

**SUB.0002.0029.0140**

I would like to share my story.

#### Family background

I grew up in a dysfunctional family of low socio-economic status. Both my parents didn't work. Whilst my Mum wasn't working because she was caring for the family, my dad was a compulsive gambler and an alcoholic, drinking from sun up to sun down. He wasn't physically abusive all the time, but one of my first memories is from when I was probably 4 years old, being picked up and thrown against a wall. When I was about 5 years old, my parents had a massive fight, and the next day Mum packed up myself and my two sisters and left him. Mum would do some seasonal work, but mainly made ends meet from the single parent pension.

#### School years

I grew up in a small town where I was teased a lot for being 'poor', and for having a drunk for a Dad. All the teasing was effective, I felt 'worthless', 'not good enough' and felt that 'I didn't belong'. My first suicide attempt was when I was 13. I left school at 15, went to TAFE, and started work for an accountancy firm when I was 16.

#### During my 20's

I was living in Darwin and had a number of unhealthy and violent relationships involving physical and psychological abuse. This further reinforced the feelings I had of not being 'good enough'. There were more downs than ups during this time, and I made another two suicide attempts, one in my mid 20's and one in my late 20's. Somehow in the midst of all this, I studied full time, while working full time, to complete a Bachelor of Nursing Degree. Starting a career in Nursing, boosted my self-confidence, gave me a sense of 'belonging', and I felt 'worthwhile'.

#### During my 30's

Although, becoming a nurse had a positive impact on my outlook, I still struggled with my mental health from time to time, so returned to Victoria to live closer to family whilst I sought some help to improve my mental health. Things were looking up. I found a good psychologist that was helping me 'rewrite the negative self-talk', I had a good job, was earning good money, ran a marathon and bought a house.

#### Work Injury

However, I had a back injury at work in January 2014, which was the start of a progressive downward spiral. Eventually, ongoing pain prevented me from working as a nurse in a hands-on role. It also prevented any out of work pursuits, such as running and working in my garden or managing everyday living tasks, such as vacuuming or doing the grocery shopping.

Despite the Worksafe system supposedly looking after the health and wellbeing of employees, this was not the experience that I had. Although I was diligent in abiding by the 'obligations for an injured workers', proactively secured alternative work duties, sought advice and assistance to undertake retraining opportunities and raised issues about my recovery, my employer did not seem too fussed at offering any support, that would assist me to stay employed, and frankly did not meet their obligations as an employer.

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After more than three years of banging my head against a brick wall with my employer, I was completely broken and was unfit for work due to (in Worksafe terms) a secondary psychological injury. Although Worksafe accepted the secondary psychological injury, the sentiment was this had more to do with my pre-existing history of domestic violence.

There were plenty of twists and turns, but ultimately as the independent medical report detailed that I would be unable to return to my pre-injury duties as a nurse, my employer terminated my position.

Due to the financial stress, I sold my house, and moved towns.

The disintegration of my career, not having anything to show for years of hard work, and not being able to get any support when I asked for it, has pushed me straight back to feeling completely worthless. The lack of support, not only from my employer, and the Workcover system, has left me with the overwhelming feeling of 'not being worthy of help'.

As part of the Workcover process, I was required to attend 4 separate independent medical exams for psychiatrist assessment to evaluate my eligibility for payments in an 18-month period. Not once was I required to complete any anxiety/depression assessment tool (ie K10 or hospital anxiety and depression scale). The written reports reflected my deteriorating mental health, with reports stating a decline in mental health symptoms compared to previous assessments. I was taking medication and seeing a psychologist, which was making little difference. I would report this to my GP, who responded with "I'm not sure what you want me to do – It's not my fault the medication/psychologist isn't working" (I changed GP's after this).

In many cases, I have found that the lack of willingness to help, comes as soon as you mention 'workcover'. Doctors and health care providers run a mile. They have told me they don't get paid enough to treat clients under the workcover system, and the paperwork is too much of a hassle.

Despite the last independent medical exam from a psychiatrist reporting the deterioration of my mental health, the likelihood that I was now suffering a major depressive disorder, whereby I struggled to leave the house, their opinion was that I had a capacity to work full time hours. Thus, Worksafe terminated my weekly payments in February of this year. I challenged the decision, but it appears that a report from a psychologist suggesting that they consider extending my payments for six months, to allow new treatment options to be explored, was my undoing. Apparently, the suggestion of a 'time limit', did not meet their legislative requirements, and my case was closed.

#### The last 6 months

I applied for Austudy in February, but was rejected because the Masters course I was studying wasn't on their 'approved list'. I applied for Newstart, but they rejected my claim because I was studying. I submitted a claim for a disability payment on the 2 April, but they are "still working on it".

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Since January, I have been seeing a private psychiatrist. As I have no income, I have had to ask my Mum to help with the fees. I have been travelling from west Gippsland into the city, once or twice a month, but unfortunately, there has been no improvement in my mental health, in fact, I'm probably worse. The lack of progress is largely due to experiencing intolerable side effects from the prescribed medications. So far this year, I have started, and stopped six different medications. I am about to start on my 7<sup>th</sup>.

I think the point I want to make here, is that even with treatment, it is not a 'magic fix', it takes time to find the right treatment, and then it takes time for the treatment to work.

#### Minimising mental health conditions due to prior history of domestic violence

After years of domestic abuse, of being told I would never amount to anything, after physical assaults, after verbal threats, after being stalked and after an ex-boyfriend told me he was going to kill me before trying to choke me to death, I had erroneously thought that I had experienced rock bottom.

Thinking things could only get better, I put in the hard work and built my life back up, I went to university, started a career in nursing, saved my money, travelled solo around Australia, ran a marathon, bought a house etc.

Yet, a work injury and the loss of my nursing career, reverted all the progress I had made in life. Despite, the work injury being the catalyst for my current mental health struggles, there seems to be tendency for doctors, psychologists, workcover etc, to blame this on my past experience of domestic violence.

Quite frankly, I can't help feeling that in my attempts to seek support to improve my mental health, I am being discriminated against, based on having a past history of domestic violence. The constant reference to my 'past history of domestic violence' in medical reports, seems to imply that my current level of suffering, is somehow less than someone who hasn't experienced domestic violence. This was certainly the case in my claim for compensation with workcover.

#### In summary

After attending the royal commission community consultation sessions in Warragul earlier in the year, It is quite clear that there is huge range of strategies needed to help people struggling with mental health. For many people the resources or services aren't available, or they are unable to access them.

In my situation, I am fortunate enough to be able to access these services, yet it seems to be a 'luck of the draw', if you are able to find the right people within these services that are willing to help. In my case, it is difficult not to feel that my current predicament could have been prevented if my previous employer had shown any genuine concern for my health and wellbeing, or if the workcover system had the best interest of the injured employee at heart.

Instead, not only have I fallen through all the safety nets, but I'm in the too hard basket.

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

Submission: 0002.0029.0139

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

"To improve community understanding, it would be good to have a public awareness campaign highlighting that you can't tell someone has a mental illness just by looking at them, or how they may be acting/behaving, or what achievements they have under their belt. All too often, mental illness is represented in the media as the worst case scenario, either after the suicide of a celebrity, or a mentally ill person has been arrested for a crime, framing mental illness as sad or mad. However, mental illness affects people differently, and many people deal with mental illness differently. There seems to be a misconception that if you are suffering from depression for example, that you should look sad, but in reality, depressed people still laugh at jokes, go on holidays, play sport etc. It would be good if there was a public awareness campaign, showing the real faces of mental illness. To reduce stigma, it would be good, if something could be done about the way mental illness is reported in the news media. Instead of reporting that the perpetrator was suffering a mental illness, it would be more accurate to report that they have a medical condition. "

## **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?**

"What is working well? -The increase in awareness is good. What could be done to prevent mental illness -Adopt strategies to promote community connection and social cohesion -Ease up on neoliberal capitalist ideology in government policy. It's not helpful, to have a society where everyone is motivated by self-interest and driven to compete against each other. What we are left with, is a society of barefoot people, being told to lift themselves up by their bootstraps. Suggestions to support people getting early treatment and support. -Make GP's do mandatory mental health training every 12 months. -Make it a mandatory requirement that service providers working in the mental health field (GP's, Psychologists, psychiatrists, allied health workers) are formally using some type of universal risk assessment screening tool. For example, instead of health care providers making a subjective assessment of their patients, it should be mandatory that they use universally recognised tools such as the K10, Hospital Anxiety or Depression scale (HADS), or a risk assessment tool relevant to mood or thought disorder conditions, such as bipolar, schizophrenia. -It should be a mandatory requirement that these assessment tools are completed when mental health care plans are written, or when a service provider is referring a patient to another service. It is not good enough that service providers write referrals such as patient reports feeling depressed. -Abolish the requirement for GP's to write a mental health care plan for patients to receive Medicare rebates on psychologist appointments. This is an unnecessary barrier to accessing treatment. "

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

"I'm not sure that the high rate of suicide in Australia, especially among men, indicate that there is

much that is currently working well. From my perspective, I think that by the time people are asking for help, they are already suffering significantly distress. It may be the case that a person is at crisis point' by the time they first contact a health care professional or mental health service. Mandatory use of risk assessment tools and openly asking the person if they have thoughts of suicide, should be standard practice. I'm not sure how service providers are currently making an assessment about how serious the person's risk of suicide is without asking the right questions'. I also think that health care providers or mental health advice lines, should be asking these questions before handing out generic advice such as exercise more', eat healthy', get a good night sleep'. Although this advice is no doubt beneficial to mental health, for a person at crisis point, suggesting someone goes for a walk', is like putting a bandaid on a gunshot wound. "

**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.**

"From my perspective, service providers don't show much interest in wanting to put the work in to help people with a mental health problem. It always seems to be someone else's' responsibility', in the too hard' basket or the broken system' is to blame. Service providers show little interest in reading communication or reports from other providers, or don't bother to follow the recommendations in them. There appears to be an overwhelming emphasis on the individual to be constantly advocating for themselves, retelling their story over and over, asking for help over and over, forking out money over and over, only to hear the service provider whinge about how hard their job is. It is also disappointing that prior to making an appointment with a psychologist or psychiatrist, there is limited information available about them. Often, the only information available is their qualification, and sometimes their area of interest. It is really is just pot luck' if you find a psychologist or psychiatrist, that you can build a therapeutic relationship with. If it is not a good fit', then you have to go back to the very beginning. "

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

"The social determinants of health would have to be the most significant driver of mental health. Initiating government policy that promote equity across the community should be a priority. Communities need to also be the involved in the decision-making process. In particular, Indigenous Australian communities should be given the necessary resources to enable them to develop and deliver mental health services, that are appropriate to their needs and view of health. Indigenous Australians cannot be expected to conform to how non-Indigenous people view health. The same goes for community groups with cultural differences to mainstream Australians."

**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?**

"Service providers need to have a more realistic expectation of what someone with a mental health condition can or can't do. For example, in my circumstances, the deterioration of my mental health makes it difficult for me to leave the house, yet a psychiatrist report has deemed that I have the capacity to work a 38 hour week. "

**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?**

"Accountability from service providers. If you are offering a service, there needs to be regular evaluation, or the service should need to meet certain targets to remain practicing in this space. There is no point pouring money into new services, if no one is holding them to account, or if the service is not making any positive changes."

**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?**

"I think there should be a review of doctors claiming mental health care plans. I have recently reviewed some of my medicare statements and was surprised to learn that GP's had claimed this service, yet these care plans were not discussed with me. In fact, the service was in relation to a workcover injury and therefore there should not have been a claim submitted to medicare. I have raised this with medicare directly, but they have advised that it was up to me to contact the doctors surgery to make these enquiries. I have also been charged three times the standard rate for a mental health consultation, but because it was bulk billed, medicare advised that they could not assist me, and that I needed to contact the provider directly."