. His discharge papers were sent to his GP. We did not hear from that hospital again. There was no follow up or support.

- 17 Christopher ran out of medication after his first week at home. He asked the same hospital for more medication or a script which it did not provide as he was living in a suburb not in their area.
- 18 Christopher's discharge papers from the hospital instructed his GP to refer him to a private psychiatrist. This was nearly impossible, given his condition and the new and acute nature of his illness.
- 19 It took me until September 2014 to find a psychiatrist in the private system. A private psychiatrist cost us around \$320 an hour. Christopher is on Newstart.
- 20 Christopher has spoken highly of a private hospital he was treated in, although beds are not always available. When he was recently a patient there I raised my concerns about his worsening mental condition. I was told that if he became too unwell for them they would have to send him to a public hospital. I knew there would be no guarantee that he would be admitted. I understood that if that happened, we would have our son, too unwell for the private hospital to cope with, at home.

Problems with the mental health system

- 21 My experience of the mental health system felt like opening a door and seeing a yawning abyss, because of the lack of support and help.
- 22 In my opinion, early intervention is everything. I believe Christopher was damaged by the length of time he was not treated, and by the extreme level his illness got to.
- 23 From my experience with the CAT Team, the mention of drugs in our mental health system when first seeking treatment closed doors to getting help. There is no integrated system for dealing with what was in fact a serious mental illness alongside drug use as self-medication.

Impact of Christopher's illness on his and our life

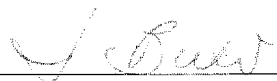
- 24 Christopher lost everything, including his girlfriend, his place in an up and coming band, and his friends. On the night he was picked up by the police, he lost his human dignity. It was a very long way back and we aren't there yet.
- 25 Christopher's experience during that time has impacted on my husband and myself. I recall my husband has said of that time that every time he heard the gate squeak open, every time the phone rang, he thought it was the police coming to tell him that Christopher was dead. Every time my husband rang me at work, my opening greeting was, not hello, but, 'What's happened?'. My husband and I spend substantial time caring for Christopher and managing his affairs.

- 26 I am proud of my son. I see the efforts he has made, climbing the mountain to wellness. He has to contend with his associated addictions, and their toll on his health, with the limits on his ability to work and earn money, with the strength of the medications he takes and their side effects, and with the fall-out from the times he has been unwell.

Recommendations for improvement to the mental health system

- 27 Mental illness affects whole families. Families need advice on how to provide support to loved ones experiencing mental illness. We need better and faster access to willing professionals whom we can approach for advice, help and support.
- 28 Geographical boundaries of hospitals need to be re-assessed, and a greater sense of compassion and responsibility needs to be taken by all in the sector for those who come seeking help.
- 29 Post admission follow up and support care must be a priority, especially because hospital stays are so short.

sign here ▶



print name Janet Butler

date

4/7/2019