Your contribution

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

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

Need to start with the medical profession - excluding clients from GP's services either by not bulk billing or by actively excluding clients by refusing to prescribe certain medications. eg Clozapine. Both [redacted] + [redacted] do this.

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

[redacted]

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

More Community based mental Health workers - Better access to GP services.

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

Access to GP's and community mental health nurses. There is a serious shortage of GP's who can prescribe Clozapine In the Macedon Ranges there are several GP Practice who have refused to have GP's in their practice who can prescribe Clozapine. It has been made clear that they do not want clients who have a severe mental illness to be clients of their practice.

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

Unemployment, under employment, low paying jobs. Lower educational standards. Lack of mental health and GP services.

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

Caring for my son has meant that my husband + I have not had a holiday in at least 7 years. We are unable to ever go to dinner or be late home. Our son suffers from serve

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

Career structure, pay levels.

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?

I am afraid I

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

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

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

More psychiatrist in rural + regional areas.
Psychiatric nursing to be a specialist area of Study and qualification.
General nursing with one unit in psychiatric training is not sufficient.

ROYAL COMMISSION INTO MENTAL HEALTH

To The Commissoners

I am the parent and carer of a person with a chronic mental illness I wish to make a written submission to the Royal Commission.

Recommendation for and concerns regarding Mental Health Services

Appropriate levels of funding for both community and hospital based Mental Health treatments.

Lack of General Practitioners in rural and regional areas.

Lack of GP's who bulk bill.

GP practitioners who refuse to register to prescribe Clozapine including the

Restriction to regions for admission to Health Health Facilities.

Limitation of only 10 mental health funded appointments per year.

Substandard food in hospitals.

Training and retention of nusring and medical staff including psycharists.

Yours sincerely
Clare McKenna 26/6/2019
Clare McKenna

Mental Health Review Board

re:

30/7/2013

My son was severely injured on the 13th of June 2013 when he was hit by a car whilst in the care of the

While in rehab at the had a hearing with the Mental Health Review board at the in Bendigo on Tuesday 30th July 2013. When was transfered from the by Ambulance to the staff failed to bring a wheelchair,.falsely believing that there were wheelchairs available at the was required to remain on the ambulance trolley. This created great disruption as the foyer is small and was very crowded. The corridors of the building are narrow, it was differcult to maneuver the trolley into the area where hearing was to take place.

We were informed that the hearing would take place in the board room which was up a large flight of stairs. was unable to weight on his fractured leg and could not use cruthchers or be personally assisted due to his fractured collar bone, so climbing stairs was impossible. was extremely anxious that if he failed to impress the Mental Health Review Board sufficiently they would send him back to the

The Board members made it quiet clear that it was a great inconvenience for them to have to move from the board room to another room within the building. They appeared oblivious to what was going through and appeared only concerned with their own inconvenience.

Due to the delays in finding a suitable room for hearing to take place another case was heard and so there was a delay in the starting of hearing which only added to anxiety.

During the hearing the psychiatrist made a comment that he was surprised how long it had taken to smile during the hearing .I found this comment insensitive to situation. was terrified that he would be sent back to the and a Mental Health Review Board Hearing is not an occasion that anyone would find relaxing nor pleasant.

I understand that several months have elapsed since hearing however he remained in hospital until 9/8/2013. Since discharge he has had follow-up appointments at the Royal Melbourne Hospital sometimes as many as 3 in one week.

[redacted] continues to receive treatment for the injuries he sustained in the accident as well as community based mental health care.

My concerns are related to the insensitive attitude of the board members on this occasion and the detrimental effect on [redacted] recovery.

Yours sincerely

Clare McKenna

Clare McKenna.

ROYAL COMMISSION INTO MENTAL HEALTH

In 2013 my son was admitted to the [redacted] in Bendigo following a psychotic episode. Whilst he was an inpatient he managed to climb out of the ABC and was hit by a passing car. This resulted in several fractures including his skull, leg and collarbone.

Other injuries included loss of hearing and an acquire brain injury. Prior to his accident my son was a sound engineer and musician .
Little effort was made to prevent clients from leaving the [redacted] centre .At the time of my son's accident a spokesperson for [redacted] claimed that it was not a jail .When a person is sectioned under the mental health Act they are deemed to be incapable of to making rational decision for themselves. Provision of a safe environment should be a priority

Visitors experienced great difficulty entering through the three sets of locked doors of the [redacted] however the courtyard had a very low fence which was easy for clients to climb. On numerous visits to the [redacted] I observed no staff present in the courtyard .There was a certain attitude of staff towards both clients and visitors. Staff rarely came out of the office and constantly ignored requests for assistance. My son feared for his safety due the violence and aggression of other clients and as a result the staff move him from the male section to the female section

Our experience with the mental health review board happened after my son's accidental on his return to Bendigo from the Royal Melbourne Hospital
My son was transferred from [redacted] via an ambulance on a trolley, he was unable to ambulate due to a fractured leg. No wheelchair was provided either by the hospital or at the [redacted] I had to ask for an office chair with swivel legs so that I could move him around within the building.Staff refused me permission to do this however I had no other choice to move him from the foyer of the building to a meeting room.The board meeting room is up several flights of stairs and so this required the board members to come downstairs to a ground floor office. All the members voiced their disapproval at having to come downstairs from their usual meeting room.
Access to the boardroom for their Mental Health Review Board hearing up several flights of stairs would be an issue of access for many people .

During the Mental Health Review Boards meeting one of the committee a retired psycharist commented that my son was not smiling. I thought this comment was both insensitive and unprofessional given my son had sustained serious physical injuries and was also concerned as to the ourcome of his hearing before the Mental Health Review board.

Geographic restrictions for access to in hospital psychartic care is another concern . If

a client has had a traumatic experience as was the case for my son with [redacted] he is surposed to return to [redacted] as that is the designated hospital for this area.
This may appear a logical allocation of funding however if a patient has experienced severe trauma at a particular facility readmission to that facility only exacerbates their trauma

Prof .Gordon Parker stated in a recent ABC radio interview that a high percentage of people suffer post traumatic stress following their admission to a mental health facility
Prof. Parker also stated that it was inappropriate to have Forensic Psychiatric and illicit drug users in a current psychotic state and other psychiatric patients confined on the same ward.
When my son was in the [redacted] psychiatric centre there were clients there who were a physical treat to other clients , staff and visitors.

My son has experienced in hospital mental health care at [redacted] .Public hospital mental health services are severely under funded and they have extremely poor nutritional standards .Recently Prof Patrick McGorry stated that current funding for mental health was at 6% however the real funding level should be closer to 15% .Private Mental Health clinics such as the [redacted] exclude many patients and are therefore able to maximise profits.

In many cases in public Mental Health Facilities no fruit and scant amounts of substandard food are served to patients. Many patients suffering from mental health issues have poor nutritional health as well as poor mental health
A recent search of the [redacted] 2017/2018 annual report could find no mention of patient nutrition however there was a lengthy section of the implementation of the Traffic Light nutritional program in the staff and visitors canteen.

The Alfred Hospital should be praised for their work in providing diversion al therapy in art, music and other areas. The shortage of room and waiting space for visitors who have a family member or friend in HD is a real issue as waiting times can be .hours .

Limitation of only 10 consultations .There are no restrictions cancer patients or IVF patients to 10 treatments in a year. For the cancer patient it may mean they died which is the case for many people who have a mental illness .Some people may only require one or two appointments and of course many people go through life never requiring professional psychiatric help. For those with a mental illness an arbitrary limitation of 10 sessions could mean the difference between life and death

Primary mental health care in regional and rural areas is not easily accessed due to distance as well as shortage of services. The lack of G P's who are willing to bulk bill only adds to the financial burden of mental ill health.

Clare Mckenna

I have experienced GP practices where no GP is willing to undertake to be registered to prescribe certain medication including Clozapine [redacted] are two GP paritices that we know have refused to have GP's who can prescribe Clozapine. There may well be other medications that GP practices refuse to prescribe however I can only speak from personal experience.

Why should a GP practice receive Medicare funding if they are refusing to treat patients. If the GP practice was refusing to treat patients with Heart Disease or Cancer there would be an enormous public response to such an outrage, however because in most cases mental health is a hidden issue only those immediately affected know of this blatant discrimination.

There are some really positive community based Mental Health Services provided by Kyneton Community Mental Health team especially [redacted] who goes out of his way to provide excellent care [redacted] at the [redacted] is one of the few G P's in Macedon Ranges [redacted].

We have noticed a decline in the mental health services provided over the past 6 or 7 years. Out of pocket expenses have increased significantly with doctors refusing to bulk bill and the cost of medication increasing.

Clare McKenna
26/6/2019.