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

Organisation Name
N/A

Name
Mrs Carolyn Dyer

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
"I merely want the people that need mental healt treatment, to receive it. "

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?
"1. Early intervention in patients with diagnosed mental illness does not occur. It takes too long to get assistance. Generally local doctors cannot see any mental health problems, even when a diagnosis already exists. 2. Psychotic episodes and psychosis are not being identified by emergency departments of public hospitals, some specialists and general practitioner doctors.   3. Emergency Departments of Public hospitals that have Mental Health Triage, do not call upon these resources when required, they would rather discharge a patient.   4. Delays to see an expert is too long. 5.When hospitalization is required, there are insufficient psychiatric beds, resources and doctors to provide appropriate care. 6.There are no facilities available to cater for Geriatric patients who require admission to a mental health facility. They are treated inadequately in the public hospital system without appropriately qualified staff.   7.When hospitalization occurs, the mental health treatment is taking too long to instigate. 8.Psychiatric medications prescribed are questionable at times. Adequate pharmaceutical monitoring needs to occur. "

What is already working well and what can be done better to prevent suicide?
"To prevent suicide, people need support which is not currently available. A lot of people seek help and do not receive it, then they feel they have not other option but suicide. "

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.
"Unable to access doctors, specialists, social workers. Early warning signs are not picked up by the necessary people. "

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

What are the needs of family members and carers and what can be done better to support them?
"My ____ has had bipolar for 40 years. The burden on the family is too great. I have found : a.Too great a responsibility is placed on family members, particularly when person cannot see they are unwell. b.Lack of confidence in medical professional I have had to do research and skill myself up to be in a position to challenge treatment medication which shouldn't be necessary.

They are skilled professionals, but make too many mistakes which I have had to bring to their attention. c.Psychiatrists are normally uncontactable family is left with option to call CAT team. Need better options for immediate communication when issues arise. Psychiatric professionals need to make themselves more available. d.Impacts on family (particularly when parent has mental illness) :   i.Family members losses safe home environment (particularly children) ii.Family becomes the enemy, when trying to get them help.   iii.Family have to become experts in the medical professional to ensure correct treatment is being applied. Unfair that this has to occur. iv.Family have to accept extremely bad unhealthy situations as normal often resulting in their own depression and anxiety.   v.No support for family members.   vi.No counselling or services offered to family. vii.Sacrifice by family is unmeasurable. "

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

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?
Unsure

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 mental health system is so underfunded. Clearly more resources need to be poured in for : - more mental health specialists available to the general public. - better waitlist times - if you need help for mental illness, you can't wait a few months. - dramatic increase in beds available for psychiatric patients who need admission to hospital, catering for all types (ie high level nursing care). - better monitoring of pharmaceuticals and appropriate prescribing (too many instances of toxicity due to over-medicating). "
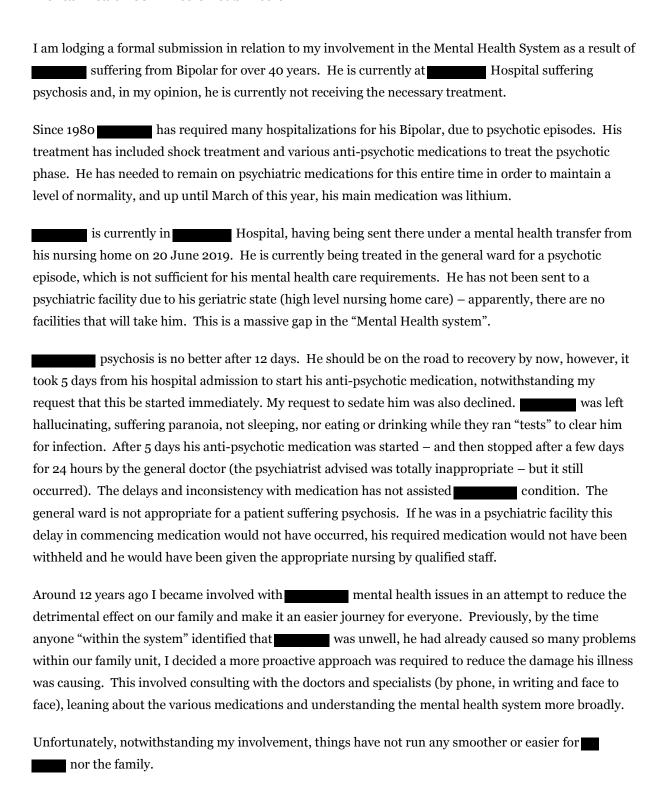
What can be done now to prepare for changes to Victorias mental health system and support improvements to last?
N/A

Is there anything else you would like to share with the Royal Commission?
"I am lodging a formal submission in relation to my involvement in the Mental Health System as a result of my ▮▮▮▮ suffering from Bipolar for over 40 years. He is currently at ▮▮▮▮▮ Hospital suffering psychosis and, in my opinion, he is currently not receiving the necessary treatment. Since 1980 ▮▮▮▮▮ has required many hospitalizations for his Bipolar, due to psychotic episodes. His treatment has included shock treatment and various anti-psychotic medications to treat the psychotic phase. He has needed to remain on psychiatric medications for this entire time in order to maintain a level of normality, and up until March of this year, his main medication was lithium. ▮▮▮▮▮ is currently in ▮▮▮▮▮ Hospital, having being sent there under a mental health transfer from his nursing home on 20 June 2019. He is currently being treated in the general ward for a psychotic episode, which is not sufficient for his mental health care requirements. He has not been sent to a psychiatric facility due to his geriatric state (high level nursing home care) apparently, there are no facilities that will take him. This is a massive gap in the Mental Health system. ▮▮▮▮▮ psychosis is no better after 12 days. He should be on the road to recovery by

now, however, it took 5 days from his hospital admission to start his anti-psychotic medication, notwithstanding my request that this be started immediately. My request to sedate him was also declined. ▮▮▮▮▮▮ was left hallucinating, suffering paranoia, not sleeping, nor eating or drinking while they ran tests to clear him for infection. After 5 days his anti-psychotic medication was started and then stopped after a few days for 24 hours by the general doctor (the psychiatrist advised was totally inappropriate but it still occurred). The delays and inconsistency with medication has not assisted ▮▮▮▮▮▮ condition. The general ward is not appropriate for a patient suffering psychosis. If he was in a psychiatric facility this delay in commencing medication would not have occurred, his required medication would not have been withheld and he would have been given the appropriate nursing by qualified staff. Around 12 years ago I became involved with ▮▮▮▮▮▮ mental health issues in an attempt to reduce the detrimental effect on our family and make it an easier journey for everyone. Previously, by the time anyone within the system identified that ▮▮▮▮▮▮ was unwell, he had already caused so many problems within our family unit, I decided a more proactive approach was required to reduce the damage his illness was causing. This involved consulting with the doctors and specialists (by phone, in writing and face to face), learning about the various medications and understanding the mental health system more broadly. Unfortunately, notwithstanding my involvement, things have not run any smoother or easier for ▮▮▮▮▮▮ nor the family. There are too many areas within the Mental Health System that need urgent attention as they do not work adequately. "

2 July 2019

Mental Health Commission submission

I am lodging a formal submission in relation to my involvement in the Mental Health System as a result of ▮▮▮▮▮ suffering from Bipolar for over 40 years. He is currently at ▮▮▮▮▮ Hospital suffering psychosis and, in my opinion, he is currently not receiving the necessary treatment.

Since 1980 ▮▮▮▮▮ has required many hospitalizations for his Bipolar, due to psychotic episodes. His treatment has included shock treatment and various anti-psychotic medications to treat the psychotic phase. He has needed to remain on psychiatric medications for this entire time in order to maintain a level of normality, and up until March of this year, his main medication was lithium.

▮▮▮▮▮ is currently in ▮▮▮▮▮ Hospital, having being sent there under a mental health transfer from his nursing home on 20 June 2019. He is currently being treated in the general ward for a psychotic episode, which is not sufficient for his mental health care requirements. He has not been sent to a psychiatric facility due to his geriatric state (high level nursing home care) – apparently, there are no facilities that will take him. This is a massive gap in the "Mental Health system".

▮▮▮▮▮ psychosis is no better after 12 days. He should be on the road to recovery by now, however, it took 5 days from his hospital admission to start his anti-psychotic medication, notwithstanding my request that this be started immediately. My request to sedate him was also declined. ▮▮▮▮▮ was left hallucinating, suffering paranoia, not sleeping, nor eating or drinking while they ran "tests" to clear him for infection. After 5 days his anti-psychotic medication was started – and then stopped after a few days for 24 hours by the general doctor (the psychiatrist advised was totally inappropriate – but it still occurred). The delays and inconsistency with medication has not assisted ▮▮▮▮▮ condition. The general ward is not appropriate for a patient suffering psychosis. If he was in a psychiatric facility this delay in commencing medication would not have occurred, his required medication would not have been withheld and he would have been given the appropriate nursing by qualified staff.

Around 12 years ago I became involved with ▮▮▮▮▮ mental health issues in an attempt to reduce the detrimental effect on our family and make it an easier journey for everyone. Previously, by the time anyone "within the system" identified that ▮▮▮▮▮ was unwell, he had already caused so many problems within our family unit, I decided a more proactive approach was required to reduce the damage his illness was causing. This involved consulting with the doctors and specialists (by phone, in writing and face to face), leaning about the various medications and understanding the mental health system more broadly.

Unfortunately, notwithstanding my involvement, things have not run any smoother or easier for ▮▮ ▮▮ nor the family.

There are too many areas within the Mental Health System that need urgent attention as they do not work adequately. Some of the problems that I have identified can be broken into several areas :

1. **Early intervention in patients with diagnosed mental illness does not occur.**
   a. It takes too long to get assistance. Generally local doctors cannot see any mental health problems, even when a diagnosis already exists.

2. **Psychotic episodes and psychosis are not being identified by emergency departments of public hospitals, some specialists and general practitioner doctors.**

   a. Not enough referrals occur, GP decides nothing is wrong.
   b. Copious amounts of communication with GPs, Specialists, Nursing Home to address issues, but generally not actioned adequately (if at all).

3. **Emergency Departments of Public hospitals that have Mental Health Triage, do not call upon these resources when required, they would rather discharge a patient.**

   a. Around 2 years ago, a medical registrar at ▮▮▮▮▮▮▮ Hospital Emergency wanted to send ▮▮▮▮▮▮▮ back to his nursing home at 4am as he didn't believe he was suffering a psychotic episode. I flatly refused and said if he was discharged and he died from manic exhaustion, then the hospital would be responsible. ▮▮▮▮▮▮▮ was subsequently transferred and spent 1 month in a Psychiatric Ward suffering a Psychotic Episode – so clearly there was a mental health issue. If it wasn't for my insistence, he would not have received treatment.
   b. Hospital system for mental health patients – may as well be non-existent because it is unattainable.

4. **Delays to see an expert is too long.**

   a. General waiting lists to see psychologist and psychiatrists are too long. If you need to see someone, you cannot wait 2-3 months.

5. **When hospitalization is required, there are insufficient psychiatric beds, resources and doctors to provide appropriate care.**

   a. I understand there were over 2,500 psychiatric beds in Victoria in the late 1980's – what are the numbers now? I understand 116 in Thomas Emblem (refer note 1 below) – if so, this is an appallingly dismal number.

b. When these facilities were closed in 1980-90's, I understood the intention was to place mental health suffers through the Public Health System and there would be "beds" available. This clearly has not occurred.

6. **There are no facilities available to cater for Geriatric patients who require admission to a mental health facility. They are treated inadequately in the public hospital system without appropriately qualified staff.**

a. Came in to hospital under "mental health transfer", but in a general ward.
b. Inappropriate delays starting required psychiatric medication – 5 days to start anti-psychotics on a bipolar patient.
c. Prepared to leave for 5 days hallucinating, suffering paranoia, not sleeping, nor eating or drinking while they ran "tests" to clear him for infection.
d. Inappropriate withdrawal of anti-psychotic medication by general doctor, without consulting with psychiatrist.
e. Anybody suffering from psychosis should have a psychiatric nurse
f. General ward is exacerbating his paranoia and condition, rather than improving (too many people coming and going, cleaning, trying to take blood, etc)

7. **When hospitalization occurs, the mental health treatment is taking too long to instigate.**

8. **Psychiatric medications prescribed are questionable at times. Adequate pharmaceutical monitoring needs to occur.**

a. Over-prescribing – System checks should be available to avoid over-prescribing. No flags by pharmacist dispensing medication. Alarms should be place with overprescribing.
b. Lithium - ▮▮▮▮▮ has suffered toxicity on a number of occasions due to his psychiatric medications – regular blood tests should be mandatory, not when the doctor arranges. Simple system checks and alarms to automate particular medications that cause toxicity.
c. Sodium Valproate - ▮▮▮▮▮ was hospitalized 5 years ago after becoming neuro-toxic from Sodium Valproate – he was prescribed 4,000 mgs per day, which is 1,000 mg over the daily maximum dose at that time, so how was this possible? Why did it take me to raise this at ▮▮▮▮▮ Hospital for them to identify that was the problem for that particular state?
d. After 40 years of lithium use, ▮▮▮▮▮ is now suffering kidney failure, but more should have been done before this stage, to look at alternative medications. Since March 2019 he

is unable to take lithium, but no suitable alternative was prescribed, thereby causing the psychotic state he is currently suffering.

    e. Bipolar treatment – Is lithium still prescribed and if so what are regulations around usage and monitoring?

9. **Burden on family and support network.**

    a. Too great a responsibility is placed on family members, particularly when person cannot see they are unwell.

    b. Lack of confidence in medical professional – I have had to do research and skill myself up to be in a position to challenge treatment medication – which shouldn't be necessary. They are skilled professionals, but make too many mistakes which I have had to bring to their attention.

    c. Psychiatrists are normally "uncontactable" – family is left with option to call "CAT" team. Need better options for immediate communication when issues arise. Psychiatric professionals need to make themselves more available.

    d. Impacts on family (particularly when parent has mental illness) :

        i. Family members losses safe home environment (particularly children)

        ii. Family becomes the enemy, when trying to get them help.

        iii. Family have to become experts in the medical professional to ensure correct treatment is being applied. Unfair that this has to occur.

        iv. Family have to accept extremely bad unhealthy situations as "normal" often resulting in their own depression and anxiety.

        v. No support for family members.

        vi. No counselling or services offered to family.

        vii. Sacrifice by family is unmeasurable.

10. **Untreated mental health patients are committing heinous acts in our community, resulting in them being charged and jailed. The overflow effect in our jails of not addressing a mental health issue is a huge issue.**

    a. I could list at least a dozen recent crimes which all relate to "mental health" issues. Most of these people were unable to access help and after being left untreated, resulted in crimes being committed in the community.

The above, by no means, covers all issues and problems I have found in the current Mental Health system. It's the main ones at the forefront of my mind at the moment. From my perspective, I really don't feel we

have a Mental Health System as there is no "system" in place to assist. Most of the time, people who need treatment, just don't receive it as there are too many "gaps" in the system.

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I thank you for the opportunity to lodge a submission. I hope the outcome actually works and provides both treatment and support for mental health sufferers and their families.

If you would like to discuss any of the issues I have raised in further detail, I am more than happy to provide whatever input you require.

My contact number is █████████████

Yours sincerely

Carolyn Dyer

Note 1

Victoria [edit]

Mental asylums in Victoria					
Facility	**Status**	**Opened**	**Closed**	**Capacity**	**Location**
Yarra Bend Asylum	Demolished	1848	1925	1000+	Fairfield, Melbourne
Ararat Asylum (Aradale Mental Hospital)	Closed	1865	1993	2000	Ararat
Collingwood Stockade (Carlton Lunatic Asylum)	Demolished	1866	1872	?	Carlton North, Melbourne
Beechworth Asylum (Mayday Hills)	Closed	1867	1995	1200[8]	Beechworth
Kew Asylum (Willsmere Mental Hospital)	Closed	1871 [9]	1988	884 (in 1903)[10]	Kew, Melbourne
Ballarat Asylum (Lakeside Mental Hospital)	Demolished	1877	1997	?	Ballarat
Sunbury Asylum (Caloola)	Closed	1879	1985	?	Sunbury
Kew Cottages	Closed	1887	2007	?	Kew, Melbourne
Royal Park	Closed	1909	1999	?	Parkville, Melbourne
Mont Park Asylum	Closed	1912	1999	?	Bundoora, Melbourne
Hobson's Park	Closed	?	?	?	Traralgon
Larundel Psychiatric Hospital	New housing built on site	1953	2001[11]	747 [12]	Bundoora, Melbourne
Brierly Mental Hospital	Demolished	1957[13]	?	200+	Warrnambool
Thomas Embling Hospital	Operational	2000	-	116[14]	Fairfield, Melbourne

Pleasant View Receiving House in Preston (short lived). Heatherton Hospital in south east Melbourne.

Wikipedia. 2019. *List of psychiatric hospitals in Australia.* [ONLINE] Available at : https://en.w kipedia.org/wiki/List_of_psychiatric_hospitals_in_Australia [Accessed 2 July 2019]