

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

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

People with mental illness need to be comfortable that they will be treated as a worthwhile human being, not as worthless or stupid or a waste of space. People with need not be shunned as dangerous or as if they are 100% contagious, just because they have a mental illness. Educating our population while young may change our attitudes in the long run, but what about the here and now.

Perhaps the general public could be educated and informed through advertising on radio, television, billboards.

Many discriminatory actions against persons with mental illness are already illegal, but bullying still continues as mankind is not always so kind to his peers.

Quote , "Never look down on someone, unless you are helping them up."

Better Quote, "Don't walk in front of me, I may not follow.

Don't walk behind me, I may not lead.

Just walk beside me and be my friend."

From "A Program of Personal Growth: the blue book" by Grow 2014

Grow also instigated "ODD SOCKS DAY" to help stomp out stigma associated with mental illness.

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Recently, i.e. during the last 12 months, I supported a friend who was attempting to be admitted to hospital and presenting to emergency at █████ E.D. with inclinations to stab others around her. In the knowledge that she must not stab another person, she was driven to want to stab herself instead. The patient was even frightened that I would kill her, but could not explain why. The ward was so busy and over flowing with patients experiencing more severe symptoms, possibly drug induced, that security in E.D. had trouble controlling the situations arising. The patient was sent home numerous times and was not eligible for PARCS but was reconnected with agile services through █████ Health. It took months in Grow and in other support services, such as community based psychologists appointments, for the patient to recover. The public psychiatric services seem to be stretched to their limit. Can more be done to help peer support groups such as Grow to reach more patients who otherwise could be left floundering in shallow water?

Thank goodness for the mental health care plans! These allow patients to access private healthcare services which were previously too expensive for most pensioners or part-time workers.

Once again, Grow has piloted a school based ten week program to educate high school students about mental illness. Can the Education Department and the Health Department work together to ensure that such vital work continues to grow? Early recognition, early acknowledgement and early reception of help from responsive authorities who can initiate positive change is vital to prevention.

RECOGNISE the need for help

REQUEST the appropriate help

RECEIVE the right help in time

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

Lifeline and Beyond Blue are reported as good supports for people who are experiencing depression. Will these continue to be funded?

It is also reported that suicide is linked to a person's feeling absolutely helpless and hopeless.

But there is always a way forward. The problem is opening people's eyes to hope when all they see is darkness.

Great programs are being run at neighbourhood houses and community centres e.g. the Mens' Shed, Yoga classes, Women's friendship café, Community Gardens, Keeping It Together Programs, and Art Classes. All these and more can lift a person's spirit and help them turn their life around. The problem is getting the patient involved. I help local persons in the community with transport to many such events and their primary carers comment on how much it has improved their lives and staved away depression in the patient.

So patients need to be encouraged and enabled to join in fun and educational group activities.

Once again, Grow does work with suicide prevention and our first principle is personal value.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Crippling Anxiety can prevent many persons from travelling on public transport, but on the other hand, those on a limited budget cannot afford taxis, or their own car.

Could our carers also be good trainers and provide help which enables anxious patients to travel on trains and buses?

The wait list for private psychiatrists is approximately six weeks for a new patient and costs around \$700! Who can afford that on a pension?

Could the gap between private psychiatry fees and the Medicare rebate be a little narrower?

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

Poor diet and poor education along with different role models in some communities could lead to poorer mental health outcomes.

Encourage kids to go to school. Provide soup kitchens and community breakfasts. A local school had to close down its breakfast program due to funding shortages. It might have been the best meal some kids ate all week! My previous foster child was surviving on vegemite on white toast and dry two minute noodles (with the occasional Kentucky Fried Chicken when he delivered a parcel to a strange address at 3 am.) His physical, mental and spiritual health improved significantly after a three month stay with me. We need to nurture the whole soul – body, mind and spirit to affect a healthy life.

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

Carers need to understand the patient's illness as well as the patient does. Therefore, the carer and the patient need to be educated about the illness with which they are living. Wellways programs were run at Pine Lodge on Heatherton Road in Dandenong. They relied on volunteer presenters and were a great educational tool for carers and patients.

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

I left my disability support role due to excess pressures on me to work long hours and to give up family time to be at work.

The work allows for flexible work hours, and, if you have the personal attributes required, is a relatively stress free work place. Good training is essential and the disability service which first employed me did in house training.

However, I met my first mental health peer support worker when I met Jenny from VIMIAC at the Warragul forum.

I have been deterred from entering into Mental Health Peer Support Work, by comments such as: "they are all smokers".

Being allergic to tobacco smoke and having uncontrolled asthma, this would not be a good environment for me.

Another deterrent is the lengthy study required.

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

I am an equestrian coach and a yoga teacher living on the Outer Suburban Fringe in Pakenham.

I needed to take a huge risk in registering my business and partake in significant volunteering opportunities first.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

All patients need to be treated with dignity.

A Mental Health Care Plan needs to be designed to improve the patient's life and not be just a chat session. There is real work to be done to reform the system where some have become complacent.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Money needs to be spent where real change can be affected. Please help fund Grow, Lifeline and Beyond Blue. Bring people together where they can learn about mental health and discuss in a structured environment what constitutes good mental health.

Remember: RECOGNISE the need for help

REQUEST the appropriate help

RECEIVE the right help in time

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

Please see attachments 1,2,3.

Privacy acknowledgement	<p>I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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My submission to the Royal Commission into Mental Health

Please keep all personal details private.

Author: Ms [REDACTED] DOB [REDACTED]

Postal Address: [REDACTED]

Email [REDACTED]

Mobile: [REDACTED]

Dear Commissioner,

I am so unsure where to start, so I have attached my personal testimony written in 2016 for Grow (Victoria/Tasmania), a peer support organisation with a twelve- step program based around mental wellness. Also attached is a brief resume.

I was first admitted to a psychiatric ward in 1996 after separation from my husband, Mr T [REDACTED] [REDACTED] against whom I have a lifelong intervention order. The original orders covered my children [REDACTED] whom are now 27 and 24 years old respectively.

It was extremely confusing. I had received very little education in mental health, had never before been institutionalised, and had never been in court before leaving my husband. A psychiatric nurse gave me a pamphlet on patient rights. In this, he underlined the words security patient, when I stated that I still did not understand the reasons for my detainment. This did not make things any clearer at the time.

Dr [REDACTED] interviewed me at the hospital. My most memorable statement to him was made in response to my allegation that my husband had interfered with my daughter. He expressed his disbelief, and I retorted, that it was a matter for a magistrate to decide. After a ten day stay, I was sent home with no medication, weighing about 39 Kgs (I am approximately 163cm tall), and I was referred to the [REDACTED] for counselling. During a subsequent interview at [REDACTED], Dr [REDACTED] clearly commented to me that he believed I was suffering PTSD.

There were four appearances at [REDACTED] Magistrates Court and four appearances in Dandenong Family Court from September 1996 until December 1996. There were further admissions to the [REDACTED] Hospital psychiatric ward, many occurred only a few days after court dates. I was still confused, but learnt a few things. I learnt to appeal to the Mental Health Tribunal against my involuntary admissions; I learnt to request an appointment with the dietician so that my allergy free diet could be catered for; I learnt to call on my parents to provide basic toiletry products including toothpaste, toothbrush, hair comb and shampoo.

There were a few good activities while I was in hospital, such as a daily walk to the local corner store, art class, cooking class, and the occasional outing. Later a medication was prescribed, strongly recommended and used to combat my diagnosed illness of paranoid schizophrenia. I was still

confused. I asked to see my consultant psychiatrist at the [REDACTED] Outpatients Clinic. When he explained Schizophrenia on the whiteboard it made a little more sense, but boy, did I have to beg for that appointment, as the registrar I was seeing through the clinic was very reluctant to request that appointment on my behalf.

In March 2000, I became homeless due to the sale of the former matrimonial home. Over the following few years, there were a few admissions to various hospitals around the state. [REDACTED] following a visit to a women's refuge; [REDACTED] firstly as a voluntary patient after a sexual assault; [REDACTED], where I met Mr [REDACTED];Sorry I can't remember the rest at the moment.

[REDACTED] was the best, yes the [REDACTED] Hospital! Despite the clothes dryer catching on fire, the walls in my private room being previously smeared with blood, nasal discharge, and goodness knows what else. The other problem with [REDACTED] was that my door was locked from the outside and no food, drink or outside contact was made for approximately three days!

Once my solitary confinement was over, we had great activities, really helpful meals including vitamins and I did not want to leave, as I still had nowhere to go. I was discharged into my mother's care. My dear mum still does not understand mental illness, domestic violence or the court system very much.

I still see the same specialist psychiatrist, but as a private patient. The main difference between being a number in the system, and being a person seemed to have arrived a little after I joined Grow and was encouraged to speak honestly to my doctor about how I was feeling and my true thoughts, which have never changed. However, I have learned to think, and to respond to situations and incidents and to relay any signs and symptoms with integrity, using reasonableness and ordinariness as guidelines. It has been a long road travelled in recovery from the trauma in my early adult years, but I have survived.

Please contact me if further information is required.

Yours sincerely,

Ms [REDACTED]

(Please keep all personal details private.)

My testimony – lost in the jungle | 2016

Lost in the Jungle

I had a “normal” childhood; I was raised in a home with a father and mother, and one sibling. My grades at school were good. They were accustomed to me being a high achiever, but my childhood lacked warmth and affection. I graduated high school and went onto Tertiary education. While working on an internship during summer holidays, I met my husband to be. We were married a few years later and subsequently had two beautiful children. There were warning signs throughout our relationship and marriage, but I blundered obliviously onward in an increasingly difficult family situation. I had barely even heard about domestic violence- let alone been taught how to recognise or survive it.

I separated from my ex-husband after almost seven years. Following advice and instruction from Counsellors, the Police and Solicitors, I filed in court for an intervention order against my husband. There were four appearances in Magistrates Court and four appearances in Family Court in only four months. I had never been in court before. It was extremely stressful.

I was admitted to hospital as a security patient, voluntary and involuntary patient many times in the following eight years. I saw the good and not so good sides to our health care system. On my first admission, I was discharged seriously underweight; the hospital kitchen and dietician could not cope with my allergy free diet and I became emaciated in only ten days. I was released with no medication and no answers as to why I had been detained. It was very confusing. Some counselling ensued.

Initially, the doctor diagnosed Post Traumatic Stress Disorder. The stresses continued. There was a bomb threat in Family Court. It was too dangerous for me to go outside with the other evacuees; there was a man running around out there who would shoot me. So I sat calmly inside until clearance was given. Other diagnoses were bandied about. Various medications were trialled. My husband continued to breach the intervention order, frequently.

Four years after separation, while my children were on an access visit, I had a bad car accident and was stranded in the State Forest with a crashed vehicle and no mobile phone reception. I walked seven kilometres to the nearest town and rang for help from a payphone. While walking back to my vehicle it became dark and I stepped on a snake. Yes! It was venomous (as identified by the paramedic examination the next day). I was greatly helped by the camp site caretaker, who brought herbal teas and dried fruits to my tent for the next week. I recovered. Then I walked out to that payphone again, only to receive bad news. During my convalescence, my ex-husband had filed in court and gained 50% responsibility for our children; my solicitor said my ex-husband had tried to take my children away forever! This was devastating news.

Without legal aid, which I never had for any family law matters, I could not afford to contest the latest orders made in court. After a few months, I became homeless; I couch surfed, bunked in with family or friends, or slept on railway stations and in hostels. Some share accommodation is fraught with danger, especially for young children and vulnerable persons.

Eventually, a lucky break; I got a rental villa unit! What a joy! Then my mother helped me buy a small home close by. But I was unhappy; deeply morose. I called the local hospital feeling unsafe and suicidal. I was admitted later that evening. A social worker gave me a brochure on Grow. The doctors said, “We’ve got good news and bad news. The bad news is you’ve got major depression; the good news is we can help you.” So they sent me home with some pills, which did not seem to help much. So they tried other pills, which didn’t seem to help much either.

My testimony – lost in the jungle | 2016

Then I found the brochure on Grow in my filing cabinet. But I still did not go to Grow. I read an advertisement in the local paper, but I still did not go to Grow; however, I did call Grow. Eventually, when I went to Grow, after a six month delay, I was late, could not decide what to wear, or how to do my hair. But, when I first walked in, everyone stopped and welcomed me into the room. I immediately felt at home. Nobody judged me. They accepted me as a real and worthwhile person.

My first practical task was to come back the next week. So I returned. My second practical task was to get up before midday. I had a job which started at 4pm, but I was arriving late because I could not get up in time to get ready for work. The group suggested Program from our Blue Book, the page was titled, "Three Practical Points for Control". I read the Blue Book three times in the first fortnight; but only managed to get up before midday once or twice in that week. So the group gave me the Grow wisdom, "If a thing is worth doing, it is worth doing badly for a start and while you are improving". I kept on working on my task; I still had extreme migraines with nausea (and vomiting some mornings). With encouragement from the group, I saw a Naturopath, who diagnosed some new allergies. The program used was step seven, "We took care and control of our bodies". I started to feel much better. I have since worked at Bakeries and with racehorses, both requiring 4 am starts.

The twelfth step work was invaluable. I was amazed when I received my first few calls from other growers in the group. Not only did they remember my name, they actually bothered to call and talk to me, just good ordinary conversation. This boosted my self-esteem and lifted my mood considerably. I was directed to read the Grow Program, "To Control Unhealthy Thoughts", a really helpful page in the Blue Book (p.39).

I still go to Grow every week, have been recorder and organiser for my group, as well as taking on regional roles in Grow. My insights into my illnesses and how to control them, through working with health care professionals and the group, has grown so much that I may be able to return to full-time work and go medication free. Whatever happens, I hope that my family is close to me in their thoughts even when far away in distance. I believe that Grow is helping me reach my goals in life, as much as it is helping me to redefine my dreams. Thank you to Grow.

Dedicated to [REDACTED] by [REDACTED].
Written by [REDACTED]