[redacted]

Submission to Royal Commission

About 3 years ago my lovely, intelligent, affectionate, caring, granddaughter, [redacted] was attending [redacted] Secondary College.

She was doing well academically. Played the violin in the school orchestra that performed twice at Hamer Hall and at 14 was selected to play for the state women's under 17 softball team.

Then she went to a so called friend's home for a sleep over. Unknown to her this friend took unclothed pictures of her and posted them on line.

That is what started the online and school bullying. When [redacted] police contacted her mother she told [redacted] to do nothing. My son, her father, only found out about it months later. To make matters even worse she was sexually assaulted by a boy in the year above her.

Her mother's response was to tell her it was her own fault for the way she dressed.

Shortly after her mother move out to live with a man she had been having a long term affair with.

After this [redacted] got progressively worse. She met up with some girls she thought were friends and went missing for a number of weeks.

That is when [redacted] Child Protection was called in by her father. After she was found she was

initially sent to live with her mother. That is when the self-harm started.

There are a number of other events that occurred that led her to the unfortunate circumstance of her being admitted to the [redacted] Adolescent Psychiatric Unit.

She was in there for 7 days, the longest time that she was in that unit. That is where things went from bad to worse. Because of the grossly inadequate supervision and psychiatric treatment she became friendly with some of the other youngsters and on her release met up with them and they started her taking drugs and stealing. In spite of this whenever [redacted] needed help the first person she would call would be her father. He would go out in the middle of the night to pick her up no matter where she was.

My son and I heard about a long term treatment programme at the Monash Hospital from a woman whose daughter was transferred there. We were told that it was out of our area.

At this stage I contacted the Minister's office and was passed on to the Chief Psychiatrist's office and then to the Psychiatric Complaints section. I lodged a formal complaint about my granddaughter's treatment. A meeting was arranged with myself, my son and [redacted]

the head of the unit and some of his staff. At that meeting they agreed that the supervision was totally inadequate and then lied about not being able to transfer her to Monash because it was outside the [redacted] catchment area. On later investigation I found that although [redacted] was the [redacted] primary catchment Monash was listed as the [redacted] secondary catchment area and [redacted] had the authority to arrange the transfer.

Had this been done at the time I believe that my granddaughter would still be alive to this day.

In all my granddaughter was admitted to the Adolescent 8-10 times in all and only for about 2-3 days at a time. On 1 occasion when she was being discharge we were told that if she needed to come back to go straight to the [redacted] Emergency Department to get her re admitted. On another occasion when she was about to be discharged after a couple of days she slashed her wrist so badly they had to take her to Emergency for stitching before bringing her back to the unit. As she was about to be discharged again she swallowed a battery from a TV remote controller. This had to be removed by an endoscopy. The idiotic response I got from one of the staff was, "It will be alright. It needs to have another piece of metal next to it to do any damage". These events still did not ring any alarm bells with regard to her

treatment, which appeared to be virtually non-existent.

Finally thanks to the efforts of [redacted] child protection case worker, [redacted] she was sent to a detox unit early last year and from there to a YSAS rehab unit at [redacted] Although [redacted] [redacted] would go there once a week to check on her, the Adolescent unit refused to have any more to do with her. No from the Adolescent unit had anything to do with [redacted] for about 12 months prior to her death.

After that she seemed to be improving. Going through the Bayswater Options programme prior to restarting school. There were a few lapses usually when she stayed with her mother or met up with Matt Ranger, a character she met in the adolescent unit. There was an order of protection in place on her mother requiring mother to take care of her. However when [redacted] turned 17 Child Protection would no long accept any responsibility in spite of my son almost begging them to continue it for 6 months until she was settled at school. It was not department policy.

After the order of protection ran out her mother kicked her out and told her she could get Centrelink payments if she lived on her own.

Then on the16th. Of February 2019. My beautiful granddaughter committed suicide.

Whatever results from this Commission will be too late for my granddaughter, but I know that she would not like the same things that happened to her to happen to any other vulnerable young girl. From the age of 9 she said that she wanted to be a doctor so that she could help other people, so for her memory I have compiled a list of changes that I believe would help.

There are a number of events that led up to this. My son wanted to be here to testify to them but was unable to get time off from work. However he made a full statement to the police, a couple of weeks ago, that contained all of the events that led up to my granddaughter's suicide for the coroner's office. He stated that I should submit it to you in the event of his absence.

Suggested Changes to Adolescent Mental Health procedures.

1/ There should be a legal requirement for full cooperation and communication with Child Protection and where appropriate CASA, YSAS and police SOCIT unit. All of these people may have details that could help with appropriate treatment.

2/ There should be an appropriate long term treatment program for severely disturber youngsters and not just the three days in and out with just emergency re admissions.

3/ Adolescent boys and girls should be kept separated. This may seem politically incorrect, but at that age there are distinct differences that should be addressed.

4/ There needs to be a much better level of supervision and the need to determine who is truly in need of treatment and who is just using the system to get a few days of free food and accommodation.

5/ Children should not be cut off from treatment just because they reach the age of 17. If they have been diagnosed with a problem they should be passed onto a proper adult psychiatric unit and not to a well-meaning, amateur group of volunteers just to save money. Nor should they refuse to attend the child just because they are in a volunteer rehab unit.