Education and training of doctors needs to focus on the impact of biases and discrimination on an individual.

I was totally discriminated against by my GP because of his lack of understanding about childhood trauma caused by being abused as a child. He did not understand that dissociation could be resolved by Cognitive Behaviour therapy (Even though the psychiatrist informed him in a letter that it had been thoroughly dealt with to his satisfaction) which in my case had been undertaken 20 years previously. My GP had rigid beliefs that the dissociation would be permanently on-going and he believed that as a result of this dissociation I could not be trusted. I had worked extremely hard 20 years ago to come to terms with what had happened in my childhood, and the psychiatrist who helped was satisfied that it had been addressed and that I had not dissociated for 15 years.

The GP's biases came to the fore when I was struggling to come off medication. His biases added greatly to the trauma along with his total lack of knowledge on Benzodiazepine withdrawal. His stigmatized behaviour led to my being denied medical treatment, it could have cost me my life. He is a teaching doctor in our local hospital which causes me great concern because of his judgemental stigmatized behaviour.

To reduce stigma and discrimination it is extremely important that it be a key selection criteria for medical students into universities.

We believe our GP felt that I was in some way responsible for being abused as a child (The abuse started when I was just 4 years old). My GP's behaviour made me feel as if I was being abused all over again because he was the one with power, I was reliant on him helping me and he refused to help me. I will never be able to access help from our local hospital because of what he has written. I recently tried to rectify the situation by contacting the health commissioner's office, but because it took me almost all of the last 5 years to recover from being mentally, physiologically and emotionally harmed by the medication I had been on for 20 years taken as prescribed I discovered I was unlikely to be able to remedy the situation because I needed to have made contact within 12 months.

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

I do not believe that prevention of mental illness is being addressed satisfactorily. My concern is that GP's with little knowledge of mind-altering medications prescribe them when they should be suggesting counselling or just suggesting a person gets out and walks or eats healthier foods.

I believe a key aspect of preventing ongoing mental illness would be education about psycho-tropic, mind altering drugs.

When people get initial treatment from their GP or their psychiatrist their family or carer and the patient themselves need to be fully informed of all possible treatment options and the risks especially where medications are concerned

Patients should not be put at risk of being harmed by their medications which is currently the case especially with doctors not following ***world health guidelines for Benzodiazepines which have been around for 30 years***. The Australian Medical Association has had guidelines in place for 10 years, but a large proportion of doctors do not follow them.

The Royal College of Psychiatrists, UK, London stated on their website (October 2017 to Feb 2019) that ***"four out of every ten people who take a Benzodiazepine every day for more than six weeks will become addicted."*** Becoming involuntarily addicted to a prescribed medication impacts dramatically on a person's mental and physical health. Patients are not being warned of the risks.

I was prescribed them for 20 years and never warned of the risks, and constantly told I could safely remain on them for the rest of my life. I had been against taking them in the first place. They disabled me totally physically, mentally and emotionally. I was on a low dose and never sought to have them increased and followed the specialist's advice to the letter.

When I withdrew from them my husband and I went through a nightmarish experience. My GP refused to help me, my husband and I found that we had to deal with the situation on our own.

The world expert Professor Heather Ashton's statement describes my ordeal succinctly in "Benzodiazepine Withdrawal: An Unfinished Story" when she writes:

"***Benzodiazepine withdrawal is a serious illness. Patients were usually frightened, often in intense pain, genuinely prostrated. The severity and duration of the illness are easily underestimated by medical and nursing staff, who tend to dismiss the symptoms as 'neurotic'. In fact, through no fault of their own, patients suffer considerable physical as well as mental distress. They greatly value close medical contact and support, both in the early withdrawal stages and for the prolonged follow up period."***

I was blamed and shamed by the medical profession when I went through the withdrawal process and multiple errors were made by them and because of their total lack of knowledge about withdrawal they put my life, and my physical and mental wellbeing at risk. I have now recovered to normal physical health. It was a long process. Unfortunately, because of medical mistakes I have been left with a very severe form of Multiple Chemical Sensitivity and as a result have a very restricted and isolated existence and have been left with severe PTSD as a result due to the physiological and psychological impacts of my reactions. This has also resulted in my [redacted] experiencing PTSD.

There needs to be specialist centres to help people come off Benzodiazepines because as the ***Royal College of Psychiatrists, UK, London state "some people go on to have unpleasant withdrawal symptoms for many months or even years!!"***

Prescriptions for all first-time prescriptions of Benzodiazepines should be limited to two weeks, and if an extension of the prescription is necessary, the patient should be fully informed of the risks by the doctor prescribing it and sign a declaration stating that they have been informed.

There are currently approximately 110,000 people being prescribed Benzodiazepines in Victoria. We can not afford to rely on doctors gradually following the guidelines because if we do that it could take decades, in the meantime there will be more casualties with people becoming dependent, chronically ill and a proportion committing suicide.

Patients who are harmed by mediations prescribed by their doctors suffer mentally and physiologically while they go through months of withdrawals and then in the long aftermath. There needs to be accountability on this issue.

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

With the high number of suicides, I do not think that it is possible to say that anything is working well.

A key factor in preventing suicides in my opinion would be to control the prescription of Benzodiazepines because there is very clear evidence that Benzodiazepines are a key player

In suicide deaths in Victoria:

The Victorian Coroner's Court reports that "Benzodiazepines continue to be the most frequent contributing drug group playing a role in 98% of multi-drug deaths between 2009 and 2016."

"***Between 2009 and 2014 the number of deaths from overdose where Benzodiazepines (Diazepam, Alprazolam and Temazepam) were the main contributing factor was 1133 this compares with where alcohol was the main contributing factor which caused death between 2009 and 2014 which was 534. Heroin in the same period was 773.***

A key component in preventing suicides would be limiting all first-time prescriptions to just 2 weeks and any extension of the prescription only after the patient is fully informed of the risks of the medication and the signing of a declaration stating that he or she has been informed.

Compulsory education of prescribing doctors on the risks of benzodiazepines and how to approach safe withdrawal of the medication.

In the Royal College of GP guidelines, UK, Top Ten Tips:Dependence Forming Medications it states that ***"Long term benzodiazepines are of limited benefit and have well documented harms."*** ***and that "You (meaning the doctor prescribing) are responsible for any prescription you sign , including repeat prescriptions for medicines initiated by colleagues, so you must make sure that any repeat prescription you sign is safe and appropriate."***

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

It is hard for people to experience good mental health if the medical approach is simply focused on medication which dampen down emotions. Patient do not end up resolving the issue or issues which is or are problematic to them, when or if they come off their medication the issue is still unresolved.

Doctors need to be educated about not prescribing long term medication because medications lose their effectiveness and end up causing physiological and mental health problems. (There has been unfair blame directed at patients supposedly misusing medications because they are on them long-term however if patients are oblivious to the risks because they have not been informed of the risks then they are not misusing the medication, and what about the doctor who is prescribing them, I believe he is mis-prescribing them not following the recommended guidelines.)

In rural areas I think there needs to be a system of psychiatric rural support nurses who visit patients in their homes to see how they are adjusting and living in the community. People often respond better in their home environment. A good therapeutic relationship could be developed and help to make progress forward.

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

Areas such as [redacted] have limited mental health services because they only provide support and emergency services for people who are psychotic.

A key method, to address this would be to provide a far broader service delivery providing facilities that are for people suffering from depression, Post Traumatic Stress Disorder as well as support services for people coming off medications.

It is totally unacceptable in country areas not to be providing for people suffering from depression especially when climate change is having such a huge impact on the regional areas causing severe droughts. There needs to be a mental health service available 7 days a week 24 hours a day for emergency cases of depression. There also needs to be rural support workers trained in psychiatry (nurses) to do home visits.

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

Families and carers need to be able to access help when necessary, unfortunately the current approach in rural Victoria leaves enormous gaps in service provision leaving families and carers feeling vulnerable because of the restrictive nature of service provision which is focused on psychosis and not other mental health issues.

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

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

The key area of reform is education of doctors about the psychotropic medications that they prescribe. A large majority of initial prescriptions of anti-depressants and medications such as benzodiazepines. are prescribed by GP's. Unfortunately, many GP's have little knowledge of these medications and can accidentally because of their lack of knowledge start their patients down the path of tolerance and addiction.

Education is the key to improving the mental health system. This education should involve learning about side-affects, concerns about dependency, and the process of withdrawal as well as providing support after withdrawal until the patient has recovered. It needs to be a key component in medical training and compulsory for all doctors currently prescribing the medication. The Royal College of General Practitioners in UK makes it clear that as the prescribing doctor, ***"You are responsible for any prescription you sign, including repeat prescriptions for medicines initiated by colleagues so you must make sure that any repeat prescription you sign is appropriate."*** Doctors in Victoria need to be aware of this because if they prescribe

a Benzodiazepine beyond the 2 to 4 weeks, they are going beyond what the pharmaceutical manufacturers take responsibility for.

GP's should be encouraging their patients to see a psychologist or psychiatrist so that their patient can deal with the issues rather than resorting to medication from the outset. They should also encourage their patients to go for a walk each day or visit the local park as well as encouraging them to eat a healthy diet all these suggestions help in maintain good mental health.

In regional Victoria mental health units such as [redacted] Mental Health Unit need to provide services for people suffering depression and emergency services for people coming off psychotropic drugs. Saying that they only provide for people who are psychotic is unacceptable.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

The most important preparation for change is education especially of all medical staff. There needs to be extensive research into the use of medications, their benefits and their harms. Knowledge gained from this research needs to be used to educate mental health professionals.

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

My life has been wrecked because of a medication I was prescribed. I was against taking the medication in the first place, but was told if I wanted help with dealing with the childhood trauma I suffered I needed to take the medication. (10 mg Diazepam, 10 mg Temazepam and 200 mg Zoloft – Zoloft was relatively easy to come off, Diazepam was terrible.) I followed the psychiatrist's instructions to the letter ended up physically, mentally and emotionally disabled for 20 years (Wrongly diagnosed with a neurological illness as well as Irritable Bowel Syndrome) because of that medication. I was never warned of the risks. I went through hell coming off the medication and then went through a long drawn out recovery period.

I never expected to be harmed by medication taken as prescribed by my doctor.

I was blamed and shamed during the withdrawal process and refused medical assistance on a number of occasions. I then found that there is no way of getting accountability or compensation because there is 12-month limitation period in which to approach the Health Commissioner and even legal action.

I will repeat the following statement written by the world's leading expert on Benzodiazepines because it gives credence to what I suffered. In Professor Ashton's "Benzodiazepine Withdrawal: An Unfinished Story," she writes:

"Benzodiazepine withdrawal is a serious illness. Patients were usually frightened, often in intense pain, genuinely prostrated. The severity and duration of the illness are easily underestimated by medical and nursing staff, who tend to dismiss the symptoms as 'neurotic'. In fact, through no fault of their own, patients suffer considerable physical and mental distress. They greatly value close medical contact and support, both in the early withdrawal stages and for the prolonged follow up period."

I would like the Royal Commission to research the risks and impacts of Benzodiazepines including looking thoroughly at the ***impact of Benzodiazepines on suicide rates looking at the information from Victorian Coroner's Court regarding suicide deaths where Benzodiazepines were the main contributing factor for the period from 2009 to 2014 deaths numbered 1133 compared with where alcohol was the main contributing factor in deaths for the period which was 534.***

The Victorian Coroner's Court also reports that Benzodiazepines continue to be the most frequent contributing drug group playing a part in 98% of multi-drug deaths between 2009 and 2016.

Looking at websites such as The Royal College of Psychiatrists, UK. London because on their website (October 2017 through to January 2019 – currently being updated) they state ***"that 4 out of every 10 who take a Benzodiazepine every day for more than six weeks will become addicted."*** Patients have a right to be informed of the risks.

- The Royal College of Psychiatrist's, UK, London also stated on their website that ***"some people go on to have unpleasant withdrawal symptoms for many months or even years!!"*** It is long overdue that it be recognised that Benzodiazepines cause an incredible amount of discomfort during withdrawal.
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- There is ***extensive research into the impact of Benzodiazepines on a person's ability to drive.*** The Wolff Report written by a panel of experts in Britain reviewed an extensive amount of research on Road Traffic Accidents in the United Kingdom and Europe. ***"It estimated that a person taking Benzodiazepines as compared to a person not taking Benzodiazepines had an increased risk of between 61% (Rapoport et al 2009) to 290% (Engeland, Skurtveit, and Morland 2007) of having a road accident.***
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- On page 146 of the Wolff Report ***"Among killed drivers in the DRUID studies*** (**Dr**iving **U**nder the **I**nfluence of **D**rugs and Alcohol and medicines – an integrated project involving 36 institutes from 18 European countries) ***the presence of Benzodiazepines was second most frequent toxicological finding after alcohol."***
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- World health organisations including the American Geriatric Society and the Royal College of Psychiatrists, UK., London recommend that Benzodiazepines not be prescribed for people over the age of 60 because ***"Large scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalisation and death more than double in older adults taking Benzodiazepines."*** (The American Geriatric Society 2012.)
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- Benzodiazepines are a very useful drug when prescribed according to world health guidelines and manufacturers recommendations. These guidelines have been around for 30 years. The Australian Medical Association has had guidelines in place for 10 years unfortunately a significant proportion of doctors chose not to follow these guidelines and as a result their patients end up becoming addicted and harmed. The Victorian Coroner's Court has in the past recommended that Benzodiazepines be re-scheduled, this did not happen.

I suggest that the Royal Commission recommend that all new first time Benzodiazepines prescriptions only be prescribed for a two week period following the world health guidelines, and that if there is a need to extend the period the patient be fully informed of risks and sign a declaration stating that they have been informed. This would lead to a reduction in suicide deaths as well as reduce future trauma and harms to those patients.