

Royal Commission into Victoria's Mental Health System**May, 2019**

Our 22 year old son [REDACTED] passed away on October 30th 2015 due to "combined drug toxicity" (a combination of alcohol and prescription medication), which we believe was accidental, and we have since become aware that this is a major cause of death in our society. We find it incredulous that this is a major cause of death and yet GP's are able to prescribe these highly addictive medications and so are writing to express our deep concern regarding the lack of governing required for GP's to prescribe medication for patients with mental health issues. We also feel there is a desperate need for greater education and awareness of the dangers of psychiatric medications, particularly ensuring caution and information for adolescents and their family/carers.

At 17 years of age [REDACTED] was diagnosed by Dr [REDACTED], psychiatrist, with anxiety and was told, and believed, he had a chemical imbalance for which he would need medication. After 6 months he felt better and was weaned off this medication but then in August 2012 his GP recommenced and increased his dosage as [REDACTED] reported he was feeling anxious again. We became aware much later that [REDACTED] was regularly self-medicating with alcohol before he was 17 so prescribing this highly addictive medication sealed his fate. Obviously in hindsight we believe [REDACTED] should never have been prescribed this medication at such a young age and would also like to know how a "chemical imbalance" is diagnosed.

Due to his poor mental health and problematic efforts to medicate with both prescribed medication and alcohol [REDACTED] would occasionally have involvement with police. I feel that the police as well as us, his parents, felt exasperated by his behaviour and couldn't understand why, at times, he was so heavily intoxicated to the point of incoherence. At times, we were embarrassed by his behaviour and we now hate ourselves for not realising that he couldn't help himself and not knowing this combination could kill him. We had reached out for professional help only to have the very thing that was supposed to help him make him worse and eventually contribute to his death.

His GP was aware of his heavy drinking and his alcohol related offences yet continued to prescribe medication without offering alternatives or insisting he see a psychologist or psychiatrist; except for two occasions at [REDACTED] request on his mum's insistence. We feel that people with mental health issues must have a professional mental health expert they see regularly to build a rapport with, which is imperative at times of crisis, before being offered medication. It has since become apparent to me, that studies show effective psychological input is far more effective than reliance on anti-depressant or other psychiatric medication alone.

How can a GP adequately assess someone with mental health issues in a 10 minute appointment? It's ludicrous to think patients are going to be open and honest and be able to talk about their feelings when all they want is their medication to take away their pain and discomfort. Also, at the young and vulnerable age of 17, where many hormonal changes are taking place there will, of course, be likely anxiety transitioning into adulthood and our society where drinking is the norm.

The toxicology report showed that [REDACTED] had [REDACTED], [REDACTED] and [REDACTED] as well as alcohol in his system - we believe these medications are addictive and potentially very dangerous in combination with other depressant drugs and are baffled as to why he would need to be on 3 prescription medications, and feel extremely let down by the system. We strongly believe families and carers should be involved in treatment as if we had all been informed that these drugs are highly addictive; that these drugs can and do kill; and had been educated on how to support someone with

a mental illness; [REDACTED] may still be alive today. His death was absolutely avoidable thus making it all the more tragic and hard to accept.

In January 2014 [REDACTED] made a serious attempt to take his life by ingesting numerous [REDACTED] tablets whilst intoxicated. He was admitted to the [REDACTED] Hospital ICU for 5 nights then transferred to a general ward for 6 nights. On discharge he was told he would be followed up "in the community" – *I presumed this meant the CAT Team and his GP would know what services were available and which would be best for [REDACTED]*. He had ONE appointment with the CAT Team on 30th January where he voiced his concern that he may have Bipolar Disorder to which the team said he would need to be off all medications for months to be properly diagnosed. [REDACTED] was then "discharged" to [REDACTED], a withdrawal facility, for a week 3/2-10/2, which had been previously arranged by his [REDACTED] worker.

On March 4th 2014 I (mum) called the CAT Team asking why there had been no follow up as I was very worried about [REDACTED] to which they said [REDACTED] should have referred him back if they thought it was necessary. I rang the CAT Team again on the 1st April to again express my concern and was told that [REDACTED] needed to ask for help (***was a serious suicide attempt not screaming out for help??***). It's extremely frustrating that family members living with people with mental health issues, especially parents of adolescents, are not involved in their treatment as in most circumstances we are seeing their everyday behaviour - would it not be a good idea to involve family to help young people with such a debilitating illness navigate their way through the mental health system? [REDACTED] generally would not ask for help as he thought it was just the way he was and he had to live with it.

13th October 2014 [REDACTED] self-harmed by burning the back of his hand with a lighter and a knife, he refused to go to emergency but I (mum) managed to get him to his GP who tried to get him admitted to [REDACTED] but unfortunately [REDACTED] had no Private health insurance so he was sent home with an appointment to see a private psychiatrist at [REDACTED] but one which was for a number of weeks away. ***Help was needed immediately – is there nowhere to go for such emergencies, cries for help.*** Was there nowhere else he could have gone to get admitted, to feel safe and to be able to get his diagnosis and medication reassessed which was clearly the need at the time as this is what **he** felt he needed. He expressed this to the CAT Team after his suicide attempt however there was no follow up with this. In late October [REDACTED] once again was extremely incoherent and when I asked why he continues to do this he replied "cause it fucking feels good and I told you I wanted to be admitted".

Sat 1st November 2014 [REDACTED] rang his Grandmother, cousins and friends saying he was "in a dark place, suicidal". As we were in Queensland I again rang the CAT Team who said [REDACTED] needed to be sober and he needed to ring and ask for help. [REDACTED] would generally only ask for help when he was drunk, when he was sober he felt it was just the way he was and so he just had to put up with it.

Mon 3rd Nov 2014 Woken at 1pm very sad wanting to go to hospital, after shower changed his mind as he had been there before and never got much help. I (mum) rang around a few places including [REDACTED] who had a waiting list then [REDACTED] advised to call intake, [REDACTED] had a 20 minute phone interview with a view to be admitted for rehab. To me this shows [REDACTED] was willing to accept help however was too depressed to do it himself so I had to ring around to get it as it was not clear where to go.

Anxiety does not sound like a serious mental health issue as I'm sure we all feel anxious at some stage, we really believe he often felt confused, helpless and lost. Unfortunately he would binge drink to escape the pain and confusion caused by his anxiety often resulting in anti-social behaviour,

depression, and feelings of deep shame. I am so sure if given a chance he would have contributed to society in such a positive way if his beautiful personality hadn't have been masked by these horrible drugs.

We are consumed with guilt and grief at the absolutely senseless, tragic loss of our beautiful boy and feel cheated that we never really got to see him grow into a young man without medication and he never got to live a life without the mask. We were often angry with him for not being like everyone else and just fitting in, because we didn't understand it or know how to deal with it.

Please help to curb this scourge where so many people, and I know of many, are just given medication without thought or consideration of the potential consequences. People dealing with anxiety and depression need help to deal with their feelings knowing that there will be times when we're sad and anxious but that this is part of life and it can be managed. We know there are some people that need medication but believe that sometimes it's an all too easy option. Can we please instigate some regulation and education; there are far too many people dying needlessly.

There were times when [REDACTED] was taken to [REDACTED] A&E where we sat for many hours before being seen by a psychiatrist only to be told there was nothing they could do for him and to go home and see his GP the next day. We are pleased that there is now a PAPU at the [REDACTED] which could have been a different outcome for us. On a few occasions [REDACTED] had wanted to be admitted but unfortunately he did not have private health insurance so this was never an option for him.

[REDACTED] expressed to me (mum) he was sick of telling the same story to different people which says to me he needed to have the same clinician (NOT a GP who is time poor) who could work with him to express his feelings and not be masked by drugs.

We are so pleased there is a Royal Commission into Victoria's Mental Health system as we believe anxiety, depression and suicide are rampant in our modern society and an overhaul is urgently needed.

Some suggestions:

- General Practitioners spending more dedicated time with young people with dual diagnosis.
- Create more specialised training for General Practitioners on prescribing medication to young people with these issues
- Increase the referrals to specialised Drug and Alcohol professionals and mental health professionals, so the General Practitioner is not the sole manager of the patient
- Encourage Drug and Alcohol specialist and/or psychiatric nurse to work within GP surgeries.
- Include, educate & support family & carers in management of people with mental health issues

Yours sincerely,

[REDACTED]

[REDACTED]

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

Organisation Name

N/A

Name

[REDACTED]

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

N/A

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?

N/A

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

N/A

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.

N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

N/A

What are the needs of family members and carers and what can be done better to support them?

The need to be included in treatment and educated on how to support someone with mental health issues. Education on the dangers and addictive nature of psychiatric medications

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

N/A

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?

N/A

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?

N/A

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

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

N/A