

Submission to the Royal Commission into Victorian Mental Health Services

I have 4 boys and 3 have mental health issues. The 2 older boys are twins who saw their father violent towards me in the 9 ½ years we were married. 1 of the boys has been diagnosed with PTSD and bipolar and was on medication for 15 or more years. After a relationship breakup he went off all medication and ended up in the [REDACTED] psychiatric unit, but being told he didn't have to take medication he is now somewhere in Queensland in a confused state and possibly on drugs. We have no contact as I told him I was concerned about his mental health and he said Goodbye.

The other twin has fought anxiety and depression all his life and has self-medicated using alcohol and drugs. Coming back to live in Victoria in 2005 we had our first introduction to Mental Health services which were then located in part of the [REDACTED] hospital. It was slow going but he held down a good job, owned his own home and was contributing to society and then things went downhill again. He has had quite a few admissions to various psych units, Victoria and Queensland and numerous suicide attempts. He received ECT which for him didn't help. (At one session being left in the room and forgotten about not receiving treatment). He also had a short stay at PARCs but because he was so highly sedated and the psychiatrist was on leave it was not beneficial. His phone went missing in the psych ward under the supervision of staff (in those days patients weren't allowed to have their phones with them).

He has tried various antidepressants and other medications prescribed but of no avail. He has seen many GPs and psychologists also none of which helped.

He has been ripped off by so-called friends and stolen from while very vulnerable and unwell.

He has gone to rehab once paying \$15000 for a month which did nothing for his mental health and didn't help him to stop using.

After being on the streets in Ipswich he now lives here again with me where I am trying to support him again to get better. Unfortunately after being on the cycle of 'lets try this' he is very apprehensive that anyone or anything will work. He has tried services like [REDACTED] etc. but only gets the run-around to contact other services (some of which don't exist anymore) and no practical help. I have found it difficult to access services and frustrating to realize that Regional areas have little or nothing to offer. Nothing is helpful after all these years.

We now depend on our weekly visits to the GP to get him out of the house as he has no motivation to do anything. No support in the community and only me to do what I can.

It is easier for him to get **drugs** and of course **alcohol** or **attempt suicide again than it is to get help in the community.**

My 3rd son has no issues at this stage he is 30.

My 4th son 27 had a psychotic episode when he was 19 after completing year 12 and trying out for vfl umpiring. Put down to stress. Someone who would not drink until he was 18 and had not even taken a panadol. He was diagnosed with schizoaffective disorder. Told he could go off the medication had a relapse. Then went off medication again and relapsed again. He will now take medication for the rest of his life as he is able to function normally holding down a job (peer support worker) and soon to be married.

I was told when he was in hospital and very unwell by a staff member that "What do you expect when he does this to himself". Very unprofessional!

Hospital in the acute psychiatric units are a very unpleasant event for most people. All cases are put in together and expected to recover. They are injected when not compliant, given medication that sedates and takes memory away. Given leave only if they do the right thing. Told when they can eat, smoke etc. Very little to no dignity. Sometimes sexually abused from other patients. The list of complaints goes on and on. Then when they are discharged (never being 100% well) they are put back into the community with inadequate support. More people are always more unwell and need beds but this is just a revolving system.

As a mother and now a Carer Consultant (I came out of retirement as this position was vacant), I have a strong opinion what needs to be looked at.

My biggest concern is the lack of appropriate accommodation for people who are not acute but not nearly well enough to survive in the community without lots of support. There is little or no follow up soon enough in the community when someone is still or becomes unwell.

This was on our community facebook page after a stabbing in some local units.

Everyone needs a place to live. The units are an excellent architectural design. Sadly many people have mental health and other issues. There are very few beds in Gippsland for mental health patients and no psychiatric hospital since the Traralgon one closed down late 1970s . The policy is we have people in our community with big issues. They have to live somewhere and this is the best we can offer them. We cannot all walk a mile in their shoes but we can have some empathy.

Is this now the norm and we just have to be vigilant?

There is a shortage of community staff for both youth and adult services with ridiculous waiting times or cases managed times before being closed off the books. With no follow up later on when people stop taking their medications (can't afford them)

Another problem I see is that people are discharged with medication they PAY for at the hospital sometimes only enough for a couple of days, then they are expected to see a GP to get another script and pay again. Some are not well enough to organize this and unless they have family/carer to support them either financially or physically it doesn't happen. This leads to becoming unwell again.

The cycle goes on.

Some are discharge from the psych unit into police custody still not well, served with an AVO and then have to find somewhere to live usually without family support. These people are now in the community vulnerable and sometimes dangerous to themselves and others. Not engaging with services and not taking prescribed medication.

I am very frustrated when I have to tell families that there is nothing they can do to stop their lives and the life of their family member being ruined as they are unwell and lie to the doctors showing all is good. They are not unwell enough to be placed in a secure environment to stop this happening.

People are so vulnerable and yet we are unable to stop them from making bad decisions which destroy their future.

After hours and weekends are not helpful when trying to access support.

Formal Submission

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

Advertising is the best way to help educate our communities on what Mental illness is all about. We all know about heart conditions, cancers etc., but do people realise you can have a psychotic episode brought on by stress? Using lived experienced people should be who are used. Showing life can get back on track.

2. 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?

You cannot prevent Mental illness and it chooses anyone to be affected. Mental health nurses in doctors surgeries would also be a good idea taking the pressure of doctors who can't spend a lot of time. Also psychologists bulk billing and more available.

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

Peer workers/ lived experience workers are being utilized in forums, in schools and the communities by some organizations. Having appropriate safe houses and not put into psych units with ill people. Better education in schools to relieve the pressures of life.

4. 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.

No access to Bulk billing or other services after hours for people who are juggling full time employment and are unwell. Lack of transport or no services available.

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

If people live on the streets they have low to no income so they can not access Doctors or psychologists who don't bulk bill and can't get to appointments. In regional areas no or little public transport.

6. What are the needs of family members and carers and what can be done better to support them?

Improving and supplying appropriate accommodation such as PARCs or CRSs before coming home to be cared for. Education for carers as its very daunting understanding what's happened to someone close. Carer Support groups set up in Communities

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

Better pay and more support from the organization they work for. More workers so they are not overloaded or become unwell again themselves.

8. 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?

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Very little to nothing unless people are connected to NDIS is able to be accessed. Support groups and day programs (funding ceased) that bring people out of their homes and socialize with others is very beneficial. Everyone needs a reason to get out of bed in the mornings.