I am a Credentialed Mental Health Nurse.
I am also a grandmother to a granddaughter with severe mental illness. My granddaughter became acutely psychotic one week after her 14th birthday. No signs before this and no known traumas at home and no drug use. Just a quiet and reserved young girl. It happened over night. My daughter contacted me saying she had locked herself in her room on a Friday afternoon and was talking to a radio. I obtained the right mental health numbers for her area Werribee and I made my way down there. She was told there was no community outreach service for under 15years old in her area so she would have to be taken to the [redacted] Emergency Department. They drove her there after having to persuade her for quite a while. She was assessed by a mental health clinician and told she may have anxiety and he gave them some valium to take home for the weekend with a promise of a review by a psychiatrist or registrar on the following Monday. He also warned them the [redacted] ward was very unsettled at that time and they would not want her to have to be on the ward at that time. I arrived at the house later that Friday and stayed over the weekend to assist my daughter and her partner and my other granddaughter who was 20 years old at the time. My Granddaughter was acutely psychotic over the weekend and very unwell and paranoid. My son also a Psych. nurse helped over the weekend .We held out hope she still may be able to be treated in the community after assessment on Monday. Monday came and no phone call happened as promised.My daughter called the clinic in [redacted] and she was told they had no doctor available and to take her back to the children's Hospital and that she would need admission to [redacted]
I called the director of psychiatry in that area and spoke to his secretary she said she would get him to call. We then got a call from the outpatient clinic saying they had a doctor for her to see. By this stage Monday afternoon she deteriorated considerably and we could not get her out of the bed.
We had to call an ambulance at this stage. The ambulance attendance looked very frightened and concerned and said they would have to involve the police if she got violent. We reassured them she had not been violent now or ever in her past. We managed to talk her into going into the ambulance. She was very paranoid about her parents and they had become entrenched into her delusions. So I had to go in the ambulance with her while her parents stood sobbing on the side walk. They followed in their car. She was in the emergency department for about an hour and then taken up to [redacted] for admission. She was becoming worse by this stage. They put us in a lounge are outside the ward for about 2 hours. After 30 minutes a very inexperienced 'agency ' nurse came to commence the admission with all the paperwork in hand. Including outcome measures she expected our family member to complete. We quickly grabbed them and filled them out ourselves which had no meaning. This staff member was talking to our family member in a way that made her

more confused and she did not get the seriousness of the situation. My granddaughter started to throw things around the room.
Finally she was seen by an experienced nurse who was able to engage her and see the seriousness of the situation. She took her into the ward with us and took her to the locked High Dependency Area and she was in there on her own. This resembled a prison. She was allocated a 'special ' nurse to watch her around the clock. She was recommended under the Mental Health ACT. She was in this area for around 6 weeks. She was extremely unwell. During this time we had to contact the [redacted] twice for her safety and wellbeing. On one occasion they told my daughter she had to leave the High Dependency Area and cease her visit as a new patient was coming in who had severe autism and was known to be violent and attack staff. My granddaughter was to share the space with her as this person needed 2 special nurses to watch her at all times. They gave our family member some Valium to cope with the new arrival. My daughter was told she could not visit her daughter while the other patient was there due to 'confidentiality'. My daughter and son in law were distraught and tried to have conversations with the charge nurse to get her moved out of that area as she was not a risk to anyone. She said this was not possible as they needed permission from a psychiatrist and because it was the weekend there were none available. I also called to speak to the charge nurse late on Sunday night and was told the same and tried to explain the possible implications on my granddaughter's chance at recovery.
She hung up on me. I then emailed the [redacted] and the next morning we were called by the ward staff member and told she had been moved out of that area overnight and 'there was no need for her to be in there anyway as she was not a risk'.
She had 2 different Psychiatrists and they both had different treatment views from each other but not in front of each other. One female psychiatrist in particular had very poor empathy and poor communication. We asked if she could come and talk to us after she reviews our Family member if we are visiting. She said she did not have time. She also commenced our FM on [redacted] without consultation with family. She was already on a maximum adult dose of anti-psychotic medication. She started this on the first week of her admission without seeing how the other medication went. Our FM was very paranoid about needles at that time and we expressed our concern as to how the blood tests for lithium levels would take place as she would have had to be held down at that stage and we did not want that. That had not been taken into consideration. We were told they could put her on anything they want because of the mental health act. We contacted the [redacted] again and the dose was not increased and then she was taken off it after discharge.
They also called a code grey at one stage when she refused one dose of medication and pulled her pants down and held her down and injected her with the meds while numerous people looked on from the code grey

team. She would always take meds if family were present and they were in the waiting room of the hospital at that time but staff did not go out and get them. This felt possibly punitive considering our complaints. We took our FM home as soon as she was taken off section by the mental health review tribunal. She was difficult to manage at home with no outreach community supports available as she was 'too young ' for the [redacted] Team. Under 15. She had outpatient treatment through appointments.
We needed more support .There were no afterhours mental health support for her age group. We were told call 'Kidsline' by the mental health service Psychiatrist or go back to the emergency department.
She was supposed to be transferred to the adolescent service after she turned 15 but this never happened as' someone ' forgot. My daughter had to refer her and start a whole new referral and there was an 8 week gap between services. She has a small relapse in November last year and quite unwell. When phoning the afterhours mental health service now that she is over 15 we were told are way too busy to visit her at home and she will have to go to the emergency department. No support again.
My daughter and son in law have been judged and blamed while they are experiencing the worst time of their lives. My daughter obtained our FM notes through freedom of information, all 800 pages. There are numerous instances of assumptions made and negative judgements made about my daughter and son in law that were untrue. The notes are so judgemental and staff clearly did not get to know the family or our FM. This has led to a major distrust of the whole system.
My granddaughters illness, now diagnosed AS Schizoaffective disorder looks like it will be a life long illness. My daughter has also put in an application for NDIS in September last year. Still no word.
This points out the major deficits and where a lot of work needs to be done to prevent long term chronicity and deterioration which will prove to be a huge financial burden on the system. We were fighting an uphill battle to prevent further harm done to our FM. And really we should all be on the same side.
There a major changes need to be made to the mental health system, especially for children. The [redacted] Hospital need to treat all its children and families the same.

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

SUB. 0002.0001.0014

Name
Anonymous

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Education and support for medical and nursing staff of emergency departments . Providing enough resources to emergency departments and providing safe environments for staff. Prevention of violence .

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?
" I am a counsellor , Mental Health Nurse working in a perinatal emotional health program. The majority of clients , men and women we see have had developmental truama , not as everyone suspects 'Post Natal Depression '. We have to do a lot of attachement and bonding work. There needs to be more focus on early intervention / detection and prevention .Starting at Perinatal Emotional Health and education at schools on the impacts of family violence. Multigenerational violence impacts the development of the new born and the pattern is repeated each generation . Detection of womens situation early is vital for the next generation. We now know about brain development in relation to domestic violence . Even when woman and men that are in a safe realionship but have had abuse growing up will potentially have great difficulties on bonding with thier children. Thsis can then lead to mental health issues for the child. "

What is already working well and what can be done better to prevent suicide?
There needs to be more sessions availabe through medicare to more complex clients .Upskilling GP's and making sure they have the right referral pathways. They have very minimal available at this time.

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.
Family Violence Psycho-social stressors such as financial hardship. Poor family connections and supports.Devlopmental /Complex Trauma histories .Poor relationship skills and communation skills .How to recognise a good partner.Poor parenting skills .Poor ability to self care .

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
Domestic Violence Unemployment rates .Drug and alcohol abuse . Early recognition of domestic violence.Perinatal supports not just ticking of the boxes the maternal health nurses and maternity wards are currently having to do.There is a loss of interpersonal connections with professional staff which negates any chances of detectiong some of these issues. Education on schools on effects of domestic violence and steps to feeling safe.

What are the needs of family members and carers and what can be done better to support them?
They need to be included in treatment decisions and recovery if there is a child involved and even if they are adults and the person being treated is in agreeance as they will be the ones supporting the person over the years potentially and till the day they die of they are parents. They may be all the patient have in their lives .They will die younger than they should or will withdraw support to survive which in turn will cost the goevernment a lot of money.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
Staff have to be safe at all times with good violence prevention strategies and strict legal laws in place for perpetrators that are trying to use and abuse the system .Those with severe mental illness who do have problems woith control must be well organised and swiftly assisted by very well trained teams with medication in place with a particular focus on prevnention and recognising early warning signs . Families must be consulted with and used in the treatment phase where they are willing and able and have a positive influence.

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?
Meaningful employment not led by agencies acieiving econimic targets and numbers as the motivating factors .Having real employment support and and geniuine workplaces signed up with good support structures . NDIS coming to the party with serious mental health diagnosis More focus on truama informed counsellors including experienced mental health nurses in innoavtive programs.

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?
"Huge focus on early intervention - perinatal . Early intervention in First epsiode Psychosis . Best practice guildlines for treatment and family inclusions. Employment and support of excellent Psychiatrists especially working with children and adolescents. They need empathy and understanding of the whole family. This is not happening at the [redacted]Hospital .There is a big descrepancy between the staff in the medical wards at the [redacted] Hosptital and the Psyshiatric ward .Why is this . care should be of a high standard in all the wards .it was like the mental health system 20 -30 years ago. Starts at pregnancy and leads on to post natal , educating and monitering in schools . Recognition and leadership positions for great staff and better healthy work cultures in mental health services. Staff retention .Workplace safety . Less use of agency staff ."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
To be adequately funded with a focus on the young .Medicae funding for this age group is too restrictive and inadequate.. Often Psychologists and Socail workers are not experienced in severe mental health issues .Mental Health Nurses need to be more recognised and utilsed as they have trained and worked in the acute sectors and have the hands on experience. Episodic care for severe mental illness is not working . Staff are also leaving at a rapid rate leading to poor

consitancy with clients.

Is there anything else you would like to share with the Royal Commission?
"I have worked in the acute mental health sytem for over 30 years. I have been truamatised by this system myself and have done my own recovery and now work as a counsellor and focus on perinatal . I specialise in trauma. I have already witnessed the defictis over the years and declining even more over the last 10 years . I have worked in every area of psychiatry in the public realm , specialising in crisis work. I have also done a lot of carer work so I knew what we might be up against when my grand daughter became unwell. I was horrified to see all my fears some true. Heaven help others that would not have a mental health clinician in the family.My granddaughter was very traumatized by her experience in the ward and by ther illness symptoms . She did not need both .It could have been very different. My daughter and son in law also very traumatised by both and have had to have counselling and still are. I found myself becoming very anxious having to talk and write about this as well. Sleepless nights and feeling anxious . Its all coming back again . This is a life long impact that will never go away for my family and me . My daughter has had to give up her full time job and has not been able to return yet. My granddaughter can only go to school half time at this stage and that is on a good day . I hope there are drastic changes made to the whole system . "