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SUB.0002.0032.0045

Judith Brasher

[REDACTED]

[REDACTED]

Mental Health Royal Commission Personal Submission

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## My Perspective on Mental Health in Victoria

I have been a client of Victorian Mental Health services since I was 18 years of age with personal experiences of many services over my duration of my mental health diagnosis- I am now 41 years of age. I have dealt with both the public and private mental health sectors to varying degrees of success. I have a confirmed diagnosis of Depression, Schizophrenia and borderline Personality Disorder. Below are the list of services that I have dealt with and my experiences of them.

- **██████████ CATT Team-**

To be honest, I found the times that when I have accessed this teams help in a crisis, whether that be on the phone or in person at ██████████ Hospital and ██████████ Medical Centre, to be more often than not useless and a waste of my time and effort. I have found the staff on the phone line to be of little help when it comes to dealing with what I would call a crisis, such as suicidal and being unable to cope with my mental health. When I have called them in times of being suicidal, the minute I mention that I have Borderline Personality Disorder, the staff seem to take this as me seeking attention and tell me to go for a walk when this is often an inappropriate response at times when I have called such as 2 am when walking around my local area is unsafe. For me, going for a walk when I am suicidal and taking their advice could have often meant that I have gone to the local railway station and tried to run in front of a train. Another line they like using when I am suicidal is to 'take a Valium' as the staff know that I have this on my medical records as being able to take this. Again, this is another inappropriate response for me when I am suicidal as this indicates to me a lack of respect and acknowledgement for what is happening and has often made me want to do this on their advice. Fortunately through pure luck or common sense prevailing, I have chosen to ignore this advice but it just goes to show how inappropriate some of the staff members' comments can be. As for other mental health issues when speaking to the team on the phone, I don't believe they take me seriously as some members can be rude and expect me to know how to handle the episode that I am experiencing as 'you have been through this before and will go through it again and we can't help you all of the time with this' line that they are known to hand out. This makes me feel worthless and irrelevant because the reason why I am calling them is to ask for help as I often don't know what to do or can't remember what to do, especially when I am in a psychotic episode and common sense goes out the window. If I knew what to do, why would I waste my valuable time calling them? It defies logic as to why they dismiss me in times of need, especially when I have waited a long time, often longer than 30 mins to speak to someone.

It is important to note that when I have attended the Emergency Department of ██████████ Hospital, ██████████ Medical Centre and ██████████ Hospital to seek out medical attention for my mental health, such as being suicidal or for self-issues or psychosis, I

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SUB.0002.0032.0045\_0003

have often had to wait several hours to find out that the CATT team is unavailable to see me or as in one instance back in September 2017 at [REDACTED] Medical Centre, waiting over 10 hours due to being suicidal to find out that there was no staff rostered on during a Wednesday night leading into the early hours of Thursday morning. This particular instance was to request ECATT who are meant to be rostered on 24/7 which are meant to be able to deal with all psychiatric cases that present to the Emergency Department yet at 5:30 am, to be told 'Sorry. ECATT weren't working last night and we can't help you.' This was despite me presenting to [REDACTED] Medical Centre at 6:45pm the night before. This has made me very wary of presenting to the Emergency Department of [REDACTED] Medical Centre as I believe that more often than not, I won't be able to be seen by the CATT team as they possibly aren't available for some reason such as staff shortages or being too busy. Another reason why I am very cautious about presenting to [REDACTED] Medical Centre and in the past, [REDACTED] Hospital and [REDACTED] Hospital Emergency departments is because when I state that I have Borderline Personality Disorder as one of my diagnoses, the triage nurses tend to treat me as if I am attention seeking and don't require psychiatric assistance due to the stigma and connotations that are attached the mental health disorder. I also feel stigmatised when I attend the emergency departments when I happen to be suicidal because of this mental health condition even if the suicidal ideation happens to be because of the depression or schizophrenic episode that I happen to be experiencing at the time. This indicates to me a lack of empathy and understanding and hence, puts me off attending the emergency departments unless I absolutely have to and even then, only if it is for a physical reason which is deemed much more suitable and acceptable than having mental health. I also feel that if I do present to the emergency department of any of these hospitals, especially [REDACTED] Medical Centre, for a physical reason, the minute I mention my mental health diagnosis, the medical staff seem to try and link my physical issue to my mental health and I believe I don't get fairly treated by them in this regard. An example of this is when I attended [REDACTED] Hospital back in December 2007 for a head injury (I slipped on a slate driveway at my twin sisters' house), I was put in a room by myself and began to stress out due to not being allowed to have my twin in the room to talk to. This caused me to hear voices and become very distressed. My GP got the discharge summary a few days later to find 4 sentences on my head injury and 4 pages on my mental health status despite my primary presentation to the emergency department being for a head injury which had nothing to do with my head injury as later investigations revealed.

In regards to getting the CATT team to make house visits to assess me for my mental health concerns, this service has been extremely limited often to the point of non-existent because of my issues being regarded as not important or not requiring their services. When the team have come out, many days or even a week later, usually the issue has resolved itself or when it hasn't, I have found ways of managing it, I feel that they think of me as a waste of their time. The staff that have come out have expected me to repeat my mental health history despite me expecting it to be on my

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SUB.0002.0032.0045\_0004

patient history somewhere and for them to have at least briefly read up on it. This causes me distress as I often can't remember what has happened when and I feel that this is their way of trying to trick me into saying something that I shouldn't say as their way of refusing me services. I believe that the staff that do attend are limited for time and try to rush me and I also believe that they don't fully comprehend what it is like to live and experience a mental illness or several as it happens to be in my case because of the types of questions that they ask. The professionalism of the staff is also very debatable as there have been several times where staff members have made personal derogatory comments about the state of my living arrangements and who I live with which I find to be very unnecessary and irrelevant to my mental health.

Overall, I find that this service is very problematic when it comes to dealing with mental health conditions in my personal opinion. The majority of the staff that I have had dealings with are rude; lack knowledge of mental health disorders; treat everyone as having the same symptoms even though there can be many different variables for each mental health disorder; lack empathy and compassion towards people; stigmatise and discriminate especially when it comes to Borderline Personality Disorder; provide the wrong or inaccurate information to the point of it being dangerous and even deadly if taken seriously and lack adequate staff to deal with the amount of people that either call the service or request to see them in the various hospital emergency departments. A very disappointing service in need of drastic assistance and resources of both the human and financial kind.

- **████████ PARCS**

I have been admitted 3 times to the PARCs complexes at both ██████████ and ██████████ with could what could only be described as both great and bad, depending on the complex and the staff that operated them as well as what I experienced at these facilities. Below are my personal experiences at each facility.

- **████████ APARC Complex**

I had my first admission to this complex for 1 month in November/ December 2015 due to my private psychiatrist, Dr ██████████, and mental health nurse informing the ██████████ CATT Team that I was being emotionally and psychologically abused by father and twin sister and needed to be removed for my own mental health from my fathers home in ██████████. I found this experience to be unsettling at first because I had never been removed from my home, despite growing up in a household of domestic violence in the 1980s-2000s, yet found the experience to be very rewarding and beneficial to my mental health at the end of the 28 day stay. The staff on the CATT team there, K██████, B██████ and L██████, were very easy to talk to and very informative and supportive when it came to medication issues and the psychosocial staff that operated the facility, ██████████, were very good as well. I found the programs on offer during that stay to be very rewarding and I learnt a lot about my mental health in terms of coping strategies and building up my strengths in

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SUB.0002.0032.0045\_0005

the areas of cooking and domestic chores. Learning to work with others and accept people and their own individual needs was also learnt and I was able to rediscover my love of journaling and participate in art therapy which introduced me to new interests. I also had the opportunity to teach staff and other residents crochet and knitting skills and learn new cooking skills. Getting myself into a weekly routine was also taught to me by my worker at the time, [REDACTED], which gave me the opportunity to practice this at the facility and then take this skill with me to use at home.

My most recent admission to this facility was in October/November last year (2018) for 2 weeks for a respite break as I found that I wasn't coping with my mental health out in the community and again, it was a positive experience except for the fact that it wasn't long enough in my personal opinion. Again, I had to be assessed by both [REDACTED] CATT team and [REDACTED] PARCS to assess my suitability for the program however unlike my first admission where I found the process to be relatively straight forward and easy, this assessment proved to be exceptionally difficult due to a bad experience that I had in 2017 at the [REDACTED] PARCs facility. More on that in the next section. The 2 weeks I had at [REDACTED] was positive in that I got accepted to [REDACTED] instead of [REDACTED] which is what my private psychiatrist wanted and requested and for the fact that it was close to my twin sister's house in [REDACTED]. There were the same CATT staff there in the form of B [REDACTED] and K [REDACTED] who were willing to forget what had happened at [REDACTED] and treat this experience as a new beginning for me with new rules and new expectations. The [REDACTED] staff were also prepared to accept that I'd had a bad experience yet was determined to make amends at this facility and learn all about me again. Suffice to say, besides having personal issues with me being a Certificate IV in Mental Health student at [REDACTED] [REDACTED] and feeling like a failure for being admitted to the facility for mental health issues as a client yet wanting to work in the industry as a peer worker, I had a successful and positive experience there. I do believe that the time was not long enough to deal with my issues and that during this experience, there were not enough suitable programs on offer to adequately deal with the mental health of the clients in the facility. I also feel that staff were negative when informing all residents that they had to go home during the weekends that they were there as the facility was now designed to be more of a short term stay and for clients to re-establish themselves back into their family/home residences even if this may not have been suitable for all clients or for clients not to see this facility as a permanent residence of sorts. I know that when I went to my sister's house for my first weekend, she decided to spend the weekend in the city at the netball for 2 days and left me to my own devices meaning I didn't have any family support which I gather wasn't the intention of sending someone back to their home for the weekend as part of this new program design. I also struggled to deal with several clients who came from [REDACTED] Medical Centre's psychiatric department who had illicit drug issues as well as mental health issues yet continually chose to

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use their substance of choice whilst being a resident of the facility coming back to the facility from leave drug affected causing issues for both staff and residents alike.

## - [REDACTED] PARCs

The only way I can describe the experience that I had at this facility in December 2017 for 12 days was a total disaster in all facets ranging from the psychosocial staff that operated the facility-ERMHA and the psychiatrist in charge of the facility- Dr [REDACTED] - and the way the facility was operated. Add to the fact that the [REDACTED] CATT team staff who came out to my house to assess my suitability for the facility and were explicitly told not to admit me on my dead mother's birthday by myself and my private psychiatrist as it would be a trigger for me and not a suitable day to admit me (they didn't listen to either myself or my psychiatrist and I was admitted on this triggering day on the threat that if I didn't accept the bed, I wouldn't be accepted to the program within [REDACTED] Health again by the staff in charge of the facility) and you wonder why I had such a bad time there. The only good things about the experience that I had there was the [REDACTED] CATT team member who was in charge of the facility, A [REDACTED], and the fact that I had my mental health support worker on call, S [REDACTED], who was called on a daily basis, since my private psychiatrist was on leave for the period I was in the facility, and whom I was able to talk to about my problems that I was having at the facility since I had major issues with the staff there. It didn't help that the reason why I was admitted to the facility was for respite from personal issues and the fact that they had exacerbated my mental health to the point of being unable to live in the community which happened to be at [REDACTED] in a private rental apartment with my housemate at the time of admission. Apparently Dr [REDACTED] didn't approve of PARCs being used this way by my private psychiatrist and because of my Borderline Personality Disorder mental health condition, believed I was wasting valuable resources in terms of a bed that another more deserving client could utilise instead of me. He also chose to make a comment about me weighing 140+ kilograms and that I could afford to lose some weight whilst I was at the facility which I took offence at and therefore took the comment to mean not eat which I chose not to do for over a week when I was there. I found this comment to be derogatory in regards to me being a female and having issues about how I looked in the first place and for him to make a comment like this knowing that I had Type 2 diabetes and needed to eat regularly not only for that condition but for my need to eat in order to take my psychiatric medications as well which could be impacted by lack of food in terms of them working in my body. I found him to be very rude and unprofessional in regards to how he conducted himself towards me and my reasons for being at the facility and this was further entrenched in my mind when I had a reaction to a psychiatric medication that my private psychiatrist had prescribed for me on the Sunday night I was there and when I saw him the following Tuesday at the facility for a follow up talk, he told me there was no other medication suitable for

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me and he wasn't changing it and that I had to put up with the reaction which was an itchy sensation all over my body. I was to later discover when I returned to see my own psychiatrist that his knowledge was wrong and that there was another medication that I could be changed to and should have been. Suffice to say, I am yet to have another reaction to a psychiatric medication ever since. Dr [REDACTED]'s authority in regards to how he exercised power also didn't sit well with me in that I feel that he abused it at times when it came to what medications he would allow the [REDACTED] CATT team staff and ERMHA staff members to issue me with in regards to the usage of my allocated amount of Valium. I was prescribed 5mg 3 times a day as needed by me and for me to decide if and when I needed to use it and until I attended the facility, rarely used it due to me preferring other methods of calming myself down. However, after residing for 12 days at the facility, ended up coming out with an addiction to the drug again as whilst there, staff decided that the minute I became even the slightest bit anxious or distressed, to give me a Valium as a way of calming me down. It took 6 days for me to finally 'explode' and call my mental health worker S [REDACTED], on the first Wednesday I was there and tell him that I wanted to go back to my house in [REDACTED] and take an overdose of my private supply of the drug as I was over taking it and wanted to end it because of what was happening to me by the staff. Admittedly I wasn't entirely rational at the time when I said this and it was out of pure frustration and anger that I said this but I was so fed up with what was happening to me in regards to the whole Valium thing that I'd had enough and didn't know how to deal with what was going on with it anymore. I felt powerless and hated what was going on with my situation yet didn't know how to get out of the situation except to rely on my well used and learnt coping mechanism. This of course led to my car keys being confiscated by an ERMHA worker after S [REDACTED] called the facility to let them know of my potential plan with the worker threatening me with the CATT team if I didn't hand them over to her and me further resenting the fact that I had now lost the only link I had to my dead mother in terms of the car that I had driven to the facility and the loss of my so called freedom. Dr [REDACTED] was also responsible for imposing the ban of me not driving my car and telling staff that I had to personally ask for my keys when I wanted to use my car and give them detailed information where I was driving to, how long I would be there and what I was doing at the locations of choice. I also had to surrender my keys every time I returned to the facility which I hated as other residents knew what had happened and would comment about me surrendering them, telling staff when I still had them on me even if I had just walked back inside.

The ERMHA staff members that ran the psychosocial component of the facility were what I would call, often unprofessional on a regular basis and I noticed that most of them weren't very welcoming to new residents. Some of the staff members treated certain residents like they were special and needed extra attention, such as a particular resident who'd recently been released from the

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SUB.0002.0032.0045\_0008

corrections system and had a combined mental health and drug abuse history and with whom had been at the facility for nearly 8 weeks, long past the maximum period of 2 weeks that was now the allocated budgeted time, and had trouble getting into a suitable living facility. This I found to be unprofessional in that I believed as a worker, they should treat all clients of the service equally and fairly however, this clearly wasn't the case in this situation. I also didn't like that the staff members failed to let new clients know of the facility's rules/norms when going out on trips such as to the beach and wondered why I, as a new resident, took it on my own accord to meet them back at the bus when they didn't allocate a meeting point and got reprimanded for doing so by both staff and fellow clients who had been out on trips with them previously. To me, meeting back at the bus was perfectly logical in that all parties had to return there eventually yet the others didn't think so and I was told this in no uncertain terms on many occasions after the event. Shopping for personal items on work time was also a regular occurrence by staff and again, I found this to be unprofessional and inappropriate as it demonstrated a lack of respect for clients who had limited money with the shops the staff members went into and what they spent their money on. When the staff members did this, I felt poor and horrible in that I would have liked to have spent my money in those stores but couldn't due to my lack of finances. Even the types of psychosocial programs that were on offer by the group, which was handed to each new client in the form of a workbook, I found to be irrelevant and not very suited to the program of support and recovery that I expected to receive from attending this facility, proving to be a big letdown for me. As well as this, I found the staff members to lack adequate training and education when it came to dealing with mental health issues and medications. This was demonstrated when I had a reaction to antipsychotic medication that I had been prescribed by my private psychiatrist which developed on the 2<sup>nd</sup> Sunday night at the facility around 9pm. I told the ERMHA staff member on duty about this reaction and instead of calling the appropriate medical staff, such as CATT or at offering for me to be taken to [REDACTED] Medical Centre to be checked over, she told me to 'take a Valium' for the itchy reaction as she felt that this would work and also because 'CATT won't attend for this sort of thing'. This was to me, very unprofessional and wrong, not to mention out of the workers scope of responsibility because, even though I took the Valium due to feeling that I had no other choice and which didn't work I might add, I was to later find out when I mentioned this is my next appointment with my private psychiatrist, that this reaction should have been examined by a medical professional because the reaction could have been deadly. When I mentioned this reaction to Dr [REDACTED] a few days after the event, he told me that the ERMHA staff member had done the right thing and that he wasn't going to change the medication as he didn't know what to change it to and told me that I would have to continue to put up with the reaction. Again, very unprofessional because my private psychiatrist was able to change this

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medication when I next saw him and was far from impressed with this event amongst others that occurred at the facility.

Overall, I struggled with the time I spent at [REDACTED] PARCS in many ways and believe that I wasn't heard and that my requests for things such as admission dates hindered my experience there. The staff, from the psychiatrist to the psychosocial staff members, except for A [REDACTED] on [REDACTED] CATT, were rude and unprofessional and lacked knowledge and understanding and I didn't enjoy my time there. Due to my private psychiatrist being away on leave, my mental health support worker had to deal with my crises on a daily basis as I had no-one I could trust or talk to, with Dr [REDACTED] telling me that I had to limit the conversations that I had with my housemate because he felt that she was a bad influence on me and my mental health (it didn't help that he knew her from past admissions to [REDACTED] Medical Centre, so I believe that this request was both unprofessional and uncalled for in that I felt that I was still well enough to make this decision on my own). It was decided by both myself and my private psychiatrist in our follow up appointments that he would not refer me back to this facility again with his preference being for [REDACTED] due to the positive experience that I'd had there.

When comparing the 2 PARCS facilities and experiences, I believe that the [REDACTED] [REDACTED] one is better set out with staff on all levels being more professional in their manner and knowledge when compared to [REDACTED]. The psychosocial program that is offer at [REDACTED] and run by [REDACTED] is better in terms of what they cover and how they deal with people with mental health issues. I also feel that [REDACTED] staff are more approachable and prepared to assist clients at all levels without favouring any specific one, unlike [REDACTED] where this is very obvious. I like the fact that there is more respect for clients at [REDACTED] and that staff take the time to get clients when things are on offer instead of using a PA system as well as getting to know them which is a valuable form of rapport and communication when dealing with people with mental health issues. However, the downside to both facilities is that there is not enough time for clients to work through their mental health issues now with the 2 week stay being enforced due to budget cuts and not enough beds for the clients that need them. I also don't like the fact that clients are told to go home for the weekends when this may not be suitable in many different ways/situations for clients, especially those that have been discharged from the hospital system. Mixing clients with alcohol and drug issues also isn't the best solution for this type of facility as I believe that there should be specific places set up for clients that have both mental health and alcohol and other drug issues for many reasons with safety being one of them.

• [REDACTED] - [REDACTED]

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I was a client of this program between March and October 2016 thanks to finding out about it from my PARCS [REDACTED] worker, J [REDACTED] during my first admission. My experiences at this facility at [REDACTED] was very interesting with many things occurring to me, some good and some not so good, but overall, I did mostly enjoy the experience. I found the house to be old but very spacious with plenty of room to enjoy time to myself when I needed it, including me establishing an area just off from the dining hall that I named The Nook which contained 2 couches and a window that overlooked the backyard, which proved to be a great space for me to undertake knitting and other craft hobbies whilst still being able to participate in community life. Whilst there, I was able to get into a daily and weekly routine with life at the community, such as attending the weekly community meeting on a Tuesday morning and making time to participate in psychosocial learning events when they occurred with staff members and other residents.

I had several workers throughout my duration there, including my first worker G [REDACTED], who, although very easy to talk to and supportive, lacked the ability to follow through on administration and other tasks relating to my mental health needs, such as to do with housing and contacting Centrelink about issues that I was having. He also had a thing about trust and respect and that this had to go both ways between him and a client, yet this caused issues for the 2 of us when I found out during an unfortunate event that he'd arranged for me and him to meet with my mental health nurse at [REDACTED] at a time yet he didn't want to tell me as he thought I'd get upset which of course I did. That situation led to me arranging a secret emergency trip down to Tasmania to escape him and what he'd done to me with him only being told less than 12 hours before I flew out of Melbourne. After that, his manager, E [REDACTED], decided that it would be best if I got another worker as things clearly weren't working out between the 2 of us. It's important to note that up until G [REDACTED] broke my trust, things had been going along relatively fine between the 2 of us in that we were achieving many good things such as me getting into an exercise routine and him managing to gain me a scholarship to study mental health at [REDACTED]. I believe he didn't like complex cases and with my diagnosis and requests for him to do things, this also impacted on the change of workers as he had a tendency to want to take things easy and deal with people that didn't eat up much of his time- shown by him attending work late and leaving early when he was on his own for shifts over the weekends and rostered on for early morning and lunch shifts. Suffice to say, when I got a new worker, J [REDACTED], in June, things dramatically changed in terms of what she expected from me and what she would do for me, such as when I could speak to her and about what things I could speak to her about. Instead of having someone who was easy to talk to and approachable, I now had someone who was there for a reason and expected clients to respect her and do things her way. This was harsh and although I put up with her rules and expectations, I didn't really enjoy working with her and felt that I should have been allocated another worker, B [REDACTED], who was in my opinion, a mix between both G [REDACTED] and J [REDACTED]. I personally believe that I didn't achieve as much as I could have with J [REDACTED] as she seemed to want to

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do things a certain way and this made it hard for me to communicate my issues with her. In the end, I was left to my wonderful journal and other residents to help me with my problems when she wasn't available which in the end, proved to help me with my mental health growth.

Throughout my time at [REDACTED], one of the positive experiences I had was developing a long lasting friendship with a fellow resident to the point where the 2 of us ended up arranging to move into private rental accommodation in [REDACTED] in October that year. Moving in with this resident was regarded as a success by both the facility and [REDACTED] as the resident had been having issues with securing suitable accommodation and as I also needed to eventually find suitable accommodation myself, which meant that the staff at [REDACTED] no longer had to concern themselves of working on this much needed task for 2 people. Once the 2 of us had made the decision in July to look for suitable properties between [REDACTED] and [REDACTED], the 2 of us set about using the internet to search for properties and then arrange inspections before applying for them all on our own with extremely limited help from our workers at [REDACTED]. Of course, all of the staff members at [REDACTED] were more than happy to take the credit for the fact that they had secured the property for us and that they had arranged for us to meet back in March, with G [REDACTED] in particular trying to take most of the credit since the 2 of us had been clients of his, however this wasn't true and the people that knew the truth weren't impressed, especially the family members of both of us. Admittedly, at the start, the 2 of us had issues in regards to personal space and the fact that I was the new person in town and she felt that she needed to protect me and support me in all ways possible. It also didn't help that the 2 of us had the same worker in the form of G [REDACTED] and had similar mental health issues and that led to problems occurring at times between all parties concerned. I learnt through meeting this new friend all about life at [REDACTED] and what to expect from both residents and staff with the big messages of hers being that 'more often than not, psychosocial programs will be cancelled at the last minute for pathetic reasons such as staff not interested in running them/doing them (as in the regular Monday morning event of going to Second Bite to gather healthy food for residents) or there not being enough staff rostered on to run the program. Another message of hers included [REDACTED] has a drug and alcohol problem and don't believe staff if they tell you otherwise, especially in the form of illicit drugs such as marijuana and ICE being the drugs of choice' and this was demonstrated when I notified G [REDACTED] of a fellow resident hiding marijuana in the backyard and an informal staff-led drug search occurred in the backyard with residents being confined to a communal area under staff supervision. My new friend proved to be invaluable as she told me all about a mental health course she was studying at [REDACTED] - Certificate IV in Mental Health which I didn't know even existed and this led to me following up on this information and enrolling in the course in July of that year. She also proved to be more than just a fellow resident to me when an incident happened in October that year which caused me to break my right foot early on 3<sup>rd</sup> October at 9:45am at the facility and she arranged an

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SUB.0002.0032.0045\_0012

ambulance to come and take me to hospital due to J. [REDACTED] not taking my injury seriously. I had fallen down 2 steps at the office when choosing to help J. [REDACTED] get some toilet paper from the shed for the residential facility yet because I wasn't crying out in pain, J. [REDACTED] didn't believe I'd injured myself very badly and that I'd be okay – this is wrong in many degrees as I have a high pain threshold and can stand a lot of pain without the need to express myself emotionally when compared to other people, hence, me not screaming when I fell over. When I told J. [REDACTED] that I couldn't walk on it, she tried to get me to stand and move to a picnic table seat near the office which I struggled to do and then went inside the office to get an ice pack, returning 15 minutes after the event. My friend and another fellow resident were now wondering where the toilet paper was as it was now needed back at the residence and then came out to look for me. At this point in time, J. [REDACTED] and another worker, B. [REDACTED], said that they had to take other residents to appointments and that I'd be okay on my own once the ice pack had started to work and drove off incident having occurred. This led to my friend deciding to take control and call an ambulance as she felt that my foot needed medical attention – not her responsibility or duty I might add- and after speaking to the ambulance (her and me), a non-urgent ambulance showed up and took me to the [REDACTED] Hospital. It was later revealed through many scans and x-rays at the hospital that my foot was indeed broken and that I'd require a cast and surgery on it to fix the broken toes, tendons and ligaments and that the reason why I wasn't in as much pain was due to my high pain threshold. This was now later on that day with the scans taking place, yet what annoyed me the most was the fact that J. [REDACTED] had been aware of the incident happening as she was with me when it happened and chose to take a job that wasn't deemed urgent over my serious accident that had happened at the facility, showing a total disrespect for myself and my injury, not to mention a lack of responsibility, accountability and legal duty of care in regards to what had just happened. Her lack of wanting to seek appropriate medical attention except for the basic need of an ice pack because of my display of pain also indicated that she possibly lacked either knowledge, care or interest in what had just occurred to me, frustrating this episode even further. Add to this the fact that when G. [REDACTED] called me on my mobile at 2pm to see where my friend was when I was awaiting further medical scans at the [REDACTED] Hospital and for him to say to me 'Don't tell your family yet that you are at The [REDACTED] as we don't know what is going on', which was clearly the wrong advice as a staff member should have notified my family of the incident and that I was offsite and at hospital because of an injury the minute I left the facility in the ambulance, believe me when I say that when I did call my twin sister who was at my father's house at 5pm that same day to tell them what had happened, they panicked and weren't impressed with G. [REDACTED] and J. [REDACTED]. My family were living in [REDACTED] and I believed that staff protocol would have dictated that if a resident is transported to hospital in an ambulance for whatever reason, the resident's family should be notified immediately, however, this wasn't the case and it caused undue stress and worry on my family at the time. This incident was made even worse when I was left in the [REDACTED] Hospital with limited support by [REDACTED] staff who expected me to

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SUB.0002.0032.0045\_0013

keep them updated on my progress in hospital yet left me alone with nothing to do for the first 5 days until a great worker, G [REDACTED], chose to visit with some personal items to keep me entertained. I might add that I was in the [REDACTED] for 11 days with J [REDACTED] visiting twice including once with G [REDACTED] and only because I requested to see him, with me undergoing surgery on the second Tuesday I was in there (the 3<sup>rd</sup> was a Monday) and having several fellow residents visit me, including my friend who had called the ambulance several times.

When I reflect back on my time at [REDACTED], it is of mixed emotions because although I made a great friend out of it and one with whom I still live with to this present day in private rental accommodation, the foot injury and what occurred with that event has soured what could have been a very positive and rewarding mental health experience. I believe that there needs to be better staff training when it comes to mental health and especially in regards to how people with mental health express pain and first aid procedures and policies. I believe that [REDACTED] should welcome family and respect them in regards to what involvement they have with their family member at the facility and notify them when things happen that cause the resident to be admitted to hospital. Respect for residents in regards to running actual psychosocial programs instead of cancelling them and investigating issues of misuse of drugs and alcohol weren't fully investigated and this made my experience difficult. I also believe that there should be more stringent monitoring and vetting of people who are admitted to this facility with whom have illicit drug and alcohol issues as this proved to be a major issue in regards to safety of residents at times when I was there. Overall, an interesting experience.

- **Other Points of Interest:**

- I believe in my personal experience that there are major issues with the mental health sector on regards to lack of availability of beds in both the public hospital inpatient units and at the 2 PARCS facilities that I was admitted to. This has caused me endless problems when both myself and my private psychiatrist have deemed me to be ill enough to be admitted only to find out that due to a lack of beds, this isn't possible. This has caused great distress for myself, my family and friends and my psychiatrist who would like to have me in a safe and secure facility and to get the treatment I deservedly require only to find out that I can't receive this. There needs to be more beds funded and available for people with mental health issues across all parts of the mental health sector as this is a major issue. Due to there being a lack of beds available, the ability to access and gain adequate and necessary treatment is very troubling because there isn't enough time let alone space in the facilities for this to successfully occur. If there was more funding available for beds, there would be likely to be more people adequately and successfully treated and hence, less people struggling with constant mental health conditions that are currently being untreated due to this issue.

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SUB.0002.0032.0045\_0014

- The lack of knowledge and understanding about Borderline Personality Disorder in the public hospital system is an issue as [REDACTED] Medical Centre and the [REDACTED] CATT team fail to fully understand the condition and have a very negative attitude towards myself and those with it. When I have presented to both of these services, I have been seen in a negative light and one that is full of stereotypes and stigma, such as being manipulative, a waste of time and not worthy of treatment as they deem this condition to be untreatable. The only service that I know of that has had a good treatment record and awareness of this condition is [REDACTED] which specialise in personality disorders, however, gaining access to this service is difficult due to location, waiting lists and times for treatment into its programs and the fact that it is the only type of service available for people with personality disorders in Victoria. I also believe that with this mental health condition, there needs to be better access in the public health system to Dialectal Behaviour Therapy as this is a well-known and successful form of treatment for this condition, yet is relatively expensive and generally only available in the private health system or those that can either afford to fund it themselves or have access to top level private health insurance. More staff training in this area and the condition in general would also help de-stigmatise the condition as well.
- The heavy focus on specific mental health conditions such as depression and anxiety is very disturbing because I believe it comes at the cost of other mental health conditions that deserve equal acknowledgement and understanding such as schizophrenia, Borderline Personality Disorder and eating disorders for example. I believe that if the general Victorian community were made more aware of these conditions and other mental health conditions, they would be more likely to understand what a person is going through and be able to assist them in seeking treatment. This awareness would also possibly allow more people to seek and access treatment, especially those that are specific to the conditions and this may assist in people being less afraid to mention that they have a mental health condition.
- **Suicide information**
  - I believe that there is not enough focus and support for people living in regional and rural areas of Victoria and the issues that are associated with what drives people in these areas to want to contemplate suicide, such as farming costs and lack of services. The fact that people in these areas have better access to weapons due to the nature of living in the country than those in the city show that there is clearly means and motive to undertake this task. Add to the

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SUB.0002.0032.0045\_0015

fact that there is a higher population of males who do this in the country and by this method and it is clear to see that something needs to be done to rectify the situation.

- The lack of compassion and support from [REDACTED] CATT Team as to why people call up asking for help in relation to feeling suicidal is an issue because from past experience, they are very unsupportive and as stated earlier, give dangerous advice, especially if you mention that you have a Borderline Personality Disorder diagnosis which just ups the lack of compassion and support tenfold as they don't believe you and fob you off with stupid advice. This needs to be looked at in a big way because there may be an actual time when someone actually goes through with what they have said and does suicide, causing another life to be lost.
- There needs to be a heavier suicide prevention focus and awareness campaign in general to make the general community aware of the signs and symptoms of a suicidal person. Specific groups that need to be looked at in more detail include young people, older people such as those 65+, men and people living in rural and regional areas.
- There also needs to be more training for police and ambulance officers in this area as they are often the staff that attend to people when emergency services are called for suicidal thinking and attempts occurring such as at train stations and other locations such as bridges.

## ○ Services

Below are points related to this area of interest.

- There needs to be more funding for services for the large amount of people being diagnosed with mental health conditions across the board, from hospitals to community based services.
- There needs to be more specific funding to specific mental health services and those that deal with them such as personality disorders, schizophrenia and eating disorders for example.
- Split mental health specific services and alcohol and drug specific services so they are treated separately and are funded for each specific purpose. If there has to be a combination of both services, have specific service organisations dealing with them as one organisation and make this fully aware to the people that need to access both services through advertising and promotion and awareness to the relevant groups who would refer these clients to these services.
- Have more promotion of mental health services in general such as via social media and going out to groups in the community that require and would use these services, such as educational institutions, sporting and cultural groups and different parts of the whole state.
- Due to factors such as:

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SUB.0002.0032.0045\_0016

- Money
- Lack of private health insurance
- Lack of suitable and reliable public/private transport
- Lack of facilities
- Stigma
- Discrimination
- Location

This has a great impact on people accessing services for support and treatment of their mental health conditions.

- There are also not enough specialists such as psychiatrists and mental health professionals in the mental health industry available for people to assist them in seeking support and treatment especially in country areas.
- People who use mental health as a way of getting off criminal charges also have a negative impact on the way people in the community perceive those who have a real mental health diagnosis because it makes it harder for people to deal with their condition when this is thrown about. This makes the whole stigma and discrimination thing even harder to accept.
- Having celebrities such as sporting people come out and glamourise mental illness in the way that they state that they have access to great treatment through the private health system and have recovered make me and others feel like we are less of a person and don't show the true and often ugly effects of mental health. It's almost as if some people are now claiming that it is cool to have a mental illness because their favourite celebrity has it and that they want to emulate them because of this.
- **Employment of mental health employees and training of future employees going into the industry**
  - There are not enough services and organisations willing to take Certificate IV in Mental Health and Diploma of Mental Health students on as part of their practical placement components of their course which range between 80-200 hours depending on the qualification being studied. This impacts on students gaining valuable insight and experience when dealing with clients and service organisations and providers which in turn, compromises the quality of staff that enter the industry. Mental health services and organisations should be financially rewarded in some way for being willing to take on students as they are going to make a valuable asset to the industry and actually help clients. Organisations shouldn't fear that students are there to take over the jobs of other employees as this is a well-known assumption because students are there to learn and put their academic knowledge into practice and they

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SUB.0002.0032.0045\_0017

should be rewarded for being willing to take on students and learn from them.

- The retention and seeking of mental health employees needs to be looked at as this industry is often seen as being low paying and stressful due to the types of clients that access services for support and treatment, not to mention challenging and hard. This needs to change and organisations as well as the government should work at ways of showing the positives of working in the industry such as seeing clients achieve things that they previously hadn't been able to do when they were acutely unwell and possibly increasing the pay rates for mental health workers as well.
  - Promoting peer work as a career should be advertised more predominantly as people with lived experience can often relate better to clients than those who have a pure academic background. Having more educational institutions that offer peer work courses such as government funded TAFEs should also be examined as more often than not, unless you are already working in the industry, this is not an option for people who would like to consider this as a potential career.
- **Participation**
    - There needs to be a major social change in the community as to how people with mental health conditions are seen because due to media images and stereotypical comments, people with mental health are often seen to be regarded as being unable to work and hold down a job and have a career or attend university or TAFE and gain qualifications to achieve and succeed in the career of their choosing. This is definitely unfounded as I know from personal experience that with the right supports in place, this can and will happen. This would also help with the economic status of the state and the person with the illness as they would be able to earn money and be less dependant on others for financial support.
    - People with mental health need to be given a chance to participate socially in the community without fear of being called names and other negative things happening to them. Groups such as sports and art and craft groups are wonderful things for people with mental health to access and participate in as it allows them to mix with others and assist with their overall health in general.
    - Make activities in the community either low cost or free and you may just have more people with mental illness participate in community events and groups. Medications for mental health conditions aren't cheap as people have to take them regularly to stay healthy and neither is seeking treatment if you have to pay for it on top of getting transport and parking to the support service or treatment facility. All of these costs add up and make it just that little bit harder to participate in things if there is a cost to use and access them.

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SUB.0002.0032.0045\_0018

- Ask people who have mental health conditions what is stopping them from successfully participating socially in their community and the activities on offer in their local area. Ideas for this include visiting inpatient units at hospitals and PARCs facilities; mental health support groups and pose the question on social media to find out the answers. With this funding into research, you may find your answers and be able to then use this information to best benefit not only people with mental health but also what activities they would like to participate in and where to locate these activities. Examples such as people in the country may find that they would like more art and craft groups available at low cost in their community towns and with this information, the government may choose to utilise more people willing to run these groups in these specific areas.