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

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Name

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"Development and respect for pure empathy in the health sector. Understanding the needs of call to action and prioritisation with suicidal or delusional patients that present at emergancy. I believe the public and younger generation have a solid understanding of mental health and a true empathy with sufferers but not the health sector, it is disgraceful."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

The system isn't working well. It is appalling and failing the community.

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

"In our experience going to our GP and our family saved my husbands life. The **sector** were useless and **sector** is beyond disgraceful, unprofessional and should have health care workers that are not emotionally mature nor equipped to have patients with mental health issues."

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

"A successful pathway that allows immediate treatment in a quiet, warm, calm environment. Open institutions that speacialise in mental health alone, that can treat and if necessary accomodate. Have health sector workers educated proficiently in providing care, employ select, appropriate people that have empathy and respect for people that are suicidal or depressed. In our experience my husband has no prior psychiatric history. He is well educated and articulate. He went missing for 20 hours our son and a friend found him in his warehouse with

. His eyes were glazed, he was very fragile. "

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

"Lack of training in health sector, the standard is inexcusable. Lack of facilities, you cannot possibly equate mental health to be part of emergancy departments, they completely lack the skill and in an educational hospital this is alarming and far far worse."

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

"I think this needs to go to the community, the local GO's that have a passion for mental health. Psychiatrists and psychologists need to be affordable for all the community and accessible. Hospitals need proper mental health infrastructure, education of staff and call to action as a priority NOT leaving people on slabs in the emergancy department for hours."

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

"Find a successful receipts from overseas, create a board to discuss and enforce regulation. Better educate graduates and current employees, the current curriculum is in desperate need of re-evaluation. If staff are educated they can manage circumstances and the result is call to action with successful standard practices implemented, resulting in less stress for the staff and patient."

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

"It presents a difficult argument. Integration and treatment are two key factors but only with Dr's not counsellors or nurses. In our experience I am embarrassed for the counsellors, nurses and registrars at their lack of insight, lack of social skills and emotional immaturity. "

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

"Not direct these poor people to emergancy departments that are loaded with bright lights, noise, distress and I adequately trained staff. Go or if people present to emergancy they are immediately taken to a MH area/floor/department. Immediate admission if presenting genuine reason, comfort a psych and understanding of their condition. Immediate treatment. "

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

"Specific facilities purpose built for mental health that provide safety for these patients, warmth and understanding and excellent treatment that is immediate. This needs to be a priority. We lack all of the above. "

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

"My story. We are a well educated family living in the second sec psychiatric history, we have four sons, three at uni one at school. My husband is aged 54, he attempted suicide due to financial pressure from the ATO. He had been missing, the police were outstanding and the most supportive of all the community. We found him, brought him home and called an ambulance as he was extremely fragile mentally and had also clearly been drinking. The . I requested were called and he was taken to but was told not our zone. We have full private health cover. The paramedic found a bed for him, not anyone else. The visited, they were nice enough but professionally pathetic, maybe under resourced ? A registrar came in to see him and stated, I'm here to check you physically but can't help your mental state. We left at 11pm, I called Monday morning at 6am to see if he had been moved. The nurse told meexact words, look because he is well mannered and well spoken he isn't a priority. He's not yelling and screaming and carrying on. I replied I will be there urgently see you and hung up. I was disgusted to the core, all you read about was happening to my husband. I arrived at at 8.20am, my husband was in foetal position, shivering, no blanket. He'd not slept a minute, the noise was outrageous. He was directly outside the nurses station. He said if I hadn't turned up he was about to kill himself

. He had regressed, he was shaking and pale. I went to the nurses

station and no one acknowledged me, a nurse came walking past and I stopped her and asked for . I went back to my husband and he said I have to leave. He was a referral to the admitted voluntarily, I understood if you left they stop you. I went out to the nurses station again, they were all discussing their weekend, it was not busy. I said my husband is about to leave can anyone do something, silence fell four of them turned and looke at me then looked away to continue their weekend gossip. I felt invisible and utterly helpless. He walked straight out. I caught up to hi put him in the car and drove home. He had a shower, I put fresh sheets on the bed, made him a hot meal, burnt lavender oil and he went to bed and slept. I called his gp and made an appointment for the afternoon so he could rest knowing how dangerous sleep deprivation is to anyone let alone a man that has not sleep for now 48 hours. I receive a phone call from , it was 35 minutes since he had walked out. The appeared at our gate and I tol them to leave I never want to see them or have anything to do with them or again. The gp put him on Zoloft, talked to him for over an hour and we went home. I found an excellent men's psychologist and between us we made sure he was not alone for one minute. I found listening, cooking and caring for him calmed him. Together as a family we took action and saved his life, our GP was fantastic. Day by day he returned slowly to himself, I didn't let him drive for two weeks, we drove him to every appointment. We looked after him. He would have killed himself had he stayed and they wouldn't have noticed. It's been a harrowing experience and a very sickening at one. I am a strong woman but nothing prepared me for this. "