

SUBMISSION

From: [REDACTED]
To: Royal Commission Victoria Mental Health System (DPC) <contact@rcvmhs.vic.gov.au>
Date: Thu, 04 Jul 2019 11:16:01 +1000

Dear Sir/Madam,

Re: Mental Health Royal Commission

I would like to make the following submission. I prefer my name not to be published.

My name is [REDACTED]. I am now 77 years old. Fortunately still fit and active. I have two sons that have needed treatment for mental illness over the past thirty years.

During this time it has become apparent that all services associated with mental health have deteriorated. This is not a criticism of the staff at the CAAT team, who are still dedicated people.

But their availability has been drastically reduced by the vast area over which they have responsibility, the increase in population and insufficient funding to employ enough staff.

Mental health problems escalate exponentially without early intervention on which was originally provided by this essential service.

We were one of the first families to benefit from the CAAT team at Eastern Health. They offered enormous support to our family. They got to know us and could always be relied on to respond, by phone or by visits. They were available both during and between emergencies according to the purpose for which the service was created.

Following a visit by the CAAT team recently, a worker told me that in their area, due to their existing workload there were four people with acute psychosis. They were unable to visit for three to four days.

The CAAT team are now not immediately accessible. We must access them through a triage system or in the clinic or hospital whereas originally they were readily accessible.

After the important action of closing down the old style mental institutions, a system for treatment within the community was required and vital supports should have been put in place along with public housing to give patients the independence they require to live a normal life.

What we find however, if one is lucky enough to obtain a bed in a public hospital ahead of many on waiting lists, is that the patient is discharged prematurely, usually to the care of family or even often onto the street.

There is a high incidence of illegally drug affected people in hospital. While they do have symptoms of mental health illness and undoubtedly need treatment, this creates significant extra demands on the mental health system. Their priority is for drug rehabilitation for their addition to illegal drugs but there are no drug rehabilitation centres available to them or there is a waiting list.

Over the years, the treatment of mental illness, perhaps the hardest illness to treat, has seemed to rely on various therapies that have in turn been taken up by the psychiatric profession with sadly varying and disappointing results. There was great hope for psychotropic drugs. But recently electroconvulsive therapy has taken on a new life. No longer restricted to the treatment of depression, but the proponents claim success in a number of mental conditions including schizophrenia.

I oppose ECT, however it is strongly urged by present day psychiatric staff, although considerable

harm can be done. This is not taken into consideration.

An example of this was when one son, who is autistic, was forcibly given ECT. He wrote that he didn't want it and I definitely opposed it. He was shackled and traumatised. He had no depression for which ECT has a reputation for being effective. There had been no discussion about trialling medication but he was immediately and forcibly given ECT.

I intervened with the help of the tribunal which stopped the next seven proposed treatments. Following this, and letters to the chief psychiatrist, I believe patients now have the right to refuse ECT.

However, my other son, who is resistant to anti psychotic medication, is sometimes admitted to hospital. His time in hospital should be a little respite for myself, but I find myself on alert and anxious that he too will be treated with ECT.

I believe the expensive use of ECT should be investigated. It is a poor form of treatment, when three members are necessary for the procedure, namely a psychiatrist, an anaesthetist and a nurse. Not to mention the horrendous cost of the electrodes etc. Perhaps ECT forms a considerable part of mental health service costs? One could say that it is a remarkably successful marketing campaign by the manufacturers and suppliers of electrodes and other instruments used for this treatment. I believe an investigation would reveal the huge number of people given this dubious, expensive and often unnecessary treatment.

One of my sons is living independently in public housing close to me. So I can give him support when required. The services provided by the NDIS are also very beneficial. But my other son has been on a priority list for 13 years and on the list previously to being on priority. During his last hospital visit, when he was still unstable but about to be discharged, the hospital offered a placement in the [REDACTED] Aged Care Facility. My son is a 50 year old intelligent man and I haven't stuck with him for all these years to see him discarded.

The clinics in [REDACTED] assign a case worker. They work with a doctor, typically one inexperienced in psychiatric care and on rotation for three to six months. The doctor typically reopens wounds by revisiting the account of the illness on file, creating anxiety and frustration. There is no sense of progress with the treatment. A visit to a psychiatrist may take a number of months to arrange.

Just as in general practice, it is very important for a patient with a chronic physical illness to have continuity of treatment, so a mentally ill person should have the same rights of continuity of care with a trusted mental health doctor.

My hope is that the royal commission is able to identify the shortfalls in mental health and where it can be rectified. And that results of the enquiry will influence the implementation of a better and more productive mental health system.

Sincerely,

[REDACTED]

[REDACTED]