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?

"I think the stigma is made worse by calling us 'consumers' - I think it has a meaning that we are a group that is consuming services and supports. Not everyone diagnosed with a mental illness identifies as having a mental illness. I prefer to use the term MID people, which stands for Mental Illness Diagnosed - a person may be mental illness diagnosed and not agree that they have a mental illness. Thus, this term accounts for the fact that not all people diagnosed agree with their diagnosis. Sometimes I also think that 'client' is a better word, it has a much nicer connotation in society, better than 'consumer'. I think the problem is more discrimination rather than stigma. I think many of the nurses and workers in mental health inpatient services discriminate against people with mental illnesses in the way that we are often treated with very little respect and differently to other groups in society. It is often the workers manner and responses that reveal discrimination. They make themselves inaccessible by not responding at the nurses station to queries, leaving people waiting for attention at the windows. In my experience there are nurses that are very quick to decide you need an injection or restraint when in fact there was no imminent risk to self or others - this is very discriminatory because this would never happen to a member of the public who was behaving the exact same way as the mentally ill diagnosed person in question. Mental health inpatient services do not allow a client to be upset and angry even though we really should be because of the infringement of our human rights - e.g. freedom of movement is infringed just by being on a compulsory order and in a locked ward, let alone the rights infringed by forced medical treatment. Being upset and angry should be seen as normal for someone in this situation as it would be for any 'normal' person from the general public if they had their rights/freedom infringed in this way. Although it was in Brisbane, and not Victoria, I was threatened with an injection just for getting upset about the treatment of one other patient who was not improving - and there were even brochures saying to report this non-improvement if you saw it occurring. "

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?

"My first point of contact with mental health services was my school counsellor when I was fifteen years old and no one could determine my symptoms of mania or know what to do with me. There should be counsellors and psychologist - which may be the first point of call - that know how to identify some symptoms and refer to psychiatrists. I had a counsellor that came out of the session with me and told my mum she didn't know what to do with me but that I was too much for her. The worst thing that happened at that time when I was having symptoms at age 15 was that I was eventually put into an adolescent mental health inpatient service. This service did not diagnose me and did not tell my mother what the symptom I was having could be. I was extremely traumatised by this experience - being in a locked ward and with other patients making noise and having their symptoms. I made lots of horrible decisions about myself after this experience such as the thoughts that 'something is seriously wrong with me', 'I am going to end up homeless' and

that 'I would never have a boyfriend/partner'. These decisions I made about myself could have been alleviated if the nurses had talked to me about what I was going through and being completely transparent and debriefed me about my being locked up and staying in the hospital and why. The service should also have given more information to my mother. Talking through with adolescent and child patients about the hospital experience should be done everytime and for every person including discussion of the impact of the hospitalisation on the child/adolescents' sense of self-esteem and self-worth after being in a psych ward. "

What is already working well and what can be done better to prevent suicide?
I think young people should be talked to a lot more about suicide. People should not be released from hospital if they are depressed and/or having suicidal thoughts. I was not monitored after my first extreme psychotic episode and so from there I became low and got very depressed and attempt suicide - ending up in ICU in a coma for a couple of days and then very depressed coming out of that. If I was properly followed up re the obvious high risk of depression after a psychotic episode and have had my depression identifies and be put on the necessary drugs (e.g. anti-depressants) or kept in hospital then this suicide attempt may not have happened.

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.
"Good mental health is inhibited by the stigma and discrimination in society, in particular the discrimination by nurses and doctors in mental health inpatient services - being treated like you are sub-human, with so little respect and not responding to you appropriately, either with very little response when a greater response is needed under the circumstances (i.e. an inadequate response) or with a response that is too great and unecessary in the circumstances (i.e. an excessive response such as an injection, seclusion and/or restraint). Nurses should be trained in appropriate responses to patients that reflect what the response would be to any member of the public in an equivalent situation - but at the moment there is just discrimination. Being secluded restrained (physically, mechanically or chemically) is a very traumatic experience. Restraints can cause death and have done for many consumers so this knowledge makes it an even more traumatic experience. Despite this the recording of restraints and the procedures needing to be followed, are not followed. In addition the Chief Psychiatrist guidelines on restraint and seclusion are not being followed - e.g. the guideline that people be debriefed after experiencing or witnessing a restraint or seclusion. The chief psychiatrist guidelines should be followed completely and everything about the restraint/seclusion should be recorded. This would help people experience good and better mental health. In addition it would help consumer's mental health if the records of restraint/seclusion (including the reasons for it) were given to the consumer, a copy of it, to keep and read through. This is because when you are mentally unwell and in hospital there is little recollection of when, how, why etc about the restrictive intervention - so a copy should be given afterwards or at least at the end of the stay in hospital - and carers and nominated persons should be contact as soon as any restrictive intervention is used."

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?

"It is clear from psychological theory that mental illness can be caused by your environment meaning by the household you grew up in especially your mother and father and how they treated you. This means that a lot of carers may have actually been the cause of the consumer's mental illness in the first place. What I'm talking about here is an upbringing of abuse and neglect and the mother or father's interaction with the person as a child that has caused that child to develop an insecure attachment and causing the mental illness to later develop. This is widely researched and documented in the area of psychology and psychiatry. This means that mental health workers should be circumspect regarding whether the now carer has actually contributed to the mental illness of the person they care for. I think carers should be questioned re their impact on the person they care for and should even be tested themselves for their issues (e.g. personality disorders or whether they have been or are abusive) because this may be still impacting the consumer - and anything that is negatively impacting the consumer should be taken into consideration. Consumers should be encouraged to name who they want to be their carer and also choose a nominated person. Consumers should also be encouraged, during times that they are well, to appoint an enduring power of attorney for financial and personal matters to alleviate the burden on carers trying to manage the consumer's finances etc while they are in hospital without the appropriate authority. This would also stop anyone trying to financial or personally taking advantage of the consumer while they are sick - this taking advantage of and interference in my life happened to me while I was sick and I had no recourse against that person."

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?
N/A

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?
N/A