

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

SUB: 0002.0016.0057

## Name

Anonymous

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

"1. Conveyed attitudes from Mental Health professionals need to change, especially in regional Victoria. 2. Sick leave titled as a Mental Health Day, makes it dramatic, maybe called rebuild or emotional rest day. 3. Adverts about mental health, less focus on the breakdown of a person it should also displaying their skills and periods of not breaking down, all commercials display the extreme and many people think they may not be as bad or as much is crisis until too late. 4. With suicide prevention (especially regional) the process of someone just having a chat or blurt about life problems is long and dramatic and filled with paper work. If it was more casual, then there would be less stigma. It never shows someone just getting out their daily frustrations via a chat of someone that they don't know who can just listen. Sometimes people just don't know what's wrong and they just see it as a shit day. 5. Too much fuss in the work place around those with a mental illness and often unguided. Work place needs more information on the signs and dealings with depression. Often people are given too much time off and they really need to be around people and at work, be it slightly adjusted roles. 6. We talk about violence or drug problems but never about mental illness being the primary to this. 7. Mental illness should be part of education at schools for students. All teachers' degrees should include a unit of psychology. 8. Keep advertising the statistics, this I believe has helped normalise mental illness. 9. Quiz's in the paper help people to check their mental health, as people tend to do them as easy and hidden identity. "

### **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?**

"1. The mental health treatment for the youth is strong and quite good and places like the [REDACTED] Hospital are great, but support falls apart at adolescence stage there isn't anywhere for them to go for help and if you can find somewhere it's with the aged. 2. There are good clinics available in the public sector, once you are in the system, however getting in the system can be a long and exhausting process. Once in the system, Government funding and zoning make it further difficult, especially when many people are often between two houses or shifting around. EG. my sister suffering from OCD with suicidal tendencies and also a victim of childhood sexual abuse after years of successful help and very unsuccessful help, even debilitating experiences on the occasion when we did find help that was making progress it was discontinued due to living one street out of the Mental health zoning (this in its self is complicated as its different than voting and council zoning). 3. Most business shy away from Mental Health programs due to it being too employee focused, the balance needs to be better. EG, promote more the services available and the help rather than saying take a sick day. Obviously, it needs to be covered, but not with more emphasis than other issues, the speakers need to have better understanding of business as well as psychology training, not just nurses. 4. More in home or family sessions to better understand mental illness. As a carer, it is exhausting without any support. The carers/family feedback also needs to be utilised more in the treatment of a patient. 5. Better support and communication from

psychologists. My mother was committed into a Mental Health Hospital, I know she is an adult, but I wasn't advised, my mother is also a carer of two other mentally ill children (now adults living at home and one suicidal) and nothing was done to advise them or care for them. This has happened on two occasions now. In the first instance in [REDACTED] and second in regional Victoria. On the occasion in Melbourne my suicidal sister was taken into care also, but nothing was done in regional Victoria, in addition to the mental illness and need for medication, neither of them can drive or have access to supermarkets and food. In Melbourne I found it difficult to get to see the psychologists to find out her problem, this was the first I had heard of a mental illness and was worried. I was informed she would be in hospital a long time, only for them to call me up a couple of weeks later to say come and take her now. I outline this further in my submission later as this late last-minute notice caused a number of ongoing problems. 6. the build for Mental Health awareness has been great with statistics working well to get the point across. 7. If a person who been attending a clinic for treatment and stops going, I believe they are called, as you can imagine they don't answer and I think then a carer may be called, on my experience it was more of a procedure to tick a box rather than a concern as my efforts to gain help were dismissed to say I just need to contact you. 8. Having to get a doctor's referral should not be the case, doctors can refer, but I'm unsure why direct clinic contact can't be made. Especially since there are professionals within the clinic that can better guide people in need. 9. CATT team, I'm aware of this due to many suicide attempts from my sister, but no one else is, awareness needs to be built surrounding this and maybe more resource. 10. A person in need of help, mentally or under drug influence, who can the public call and how do they know which to call. 11. Clinics and appointments are mainly during office hours; they should be combined with bulk billing longer hours medical clinics. 12. If the process was easier to get help, people may get it earlier, it's very hard to go to the doctor and stress you need mental health, especially males. As a boss I referred a fellow work college to go to the doctor to get help with gambling and what seemed to be a flare in his OCD, the doctor told him he doesn't need it. 13. Maybe an online form, questions and then a step process at the end of where to get the right help established by the answers. Almost like the who to vote for quiz. 14. More advertising posters in Pubs, this is when people get more emotional especially males, be it that its message may get a little washed up with the alcohol, it would still be there."

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

"1. CATT team is fantastic, but the patient needs to recognise when they need help. 2. Better education 3. I know key words can be picked up in phone calls and text messages, can something be done here to alert somewhere. Or an app that then sends a message back. 4. A lot counselling is done by church's which is great but monitoring of peoples stories and experiences as guests needs further explanations after as it impacts the audience and more training for the priest. 5. Treatment in hospitals and clinics are good, but there isn't enough follow-up once they are released. 6. Monitoring of medications after treatment, too often people stop meds due to believing they are well (normally this is the opposite). 7. We have work places set up for the blind, but nothing for the mentally ill to feel their worth. 8. I often see ""Help"" type of posts on social media, a cut and copy text should be available as a guide that's easy to access so you can comment with a contact number. 9. Better counselling, more care to applying the right councillor, my sister has had suicide attempts due to the treatment provided by a councillor. 10. There are health and well-being camps, there needs to be more at an earlier stage for mental health. 11. Government support for employee mental health programs."

**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.**

"1. Zoning for clinics can be a problem when there are limited psychologists. eg, my sister was assigned to a male psychologist, being that she was sexual abused this was uncomfortable, there was only a councillor to replace him, counselling from this counsellor resulted in a suicide attempt. 2. Availability of clinics. 3. Online chat services need to be easier to find, beyond Blue do this well 4. I haven't seen any brochures in the doctors for mental health, but have seen life line posters. 5. When my family moved from Melbourne to regional, no referral, follow up or recommendations were made. Contact should have been made from a referral to them from the area they moved to.eg, my sister was assigned to a male psychologist, being that she was sexual abused this was uncomfortable, there was only a councillor to replace him, counselling from this counsellor resulted in a suicide attempt. 2. Availability of clinics. 3. Online chat services need to be easier to find, beyond Blue do this well 4. I haven't seen any brochures in the doctors for mental health, but have seen life line posters. 5. When my family moved from Melbourne to regional, no referral, follow up or recommendations were made. Contact should have been made from a referral to them from the area they moved to."

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

"1. Not enough services and quality services, especially in regional Victoria. 2. Mental health clinics may need to separate mental health clients with drug addictions, these are mixed in one and are extremely busy. 3. Due to everyone gossiping and everyone in small towns knowing their business, often people don't get help, this is where an appointment in the city, even every 3 months, may help some people especially males. 4. Encourage more people to chat and talk about problems, so in regional area they can set up business meeting and advise for farmers to attend and chat about business and of course mental health. 5. Processes conducted by mental health clinics in regional Victoria need to be checked more and they need to have some accountability for wrong behaviours that risk people's rights and life."

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

"1. As a family member, aside from when my sister was in [REDACTED] Hospital where they conducted family sessions, we have had no support what-so ever. My personal circumstance is a family of four, myself being the only one so far not experiencing mental health problems. I was diagnosed with a kidney disease, during the hardest time of treatment, I was visiting both my mother and sister in clinics trying to give them family contact and attend their needs. Sometimes a simple thing like my sister needing meds for her period because she didn't want to ask for them at the clinic. 2. Clinics should take on members of the same family, saying it's a conflict of interest and not assisting with appointment co-ordination, when it's hard enough to travel to appointments for the mentally ill. 3. Correspondence should be made at least twice yearly to the carer/main family member to see how they are doing and for any feedback. 4. As carer/family member, release of my sister to my care was fine whilst my mother was in the Mental Health hospital. But, suddenly deciding to move forward my mother's release with no correspondence prior (in fact dismissing me totally) and then saying they can't be in the same house created a big problem. They offered no solution, a lot of pressure and further compounded the situation, which I still have issues from to this date by telling my mother I didn't want her. It's very hard to manage a senior

role in a fulltime job with multiple family members with mental illness that are often at the same time. 5. The process to actually get help for a family member in crisis is near impossible, there isn't anywhere with professional help to take them and the criteria makes it too easy to dismiss those in need. Not only have I personally struggled in actually getting help for a family member, so have many of my friends for various mental illnesses. 6. A person/family member is a full-time job, but there is nowhere to leave the person they are caring for to even take a week break. When mental health is at its peak, it would be good to offer a day drop off for at least 3 or 4 times a year. 7. Grocery shopping can also be a problem and the expense of delivery can make it hard for those on pensions or low income when caring for the Mentally ill. There should be a waiver or discount on delivery for carers. 8. Carers/primary family members should attend a 1hr session at least once a year to ensure they are doing the best with treatment and support. This could also include the assistance available to them and assist in the complicated paper works. 9. A centralised online feedback system, similar to Vic Roads regarding suggestions or problems people/public encounter ongoing with the Mental Health System. 10. Assign an action group, team board to address complaints from the public on mental health service."

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

"1. More staffing and better pay at least in a tiered to match qualification, experience and responsibility. 2. Expand the CATT team, this could also relieve police from the extended periods staying with mentally ill until committed. 3. Open back up Mental Hospitals, these could also include health and wellbeing wards and retreats or expand existing ones with a mental health ward. 4. Ensure properly trained people are working in the field, not just nurses, councillors and ex addicts/previously depressed from the public. 5. There should be a regional manager/officer going around all hospitals to check on staff, consistent systems and address problems. Similar to work safe officers. 6. Compulsory training for new techniques and compulsory research for available support to patients and carers, this could assist with pay increases. 7. More funding for movies about mental illness, they help build general public awareness and the displayed rewards in a movie style may attract more people to work in the mental health sector. 8. Emergency hospital ward 24hour for mental illness and drug addiction to ensure staff are trained correctly and possible prevent abuse of the professionals as there would be correct facilities. "

### **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?**

"1. I'm unaware of any community opportunities for the mentally ill. In the past there was volunteer work, but my sister wanted to, but never attended due to not being able to advance plan her mental health. There wasn't enough flexibility and advanced commitment was required which she was unable to do. The type of work needs to be flexible enough to handle spontaneity of workers. Program's that allow work from home could also be an option, where they purchase goods at a discount bulk rate and send in or drop off for sale, like a job at home program. Jumper knitting for homeless or something like that where they get discounted wool and/or paid for their produced products. this would give purpose and make them feel like they are contributing. 2. Available programs should be advised at counselling. 3. Emails/letter send with annual group certificate from Centerlink."

**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?**

"1. Transition from youth to adult process. 2. Allocation process in the public sector to Mental Health professionals 3. Accountability for communication from medical professionals to families/carers 4. Facilities for the mentally ill 5. Media coverage for mentally ill, raise awareness of the problems and also the success of some solutions. Don't mask the problems in the media of mental health with other issues. 6. Process to obtain help for the Mental Health 7. Shortage of practitioners to help Mental Health 8. Government resource to Mental Health 9. Checking process for the mentally ill when they forego treatment 10. Medication subsidies on drugs for mental illness, especially those on pensions 11. Education of how to get help and where online easily sort 12. Allocate physiologists within medical centres with doctors 13. Call line for help for carers/family members 14. Right allocation of professionals to regional and suburbs with excess mental health patients."

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

"1. Assign a body for regulations and checking processes 2. Develop an overall body for customer feedback, complaints and suggestions. 3. Survey existing patients and their family. 4. Review processes every two years to ensure current for sociology economics, technology and environment. 5. Ensure there are the right number of facilities for public Mental Health in relation to demand 6. Establish a population count for Mental Health needs per region 7. Reconsider reporting boundaries of mental health visits to doctors and how that effects people professionally, to encourage more professionals to reach out in crisis."

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

"I would like to share some of my personal frustrations, situations and communication issues within the Mental Health sector. I have experienced the Victorian Mental Health system for various reasons and at various degrees from 1982 to date (37 years). We are a family of four, my mother, myself, my brother and my sister. All three of my siblings have been within the Victorian Mental Health System at some stages throughout their life. Early days were mostly associated with my sister, when she was eight years of age she was diagnosed with extreme OCD, triggered by sexual abuse from her father. We found the ██████████ hospital to be of great help and ██████████ made progress, however the travel from regional Victoria for mother and brother to take part in family sessions was quite taxing, both financially and mentally. Even though there was great assistance from the ██████████ Hospital, the process to get there was hard and an ongoing battle. See FOOTNOTE 1 attached in the document section, a letter from my mother in 2002 where she outlines some of her hurdles dealing with the mental health system. As time progressed the problems increased, when ██████████ turned 17 and she no longer able to be treated at the ██████████ hospital. There is a gaping hole in the system for adolescence and young adults, without places suitable for them to continue their treatment from childhood, they are just shoved into the adulthood system without preparation. In 2003, my mother and sister moved from regional Victoria to ██████████ closer to me, my brother joined them at a later date. During the course of packing and notification of the move, there wasn't any Mental Health arranged for them or information from ██████████ counselling of where to go for counselling in ██████████ which they were moving to. As you would understand the situation worsened. My brother had taken off interstate because he couldn't cope, with diagnoses of schizophrenia being thrown around from councillors. My mother was taken to a mental hospital in ██████████ (to which doctors refused to talk to me to explain why she was there and how long she would be there) and my sister was also in

██████████ (voluntarily with suicidal thoughts). They were separated due to the belief of paternal impacts on each other's mental health. During this stressful time, there was only hindrance rather than help from the Mental Health system. In addition to the stress of calls from my paranoid brother needing money (as he also had a drug habit), both my mother and sister in hospital whilst still trying to maintain a full time job, I couldn't get any communication from the hospital about my mother except, she was going to be in the hospital for a long time. I needed a time frame, as in three weeks I was to go overseas for two weeks for a work conference. I was in communication with ██████████ who informed me my sister was ready to come out. I tried everywhere to book her into some sort of care during the two weeks I was going to be away, both private and public. I couldn't find anything except one old age home, which the Psychologist from ██████████ suggested was not suitable for her condition. In the end, I organised for my partner to have my sister stay with him, with CATT team and Psychologist contact details. This was stressful for various reasons, but the only option available. A couple days prior to my flight, the Doctor from ██████████ (where my mother was) finally contacted me to say come and get my mother, with no contact previously, he then demands I pick her up. I explained my situation and asked for them to keep her for 2 weeks, to which they refused. My partner had no dealings with mental health and the system had advised that my mother and sister needed to be separated for a few months. The doctor told my mother I didn't want her and threw her out to the streets, to this day this causes extreme problems as my mother will continually repeat this. I couldn't cancel work 2 days prior, or could I expect my partner to take my mother and she was estranged from her own mother. In addition to the professionals saying keep them apart for so ██████████ suicidal stress could settle down. During this time, ██████████ had helped my sister find a support Psychologist near to my house which she was attending with great results, for the first time I had seen since she was a child. We were so happy with the results we decided move them from the ██████████ house and move ██████████ and mum closer to ██████████ for ██████████ to continue treatment. We found them a house to rent in ██████████ just off ██████████ road. (they are both on the pension and can't afford much), only affordable due to the garage not being accessible. Then a couple of month later I am informed that ██████████ is one street away from the Mental Health zoning and can no longer receive treatment in the clinic and was to be treated in ██████████ (suddenly there wasn't a problem for them to be both treated at the same clinic). My sister is sent to a male psychiatrist against her will, despite my letters and meetings to prevent a move. This upset her especially when the doctor has similar appearance as her father, they finally decided to assign ██████████ to someone else and since there were no female psychologist's available, she was assigned to a psychiatric nurse. This went horrible wrong due to her inexperience and lead to a suicide attempt from ██████████ and her then being committed to ██████████ mental ward hospital. I did my best to get ██████████ treatment. See FOOTNOTE 2 and FOOTNOTE 3 attached in the documents section. In the meantime, my brother had returned and was CATT team assessed and also sent to the ██████████ clinic for help. He didn't attend there long as he heard staff mocking patients and their behaviour in the reception area and due to paranoid thought imagined what they were saying about him. My mother no longer went to appointments, she informed me they said she didn't need too (I had no way to tell and had to accept this), she also ceased her medication. My brother and sister also stopped counselling. As situations worsened, I became more ill with a kidney disease. Our family broke down and my mother, brother and sister returned to ██████████ mainly due to my mother believing I didn't want her from what the doctor had said. My brother now receives treatment, now diagnosed with OCD possibly triggered by his sexual abuse, my mother and sister don't (my sister continues her medication). Problems continue with short medication scripts, transport to the mental hospital (both my brother and sister don't drive). On a recent occasion my mum receiving a call from the mental hospital in ██████████ saying that my brother was ready for her to come and pick him up and

when she came to see them, they locked my mother up in the mental hospital saying she was a threat. Apparently due to her telling someone not to come into her house on an earlier visit. My mother is the carer of my brother and sister who both don't drive. In this period of lock up, NO-ONE was contacted to advise my mother was locked up in hospital, nor were my brother and sister checked on. There was no way for them to get food or medication and my sister is SUICIDAL. In addition to pay power bills and rent. My sister eventually called a family friend, luckily, they couldn't get in to see my mother and were horrified by their treatment. When they were eventually allowed to visit my mother, again mortified at the way my mother was treated in the hospital like a criminal and worthless human being. They tried to drop groceries to my brother and sister but struggled with also assisting with medication and appointment assistance. Even though they tried to explain the needs of the dependents the [REDACTED] hospital dismissed their cries for help. There is a problem when a carer is also mentally ill or taken away from the household, there is no system to check on the dependents at all, this needs to be rectified. There is an aspect of accountability for the surrounding members wellbeing. The government saves money with carers, so they need to treat them with more respect, especially if there is a mental illness. I have so many other experiences and valued points to add on the improvement of the mental health system, that seems to have deteriorated over the last 37 years. Please don't hesitate to contact me further for any details of further explanations. My hope is that with this feedback a new and better Mental Health System can be built."

FOOTNOTE 1 - My mother's letter for help (my main reason for including this letter is that in various points you can see how the system has let my mother down)

[REDACTED]

[REDACTED]

Dear Minister,

I phoned your office Wednesday 28th August 2002 in complete frustration with the inability for my family to obtain justice through our so corrupt legal system. I was then instructed to present my agony in writing. With at least 18 years of continual exhausting battles with the legal system, which not only have I suffered personal persecution but my two children (victims of sexual abuse) are suffering continual emotional problems due to the lack of support from the legal system to gain closure on their haunting past. The only knowledge I have gained from our legal system is that it only bows to money and since I belong to the "low income" bracket I will never gain its support.

Let me begin by presenting to you with some of the events of the last 18 years, which has caused me to be so bitter. Once you read this, I feel you will understand my frustration and lack of trust in our legal system. I only hope that your understanding will lead to some advisory help or even a professional investigation into my family's case. Some direction which will help my children [REDACTED] finally have the justice to the act of sexual abuse that ruined their lives.

It all started in the year 1984, after a visit to her father I found my 8 year old daughter [REDACTED] crying in the toilet of my [REDACTED] apartment in [REDACTED]. As I entered coming to her aid, the sight in front of me shocked me. There was so much toilet paper filled with blood and with a second look I saw skin tissue hanging from her vagina. My initial feeling was to rush her to the doctors, but her hysteria and begging to this suggestion led myself, [REDACTED] (my oldest daughter) and [REDACTED] to agree on a visit to the Psychologist the next morning. It was during one of these sessions that [REDACTED] confided in the Psychologist that her father had molested her. It was from this point onwards that we entered our neverending, frustrating and exhausting battle with the law.

After consulting [REDACTED] ( [REDACTED] Psychologist), our first attempt to report this to the [REDACTED] police was ignored; they refused to take my daughter's statement. After a period of time I then contacted the Ombudsman who gave me the Interim Investigation Unit's phone number. I then called this number and reported the [REDACTED] Police's neglect to take [REDACTED] statement. We then received a call from the [REDACTED] Police the following Sunday who demanded us to come and make a statement immediately. When arriving [REDACTED] [REDACTED] [REDACTED] separated [REDACTED] from me without any explanation of the following events, she then locked me in a room. I was becoming extremely worried and to an extent panicked as I felt like I was treated like a criminal and had fear of what was happening to my daughter. Only to accentuate these feelings I heard [REDACTED] [REDACTED] yell instructions to her



fellow male officer to keep an eye on me. It was during this time [REDACTED] made her three-page statement. After [REDACTED] statement they called me into the room and in [REDACTED] presence [REDACTED] [REDACTED] recited [REDACTED] statement to me. This was my first hearing of such details of [REDACTED] abuse. I was shaken to the point of tears, at no stage was condolence or comfort offered not even a glass of water. We left after this without receiving our own copy of the statement. After leaving and got myself under control I was able to comfort [REDACTED] who was extremely shaken by her experience. When I asked her about her time with [REDACTED] [REDACTED] whilst making her statement her response shocked me. [REDACTED] in tears stated how [REDACTED] [REDACTED] told her she was a "lying little bitch", "she got what she deserved", "you must have encouraged him after all you sleep with all the boys at school", I was horrified that a 13 year old girl was treated in this manner. This experience declined [REDACTED] emotional state. [REDACTED] wouldn't wear bathers because she felt she was encouraging men and to this day she hasn't as much as kissed anyone in a passionate manner.

[REDACTED] was refusing to go to school in fear of receiving another threatening and upsetting letter from her father. She also couldn't cope at school and in social environments to the point that she sat in corners at school crying. I was mortified at how her life was destroyed and there was nothing I could do to help. [REDACTED] continual decline led her to be submitted to the Psychiatric ward of The [REDACTED] [REDACTED] Hospital. She had been submitted for two years but had to return in 12 months when the [REDACTED] [REDACTED] [REDACTED] closed the Psychiatric ward of the [REDACTED] [REDACTED] Hospital. It was a week later; when I approached the [REDACTED] Police station with my eldest daughter [REDACTED] to obtain a copy of [REDACTED] statement, this was eventually permitted.

Preceding the interview I was faced with many other distressing situations. I had the [REDACTED] police storm into my house shouting obscenities and saying I was unfit to be a mother and questioning me on why should I make up such lies about my lovely husband. This was most upsetting and also very embarrassing as I sometimes had guests visiting. Only to add to my trauma my husband was using his relations ([REDACTED] [REDACTED] and [REDACTED] [REDACTED] to push some sort of investigations through [REDACTED] claiming I was an unfit mother. So whilst I was trying to pursue [REDACTED] statement I was faced with claims from [REDACTED] saying I was an unfit mother and surprise visits of abuse from the [REDACTED] police station. When I gathered the last of my energy to contact the [REDACTED] Police to see what had become of [REDACTED] case, I was laughed at and told that it was recorded on file that I was "round the bend" by sergeant [REDACTED] [REDACTED]. I was astounded and humiliated by this accusation and I searched high and low to see where such statements had stemmed, since I had no real prior contact with the police. During [REDACTED] time in the [REDACTED] [REDACTED] Hospital, [REDACTED] and myself spent four days a week in Melbourne (my travel time was 11 hours of travel on public transport) for family sessions of counselling which [REDACTED] also attended.

Also, during this period leading to [REDACTED] statement, I suffered physical and mental abuse from [REDACTED] [REDACTED] (my separated husband). On one occasion my daughter [REDACTED] and her friend [REDACTED] [REDACTED] witnessed [REDACTED] punch me in the face for approaching him about [REDACTED] abuse. In retaliation I kicked the side door of his car (in my socks) and turned to run inside for fear of more abuse. He proceeded to follow me throwing as many punches as he could get in. My daughter [REDACTED] waited at the gate with a flowerpot in her hands for protection and as soon as I entered the gate [REDACTED] slammed the gate shut on [REDACTED]. He then left leaving us all shaken. Many similar events of this nature occurred between [REDACTED] and myself but I won't list these occasions but just let you know that the police ignored me

when I tried to obtain a restraining order. It was also around this period in 1988 that my divorce with [REDACTED] was finalised.

I was then faced with the second biggest trauma of my life; finding out that [REDACTED] had also sexually abused [REDACTED] my second child. It all began with [REDACTED] suffering many emotional "strangities" and through continual arguments to make [REDACTED] go to School because of force from the [REDACTED] Inspector. The last of these arguments lead [REDACTED] to want to try living with his father under the adviser that he would obtain a computer and attend a special private college.

[REDACTED] continued to live with his father for about 14 months. During this period, on school holiday visits to stay with me [REDACTED] was always distressed. He was so distressed that he once tried to kill himself with a rope in the shed. Once he would return to his fathers he would phone me crying and saying he wanted to come home to me. It was only when [REDACTED] received the letter from [REDACTED] [REDACTED] outlining [REDACTED] sexual abuse that he decided to send [REDACTED] home to me. On return [REDACTED] was having many baths for his constant feeling of dirtiness and began committing lots of naughty behaviors, sometimes becoming quite violent. [REDACTED] attended [REDACTED] College, he had a fear of his father chasing after him which that began interfering with [REDACTED] living a normal lifestyle. On several occasions he phoned me claiming that his father was chasing him in his car, I would drive to [REDACTED] from [REDACTED] to pick [REDACTED] up to find him panicked and hiding in bushes from his father. The next negative step [REDACTED] took was to begin committing small crimes. He would often steal my money from my purse and he once stole a wallet from a neighbor. He spent time under care of [REDACTED] as a result of this theft. The neighbour in whom the wallet was stolen didn't want to press charges. It was [REDACTED] wish to take [REDACTED] under their care claiming I was an unfit mother. [REDACTED] was returned to me in a short period. [REDACTED] was then regularly seeking counselling from [REDACTED] [REDACTED] who was employed by the Health Department.

It was [REDACTED] [REDACTED] who accompanied [REDACTED] to the [REDACTED] Police station to make his statement. This statement was then transferred to [REDACTED] Australia. [REDACTED] abuse had occurred in three states SA, Vic and NSW; it was because [REDACTED] Police didn't want to deal with the case that it was sent to [REDACTED] Australia. The preliminary hearing found enough evidence to proceed with the trial and the date of trial was then to be conveyed to us. As evidence they had collected [REDACTED] diaries, school reports of constant absence, also a Hospital report. I have an Indemnity report to support that these items were taken and never returned. The prosecutor was [REDACTED] [REDACTED] and the date was 14 June 93, both [REDACTED] and myself attended (I still have the tickets). I also heard later that [REDACTED] had also attended. After the hearing I phoned on many occasions to see what was happening, each time I was given various excuses of why the case had been postponed. By this time [REDACTED] was becoming very agitated so I wrote a letter, I then received a letter in return for my correspondence dated 6 September 1993. The letter stated that a decision of whether a prosecution should proceed is based on the criterion of whether there is reasonable prospect of conviction (This letter is attached). I then responded in writing to stress my unhappiness and disappointment in the decision (letter written 24th September, 1993) [REDACTED] from this time onwards entered a void zone where he became involved in drug use. He constantly moved house and couldn't settle in employment. He moved to various houses; in with a girlfriend, many Melbourne locations (one being his sister, [REDACTED] till he eventually couldn't cope. He then returned to me and because of previous violent tendencies I helped him to find somewhere to live rather than just letting him come back to

me, it was on a block (vineyard) in NSW about 30 min drive from myself in [REDACTED]. He then got a job at the [REDACTED] Hotel in [REDACTED] and moved into [REDACTED] with far easier access to drugs his habit heightened till his collapse at work to require hospital treatment. I then took [REDACTED] under my care and sought help from Ward 5. He is now on a community base order to receive treatment for his drug use. The problem I foresee is that [REDACTED] is receiving help for only his drug addiction, the result, but he is not receiving any help for the cause of his addiction. [REDACTED] had turned to drugs to mask the pain of his traumatic abuse that is yet to receive any sort of closure.

Somewhere during this, my daughter [REDACTED] frustration with the ability of [REDACTED] able to destroy her sister [REDACTED] life and to be in no way punished lead her to take me to the Police Office in [REDACTED] [REDACTED] to try and further [REDACTED] statement. After much waiting and a few questions they rang the [REDACTED] Police who claimed there were no records of [REDACTED] statement. They then finished saying to further this [REDACTED] would have to come to make another statement. As [REDACTED] health and emotional being wasn't that good we didn't see it fit to put her again through the trauma of a statement again due to the corrupt legal system which had destroyed [REDACTED] previous statements.

When [REDACTED] had returned from the [REDACTED] Hospital she received counselling from [REDACTED] a counselor from the [REDACTED] Psychiatric services who followed [REDACTED] case closely and recorded it. [REDACTED] had directed us to the [REDACTED] special police unit to further [REDACTED] case. They claimed that there wasn't any record of [REDACTED] statement, and proceeded to take my original and copy it, then said nothing could be done.

[REDACTED] then lost [REDACTED] as her counselor as the government closed the [REDACTED] Hospital in which [REDACTED] Psychiatric services was a part of. She then had to see [REDACTED] from the [REDACTED] Clinic. [REDACTED] also during this period had extreme difficulties coping and was refer to [REDACTED] in Melbourne. [REDACTED] was extremely suicidal during this period.

When [REDACTED] was having problems with [REDACTED] prior to his statement I went to [REDACTED] our local government representative. This was due to the treatment that [REDACTED] received from Police saying he was a liar and the fact that [REDACTED] had used his family is [REDACTED] to obtain constant updates of our families action. He was my last resort other than the media, he listened and then sent me a letter to come and see him to go through details of our occurrences to see what he could do. During this time I was highly stressed and by the time I had enough energy to act on this he was out of government.

Recently, [REDACTED] went to see Snr constable [REDACTED] to further [REDACTED] claims, they then called me and demanded my attendance with my records on hand. I was once again shunned away from the [REDACTED] Police, this time from [REDACTED] [REDACTED]. The claim again was that there are no records and he would look into it.

To even further my stress and destroy my little hope of receiving closure for either of my children it became local town gossip of [REDACTED] [REDACTED] having to pay off the police. It was claimed by [REDACTED] parents that they suffered financial difficulties because they had to loan [REDACTED] an enormous amount of money to pay off the legal system, for horrible claims made by his ex-wife.

It seems that in whatever direction I turn to for help I always get floating ends or should I say put into the vicious cycle of empty promises. Due to inappropriate actions within our legal systems, (which is supposed to protect us) rather than suffer any flack to their organization, they will cover any wrong doings at the expense of my two children's lives. I hope that you will be able to help me, as I will never give up on helping my children to gain closure so that eventually they can have a life of their own.

Attached for your convenience is:

1. [REDACTED] Statement
2. [REDACTED] statement
3. [REDACTED] Statement
4. [REDACTED] "indemnity of property concerned"
5. [REDACTED] Magistrates court Re: witness fees for [REDACTED] case in [REDACTED]
6. [REDACTED] letter
7. Director of Public Prosecutions "nolie prosequi"

Yours sincerely [REDACTED] [REDACTED]

FOOTNOTE 2

FOR URGENT ATTENTION:

[REDACTED]

27<sup>th</sup> May 2009

I writing with extreme concerns about the treatment that [REDACTED] [REDACTED] is receiving from [REDACTED] Health Service.

[REDACTED] was receiving treatment at [REDACTED] Health Services up until April this year; I was very happy with the treatment provided by [REDACTED] at this clinic. We finally saw some hope and, upon [REDACTED] discharge, we were advised by [REDACTED] that as little change as possible would be better for [REDACTED] so once she started treatment at [REDACTED] it was the preferred option for her to continue treatment there. Upon hearing this advice, I believed it would be worth Mum and [REDACTED] spending an extra \$100 per month on rent to move from the [REDACTED] area to the [REDACTED] area.

With pressures, but no assistance, from the [REDACTED] Adult Acute Psychiatry Unit in the week leading into Christmas, I had to find a house for [REDACTED] and Mum as soon as possible (due to the hospital wanting to discharge Mum) when them unable to move back to the [REDACTED] premises. I had less than two weeks to find a new home, and was also preparing for a US conference for work just after Boxing Day, and trying to find care for [REDACTED] whilst our mum was in hospital.

I found a place for them to live in [REDACTED] that was, with a stretch, just affordable. Once this was settled and we signed all rental paper work, I was told that the [REDACTED] area was not covered under the [REDACTED] Clinic.

Upon hearing this news I spoke to [REDACTED] who [REDACTED] had advised was my best contact if I had concerns. I asked, or you could say begged, for at least a three month period for [REDACTED] to stay at [REDACTED] I was concerned about [REDACTED] well-being if she was moved yet again. This was granted. I believed the effects of this additional change could be detrimental to her health, causing agitation, and increased rituals, especially when she was obsessing that no one wants to talk to her, she was a burden and they were casting her aside. [REDACTED] was still adjusting to a new home, and with her Mum only recently out of hospital another change would only cause more stress.

As I had doubts about another clinic being beneficial for [REDACTED] I was looking into moving both [REDACTED] and Mum to another flat or house in the [REDACTED] area. This proved to be an extremely expensive venture, moving house again and the financial outlay that went with it made both [REDACTED] and [REDACTED] unsettled and very stressed. I had observed Mum's feelings on the treatment at [REDACTED] and saw that the transport to the centre was

simple enough, so I decided that when [REDACTED] re-contacted me, now that Mum was settled, it would be better to try [REDACTED] in preference to moving them both.

One of my hopes for them being treated at different centres was that [REDACTED] could advance enough to make her own venture to see [REDACTED]. Now, I believe this would have been the case if it wasn't for the medication Olanzapine.

Olanzapine was administered to [REDACTED] in [REDACTED] Hospital and I was informed it would be only for a 3 month period until she was back in a home with her mother (carer). I had grave concerns about this debated drug, any drug under question with such adverse side affects, both physically and mentally, should be carefully administered. Even with my doubts, I accepted it, but only on a sort-term basis, as the immediate effects seemed to be manageable. What began to concern me were the effects that took place thereafter.

[REDACTED] had extreme weight gain; I'd like to know what you have monitored in this area? What was her overall weight gain whilst on this medication? I was becoming more concerned about the effects that this drug was having on [REDACTED] physical body.

***Some patients may gain a lot of weight while taking ZYPREXA, so you and your doctor should check your weight regularly.***

Also, [REDACTED] increased suicidal thoughts concerned me greatly; her attempts at suicide had increased to an uncontrollable level that made it impossible for [REDACTED] to be alone. I reported my concern about this medication to staff at [REDACTED] hospital (I have a record of their names)

***Call your doctor at once if you have any new or worsening symptoms such as: mood or behavior changes, anxiety, panic attacks, trouble sleeping, or if you feel impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive (mentally or physically), more depressed, or have thoughts or increased thoughts about suicide or hurting yourself.***

Getting back on track about [REDACTED] Health services. Upon [REDACTED] being transferred we were informed that [REDACTED] was receiving treatment from a psychologist "[REDACTED]. Initially I had a few concerns about him being male ([REDACTED] being uncomfortable with some males due to being a sexual abuse victim), we decided to give it a try and venture on a [REDACTED] had showed success with some previous males in the mental health service.

[REDACTED] had informed me that [REDACTED] would call me and introduce himself and follow up with me as [REDACTED] had done during her treatment for [REDACTED]. I am still waiting for that call. In fact, I called without a return call. I am glad that [REDACTED] was moved from his treatment as it concerns me that a psychologist (especially with an apparent appearance similarities to her abusing father) would use the language "Are you afraid of my manliness?"

Further to this, remembering that I was advised that change was to be kept to a minimum, [REDACTED] experienced yet another change in less than a 6-month period when she was switched to a Psych Nurse, [REDACTED] [REDACTED]

After [REDACTED] session I received many concerned text messages and phone message from her, about a few discussed points from this session. The manner in which these came alerted me to a heightened frequency of [REDACTED] OCD.

One of [REDACTED] fears was being that they were taking her away for her Mum; this would cause immense stress as [REDACTED] family is probably the one reason she still has some will to live. This infuriated me. I couldn't believe that any professional help would consider leaving [REDACTED] with such a horrible and life threatening insecurity.

I called [REDACTED] [REDACTED] to voice my concerns about this discussion. Initially [REDACTED] told me that it was [REDACTED] personality disorder (this was new to me; in one session [REDACTED] years of OCD was now cured and she had developed a personality disorder), that had twisted what [REDACTED] had said. I expressed that it is common in OCD that obsessive thoughts of one important concern magnify issues to life disrupting degrees, and she should be aware of something as simple as that in treating [REDACTED] I was told that she wasn't a psychologist and she wouldn't be able to gauge that. Yet, she was treating [REDACTED] and making statements on her mental condition and questioning [REDACTED] on painful past happenings without full knowledge of her patient and condition. Have the files from [REDACTED] Hospital, [REDACTED] [REDACTED] and [REDACTED] been reviewed prior to [REDACTED] treatment?

Continuing in the discussion, [REDACTED] said that it was on [REDACTED] file that she was moving out from her home in [REDACTED]. This comment confirmed that [REDACTED] wasn't really off the mark at all, and her concerns were very valid. How could this information be so wrongly communicated to a patient, especially by someone without the correct experience? As mentioned earlier, [REDACTED] and her mum may have been moving from the [REDACTED] house to remain in [REDACTED] area to reduce change and keep [REDACTED] under [REDACTED] care. So I ask why would a clinic mention a move away from the clinic in a first session especially when the transfer had happened because this move couldn't take place? And furthermore misinterpreted the information to such a degree that it has caused a high suicide watch circumstance?

Further into the discussion with [REDACTED] I asked why I hadn't received my update from [REDACTED] session as I could have prevented numerous problems – not only cleared up [REDACTED] misinterpretations of the file but also settled [REDACTED] fear. I find it totally unprofessional – even negligent – that it could be suggested to any patient who can't even venture to their own psych session, or do a day's volunteer work, let alone cook and clean, would be pushed into moving out of home. For God's sake, what was she intending to do? I wasn't aware of any full time nurse caring mental health accommodation, because if there was such a thing it would have come in handy when I had to travel overseas and had no-one to care for [REDACTED] whilst I was away. Even if such a structure existed I would question any benefit for [REDACTED] in more than a 4 week stay.

When I asked [REDACTED] for an update at the end of a session in the future she said she couldn't work that way, nor could she be expected to and she continued to state that I wasn't listening to her. When I said it wasn't a problem for the [REDACTED] clinic to update me after the session she finally said that she could do that and she had thought, as she so heavily explained previously, that she couldn't update prior to a session on the plan or the content of the session. Now who wasn't listening?

Another concern during this discussion was that it caused me so much stress that I reached a point where my voice was raised and my work colleagues heard the discussion. [REDACTED] continued with thoughtless and irrational comments like, "[REDACTED] and her mental problems meant she would not handle any male treating her." I tend to disagree, and if you go over [REDACTED] records you will find that I am justified in disagreeing with this statement.

I have been in and out of psychology sessions for [REDACTED] and her OCD for over 20 years; I have a good understanding of her condition, and can see that [REDACTED] has absolutely no idea what she's doing with [REDACTED] and I object to her manners implying that [REDACTED] has no idea she is a mental case. Anyone, professional or not, with any understanding of OCD would be mindful of the obsessive thoughts on anything that is a fear to patients, and also be aware of the rituals required to maintain life, let alone the exhaustion leading in and out of sessions, and increased rituals along with any self punishment, guilt etc.

[REDACTED] no longer wanting to go to [REDACTED] clinic, and her behaviour sparked my call to [REDACTED]. After my discussion with [REDACTED] I realised why [REDACTED] didn't want to go back. In fact, a few of my colleagues expressed concerns to me, asking what the hell is going on with the mental health service, that [REDACTED] sounded like she had no idea how to handle [REDACTED] case, and asking if I was okay. They were concerned because I never raise my voice to such a degree, and I usually have fairly high tolerance for mistakes and rudeness.

However, I don't fully blame [REDACTED] she shouldn't have been given a case like [REDACTED] who is clearly beyond her realm of experience and expertise. As discussed, please immediately take [REDACTED] off [REDACTED] case.

After speaking to [REDACTED] I called [REDACTED] [REDACTED] who was much more experienced and a pleasure to talk with, as it seemed he only wanted to solve the situation with the best outcome for [REDACTED] with what ever services [REDACTED] could provide.

I only hope we can find a suitable solution, as \$100 a month extra rent per month is a substantial financial strain on pensioners, but it would be worth it for [REDACTED] to get some help. Ideally, she could look at getting enough independence to have at least one day a week to do volunteer work, or even venture to her own session with a case manager, with her mum (carer) resting at home, also getting a momentary break with the confidence that [REDACTED] would get to her appointment safe and return home safe. Or maybe we could work



towards Mum being able to go and do her shopping, knowing that [REDACTED] would be safe at home.

[REDACTED] needs to be able to have her own space (even if for only an hour a day), but her current condition prevents it. [REDACTED] can't live away from her mother, nor do any of us want this. I would have thought one of the first steps is to get [REDACTED] working a minimum one day a week, when she can, rather than even suggesting she should move out from her mother and carer. I most certainly can't look after [REDACTED] full-time, nor can I see the government doing so; I wouldn't hesitate to take this as high as possible if anything happened to [REDACTED] due to a negative healthcare experience.

For your records I have already advised my GP of my concerns and will forward a copy of this letter to my solicitor and [REDACTED] at [REDACTED] Clinic.

I await you, Dr [REDACTED] to contact me as [REDACTED] [REDACTED] had informed me she would.

[REDACTED] [REDACTED]

FOOTNOTE 3

[REDACTED]

Hi [REDACTED]

I received your message in regards to [REDACTED]  
October is my busiest month at work so sorry for the delayed response.

I was wondering if you were wanting to take [REDACTED] off your books at [REDACTED] due to not being able to fix the damage as well as being unable to provide the same service/treatment [REDACTED] was receiving at [REDACTED]. I don't want [REDACTED] to be recorded on your books as not wanting help as this is far from the truth, but if [REDACTED] are unable to assist [REDACTED] any further, then I am happy for you to record it that [REDACTED] has been unable to help, and temporarily take [REDACTED] of your books till your find a suitable solution.

As I'm sure you can appreciate I am extremely uneasy about [REDACTED] speaking to another new person, without the history of working with [REDACTED] nor being a psychologist after so much damage has been caused with the last two case managers from [REDACTED] [REDACTED] ( [REDACTED] mother) and I mentioned in our meeting with Dr [REDACTED] and [REDACTED] that if [REDACTED] got back to the same condition when she first attended [REDACTED] I would meet with yourself and consider visits with [REDACTED] as a maintenance but only in conjunction with psychologist visits. [REDACTED] is in a very sensitive condition which has been caused by the wrong treatment when moving to [REDACTED]

I believe that the only option available is for [REDACTED] from [REDACTED] to call and speak with [REDACTED] as she is the only person with a relationship of trust already gained with [REDACTED]

Upon [REDACTED] leaving [REDACTED] hospital Dr [REDACTED] [REDACTED] and [REDACTED] [REDACTED] advised that change wasn't good for [REDACTED] as if the switch to [REDACTED] wasn't enough change all [REDACTED] is offering now is more change, which is only causing more damage.

I was originally upset that [REDACTED] [REDACTED] insisted that [REDACTED] move to [REDACTED] as it was against all other advice I had received from the staff at [REDACTED]. Out of desperation I asked for three months hoping that [REDACTED] would gain a little stability in that period. [REDACTED] had also informed that the [REDACTED] clinic offered equal treatment to [REDACTED] which doesn't seem to be the case especially as the most important thing to us was a female psychologist which is not available. But out of desperation we proceeded to give it a try, as you already know it went downhill from that point.

So I'm sure you can understand why I believe the only solution is for [REDACTED] to speak to [REDACTED]. You should also call [REDACTED] [REDACTED] to check on [REDACTED] condition as she is her mother and carer, but I am sure that introducing anyone new to [REDACTED] at the moment would only cause more damage.

On 11/8/09 1:52 PM, [REDACTED] wrote:

> Hi [REDACTED]

>

> Sorry it's taken me a while to email.

>  
> I have been looking for a psychologist in [REDACTED] area and have emailed  
> a few and am waiting for a response about their 'gap' fee which is what  
> [REDACTED] will need to pay after medicare. It is usually around \$20-25 but  
> can be higher.  
> Here is the website I've been looking on - I could send you a list but  
> they're all on this website with all their contact details so it would  
> just be cutting and pasting - this way you will be able to search in  
> areas that [REDACTED] is able to travel to.  
>  
> <http://www.psychology.org.au/FindaPsychologist/Default.aspx?Mode=Quick>  
>  
> Once [REDACTED] finds a psychologist she will need to get a referral from her  
> GP for the sessions to be covered by Medicare.  
>  
> Regards  
> [REDACTED]  
> RPN 3 - [REDACTED]  
> [REDACTED] Care Team - [REDACTED] Campus  
> Phone [REDACTED]  
> Fax [REDACTED]