Submission: Royal Commission into Mental Health

Our son aged in his early 20's became unwell a couple of days before Christmas about 6 years ago. At the time he presented with delusions, hearing voices and paranoia which we thought was to do with Facebook or possibly bullying at work. We found out many years later it was somewhat due to the latter.

We had never encountered anything like it and quickly sought help from a Counsellor and then the CAT team from the [redacted] got involved.

The CAT team were fantastic and as our son became more unwell, we worried more, and came to welcome their visits twice a day. They started medication, answered lots of questions and listened to his delusions, which we knew were untrue. We were trying to keep normality and prepare for Christmas celebrations here and care for the rest of our children, including younger brother who was to start high school, the next month. We took our son to see the Doctor at the [redacted] who reviewed his medication and sent us home to celebrate Christmas as a family. By then our son had almost stopped eating, was trying to escape our home, and we were all distressed, worried and sleep deprived.

Boxing Day evening, the CAT team decided to admit him to hospital which is not what we wanted but we knew we had to do it. We drove in after 8 that night and were met by a male nurse who was full on in work mode and was unsympathetic to our stress. He decided to admit our son to the High Dependency Ward as it was his first time in hospital. Without us knowing they searched his bag, put him in pyjamas and put him to bed. When we asked to say goodbye to him, we were told he was probably already asleep and it would be best not to disturb him. We left with one of us in tears only to find our car had been locked in and we had to find a security guard to get it out.

Our son spent 9 and a half weeks there, mostly in the low dependency ward but moved between the 2 on 2 occasions. We visited him at least once a day. During that time he had at least 4 different medications as the doctors looked for the right one for him. We were offered support from the Family Counsellor and after one coffee with her it became obvious that she was too busy to provide what we needed so we sought support from our family, friends and church community.

The ward was a difficult place for us, especially the High Dependency Unit where we worried about our sons age and lack of experience. Visiting that ward was horrible as we were in a room under watch, had to wait as there was only one room to visit and we could often see very unwell people through the windows and worried as to how our son would get better and whether he was safe. There was a Korean boy about the same age as our son at the time with no language, who just roamed the ward with water in his hand and hospital pyjamas on. We often wondered about him and where his support was. We asked if we could bring chocolate in for him and was told no.

It was difficult to see his doctor at times and there were many backward steps in his recovery, which was very frustrating for us. We often asked the nurses to make sure our son was dressed when we came in, but they seemed uninterested in this and why it was important to us.

As he approached coming home, we didn't know where to turn for support but were put under the care of [redacted] and later [redacted]. We met his case manager and psychiatrist briefly before going home. Our sons father was sent to China with work for a few weeks, so life at home was full of a lot of unknowns. Although the CAT team did support us for a week or so. We think in lots of ways the CAT team saved us at times.

Treatment at [redacted] and [redacted] was both good and bad. We saw about 4 psychiatrists over that time as doctors came and went. Another frustration. Fortunately our case manager stayed and she became a sounding board, and even a shoulder to cry on.

As our son recovered, he volunteered at [redacted] and spent many hours there. He was being groomed for work there and unfortunately it never happened. He almost never even saw the Careers advisor and even though we requested help with him finding work on many occasions, no one seemed to think it was that important in his recovery. In fact, he had worked in Patient Transport before becoming unwell and would have fitted in well to that role at the [redacted] but every time we bought it up his treating team were not interested and too busy.

We were keen to get him off his medication and have a go at normal life but it took a lot of convincing to get the psychiatrist to agree as he didn't have work. Each month at our check up, we would ask about it and finally, we gave it a go.

After many weeks of withdrawal symptoms, our son came off all his medication and is now living a normal life, working, married and medication free. We are all very excited about this.

Our son still struggles with loss over his illness and worries about the years he lost not working and volunteering. We also did a lot of volunteer work thinking that if we did, he would get better quicker because we would have a finger on the pulse and be "in with staff".

We worry that he has a black mark against his name due to the psychosis and that now affects his future career. It seems unfair, especially when it seems his diagnosis was wrong. He now lives in catch up mode.

There was support available for us but we had to seek it out and finding the right fit with a few on offer was tricky. We befriended two ladies and a man that were inpatients at the time and try to support them when they need it.

In summary, we would like to suggest the following areas where we think that the government should commit more resources to reduce the impacts of mental health on Australian communities:

1. Provide more information on the range of support services available and the options that would allow the system to be navigated easier by family and friends assisting those with mental illness,
2. Developing more programs to assist those who are recovering from mental illness to get back in to the workforce. Schemes to assist reintegration to the workforce are needed to improve the confidence and self worth of those whom have experienced this type of illness.

Yours sincerely,

[redacted]

[redacted]

[redacted]

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

Organisation Name
N/A

Name
[redacted]

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Better information and support for families supporting people with a mental health illness are needed. Also need to look for ways other than medication that help the individual. How to navigate the system and get the best help.

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?
"Support in everyday life areas such as employment, homelessness, mentoring"

What is already working well and what can be done better to prevent suicide?
Mentoring and good role models. Better resources apart from hospital.

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.
The lack of good role models and support people. Its hard to know where to go for help. Also some support services have closed leaving patients to find other support groups which takes continuity away.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Unemployment Drug use and availability Lack of support for migrants and marginalised. Lack of resources

What are the needs of family members and carers and what can be done better to support them?
"Counselling, people with lived experience available to support. Continuity in support. Better explanations of processes etc."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
More staff with both lived and learned experience. Counselling and debriefing for the staff. Better security

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?
More employment opportunities and support in that area is needed. Social and support housing is

available and a good thing. Financial support to cover medication and counselling etc.

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?
Prevention and early intervention through counsellors etc in schools. Help in the workplace to prevent workplace bullying. Equal care for public and private patients. Better support and help in our prison system.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
Extra training for those in the industry and funding to train more people.

Is there anything else you would like to share with the Royal Commission?
The stigma attached to Mental Health illness needs to be broken down For example it is like our son has a criminal record now because he was diagnosed with a mental illness. There are people in care with no support away from the professionals. Our son was lucky to have a family to support him. What happens to those people with no family support or they dont speak English etc. It is terrifying for them.