

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

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

Further education - depression and anxiety highly focussed on yet other types of mental illnesses not shown and educated about to the broader communities. Education to start at a younger age and also services for families that are supporting members with mental illnesses.

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?

"GP referrals work well but they are only as good as the services that respond. GP assistance is working well but the services reject 95% of the referrals. Education has started, high profile people coming out and talking and starting the conversation has been working well at removing the stigma. Mental health plans to services is working well. More outpatient services have been introduced. CAN BE DONE BETTER - referrals being actioned - hospital, community based services, private clinics, outpatient services - 25 referrals in 8 months and not one actioned, removing 9 to 5 hours for clinics as mental health doesn't stick to hours of operation, assisting carers and support people in dealing with the different stages and types of diagnosis, not categorising all mental health treatments into the same basket - person centred approach and care needs to be used, consistent follow up and review of treatments as a whole, better trained professionals who recognise the warning signs of severe distress of carers or patients who are begging for help."

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

"In my opinion and experience - nothing is working well and everything needs to be changed in order to prevent suicide. People with mental illnesses are afraid of the unknown when it comes to treatment, diagnosis etc - they will say or do whatever is required to leave treatment, go home, change meds etc - professionals need to be aware of this and make executive decisions on a case by case basis and realise that they are not wanting to be looked at like head cases and will say whatever to go. On more than one occasion I was advised to ""stop being dramatic"" when I asked what it was going to take to get help for my sick fianc - I advised that he would take his life or mine and time and time again they released him."

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 system needs to adapt a umbrella system - all systems linked and aware of each other and services they assist with. What makes it hard is the fact that there are so many services advertised yet there are so many hoops that need to be gone through, so many requirements (age, gender, dual diagnosis, type of mental illness), limitations, cost, location, waiting lists but most of all the main issue we had trying to access services was: - no response - no resources - low man power -

no room/beds - don't deal with that specific mental illness - hours of operation - not the right facilities
When someone as sick as my fianc was - paranoid schizophrenic with psychosis - gets to the point of calling all services available within our catchment as he recognised he desperately needed help and he was met with the above excuses and reasons for inability to help him, suicide to him was his only option as he saw he wasn't able to ever be helped."

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 facilities/beds - waiting lists
Lack of funding
Lack of support for the individuals and their carers/families
Lack of education
Lack of correct diagnosis and medication treatment
Cost of the medication and counselling after the mental health care plan has been used
Hours of operation - many clinics 9 to 5
Cost of private facilities
Mental health workers not trained for all aspects of different mental health, burned out and become numb to situations presented to them and only interested in hitting targets, no empathy and compassion
One thing in my experience that I found was a massive driver into the lack of care my fianc received, although never stated directly but indicated in a round about way was the fact he was a convicted criminal, although he served his time and also completed his parole and was living a criminal free life he was constantly judged for this - whether this be by the CATT team with the Vic Pol or by the medical practitioners, he was always looked at like a criminal and treated with utter disrespect at times."

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

"They need to be educated and supported from practitioners in how to deal with situations, correct services that can be turned too, debriefing strategies, support networks and main thing is NOT TO BE JUDGED FOR LOVING AND LOOKING AFTER SOMEONE WITH MENTAL HEALTH ISSUES.
We have had instances where DHS has become involved due to Police presence - I have been ridiculed, disrespected, persecuted and judged for staying with my fianc due to the complexity of his illness - advised that I need to leave him in order to be a good mother and person to my children or they will return and take my children off me - not once was I offered to talk about how it effects me, spoken to about support I might be able to receive. I appreciate they have a role to do but they go about this the wrong way when all I was doing was standing by my fianc and the father to my children while he went through a severe change in his mental health. I have also had the same dealings with some members of the Vic Pol at their attendance at our home, the sheer comment of ""leave or we will be picking you up in a body bag soon"" - ignorance and lack of training/understanding is not appreciated when I am dealing with so much already. There seems to be support only once the loved one has passed or you join DV groups as a result of dealing with someone with mental health - nothing there to support carers/families while they support their loved ones."

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

"More funding to support the required services - opening new facilities, develop existing facilities
More workers to enable all workers to have a break and regroup more regularly
Make facilities able to deal with all aspects of mental illnesses
Remove ED/Mental health emergencies from the same department - they need to be separated
Further training to current Vic Pol - possibly train PSO's to attend mental health call outs to enable the Vic Pol to attend to other

mattersIntroduce further support services "

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?

"It depends on the type of illness, in my experience, my fianc worked 50+ hours a week, sometimes more if his body allowed it and this was his get away at times and socially he didn't like to be out in crowds or public places but did love spending time with family and some friends weekly - this was his social aspect of life. I have seen many local adverts to groups etc and I have strong ties with Men's Shed in my local area through my father - this is a great concept for the people that may like it and benefit from it. There needs to be more publicity of the social groups that are around whether paper, internet, Facebook etc and in regards to economic, through my employment I see daily that people suffering from all sorts of mental illnesses can still gain sustainable employment and this in turn gives them another focus and also an escape at times to enable them to continue life normally as others do."

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?

"Person Centred Care needs to be addressed - less focus on what the practitioners think needs to be areas for development but focussing on the individuals illness and needs/wants - this I understand is hard as the system is already stretched but by doing this it will in turn assist not only the person suffering but the carers and families. At the moment, referrals from GP's are being sent yet there are not the facilities or resources to accommodate the needs of the individuals - centres with restricted operating hours, restricted services, education not given, some services only focus on dual diagnosis that involves drug use - what about the people who suffer from mental illness and not drug addiction??? Mental health comes from chemical imbalances not only from drug or alcohol use - what about those people? Operating facilities that are open 24/7 purely for mental illness requirements. People that present with Vic Pol and CATT team are currently being released without correct care and treatment due to beds being needed, services not being equipped to deal with the severity of the requirements, Vic Pol being used and taken form other requirements and waiting around for the medical staff to assist. Another area that needs to be looked at majorly is he Corrections system - my fianc was released from a sentence with NO MEDICATION and no direction on how to receive the help he needed upon release - we were lucky that we had a great GP who knew what was required but along our journey we met with a lot of released prisoners who were as my fianc used to say ""promised the world of help on the inside and upon release not even given an atlas"" in other words told about this service and that service and then given no guidance or assistance once they have come home."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Funding needs to be looked at - services, community based services, education, support groups, retraining of all people in the sector to cover all types of mental health, facilities needs to be better equipped to deal with the growing amount of people suffering from mental health disorders. "

Is there anything else you would like to share with the Royal Commission?

"My biggest concern that I felt the need to address and bring to the Commissions attention was the lack of ACCOUNTABILITY - across the board there is NONE.My Story - [REDACTED] was 32 years

old when he took his life in our family home, leaving myself and our 2.5 year old daughter as well as my 13 year old and his 10 year old from a previous relationship behind. [REDACTED] was diagnosed with Paranoid Schizophrenia with Psychosis in 2010 while being assessed in remand. From this diagnosis, [REDACTED] was put onto medication and then further medication until there was the correct type administered that worked for him. Throughout our 5 years together there were hard times but we always managed to get through it - through these times we had call outs to the Vic Pol/CATT Team to our address due to bouts of DV I suffered while [REDACTED] went through psychosis from his exacerbated times of mental illness - starting in 2016 through to his death on October 29th 2018. During these years we had tried many types of counselling, medication reviews and just trying to deal with different stages of the illness progressively getting worse. Late 2017, [REDACTED] was diagnosed with Optical Seizures after having knee surgery, we thought this was part of the medication in balance but after investigation we were advised that his illness had progressed rapidly and this was now part of his illness of psychosis. From the beginning of 2018 our GP again did a thorough examination of [REDACTED] and his mental illness and stated that it was declining at a rapid rate and we needed to again do a medication review. [REDACTED] continued to be an amazing fianc, father and provider for his family during his good stages but the bad stages were again becoming more frequent even after the medication review. [REDACTED] would have times of illusions and psychosis where he wouldn't recognise who was in front of him and would psychically lash out due to being afraid and scared of not recognising who was there whether it be myself or a family member. Early 2018 we began to seek referrals to clinics/programs or any type of assistance to help us battle the next stage head on - 25 referrals in 8 months and not ONE was taken seriously or even actioned - some examples are attending [REDACTED] Hospital due to local Dianella clinic being closed - told to come back between 9 and 5 when [REDACTED] was in a severe state of psychosis - at the [REDACTED] we were advised that there were not the resources or facilities to deal with ""him"" and I had to literally kick and scream to get him admitted - they then found an unrelated medical condition, treated him for that then released him as he said he was ok even though the hospital had his extensive medical and mental illness documents they still proceeded to let him out without proper treatment or follow up. Weeks later [REDACTED] threw himself out of a moving vehicle on the freeway, taken to the [REDACTED] on a psych hold - I received a call at 3am from the mental health triage nurse to state that [REDACTED] was severely agitated/irate and was unable to be dealt with so they let him out - I asked the nurse if she was able to have him sedated until he was calmer - she said no we cant facilitate helping someone with his excessive mental illness - I then stated ""what is it going to take for him to get the help he needs - me in a body bag or him"" she then responded ""don't be so dramatic"" and then hung up. Through the Police attendances I have been ridiculed and put down for loving someone with such a mental illness - told I am going to lose my kids, had my life turned upside down for wanting and needing the help of services for him. [REDACTED] recognised how sick he was and would call and beg and plead for help, we looked into private clinics, private psych help, public assistance but there was nothing that was offered except for excuses and ridicule to both of us. Corrections did not assist him at all upon his release, I researched and put the treatment together for him and worked directly with his GP to ensure that his needs and requirements were met. In the weeks before his death, [REDACTED] reached out again to multiple services and again was denied the care that he needed. [REDACTED] was told on numerous occasions by services that their services were only focusing on diagnosis that were a result of drug addiction and that they were unable to help him - this in turn saw [REDACTED] turn to the use of drugs to get the help he craved - still nothing changed yet his decline was only set in full motion. I had foiled 5 previous attempts of suicide that [REDACTED] had tried - gassing himself, injecting air into his veins, drug overdose just to name a few. As a result of frustration an the lack of help and support, I spoke to a family friend who is in the Police Force and begged him for some assistance, he

advised that gaining an AVO would result in a CATT team attendance and then [REDACTED] would be taken in by the police and seen too - just before this there was an incident at home when [REDACTED] was in psychosis and I was injured - I took this advice and attended not as a victim of DV but as a fiancée at the end and only wanting my loving fiancé back - STILL NOTHING WAS DONE!!!! I took out a court order to get him help and nothing was done but agitated the situation further. On the 19th of October 2018, I was rushed to hospital with suspected appendicitis, turned out to be another medical issue but still landed me in hospital until 25th of October - throughout this time [REDACTED] was mummy, daddy, taxi and carer full time to our gorgeous daughter [REDACTED] - taking to and from kindy, putting in a full day at work, coming into the hospital to see me, bathing and cooking for [REDACTED] and repeating until I returned home - he was amazing always but during this time he was superdad! I was released on the Thursday afternoon much to his relief. By the Saturday I could see that [REDACTED] had been pushed to his limits while I was in hospital and although he had enough to look after while I was not at home, now that I was at home his demons had returned but in an extraordinary capacity. While I was in hospital, [REDACTED] saw a private psych on the 23rd and was advised then that he needed urgent assessment at hospital and sent off the referral - still to this day, this has never been actioned. On the Saturday afternoon after he finished work I noticed the change in [REDACTED] and I was worried and frightened as he was not coping and his voices had started again. We had words and he jumped in his car and left - this would be the last time I saw him breathing. I left the house with [REDACTED] and attended my dad's, fearing how he was, I stayed there the night and did not hear from [REDACTED] again until early hours on the 29th where he threatened to take his life and wanted to say goodbye - I asked [REDACTED] to please go to sleep and I would come and see him after work - this was not to be - he said he was sorry, that he love me and [REDACTED] and sent through a picture of himself with a noose around his neck - I told him to sleep and I love you and will see you at 4pm - no response. I was concerned throughout the day as he had never sent a picture like that - I requested a welfare check in the afternoon, [REDACTED] was found hanging in our house we shared later that day. [REDACTED] was a loyal, honest, cheeky, loving, caring, funny, handsome, amazing man and father and he has left our lives in ruins - I know he battled a hard fight, he tried so hard to forget his voices and provide for his family but due to the HOLES in the system I have had to bury the love of my life, my little girls dad and best friend and each day I have to remind her he isn't coming home - no family should have to go through this due to lack of this or that - no accountability on any level and he was made out to be the demon and not once did the services realise that they allowed him to slip through the cracks. Please make a change before another 2.5 year old little girl loses her daddy - [REDACTED] was rough around the edges and not perfect but he was to us and deserved the best chance of help and never received it."