

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

SUB.0002.0029.0339

**Name**

[REDACTED]

**What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

N/A

**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?**

N/A

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

N/A

**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 crux of the matter is money. There needs to be the strength and conviction of the mental health workforce. Consumers should not be left to flounder alone which is despicable cruelty. I want to know how people are chosen to be on the Mental Health Tribunal. What qualifications could they possibly offer than the knowledge of the mother. There is too much leniency and irresponsibility by government in allowing people with a mental illness to be pushed out of the system. My son should never have been taken off court ordered administration of medication. When he was taken off court ordered medication he has ended up homeless interstate living with animals in his car and he is unable to care for himself.

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

N/A

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

N/A

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

N/A

**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?**

N/A

**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?**

N/A

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

N/A

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

**[Attachments below]**

Dear [REDACTED]

I have a 43 year old younger Brother who suffers from a several complaints, the worst being Mental Schizophrenia.

My hope in this letter is to highlight our Mental Health system and its tragic state to which ramifications are continually soul destroying to both sufferer and family.

My brother's case has again seen him reduced to virtually a lost man on the run. He has had his Court Order reach its 12 month end and a medical dosage and frequency reduced to a level where the 'Demons' are back..... for the 7<sup>th</sup> year in a row!!.

The past few days have seen him appear at [REDACTED] just north of [REDACTED]. This is virtually a week on the move from his Melbourne home. Being hardly of sound mind, he has driven aimlessly with us now having to deal with getting him accounted for. Not to mention returned safely back here. Not to mention his car and dog!! We now have Medical Authorities and Police aware of his state.

We received a call from him so his location was determined.

The authorities say they cannot act, are reluctant to act or will wait to see things deteriorate further before acting.

Our folks continually chase information regarding the state of his well being, both when under observation and when he has been reduced to a shocking state of mind. However, there are restrictions which deny us information. We receive life-threatening calls, money demands that is a cause of constant worry for my parents 79 and 70, who bare the brunt of most of the calls.

He has little if any money, a dog and is completely delusional. He is a worry to himself and others on the road. He makes contact in a state of mind that demands money to address his helplessness but has no regard for himself or concern for all involved. The money just disappears. He is conniving, deceptive and can be frightening. He must be frightened within himself. We feel so helpless.

His Carer down here admits that his situation/ character deceived them and that he was not as fine as they had diagnosed. When she was informed of our plight, she spoke to a nurse in [REDACTED] who was able to meet with him. The nurse admitted his state was worrying and arranged for medicine. The medicine was nearly there, to be administered to him, due sometime this week, but he has deteriorated further, and is now very confused..

We have just spent the week going through his [REDACTED] home, which is provided by the family, doing a massive cleanup, again, which really involves removing absolute filth, from his personal level and pets and subsequently most furniture and carpets etc are needed to be carted to the tip.

It remains a huge toll on the folks and family and we just cannot seem to keep him at a middle level because of the way the Health system is designed.

My mother has virtually no rights to communicate with carers or doctors whilst he is on the CO, as the Health system (Doctors) make the observations on his progress. They can make the call on his treatment but are NOT liable when they get it wrong. We just have to pick up the pieces each time.

The frustrating part is that when he really 'goes off' and Police are usually called, the Department of Mental Health has to deal with him and do it all again.....and all the while we keep telling them" We could have told you that we could see him going off the rails". Our concerns are never listened to and nearly all calls are rarely returned.

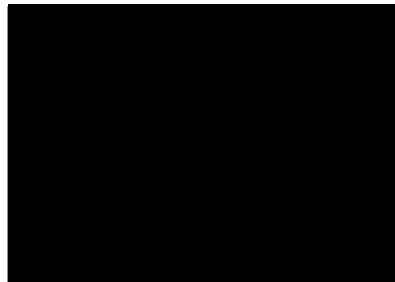
Each year as they let his CO finish and reduction in medicine happens, we find ourselves back at hospital and the nightmare continues. His last 7 Birthdays have been spent in such a facility being medically and psychiatrically treated or just recovering from such treatment. It is absolutely disgusting that when correctly medicated, he can hold down a job, is a loving and caring person. He has a great sense of humour and is well liked. Most people would not even know the 'other side'. The system just fails him as a person, and has no accountability for it!!

Where is the logic or compassion to a system that recognises a devastating yearly trend, and which only takes a course of action to repeat it? The system is so cruel to the patient and family. I believe there to be more caring protection laws regarding cruelty to animals than there are for Mental Health patients.

I ask you that you consider my situation as desperate and I am sure you are already aware of the state of Mental Health Services in Victoria. There are, of course, many more cases like ours and many of them in worse circumstances but somehow the message has to translate into a result for all sufferers, both patient and family. I am sure that every one of the families who endure this tragedy cannot justify \$350 million on a Tennis Centre refurbishment when matters closer to home go wanting.

I welcome your thoughts and any help in this matter. I would be happy to talk further in communicating this social injustice that needs to stop.





[REDACTED]

### WHO WILL TAKE RESPONSIBILITY FOR THIS?

Having just completed about 4 more weeks in your psychiatric hospital ward, for the 6<sup>th</sup> or 8<sup>th</sup> time, we now need serious questions answered.

[REDACTED] was released, obviously under medicated, and on an edge between stability and psychotic behaviour. I picked [REDACTED] up from the hospital on Friday 8<sup>th</sup> July, but on Monday 11<sup>th</sup> he arrived at our home at 6 A.M. to inform us he had been to the police station at 4.30 A.M. to inform us and them, he would not be continuing with his order of medication and would be suing the government for his treatment. He has since reversed this intention and is now having the necessary needle.

I had supplied to the Tribunal, who made the decision in the hospital to begin a new Order for [REDACTED] to be treated for 6 months, a list of accrued debt he now has because of his illness and mismanagement of his disability pension. Before his release, he was able to leave the hospital grounds and went shopping purchasing ??approx \$300.00 worth of clothes and shoes..After his release he went shopping again and purchased a new suit with 2 pair of trousers, shirts, a vest, 3 ties and shoes. He cannot manage. His current debt is about \$5000.00. I know his carer at [REDACTED] will try to work a way through this for him, she does a wonderful job with him.

But this is what happens every time he is taken off his ORDER. As I mentioned, for the 6<sup>th</sup> or 8<sup>th</sup> time. Last time he was missing for 9 months having travelled half way around Australia, living in his car with 3 dogs and 1 chook. He arrived home so ill I thought he would die. WHO IS RESPONSIBLE.

Last time he was taken off his order without our agreement. There was no Tribunal. When do you learn. The treating Psychiatrist this time was Dr [REDACTED], a pleasant young man, but was acting as doctor and friend. This is serious stuff [REDACTED] needed treatment and an awareness of the seriousness of his situation. Not friendship and freedom to roam and go shopping.. I am 76 years old, my husband is 85.. What happens when we can no longer pick up the pieces?????

Please respond to my letter. Mental illness is out of control, Underfunded, understaffed. With no necessary accommodation for these poor people,,The old [REDACTED] buildings were sold years ago Where is that

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
Clinical Director Mental Health,  
[REDACTED]  
[REDACTED]

Dear Mr [REDACTED],

RE MY SON – [REDACTED]

[REDACTED] who suffers schizophrenia, has been discharged from [REDACTED] Ward 2 level this week end. Your staff found him accommodation outside the catchment of [REDACTED] Hospital at a boarding house at [REDACTED] and has just had a carer appointed for him, who has not as yet met with him. As he has been in the psych ward for 8 weeks, I am really alarmed at both the lack of personal carer and equally the fact he is no longer to enjoy the long term services of the [REDACTED] Hospital as primary carer. [REDACTED] has lived most of his life on the [REDACTED] – but will now presumably be put under the care of [REDACTED] Hospital, where once more there will not be that intimate knowledge of his personality and character, not to mention his behaviour because of this disease.

I wish to bring to your attention the manner of his discharge. We had a meeting at the hospital on Tuesday 5<sup>th</sup>, where it was brought to my attention that [REDACTED] has been asked for a urine sample. This was not accommodated by him and not followed up by nursing staff until I asked for results on Thursday 7<sup>th</sup>, only to be informed that the sample had not been taken yet. I urgently suggested that this was necessary before he be discharged. Again on the Friday, I checked, again to be told this would be done. A subsequent phone call from the ward informed me that the test was done, and a small amount of substance was present, and that this represented probably one amount of marijuana, which I informed them this may have represented a substantial amount 4 days previously. He was still discharged and now, after being so ill, he is once more his own carer. Surely this is most unusual.

I can only say to you this is the very attitude that allowed [REDACTED] to come off an order last May that was made for his protection. [REDACTED] then did what he has always done and went away, this time to live in his car firstly at the Northern Territory then in Queensland and N.S.W. (with a rooster and three dogs living in the car with him)

I understand you cannot be responsible for his marijuana usage, but had the test been done when it should have been done, he may not have been released until more suitable accommodation could be found. [REDACTED] had his home provided by his family before last May, we have since sold that home as the ongoing maintenance and cleaning was truly formidable. We would have persisted if he had been on an order,



but when he was released and vanished, we could see no future. I feel his life has been taken from him by the system.

Surely there are some patients who are better kept on an order for their own well being. Mr [REDACTED], and who really do need the security of a carer to be appointed BEFORE they are discharged. I make the following points:-

1. Why would he be provided with accommodation outside the [REDACTED] [REDACTED] mental health catchment area when he has a chronic illness and had had such a long inpatient stay and history of the same over many years?
2. Why would he be released without a carer appointed and no clear handover path?
3. Given the obvious contradiction that marijuana usage causes with clients that have schizophrenia, how would he be able to consume this substance whilst being in supervised care.
4. How could he have been allowed to purchase a bird in a cage on a supervised outing and return to hospital with it?
5. Why should [REDACTED] hospital not think continuity of care was very important given [REDACTED] long term health issues.

We are concerned his basic human rights are being ignored in order to move him on to become someone else's issue. We also want written assurance that his family will be formally represented in person with legal counsel at the expiry of the order he is now subject to. Furthermore, we should be provided with a copy of the order and guidance on how we can communicate our wished to the board.

Thank you for your attention,

I remain  
Yours sincerely.

[REDACTED]

[REDACTED]  
[REDACTED]

2010.

Mental Health,  
Review Board of Victoria.

Dear [REDACTED]

**RE THE LAW AND SCHIZOPHRENIA.**

I want to thank you for your reply dated 30<sup>th</sup> June to my letter to the Board with regard to my son who is suffering another relapse.

Whilst I appreciated your supply of details for further assistance, I cannot follow that you do not have a control, under your clinical reviews of patients, to stop the awful regular reoccurrences of episodes of this awful disease.

It would seem that the end control of his treatment is between, the treating Psychiatrist and your Mental Health Review Board. Why is his life worth so little that he is sentenced to these regular awful times of abandonment when he is totally alone, You know the story, he is allowed off his Community based Order, he stops his treatment, he runs to far away places, (this time [REDACTED] in the N.T.) where there are no doctors or Mental Health Psychiatrists to watch his deterioration. My heart is bleeding for his rambling crazed phone calls, sometimes fearful or boasting but always his underlying sense of isolation.

Now we are told, we can only wait for him to become seriously unwell – either a danger to himself (most likely) or to others. After so many of these occurrences, surely it is time to give him peace, and keep him on his needles, which give him some certainty. You must have some control over this surely. Is the law inadequate? Can past histories not affect this law as it is? Is it because these people are deemed to be hopeless cases? Is it because of the lack of sufficient clinicians in this area and so many patients that he is no longer worth treating? One thing I am sure of is that although the system needs money and lots of it, it desperately need a big look at the way those responsible interact with the real carers who do know the signs of further deterioration and seem to be totally disregarded when they go for help -the family.

Mr [REDACTED], I am so sorry to have to write to you in this way, but I have to fight for my son. At this time he is forgotten by everyone else. Please consider this law, and would you give me some feedback if you can.

Yours faithfully,

[REDACTED]



## HELP – CAN SOMEONE PLEASE HELP US?

**My 43 year old son suffers from Schizophrenia from which he has regular 12 monthly relapses. He then becomes very ill and is subsequently hospitalized in the lock up at [REDACTED] Hospital.**

However, to get him to the "CARE" stage is a nightmare

We go to the health professionals always to be told as he has been removed from his last Community Based Order, he cannot be touched until he is acutely ill. They say he has his "rights".

Why then, when documentation shows the court recommending for him to stay on the Order, do they take him off after about 11 months with his medication lowered to a minimal dosage and time span between needles taken out to three weeks in lieu of two. We have little or no communication after hospitalization and subsequent court hearings from the health professionals even though the courts promise that we will.

We do not interfere at all as long as he is well, but we do call for help as soon as a break down shows. When he becomes unwell we are always assured all is being done but he does not have to comply if he refuses – we then remind them that his history shows he will run, that changes nothing, and RUN he does! This time to [REDACTED] in the Northern Territory. – from the [REDACTED]

I cant tell you how pitiful it is to hear his rambling, frightened, threatening, and MAD phone calls

Luckily he never forgets how to reverse phone charges.

May I tell you this has been going on this time for three weeks, he has no money and is living in his car, if I put more money into his bank account, it goes into thin air.

WE his family love him. Give him a home to live in which he cannot manage, we just don't know where to go from here.

Surely, carers and doctors care more for their patients than to leave him in this abandoned state for this length of time. After all if he had been left on his court order, he would not now be in this terrible predicament.

Please help him. I would be grateful if you will reply to this letter. IT IS HELL.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]