

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

SUB.0002.0029.0040

Name

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

When media reports on someone who has committed/or attempted suicide get them to actually say .committed/or attempted suicide otherwise I feel as is now when it's just reported as an incident or an accident the actual hard reality is not being told to the community. (They will put at the end of the story if anyone needs help to call beyond Blue or Life line and leave it to the public to fill in the gaps) So the stigma & reality of where this can end up is not a reality for a lot of the public.

## **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?**

I think websites like Beyond Blue do a fantastic job for families in enlightening them into what their family member might be experiencing. When we watched a video one night about anxiety & psychosis we immediately identified with what my sister was experiencing.

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

The ██████████ C.A.T. teams are amazing from our experience & need a gold medal! I hope they have plenty of support as they have a very emotionally demanding role at the front line if you spent a week with them it would open your eyes to what a huge crisis some people are in. From my experience I think some people who have mental illness learn how to play the system & tell doctors/psychiatrists etc what they want to hear to keep them out of hospital. Eg. My sister knew exactly what she had to say so she was not committed! They would ask do you fantasize about committing suicide & she would say no! (she was playing the system) I know we have all these privacy laws these days BUT never once did a GP or Mental health service call & ask us about ██████████ for information that we could have filled in the gaps for them. We know she told the ██████████ health service that her family basically didn't understand & wanted nothing to do with her. that what was what she was telling everyone to stay out of hospital! The system needs to somehow find a way to ask the loved ones in the affected person's life what they are experiencing to help them join the dots

## **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.**

N/A

## **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?**

"Encourage family members & friends to talk to each other even if it means breaking your loved ones confidences. This may help piece together the jigsaw puzzle of what's really going on & how serious the situation may be before it's too late! Allow (find a way) medical professionals to contact immediate relatives for informationthe system has mandatory reporting for child abuse etc so why can't we have mandatory reporting for a person at risk to an immediate family member? When a person at risk is released from hospital into another person's care they (the carer) needs to be educated on the risks of acute anxiety as it is not usually associated by the public with serious mental health disease. In our instance there was a lot of support for my sister, but we really had no idea of how serious her situation was or how to manage it ongoing. "

**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?**

The same regions C.A.T. teams should be able to cross boundaries into the next region within reason to provide continuity of care for the person affected & the family members caring for the person. (This was an issue for us as we lived on the [REDACTED] side of the road & my sister on the [REDACTED] side of the road 1.4km away from each other!) Acute admissions should have capacity to separate drug users from patients with diagnosed mental health issue. Our sister was terrified as an inpatient making her very reluctant to remain for treatment she needed. Allow (find a way) medical professionals to contact immediate relatives for informationthe system has mandatory reporting for child abuse etc so why can't we have mandatory reporting for a person at risk to an immediate family member? When a person at risk is released from hospital into another person's care they (the carer) needs to be educated on the risks of acute anxiety

**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?**

"My sister [REDACTED] committed suicide on [REDACTED], she was only 42 years old! The first we knew anything was wrong with her was being woken up by a frantic, hysterical phone call from her at 4am one morning in late June 2016 telling me someone was outside her apartment & was trying to kill her! OMG I was gasping for air & saying to her call the police which I later found out she had done numerous times that night. My wife & I immediately jumped in the car, drove the 1.4km to her apartment to be greeted by [REDACTED] holding a [REDACTED] knife & double checking it was really us. After checking the apartment & trying to reassure her know one was outside, I then sat with her until 9am. We then went to the [REDACTED] police station to report what

she believed was someone playing with her alarm, entering her apartment & basically stalking her. The police heard her out but because she was so florid they said nicely to her & me that perhaps she should speak to someone at hospital. (or words to that effect) She wouldn't have a bar of that as she said to me everyone will think I'm nuts & lock me up! We convinced her to come & stay with us at our home and she was like a cat on a hot tin roof, she just couldn't sit still, she jumped at every noise, we would hear her sneaking down the stairs to check the front door was locked numerous times. I remember she saw a tiny light on from upstairs & I had to show her it was actually a light in our bathroom below coming through a crack. She also thought at one stage someone was trying to break into her room upstairs through the roof & again I showed her it was trees brushing against our roof in the wind. She was so paranoid that we found under her pillow a 5kg weight that she was going to use on someone if they broke in! This lasted 2 days before my wife convinced her that what she was going through was like having a bad cold & we needed to get some medicine for her to give her clarity back & also get some sleep as we think she probably hadn't slept for close to a week! We took her early on [REDACTED] to [REDACTED] ED where she was seen to over the course of the morning & afternoon. She was so scared that she was going to be considered nuts and locked up. Eventually after her reviews we were called to the bed side & the doctors said she was ready to come home with us, we said really! She had been prescribed some medication & my wife asked the doctors whether she would be allowed to drive or not and they said no not for a while. Well that sent her right off & the doctors saw the side of her we had been telling them about not the front she had put on for them. They then convinced her that if she stayed overnight, took the medication, got some sleep then she could come back home the next day. She played the game and was released under our care the next day, we went & had a nice lunch by the beach to set up a nice mood & then she said she needed to go home to get a few clothes, my wife dropped me at home & the [REDACTED] asked her to call into Woolworths before going home. (we later found out she bought 2 new mobile phones & new sim cards because she thought someone was bugging her phone!) They then proceeded to her house where after only a few minutes that triggered her right off again and my wife rang me frantically to come. She also called the C.A.T. team (which I think because her paper work hadn't been processed as yet they struggled to find her case file in the initial call but within an hour the nicest ladies came & diffused the situation got her to get her clothes and come with us back to our home. She stayed with us for a couple of weeks with the C.A.T. team visiting her & us in our house until she could get a review with a psychiatrist. The C.A.T. teams were great in talking to her, checking she was taking her medication & that she was having the right levels/doses. Unfortunately, we then started on a planned major renovation of our house & we had to move out and [REDACTED] had to too. The next 5 months is quite hazy for me as we were living away from our home, trying to look after children, business, go back & forth to our home to check on the renovation, visit & attend to our mother who was very sick in hospital as well as try & keep in contact with [REDACTED]. She decided to go to [REDACTED] to visit friends and couch surf. After a few weeks she was back in [REDACTED] as she recognised the drugs were not working as well & with no real support, she would be better back in [REDACTED]. Our mother died on [REDACTED] & hit her hard. She decided to pack up her house & rent it out and go visit friends in Melbourne & interstate. In [REDACTED] then her best childhood friend died in [REDACTED] & again this knocked her even further down! Late [REDACTED] I think she had a review with her GP or Psychiatrist & they called the CAT team but they had said they couldn't come as she was not serious enough risk but they would review her at [REDACTED]. She went of her own accord but when she said she was going to [REDACTED] later that week she was admitted to the psych unit there & I went over & spent the afternoon with her there as she was so scared as the people obviously affected by drugs were also with her. They eventually let her out under our care. She then decided she would go to [REDACTED] to spend time with our father as planned, he was

unaware of her condition as my brother & I had been sworn not to tell him or our Mother (before she died) or other relatives & friends. She had told my Dad she wasn't well but as I said he had real idea what that meant as she didn't say the full story. [REDACTED] came back from [REDACTED] mid-[REDACTED] with our father to attend my daughter's 21st birthday. She was not in a good headspace & my wife convinced her to go back to the GP, he called the CAT team but they made an assessment over the phone she was not ill enough to see her as she had booked a flight back to [REDACTED] the next day. They said they would notify the [REDACTED] C.A.T. team. The files were sent to [REDACTED] on request from their Mental Health service as she had done what she said she was going to & that was see a GP in [REDACTED] to follow up. During this process my father had no knowledge of what was going on & he left for (planned) overseas trip after they had been back in [REDACTED] for a couple of weeks. Unfortunately, the team in [REDACTED] made a desk top assessment that she was low risk based on the GP referral, that she did not need to be monitored any more frequently than for her to be rung every couple of days. We believe she then used this knowledge to plan her suicide as she knew she would not be contacted until she had died! Unfortunately we will never really know what was going on inside her head but we realised after going through all her personal belongings that we found note pads that had pages & pages written in them of both cursing herself on one page & then on the next saying positive things to herself! This says to us she was going through this by herself for a very long time. We still now & probably never will fully understand or comprehend why with such a loving immediate & extended family she could not feel she could get better with all our love & support. We do know that if the mental health professionals had warned us of how dangerous acute anxiety was, we would NEVER have let [REDACTED] go to [REDACTED]. We never knew people died from it and should have been better educated with available resources. We just didn't know and will always feel we let her down. We hope she has now found peace wherever she is. If we can be of any help to try to shed a light on Mental illness & suicide with presenting in person at the Royal Commission, please don't hesitate to contact us. Thank you [REDACTED]

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