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

WRITTEN BY [redacted]

Our experience with mental health services should of ended when our daughter committed suicide and was found on [redacted] However, after 10 years as a carer, advocate, scape goat, family member, became the beginning of another journey when our remaining daughter suffered MH issues due to the loss of her sister. In addition my husband and myself sought psychological and medical help to support us through our grief and our ongoing role as carer of a child with MH issues and utilising services.
At the round table discussions I described to the Royal Commission into MH our journey living with our daughters' MH issues as living on a knife's edge, not being in control of our own lives and taking the blame for our daughters' crisis, suicide and self harm behaviours.

Our daughters' experiences was not my first exposure to people living with MH issues.
In reflection my father showed signs and symptoms of depression and and anxiety and was treated at times with Valium It was never discussed until my father was diagnosed with PTSD in his mid 70s following a tragic incident he witnessed 55 years previously. This should of resulted in a shift in his mental health treatment, however, this was at a time when my brother, my parents' only son committed suicide in 2002. My brother was 37 years old and had been battling depression and PTSD following Peace Keeping service in the early 1990s with the Australian Army in Cambodia. At the time PTSD was not recognised as a mental health illness and the Army culture was to "be a man" , " suck it up" and "don't be weak".

My preconceived ideas and attitude of MH influenced my decision to specialise and work in mental health as a Psychiatric nurse as I wanted to make a difference not just care for the medical wellbeing of a patient.
Boy, if I knew at my first MH lecture in the 2nd year of my Nursing degree what I was going to experience in the next 15 years I would of dropped out and stacked shelves at Coles at night!
During my first week of my graduate nursing year at [redacted] Health our youngest daughter [redacted] then 14 and just starting Year 9 in a [redacted] Girls' school in a regional town displayed signs and symptoms of depression and was self harming. She commenced assessment with the local CAMHS service and after 3 sessions no invention or strategies to cope were initiated. Her symptoms and self harm were esculating and we as parents we were navigating unknown territories. After consulting our GP and Paediatrician it was decided that she see a Private Adolescent Psychiatrist.
The next several months was a period where we all lost control of our lives.
I will list the main points briefly and not in order.
- [redacted] was admitted into the adolescent unit of a private hospital in Melbourne as a voluntary patient
- We were not privy to her treatment or discussions with her Psychiatrist.

- The blame for █s issues were firmly placed on us as a family. Our eldest daughter █ had been diagnosed with Asperger's as a teenager and her stress and anxiety was often displayed as anger and aggression towards her family. We were given minimal support
- Whilst an inpatient █ learned of behaviours from other patients, that increased the seriousness of her self harm and her cries for help now included suicide attempts.
- Several suicide attempts resulted in her being transferred to a public hospital adolescent unit.
- After a 4 month hospitalisation she was discharged home to us. She attended an outpatient program which required us to drive her daily through peak hour traffic for 3 hour sessions.
- During this time █ did not attend school and on discharge this became a daily battle especially when she finished the program. At the end of that first year we transferred her to a more supportive school closer to home. However she did not attend classes on the rare occasions we could get her to attend school.
- █ continued to see her private psychiatrist and she saw an adolescent psychologist through CAMHS.
- █ was continued to be blamed for █s MH issues and █ was basically being ignored due to the the severity and ongoing crisis of █s MH
- █s self harm and suicide attempts continued on a daily and weekly basis which resulted in me having to cut █ down dozens of time after attempting to hang herself, locking up knives and medications in a safe not on our property, sleeping with █ in our bed whilst my husband slept on the floor in the hallway to prevent █ from running off in the night. Ambulances, A&E and ECATT involvement became a part of life. We can only estimate hundreds of attempts using numerous methods.
- My husband's business suffered greatly, █ was basically ignored as our focus was wholly on keeping █ alive. I continued working and studying my post grad in psychiatric nursing and have no idea how we all survived this period.

In the 2nd year it came to light due to many co-morbid conditions eg an eating disorder and dis-associative disorder, that █ had been sexually assaulted over a five year period from the ages of 7 to 12 by a trusted person who we had since lost contact with. Police proceedings were started but charges could not be made due to the decision of the DPP.

After 6 months the private psychiatrist recommended a week long healing program in █ NSW. This started a period of our life that lasted for 9 years until █ took her own life.
I will list the main points briefly
- During the first healing week we were not included or given strategies
- The organisation applied pressure for █ to be removed from that family home at 16years old. Even after the sexual abuse came to light
- The organisation became █s family, we as parents were disempowered and isolated from her care. Though we were the ones who supported her financially, emotionally and through continuing self harm, suicide attempts and inpatient admissions
- In the 3rd year and following a healing week we were threatened that █ would be moved to a women's shelter if we did not remove █ from our home as █ did not feel safe. █ revealed to us that she would still move out at 16 even if █ did move out in her VCE year.
- We moved █ to the nearest regional town initially in our caravan with me staying with her. I was able to encourage her to enrol in alternative schooling, begin volunteering at a special school and gain

Centrelink payments and to board privately.
- This period didn't improve her mental health. Though her hospital admissions and suicide attempts decreased.
- The following year█ wanted to begin a new life in Melbourne and we secured and paid for rental accommodation in Melbourne. We continued to support her in every aspect. Though it was becoming apparent that that was not what█was telling friends. Drs and support services.
-█ developed health issues with continence and her renal system. She also developed seizures that were not caused by epilepsy and other conditions that resulted in tests, ambulance, A& E involvement and hospital admissions in medical wards. The focus shifted from her MH concerns though to us they were still prevalent. Through this time we were portrayed as non supportive and excluded from medical consultations though we were taking her to appointments and paying for them.

The next couple of years continued in the same manner█ was working as an integration aid at a specialist school, living away from home and being supported by us in every way. Attending healing weeks and training as a carer and support person with this organisation.

She was encouraged by us to do a bridging course at TAFE that would lead into a university course. She began a degree in Early Childhood and Primary Education at █████in 2011. She had great difficulty coping at this time and developed seizures not related to epilepsy and her physical health conditions masked her mental health issues. During this time she lived with her boyfriend though previously she had declared she was gay and had had several same sex relationships. We taught her boyfriend to drive for the periods█ could not drive after a seizure.

In November 2013 following an alleged assault by█ █was served with an AVO with very loose conditions. At a later period it came to light that she did not sustain any injuries that required medical or police intervention. The AVO put immense pressure on us and our extended family as this sort of thing didn't happen in a "family like ours"!!!!

During this time the focus was on her physical health. In February 2014 whilst attending the camps in NSW and unbeknown to us planning to relocate there█ suffered a prolonged seizure resulting in hemiplegia on her left side. At this time she was living by herself though had a boyfriend and was trying to continue with her University studies.

█ returned to Melbourne and had ongoing rehab and became dependent on a powered wheelchair and increased support.

From my knowledge I suspected█had developed converse disorder as her physical condition got worse from when I picked her up from the plane from NSW when she was walking with only 1 crutch. She denied this and declined our support in medical appointments. It later came to light that she had been diagnosed with this at the time.

Her mental health continued to deteriorate and she was declining support unless in crisis which we did not know was happening. In late June 2014 she was admitted to an impatient physical rehab service and fought to remain there while we were overseas.

On our return we tried to support her in her unit but she relied heavily on neighbours and support services.

In late July and August we supported her in every way seeing her several times a week.

On August 14█'s 26th Birthday unbeknown to us█ had gone to the court and cancelled the AVO against her sister who she had not had contact with since November 2013. She told me this via a series of text

messages while we were at dinner celebrating [redacted]'s Birthday. I encouraged [redacted] to tell [redacted] this which she did via a phone call.

Later that night I spoke to [redacted] at length on the phone where she was discussing conditions of the post AVO phase. I stated that I was drained and I would talk to her tomorrow. She did not say she was struggling mentally.

That was the last time we had contact with her.

We did not have contact with [redacted] over the next 2 days as we're exhausted and a bit suspicious that she was about to "up the anti".

At 6pm on Saturday 16th August 2014 we were notified that a friend who had a key, had found her deceased. She had been alerted by her boyfriend that he was having trouble contacting her but thought she was with us. She had passed away over 24 hours previously on the floor of her kitchen whilst writing notes waiting for

The following months involved contact with detectives collecting evidence for the Coroner. Through this process we were able to learn about her treatment of her physical and mental health during the last year and also that she had had several times where she wanted to end her life.

During this 10 year period [redacted] lost contact with childhood and school friends, many of her friends were adolescents she met whilst accessing mental health services. In the last 6 months she was very reliant on people who could support her and saw them as friends and offered use of her car or meals out (all paid by us) in gratitude.

Following the passing of [redacted], [redacted]'s mental health deteriorated and she had suicidal thoughts and attempts. Fortunately, for all of us she accepted our support and included us in her treatment. We slept with her, locked up her medications and sharp objects. She had support from friends and housemates. She also developed seizures and fainting which have been linked to migraines and contraception pill. She had to give up work and didn't drive for 2 years.

She was seen by a community health team and Psychiatrist and we were included in the appointments and care plans.

Four years on she is still on medication for her depression and anxiety. She still has periods of increased mental health issues and suicidal thoughts. In December 2014 she met her first boyfriend and they moved in together in March 2016 and became engaged in December 2016 and married in April 2017. They moved to a regional town 6 hours from us to be closer to her husband's mother who is unwell. She is well supported and loved by her husband's family.

Though it is difficult for me to not have an active role as a parent it has had a positive aspect on my own mental health.

Our experiences have changed us greatly my husband and I describe us as being "broken". We have lost contact with a lot of life long friends since [redacted]'s passing but also when she first became ill.

I gained my Masters in Occupational Therapy in 2009 as I found I could not continue working in Mental Health whilst I was a carer and my daughter [redacted] was a consumer.

What improvements in the Mental Health System would I like to see

- Early intervention for adolescents
- Involvement of parents in adolescents care

- Adolescent specific CATT teams in A&E departments
- Family focus therapy
- Regional adolescent inpatient units
- Support for families
- Suicide support for families

Ultimately, I would like to see a Royal Commission into suicide.
[redacted] was the 4th young woman to successfully take her life in a 6 month period in 2014. All these women had connections with [redacted] in [redacted] or had seen the same Phychiatrist through the private Mental Health Hospital.

What we've learned
- Take lots of photos
- Don't dwell on what we could of done differently as it will consume you with guilt
- We all grieve differently and to give yourself permission to be sad

What I know
We loved [redacted] and she knew we did and we know [redacted] loved us.

In loving memory of [redacted]
[redacted]