

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

## Organisation Name

N/A

## Name

Ms Elizabeth Wallace

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

Better programs with better consultation that will better educate employers and general practitioners.

## 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?

The sole thing that has worked well for me was the introduction of the PAPU unit.

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

Nothing? I've had [REDACTED] staff members tell me I was just hormonal during a psychotic episode where I attempted suicide. I don't think you understand how broken the system is.

## 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.

"Allied mental health support is incredibly difficult to access if you are disabled or rely on public transport. The current framework asks disabled and mentally unwell people to travel sometimes up to 3 hours on public transport to access their ongoing mental health treatment. Bulk billing GPs are often clueless as to how the system works and are unwilling or do not know how to refer patients to a psychiatrist for a mental health assessment/diagnosis using Medicare. Often they will write a mental health plan, refer people to 'counselling' and call it a day. GPs often infer mental health is to do with weight or gender and do not take it seriously, and often assume people asking for some kind of medication are drug-seeking benzos (even though lots of mental health issues aren't even treated with benzos!) There is NO accountability for GPs who do not perform their jobs correctly, and if you seek a new doctor who is better versed with mental health, you are accused of 'doctor shopping.'"

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

"The [REDACTED] often has a hold time of over two hours. If you are about to jump in front of traffic, as I was, this is two hours of emergency response time wasted. Staff who do pick up are often overworked and sometimes express personal bias. Metro mental health care in emergency situations are incredibly difficult to access unless you are causing physical danger to others or are drug affected. Non-violent patients experiencing psychosis, for example, are often left in emergency rooms (sometimes without a bed and only a plastic chair) and heavily sedated for up to 48 hours. This has happened to me. "

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

**them?**

"Better communication with nominated contacts (family, next of kin etc) is better needed during inpatient treatment. "

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

"Pay them better, fund them better, give them good security who are well trained. Give them safer workplaces. Empower them."

**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?**

"Hahaha what opportunities? There's next to none and if there are, I've never been given access to them."

**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?**

"- More PAPU beds and more PAPU units - Better funded staffing for mental health units - Accountability for GPs who dismiss or do not properly help mental health patients - More accessible options for allied health services - Transport services for people needing allied services - Fully gender segregated inpatient wards in public hospitals - Better security for both inpatient facility staff and patients - Publicly accessible drug addiction services for ALL people with drug problems, not just those with criminal records, charges or methamphetamine addictions. "

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

FUNDING. RECRUITMENT.

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

"Following an episode of non-violent psychosis, I was placed in an inpatient facility in ██████████ hospital. I was made to walk around in the general communal area in nothing but a hospital gown for an hour while staff went through my belongings. As there was only one staff member available to do this in a full ward, this took longer than it should have. ██████████ arrived to support me. I was surrounded by men who followed me to every room, asking me questions about my sexuality, making sexual comments and attempting to touch me. As the facility was understaffed, there was no one able to help me when I was in danger and I was incredibly lucky to have ██████████ there to ward them off. When I expressed this to the facility doctor, he told me 'We cannot guarantee your safety in the ward. However, if you feel unsafe, we can give you sedation to make you more comfortable.' On what planet is sedating me around men who have expressed a desire to rape me a fair or safe procedure? How is that legal to say? I was lucky enough to be released the same day under the care of ██████████, but only after hours of them debating with the doctor if the ward was appropriate for me or not. When ██████████ said I was at risk of further harm under the care of the ward, the doctor began threatening to place me under involuntary admission if ██████████ didn't stop 'challenging his expertise.' I was terrified. So bad was the inpatient ward that I have refused help in instances since. I have openly expressed to health professionals that I would commit suicide rather than go back to inpatient. Following another episode I was taken to the ██████████ hospital. I was put in an emergency room bay that was shared between myself and another

patient and divided by a screen. My bed was removed and I was left, heavily sedated, in a plastic seat for 6 and a half hours. No one came to check on me. I soiled my clothing as I was unable to walk to the toilet. I was injured from passing out in the small seat. Anyone could have come in to that bay and assaulted or robbed me."