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

Submission: 0002.0030.0154

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
No suggestions

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?
"Public mental health treatment relies heavily on the unwell person actively seeking treatment however, this premise is somewhat contradictory to the symptoms and experience of mental illness, as individuals often do not have insight that they are becoming more unwell and/or are too paranoid/fearful to present for treatment. Families are often the most important connection between an ill persons and treatment services however, the services often dismiss or exclude them from participating. This is sometimes based on the person not being a minor, or privacy legislation however, in reality I think it is often more a reflection of a pervasive attitude/philosophy amongst staff and the system. Families are then left powerless as they watch their loved one become more and more unwell without having access to early intervention. Often this then creates a situation where families stop providing care due to their need to protect themselves."

What is already working well and what can be done better to prevent suicide?
More ready access to active prevention/early intervention programs rather than the current situation where an individual has to be extremely ill before they can even access an initial appointment.

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 services are all disjointed, it is very difficult even for a family member employed in the health field to be able to navigate the various systems let alone someone who is mentally vulnerable/unwell. "

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 access to psychiatrists, mental health services and very little options of being admitted for care until crisis point is reached."

What are the needs of family members and carers and what can be done better to support them?
"Families need to be listened to. They need to be informed about treatment and medication of family members they are going to end up caring for, especially when that family member is

discharged from all their support services."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
No comment

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?
"Access to better quality medication. Typically mental health clients are disadvantaged and have low or no income therefore they are placed on the cheapest medication with the greatest side effects. For example, young men are placed on medication that dramatically effects their sexual function, therefore they have little chance of forming fulfilling intimate relationships and this increases their long term isolation. Often they chose to go off their medication to avoid these side effects and then face a downward spiral in their mental heath."

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?
"Greater funding of early intervention, more access to hospital admission, reliable ongoing community based support "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
"Rapid, substantial funding increase"

Is there anything else you would like to share with the Royal Commission?
"I would like to share my personal story of caring for someone with mental health issues and the multiple failures within the system, regarding supporting them my family. The end result of this was an attempted homicide which has had ongoing, substantial dramatic effects for the unwell individual, myself and my family."

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Submission to the Royal Commission into Mental Health – [redacted] July 2019

I was living a in a large regionally city in Victoria (Bendigo) as a supporting parent of two early primary school children. I was a part-time, mature aged student completing my honours year at University. My children's father and I had been separated for several years and he was living interstate. He moved to Bendigo at my request, to assist with supporting the children while I completed my studies. He lived in a separate residence and had regular care of the children. During this time I began to notice a deterioration in his mental health. He quickly began to show symptoms of paranoia, was seen wandering the streets late at night, and started making odd accusations about his elderly landlord. Having a nursing background, and with a family member who was a medical doctor his rapidly deteriorating mental health was noted, he also had a family history of schizophrenia (his father). I made numerous attempts to access mental health services, through regular calls to the base hospital, and conversations with the regional mental health and CAT teams, to no avial. I was told that they would not make any house calls and that my only option was to call the police if his behaviour deteriorated. By this stage he was not eating any food, claiming his food had been poisoned, the town was in the middle of a heat wave and so his body quickly become toxic. Still I could not get any systematic support for him, no matter how much I tried. To the contrary the staff I spoke with seemed to have quite a bit of time to analyse my intentions (as his ex) rather than offer him treatment. I did not want to call the police as he was very afraid and I did not want to escalate his fear of his distrust of others, he also did not have any history of violence.

Finally, after weeks of complaints he was offered an appointment at the local mental health unit. It was very distressing getting him to attend the appointment, I had to spend a lot of time reassuring him that it was in his best interest. I was scared taking him in the car because by this stage he was so mentally confused that it was very distressing to be around him, he was almost unrecognisable to me. At the appointment he managed to say very little and to present a bit more lucid than he really was. The two staff members who interviewed him were very young and inexperienced and when they said there was nothing wrong with him, I had to beg them over and over again to take a moment to talk with me outside. Outside I explained to them how unwell he really was and that this had been progressing for months. I explained that he was not eating at all and had not eaten for over two weeks, I pleaded with them to admit him for treatment. Not only wouldn't they admit him but they would not offer any outreach support for him. They were very dismissive of me and I was left to take him back to his flat, during this trip he was very "insane" and responding to "voices in his head". He was also very angry at me asking what I had discussed with the staff outside, I was so distraught and had no idea what to do next. After discussing this further with his family interstate, his younger brother came down from Queensland to assist me because he knew that I was not able to access treatment for his brother based on not being immediate family and that my motives as an "ex" were being inappropriately and unfoundedly questioned. His brother stayed at his house for one night then appeared at my house crying, explaining that his brother was so unwell that he had been sharpening knives all night and making threats about what he was going to do to people.

I had a family member who was very senior in the mental health system and they managed to find him an admission bed within a mental health unit in another Victorian town. A few days later he was transferred back to the Bendigo hospital unit, however his face was completely covered in bruises. He had two extremely black eyes and his face was badly injured, he also had extensive bruising over his body. It was obvious that he had been on the receiving end of extreme violence, I could identify the fist marks on his face and body. At this point of time he was now receiving treatment and was lucid, he told us that this had been done to him by a couple of staff members at the other facility. There was no record in his files about the injuries nor how they had occurred. In fact many important events about this time frame and his treatment have gone missing from his files. After a few days he was discharged from the mental health unit at the Bendigo Hospital, and just appeared at my house unexpected, it was

a couple of days before Christmas, in the middle of a heatwave, he was homeless and moneyless. On discharge he had been given a card with the address of the local housing office and told to present there and look for housing. There was no way he was in any mental nor physical health state that he could have achieved navigating housing, nor Centrelink for income. I myself found navigating these systems on his behalf near impossible with all my professional skills and experience, in addition at the time of his discharge these offices were a day off closing for Christmas. I ended up taking him home to my family in Melbourne for Christmas. The medication he was on was far too strong for him, he could not wake at all and spent all his time sleeping, the short periods he was awake he was slurring his words and staggering when walking. There had been no discharge plan for housing, income support, medical review, nor psychological counselling. This whole situation was so extremely mismanaged especially as this was his first psychotic episode and he was very vulnerable and confused about what had occurred. I had no choice but to take on the role of carer for him, no matter how many requests I made to the hospital and CAT team explaining how inappropriate this was, especially as I had two young children whom I was trying to protect from the distress of witnessing their father in such a state. I made numerous calls over the next couple of weeks to find support, eventually after refusing to give up I secured him some temporary accommodation through St Luke's housing service. Sadly, St Luke's were limited in what they could offer from a treatment support perspective as the mental health unit did not and would not hand over his case management to them, even thought they were not playing any role in his care. They continued to refuse my requests for assistance even when I highlighted to them that he had gone off his medication and was becoming unwell again.

As his mental health again began to decline rapidly, without the medication and having no support, I sadly made the decision that I could not care for him. His unwell state was very distressing for the children and I was in the middle of writing up my honour thesis, his brother had returned to Queensland and so I had no support to assist me in caring for him. Predictably over the next few weeks his mental and physical health deteriorated rapidly until one evening he arrived at my home and was very paranoid, and delusional, he could not converse on a rational level at all, as he left he smashed the mirror on the car in the driveway. After he left I called the CAT team that night and the mental health service the next morning stressing the urgency of getting a case worker to make contact with him. No one went to check on him.

The next day after dropping the children at school I heard my front door click and I found him in my hallway, he explained that he had been told to come around and "kill" me. I ran for my life but he attacked me with a hammer in the yard, and again out the front on the road, he also stabbed me several times. It was nothing short of a miracle that I survived the attack, I somehow managed to jump a full-sized back fence and climb on a neighbouring roof with broken ribs and stab wounds.

My children and I spent the next few months, living at friend's houses during the week and with my parents in Melbourne on weekends, while I completed my honours thesis and also faced the resulting court action. While we have all worked very hard at dealing with the trauma this has caused, it still haunts us to this day. My children's father spent almost a year in a forensic psychiatric centre and has had very poor mental health and life experiences ever since this event. The absolute tragic part of this was that there were so many opportunities in which this could have been averted, instead all our lives were changed as a result of a system that ignored, patronised and neglected us. My children have never had contact with their father again. Prior to this he had been quiet, good natured, gentle dad, he is unrecognisable now (medication physical side-effects) and he has suffered many more years of systematic error and neglect within the mental health system.

When he was first discharged form the forensic psychiatric unit I was asked to submit a document outlining any concerns I may have. The number one concern I listed was that he would be discharged with no support or regular supervision/follow-up. He was discharged under the care of a psychiatrist. Six months later his mother had to travel down from Queensland because she could sense he was unwell

again. She found out, that since his discharge from a forensic psychiatric unit where he had been placed for attempted homicide, he had never attended even one of his psychiatrist appointments since discharge. Especially considering his dangerous high risk history, it was astounding to find out that the psychiatrist had never notified anyone about his total non-attendance but to the contrary had the audacity to bill the department for his appointments and patient care. Since this time, his pensioner mother has had to come down from Queensland every 6 months to check on him. Every time she came she found him off his medication, extremely unwell and with no case worker nor departmental support or follow up. She continued to make these trips over the years to keep the children and myself safe from him becoming delusionary and harming us, the system has taken no care in protecting our safety over this time. During this time, when he has been unwell, he has been involved in random unprovoked assaults to strangers and locals, that have resulted in police reports and notification to the mental health services. However, these events still did not result in increased case worker support or supervision, they did however compound my concerns for mine and my children's safety and add unnecessary psychological distress to my daily living.

I have provided an overview of what our family has lived through, which I firmly believe is attributable to numerous instances of neglect by the Victorian mental health system to both my children's father (as a patient) and our extended families. I have taken the time to submit our story in good faith that positive learnings may evolve that prevent others from such horrid experiences. His mother has not had time to write her own account of the years following this homicide attempt and the unnecessary neglect and obstacles she was faced with while trying to care for her son and her grandchildren's safety. She and myself are both willing to provide further information or partake in interviews if the Commission considers our experiences could be of further value to hearing.

We are hopeful that the Commission's work will result in positive outcomes for individuals suffering from mental illness and their families/carers.