

Mrs Terry Orover - [REDACTED]

Mental Health Services

I have spent the last several weeks thinking about the question:

Reflecting on mental health services, what do you think works well?

This has been such a hard question to answer. I can only come up with one thing that works well and that is the in-school guidance counselling service. The rest of it is failing.

What do you think did not work well?

My son [REDACTED] volunteered to be admitted to hospital and once again the system seeks to blame the family dynamics because we have a child in our family with serious health issues. They believe that [REDACTED] is our priority. Walk in our shoes before you issue comments like these. It's so easy to blame the parents. Our son was loved, always supported. When he was very depressed, we surrounded him with our love, not condemnation.

There was always a contradiction between health professionals as to our son's diagnosis. It wears you down. This is why I took [REDACTED] to a private Psychiatrist where he could get quality care and support. He was under Dr [REDACTED] for 6 years. He found someone he could talk to and someone that got him.

[REDACTED] last hospital stay was atrocious. He went to get help, but the system never took into consideration his Asperger's. Asperger's is a communication disorder. [REDACTED] always had a problem talking to strangers, yet he had a supportive family who were available to talk to the hospital.

They never looked at his other issues, which we had spoken to them about. Why do they only ever look at the mental health issue and not treat the patient holistically. We had a child with severe anxiety, who was having

trouble swallowing, who had a build of mucus that was so bad that it seemed to be blocking the esophagus. He had a reflux that nobody looked at. Yet taken into hospital you removed all his medication, didn't contact his own health care professional. His mother had to do that because my child was in danger under your care.

What needs to change to improve Victoria's mental health services?

Start listening to the families and carers of these people. We are not being listened to. The so-called medical professionals don't listen.

██████ doctor with ██████ in Geelong didn't believe in treating anxiety or ADHD with medication. I couldn't get him away from this doctor quick enough.

Stop treating everyone who gets admitted with bipolar as having psychosis.

Do something about the interior of these units that look like prisons.

Start treating patients holistically. The mindset of the medical profession needs to change drastically.

My son ██████ needed an advocate but because he was over 18 years of age and had no intellectual disability I couldn't act in this capacity for him. People like ██████ need someone to speak on their behalf.

For example, our other son ██████ because he has an intellectual disability I can go to VCAT and get an order in place where I can act as his Guardian/Administrator. His rights are therefore protected.

Maybe people with mental Health disabilities need an advocate/Administrator.

2 The DSM~~IV~~ never took Aspergers on board so it was reviewed on the DSM~~IV~~⁵ to Autism 1/2/3/4 so that Aspergers is now within the DSM~~IV~~⁵, so that their needs are being met. Given that ██████ ~~was~~ ~~had~~ was on the Autism Spectrum Disorder his aspergers should have been addressed and taken into consideration.

Your information	
Title	Mrs
First name	Terry
Surname	Drover
Email Address	[REDACTED]
Preferred Contact Number	[REDACTED]
Postcode	
Preferred method of contact	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Telephone
Gender	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-described: <input type="checkbox"/> Prefer not to say
Age	<input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 17 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 44 <input checked="" type="checkbox"/> 45 – 64 <input type="checkbox"/> 65 – 84 <input type="checkbox"/> 85+ <input type="checkbox"/> Prefer not to say
Do you identify as a member of any of the following groups? Please select all that apply	<input type="checkbox"/> People of Aboriginal and Torres Strait Islander origins <input type="checkbox"/> People of non-English speaking (culturally and linguistically diverse) backgrounds <input type="checkbox"/> People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community <input type="checkbox"/> People who are experiencing or have experienced family violence or homelessness <input checked="" type="checkbox"/> People with disability <input type="checkbox"/> People living in rural or regional communities <input type="checkbox"/> People who are engaged in preventing, responding to and treating mental illness <input type="checkbox"/> Prefer not to say
Type of submission	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Organisation Please state which organisation: Please state your position at the organisation: Please state whether you have authority from that organisation to make this submission on its behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group How many people does your submission represent?

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	<input checked="" type="checkbox"/> Person living with mental illness <input checked="" type="checkbox"/> Engagement with mental health services in the past five years <input checked="" type="checkbox"/> Carer / family member / friend of someone living with mental illness <input type="checkbox"/> Support worker <input type="checkbox"/> Individual service provider <input checked="" type="checkbox"/> Individual advocate <input type="checkbox"/> Service provider organisation; Please specify type of provider: _____ <input type="checkbox"/> Peak body or advocacy group <input type="checkbox"/> Researcher, academic, commentator <input type="checkbox"/> Government agency <input type="checkbox"/> Interested member of the public <input checked="" type="checkbox"/> Other; Please specify: <i>mother of children with Mental health issues.</i>
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	<input checked="" type="checkbox"/> Access to Victoria's mental health services <input checked="" type="checkbox"/> Navigation of Victoria's mental health services <input checked="" type="checkbox"/> Best practice treatment and care models that are safe and person-centred <input checked="" type="checkbox"/> Family and carer support needs <input checked="" type="checkbox"/> Suicide prevention <input checked="" type="checkbox"/> Mental illness prevention <input checked="" type="checkbox"/> Mental health workforce <input type="checkbox"/> Pathways and interfaces between Victoria's mental health services and other services <input checked="" type="checkbox"/> Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements <input checked="" type="checkbox"/> Data collection and research strategies to advance and monitor reforms <input type="checkbox"/> Aboriginal and Torres Islander communities <input checked="" type="checkbox"/> People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities <input type="checkbox"/> Rural and regional communities <input checked="" type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system <input checked="" type="checkbox"/> People living with both mental illness and problematic drug and alcohol use

For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one box

<input checked="" type="checkbox"/> Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
<input type="checkbox"/> Anonymous	<p>My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted).</p> <p>If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.</p>
<input type="checkbox"/> Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Early intervention, discussions to begin in schools counselling offered to students on a one on one basis and develop trust within the relationships.
Transition of care Advocacy worker for when transition to another worker. This is so important to prevent break down of trust issues within the system.

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?

Psychiatry, not all though when you find a good on travel is expected and you have to pay, which makes sessions spread apart usually months in advance.

have found nothing else is working well.

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

Nothing currently working well, Too many obstacles in the way.

You need to talk to the unions, they provide 24/7 counselling and care when you need it, and ensure a personalised service and really care about your wellbeing (ETU, electrical trade union).

There are good supports out there but not in mental health.

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.

Misdiagnosis and no interaction and care team meetings for consistency and better consultation. There is a break down in communication this extends to the coroners office and right through the mental health system.

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

Lack of Linkages- people are not working together
Lack of Knowledge for parents and carers.

Communities coming together and more supports offered.
Community based supports.
Less expectation on the parent/carer and more supports for the family as a whole.

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

Holistic Respite based on needs.
Family time out, as a family doing things others take for granted ~~is~~ ie trips to the beach, trips away.
Family bonding.

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

Professional matching for care of consumer
(worker & consumer need to be compatible)

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?

Early intervention back to schools, supporting social & community engagement outside of the school environment.
Not singling people out, this should be delivered to all student regardless of their needs.
(primary aged continued to teen aged).

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?

Please refer to attached document, these are my personal feelings.

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

DO NOT BLAME PARENTS - stop and look at it as a whole you may see some parents need help, undiagnosed mental health
Treat the family as a whole

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

Because my family arrived in 2004 we are unable to access supports through NDIS due to being on an unprotected special category visa (scv). this means we are limited to supports that can be offered and often left largely out of pocket when accessing current supports this leaves us at a great disadvantage.

it was left to ~~me~~ make a complaint against [redacted] to address discrepancies between funding [redacted] funding is a lot less than [redacted] funding and there is a lack of services for non [redacted] funding
Access to vision ~~Australian~~ and other services ceased due to [redacted] absorbing services.

Privacy
acknowledgement

I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.

Yes No