

These are the questions that you will be asked:

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

- Awareness about Mental Health, through public health campaigns, that aims to educate the community about the different aspects, such as: a healthy immune system can prevent physical illness, and resilience can prevent mental illness
- Ensure consumers that **only qualified** mental health clinicians can provide information in relation to individuals mental health diagnosis and current circumstances.
- Focus on the 'current issues' and not on what the patient experienced 10 years ago, when navigating referrals and care-planning
- Mandatory mental health check-ups for all Victorians under the age of 18, like immunisations
- Mental health should be incorporated into all education curriculum, like aboriginal and TSI and ethics
- It is crucial that Mental Health is a part of all fundamental government areas; into the curriculum of every educational program, vocational learning, tertiary courses and higher education. It needs to be included into inductions for employment and Fair Work. Mental Health education needs to be amending the Fair Work Act, to ensure that Mental Health is considered equally as serious as Physical Health.
- Individuals that work with their arms can't do their best work if they have an injured arm, and if someone is not mentally stable, then they need time to heal as well. Mistakes happen when you are not focused, hearing voices or are feeling depressed and hopeless.
- Fair Work should amend the legislation, to incorporate more about mental health and workplaces.
- Awareness and education should begin before birth, from antenatal clinics to postnatal period. Adverse actions from employers, beginning from antenatal classes (i.e. bonding, connecting, resilience programming infant's brains), through to postnatal care.
- Strong focus on Mental Health during maternal child and health nurse visits
- Incorporate Mental Health into the Early Years child care centres, Primary and Secondary school curriculums.
- Implement mandatory Mental Health assessment tools, for individuals under the age of 18.
- Mental Health education targeting parents. Some parents only take their children to the GP when they are physically sick, but what about when they are mentally sick? Parents should be motivated to take their children to the GP, to have a mental health assessment done on a regular basis.

2. 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?

- Proper discharge processes
- Patients should be aware of what the treatment plan is, at least their carers should know
- Evidence to prove that the consumer or the carer of the consumer are aware of the treatment that they will be participating in
- All documents in mental health services needs to be signed by the patient, if involuntary, or by the carer, if voluntary
- Everyone experiences poor mental health, just like physical health. Each department needs to include a mental health in their strategic planning

3. What is already working well and what can be done better to prevent suicide?

- Awareness through role models

4. 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.

- There needs to be an extension into what **youth** is classified as
- Terms “youth” “adolescence” “adult” needs to be re-defined.
- We need services with stricter criteria on eligibility age groups, to access services; (ie junior youth (Up to 13 years old) Youth (14 – 26) adolescences (27 – 35))
- Mental health professionals that are still practicing **out-dated** and ancient treatment models
- Mental health professionals having no faith in the system
- Mental health care providers with “monopolies”, who provide mental health care services and caring about money and not patients
- Lack of communication between services
- Consumers being unaware of their rights
- Consumers being unaware of their treatment plans
- Consumers being affected by adverse reactions
- Consumers who make complaints are being slandered for future engagement with other mental health care services
- Continuity of care
- Without a referral, there is little chance you will be successful in engaging with a service
- Mental health professionals are needing to give people a diagnose, to access funding, for continuation of support and treatment. - *I have been told many times that the government wants a label on things, so that’s why your diagnosis is such and such.*
- Discharge processes
- Commissioner complaints not being urgently attended to/being taken seriously

9. Thinking about what Victoria’s mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Discharge processes

Continuity of care

Penalties for mental health malpractice, duty of care and negligence

Audits to be conducted, unannounced and regularly to ensure compliance of services

MHCC needs to action complaints urgently and take them seriously

11. Is there anything else you would like to share with the Royal Commission

I am a person who has experienced and is still experiencing bullying, intimidation and being unable to have a continuity of care as my previous Mental Health service provider adverse reactions when I made a complaint to the Mental Health Commissioner on December 12th, 2018. Despite receiving a treatment plan dated 19th December 2018, saying I was still with the service and I had an appointment booked for the 31st December 2018, I was discharged on December 13th, 2018. I only found out this in early April 2019, I am still unable to access my daily and ongoing medication, which is putting myself and son at risk, here is a copy of the complaint which still has not being responded to

COPY OF COMPLAINT TO MENTAL HEALTH COMMISSIONER

I am writing to provide you with a summary of:

- the issues you raised
- what has happened so far
- next steps.

The issues you raised

██████████ contacted you on 12 April 2019 to discuss the issues you raised. You consented to the MHCC and ██████████ sharing information about you to respond to the complaint. ██████████ prepared a summary of your complaint, which you agreed with on 24 May 2019.

In summary, you have raised concerns that:

- you were not included in your treatment planning during your 2 years of engagement with ██████████. Staff made you feel that you were in a 'prison' and did not have much choice or input into the treatment that was provided to you and what options might be available. You did not feel listened to or heard
- you had several unhelpful interactions with staff members, who were often on leave or not available to see you. You said that outcomes from meetings were not followed through with. You gave an example where you were told you could be visited at home when you were pregnant, but appointments were made for you at ██████████. You advised that these appointments were often cancelled or not well communicated to you, and there was a high turnover of staff
- your case worker initially agreed to provide letters of support for university and other agencies, but later said they were unable to provide these as 'it was not in her job description'
- you were not informed that you were discharged from ██████████ until several months later. You learned that you had been discharged from a different service, and when you called ██████████ to enquire about your discharge you were instructed to 'call FOI'
- you were discharged without a clear discharge or treatment plan, despite staff at ██████████ clearly documenting that you would be at a high-risk level if you were not engaged with a service
- you were referred to a drug and alcohol program by ██████████ but the staff at this program did not assess that you had a drug and alcohol problem
- the information recorded in your records is untruthful, inaccurate and inconsistent. You are not sure where some of the information recorded about you has come from, or why it has been included. For example, the records stated that your partner was incarcerated, and this is not true. You are not sure how this information could be recorded because you had not spoken with staff about these issues. You have said that some of the information included is 'defamatory and slander'
- staff were confused about some of the information recorded in your records, such as the acronym 'PSA'. You said that PSA refers to your diagnosed condition of parasomnia/sleep movement disorder, and not polysubstance abuse
- you believe staff have retrospectively recorded information in your records. The way that the information is recorded is difficult to read and is not clear, such as 'strikeouts' in some of the records

- you have expressed concerns that this incorrect information has been given to other services, and you are worried about the impact this might have on you accessing their programs
- you were discharged because you made a complaint to the MHCC in December 2018. You advised that appointments were booked for 30 December 2018, but you were discharged on 13 December 2018
- your nominated GP was not contacted with the right discharge information and scripts when you were discharged. Your GP cannot prescribe the Clonazepam [REDACTED] discharged you on, and you feel that [REDACTED] should have checked with your GP before prescribing this medication.

We acknowledge the serious nature of your complaint and the impact this has had on you.

What has happened so far

Following our preliminary assessment of the issues you raised, I have accepted your complaint under the *Mental Health Act 2014*. This means we will seek a written response from the service and work with you and the service to address and try to resolve these issues.

With your consent, [REDACTED] contacted [REDACTED] discuss your complaint. [REDACTED] spoke with [REDACTED], Service Manager at [REDACTED]. He advised that he was aware of your concerns, and that you had raised them with him previously.

Next steps

We will [REDACTED] in writing of our acceptance of your complaint, and request a written response to the issues raised and how they might be addressed and resolved.

[REDACTED] will contact you to discuss the progress of your complaint. If you have any questions about this letter, please [REDACTED] at our office on [REDACTED] or by email at help@mhcc.vic.gov.au

Yours sincerely

[REDACTED]

14 / 06 / 2019