Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF RICHARD (RICK) CORNEY

I, Richard Corney, say as follows:

1 I make this statement on the basis of my own knowledge, except where otherwise stated. Where I make statements based on information provided by others, I believe that information to be true.

2 My statement covers my experience of Victoria's mental health system, including my work at Ballarat Community Health and the Connecting2community program.

My story

3 I first became unwell in around July 1997 when I was 28 years old. I think I had been exhibiting odd behaviour and thoughts for a short period of time, but I recall becoming unwell almost overnight.

4 One night I had a fight with my housemate. I had become fascinated with numbers and was dialling 000 and was unaware that the police were driving past the house. My housemate became aware of the police and he held a knife to my throat and I fled. I'd had a car accident a couple of weeks earlier and didn't have a car so I found myself starting to walk to my mum's house, over 170 kilometres away from where I lived, to get to safety. Police found me walking over the West Gate Bridge. I was arrested, assessed and taken to a psychiatric hospital as an involuntary patient.

5 I was then assessed by a doctor. It was funny because the first thing he asked me was "was I hearing voices?" I just thought it was a really odd question - I said "yeah I am. I'm hearing your voice and my voice." The assessment went on and I ended up stripping completely naked because he was asking me so many personal questions. Sometime later, we're talking early hours of the next morning, I was lying on the bed and the light goes on and about six people, doctors and nurses burst into the room, physically restrained me and then chemically restrained me. That was my introduction to the public mental health system. I then spent the next few days in isolation and no-one would tell me where I was or why I was being held there. I had to beg for a cigarette. Looking back, at the time I was delusional and psychotic, but what I was thinking was reality for me even though others thought otherwise.

6 I was held for a few weeks and released back into the care of the person who had held the knife to my throat, who had turned up at the hospital. It was a better alternative than

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

being hospitalised, but I obviously couldn't stay there, so I decided to take a taxi to my mum's house, which cost me around $250.00. I took as many possessions with me as I could fit in the taxi. By the time I arrived at my mum's I realised she was actually away.

7 My behaviour was still quite odd at this time. I had involvement with the CAT team and was still dialling numbers that ended in 000 from my mum's house. The local policeman picked me up and took me into custody and then to the nearest psychiatric hospital. When I arrived, there was a person who had seen me being escorted in by the police. The person was following me around and kept saying I was a criminal. To get away from him I basically hid in the nurses' station under their desk. I said to the nurses to send me back to the psychiatric hospital in Melbourne if they couldn't keep me safe. I ended up in an ambulance all the way to Melbourne. I was treated again for another couple of weeks, and by this time they wouldn't release me until I had somewhere to go. I had a hearing before the Mental Health Review Board (as it was at that time) and was ultimately released into my mum's care.

8 I was placed on a community treatment order and forced to have a depot injection every fortnight. In two years I was hospitalised involuntarily several times, including at the acute unit of my local area mental health service. My memory from that period is vague as I was on so much medication, so some things are a blur. At the time I feel I lacked insight to my illness, I couldn't see what the bigger picture was.

9 I refused to drive because I was worried what I would do, so my mum took me to all my appointments. I had an out-reach worker through the area mental health service who would come and see me once a fortnight. We would sit on the veranda and I remember I would say that I didn't see a future for myself.

10 I was diagnosed with schizophrenia in 1998. It was devastating. I didn't understand the illness. My perception of people living with schizophrenia was that they were the people on the evening news, naked in the street waving a machete and being shot by police. I thought my diagnosis meant that I had turned into someone homicidal with no future. I lost all hope of being well. At that time I saw no future where I would earn a living or have an intimate relationship, after all who would want a "mental patient" as a partner? I just saw no future for myself being well full stop. I became suicidal.

11 After being diagnosed with schizophrenia I became clinically depressed. I was in fairly bad shape. I had a plan to end my life. My mum wouldn't leave me alone because I made no secret of my plan. One day my mum went into town and I saw it as my opportunity. I tried to start my car but it wouldn't start. It turns out that my mum had asked her friend to take an engine part out of the car so that I wouldn't be able to use it to harm myself. My mum was there when I needed her and thanks to her I am here today doing amazing things.

12 After my attempt to end my life, I was hospitalised. My psychiatrist told me they had tried all sorts of treatment for my depression and about all they had left was to treat me with electroconvulsive therapy. From my previous admissions in acute units I had seen people following that treatment with basically no memory of who they were. This really frightened me. I suppose it also triggered in me something to sort of say well okay, so I mean I'm really at a point now where I have to do something for myself and what could I bring back to the table to the psychiatrist the next time I saw him. I vowed that I didn't want to go back to the hospital. I said to myself that this wasn't going to be my life and I realised I had to make some changes. I realised that it takes the same amount of energy being unwell as it does being well, it's a shift in your thinking.

13 I also had a worker at Wimmera Uniting Care from Horsham that would come over to see me. He would take me and another two guys out for lunch as we were all living on very isolated properties. That service lasted for twelve months. For me, the good thing about having this type of short term support was that I never became dependent or reliant on the support. The people were there for a period of time and then they went. The model of the Connecting2community program (which I discuss further below in my statement) is based on this idea of short term intervention.

14 One thing that really helped with my recovery was the support from my local cricket club. The local policeman mentioned to a few blokes at the cricket club that I wasn't travelling well, and asked them to pay me a visit. Two guys from the club came to see me and helped me get out of the house. They ended up coming and picking me up every Saturday to take me to the cricket. The first season I was so unwell and couldn't play, so they sat me behind the bar and the only thing I said was '$2.50 thanks', every time I sold a beer. Those were the only words I said the entire season. We still laugh about that today, and about how far I've come.

15 I experienced a lot of stigma in the early times. I experienced stigma from not working. I would arrive at training and the first question one bloke would always ask me was "What have you done this week, Rick?" and I'd say "sweet FA", because I wasn't in a fit state to work.

16 Over time I started driving myself to cricket, became a bit more resilient and began speaking up for myself. I got my voice back and instead of saying "sweet FA", I would joke and say "I'm in early retirement".

17 At the cricket club, I was the face of what mental illness looked like, but eventually I was also the face of what recovery looked like. In my view, the stigma I experienced in the early times came from people not understanding mental illness. I didn't understand mental illness either. However, the cricket club has taken their learning out of my experience which has helped raise awareness. It has been really powerful. I didn't tell

anyone of my diagnosis for the first ten years because I was too embarrassed, where now people are able to talk about issues they are facing without feeling as though they are going through things alone and keep things hidden like I did.

18 I have three really great mates from that club today, 20 years on. I feel like being accepted by the club when I was so unwell was crucial to my recovery. I would also like to thank my friend who I had met a couple of years prior to becoming unwell and who never lost faith in me having a bright future, even though I couldn't see one for myself. He sat beside my bed when I was unwell, travelling from Melbourne as often as he could to see me. Today we always end our phone calls by saying "Love you mate" so he will know who I'm talking about.

Connecting2community

About the Connecting2community program

19 Connecting2community is a community mental health program that is delivered by peer workers. The service is provided by Ballarat Community Health and Grampians Community Health. It is funded by the Western Victoria Primary Health Network, and started around twelve months ago.

20 We have six sessions, which are not limited in time. The reason we capped it at six sessions is that when we prototyped the program six sessions worked out to be enough to get people either achieving their goals or on the right path to do so. I found that setting myself goals really helped with my recovery. For example, at the time when my psychiatrist was considering electroconvulsive treatment, I went back to him and told him that I was going to get myself sorted, and that my first goal was to lose weight (my antipsychotic medication is a notorious weight gainer). I set myself a twelve month goal to lose 25 kilograms. The guys at the cricket club really encouraged me with this. Once I reached that first goal, I was feeling so much better and started to believe that I had a future. Eventually I started to look for work and I got a job. One goal led to another, and my confidence just grew.

21 That's the purpose of Connecting2community, we wanted to get a peer worker who is sort of like an icebreaker to connect the person back to the community. The first session involves using the Recovery Star tool. This is a tool that assesses ten domains of a person's life and allows people to measure their own progress (for example with living skills, drug and alcohol issues, physical health or mental health). We do a wellness check to see when the person has last seen their general practitioner.

22 We also ask people to identify what their first goal is, what are the barriers for them and how we can assist the client to achieve their goal.

23 The sessions could focus on joining an art group, going back to work or having a medication review, any realistic goal. Our peer workers are there to act as icebreakers for individuals who want to get back into the community, but have lost the confidence or the ability to do so. We focus on whatever is important for that individual. One of the reasons why there are only six sessions is so that consumers do not become reliant on the service over a long period of time. For me, one of the things I liked about having an outreach support worker from the area mental health service or community mental health service was that I was never dependent or reliant on them long term. They came and went and were involved with me for a limited period of time. Connect2community is not an outreach service as we try and encourage people to be as independent as possible.

Co-designing programs with peer workers

24 When I applied for the job at Ballarat Community Health it was for the peer worker role for the Commonwealth program, Partners in Recovery which was to end in 18 months. It was mentioned that to keep myself employed after Partners in Recovery ended, that part of my role would be to help develop a new program for Ballarat Community Health. At that time I was a member of the Consumer Workforce Development Group with the Department of Health and Human Services. As part of this group we were offered co-design training by an organisation called the Australian Centre for the Social Innovation (**TACSI**).

25 Prior to the training, Ballarat Community Health held a ‘Speak Out’. A Speak Out is an informal gathering of people from the community which can be used to obtain the communities views on issues that are important. We also had figures from the Partners in Recovery program, based on around 60 clients. The four things that people kept on saying they wanted were social inclusion, meaningful daytime activity, improved mental health and improved physical health.

26 After completing the co-design training with Ballarat Community Health, we approached TACSI. TACSI mentored us for twelve months as we developed the Connecting2Community program. Developing the Connecting2community program took a lot of prototyping and mentoring. We asked people who were already accessing other Ballarat Community Health services (eg counselling services or AOD services) to take part in the program to work with a peer worker. The co-design project took 18 months.

27 Some of the feedback we received included: “*the peer worker wasn’t like a professional who you thought you were there and you were taking up their time, that the peer worker actually took the time to get to know me and listen to me and find out what was important for me and I didn’t feel like I was taking up their time*”. To get feedback like that was really heart-warming.

28 In my view, if you strengthen the individual, you strengthen the community; the community is the resource. People living with mental health issues are citizens like everyone else, and they should be doing mainstream activities in the community like everyone else.

Lived experience in governance

The role of lived experience in making services reflective of peoples' needs and aspirations

29 In my view, people with lived experience are the experts in mental health. If you design programs that are client centred, that listen to the lived experience of what people want to achieve, what their aspirations are, what the barriers are to them getting there, people will come and take part.

30 The beauty of what we're doing with Connecting2community is that we ask people to come up with their own goals. It's not what we think is best for them. The result is that people find answers to their own questions, they are coming up with the solution which means they will buy into it far more than if we had identified the answers for them.

Ensuring that people with lived experience have a meaningful and enduring voice in decision-making at all levels

31 It would be great if people with lived experience were involved in Government policy and service delivery, on boards or in management positions of community health service providers. We know that people with lived experience are a great resource for what works and what doesn't work. I think we underestimate that people in management do have an understanding of mental illness, but we need to foster that rather than looking at it as a barrier. I know that three managers I have had, have immediate family members with mental health issues so they have a lived experience in a way, just not personally.

32 The culture of an organisation is really important. Ballarat Community Health is a really pro-active organisation that has embraced co-design. We have senior management who are committed to the co-design process and do not pre-empt the outcomes. I think if more organisations had that sort of philosophy or that mind-set then we would be a lot further down the track in terms of actually making some change. Co-design is a mindset. People are experts in their own lives, and they should be included in decision-making and program design. This is a shift in thinking, and it really has to be promoted at the organisational level.

33 In terms of service delivery, it comes back to co-design. It's important to listen to people to work out what is working and what is not working. If we can get the early intervention

and prevent people relapsing or becoming unwell primarily in the first place we're going to be a lot better off.

34 It's also important that there are available jobs for people. There may also be some hesitation about hiring people with lived experience. There's a perfect storm of people having the right qualifications, having lived experience and being in a position where they are managing their illness. In terms of growing the peer work force, if someone has a Certificate IV or a diploma in mental health or alcohol and drug use, and they apply for a peer role, they've had that grounding – but it's also important to ensure there are roles available for people. There's talk that the Certificate IV in Mental Health Peer Work is going to be offered free to study but if there aren't jobs available once people have finished their study, you're setting people up to fail. It's a balancing act to get things right.

35 It would be fantastic to have an organisation that was completely peer-led delivering community mental health support from the Chief Executive Officer down. Like VMIAC, which is the peak advocacy body for people with mental health issues here in Victoria. A key factor in helping more of these organisations emerge is funding.

Considerations for regional communities

36 It is important to consider that in regional and remote communities it may be more difficult to speak out about having a mental illness because you are living in a smaller community and are more likely to know people personally. For me, I'm comfortable speaking about what I've been through, but it did take me some time to feel comfortable with that. It's also really important that you have a community that welcomes and accepts people living with mental illness. When it comes to accessing services, transport and financial stress are huge barriers for regional and remote communities.

37 However, geographical location is not everything. I feel that people can have similar feelings of isolation living in an inner city suburb. In my view, if you aren't connected to your community, you can feel quite isolated, no matter your location.

Future aspirations

Factors that would have made my experiences with the mental health system more positive

38 I feel that my treatment as an involuntary patient could have been more humane, but the intervention needed to happen for me when it happened, and I'm grateful for the treatment I received. I have my diagnosis now and I'm comfortable with it, I feel I can get out in the community and put a face to it, to normalise the illness and I've made a career out of it.

39 For me, at the point at which I had lost all hope and saw no future for myself, if a peer worker had said to me "*actually I was in your shoes twenty years ago and I had no hope and I never thought I would have a job or a partner and I do have these things now*", I think my recovery might have begun sooner.

40 That's the beauty of peer work. You're a role model and a motivator and you can genuinely say to people that you have done the hard yards and that you are there to support them. You can also encourage and challenge people to get out of their comfort zone and do the hard work for themselves, it's a balancing act.

41 It would also have been good if there was support for my mum too. If she had someone to say that they had been through what she had been through, that would have helped her manage.

42 It is important that support comes from someone who has had lived experience as well. You have that immediate bond with a peer worker and you can connect on the same level. It's a shared understanding that happens right from the word go. It's really powerful to be able to share parts of your story with someone and to give them the hope that things can turn around.

The capabilities and skills of peer workers

43 At Ballarat Community Health we see the peer workforce as an emerging discipline where people will bring a qualification as well as their lived experience to the workforce and should be paid for their time. Since I started as Ballarat Community Health's first peer worker, two more peer workers have joined the mental health team and others with lived experience have participated in a project as insight gatherers. It's important that peer workers have good people skills and can relate to people. They need to be good listeners but also have the client look to the future and promote recovery. Personally, I'm proud to be able to demonstrate a sustained period of recovery to others. It doesn't mean I don't have bad days but for my part now, the illness does not control me, I control it. Everyone's journey is different. Some will hold down jobs, others will volunteer. Some workers may need to take more time off than others for their wellbeing. My work/life balance means that I don't work full-time and am not looking to climb the ladder as such. Whatever that looks like for others, if they're a good worker and stay well, if it works for them, that's fantastic.

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