

An open letter to The Victorian Mental Health Royal Commission and the general public and media.

To ALL it concerns,

I am writing this submission to the Victorian Mental Health in hopes that it will in some hope will lead to the improvement of the mental health system in victors and eventually nationally.

A little about myself is that I am 28 years of age, female with a diagnosis of Bipolar 1 disorder, PTSD and an Eating Disorder Not otherwise specified.

At 15 I first came into contact with mental health services both at my school and via [REDACTED]. At the [REDACTED] I was being treated for a brain condition called benign Intercranial Hypertension when they also discovered I was suffering from a suspected depressive and anxiety illness.

I was then placed in the care of [REDACTED] at 16 years of age.

I was petrified and ashamed as though the secrets of the destruction that was going on in my mind was going to spill out like lava and that everyone that knew and loved me would disown me or just lock me up in a "Nut House". I was so ashamed that I was received treatment in the community and never told my parents about my outpatient appointments.

I was having appointments scheduled during school hours and point blankly said to the head teacher if I was not allowed to attend these appointments in anonymity during school hours and be let out of school early in order to attend these appointments I would just simply not attend them.

I was so ashamed of what everyone was going to think of me and what a miserable failure I had become to not only my parents, siblings and friends but that of the school that had done so much for me and helped me achieve every one of my goals I had set for myself. He agreed to let me leave school early without my parent's permission and to this day I credit him with saving my life in this regard because I would not have sort and completed treatment otherwise.

Whilst attending [REDACTED] I was initially diagnosed with depression and anxiety, but my final diagnosis became Bipolar 1 disorder as well as EDNOS. Subsequently years later PTSD was added to that list.

It was lucky that I was given a place at [REDACTED] because it was going to be next to impossible for my family to pay for private treatment which was another burden I did not want to put on them. Whilst at [REDACTED] I was put on my first medication within a matter of six weeks of being in their mood and anxiety clinic. It was Prozac and it was dreadful. At this point I had still not told my parents I was receiving mental health treatment and they were un aware of the side effects of the medication I was experiencing. I was suffering from extreme hallucinations which I was trying to keep under control, I was constantly thinking of ways to end my life and I was in some circumstances thinking of ways in which to end the lives of those I loved.

It was on Mother's Day after several months after I had begun at [REDACTED] they found out. I had asked mum to fill a script without thinking and she asked the pharmacist what the medication was used for as I had said it was for my brain illness. (half true) He said it was an anti-depressant and explained that if I had any of the symptoms above or that I seemed different in any way to contact the PSYCHIATRIST that had prescribed the medication immediately. Mum came home, the tears were in her eyes and she said, "I knew something strange was happening to you why didn't you tell me?" I then explained what my current thoughts and feelings were she then called dad and then the next day dad got me an emergency appointment with ANY doctor at [REDACTED] He was furious there was no need for him to express it verbally, but I could tell he was so angry he was not told his child, his baby girl had been put on this medication without his knowledge and it was only by chance they had caught me in time before I had ended my own life.

At [REDACTED] I was in the mood and anxiety clinic, I was thankful that day that a brilliant psychiatrist noticed the signs of Psychosis I was experiencing. He thoroughly read my notes, spoke to my father and then decide that I was suffering more for a bipolar type illness rather than depression and anxiety and was moved to the [REDACTED] [REDACTED] I received wonderful treatment from a fantastic psychologist and that amazing psychiatrist. Even though I was lucky enough to be receiving treatment I was still very unwell and was admitted to the [REDACTED] several times after attempting to take my own life.

It was also at this time I disclosed child sexual abuse to my treating team. I found it very daunting and difficult. During an admission the staff at the hospital were not helpful in calling the police even though I made it clear I wanted to speak with the police. I was also a voluntary patient at this point and my treating psychiatrist as an outpatient said that it would actually be beneficial for me to have my initial police interview at the hospital, so they could monitor reactions to what I was about to disclose. The staff insisted I call the SOCA team at [REDACTED] from a blue pay phone on my own and handed me a yellow sticky note with the number for them on it and the number for a counselling service on it [REDACTED] house. I was truly disgusted and to this day I still am! These were supposed to be people there to help me help when I was making the biggest and toughest decision of my life that was going to rock my world and that of my families forever.

The day of the interview was worse. The police detectives came, and I was just shoved into some room with them. Not one of the nurses asked if I would like support from them or even from a family member. When I photo identified one of the abusers I was physically sick and vomited in the bathroom next door. Then the police and I had to request for a nurse to sit with me for the last few moments of the interview.

That evening I was getting ready for bed around 8'oclock when a nurse came in. I thought he was just doing his 30-minute checks and I was exhausted after sitting with the police most of the day and also being unwell. He however instead proceeded to asked me to sit down on the bed. He then proceeded to tell me that he had read my notes in which it had been stated the name of one of the abusers. The abuser was a mentor of his he proceeded to tell me. He also told me that I should seriously think about retracting my statement because the abuser was well known and its was just going to create hurt and anguish in the community and for me and my family. Another nurse was actually doing the checks and came into the room he told the other nurse to leave immediately and re assured me that what I did was the right thing!

The nurse that had told me to retract my statement to this day still works at the facility.

He has said he often thought about the statement I made all those years ago, when my sibling was admitted to ██████ I had called to enquired how she was during a rough night for her at around 3am in the morning I was petrified for her and her safety. He answered the phone and my stomach dropped! Over the phone for almost two and a half hours he proceeded to tell me he had recognised my last name from her notes and file and had hoped I'd call so HE could to speak with me for a while as he'd always thought about my statement. In the conversation he stated that HIS only rational he could come to in his mind as to why my abuser did what he did to me is "because the devil had corrupted" my abuser which was a parish priest. This was told to me in 2016 – 2017. He was nurse in charge and he proceeded to talk to me on the phone for almost three hours that night. Now I was terrified that my sibling was now in the care of this man too. More to the point why did he have time to speak to me for so long on shift about irrelevant information and who the heck was watching my sibling when there are only three staff on any night shift there!

This leads me to my next topic of formal complaints, you are told yes you can make a formal complaint, but it is almost enviable that you will not be treated with any form of decency or respect at this service and others like it (in most cases most services). The complaints procedures are at best haphazardly put together and at worst deliberately made difficult in order for you not to make a complaint. So, in effect why bother it's you against him/her and the whole service at the end of the day. So to me anyway it just felt like I had to pick and choose which battles in my life to fight at the time. Most patients/clients must make the same decision as I did so I'm not alone in this aspect.

The amount of medication trials that are put in place at this organisation is ridiculous to say the least. (especially in a young developing mind) Medication should be the last resort in children and young people and even in adults. The data does not lie just look at the enormous increase in children and adolescents being prescribed medication for mental illnesses from 2007 – 2017. I'm one of the "medicated generation" I call it. I was put on my first medication at 15 the worst was Seroquel at 17 and now before the age of thirty have been diagnosed with severe morbid obesity, type 2 diabetes and Osteoarthritis. I now want to have a child and the implication of these medications are harmful to a developing Fetus, so I will never enjoy a pregnancy. I will always worry about the risk to my unborn child and myself. If I'm EVEN lucky enough to be able to successfully come off A LOT of my medications without being ill and suffering withdrawal side effects, I will still have to be on something now and my worries will now be treble of that of a woman my age having a child.

What make us even more angry is watching all the doctors and nurses run around with lanyards, pens and note pads that have the drug companies' names on them and even in some instances the drug names themselves on them. This practice is appalling. I can see the necessity for medication even in younger people to a degree however, parading "the free fun stuff" drug companies throw

around to advertise their medication is disgusting to say the least. This is done right in front of our faces while we have to shovel those disgusting pills down our throats at the worst times in our lives it is downright hurtful and disrespectful to us as patients and clients.

In my latter years at [REDACTED] as I was being discharged I was asked to be a peer support worker and platform member. I enjoyed both but believe strongly now in hindsight I was extremely ill equipped to be a peer support worker not long after my own recovery was just beginning and [REDACTED] journey was coming to an end. I was virtually engaged with people with mental health issues all the time it was not healthy. It was towards the end of my stay at [REDACTED] that as a peer support worker, patients were disclosing ways in which they were going to end their lives whilst on the unit to me. I reported it to management each day I was told. One day I was told by this one individual a plan that was going around the unit. This individual was serious in their intent to use this method and I was extremely worried. I immediately called management as was told in no uncertain terms that it was not my job to make decisions or ask for anything to be removed and that they will do virtually what they liked with the information I had given them. They didn't take it seriously at all. On the Thursday I reported it and by the Sunday night the client had hung them self in the manner in which I'd told management they had told me they were going to do so on the Thursday before. By Tuesday the individual's life support was switched off and I was only notified by a friend of the client of the death of the client as I walked into the peer support office on Tuesday.

To say there was no help was an understatement! I felt so responsible for the individual's death and to this day I still do. I'm so sorry I couldn't do more to save this beautiful person and the anguish the family faces now. I was given no supervision counselling or group counselling after the death, I was just thrown in a room full of lawyers a few days after going to the funeral and asked question after question after question. There was no debriefing after the lawyers saw me either.

This then led to me being the sickest I'd EVER been. I was sectioned under the mental health act and put on CAT C watch for six months, in the same unit the individual took their life. At nights there was skeleton staffing, so I would have to go from the open ward to the HDU unit and sleep on a foam mattress. When they couldn't find a nurse to CAT C me I would be locked in HDU all day either staring at the brick blue wall outside or pacing the garden like on a prison show but smaller. I had no joy or happiness and became so catatonic that I could not even eat or speak. It was at this time the Psychiatrist whom I had virtually worked aside and knew me as an open book even became worried and decided I needed bilateral ECT therapy.

I was in my final year of VCE, in a psychiatric facility, had studied so hard after taking a year off to work on my mental health and exams were about to begin and now was told I was having ECT whether I liked it or not. The ECT Therapy fried my brain and memories (all my exam prep work in my head was already somewhat gone but now it was lost forever after treatment and I was unable to do my exams) to this day I have a difficult time in recording new information and remembering a lot around the time the therapy was taking place.

The recent changes to the Mental Health Act regarding sectioning and ECT are in my opinion wrong. If I didn't have ECT I would not be alive today and I was incapable of making this decision and this MUST be taken into account when ECT is offered. It is going to mean that potential patients like me that would have refused ECT because of the stigma and side effects would be sick in hospital for much longer, take up more resources in hospital, suffer needlessly and more importantly in some cases may lose their lives now. I strongly believe this decision needs to be reconsidered.

I have since been discharged from [REDACTED] and now am back studying and seeking regular mental health treatment from a private psychiatrist and private trauma psychologist and am doing well. I do however rely on them a lot. I also rely on the disability support pension. I do qualify for the NDIS due to my physical limitations however I refuse to take it. I believe the NDIS has done an extreme disservice to the Mental Health community and those suffering from severe mental health needs. There are times where by my physical disabilities are not even as significant as my mental health needs and yet these are not even a factor. There are some months where I cannot shower, brush my hair, cook or even shop due to my mental health NOT my physical health needs! I refuse to take the NDIS on principal. I and others like me need the NDIS as a backup and for our severe mental health needs to fully engage with the community. It's an unfair & unjust system. If I qualify for the Disability support pension based solely on my mental health needs which I do why is the NDIS any different. The NDIS's mission statement says they want all people with disabilities to be able to engage with the community and live their fullest life. Well I know a lot of people that cannot engage with the community and live their lives to the fullest due to their mental health needs and in a lot of cases end up in hospital, living roughly on the streets or in the end just give up and take their own life.

Why is the not even criteria for those whom have severe mental health needs to lodge an application for support, so they can live their fullest life. The NDIS would have to be one of the most discriminatory pieces of government run and taxpayer funded bodies that Australia has come across in a long time. There MUST be provisions in the NDIS for those with severe mental health needs in order to be and equal and just service that they claim to be.

I also still have myself stigma attached to the Adult Public system that I can't shake as it was virtually drilled into me that they are worse than prison. The CAT team, ED departments are run off their feet and there are simply no beds. You can be waiting hours to be seen in our area for a suspected physical head injury. If you have a mental health need well, you may as well just set up camp for a few days in the ED and wait to be seen the situation is in dire situation both metaphorically and in a lot of circumstances now literally.

The police and EMS are run off their feet regarding mental health and the police especially have little to no training. One senior police officer has told me that all they get is a "mandatory multiple choice" questionnaire and then they are expected to go out and do the job of a psychiatrist, psychologist and social work as well as a job as a police officer this goes for ambulance officers as well! How can this be sustainable??? it won't be and it's not! And both the police and Ambulance services are struggling professionally and now in their personal lives.

In conclusion I would like to say that I believe everyone's is trying to make the best out of a very, very, very bad situation. Excellent services delivery or even good service delivery is impossible when the services both private and public are broken. People with mental health issues DO want help even at times when we may seem ungrateful or unappreciative. NEVER GIVE UP TRYING TO HEL US PLEASE!

I have literally been to more individuals' funerals under 30 due to suicide and mental illness than I have been to people over 30 without mental health issues. I've been to seven funerals and two were in their 80's the rest were all under 30 and died from suicide and mental illness. I'm only 28!

This is because they are so ill, they see no way out, they can't afford treatment are not engaged with the community, so they just stop trying to fight the broken judgemental system.

The next big influx of clients I can see needing mental health services that people have not yet considered is going to be primary and secondary carers of people with disabilities. These clients are going to be hard to reach and they always put themselves last in daily life. Carers of those with disabilities are having a hard time as it is and I believe siblings support groups in schools should be mandatory. They are going to be essential for maintaining good mental health in these young people into the future and in turn the people they assist. A lot of parents of children with disabilities are busy in dealing with the needs of the child with a disability or adult they are caring for and this is times where schools need to step up to the plate and help these children and young people help. Adults caring for individuals need proper support too and outreach may be the only hope for them to receive mental health help and debriefing. 10 sessions of mental health care treatment in a clinical setting where by they must arrange carers for the individual they care for, drive to the appointment and worry everything is okay at home. This WILL NOT work. 10 sessions in general of mental health treatment isn't enough care for anyone in the first instance so how can it work for this demographic, those that leave themselves until last!

This is not simply at epidemic levels in Victoria this is replicated across Australia. I now study in the sector and these issues need addressing immediately, before we lose many more lives unnecessarily.

Please feel free to contact me if clarification is needed my email and my phone number are attached below. I would like to remain anonymous as I study and work in the sector now and my career and study opportunities could be seriously affected by me speaking out about this.

Warm Regards

Please help! From someone that knows the Ins & Outs, Ups and Downs. Literally and unfortunately from every angle!