My Story

My brother ended his life while in the [redacted] Hospital. He was a smart young man, first training as a refrigeration mechanic, and then moving to repair BBQs.

Over his life, he was in and out of hospitals, after being diagnosed with a borderline personality disorder. He was admitted and discharged without members of his family knowing where he was or what treatment he had received.

The condition made him quick to anger, and as a result, he struggled to deal with a number of relationship breakdowns.

I believe that the lack of proper facilities to look after people, such as the institutions we used to have, would have helped my brother get the treatment and accommodation he needed. My brother needed long term treatment, and the hospitals are not able to provide this. My family constantly found it difficult to get the information about his condition.

The change of medical professionals, many of whom seemed to not be familiar with his history, made his condition worse, and increased the stress on his family.

When he was admitted to the [redacted] Hospital [28/04/2014] the hospital failed to check whether he had a bag full of medication. While in the hospital, he overdosed on medication, and was sent to the psych ward, where they did not have any of his information.

That night, the night of his death, his brother asked for him to be watched regularly, and have him moved closer to the nurses station over concerns for his life, but the hospital staff ushered him out of the room.

Around 1am that night, my brother [redacted] was found dead in his room. It took quite some time before my family was contacted, [redacted] was called in to assist the nursing staff, and at least two hours for the police to be called.

I believe the broken mental health system failed my brother. I believe that our family was either ignored, or not given enough information about the treatment he would receive.

Once he had died, we continued to find it difficult to get the information about the circumstances which contributed to his death. It felt as though the hospital were far more concerned with ensuring they were not liable, that they withheld information that could have explained how he came to take his own life.

The process of the coroner's inquiry was similarly disempowering. It felt as though our concerns were ignored, and the outcome was predetermined.

It felt as though no one was responsible.

Things to change about the mental health system:

- **Better information for families**. Families need to know how to help, and in order to do so, people need to be able to have information. And, if a family suffers a tragedy like the one we have

undergone, then there needs to be a better process for taking the family through what happened in the events that led up to their death.

- **Long term care options**. We need dedicated care options that provide long term options. Putting people in and out of hospitals, is extremely stressful for the families of those with mental health issues - and I believe only adds to the mental distress of the patient.
- **50/50 gender split on beds**. I am concerned that there's not enough beds in hospitals for men like my brother. E.g. females get a ward to themselves and extended stays, whereas the men only get a bed and minimal **days** to correct themselves.
- **Policing of hospitals and ensuring adequate information**. There needs to be better policing of acutely ill patients in hospitals. I understand the police are over extended – but qualified personnel are needed here.
- **Continuity of care:** there needs to be consistent people providing mental health treatment to people like my brother. I feel like he went in and out of the crisis and that a long-term accommodation and care could have led to a different outcome.
- **More questioning.** Between qualified personnel and family members, between qualified personnel and in-house professionals, between next of kin and doctors for whatever reason. And a more fluid communication which would assist the patient/family from getting deeper into this spiral of non-concern.