Royal Commission into the Victorian Mental Health System

To the Commissioner,

I am a 22-year-old female who grew up in a large Victorian town over two hours from Melbourne, and now splits my time equally between this town and another state for study. My experience with the Victorian mental health system is in the capacity of a patient, a family member and a de facto carer of other patients. The majority of my interactions with this system have been negative, resulting in minimal improvement to a situation which had the potential to result in fatalities through both suicide and domestic violence and did result in significant emotional and social damage to a number of individuals. This submission will first explain my own experience with the Victorian mental health system to highlight the problems I have found with this system. I will then recommend a number of practical ways in which the system may be improved.

As a mental health patient, the likelihood I had some form of anxiety was first noted in medical records prior to the age of three. Despite this, and despite presenting symptoms of both severe depression and anxiety regularly ages 6-15 including numerous suicide attempts, over ten individual GPs refused to diagnose me formally with a mental illness and as such also refused to investigate treatment options through psychologist referrals or medication. I did see a psychologist at one point who lobbied my GP to provide a referral, however she quickly established that Cognitive Behavioural Therapy was not appropriate for my situation and thus under Medicare she could not provide me appropriate treatment.

I entirely self-treated after this, having to develop a mechanism of coping strategies by myself, and losing out on substantial academic and social development opportunities as I did not have the emotional capacity to both self-manage these illnesses and involve myself in real life. I received a formal diagnosis of severe depression, severe social anxiety and severe general anxiety from a GP in the capital city of another state at age 20.

Despite not having formal diagnosis, the independent private high school I attended was well aware of the existence of my mental illnesses in addition to the family situation detailed below. The school did not support me at all in this regard, and instead I faced a number of teachers who admitted intentionally placing me in situations which triggered panic attacks and then further pushed me, worsening these situations and often leaving me non-functional for days. Teachers regularly chastised me for fabricating my family situation when I reported it to them.

I have two siblings, male twins, who are currently 20. From infancy they demonstrated severe behavioural problems and violent tendencies alongside restricted social development. They saw a nationally renowned paediatrician – who still practices to this day, and who when I saw him at an event late last year joked to me about my siblings probably being dead by now – who expressed the opinion that it was not possible for young men to have mental illnesses and that their extreme violence was normal. My entire family was placed in significant risk as this violence continued until they were approximately twelve. At this stage, they withdrew entirely from society and dropped out of school prior to completing Year 7. They resisted treatment and a number of professionals refused to work with them as the situation was deemed too difficult. At age 17, they were both finally diagnosed with Asperger's Syndrome, anxiety, and depression.

Since diagnosis, one of my siblings has ended up in somewhat successful treatment, although this comes at quite a cost to our parents and requires travel to Melbourne multiple times a month. My other sibling has refused treatment and is not deemed a physical danger to himself or others, so remains socially and physically withdrawn and is unlikely to develop beyond an equivalent of twelve

years of age. There is no prospect of him having a social or economic future and it is likely that I will have to take on financial support of him once our parents pass.

My mother was diagnosed with severe postnatal depression after hospitalisation for mental health reasons after the birth of my siblings. I am unaware of the specific circumstances which led to this, although both my mother and her parents have since agreed that she should have been diagnosed with depression decades earlier. During my childhood, my mother's depression was uncontrolled owing to her continual lying to psychologists about the extent of her condition. As a result of this she regularly threatened violence and emotionally abused myself and one of my siblings and made a number of attempts to murder me. This situation changed when my father was able to gain access to a session with my mother's regular psychologist – which neither my mother or her psychologist were entirely agreeable with –, which led to her being moved onto a highly controlled and extremely strong medication which she is still taking a decade later, as it is the only thing which has worked to enable her to control her mental illness.

In the last twelve months there have been substantial issues with supply of this medication in Australia, leading to my mother having to go off it entirely for a period and reduce her overall dose. In order to ensure the safety of my siblings, I constructed a way to take my mother overseas while she was off this medication as there was no monitoring planned of her response to not taking this medication by medical professionals. We have since discovered through the new blood tests to determine likely suitable medications that both my siblings should also be on this medication, however due to the supply issues we have been unable to take this path.

At the age of twelve I decided to emotionally separate myself from my family for my own emotional wellbeing. Although my mother physically provided for us, I have no emotional connection to her as a mother and for the last decade I have put substantial energy into monitoring and managing her to minimise the impact of her mental illness on myself and my siblings. Despite this, I am not formally recognised as a carer as I do not provide care in a physical capacity. Since the age of twelve I have also needed to be emotionally prepared to find out that someone in my immediate family has committed suicide, homicide or both, and it would still not surprise me if I got a call to say that had happened today. My decision to study outside of Victoria was partially motivated by the fact that it would give me a reason to stay away from my family home when I felt I needed to, although I still regularly return to my hometown to ensure that my mother is not causing issues for my siblings' treatment.

I have spent a lot of my life feeling absolutely helpless about my situation and angry that nothing was ever done to help me or my siblings when there were so many opportunities for this to occur, where the system should have stepped in but failed to do so. In recent times I have attempted to redirect this into developing a list of ways I believe the system could be improved in ways that could have prevented some of the situations I have endured, and this list follows. I have been unable to organise it against the Terms of Reference for the Inquiry as I was only made aware of the closing date for submissions within the week they closed, however it is broadly classified into categories.

Category A: Medical Professionals and Treatment

- Establish mandatory guidelines and training for all relevant medical professionals – including GPs – on mental illness, advancements in mental illness research, and the proper treatment of mental illness.
- Establish a broad anonymous complaints service to allow patients and affected parties to report medical professionals who provide substandard mental health care or demonstrate

incorrect assertions such as that mental illness is not suffered by young people, men, or women. Provide for enforcement action against professionals who are proven to be systemically hostile to patients with mental health symptoms. If services as such already exist, extensively further advertise this and require their advertisement inside medical facilities.

- Clarify and reinforce the duty of care owed by medical professionals relating to disclosure of situations where an individual is a danger to oneself or another.
- Lobby the Federal government to introduce a second tier of Mental Health Care Plan which provides Medicare rebates for a larger number of psychology appointments in a year for those suffering severe or chronic mental illness. Alternatively, introduce flexibility into Mental Health Care Plans to allow them to be varied to suit individual cases.
- Lobby the Federal government to replace the current requirement that all treatment under Mental Health Care Plans be Cognitive Behavioural Therapy with a requirement that the therapy be of a kind recognised by relevant medical bodies.
- Provide incentives for psychology practitioners to practice in rural and regional areas, particularly those specialising in complex cases.
- Provide inpatient mental health facilities at regional base hospitals outside Melbourne.
- Establish formal guidelines and a monitoring system to ensure inpatient mental health services are managed and used in a way which is beneficial and not further damaging to patients
- Establish a formal mechanism for family members, carers or close companions of patients in the mental health system to provide external evidence of their condition to relevant medical professionals
- Redefine the standard required for forced medical treatment regarding mental illness by expanding the definition of danger to oneself to include danger to one's social and personal development, in addition to physical danger. Alongside this, however, re-examine the need for under-16s to seek parental consent to access mental health treatment services and the ability of parents or guardians to restrict access to treatment.
- Establish an online, publicly accessible database providing information on medications for the treatment of mental illness included their standard uses, PBS listing status, and known availability issues.

Category B: Schools & Youth Mental Health

- Include Mental Health First Aid for Young People in mandatory training programs to be regularly completed by all school staff including teachers and administrative staff
- Develop specific programs to educate school teaching staff on recognising and responding to mental health symptoms which may be experienced in a school setting including anxiety and panic attacks and other outbursts
- Consult directly with teenagers who identify as having a mental illness to determine ways which schools may better support them to achieve their full potential.

- Introduce mental health awareness to school curriculums at various age levels, including basic awareness that not all peers will socially interact in the same way in early primary school through to more specific strategies to deal with mental health in oneself and others in year 10-12.
- Clarify and reinforce the duty of care owed by school staff regarding child disclosures of potential abusive situations relating to mental illness.

Category C: Community & Awareness

- Establish community awareness campaigns around long-term or chronic mental illness and less common conditions such as bipolar disorder and schizophrenia to combat misinformation present in the community which leads to poor social treatment and misunderstanding.
- Establish programs within maternal units and other areas relevant to new parents which educate on how to become aware of and respond to symptoms consistent with postnatal depression
- Establish programs which target parents of preschool and school aged children to allow them to recognise the signs of mental illness in their children and respond in an appropriately supportive away, in addition to working to remove the common assumption that mental illness cannot be experienced by those under twenty.
- Create support networks for carers which include those who care for those with mental illness in a purely emotional capacity, including separate networks for children of mentally ill parents.

I make these suggestions on the hope that they will be considered by the Inquiry and alongside other submissions, be used to inform the movement of Victoria's mental health system into a space where future individuals will not face the same experiences I did. The incidents I experienced cannot be undone, and they are likely to have a substantial impact on me for my entire life in a way that severely diminishes my ability to be successful, socially involved, or above all, happy. However, if I can contribute in some way to the prevention of others ending up in the same situation, at least my experience will create something positive.

Kind regards,

Anonymous.