Submission to the Royal Commission into Victoria’s Mental Health System

Supporting Document

My name is [redacted] and I am the mother and sometimes carer of a son who has schizophrenia and bipolar. He was the youngest son of 3 boys. He was a very confident and easy going boy. But sadly, at 15, he started using cannabis. By 17, he was using every day. He lost many jobs.

By 23, he had a massive psychotic break down much worse than previous episodes. Our mental health unit operated 9-5 Monday to Friday. So we often had to call the police, who were always amazing. But most times, he would be walking back in the door before police had left The Emergency Department.

HIs eventual breakdown at least got him the help he needed. We spoke to a Dr from [redacted] in Warrnambool once. That was to discuss possible shock treatment. The nurses we spoke to everyday were kind and helpful. [redacted] was released three weeks after entering [redacted] We were given a list of scripts to fill and nothing else.

I was a hairdresser. I was not trained or equipped to help a very sick young man. Love and nurture was all i could do. But I honestly struggled. He mostly was a zombie for quite some time. I have found the medication doesn’t get reviewed or monitored enough. My son was assigned a wonderful case worker called [redacted] at Hamilton.

Although [redacted] and [redacted] had quite a good relationship. [redacted] would discuss my son with me, with my son’s permission. He would tell me what a great job I was doing. I really struggled. I was given a number to call a carers support. I rang many times and could not get through to them or leave a message. Another time I called a counsellor at our hospital. She asked me the problem over the phone, then proceeded to tell me she was unavailable, as she was going on leave.

My son eventually got back to work. So his file got closed and he was left to a GP for fortnightly injections. [redacted] doesn’t take oral medication regularly, so injections have been the most effective. I have rang his Dr and told him my son is struggling and not coping many times.

This is why I think touching base on a regular is of the utmost importance. To my knowledge, schizophrenia and bipolar don’t go away. So, regular monitoring of medicine and their mental health should be given.

Mental health issues are no different to any other disease. If my son had cancer, or any other illness, he would have follow up appointments all his life. Cancer can return so can relapses with mental health. Cancer isn’t left to the family to manage on their own. My very elderly mother in law got cancer and died. We had regular palliative care councillors call in for twelve months to see how we were travelling. I have never had one phone call to see how we are managing a son with serious health issues.

Our son has needed a lot of support on and off for four years. Things that the average person can manage like personal hygiene, managing money, making appointments, getting to appointments, picking up scripts and shopping for food. All can be too hard and very stressful to a person with mental health issues. Do just getting to him to an appointment can be too hard. A cancer patient can get home visits.

My son is having a very bad relapse at the moment. He has tried living independently for the last nine months. Unfortunately, he was so confident with his independence, and good job, he felt as though he could stop taking his injected medication and begin oral instead. (Even though his GP knew this always ends badly.) There was no follow up while he was functioning well.

The thing I would most like to inform the commission of is that all of the burden should not be simply left with family. I have felt overwhelmingly underqualified for this difficult task of managing someone with a serious mental illness. While things have improved in recent months, with some follow up from doctors and medical staff, it’s been incredibly difficult and the Royal Commission need to understand that people with mental health illnesses deserves the same treatment as anyone with another form of illness.