2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Ms Ruth Deane

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
Openness and non judgemental minds. Communication between all mental health fields and sufferers- so that sufferers are heard properly not just placed in a box or diagnosis.

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?
"Better free psychotherapy early in diagnosis for longer not just ten sessions. Support before the sufferer presents at hospital! It seems the support I have around me only came due to multiple admissions, I don't won't my [redacted] to have to self harm or attempt suicide to receive support- this just encourages these actions in a small way- preventative measures should be considered well before sufferers present to hospital."

What is already working well and what can be done better to prevent suicide?
Again early intervention! At the moment if you call the CAT team and say you are suicidal they don't do anything but if u then attempt suicide they act. Communicating once thoughts of suicide should be enough for action and support. Things done well are the amount of phone supports but they do not follow up and this leaves those that struggle alone.

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.
"Those that suffer from mh know others and are afraid of the system, the devastating stories being told of shackles, injections etc stops people from seeking support they need. A holistic approach to mh should be incorporated into all systems, diet, exercise, psychotherapy and psychiatry. Talk therapy before medications should be considered. Isolation is a key problem with seeking better mental health - in my case the complexities of my diagnosis are not understood by many in the public mental health system, and brush off issues."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"I have experienced psychiatric wards in both public and private and the difference is enormous. The knowledge of the psychiatrists in the public system is even outdated and the amount of people who aren't able to access the private system is growing due to living costs, homelessness, addictions etc. why are our psychiatrists not educated better in the public system? It seems unless there are family around a sufferer willing to help and support the sufferer goes around and around in and out of psych hospitals and this cycle can last years. Obviously those who have access to private hospital cover have the means and or family support, the knowledgeable psychiatrists and the groups run from these hospitals increases the sufferers risk of being admitted time and time

again. These programs are not available to the public sufferers."

What are the needs of family members and carers and what can be done better to support them?
"Friendships, support and listening ears."

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
They are all overworked and at the moment with the ndis run out half of them lack proper qualifications to do the jobs assigned. They need support to better educate them and like a psychiatrist and psychologist has a supervisor to chat with.

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?
"I am on a disability pension I am very thankful I have that but I also attend university and work casually as a swim instructor. However many of my fellow sufferers don't feel capable of work or study, they feel useless to society. I have encouraged many of my friends who suffer mhi to try swim teaching as it's short hours. I find this helpful as even if I'm having a bad day I still go to work, during my four classes I am full on engaged in teaching and then when I finish I go home- most of the time feeling much better emotionally and more stable. I don't have to put on a front too long and do enjoy my job very much. Without it I don't think my mh would be getting better. Groups could help- they encourage one another, support them in there struggles but also built them up to feel capable of even trying for a job."

Thinking about what Victorias 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 use of restraints and security to manage patients with force and loss of dignity. Communications between all sectors of the field private and public. Patient and provider! Hospitals are understaffed and nurses are over anxious so as soon as someone raises there voice a code gray is called- this is out of fear, education on how to communicate with people would go along way, we just want to be heard, we don't want to be ignored but as they are understaffed we go unnoticed unless we raise our voice- insecurities and shame keep us silent and struggling and society as a whole see us as a burden to the world, however we have a vast amount of empathy and knowledge that if heard will go along way."

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
N/A

[redacted]

To whom it may concern,

I would like to know why my management plan has been changed without my being advised?

This whole year I think I have attended a ward one or twice, since then I am relieved from recovery at all hours of the night and day with no follow up care or even a debriefing of what has occurred.

9/10 when I attend [redacted] I am treated like a problem behaviour rather than a patient, by this j mean no sitchers are done - this make s me feel like the surge registration on duty want s me gone ASAP and doesn't care about my overall whelbeing, 9/10 when I present at a gynogological hospital stitches are done?
If you cannot provide adequate care to my needs you need to advise me of this immediately and lease with a hospital that does offer gyno care to take your place.
I have also read the management plan that you stress is why my management plan is the way it is however, in the plan doesn't say to only offer one lot of sub cut morphine- you have awknowledged that I am in pain yet refuse to make this available 4 hrs prn as needed by either emergency staff or ward staff! This is not following your management plan.

Your duty of care to me has competley gone. Recovery is not a place I find comfortable but extremely busy, staff have no understanding of my issues and nor do they try to understand. For this reason I will not stay there any longer than I have too especially when they have advised there is no bed on The ward.

I am not prepared to have a meeting about this but want a phone call or email explaining your reasons for the above issues. This will be forwarded to the health commissioner as I have been brutally honest with you all from the start and yet you show me little respect or understanding.

Please pass this on the [redacted] head of emergency and [redacted] so that something can be done regarding my applaurable treatment this year.

Ruth Deane

On 26 Nov 2018, at 10:14 am, [redacted] Feedback [redacted]> wrote:

Dear Ruth

Unfortunately, [redacted] does not work in Patient Liaison anymore. I am

sorry to hear about your experience last week when you were in recovery. This is unacceptable behaviour and I will forward your email onto the Nurse Manager for theatre who will then speak to the staff member concerned.

Let me know if there is anything I can help you with

Kind regards

[redacted]

From: *Ruth* [redacted] **Sent:** *Thursday, 22 November 2018 4:41 AM* **To:** [redacted] *- Feedback* [redacted] **Subject:** *Re: Admissions- management plan*

Hi [redacted],

I am writing to discuss my treatment tonight during my stay in recovery. [redacted] was my nurse when I came out of theatre and I was treated with so little respect.
I asked for my undies as I feel more comfortable in them when waking up. Within a few minutes I sat up to look for them myself (as per usual) and she barked at me for not waiting. I asked her why she was snapping at me but got no reply. After a while I asked if I was going to the ward and she snapped again, stating she hadn't called them but she would be my slave and call them - her tone the whole time was course and rude. I again asked her through tears why she was being so mean and I got no response.
I felt ashamed, guilty, what have I done on top of my already guilty feeling For being there yet again so soon.
I know I have been attending frequently and all the nurses and

staff have been great except this experience.
[redacted] was also on in recovery so if [redacted] didn't want to deal with me why didn't she swap- [redacted]'s patient was sleeping still.
Can you please advise me what will be done to educate etc [redacted] on her bedside manner?
It seemed like she was proud of her behaviour as when the nurse from the ward came and I was in histerics I asked her to take me away from the nasty nurse- her response was- that would be me!! As if she didn't care about her behaviour or even regret how she had made me feel by her behaviour.
I am sending this while still in hospital as I believe no one should treat another like that, in the street, public transport or even in my job I would never get that treatment, so I shouldn't expect it here when I am at my most vulnerable.
Please follow up with me as to what protocols will be followed about her behaviour.

Kind regards

Ruth

On 12 Oct 2017, at 6:06 pm, Ruth Deane [redacted] wrote:

Dear Simone,

I have not heard anything form you regarding my past emails and my last four presentations and been so varied and different. Fridays admission sore me in pain for one hour longer than i needed to be as Dr [redacted] refused to administer the appropriate pain relief, on the justification the the nuerphen may work in the mean time. The rest of my stay on the ward was fast and swift and the nurse on the ward was very helpful, experienced and did a wonderful job of looking after my needs. Sundays admission - due to the fact that [redacted] was present went ahead without any hitches and ran smoothly and so did my presentation on monday night also. At this point I was unaware if this was due to the fact that the management plan had changed or that it was circumstantial as too who and which doctor i had on at this time. Last nights admission was abhorrent to say the least. I was not seen in emergency by any doctor. When asked for pain relief the nurse sort out the doctor and it was given but again there was a delay in giving me the appropriate pain relief

- just incase the lower doses of pain relief would work). Time and time again I have made it VERY clear these pain reliefs DO NOT WORK, when I have blades inserted and time and time again I am left to suffer the consequences of being in pain because nurses and doctors do not want to timely address my pain reliefs appropriately. At no point is there ever a nurse coming back to see if the pain relief has worked no matter what is given. At no time am i treated like a normal patient, given regular obs or check ins to see how i am going. I am left in the subtle or ward room for hours on end to fend for myself and manage myself s best i can at the time. After waiting one more hour in me regency without still seeing my doctor i asked the nurse if Surg reg had been called and the ward had been notified - at which she advised the doctor would do this. I explained clearly the doctor was busy and she needed to sort out someone else to of this as this should be done when i first show up and not several hours later. From arriving at emergency I was finally transferred to the ward at 2am. No one had asked about my pain, the areas i was in pain or the circumstances surrounding my pain - this was not a normal presentation but no one even bothered to ask for cared about anything else than what was to be followed by the plan.   I was told on arriving on the ward that surge would not occur till first thing in the morning but when this didnt happen I was not notified of the new time or communicated to be at all. I was in great distress as no one had validated at all my experiences before attending hospital and no one want to know my experiences. I asked to speak to psych liaison and was advised they would see me after surge. When i did speak with [redacted] I advised him it is best to see me before surge if there is a delay and i do not wish to hang around waiting to talk to someone if i don’t need to.   When i was finally taken down to pre-op at 12:30 i was eventually moved to the room in the recovery section (mind you this is a very triggering room as it only has a door and nothing else - no curtains etc.) The nurse advised me that there was a delay in getting me in to surge and it would be ten minutes. nAfter ten minutes I called out as no one had given me a call bell etc and again was told it would be ten minutes. By this time you could imagine I was not calm and was highly triggered, asking them to take me back to the ward where i would be calmer and also be given pain medication due to me at one pm. (I asked them if they could administer this in pre-op but they refused or said no). By this time I had been in [redacted] hospital since 10:30 or so and it was now over 12 hrs and at no point had anyone given me a drip of saline to help with my dehydration, and when asking for a sip of water was refused and it would compromise surgery.   We need to have another meeting regarding all these issues and I need to see a new management plan made up to fix all of these issues that are still yet to be changed or addressed. I am sick and tired of being treated like a second class citizen and one that nurses treat with contempt, annoyance and impatience, when i try and explain to them things.   I am sorry this email is very emotive, but I have just arrived home and needed to get this too you. I expect a meeting during the next couple of weeks and would request psych liaison to be present.   Eagerly awaiting your reply as soon as possible   RUTH   On 6 Oct 2017, at 11:40 am, Ruth [redacted] wrote:

Hi [redacted],

Just wanting to find out what if anything has happened since this email? I was notified that [redacted] wouldn't change anything while u were away but nothing

more.
The issues are still continuing were my pain is not addressed effectively and timely and I am always having to justify my pain levels. Doctors in emergency are giving me the 2.5sub morphine but it is only ever written up as a stat dose and not a continuing prn 4hrly dose as it needs to be before surg. In recovery they are still not addressing my pain appropriately, however the ward has now started administering tramadol on return to the ward.
The streamlining of my care is excellent and the timing although determined each time depending on external issues, has been really well managed. If there is a delay the nurses or surg reg is advising me of them effectively.
It feels like the doctors and nurses in emergency are too scared to do anything outside the management plan- and even though the plan was set up to be followed, it doesn't represent all aspects of my presentations and has become something that is like cement. Most times if it is not stated on the plan they will refuse completely - this isn't taking into considerations and differences that come with being human.
Could you advise me how we can go forward from here?
Regards Ruth

Dear [redacted],
I am responding to you regarding feedback about my admissions, as discussed at our previous meeting. My lack of emails to you regarding my admissions is unfortunately not because everything has gone well. Post hospital, I have chosen to not focus my energies on my recent admission but on what i need to do to be able to get back into my daily life.
Our last meeting in march, there was discussions about my behaviours and an agreement that if i used my skills to maintain my behaviours that my pain levels would be re-addressed. I have maintained my behaviour during my last admissions and yet nothing has changed in regard to addressing appropriately what I as a patient needs.
I was taught at a very young age that certain behaviours would result in pain or punishment, these behaviours where calling out for help, saying i was in pain and crying. If and when I exhibited these very normal human emotions I was punished, disregarded and isolated. I have done what you asked every single admission, I have maintained my behaviour, I have taken myself outside for cigarettes to calm down and yet I am still not heard, not respected, not validated and not treated like a normal patient. I don’t understand how the hospital that is attached to my clinic where i receive treatment, is unaware of the way in which your treatment of me is perpetuating a cycle I am trying so hard to brake.
I feel I need to point out my normal medications that i take on a daily basis. It seems clear to me, and yet absolutely unnecessary, that I need to justify my constant pain levels. Pandol Osteo three times a day, is my regular medication. On exiting hospital, depending on my pain levels, I have two different medications i can take to help alleviate my pain. Tramadol - twice a day, and panadene Forte - three times a day. The length of time i take these medications (all prescribed by my doctor) changes depending on pain levels.
I have had my pain investigated to see if there was something that could be done to fix the constant pain i am in, but unfortunately at this stage none of

these came up with anything. My doctor advised that it must be due to scar tissue and hopefully over time the pain will settle.

My admissions at alfred usually see's me leave very quickly. The reasons behind me wanting to leave is again for the issues i address above. It seems the attitude in the hospital is that if they do address my pain at all before surgery, it is completely disregarded after. On my last admission, I expressed very clearly that i was in pain and yet was advised that I can't have anything, to be told "the blades are out now. On returning to the ward, all i am offered is panadol. All patients deserve the right to recuperate and rest after surgery, no matter how minor, and during this stage of resting be able to have food and also have time for staff to follow up with treatments or recommendations. Due to the fact that i have not been able to stay as my needs have not been met, I have not received appropriate treatment follow up. This was brought to my attention on my last admission.

I left hospital so that i could take care of my own pain, but for 12 hours afterwards wasn't able to keep anything down. I was having trouble breathing and my heart rate was irregular, I was in contact with [redacted] the next day and advised it would be best to go back to the hospital and so took myself back to emergency. However, on presenting to triage, I was not believed, i was challenged about the real reason i was attending and then questioned as to why i had gone home the day before if i felt so unwell.

I continued to struggle to breathe and feeling of general unwellness, more than usual, so attended my local GP. During my last admission, I lost a lot of blood and because there was no feedback to me regarding anything during my stay, I was not able to advise the doctor of anything that the alfred had done to treat me other than the usual. Blood tests were done and when i returned, he advised me that my levels were extremely low and that was the reason for my breathing issues, I was anaemic and that this would be contributing to me feeling generally unwell. This is not the first time i have left hospital to have to attend my Gp's with issues that could have been raised or addressed with me during my time in hospital. I have had infections acknowledged by nurses in emergency and yet no-one has addressed them with antibiotics, a prescription or even letting me know to follow up with my Gp. Any of these things would be better than the current arrangement, which see's me in pain and discomfort for longer than i need to be in because i am not fully aware of my medical condition.

The treatment I receive at the outpatient clinic attached to your hospital is helpful and effective, they have gone out of their way to get expert opinions on my condition and I have formed a very valuable therapeutic relationship with [redacted]. Major advances have been made in the past months in regard to me being able to express what i have kept secret for many many years. I feel supported and encouraged at the [redacted]. The skills I learnt in the Dialectical behaviour Therapy course will last a lifetime and have helped me on a daily basis manage myself better.

Unfortunatley, the [redacted] still has a long way to go at learning how to respectfully deal with anyone presenting with my issues. I would like to think that you value all your patients, even the ones that struggle with mental health issues, and take the time to educate and facilitate training to all staff in the hospital.

I respectfully await your response.

Ruth

From: Ruth Deane [redacted]
Subject: [redacted]
Date: 4 March 2016 at 6:34:29 pm AEDT
To: [redacted]

To Whom It May Concern,

My name is Ruth Deane and My UR number is [redacted]. I am bringing this too your attention as up until now my issues have not been resolved and I feel I am being treated unfairly when I precent to the E&TC.

Looking at my file you will see that I present to emergency multiple times with the same presenting issues, you will also be able to see that I have a management plan that has been written up under my assistance and staff at [redacted] Clinic.

I am bringing this to you further as I have communicated multiple times about my issues with the E&TC treatment that I have received to Psych Liaison on the ward, however this has not made a difference and a recent stay in E&TC has seen me be treated with Disrespect, Nil Access to treatment and a lack of privacy of my issues.

Staff at E&TC have treated me predjudisly and with a large amount of disrespect. They have made multiple comments to me and around me to other staff about my behaviours with little understanding or respect about why I suffer from these presenting issues. I have been informed multiple times by Psych Liaison that they will address this to the E&TC staff, however no changes have been noticed during my stays.

I am working with [redacted] on these issues and my reasons for presenting and the amount that I present should not be a factor in how I am treated at the E&TC. I understand there are medications that cannot be taken in excess as they can be highly addictive, I am very open with staff while I am in E&TC about the level of pain I am presenting with and that if one medication is not wanted to be given due to the amount that I have recently been presented then an alternative should be offered. However this time I was given one alternative and nothing more for the rest of my 8 hr stay in the E&TC, however on arriving at the [redacted] I was given within 5 minutes the same medication that they refused to give in Emergency.

During the most recent stay I tried to direct the staff to my management plan and was promptly informed that “they don’t have time to read Management Plans”. Basicly telling me that my issues where not important enough to warrant extra time.

I understand staff in Emergency are busy and there is a priority with more severe patients that will need to be addresses before mine, however to directly refuse to look at my management plan at any point is a direct

To the Royal Commission,

I have been abused by many hospital staff over the last eight years. Emotionally attacked by staff calling at me telling me I only self harm for attention. Shackles tide so tight I received pins and needles in my feet by a security guard that didn't like me.

At the [redacted] hospital I was almost injected to so call calm me down as I was making a fuss- I was in pain, I had started heading outside for a smoke to help myself remain calm but was told I couldn't, I complied straight away and returned to my cubicle only to then be faced with three nurses and two security with an injection. They did not listen to anything I had to say- but I had been speaking to the surgeon about to do my surgery and she had ordered some pain relief- she stepped in hearing my pleass. And they didn’t inject me- but all she said was you need to listen to her she’s right there’s no need- she was scolded after for interfering but if she hadn’t no one would have heard me? Why? I did nothing wrong?

I have a treatment plan in place at my local hospital to assist emergency staff in how best to treat me after consultation with higher ups in the hospital. However, many times they ignore it. Some will follow it but make nasty comments nurses and doctors alike making their own judgements on my diagnosis or symptoms and reasons.

This treatment plan however is now not working and although I was told as soon as it stops working you can contact us and we will discuss what needs changing, I have written several emails over the past year and it is still unchanged. I am again not being heard and the hospitals duty of care is far gone for me. I am seen as a problem, annoyance, oh you again. The [redacted]

[redacted] attached to the [redacted] provides psychotherapy for me but the [redacted] needs to provide medical care for my self harm. I receive excellent care at the clinic yet it's all gone when I am at the hospital- education is a must, communication is a must. Allow the sufferers to be heard and believed and treat us like normal people we don't want to be treated any less but we are.

I work hard on my mental health continuously and am able to sustain work and university part time even though I struggle with complex issues. I am articulate and intelligent and am seeing great progress on my healing journey. There have been key players who have heard me, seen me and wanted to know how I was feeling and believed me when I told them- this has made the world of difference. I struggle with nightmares every night and flashbacks but I have learnt most of the time how to keep moving forward, I am on medication for anxiety and a small dose of anti depressants but that is it. My main treatment is psychotherapy.

I don’t know if what I’ve written is going to be taken serious or not or even understood, but I hope this inquest will allow those that don’t feel heard-finally speak up and feel heard and acknowledged! The fear of seeking support will change and that education, quality care, more staff and better communication across all fields will follow.

Regards Ruth Deane