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

SUB.0002.0023.0101

Name

[redacted]

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

"Everything is still rather cloak and dagger when it comes to Mental health. Many people hear mental health issue and treat you as though you must be crazy but when they don't see what the problem is, or understand that there is a facade that is being shown and there is a depth of pain and or confusion that is hard to explain. The current advertising has gone a small way towards demystifying anxiety but there is so much more that needs to be done. And there needs to be more done to remind people it is ok to take self care/ mental health days. that a good book snuggled under the doona some times can do more than a pill can, but that medication can help move us past where they are and closer to just doona and book days. "

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 fact that services as scant and under pressure as they are is a good thing. There needs to be more though. More training, more specialities, more than just those that have done a course and start a role with little to no actual interest other than its a job and I can get paid. (yes they exist we have come up against several in the last 3 yrs). Increase the funding for those professionals to do the training, encourage them to move outside of metro areas and into rural towns and districts where there are very few on the ground."

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

"The fact that is being acknowledged is a good thing. but the far-stretching impact it can have on families needs to be delved into. There needs to be more into encouraging those that feel only darkness to understand there is light in every breath they breathe. that there is hope for them and their future with each breath that exists in them. To reach out to professionals even if they don't feel they can reach out to family and friends, the point is to reach out. "

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.

"Honestly, 30yrs ago there was no work past midday on a Saturday. People got to spend good quality time with their family and friends and they invested in each other. Now so many people out there are struggling to make ends meet, to make connections with friends and family, to just relax and enjoy life without being worried about what stuff they had to have or buy. A life of consumption spurred on by advertising and social media over the years and caused people to spend money they don't have on things they don't need rather than spending time on themselves and the people they care about. The excessive amounts of forced separation and isolation make suicide a bigger issue than ever. Trying to access services and professionals can be very challenging in rural areas of the state and humbling no matter the location. As a community and a country, there is often a stigma about asking for help when there shouldn't be. In rural areas, it is hard to access well-trained professionals in a timely fashion, and many know that it is difficult to get the help they need. Provide incentives to professionals to move away from or work outside of the cities, help us by helping those that are trained properly."

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 for many of the workers. Many have left uni with a basic degree or diploma and very little else in the way of life skills or understanding of just what they are about to be treating or helping people deal with. I think there needs to be more extensive and ongoing training for the workers to ensure their clients are not misguided or improperly supported. There is also just a general lack of trained professionals outside of the city areas, and for many needing help, the travel and the cost outweigh the ability to obtain their help and support. The System is broken, It needs a complete overhaul. The CAMHS system needs the greatest overhaul because all those broken adults are creating broken kids which in turn is creating the next broken generation. We have seen and felt first hand just how insufficient the Child and Adolescent Mental Health service is in regional Victoria.   You are in the greatest position of power to help stop this systemic rupture that is happening. You can no longer sit back throwing bandaids at the problems being faced and hope that they will heal what clearly needs a surgical approach. Please, I beg of you to stop more families like our from being destroyed in the manner they have. We had a Permanent Care Daughter we had to remove from our home for our safety from her and for her own safety and mental health damage from herself and her actions. None of it was her fault. she was not in control. She has been diagnosed with several problems that stem from the drug an alcohol abuse inflicted on her in utero and the trauma she experienced through years of neglect and abuse from her birth mother and subsequent foster family. Perhaps if someone had stepped in and none right by her earlier in life before coming to us she, and we may have been spared the damage that was done in the past years. She is now separated from us indefinitely and is still without the mental health services we were fighting to get her and failed to obtain even after engaging the help of CPU. They also failed to support us in obtaining CAMHS assistance or referral to the [redacted] Unit, and at the time the [redacted] Unit had not yet been staffed for us to be referred into. Each delay placed in front of families like ours and ones that have not been created by foster, permanent care, or adoption is another day of trauma and pain that would stop it all, that could save us all. Please act with care and compassion, hear the genuine pleas of the families and carers of these very troubled little souls and help them out of the generational cycle. "

What are the needs of family members and carers and what can be done better to support them?
"For starters Believe them, Trust them. They are coming forward with their genuine experiences of trauma and difficulties that they have faced. But they are coming to you also with a plea on behalf of those they are for and love so that they can find healing and help through the mental health system. Deep down no matter how battered and bruised we are, we all hope, we all wish for strength and courage to keep moving forward in the hope that there is the right service or pill or therapy out there that will make a life for us all that much better and easier to exist in. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
incentives to move away from the city into rural areas. ongoing support and training and relief

when challenging situations and clients are faced. more life experienced workers who understand the trauma they are dealing with.

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?
"There are very few. Many employers are hesitant to employ those facing mental health issues. There is a need to create service positions, (gardening, hospitality, artistic and community assistants) created for those who can do work, giving flexible hours and rosters to assist with their own therapy, stability and healing. Mental Health and Self Care days should be allowed for everyone no matter the type of employment. "

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?
"CAMHS needs to be reformed. The services they can refer to should be accessible for accredited behavioural and all paediatricians to refer into. It should not be our way or the gutter scenario like it currently is. (we have had repeated first-hand experience of this) There are so many children now facing mental health issues it should not be something that plagues their lives. if they can be helped and taught the coping mechanisms now they will be able to grow and become functioning happy adults, but not if the system remains the way it is. When begging for help or referral to their psychiatric team or services are being denied they are choosing to let families fall apart without little more than a response to a phone call in some cases, and some times even when made in tears and panic they are ignored. This SHOULD NEVER happen. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
get CPU and CAMHS on the same page that if a mental health support request is made that genuine efforts are put in place to give assistance. Prepare a funding request to the government so that when it is put in place ALL Children and youth coming through the foster system into permanent care and adoption placements have access to ongoing funding for mental health supports that will allow them to try to heal from and or cope with the traumas they have been through and experienced. this will enable a solid chance for families to be created and stay together and stronger for the long term

Is there anything else you would like to share with the Royal Commission?
"You should have done this sooner. It is too late for our little family but I hope and pray that you will genuinely take on board what myself and other carers have sent and said with regards to the overflowing need for services and supports. We are far behind many countries with what we have. and to say that a family needs to fall apart because a service or support does not exist is NOT GOOD ENOUGH. With all the documentation and studies that are out there, and all the other well run facilities in other countries that we could base our own off it is a crime of the government and the mental health profession that we have fallen so far behind in our abilities to help individuals and families facing a barrage of mental health instabilities..   Hold those in power accountable and make sure they do the right thing to Fix what is so horribly broken."

To whom it Concerns,

We write this to you and your team because you are in a position of power, whether you understand it as such, you are.
You are in a position to use your voice, your situation, and your contacts to make a difference in the world around you far more than someone such as myself. So I ask that you all take a good look at this following information and make it part of your mission to do better. To do better for families like ours, and for children like ours, or be prepared to be held accountable for not only creating a generation of broken children, but also broken teens, and adults that they will grow to be because of your inaction.
I write the above and following to you because I know we are not the only family going through this, however, we might be one of the few that has the ability or tenacity left to push to have this addressed.

[redacted]

Please, Work together not against each other, and for families and children like ours.

We were a family of five. A husband and wife, and three children, two from a sibling placement through permanent care (they came to us at the ages of four and five years old in January 2013) and 1 biological blessing. But we have just been through a physical rift and breakdown of the placement because of the systemic failing and mishandling of our situation and our daughters' care.

The girl that was in our permanent care [redacted] She was four years old when placed with us back in 2013 along with her brother who was five. They came to us after a single Foster placement which we were assured was a good thing. They came from a home with their birth mother who admitted has had an extensive drug and alcohol problem and used both heroin and other substances during and after her pregnancy with [redacted]. (The birth mother previously stated that she is happy that at least she had never done ICE to me in front of a worker). During that first year in this world, [redacted] often went without affection, adequate food, or sufficient maternal care or supervision, and she has some scars from cigarette burns on her body.)

Note: *There were Court Appointed Accesses that we agreed to, however, while the children have been in our care, those dates were missed time and again by their biological mother (on one occasion before a significant period of being absent she came to access drunk). The inconsistency made them both unsettled and gave them both a great deal of confusion. We walked them through it the best we could, reminding them they are loved and that sometimes people aren't well enough to travel to see people they care about, and that in time we hope that she would get better and be able to see them. Since the start of 2016, we have seen her twice out of the 4 dates given and have since requested contact by mail as the disruption to both children was too great, and we believe* [redacted] *is not stable enough mentally or emotionally to cope with the face to face visits at this present point in time.*

When they were placed with us they were both tiny, underweight, [redacted] had significant communication delays (Due to a number of trauma reasons and also an underlying hearing deficit that we had addressed and she has since had 3 sets of grommets put in at RCH) and a great lack of understanding of play and interacting with others even for a four-year-old.

She struggled early on in the placement with grief and anger and sorrow, had difficulties communicating and understanding her feelings. Her outbursts were with rage, and with a loud crying sound that resembled that of an infant (but there were never tears). She would often throw herself against furniture and walls and if I was present would take to throwing items at me that could be anything within her reach. Over those early months, we began to identify triggers (Dora, Disney, Dead anything(leaves, birds, flowers, trees), certain locations that we would drive past, certain parks we would go near, even some cars would cause a reaction).

We managed them the best we could, even finding and taking the Parent Plus course through PCAF to help her and her brother more. PCAF introduced both myself and my hubby to the world of 〝therapeutic parenting〞 as a way to help stop the cycle of chaos and help them both (especially [redacted] heal. She would often come up and poke or hit or kick at me and then hug me. This was our life for the first few years, I was her mum and her punching bag and she was having to learn I was there no matter what and that she was safe with us.

It was an uphill battle that we were determined to work at and navigate for them. They are our kids and we love them dearly and they deserved the rest of their life with us to be one that was safe, considerate, loving, and stable.
Over the following months and (inevitably) years we eliminated triggers and guarded against future problems the best we could, ALWAYS putting the kids' needs and safety above all else. We had hoped things would improve, but with hindsight being what it is we see now that it didn′t and each change simply adjusted the parameters of the 〝honeymoon〞 period.

We saw her behaviours and emotions starting to falter through grade prep, and at a greater rate in Grade 1 onwards (2016 she was seven, nearly eight years old.).
While "some" outside of our home thought it was due to the arrival of our youngest we believe it was a culmination of factors that excluded him.

From the day he was born and bought home she had spent time "trying" to play with and be near him, she had made regular comments that she wanted to one day be a nurse or a teacher or a someone who teaches nurses, and she wanted to be around all the babies because they're so cute.
We knew she struggled with the fact that he was alive, as she made regular comments that "it's like he's a real person" that "he isn't like my other baby dolls because he cries".

We worked very hard to help her understand that we were all family, that no one would ever move him to a new home because he belonged with all of us, that we were all safe together.

We constantly reminded them both that we loved him and we loved them the same, not more not less. We made special time set apart just for each of the bigger kids so that they didn't feel excluded so that they could continue to build loving attachments. We went on adventures together to build up those memories and connections. So we know in our hearts it wasn't from him.
After many discussions with professionals (and those you will see listed soon) we believe it came down to a perfect storm of events.

- Their Biological mother had resurfaced after being absent from their lives for 2.5yrs, and when she did so she bought along with her two older siblings that both the kids struggled to recall ever meeting
(This was recommended by [redacted] to ease their Biological mother back in after being gone so long) .
- She was in Grade 1 (no longer with her favourite teacher that looked like Queen Elsa), and the pressures of trying to keep up in a classic classroom setting and it was starting to show.
- We had been settled into a routine in our home with very little variance throughout the weeks. (This included extracurricular activities for both EG: Little Athletics, and Ballet, and Brass Band Lessons)
- And one of the greatest problems was it is a key time in life for children between the ages of 8-10 for brain development. And it is believed that with the extensive early damage and trauma that was done in those formative months and years before coming to us, it meant that the connections we had helped her make neurologically broke down as they were not strong enough to hold.
She has been diagnosed with a number of challenges in the last 2 years
(Reactive Attachment Disorder (RAD), ADHD, Mild Intellectual Disability, and presumed Fetal Alcohol Spectrum Disorder (FASD)).

Since being in our lives she had displayed a number of fluctuating problems that we were told time and again were all part of building an attachment, that they could be linked directly to trauma triggers which we should eliminate, or that she could be healed with more love.

A number of her lesser behavioural and emotional troubles had been documented briefly prior to her placement with us (as part of a sibling placement). These "minor" troubles to a well-trained eye (as all the workers should be) should have thrown up a number of red flags that something more was coming.
It has been in recent years that we have seen a slow and then rapid escalation of her now diagnosed challenges coming to light and each step of the way to get those analysed, documented, supported and treated has been a struggle in our previously suburban and now rural locations.

In those first years, a lot of our concerns were met with comments of she just needs more love, or if we want to push to have this assessed it would delay the placements Permanent Care Order for both children and could possibly cause her and her brother to be removed.

We were never causing the issues but were threatened rather than given support on a number of occasions. We were met with bullying and passive-aggressive threats from services that we could lose the family we had just begun. As concerned new parents, we asked for help or referrals for her then challenging and disturbing outbursts and were told they didn′t have any services on file, and we would have to seek them out ourselves.

What she required from us was a therapeutic parenting approach.
We did the training and made sure we kept up with any material that was put out there.

This training and application should have been part of foster care placement (and honestly should be part of all pre-placement training) prior to coming to us however that wasn′t what she received. (Instead, there were varied types of emotional, verbal, and physical abuse and emotional neglect and this matter has been addressed and raised with the original Foster Care office ([redacted] Foster Care) with team leader [redacted].

This early case management and the battle all through this system has been pernicious, and to label it as anything short of that would be a lie.
To know that this has happened to us and to her in the manner that it has, and after speaking with other PCO parents, and other Special Needs parents we have NO DOUBT this is a widespread issue through the entire program and mental health system.

Many calls over the years (and specifically in the last 2yrs) were met with dismissive responses, redirection, and red tape while trying to acquire help for [redacted] and to keep our family safe and together. In each instance, it meant a delay was being put onto the appropriate care, support and education of our child.

She had become violent constantly towards me, (the primary carer) regularly swearing, kicking, hitting, punching, using weapons like books, and other heavy toys, brooms handles at home. Hitting, kicking, screaming, screeching, swearing, pulling my hair and punching me even on our short drives to the bus stop or to the previous school, and in the last days prior to going to respite she pulled a knife on me after dinner that she had managed to sneak out of the sink.

She also tormented her older brother with punching, kicking, swearing at him and calling him horrible things, threatening to harm him in his sleep or at school, and continued onto her teachers by destroying class equipment, throwing items around the class, hitting one with a cricket bat.
Other students were also affected by her hitting and kicking them, destroying their school work, and she also on 2 separate occasions kicked our then 1yr old (on the 2 noted times she kicked him, the second one resulted in her being taken to hospital), and she was constantly destructive to, and in her room, and to property of others with no care or ability to understand consequences.

It has all climaxed to a point that she is no longer in our home for our safety from her, and her own safety from herself. To say that I fear for our lives should she return as she currently is, is an understatement as she has made repeated threats to harm us (Myself and the two boys) and has on countless occasions physically assaulted us as previously noted.
She is only **10 years old**, none of it is her fault, she is not a bad kid, however, she will only get bigger and stronger as time passes and she still doesn’t have the mental health services she needs.

We begged for mental health help for her, we found the only few child psychologists in the area who came to agree she needs psychiatric assistance from someone trained in Reactive Attachment Disorder and knows how to navigate it with all other issues involved with her.

Our anguish and heartbreak are that she is no longer able to be with us which is truly cruel and shattering, and I have no doubt that other families are facing such hardships and going unheard and unseen.

We have, in our battle for appropriate supports, found the following contacts who have been the keys that have helped us hold our family together for as long as we have:
***Permanent Care and Adoptive Families (PCAF**): have been an amazing support for over 5yrs now. They have been a wealth of knowledge and support, and honestly, their service needs to be supported more for the amazing work they do for families like ours.

***Dr.** [redacted]: We have been extremely lucky to have found and had our girl come under the specialist care of paediatrician Dr [redacted] for her extensive and complex issues. He has been able to get her medications to a point that she is now manageable outside of the home, and by carers. Along with a Referral to Dr [redacted] and Dr [redacted] as [redacted]. Who mentioned the [redacted] Unit may be a service that could help in our first meeting (however it still wasn't staffed at the time).

***Dr.** [redacted]: This marvellous individual did a funded Full Cognitive Assessment of [redacted] in Early 2017 where a number of her challenges were identified, and confirmed her need for a full-time aid or (as it played out) placement in a Special School [redacted] Special School)

***Community Living and Respite (CLRS)** [redacted] : Despite the delay in processing and referral of the plan to them, we have had a great deal of support from Community Living and Respite (CLRS) with their NDIS package management that has assisted us in being able to spread out every last cent of her funding package as far as we could since January 2018 (this funding reset in September2018).
This included carers in our home each morning (from term 2) to get [redacted] ready and off to her bus to school so that [redacted], [redacted] and I were protected and no longer a target for her to attacks first thing each morning as we had been.
And carers after school who would take her for an hour to help her wind down before coming home.
They also directed funding to [redacted] Respite for her to stay overnight once a fortnight during term 1, term 2 and term 3 of this year (2018)

[redacted]: [redacted] and [redacted] were kind and supportive. They took the time to sit down and get to know us and made sure they understood the challenges being faced and assessed our situation thoroughly, it is unfortunate that their services were not offered or supplied sooner.

HOWEVER, We had bigger fights on our hands, ones that were with specifically government-run, compliance defined departments that need to be overhauled. Their processes (at the very least in handling our case) are antiquated and truly not set up to benefit anyone or to work in a swift and considered manner.

When it came to her education, we had to fight not only to get the application in (due to its mishandling by the well-being officer at [redacted]) but also a challenge to get the Department of Education to accept and approve funding for her.

This funding was for either a full-time aid or for her to attend the local Special Needs School, [redacted] Specialist School. (This was put through as an out of cycle application because the cut off date had been missed by the well-being officer, and dragged on for far to long and initially delayed and questioned over the diagnosis, causing not only additional trauma for her, but also for her then teachers and classmates who she had become destructive and violent towards).
Had this been handled in a more timely manner perhaps those classmates and teachers might have been spared the trauma and fall out from her constant rages and outbursts.

Note*: We find it ridiculous that in this day and age you would still have time limits and specific dates set for when applications of children with special needs would have to be in by for consideration, almost as if to say children are only allowed to have challenges between these periods of time please make sure all your reports are done by this date... That hardly seems like a realistic expectation for anyone. Kids do not develop things on a set timeline and our medical system is hardly conducive to facilitate such rapid requests.*

We had to push for the NDIS to approve her application. It was hampered and delayed due to lack of staff and training (as noted by a worker in their call centre), and an overwhelming level of other applications they had to process, they only seemed to move on it faster when we mentioned that we had contacted CPU.

We have had our local Child and Adolescent Mental Health Service (CAMHS) office wipe their hands of her and stated ‟it’s all behavioural″ when she needs (and will for the rest of her life) extensive psychiatric therapy for the abuse, neglect, and trauma she has suffered in the years before being in our care. And she will also now need it for the recent trauma and damage done by her outbursts caused by a lack of appropriate supports which have caused this family rupture.
NOTE*: They did this without treating her or doing any sort of session with her. They ignored our repeated calls to them for help. They decided this after only talking with myself in a meeting in July 2017, we had taken [redacted] in to it, but we couldn’t contain [redacted] in the meeting, she kicked one of the workers, kicked screamed and hit doors and windows up and down the hallway and was then settled into another room with my husband, while the two workers heard of our troubles.*
They agreed to write a letter of support for her to be placed in [redacted] ([redacted]. There was no face to face assessment done by the Psychiatrist in the [redacted] team.

And as is about to be displayed a complete mishandling of our case by CPU/DHHS who were more interested in extending their timelines and accusing us of lack of care, and getting a good outcome on their books than assisting her or providing support in a swift and timely manner.

The culmination of all of the above delayed, and hampered attempts to support her and destroyed our last glimmers of hope.
It took far too long to gain access to appropriate educational placement which we believe lead to an event that seemingly had no trigger source, and saw her removed at our request by police and ambulance September 14th 2017 after a rage that escalated to her attacking me and also kicking our 1yr old 3ft across the living room (he was not at this stage walking independently and had come to me for comfort while [redacted] was screaming and hitting me) followed by a catatonic state prior to their arrival.(she was still only 8yrs old (nearly 9) at the time)

She was transported to [redacted] Hospital for assessment and despite threats and statements made by her to plan to kill me and her own comments of wanting to self-harm she was determined to be of no threat to herself or others.
When we challenged this and asked for her to be admitted for psychiatric care or transfer to the [redacted] Unit at the [redacted] and stating we do not feel safe with her at home, and that we fear for our own safety if she was to return.
We were threatened (rather than supported in her care needs) that we would be reported to CPU for and charged with abandonment if we did not take her with us.
We were given no discharge forms for her 40hr stay just simply told she is free to go.
This was not a safe option when as a family we were in crisis and in desperate need of additional support for her care and the safety of all of us. She was already on a number of medications to help calm her and help her function and on that day it was like something out of a horror movie.

We were scared to have her back in our home, and genuinely afraid of the threats she made to kill us in our sleep. (We placed locks on our bedroom doors following this) During her short stay, a referral was made by the areas CAMHS team member at [redacted] to our area, [redacted] to follow up and start intensive therapy and they ignored the request.

On Monday September 18th 2017 we went to the [redacted] (her school at the time) and sat in the office with their Principal [redacted] (so that if anything needed to be answered regarding her behaviours and outburst at school we had the authority on what could and could not be disclosed) and made a call DHHS/CPU and begged them for help for [redacted] and for our family because the placement was at risk. We advised of what we had been through, her constant physical assaults and verbal outbursts towards me, and how it was extending to her brother and now teachers and other students and that this call was following a rage that directly impacted and caused physical trauma to our infant. That she was and we believe still is a danger to herself and others.
We felt uneasy but relieved that something might now be done.

We were wrong, the mishandling continued by the [redacted] office and workers.
One claiming to be our caseworker, but instead was an intake worker only there to gather information and form a case.

She gave very little assistance and alluded that a service called [redacted] (in January of 2018) that might be an option and then made no contact with them or direct plan to refer us to them for months. Each call made to was taken as evidence rather than a cry for help and then after an extended period we were told the only way to proceed was to go to court and have an order put in place, so that CPU/DHHS could remain Actively Involved (They had done very little till this point) and to have the referral to [redacted] be sent through.
They would be applying for one for both our permanent care children stating they wanted to "keep them together".
We were advised to contact a lawyer and to contact a child representative lawyer for our 10yr old permanent care son which we did.
The order they were originally applying for was not agreed to however an Interim Accommodation Order (IAO) was agreed to for our girl [redacted] under the specific notation that it was only agreed to as a way to access [redacted], and that they needed to acknowledge we had done everything in our capability to aid her care to this point.

Note: *By that point aside from a referral from CPU/DHHS to Family services, they had done nothing. The intake worker was still claiming to be our caseworker but seemed to have no contacts to refer us to, no information regarding services, and absolutely minimal to no understanding of the damaging effects of our complex situation or of* [redacted]*'s diagnosis (RAD, ADHD, MID, Presumed FASD).*
She set up and sat us in a room with our family (Parents and Siblings) to arrange respite which we had already been doing but they wanted a more formal notation of it . We were told a Care Team meeting and a Professionals Meeting would be arranged and that we would be included but they never took place.

Once the IAO was put through we were referred to [redacted], and handed off to caseworker (for the next 5 months we heard nothing from her). [redacted] did their initial and then more comprehensive assessment of [redacted] and our family and the trauma we had all been through, unfortunately still living in crisis things escalated again with [redacted].

This entire time our tiny family has and had been living in Crisis still not being aided fully by CPU/DHHS service that we were told **<u>would move mountains to maintain the placement</u>**. We as a family have been pushed to and past a point of it breaking down. Were it not for the work of the other specialists and services that we have had on board over the years, we would not have made it this far.
Our hearts cry has fallen on deaf ears for years and now we have had to displace our precious permanent care daughter [redacted] out of our home for her continued care and for our safety and harmony. We wanted to see her placed somewhere that she could get the mental help she needed and perhaps in time return to us and now that will never happen.

A meeting on the 2^{nd} Of November 2018 with the CPU worker made that clear. We thought we were walking into a discussion about services and extended respite but instead it was to inform us that unless we could right there and then set a set time we would be taking her back into our care with no further services provided then our rights were being terminated and she would be remaining with the extended family members (my husbands parents) care.
That we would have no further say in anything that would transpire for her in the future and that we would no long be her parents.
We had to sign over details for her schooling to be transferred there and then and that we had no say in the matter.
When we questioned about the mental health services and extended respite we had requested we were told point blank that those services don't exist and they would not be pursuing them. That again the choice had been made already.

The manner in which this has transpired is even more damaging. It was an ambush, handled with very little tact, or compassion. There was no family meeting to discuss it. We were simply told what would happen. She went into respite with family and without consulting us CPU arranged with those family members for her to remain with them rather than supporting us in trying to help her and help our family.
Those involved chose to make a decision that was not theirs to make, without consulting us as her parents on the idea, and without giving us support or putting pressure on CPU to stick with helping gain the right services for our daughter rather than choosing the easy road.

It has caused a massive rift in the entire family. One side firmly cemented in their belief that they did the right thing by her and that we must have just been kicking her out like an unwanted pet. And in the process leaving our little world in shreds with no care or concern for the after affect because they have no understanding or belief that they have added any additional pain. They don't understand that until she gets the help she needs and can safely handle life around her we can't all be together again in the same place. There will forever be members of our household who cannot come together for family events because of safety for them and us and the potential problems that will arise if she is triggered. We now stay away for everyone's safety, not just our own.

This result and disruption is not from our lack of love or care for her, or out of the presumed hatred or anger as some may think, but because we love her so deeply that we want to see her safe from herself and to see ourselves safe from her.
We took the option of respite so we could catch our breath, and try to work out where and how to move forward as individuals and as a family. And the means that we tried to access specifically with her in mind was denied, repeatedly.
The point of it being respite was for it to help be a point to reset from, to break the cycle of toxicity we were all living with. Now that break has been made permanent.

This DISRUPTUON **falls back** on the following:

- Lack of early intervention on the Biological Mother during and post pregnancy and delayed intervention when calls were made about neglect and abuse.

- Lack of training and follow-up on an inappropriate foster family.

- Lack of comprehensive training for workers about the many challenges faced by kids with Trauma and the extensive damage that can be and is done to them and their families without corrective support and facilities.

- Insufficient speed for placement of services.

- The insufficient number of trained out of home placements (Residential Foster, or Therapeutic Care). - No Targeted Care Package (TCP) offered or set in place in a timely manner that might have stopped the disruption.

-Insufficient trained Child Mental Health Specialists with an understanding and experience in R.A.D.

- The [redacted] Unit (at the [redacted] Hospital) being unable to accept a referral from a well-trained Paediatrician and refused to admit her without a referral from CAMHS who refuse to see or treat her, or without us arriving at the ER with her in full rage (a feat that would have required us moving or driving 2.5hrs from [redacted] during an episode).

- And a battering of paper-pushers from departments who seemed to only be truly interested in propping up their own tally of successes rather than providing adequate information and support when requested for her.

-Lack of support from the 4 main workers (and several general contact workers) whom all had a hand on this file since September 2017.

It should not have taken an act of God, or a Court Order to get her the help she requires, or this letter to get any of you to see that there is a problem in the current processes of how things are carried out, but here it is.
The System, Your System, has failed our little girl and it has failed us as a family.

We went to court [redacted] [redacted] 2019.
On this date, our Permanent Care Order was to be revoked and dissolved for our daughter [redacted]. We sat and waited for nearly 3 hours in a crowded waiting area for our turn to go into court.
When we were called and sat up at the bench, within less than a minute we went from being her parents to no more than a note in her file.
Only able to say yes we agree to this, but that we wanted to have it noted this was never what we wanted for her or us, that we have done everything in our capabilities to help her and that any further assistance we had been seeking was declined by CPU.
And that was it, the next case was called.

We have spent the last 6 years of our lives, loving, caring, supporting, advocating, fighting for our kids, and especially for our daughter, trying desperately to avoid this, and trying to help her find her happy and healthy and whole place in our family and in this world.
But to the system the trauma we had all been through as a family and as individuals meant nothing more to them than a piece of paper, another number on a file they could close, another quota met.

NOTE: [redacted]
The Court Report to us painted us as inept parents who couldn't handle a slightly aggressive child. This was misleading and false, as our reasoning behind her not being able to return to our home at this time is for our safety from her regular violent outbursts and repeated threats to kill or injure us.

The department painted it in a way that looks like we hate her, but we ***LOVE OUR DAUGHTER****, we simply cannot keep ourselves safe with her in our home at present (and now with the PCO revoked we will never know if it would have been possible). She needs further treatment that we were not able to access and the department refused to grant assistance in attaining for her.*

[redacted]

We are advocates for seeing kids out of the system and seeing them in stable and loving homes (like ours) as the 〝Adopt Change〞 movement is calling for, **BUT** IF **ALL OF YOU** continue to neglect their care once placed, you will be faced with far more cases like ours.
These Children do not simply need more love and stability they need more readily accessible therapy and support services, and swifter systems in place around them so that services are not delayed to the point of causing additional trauma.
And the Parents like us need our own PPS (Parents and Carers Protective Services) so that we are NOT demonized for trying to do a job that DHHS/CPU and others have refused to equip properly, and so that cases like ours mean that the parents and carers get the support and care they need to carry on in extreme circumstances with their children.

Our little family is now living with the very real trauma and grief of the loss of a daughter, and sibling and divisions within our extended family because of a system that has let us down at every level.
This heartache and anguish we would not wish on anyone.

Many of you have just been through our state (VIC) elections, and now federal elections. You have now been placed or returned to a position of power and influence.

Will you neglect your duties, to the families like ours that feel they have no voice, that has been, or are being treated like they should stay quiet and be grateful in the face of such trauma and violence? Or will you finally step up like your predecessors haven't, acknowledge the great failing across our country, or at the very least our state of Victoria and start and make a plan to fix it, so that no other families like ours will be forced to fall apart?

And you in the media, we know there is a lot to process in the day, a lot of stories that get overlooked, BUT today, Now, will you please shine a light on and put pressure where you can, to cause a change in the current system? Or will you to turn a blind eye and go for better ratings and sales instead?

With the Royal Commission into Mental Health taking place, perhaps this can help you direct some attention where it is needed. Help the kids caught in the system, help the families created and left to struggle and in many cases falter by the system, Be A FORCE FOR GOOD.

CHANGE NEEDS TO HAPPEN!! So that more families like ours, and more children like ours don’t experience the same trauma and chaos that we have.
Big Keys that we see would benefit the lives of children, youth and families like ours would be the following:

- **More readily available Mental Health Services for Children (Especially those in out of home placements and on PCOs)**
- **A MINIMUM Availability of 10 Funded Mental Health Sessions per year (whether its a Counsellor, Psychologist or Psychiatrist that needs to be accessed) for every Child from out of home placements (Foster, Adoption, Permanent Care, Kinship Care) to access till 18 years of age.**
- **Overhaul of the Foster Care system**
    - **Pre Placement training for all Foster Families/Parents**
    - **Re-assessment of all current foster homes to ensure abuse doesn’t continue**
- **More staff and funding into PCAF who are the main POST PLACEMENT support in VIC**

- **A full reassessment of the current Permanent Care Placement teams and processes**
- **More clarity of trauma history given to prospective parents prior to placements for PCO and Adoptions of children.**
- **Overhaul and Audit of CPU and reprimand for those who have mishandled cases**
- **Decrease response time when Carers are calling CPU for support to prevent placements from breaking down**
- **Accountability for team members and managers handling any call for assistance.**
- **No Cut Off age children being placed to access financial support for Therapeutic services**

You have an opportunity to save more families, and children like ours from going through this added trauma, Please don’t ignore this chance to make a positive change in the lives of children and families, the flow on effect will improve the community in the future.
With more and more receiving the help they need, it will reduce the chances of so many of them falling into the same path and continuing (in some cases) the generational brokenness they have come from.

Help mould a kinder, invested in, and the new generation.

Help plant seeds of hope into the lives of those that have come from a place where there was none.

Step forward and say you stand with families like ours, that you will support the changes needed.

Regards
[redacted]

[redacted]

[redacted]

[redacted]