

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments [here](#) instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission.

You can request anonymity or confidentiality, but we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.

Audio and video submissions will not be published on the Commission's website.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 you have nominated.

For organisations

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports.

Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

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. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information

Title **MS**

First name **LINDA**

Surname **REEVES**

Email Address **[REDACTED]**

Preferred Contact Number **[REDACTED]**

Postcode **[REDACTED]**

Preferred method of contact Email Telephone

Gender Female
 Male
 Self-described:
 Prefer not to say
 Under 15

Age

15 – 17

18 – 24

25 – 44

45 – 64

65 – 84

85+

Prefer not to say

Do you identify as a member of any of the following groups? Please select all that apply

People of Aboriginal and Torres Strait Islander origins

People of non-English speaking (culturally and linguistically diverse) backgrounds

People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community

People who are experiencing or have experienced family violence or homelessness

People with disability

People living in rural or regional communities

People who are engaged in preventing, responding to and treating mental illness

Prefer not to say

Type of submission

Individual

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: Yes No

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?

Yes No

If yes, are you authorised to provide that information on their behalf, on the basis set out in the document

Yes No

Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers

Yes No

Person living with mental illness

Engagement with mental health services in the past five years

Carer / family member / friend of someone living with mental illness

Support worker

Individual service provider

Individual advocate

Service provider organisation;

Please specify type of provider:

Peak body or advocacy group

Researcher, academic, commentator

Government agency

Interested member of the public

Other; Please specify: **QUALIFIED PSYCHIATRIC NURSE**

Access to Victoria's mental health services

Navigation of Victoria's mental health services

Best practice treatment and care models that are safe and person-centred

Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply

- Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply
- Family and carer support needs
 - Suicide prevention
 - Mental illness prevention
 - Mental health workforce
 - Pathways and interfaces between Victoria's mental health services and other services
 - Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements
 - Data collection and research strategies to advance and monitor reforms
 - Aboriginal and Torres Islander communities
 - People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities
 - Rural and regional communities
 - People in contact, or at greater risk of contact, with the forensic mental health system and the justice system
 - 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	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). 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.
<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?

EDUCATION / SUPPORT /

BUT IT NEEDS TO HAPPEN WITHIN THE SYSTEM FIRST AS THE SYSTEM REMAINS POSITIVE AT LEAST LEADING TO ABUSIVE. ∴ NO POINT EDUCATING THE PUBLIC UNTIL SYSTEM IMPROVES WITH APPROPRIATE CARE AND SUPPORT GIVEN

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?

ALTHOUGH THERE ARE SOME GOOD PEOPLE WORKING IN THE SYSTEM THEY ARE NOT ABLE TO PRACTICE AS THEY WOULD LIKE.

- MORE COMMUNITY CLINICS
- MOBILE CAT TEAMS
- SMALLER, LOCAL IN-PATIENT UNITS.

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

- TALK ABOUT IT
- EMPOWER PEOPLE TO SEEK SOLUTIONS FOR THEMSELVES & ADEQUATE HELP AND SUPPORT.

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.

- INADEQUATE SERVICES IN REMOTE AND RURAL AREAS
- LACK OF TRANSPORT TO GET TO APPOINTMENTS
- ATTITUDES OF SOME PEOPLE WORKING IN VARIED SECTORS OF THE HEALTH AND CARE SECTORS

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 SERVICES

LACK OF SUPPORT GROUPS

LACK OF EDUCATION

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

- SUPPORTED PEER SUPPORT GROUPS
- AVAILABLE RESPIRE CARE AS NEEDED
- REGULAR REVIEWS | SUPPORTING CARERS
- MOBILE CONTINUING CARE TEAMS GIVING ON GOING SUPPORT
- COMMUNITY (DISTRICT) PSYCH NURSES

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

- GOOD WORKING CONDITIONS
- ON - GOING EDUCATION
- GOOD COMMUNICATION BETWEEN STAFF TO STAFF (PAID OR VOLUNTEERS)
- MULTI - DISCIPLINARY TEAMS

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?

- EDUCATION
- SKILLS TRAINING
- EQUAL OPPORTUNITIES
- FAIR RENUMERATION
- REDUCE STIGMA & BIAS AGAINST PEOPLE WITH DISABILITIES

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?

- SEPARATE UNITS FOR THOSE SUFFERING WITH NEUROSIS & PSYCHOSES
- SEPARATE MALE AND FEMALE PATIENTS SUFFERING PSYCHOTIC ILLNESSES. SAFETY FOR FEMALES
- MORE PARCS AND SIMILAR SUPPORT UNITS
- INDEPENDENT ORGANISATIONS TO HANDLE COMPLAINTS WITH PROPER POWERS OF REDRESS
- MORE COMMUNITY CLINICS

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

SUFFICIENT FUNDS
 PROMISED CHANGES ACTUALLY IMPLEMENTED
 MORE SUPERVISED NURSING PRACTISE DURING TRAINING (WARD BASED)

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

PROTOCOLS NEED TO BE ESTABLISHED
 PARTICULARLY WHEN SOMEONE IS
 IN CRISIS.

OTHER ORGANISATIONS NEED TO BE
 PROPERLY TRAINED

- POLICE
- AMBOS (USUALLY EXCELLENT EVEN NOW)
- G.P.'s (ASK appropriate ?)
- CAT Teams
- CONTINUING CARE TEAMS

-
- ATTACHED
 - PERSONEL STATEMENT
 - BRAIN STORMING SHEET
 - LETTER TO DR RAVI BHAT
 - SUBMISSION - SENATE INQUIRY

I apologize that much has been hand written but my hands no longer function properly and I struggle to use my computer at times. Thank you for understanding

Fin Reeves

I, Linda Reeves (formally [REDACTED] would like to make a statement. It is factual and gives information of my experiences.

You see, as a person I live betwixt and between.

I am a qualified psychiatric nurse who has more recently been diagnosed with a mental illness. I have been on both sides of the fence.

I trained in the UK and my qualification allowed me to fulfil the dream of a lifetime and come to Australia. That dream has become a waking nightmare.

I would like to point out that the cultural shock was immense. I thought that we at least spoke the same language. Not so.

The mental health system here was at least 50 years behind. Acute care was and is punitive at least and deteriorates to abuse. Other care offered clearly showed that people with disabilities were and are not afforded the same treatment as others. We are not at times even treated with dignity and respect. Our rights are often negated. Just because one suffers with a disability, whatever it is, we still deserve to be treated with the same care that others receive.

I have always been taught and it was a constant throughout my training that we should treat others as we would like to be treated. This is the crux of the matter.

The system has made changes, first people were called patients, then clients and now consumers. It was supposed to allow people to be more proactive in their care. Care and treatment is supposed to be a consultative process. The fact is that it is all talk and words without actions are of no use.

I have always raised my concerns about inappropriate treatment and lack of care both whilst working and whilst a patient.

Since moving to [REDACTED] I have been supported by allied health services at the local district hospital. During that care, a mental health crisis plan was implemented. It stated that if in crisis I could request admission for respite. In the past that had happened. I would like to state, that during those times, I was always treated with dignity and respect. The care and support excellent. I could not fault any staff member. I felt safe, supported and cared for. A welcome change from my experiences, whilst in the care of certain psychiatric facilities. Though again, in those facilities most of the staff are caring etc, it is the system that is at fault, allowing unsuitable people to practice and work within the system.

With a change of management at ADH, that care is no longer available. But those who had such plans in place were not informed. Surely at the very least a common courtesy. When someone is in crisis, it is most detrimental to their mental wellbeing to be told that help offered previously has been stopped. The plan stated respite not treatment. The idea was to offer a place of safety and allow time for things to settle. We were asked to give assurances relating to our safety and that of others. I have always honoured my word, and if I was struggling, staff were always informed. It now seems that because I suffer with mental health issues my word cannot be trusted.

At this point I decided that I was being discriminated against because of my mental illness. Having spoken to the appropriate person, with the decision made, trying to be justified, my conclusion is that people who suffer with mental health issues are discriminated against and that money matters and people don't.

I would ask people to walk a "mile" in our shoes. No one chooses to suffer with a disability, it is something that we have to bear.

I have decided to step up and be a voice to advocate for change. For the implementation of the help and support promised to be put in place at the time of the closure of the large psychiatric hospitals, that have never come to fruition.

People suffering from mental illness found themselves in unsuitable accommodation, homeless or in jail as there was no suitable place for them to be. They deserved care, treatment and support, not to be punished. They need the assurance given of the promised services being put in place to become a reality.

These issues affect all people with disabilities, the elderly, the disadvantaged and the vulnerable.

More recently on 06/06/2018, following a consultation with my GP, I made a statement to her, that I was having my three dogs euthanised later that day and nothing further about the statement was discussed. But she made an incorrect assumption and told both GVH and the police that I had said that I was going to euthanise the dogs and then commit suicide.

The reality was that I had made a reasoned, rational decision based on my circumstances at the time.

The police from [REDACTED] used the vets to set me up (why they could not have come to my home, I don't know) The vets, realising that something was desperately wrong wanted to help (wanted to talk in person) but once the police stepped in, it changed the whole situation. I was not even given the opportunity to say goodbye to my dogs. [REDACTED] who was dying, died whilst I was in hospital and I never got to see her again. But thanks to the compassion of all the staff at the Veterinary Clinic I had [REDACTED] and [REDACTED] to come home to.

I assume that my GP also called the local council, who then wanted to seize my dogs to put them to sleep. My GP stated later, that she did not want me to regret my decision (but I would have been dead and as suicide was never on my mind informing the council who were going to euthanise my dogs – well that's cruel. Also I had contacted the council earlier asking for help for both myself and my dogs and I was told that the only option I had was to surrender my dogs and due to their ages and health issues they would be euthanised. I told them that was my decision to make and my responsibility. Due to my own deteriorating physical health and the deteriorating health of my dogs, I made the decision but ended up in [REDACTED] psychiatric unit at GVH.

My time whilst in their care was detrimental to my wellbeing. I was not mentally unwell. I had made a reasoned, rational decision based on my circumstances at the time. Not once was I asked by anyone involved, why I had made the decision nor my "apparent " suicidal intentions.

Whilst in their care my mental health deteriorated rapidly. My rights were totally negated. The system remains punitive to abusive. I also saw and heard other people in their care mistreated and abused. This added to my distress. (Please see attached list of concerns that I raised on discharge) I believe that treating people in this way is not only inappropriate but also unacceptable.

I wrote to the chief psychiatrist with no appropriate response.

I raised my concerns with the MHCC and they could only deal with specific things and I have discovered that they have no powers to fully investigate complaints or for redress.

Having had one facilitated meeting and waiting for an update I finally discovered that the resolution officer who was handling my complaint had left and it appears that I have been forgotten. Since I have been informed that the MHCC can do nothing and have closed my case. My conclusion is that there needs to be an independent organisation who have appropriate powers of investigation and redress to appropriately deal with concerns and complaints made.

I raised concerns with AHPRA with how my GP, handled my care and to date I have not even received an acknowledgement of my concerns being received or an update on progress.

I received notification in May that my concerns raised against the nurses/receptionists at [REDACTED] Medical Clinic had been accepted by the HCC back in March but to date I have not been contacted by them. (only received these notifications from AHPRA whilst asking for an update on concerns raised about GP). Surely acknowledging concerns raised and updates on progress is common courtesy.

The police response to concerns that I raised with them have not been satisfactorily answered. The officers were polite and respectful but not one identified themselves and none were wearing name badges. In the past police attending have always identified themselves. They asked no questions and the report obtained through FOI shows that they believed misinformation and my GP.

Throughout the report I am named as [REDACTED] which I had changed months earlier. I am not sure if it was an old report given to the police at an earlier time by my husband (separated) who psychologically, emotionally and sexually abused me for many years or if they contacted him but it was certainly misinformation, something that my husband would say.

Senior Sgt [REDACTED] [REDACTED] has said that they had to take the Dr's word because if I had committed suicide the officers would have to live with that.

I was mistreated and abused whilst in the care of GVH and I remain both psychologically and emotionally traumatised to this day. I have to live with it but I guess that is ok because I apparently have no rights because I suffer with mental health issues. Following discharge I phoned the local police stations to find out who had attended and I was told by Constable [REDACTED] that [REDACTED] were not involved. Also the number of officers involved is in dispute. I say five officers whilst they say three. I had not lost my ability to count.

I have to accept that apparently I do not have the same rights as so called "normal" people and that because I suffer with mental health issues my word cannot be trusted. But I hold great stead about giving my word and honouring it. I am not the one who has lied throughout this whole sorry saga.

[REDACTED] District Health:

- Ms [REDACTED] [REDACTED] – [REDACTED]/DON
- Ms [REDACTED] – Acting DON
- Ms [REDACTED] – Registered Nurse, [REDACTED]

[REDACTED] Medical Clinic:

- Dr [REDACTED]
- Ms [REDACTED] – [REDACTED]
- Ms [REDACTED] – [REDACTED]

The Police involved:

- Mr [REDACTED] – Manager [REDACTED]
- Mr [REDACTED] – [REDACTED]
- Benella Police
- Constable [REDACTED] + unknown officers from Yea
- S/Sgt [REDACTED]

The Council Officers involved were:

- Mr [REDACTED] – [REDACTED]
- Mr [REDACTED] – [REDACTED] Business Services
- Mr [REDACTED] – [REDACTED] Officer
- Mr [REDACTED] – [REDACTED] Officer

[REDACTED] Health:

- Consultant Psychiatrist (name unknown)
- Psychiatric Registrar (name unknown)
- [REDACTED] ? – Charge Nurse
- [REDACTED] ? – Charge Nurse
- Medical Doctor (name unknown)
- Dr [REDACTED] – Psychiatric [REDACTED] (responsible for discharge)
- Ms [REDACTED] – RPN3 ([REDACTED] Street Clinic)
- Dr [REDACTED] – Divisional [REDACTED] [REDACTED]
- Ms [REDACTED] – Divisional [REDACTED] [REDACTED]

MHCC:

- Dr [REDACTED]
- Ms [REDACTED] – [REDACTED] Officer
- Ms [REDACTED] – [REDACTED] [REDACTED] Officer

- Ms [REDACTED] [REDACTED] – Internal Complaints Officer
- Chief Psychiatrist

AHPRA

- Mr [REDACTED]
- Ms [REDACTED]
- Mr [REDACTED] – [REDACTED] Manager

VEOHRC

- Ms [REDACTED] [REDACTED]

Having made this statement the fact is that had I been treated with dignity and respect and my rights not negated, there could have been a positive outcome to the benefit of all. The staff would have all been thanked for the care, support and help given.

I have made this statement in good faith. Any other information that you might require, will be provided on request.

In the past, when working in the field, I advocated on behalf of the people in my care, so that the best possible outcome happened for them. I believe that was my duty of care.

Since being ill-health retired I have continued to do advocacy work through organisations such as Wellways.

Thank you for taking the time to read this statement.

Kind regards

[REDACTED]

Lin(da) Reeves

Having reviewed everything I have decided that I need to clarify some points about what has been said and the theme that runs through the events of that day.

- At no time did I ever say that I was having my three dogs Euthanised and that I was then going to commit suicide. Committing suicide was never on my mind, it was a figment of my GPs imagination, but she told everyone that was my intention. My supposed suicidal intentions were never discussed at anytime through this whole sorry saga.
- The police believed my GP and made statements again that were not true. They did not even try to ascertain the facts. In the incident report, evidently based on misinformation, they continually referred to me by my married name and it seems from reports from the past which appear to have been made by my husband who had psychologically, emotionally and sexually abused me over many years due to his alcoholism and drug use.
- During the time I spent in GVH, not once was the reason for my admission ever discussed, nor my supposed suicidal intentions. But I was continually mistreated, lied to and the staff manipulated every situation to my detriment.
- After discharge, on seeing my GP, she stated that she did not know that the police were involved and feigned both shock and horror at how I had been treated. At the next consultation she stated that Shepparton had wanted the police involved. Eventually the truth came out that she had involved the police, so I called her out. I gave her opportunities to say that she no longer had to treat me but she decided to confront me. Listening to her blame others, justify herself and finally blame me, just reminded me of others who had abused me in the past. She betrayed my trust, lied and deceived me.
- I was told that she did not want me to regret my decision to have the dogs euthanised but then I assume that it was her who informed the council, who then tried to seize my dogs and who were going to euthanise them. That is cruel. But now the council are denying any involvement as the dogs were not surrendered to them.
- Whilst in GVH, again I was continually called [REDACTED] despite my telling them that I had changed my name and they were also informed of that fact by others.
- The consultant psychiatrist said that because I suffer with mental health issues that my word could not be trusted but I was not the one who lied. My story has remained constant and unwavering. Because of the way that I was treated whilst in their care, my mental health deteriorated rapidly and I became very unwell. Also seeing and hearing others being treated in a similar way added to my distress.
- Because of the Veterinary Clinic staffs kindness and compassion I had [REDACTED] and [REDACTED] to come home to. [REDACTED] died whilst I was in hospital and I had n been given an opportunity to say goodbye to her and I never got to see her again. They were the only people who wanted to help and my GP placed them in an untenable situation and they were used to "set me up" by the police. Using others in this way, particularly other professionals is unacceptable in my view. The police could have come to my home. I was not a "flight risk" as they supposed because I was not suicidal and I was not going anywhere.
- Organisations that I have raised concerns with appear to have no apparent powers of redress. Not the MHCC or the VEOHRC. The MHCC and AHPRA oftentimes do not even communicate or update following telephone calls or emails sent to them. Whilst I appreciate that the organisations are busy dealing with a lot of concerns and complaints from people, surely an acknowledgement of concerns raised and updates on progression is a common courtesy. Also the process is long and at times is daunting on those raising concerns because there is no feedback. Also I believe that organisations set up within the system, are bound by the system. Therefore I believe that the organisations set up to investigate concerns and complaints should be independent and have appropriate powers for redress.
- Finally I would like to state that because of all that I have experienced, I remain both psychologically and emotionally traumatised to this day. I struggle to trust people that I

should and generally do not seek medical treatment when perhaps I should. My history should not dictate my destiny but since being labelled with Bipolar my life changed instantly. No longer even treated with dignity and respect. I have now accepted whether I believe it or not that I do not have the same rights as so called "normal people" because my rights and privacy are continually negated because I suffer with mental health issues. This is discrimination. People tell me that I must put the past behind me and I would like to do that but it is very hard when I am constantly reminded of it and discriminated against because of it. Others must proffer the same and also put my past behind them, so that I can move forward in a more positive way.

Lin Reeves
14/05/19



Since writing this statement the MHCC, AHPRA and the VEOHRC have all closed the cases of the concerns that I raised with them.

I am now referring the matter to the

- Health Complaints Commissioner
- Victorian Ombudsman
- Seeking legal advice

People suffering disabilities deserve better !!

- NO MORE "SIN" BINS
 - SEPARATE UNITS FOR PEOPLE SUFFERING NEUROSIS AND PSYCHOSIS (SCARY IF YOU'RE DEPRESSED OR ANXIOUS & ARE WITH PEOPLE SUFFERING A PSYCHOTIC EPISODE)
 - MALES AND FEMALES SUFFERING FROM PSYCHOTIC ILLNESSES SHOULD BE IN SEPARATE UNITS (SAFETY / PROTECTION)
 - SMALL LOCAL UNITS (SUPPORT FROM FAMILY / FRIENDS) (CLOSE TO SUPPORT NETWORK)
- ON ADMISSION

- INITIAL ASSESSMENT
ESTABLISH / IDENTIFY PROBLEMS / ISSUES AS THE PERSON SEES THEM -
- CARE PLAN (LIFE PLAN)
 - ASSESS
 - PLAN
 - IMPLEMENT
 - EVALUATE

- * PSYCHOLOGICAL
- * SOCIAL
- * PHYSICAL
- * SPIRITUAL

- * ONGOING - ADAPT / CHANGE IF NECESSARY
- * SUPPORT & ENCOURAGE PERSON ON THEIR JOURNEY TO RECOVERY
- * ENCOURAGE THEM TO SEEK SOLUTIONS
DO NOT DISEMPOWER THEM BY SOLVING PROBLEMS / ISSUES FOR THEM.
- * MONITOR < IMPROVEMENT / STABILITY
DETERIORATION / INSTABILITY
- ENCOURAGE TO DO AS MUCH AS POSSIBLE FOR THEMSELVES

• "PARCS"

• MORE M/M COMMUNITY CLINICS

• SUPPORT GROUPS - FAMILY
(PEERS) - CAREERS
- SUFFERERS

• DAY PROGRAMS

• AWARENESS / SUPPORT PROGRAMS
REHAB

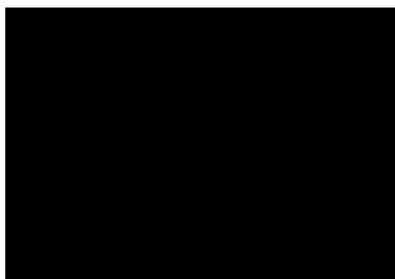
- DRUGS

- ALCOHOL

- FAMILY VIOLENCE

• OFFICIAL VISITORS

• CONSUMER ADVOCATES / GROUPS



Lin Reeves
 [REDACTED]
 [REDACTED]
 [REDACTED] [REDACTED]

17/11/2018

Dear Dr [REDACTED]

The MHCC sent me a copy of your response to the complaints I made whilst being a person in the care of your staff in [REDACTED] Acute Inpatient Unit at [REDACTED]

I am impressed that you have continually named and shamed me as being the abuser. Perpetrators always blame their victims.

I left a message for you but as ever no one will talk with me or return my calls. I spoke with [REDACTED] who said that she was the unit manager on 27/09/2018. I told her that I was prepared to meet and discuss the said issues. She said that she would pass the message on. I do not know if that happened but I never received a response to my call.

Now I would like to clarify a few things with you.

- On admission I was seen by the psychiatric registrar and raised concerns about past experiences in psychiatric facilities. He assured me that such things did not happen at GVH.
- In the morning I was seen by [REDACTED] one of the charge nurses. She was more concerned about getting me to agree with the 'label' and set up a plan, so that future admissions would have better outcomes. She also said that she was unaware that I had been placed on a treatment order.
- My BP went through the roof (due to the stress I felt under) and instant action was taken but the lithium I was taking for my Bipolar was withheld for 5 days. Medications were given at the wrong times and wrong doses. I was told that the Dr would go through the medication chart with me and all would be sorted. It took me 3 attempts to ascertain whether I was taking the new BP medication instead of or with the karvea. I explained that I took lithium, the dose and the reason why. He said no you don't and nothing else was discussed.
- Some staff may speak English but sadly they do not understand the spoken word. Comprehension of a language is a must especially if you are working with people. I continually had to repeat myself or explain using other words to try to convey what I was either telling people or what I was asking for.
- I ended up making statements and telling them what I was suffering from, so that we all were on the same page eg I must be alien as I don't think I was born on this planet – delusional.....etc....
- Staff contacted the pharmacist in [REDACTED] The first thing was that she corrected the staff member that my name was no longer [REDACTED] My medications were being altered and it gave doses but then stated or as directed by your Dr. So the pharmacist was not aware of the doses etc as my doctors were altering the doses. I would have told staff the doses I was taking but.....
- Staff contacted my treating Psychiatrist and he was very unhappy about how he was spoken to and the way information was demanded from him and he added that the staff member who phoned was not even a doctor.
- The Consultant Psychiatrist, when I told him that if I gave my word, I could be trusted, responded I trust your word but not your illness. Conclusion because I suffer with mental health issues my word cannot be trusted. But I was not the one who kept on lying ! Also I was taught from a very young age to be truthful. I am always open and honest. Sometimes I withhold information but I do not lie. My word is good and once upon a time, one's word with a handshake was enough to seal a deal. Not anymore !

- Did your staff inform you that I asked them to leave me alone or give me 5 minutes but I was ignored. So, having learnt from others, I would walk towards them telling them to f*** off and it had the desired effect.
- I ranted but that did not mean that things stated should not happen or still occur. Your staff manipulated situations and then punished me by reneging on arrangements/agreements. That led to neglect and my rights being negated both under the health charter and the rights I have whilst under the treatment order. Five days with only the clothes I arrived in !!
- The nurse that assaulted me, had it happened anywhere else she would have already been charged. Her behaviour amounted to abuse and that is unacceptable.
- Certain members of your staff are manipulative, liars and incompetent at their jobs.
- Those members of your staff who would like to implement changes are not able, those who could, won't. Why ?
- Staff read the concerns that I raised with the Chief Psychiatrist but no one talked about them with me and staff behaviour did not change so I guess I was foolish to have shown staff as it alerted them to be more careful in covering their tracks ! Some staff are despicable. I will forgive but I cannot forget. And if it's just we see things from a different perspective then that's fine but when those different perspectives lead to abuse, then it is unacceptable !
- On seeing the Consultant Psychiatrist and registrar on Wednesday evening the registrar said he would see me Thursday morning for me to give him information. He knew he would not be there therefore he lied.
- On Saturday morning a nurse came into my room and asked if I needed help. Thinking that it was for what I was doing, I said no. Later when I asked why I hadn't been taken to the bank etc, I was told that I had said that I didn't want help. Manipulating behaviour by staff again. I suggest that the staff had no intentions of taking me. Some of your staff are more screwed in the head than I have ever been. Nothing was discussed with me that was relevant to my supposed admission. Staff should have reached out a helping hand of encouragement and support aiding me on my journey to recovery. But instead being in the unit was extremely detrimental to my wellbeing !
- I was not mentally unwell at the time, I didn't need your services but once in your care my mental health deteriorated rapidly. In fact it took your staff 3 days to do what it would take my abusive husband (who is also a qualified psychiatric nurse) weeks to do. He also trained in Australia. I did congratulate them on beating his record. I wonder if this behaviour is a part of the curriculum here.
- My bags were gone through, not in my presence. Not acceptable. Negated my rights again.
- My privacy was not honoured when I had visitors because staff continually came into my room and they also talked and carried out procedures in front of my visitors instead of waiting for my visitors to leave or request my visitors to leave whilst they dealt with me.
- I had my blood sugar level taken one morning and the staff member went off to see if I was to be given insulin. Whilst waiting another staff member told me it was breakfast time. I explained that I was waiting for my insulin. After awhile I saw a staff member in the passageway and went to ask what was happening. He asked if I was [REDACTED]. Once identified, he told me that I was next to have a fasting blood test. Do your staff communicate ? Either with each other or people in their care. Also I take my BSL's before each mealtime and prior to bedtime and as necessary in between but some staff, because it had been high eg before teatime, would want to give insulin to me prior to bedtime and I had to insist that they take my BSL prior to them giving me the insulin.
- I often had to ask more than once for PRN medication
- When I saw the psychiatric registrar to ask to be discharged, I was told that it would not happen but following a rant, within 5 minutes [REDACTED] (C/N) came into my room and said if I agreed to, and listed a few conditions that I would be discharged. Why the change ?

I could list more but.....

Finally in regards to the 'borderline personality disorder'. I was given the label whilst in hospital in 2008, by Professor [REDACTED] I had raised concerns about treatment received in the unit and he never acknowledged even receiving my letter, but took over my care from the psychiatrist I was under, added the label without my knowledge. Discharged me home. I believe he did it to discredit me. Defamation! Well I am going to bring defamation charges against him but as he has died I intend to name every Dr who has upheld the label as complicit in defaming my character and those under them eg C/N [REDACTED]

I will also be taken my complaints to the necessary boards and authorities.

I believe that truth and justice will prevail. Also that if I stand up and be a voice for change others will have the courage to step up to support and validate my claims and that others too, (the general public etc) will step up to advocate for the change that is not only necessary but has been promised for so long. Changes have been made which look good on paper but the reality is that nothing has changed. The care of the mentally ill in the public system in Australia has yet to come out of the dark ages. An awakening is still to happen!

I was never the perpetrator of the abuse that I suffered at the hands of others. It might have affected me emotionally but it did not alter my personality.

Since being discharged from your care, I have been informed that I have been misdiagnosed for so long in regards to the rheumatoid arthritis that the damage is done and permanent and that there will be no significant recovery. Also I have hyperthyroidism, which is possibly the reason I kept getting into states of overwhelm. Had I had my scheduled endocrinology appointment back in February this year, perhaps this problem would have been found and the whole sorry saga averted.

The reason that I have been struggling with trust issues recently is because 2 significant others in my life have lied, cheated and deceived me for years. I am a trusting person by nature but you have to understand that without trust there can be no relationship. Once trust is lost that's the end! I was struggling to trust even with people that I have trusted because of what was happening. My treating team were informed about this struggle. I would like to point out that I was frustrated, not angry. But I went into a Fight, flight, freeze response. I wanted to survive, flight and freeze were not an option, I was fighting for my very survival.

Your staff have a responsibility in their 'duty of care' but when you take away someone's rights, treat them like shit, explain to me how that is care..... it is abuse.

As Clinical Director, you should be aware of what is going on in the unit. I saw and heard other people in your care being punished and abused. I cannot tell their stories because I don't have their permission and I respect their rights and privacy. But once things are out in the open I am hoping that they will find the courage to speak out too. And that others will hear our voices and join in and advocate for change. It's all being talked about so.....

Were your staff aware that other people in their care were coming to me for advice, which I gave willingly but stated that it would not help them and all I could say was that I have eyes that see and ears that hear and when I got out of hospital I would be a voice, that I would stand for what is right even if I stand alone!

If you knew or accept what some of the staff are doing within the unit, then that makes you complicit in this. Also if similar things were happening to you or one of yours, I doubt that you would be accepting of such behaviour or treatment.

If you proffer me the courtesy of a response, please put in writing. Then everything will be noted. No more lies and deceit or manipulation. I still believe that truth and justice will prevail.

If there is a hell on earth then I found it - [REDACTED] psych unit.

Professor [REDACTED] was found out and held to account, as will all who abuse people in their care.

I kept a log and not all issues have been clarified but maybe somewhere down the track we will meet and the concerns I have raised will fully be heard. I still choose to trust but be aware once someone has betrayed my trust, they will never be given another opportunity to hurt me again.

My catch cry has always been "I may be considered mad but I am not stupid" but I now realise that I have been foolish. Trusting in a system that has failed me time and time again.

Since the diagnosis of Bipolar, my life changed instantly. No longer even treated with dignity and respect. My rights and privacy negated. Continually discriminated against. If [REDACTED] were the only service on planet earth I as a consumer would not be using your services.

I am also aware of other issues of major concerns at [REDACTED] Consumers Beware !!

Waiting in anticipation of your response.

Regards

Lin Reeves

- Qualification to submit
- Opening statement
- Availability of services or lack there of
- Suggestions for improvements to services
- Conclusion

- c) increase in staff (on the floor)
- d) video conferencing
- e) involving people in their care
- f) discussion- explain, offer appropriate options and help guide the person to choose what is right for them

5) Whilst I was working in the industry I was saddened by many things. The system here is at least punitive, at worst abusive ! The large hospitals were closed not to improve the lot of those treated within but because the land was prime real estate. Promised services never eventuated and some people ended up in unsuitable accommodations, on the streets, even in prison because there was nothing suitable available. The suggested improvement of care that would be provided would mean better care. I would suggest the level of care has dropped rather than improved. As a consumer, when told that a person has a duty of care for me I would now like a them to describe "care" because I cannot see that being treated like shit constitutes care. I could go on but the crux of the matter is: I am sure no one chose to be mentally ill but I would like to point out that does not mean we no longer have rights. Our rights to be treated with dignity and respect. To be treated as they (carers) would like to be treated in a similar situation. If I treated some as I have been treated I am sure that they too rbquestioning "care" I understand that there is not an open purse but what I am hearing is money matters, people don't. We, no all people, deserve better.

I would like to thank you for taking the time to read this submission. If anything needs clarification or you need more information Please contact me at the email address listed

Thank you.
Kind regards

Lin Reeves