Royal Commission into Victoria's Mental Health System

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24th June 2019

Royal Commission of Victoria,
P O Box 12079,
A'Beckett Street
Melbourne
Victoria Vic 8006

Dear Sir/Madam,

re: Royal Commission into Mental Health

Please find enclosed my anonymous submission together with the cover sheet. Please note that I previously completed the questions but I forgot to save them. Unfortunately, I answered the questions and forgot to save them and I do not have time etc to do them again as I am unwell and going to Melbourne on Wednesday to see two specialists until 1st July. I will be back late July 1st. but will have my phone with me.

I look forward to receiving your report in due course and trust that your findings will be acted upon as soon as possible.

Yours truly

[redacted]

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Submission [redacted]
Telephone – [redacted]

To: The Royal Commission into Victoria's Mental Health System,
P O Box 12079 A'Beckett Street Vic.8006

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SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM
MAY 2019

For family reasons I request that my submission maintains anonymity although I agree to any of the content of this submission that the Commission believes is useful in its deliberations can be made public.

I attended the Royal Commission session and thank the Chair of the Commission,Penny Armytage who fortunately sat at my table ensured that all participants had the opportunity to speak. I believe the session could have gone on for a much longer period as so many people freely participated.

I have had an involvement with mental illness all my life as the daughter of a parent with a mental illness who was hospitalised all my life. In the 1940's and '50's things were much worse than they are now and men could quite easily have "unwanted" wives certified and doomed to a life of ECT (without any anaesthesia) unkind and cruel treatment and no hope of ever leaving the asylum. Definition of asylum refuge, sanctuary, shelter, safety or an institution for the care of people with a mental illness.

Recommendation:

A support service for the children of parents with mental illness - age specific - in order to allay fears and concerns and to provide support and information as appropriate.

It was raised in our group meeting by a young man who was a client of Headspace that there was a significant gap when it was time to leave that service (age related) and it was often detrimental to have been in a pleasant community setting to have, if one became unwell, to be referred to a "mental health" facility - ie a hospital which was cold and unfeeling if the person was able to be admitted but quite often they were considered as not being unwell enough.

Recommendation: Community transition from the safe setting of somewhere like Headspace into an often lonely isolated environment with little support or direction.If a person is really unwell then admission to hospital with consideration of individual needs, age, family support or lack of family or other support. Needs assesment

We have come a long way since then but not far enough and hopefully this Royal Commission will bring suggestions to implement change for those people who are admitted to a setting conducive to getting well and not focussing on a drugs only model. Whilst working on mental health problems, community rehabilitation needs to be included as the transition from hospital to community is, in itself, stressful and can often cause a return of symptoms if there is no appropriate preparation to return to the community and assistance and support when back in the community as many people do not have family or any support other than that provided by professionals.

For those who are not or do not need to be in patients and live in the community,there are many improvements that can be made but resourcing and staffing will be needed and these will need to be put in place with a focus on long term outcomes Change will be costly but if the area of prevention can be addressed the cost to the individual and overall community will be reduced and cooperation (in a model similar to one I worked with with the "old" Mildura Base Hospital Mental Health unit saw people deinstitutionalised and active, working members of the community who could be relied on to turn up for work – especially with the help of a mentor who originally went on the job with them.)

I was the Acting Manager of the Commonwealth Rehabilitation Services for 9 months and CEO of a Federally funded employment service for people with a disability for 11 years. I had previously worked with the Department of Human Services and Office of Corrections as Coordinator of Probation Officers for adults and juveniles.

I volunteered for 2 years during this time and with the local MP brought Victorian Court Network and Lifeline to the area. I selected trained and supported probation officers and Court Networkers (supported by [redacted] – the founder of Court Network based in Melbourne).

Recently in my home town a young woman committed suicide and her workmates were totally shocked as they had no idea, The same thing happened to me when I was CEO of an employment service for people with disabilities. A client who had schizophrenia but was functioning well and was working and living independently also committed suicide and I had no idea. After the funeral some of his friends said he hadn't been eating and had been giving personal items away and we all thought he wanted to lose the weight he had put on due to his drugs and I was unaware that he was giving away personal items. The local hospital at the time had a mental health unit and most of my clients were seeing staff there and I ensured that they had the opportunity to debrief as they were very upset as was I and I saw a local psychologist as I felt guilty as the morning he committed suicide he asked me to advance his pay so he could get cigarettes and I said no as if I did it for him then others would want me to do it and I wondered if this was a final straw.

I also started a small business – which the Government wouldn't fund – as a pre employment model to give long term unemployed people with mental illnesses a safe pre employment environment before they reentered the mainstream workforce. I

sometimes had to pay their wages out of my wages but in due course we got sufficient work to pay the award or supported wage, and buy a house to destigmatise working out of an agency for people with disabilities – the business had to have a positive name which did not reflect anything other than mainstream employment and experience and confidence to return to "real" work and obtain "real" wages earned by the individual which visibly increased self esteem.

These are positives which are now no longer available to people with mental illness in our area and for those unfortunate enough to live in isolated parts of the [redacted] things are even worse. This model worked due mainly to staff involved. I am retired but the people who attended the Royal Commission session displayed enthusiasm and commitment to working with people with mental illnesses to assist them to reach their potential which was my motivation.

These services would have to be redeveloped to fit in with government policy but with goodwill of staff, I am sure could work again. Supported employment is a model which suits people who need the extra assistance to either enter or re enter the workplace.

This model worked in the past and may be worth investigation. It requires flexible cooperation between service providers to disclose information regarding a person's job readiness considering not only their mental health but also their physical health and desire to work in open employment.

I am aware that Headspace and PARC work well but as I no longer work,I have not had a close relationship with either agency.

My main focus on wishing to attend and participate in this Royal Commission are the unmet needs of people working in the emergency services. My experience has been with the Victoria Police Force, as the mother of two ex Police Officers (both of whom gave 20 years service and were discharged due to "ill health") and as a Probation officer, independent third person, coordinator of volunteers and providing support in the Court system to all Court users including professional Court users including the Magistrate and Court staff.

At one time we had a fantastic Police Officer, who took on the role of welfare officer over and above his paid job. This was the only time I saw Police Officers offered assistance as and when they needed it. I counselled many of them and found a common thread in their need. We had to do this at night a long way away from the police station because of the stigma of mental illness and the perceived weakness of someone who couldn't cope as the police were supposed to be tough and able to cope with whatever came their way on a daily basis.

The Police Officers from who attended the session advised that things have improved and that there is now a "room" at the Police station where an officer can go to relax and that contact is made soon after a problem is reported. This is not what I am told when I talk off the record with officers past and present - mainly retired officers as I

don't go to the station any more and the only officers willing to talk to me were the ones who knew me from my work there. There are many non operational police and many who retire feeling there is no alternative as they have become mentally ill and no appropriate service was available to them in a timely manner and the stigma of being "weak" persists amongst those who believe you have to be or pretend to be tough all the time and some of the awful things they have to do and see have no effect on them and then they go home and try to keep up the pretence or they drink heavily at home, or in my area in a colleague's shed or a hotel and the marriage soon comes under pressure and the children can be severely affected by seeing and hearing this decline which is often hidden until the officer can't hide it as his work begins to suffer but it usually appears to be a drinking/family problem not a work related mental health problem. I have seen it on many occasions and the bright eyed recruit usually after about 15/20 years experience becomes so ill with no help that they lose their family, home, ultimately job and sometimes their life.

Many have told me that the biggest pressure on them comes from the inside not the community and that they would rather "work with the crook" than management.

One Police Officer had served very very close to 30 years ended his career unwillingly. He wanted to stay in the job but was discharged due to "ill health" which was due to his Police work and due to lack of support and treatment when it was needed. This bright young recruit of 30 years earlier, had served his community for 30 years and had developed PTSD amongst other things and on this basis lost a job he loved and the Victoria Police Force lost an officer with experience which is what happens when they leave after 20/30 years service. There has been monetary cost in training a Police Officer and it takes years of real experience in the world to be able to deal with day to day activities and in this day and age,quite often walking up to a house or car and not knowing who is inside it and if drugs such as ice are involved and the person has a weapon or not. Sometimes they don't know if they will go home after their shift. This is not exaggeration but the truth a Police Officer lives with every day and will tell you if and when they trust you.

VICTORIA POLICE MENTAL HEALTH REVIEW - An independent review into the mental health and wellbeing of Victoria Police Employees - May 2016

This report was commissioned by the Chief Commissioner of Victoria Police - Graham Ashton AM. Peter Cotton, Ms Nancy Hogan, Mr. Peter Bull and Ms Maryanne Lynch were the four people who were selected to investigate the mental health of Victoria Police employees and to author a report on their findings.

39 Recommendations were made in the report following investigation with serving and retired Police Officers. I believe that you could title this review as a review into the mental health and well being of emergency workers (ie firemen and women, Ambulance Victoria staff and in many cases although I only have this information anecdotally, members of our Armed Forces). Family members should not be forgotten as the impact on families in many cases causes the breakdown of the family

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- loss of home, job, income and the effects can go on for years and in some cases forever.

I believe that the problem starts from the beginning of symptoms/realisation by the member that something is not right and the effort of going to work and facing the realities are too much and quite often at this stage if no one recognises what is going on the member can withdraw from many aspects of work and home life. Obviously this doesn't just happen to emergency workers although recently (May 2019) a Police Officer revealed he was gay and according to news sources he was bullied so much and told by a senior officer that "in the old days we would have beaten you with a hose", that he left the Police Force and subsequently committed suicide. I believe that this suicide could have been prevented and it wasn't the work that caused this rather the stigma of being gay and then being treated so badly affected his self esteem so much that he lost any joy in life and believed that the best way out was to kill himself. This type of bullying, management style, cruelty of fellow workers in this day and age is quite unacceptable.

As I said before the stigma of admitting that it is too much for the officer often makes it very difficult as they are often - in a way - bullied into pretending to themselves and others that they were only joking and that all is well so nothing happens. However, if they admit something is wrong, from my knowledge base, nothing happens and the member comes isolated from workmates, family and friends who sense "something is wrong" but are told that nothing is wrong If a person exhibits different behaviour such as not joining in conversations and sitting alone at meal times this the time that help should begin and management should ensure ongoing contact and support if the Police Member takes sick leave Early intervention is a key aspect of a person returning to work in the short term. Initially intervention of colleagues, Welfare Officer and, if necessary, Psychologist/Psychiatrist, and no reduction in pay (this seems to be a punishment for daring to get sick due to your work and this causes additional stress as the person has the same expenses as they did before they became ill with work related illnesses.

Reduction of pay, simply because you have become sick is unfair and creates problems in the home with mortgage payments, food to be bought, school costs for those with young children What kind of message and incentive to talk to someone is this? The Police Force has a culture of its own and over the years from my observation has significantly changed due to the style of management, the feminisation of the Police Force, tying an officers hands behind their back to prevent him/her doing his/her job due to the knowledge of the stringency of the investigations of his fellow Police Officers to which he will be subjected far worse than the criminal who is innocent until proven guilty and is provided with legal representation.. It appears to me that the Police Officer is guilty until proven innocent and has to "prove" that he/she was doing their job protecting the community and him/herself. How many of us go to work in the morning and don't know if they will go home that night in one piece or even worse will have lost their lives. Drugs and alcohol have caused the offender to be much more violent - especially ICE - and many officers

confront this on a day to day basis. They may stop a vehicle and walk up to it and not know what is going to happen (remember [redacted] and [redacted] - young men gunned down in cold blood and [redacted] killed in the bombing of [redacted]) If these incidents to name a few stay in my mind as a civilian - don't you think they would resonate with serving and retired officers?

These are incidents with their colleagues including a young woman walking into work, getting her revolver and going out the back and shooting herself.

When you have given service to your community and the Police Service for 20 years and because of your illness you have gone to the Police Station (your workplace) when your systems are florid and you get told afterwards that you are not allowed to enter the Police Station and then you get a phone call to bring your uniform back and leave it outside the front door – is this the way to encourage a return to good mental health and return to work?????????

When you go off work after having been to more than 100 suicides, investigating the most disgusting forms of paedophilia, arresting a driver who had killed multiple young people and on top of this not only not received appropriate support from management but also being told you would not be promoted because you had "dared" to speak openly about issues which concerned not only yourself but your colleagues and even worse when no one else wanted to do it, take on the role of the Association representative and no one comes to see you, no arrangements are made for treatment to begin or even discussion as to what is the problem and what you perceive your needs to be and this goes on and on.

Some of these situations I have come across over the years and should explain why Police Officers have problems with their mental health. Check the number of working officers who are not operational and why.

Do a review of Police Stations, ensure management have management skills and are not there simply because of propinquity, and that personnel are placed where their skills are best used. Check the number of members who are off work sick and what the sickness is.

Things need to change before there are more suicides leaving parents without their child, wives without their husband, children without their father and the loss of a life far too soon.

Check how many of the 39 recommendations have been implemented and if this is across all Police Stations in Victoria. Many Police Officers say that most of their stress and problems come from inside the Police Station/Management and are far more stressful than some of the incidents they confront in the community. This is a very bad situation.

I would recommend that the Royal Commission need to ascertain the cause of so much mental illness and suicide within the Police force and emergency services in

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Victoria needs investigation in order to make recommendations which are put into practise as soon as possible to try to save the pain that the person and their family goes through and the loss they sustain not only financial but also self esteem and sense of who they are.

I have been retired for some time and have been ill so I do not have any current relationship with Police Officers other than when we meet accidentally and the issues they raise and discuss are the very same ones so it appears that nothing has changed or improved at the very least

Many of the issues raised by Victoria Police are similar to ones raised in the other emergency services and quite often the armed services of which I am only aware anecdotally. A number of the issues raised relate to the choice of management and how they are chosen, the stigma if anyone finds out that you are seeking help for a mental health problem. The length of time taken to refer a person to a clinician and also for contact to be made from workplace colleagues and management. Financial punishment by the reduction of the base wage and loss of self esteem. Family disruption - primarily on close family but also on parents and siblings. Lack of understanding of the work of Victoria Police and its impact. LONELINESS AND ISOLATION.

Basing my responses on the 3 questions asked at the meeting with the focus on Victoria Police.

1. Mental health services are, as in the general population, sparse and the waiting time, especially makes the likelihood of an early return to work unlikely. Peer support programmes can work well if they have knowledge and empathy and don't judge. Confidentiality is paramount to enable trust to occur. It is even more difficult in rural settings especially in the small one person 24 hour stations. The same things work well in the isolated areas as in the metropolitan areas if they are available. If you live in the small isolated towns confidentiality is almost impossible to mantain.

2. Reflecting on mental health services what does not work well is using unqualified people who do not understand the various aspects of mental health. A person's colleagues are just that and cannot be objective counsellors. Many managers would not qualify for management in the real world and in the hierarchical system such as the Police Force good management is essential. This is even more evident in regional areas where an officer may be off work and go to watch his children involved in a school activity such as playing sport and his senior officer to whom he confided his innermost thoughts is standing beside him.

3. What needs to change to improve services. Resources, resources, resources,funding, education to ensure counsellors have the right skills and experience for the different clientele whether in the Police, emergency services and armed services or general public and be age appropriate and speedy response with appropriate follow up in a pleasant setting. Resources in country areas so that people don't have to travel and a focus on the small isolated areas and the special needs of

people in those areas and the difficulty in maintaining confidentiality and on going service delivery.

8.
More relaxed community based settings and systems to ensure that people do not fall through the gap when they finish with one service and don't have anywhere to go. Tailor programmes to the individual - not one size fits all. If hospitalisation is the only option, assist the person with this so they do not have to go to the hospital as an in patient wherever possible. Try to maintain the person in a community settings where possible.
Provide support to the family, parents, partner,children and friends.

Timing of services, appropriate services being available, ongoing contact with the officer (nominate a staff member to ensure that this happens),discourage stigmatisation by not permitting jokes or bullying – all of these would help a person to say when they realise that they are not feeling well or functioning and need help