

Royal Commission into Victoria's Mental Health System

Your information	
Title	Carer, plus person with a psych disability
First name	[REDACTED]
Surname	[REDACTED]
Email Address	[REDACTED]
Preferred Contact Number	[REDACTED]
Postcode	[REDACTED]
Preferred method of contact	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Telephone
Gender	<input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> 45 – 64 <input checked="" 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 checked="" 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?

SUB.0010.0001.1704



Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers <input type="checkbox"/> Yes <input checked="" 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 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 checked="" type="checkbox"/> Interested member of the public <input type="checkbox"/> Other; Please specify: _____
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 type="checkbox"/> Mental health workforce <input checked="" 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 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 checked="" type="checkbox"/> Rural and regional communities <input type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system <input 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. <i>(Am also Natalie Cuttings Authorised Person)</i>
<div style="text-align: center;">↓</div> <input checked="" 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). <u>ONLY</u> in regard other people mentioned eg: fictional names used. 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?

Proper observation of the patient alot more extensively as mentioned in my writings, etc.

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?

Keeping up plenty of contact with the patient & always listening to them and carer & family etc

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

Taking the patient & carer & family seriously & not letting thing deteriorate into desperation etc

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.

After-hours services needed where staff may visit patient at home, maybe at night & during weekends.

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

System failure & neglect & Failure of the Official grievance system etc.

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

Being a carer for [REDACTED] can be torrid and enduring alot of the time, her raging voices where she can scream out with outbursts of verbal violence when her horrible voices get too much for her etc. It can do your head in. After-hours there are no nurses that can come, and you have to bare alot. She even has incontinance in both depts and caring is a 24HR a day job helping her clean-up and change night and day, making her dependant on me. I have physical ailments alot, I am 67, and if I get too crook to look after my health I have to go into hospital, and [REDACTED] then thus will probably have to too for basic care she needs. I could do with alot more support, as could her aging dad who helps out. The family is stressed alot over things etc. The only people I have to talk to are one or two friends and thats not much at all, etc. I get stressed alot and need to have someone who will listen to me. It would also be easier if Psych-se rvices believed us more. We're treated like second or third rate citizens alot of the time otherwise, etc etc. [REDACTED] is often in crises, it can be a daily event justabout, she struggles daily, and we need mge support in coping with that etc. Help is certainly much needed.



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

Dr rather than sometimes just medicating & leaving things case managers need to spend time with the patient. Sit down casually & take their time to really get to know the patient and "where they're really at in their head etc."

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?

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?

Observation (clinically) of patients a lot more in the ward of their state & interactions, etc.
Total overhaul of grievance system as its still a failure & full of stigma.

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

See attached writings etc.

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

A need for a lot better
accountability of the system
& respect toward the patient,
etc. See attached writings.

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

Royal Commission into Victoria's 1/9 Pittaway St Kangaroo Flat 355

Mental Health System -

Sunday June 23rd 2019

*Enclosed is my submission.

There is the first three pages giving anecdotes, then the next twelve pages finishing at 12A are in fact a letter i sent to Daniel Andrews when i mistakenly thought the due by date had closed. I wish to include this as submission material as its totally relivant, as is pages I've written 12B to 21. further material etc. I feel I have been most appropriate in what I have written.
I have also been quite honest.

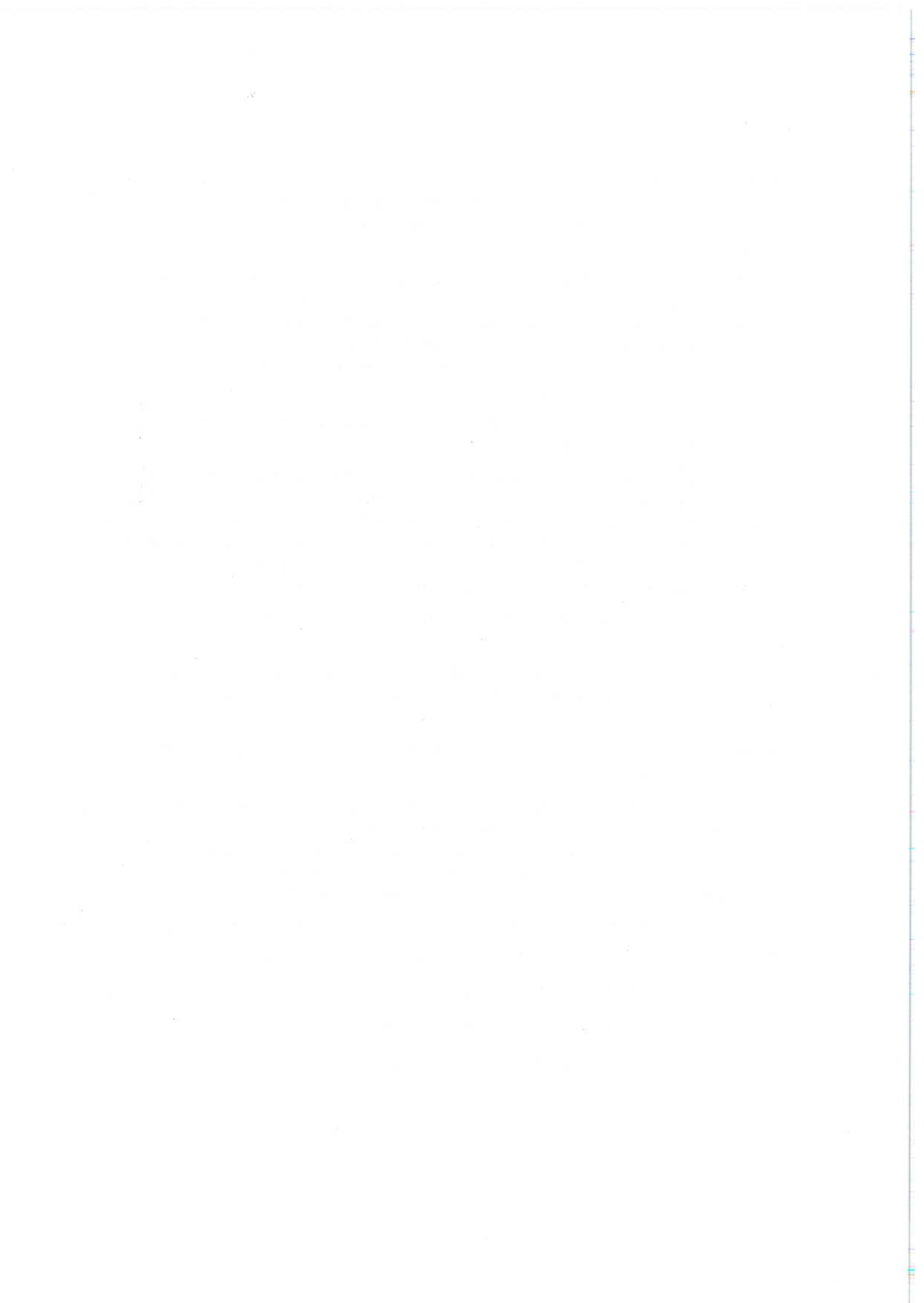
I entrust this will be most helpfull to t he Commission.

Sincerely, kindly -



PS:

I also have a psychiatric disability.



My name is [REDACTED] of [REDACTED]. I reside with [REDACTED], my ex-partner, where I am their carer. For anonymity sake, I shall refer to her as "Jane". Psych-patient [REDACTED] I shall refer to as "Barry" and another patient [REDACTED] of [REDACTED] I shall refer to as "Steve".

Jane is now 50 and fairly disabled. She has voices in her head almost constantly, which can leave her for much of her time in a semi-catatonic-like state. She is obese and exercises very little. Years ago she got a bit drunk and lay on the train-tracks at Castlemaine station and a train with a loco ran over her tumbling her along underneath before it stopped. She had bruises the size of dinner-plates and is very lucky to be alive still. Jane has now a bit of a crook hip that plays up at times making it a bit of trouble getting around much.

For years and years Psychiatric Services kept saying Jane only had borderline-PD^a where ^afew of us surely knew she definitely had paranoid schizophrenia etc.

The Psych-System was failing, where we'd go to great trouble, a bit of a marathon event at times, getting Jane admitted finally to hospital when she was unwell, but they didn't care to observe her much well whilst she was finally in the psychiatric ward here in Bendigo. Inasmuch as I would try to inform them, by writing to Psychiatric Staff, and the official grievance system trying to remind them to observe Jane, where I would try to inform them about Jane's state they'd only seem to ignore me etc. Her psychoses and so-on didn't seem to be properly noted by staff much at all.

This can be a major problem with the system these days, where there tends to be not much of a day-room atmosphere in psych-wards like it used

To be in the old days many years ago. Staff need to sit down with patients calmly and casually, taking their time to relax and see what the person has to say, somehow being able to try and work out where the patient is at in their head etc.

One of the problems time and time again we keep hearing about is patients not getting proper general health care when in psychiatric wards, etc.

Jane at one stage took the remarkable time of six months to get an infected throat attended to. That is a hell of a long time in anyone's language, and was well below proper hospital standard. First she complained of lumps in her throat, but no doctors or nurses would put their hand in there to check them, but did order some scans after a while. Maybe its inherent fear of the patient once more, that they may bite or something, staff can be pretty strange toward patients at times.

They dithered around taking Jane to get scans done of her wind-pipe and so-forth, in the other part of the hospital, and later they somehow managed to lose the results and had to re-organise and do it all over again. This taking about six months in all before Jane was told back in the ward of any results, etc.

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Psychiatric Services at Bendigo have a bad track-record of not being promptual attending to in-patients physical ailments in time.

There was the case of Barry from Bendigo, who was admitted to the Alexander Bayne Ward whilst Jane was already in there. I was visiting Jane every two or three days, spending a few hours there and also got to know Barry and talk with him also. He had been living in his flat locally, and suddenly developed a very bad pain in one leg. He tried to get his case-manager to come out to see about it and take him to a doctor, whatever, but he wouldnt. Being a bit agrophobic and not having a vehicle he felt stranded, and was unable to get any clinic to send out a doctor for a home visit. He was in alot of pain, so in desperation, took his pill containing dosette outside on the front step and crushed it with his good foot. He then rang his case-manager and told him. He was apparently on a CTO, and next thing his case-manager turns up with the police and they cart him off to hospital to the [REDACTED] Ward and bung him in there. Here he was just bunged in a wheelchair, given pain-killers before they started working on his head or whatever etc. I met him when i was outside in the yard at the back with Jane in the Gazebo and found him quite a congenial character - certainly not a 'heavy' one.

He immediatey told me his story, and that they were doing nothing else about his leg still. This went on for days and days when i was seeing him also regularly etc.



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After some days one of the doctors there saw Barry and ordered a scan on his crook leg. He was still in the wheelchair, and after he'd had a scan and a further wait, the doctor shared the results with him where it had been found he had a blood clot in his leg. No wonder it was so painful. This had been ELEVEN DAYS now and he was immediately transferred to a medical ward and treated for it. That was a hell of a long wait in anyones books.

I happened to be in a \$2-shop one day and got a new dosette for Barry for about \$4 and gave it to him, as the other ones Psych-Services were issuing cost patients over \$30 etc. I also visited Barry in the medical ward and wished him well on his journey.

I documented all this, just as i have all here, in writing to the Chief Psychiatrist, I think Coventry or something like that was his name, but the so-and-so didnt even have the decency to write back. Thats the trouble also with the official grievance system - sometimes they dont.

Its a bit of a worry that Psych-Services dont seem to give a stuff how long they take attending to non-psychiatric medical issues or problems with inpatients. They seem to have a bent attitude or bias that there must be some psychiatric thing to that its really only very minor and the patients is really just imaging alot of it and they have to just treat that aspect first as the priority or something!?..

Its not good at all, and something better needs to be done in the POLICY DEPARTMENT i feel.



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Hon. Daniel Andrew -

1/9 Pittaway St Kangaroo Flat 3555

Premier For Victoria.

Friday June 14th 2019

1 Treasury Place, Melbourne 3000

Dear Daniel,

I am very glad we are now having a Royal Commission Into Mental Health. It has been none-too-soon, where many many consumers and families have been wanting something like this for ages in fact. Some, these days, dont like having anything to do with Psychiatri -c Services anymore, regarding certian employees as nothing less than crooks their record is so bad.

Some years ago now, when Howard was PM still, i wrote to various Dept Heads and so forth, in a bid to endeavour to report that the official mental health greivance system was a fail -ure, etc.

Looking back, i should have retained copies of all ensuing correspondance in a folder in chronological order, that in fact it would have made very interesting reading ; type-thing. MY letter had been shainghiad off in various directions by office administration not necassarily dealt with at all. Typical bureacrates - The System just didnt want to know anything.

AS it seemed, to when finally I recieved a letter from [REDACTED]

[REDACTED] the Director For Mental Health in Canberra.

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All she had to say, was, "...we have Policies and these things just dont happen. "

I was shocked, dumbfounded, after all my paper-chase endeavours thats all they can come up with!? What a 'Drop-Kick' , with all her high education and extensive skills and training thats a pretty 'dumb' thing to say!?

Sometimes thats the case, though, the higher up in authority within Mental Hlth, Chief Psychiatrist and others, can "be pretty off at times" I've noted over the many years.

AS i said, the Official Greivance System wasnt working, and still isnt often, etc. They dont take people seriously, and respond properly or suffiecently to complaints.

Alot of the time they just "Play Post-Offices" - relaying complaint material between you and Psychiatric Services themselves back-and-forth etc.

Needless to say, subsequently alot of the time what you have complained about is not addressed at all, and often the system itself is only in responding more-or-less just reciting policy proceadures and so-on. They're just reciting they're so God damned indoctrinated by it, it's rather that it hasnt occured to them still that anything has ever been the matter at all. Niether the Greivance System nor Psych-Services admitting any error or acknowledging that there was anything the matter at all. Its very much as-if the complaint is ever really acknowledged and Psychiatric Services just continue along



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their merry way as-if nothing ever happened. What may appear and may be some sort of ordeal for the patient and thus the victim, when we complain, afterwards we're expected to continue on. With the System in fact, Psychiatric Services continually still making mistakes along the way. Nothing is solved and no proper arbitration taking place.

You find out from others, you're not the only one, too, that there seems a multitude of people out there you've met at various meetings and gathering that just got the same deal, etc.

I tried reporting this all to IBAC. With the adaptation of the then new Mental Hlth Complaints Comm, there were meetings throughout Victoria by them with MH Consumers, where everywhere

they went , consumers had been saying that the Hlth Services Complaints Comm didnt investigate complaints properly : type-thing, etc.

I fairly reported that to IBAC, that it wasnt just one failure, but a hell of a lot of them, but it must have been a case with IBAC of "just too many big dicks in a confined space , or something" , that they werent interested, and any further correspondence may not even be answered etc.

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They were probably obsessed with "money trails", the idiots, that it just hadn't occurred to them yet, when it comes to such things as common human rights and fairness etc, it just doesn't have to have a money trail at all!?

Years ago now I tried the Human Rights and Discrimination Commission. I thought, "I've got the dirty buggers, now..!?". I sent 413 pages of copy of correspondence with the grievance system to them. After some time, finally I received a very short note from the then Commissioner Greame Inness, saying they could "find no evidence of discrimination etc."

He's legally blind, so I quickly responded in writing back to say his staff were as blind as he is, and "couldn't see the forest for the trees etc". There had been discrimination from the word go. Where-as I had sent the material all in chronological order, they had put it in reverse order, (like psychiatric files) and read it backwards. You don't read a book backwards, so why should you that!??..

What the silly twats have probably done, is somehow have a special made up list of questions they must ask about stuff for discrimination to be determined etc.

The psychiatric system is full of flaws and failures. It's as-if there is so much neglect, that they're sort of saying at times then one more won't make any difference!?

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When you set out to make a complaint in writing, know how shiftY Psychiatric Services can be on these things at times, you then endeavour when outlining things to "cover all bases" as it were, knowing they are just as likely otherwise, to pick an aspect of something you havent mentioned, then trying to concoct some "cat~~k~~ and bull story" then that was the reason they did or didnt do something, etc!?

Its "As-If" alot of the time when you write an articulate letter of complaint, they just dont take you seriously nor want to properly believe anything you may say. You may try your best or dranedest but dont get much in reponse, and any urgency put on things due an an ongoing situation, is likewise ignored also. The MH Complaints Comm actually then "sumerises you complaint". You've gone to the trouble of being so articulate, and now they're just watering it down. That's how ridiculous it gets!? They may get many complaints, and it is as-if now they're on your's and barely concentrating at all. You've layed it all out in front of them very neatly expressed in good order, and all they've done is just taken a couple of weak sniffs at it it seems. Thats how often so much it goes with them, They just dont do a proper job. Hey! Maybe they are work fatigued or some-thing, but that is no excuse as to be so totally slack!?

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Anyhow, i better not ware you out too much with my time, I've already written five pages. A friend has just actually rung tonight to say their partner has just had some shots of cortizone in the knee and now they're up and about walking fine tonight, which is great.

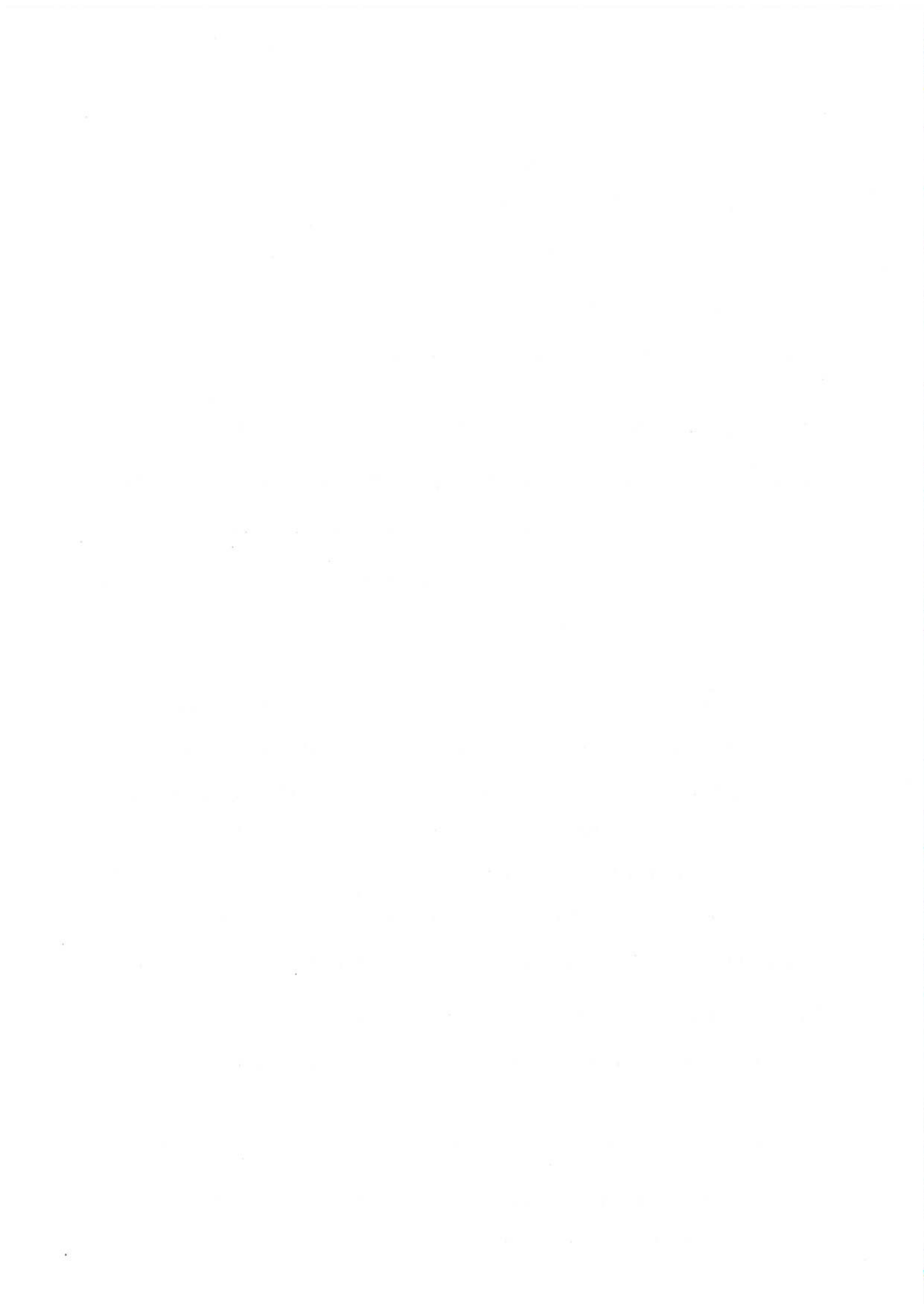
Maybe that's the trouble with Psychiatric Services and the grievance system, they're too weak kneed - need a shot of that or 'speed' or something just to bring them up to normal, type-thing...!?

(Hell! I just opened the back-door next to me to let Oscar the catsat in, and Angie the 'Miniture Dingo' chased him in his dirty paws across the paper i had typed etc.)

The system is not working, they're just not doing a proper job. They can seem to have little idea even of what theyre doing themselves they ignore so much etc.

I am my ex-partner's carer, Jane, we are still friends. She is 50 and has a very delibilitating Mental Illness. She hears voices almost constantly, leaving her for alot of the of the time in a semi-catatonic-like state etc. Horrible voices mainly too.

I am 67 and also have schizophrenia, but have been well in remission for many years now and manage fairly well, where i have a few physical complaints etc.



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Over many years we had a hell of alot of trouble trying to get proper help for Jane. Often she would be very psychotic for months on end not properly medicated where our cries and complaints fell on very deaf ears etc.

Today, every day is still a battle for Jane

There are sort of three sorts of Psych-Patients. The first sort respond well to medication and may hold down a job. The second sort may struggle a but, and not respond quite as well.

The third sort may struggle alot and hardly respond to medication at all. .

Jane is in this catogory. IT may be said, that if a patient is left unmedicated or undermedication for too long, then when they are finally properly medicated they respond poorly, and that this may be a case with Jane as this tends to be a well known clinical fact. We are still paying the price for our neglect. Every day is a battle for Jane, where I share much of this angst with her in caring etc.

We've never ever recieved any proper decent appology or even acknowledgement from the system for our troubles though.

AND that's a fact.

For many years things were often quite horrendus for months on where many people just have no idea all the hell and high water we went through etc. UTTERLY HORENDUS11

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"Endeavour" is on ABC TV now with Inspector Morse. He'd know how to nut all these things out..!?

We are left with alot of reminders in life of sense and logit, yet so much of the time when dealing with the system , or official greivance system, its as-if Common Sense has never come into it!?

You may be perhaps familiar with R. D. Laing and writings of Anti-Psychiatry maybe. What we have been through with t he system certainly has parellels with anti-psychiatry the goings on and denial or non-admissions and so-on. EG/IE, we are spected to perhaps believe² things just didnt happen, that the patient is always in the wrong and psychiatrists or psychiatry always right type-thing, etc.

I dont know how many are going to mention our ill-equipped Mental Hlth official greivance system, but i hope at least some will as its very important that they do.

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And how were we discriminated against?

We were both chronically ignored and disbelieved. When you're a Psych-Patient, or have such a disability, its like people (Psychiatric Services staff and so-on) dont want to know you. You're dismissed as being irrelevant to the general picture etc.

There was the [REDACTED] [REDACTED] Ward(since closed down) and patients approaching the Nurses Station window would be often expected to wait whilst staff just miandered around in the office ignoring them. One day a VMIAC(Vic Mental Illness Awareness Council) member came, and waited at the window for five or ten minutes, etc, and when a nurse did come and attend to her, she just said, "Oh! I ^ythought you were only a patient!?" The VMIAC worker subsequently reported that making an official complaint.

For years I used to visit Jane when at times she could get into hospital, and be seated with her right near the Nurses Station and watch how patients would approach the window and press the button and so often be messed around badly at that. That sort of thing wouldnt happen in a general ward, but it certainly did there.

As i said, we faced discrimination from the word GO.

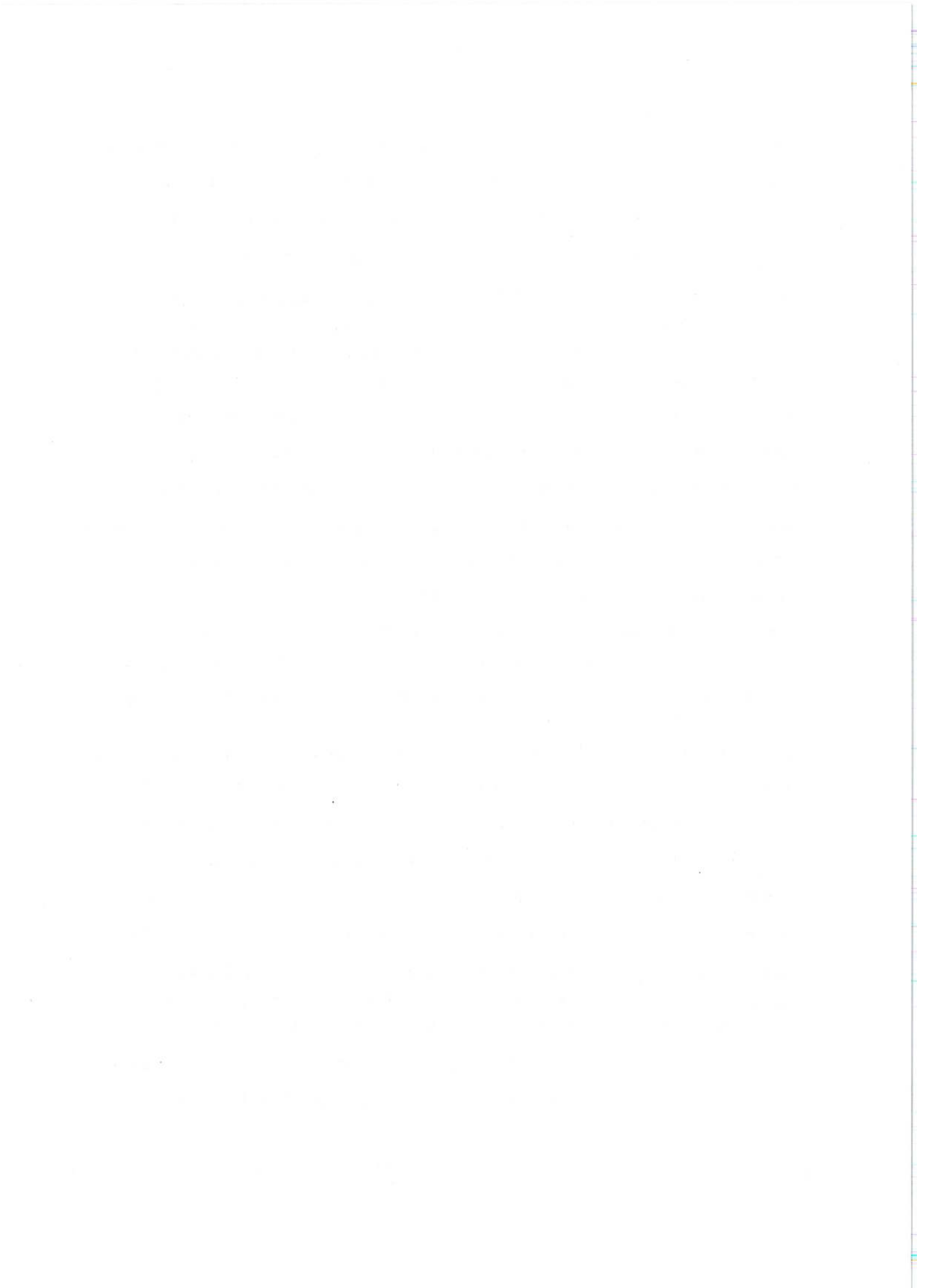
We werent even seen as real people at all. It was disgusting.

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Every now and again, as sure as eggs, there is a tragedy, splashed over the front pages in the media, the gory detail, and so many many people mourn. A psych-patient, or someone with a serious mental illness, or outbreak of psychoses somehow, usually a bloke, has gone amock visciouly killing someone - often a young woman. People may then ask, "how can this happen!?" Then we may somehow later find out, as certain truth sifts slowly through, the person wasnt properly monitored, and often, if the truth was known should have been in some sort of more rigid detention, anyrate, etc etc.

Greg Anderson who killed Luke Batty, was a walking time-bomb , should have been locked up in Forensics long before the trajic event. He had a serious psychiatric disorder and was left untreated for a long time. Shuan Price was kicked-out of supervised care for being too unruly toward others. There was not enough forensic beds available for patients, nor many in jail who otherwise should be being treated etc. Governments need sometimes to take the urgency of these matters more seriously and legislate to have more infrastructure such as facilities made available by legislating it.

When someone becomes unwell, these people, were they observed by others, probably yes. But when psych-patients begin to have an episode and start flitting around everywhere as they do, people just ignore it, they dont want to do anything about it. Ring Psych-Services, the CAT Team cant come. Many in fact just call it the "Cant Attend Team" subsequently. They say . . . just ring the police, but no-one just wants to dob people in - how many further tragedies have just occured when Police have and then just blown away a disabled person, leaving family



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very very upset.

If someone is being unwell, erratic and deluded, and you may know them, people dont like reportng their mates and so-on, but tend to turn a blind eye and just aviod them , hoping the problem will then just go away. Pretending its not there. People do not try to seek people out, but then . relatives may try to get help for their sons and daughters, etc, yet still find it can be a marathon event taking weeks sometimes to get them admitted to hospital before some sort of disaster occurs type-thing. If you're a pensioner who is a carer, such marathons can get quite expensive with taxi fares and so-on running around all over the place in the process keeping tabs on the person you care for and so-on. Then you find, after they are admitted to hospital there is still no rest, as some silly doctor has discharged them on the third day sending them home just as psychotic as when they went in. They dont observe patients much these days, dont sit down casually with them to try and ascertain where theyre at in their head. They just ply them with drugs often and hope for the best, Etc.

For many years Jane had been improperly diagnosed, they even went as far they were so obsessed they put a ban on her being in hospital any longer than 48hrs, etc. Thats how bad it was. Everyone else knew Jane had Pa raniod Schizophrenia accept then. It was many years before they had the decency to give her a proper assessment where we had to have the then Police Minister Bob Cameron to intervene and finally get them to do something. It had been a long long wait that they'd finally got right, the system still took a year or two to thaw starting to care better for Jane Any appology was only like a single syllable mutter. Not much chop at all after the years of hell we'd all been through.

If i had of written a submission it would have possibly been a bit like this, - pointing out the flaws that need to be corrected.

- 12 A ~

When you're a Psych-Patient it's not hard to feel a bit like a Black-Fella, or Indigenous Person. You're up against a System, Psychiatric Services can be like a "Law Unto Themselves".

I've made two or three complaints against Police over the years and they've all been satisfactorily dealt with, but when it comes to the Psych-system not once has that been the case, etc.

Places like Bendigo here, it can still be a bit like a country town, there's Ockers and homo-phobes abundant here a bit. The 'rev-heads' tend to all drive mainly Holdens or Falcans, and there can be a fair bit of local networking as far as gossip and bigotry goes. As the saying goes, you dont have to be a poofa to be called a poofa; sort of thing. They dont even bother calling you a looney if you have something like home&garden schizophrenia, they'll just call you a poofa instead.

Its not hard to feel like a second-rate or third-rate citizen prejudice can surprise and startle you and turn up at the oddest times and places, even from ^afamily member etc. People patronising you for no reason, too, you never know what you're going to turn up at times. Somehow amidst all this you still have to function, and try and maintain whatever support system you may have, and often it's not easy getting by, etc.

Where do you turn when it gets like this, for many of us at times we just dont know.

(End of Letter)

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As I've said here, it was a long long time getting Psychiatric Services to get Jane's right diagnoses sorted out. They'd insisted for many years that she only had Borderline-PD, and had refused to listen to us anything we told them about her behaviour and mental state etc, even though we had told them and told them repeatedly for years and tried to access the greivance system too, which was a failure and seemed quite crooked to say the least, etc.

We'd go to great trouble getting [REDACTED] admitted to hospital where she'd be psychotic^{or} suicidal or both etc, only to find the silly doctors would send her home on the third day just as unwell. They werent listening and they definately were not observing Jane properly whilst she was there etc.

The System definately needs to be overhauled on things like this, as its a too commoner occurance that pa tients arent observed in the ward these days where-as they may have been in decades past, e tc, e tc.

A friend and I tried lobbying Psychiatric Services to try and get to talk to doctors and local heads about Jane and these things. They wouldnt let us, though, and when years ago I wrote to the then Mental Hlth Minister [REDACTED] [REDACTED] [REDACTED] she only wrote back to say it wasnt allowed as it was against Jane's confidentiality etc. This is total rubbish though, the system was just trying to be as non-shallant as difficult as it could. We only wanted to report things, there is certainly not any law against that. If there was, crooks would ring up Crime-Stopppers or Neighbourhood Watch, and tell police just not to liste what people had to say about them.



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Our efforts exhausted we then finally went to see local Politician [REDACTED] [REDACTED] who was the then Police Minister and he had a talk with [REDACTED] [REDACTED] and she then allowed us to go and have a talk with the local head of Psychiatric service Assoc. [REDACTED] [REDACTED] [REDACTED] It had been a very very long haul indeed, where then Assoc. Prof. [REDACTED] [REDACTED] did an examination assessment of Jane finding her to be suffering from Paranoid Schizophrenia.

This didnt altogether wash well with all local staff, though, where there was still resistance from some who wanted to give us a hard time. I had been on the local Psychiatric consumer official committee for many years and they resented that, where if they couldnt get to me, they had taken it out on someone close to me, Jane in fact. This was very much a very highly unethical way for them to behave, but they certainly had etc etc.

I spoke to different people i knew well here and there, and in places like VMIAC, where they told me, that with the Hlth Services Commission and so-on, well they had people there who; when you sent a complaint, then they would just ring up people in Psych-services they knew and just have a brief chat. Whereby the Psych-services one would just say something like, "Oh them - theyre a bit of a trouble maker you know. Just ignore them. " and they would etc. So there was possibly collusion going on there and ^hat's why i never ever got anywhere in all those years. The system needs to be very much overhauled so these things dont continue to happen in the future. Perhaps even a 'bit of the dead wood needs to be cut out' etc?!

There was a woman, [REDACTED] [REDACTED], I shall name, who used to work for the Hlth servs Comm, and then moved to the MH Complaint Comm when it started, where i suspect she may have been a major instigator in stuffing things up for me in fact. She has since retired, but not before doing a hell of alot of

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damage i now suspect in looking back. Staff should be prosecuted I feel when they dont work within the best interests of the person or patient type-thing?

Stigma still exists within Psychiatric Services and so-on, and where sometimes it can still be very nasty etc.

In recent years, when Jane was a patient at Vahland House psychiatric ward here, the doctor in charge told her that once patients were taken off certificate (no longer Recommended Patients) they were to be transferred to the adjoining flats that were also supervised by the ward. This was untrue, though, as it in fact said so on local Psychiatric Services WEBSITE; you didnt have to be at all. We told the MH Complaints Comm that and even ^esent them a printout of the website but they just blatantly ignored us. They kept transferred Jane when she went to the ward to the flats, usually to be in one on her own, where she would start ^efraking out so much she was so frightened she would then discharge herself so she could go home where there was at least company(me) where she would feel safer etc.

Jane hears voices almost constantly, leaving here in a semi-catatonic like state. She hears horrible voices , ones that threaten her, and try to blackmail her. She has delusions and often alot jumbled up in her head etc. She is very afraid at night fearing she is being stalked, firmly believing there are people out to kill her. Leaving her alone in the flats in one at night left her utterly terrified. Maybe there was no-one

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out to kill her really, but the thing is, when deluded she firmly thought that and the fear was just as real to her that if it is really the case. For five months they put Jane in a flat on her own, they said it was to teach her to be independant and to cope that way etc, but it was alot more like punishment and she suffered dearly. I kept writing to the MH Complaints Comm about all this and they just ignored me, even though i [^]said it was urgent etc. They just [^]ddnt care at all.

Also, at one stage her ca se-manager just happened to drop-in and say hello whilst I was also visiting, and told us, that Jane's file for that ward only had her diagnoses ^wdon as Borderline PD etc. Staff were definately up to mischef again. One of the dirty buggers had obviously been up to mis chief and changed it. I told the Complaints Comm this, and the silly buggers just organised that Jane be assessed again. In the meantime Jane had had an altercation with another patient at the ward, so she was transfered back to the [REDACTED] Ward where her file for there had her down as Paraniod Schizophrenic, anyway. They all the same went ahead with the assessment and did it there and a ^dctor came and diagnosed her Paraniod schizophrenic etc. The system had in fact been unnecassarily bureacratc where there was really no need to do all this at all, and it should of really been investigated why the file was just 'doct ored' falsely in the first place. There had been bad mana gement all round which was very wrong. There needs to be better policy managment plans put in place for such breeches etc i Feel?

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IT should have been taken alot more seriously as a breech than it had been. The whole thing sucks of corruption otherwise. Afteral, theyre playing with peoples lives here!?

Its pretty ba d when Psych-services and the Commission use their power in such destructive ways etc.

The Commission was just kowtowing to the system not in the best interests of the health of the patient AT ALL!?

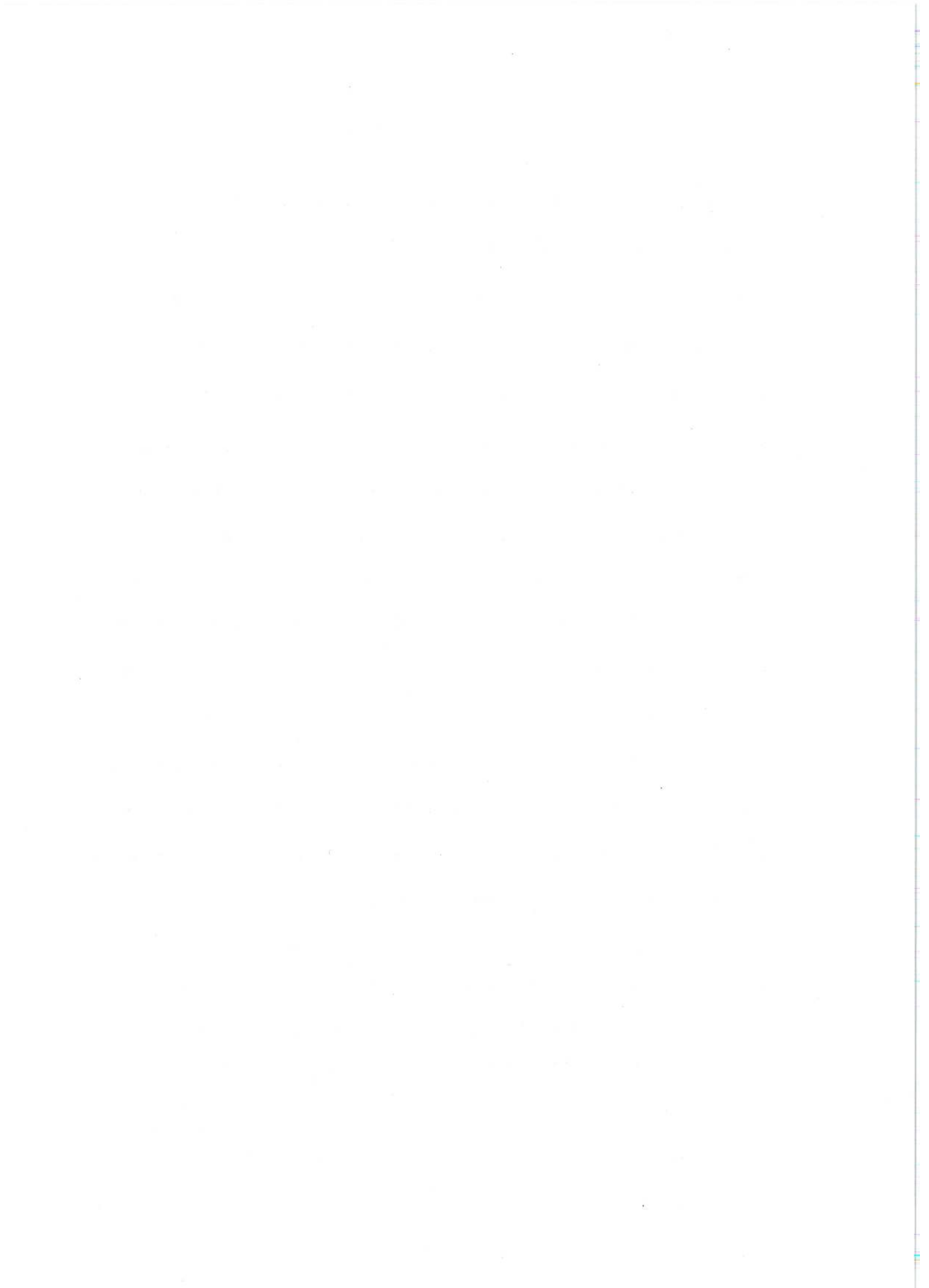
██████, or ██████, or say even Harrow, certainly wouldnt let these things happen...!?)

Fellow Psych-Patient Steve has been our friend for quite a few years now, and when we lived in Castlemaine he would often come and stay for a few days. Steve is 50 and has schizophrenia, but tends to be in-denial a bit about it, and romantises his illness alot where he has "Entities" as well as paraniod delusions. He is a heavy smoker and has a very bad cough for some minutes when he lights the first cigarette up of a morning etc. He is over-weight and has diabetise II and is not only a candidate for getting lung cancer, but heart trouble too.

Steve is also gay, so faces a double stigma.

He is rather isolated in a small town, where his big event for the week is going to the local op-shop a couple of tmes to see what he can score, or in a neighbouring town Maryborough where he gets a lift in the Community Bus to get his pension-day shopping etc. He has neighbours, but most arent very trustworthy, typical of psych-patients who get public housing, they can tend to be

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alcoholics and crooks who are more likely to try and just take advantage of disabled people if you arent very ve ry carefull.

Quite some years ago Steve happened to work in a large major hospital in Melbourne as a cleaner, and was badly vilified by fellowsome other staff members at the hospital.

When you already have a disability such as schizophrenia, and friends or aquiantances, whatever, then play nasty games on you, then it can have a rather horrid impact, so much more than if you didnt have such a disability, and this has left deap scars with Steve that even continue to impact today. Years ago he tried to get stuff published, about so called goings on and corruption there and now thinks there are very heavy forces out to get him to silence him that he cant succceed. Very powerfull people he say's. It's really screwed him over badly, where he believes spies from the hospital are out there and get into his flat when he is out and pioson his water and food, and even put pioson in his depo injection he has fortnightly etc etc. He is very obsessed about all this, believing they put "truth Serum" in his Depo shot making him stay up all night talking to himself and feeling quite unwell etc for days on end. It is impossible to sadly convince him otherwise.

Several months ago now, Steve's case-manager came with the police and they carted him off to a Psychiatric Ward in Bendigo

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for a few weeks. He had successfully been taken off his CTO, but some time after that he stopped taking or having his depo shot, and his mental state had deteriorated etc, so they had to do it. The thing is, though, when they just wacked him in the divvy-van carting him off, they didnt secure his flat, where it was left unlocked and someone got in and stole valuable belonging-s such as jew^ellery and so-forth. "Oh! theyre just a pensioner psych-patient - who cares...!?" seemed to be the attitude taken, etc The thing is, Steve came home on leave, or was discharged, and it was too early - I know as I was visiting him regularly in hospital.

AT one stage when they sent him home on leave, he unsuccessfully tried to hang himself he told me. I was very concerned and wrote letters to Assoc. Prof. [REDACTED] [REDACTED] the Exec Dire of local

Ps ychiatric Services. I was worried and concerned for Steve's safety and welfare, but in the meantime his case-manager and police police had come again and carted him off back to Hospital - AND leaving the place un-locked again. I complained about this to [REDACTED] [REDACTED] too, and filled him in about about Steve's state-of-mind where he was at in his head, delusions-wise and so-on etc and that Psychiatric Staff spend years at Uni to learn things and they should be putting them more into practise with Steve and so-on etc etc. What i said still seemed to be falling on deaf ears though - they listen but they dont hear type-thing.!??..

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You dont have to be Inspector Morse at times to realise when you're being ignored and someone is being basically neglected etc. Philip Tune was passing on my stuff to Castlemaine Psych-servs but still nothing seemed to be happening in feedback from Steve i keep getting in what tends to be daily phone-calls and so-on etc. Steve has been home for months now, but it's been a rather rocky road and continues to be etc.

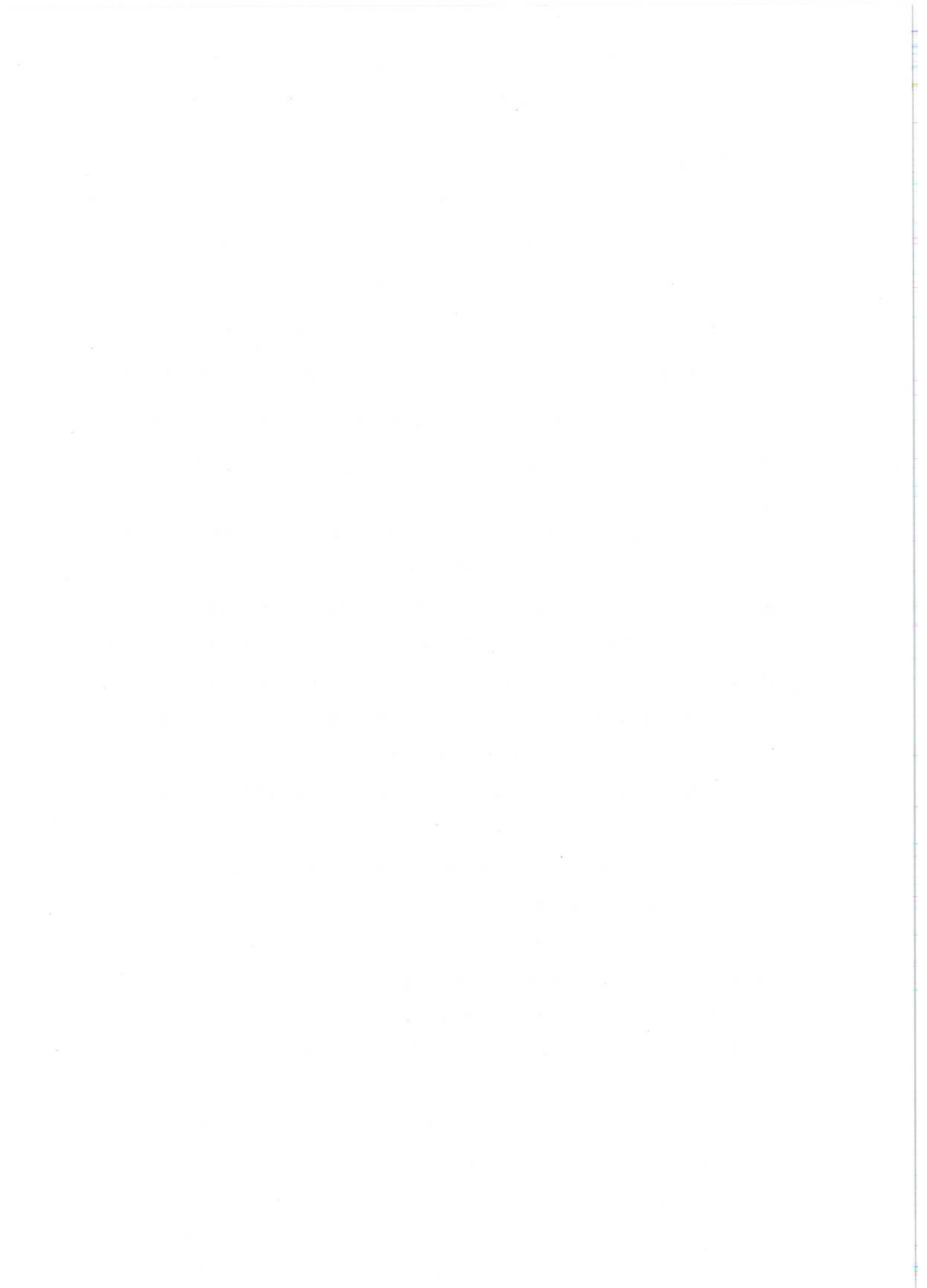
I havent told Steve of my correspondance with [REDACTED] [REDACTED] about him. About his delusions and so-on, as he'd probably be shocked and and mortified and want to kill me or something. Steve lives in constant fear of his spies, and certainly wouldnt want anything to go-on that may rock the boat type-thing etc.

I've told [REDACTED] [REDACTED] that, and that it is so very important that Castlemaine remains strictly confidential with things. Once before years ago they broke confidentiality and I reported it, and certainly dont want it happening again.

Years ago Steve told me he felt like or wanted to throw boiling water over his case-manager when he visited, so I reported it, which you have to in such cases, but they broke confidentiality and at one stage told him when he asked, so I subsequently made a complaint they basically ignored anyrate, no appology type-thing.

The thing is their issolating Steve now and probably saying nothing in any way much at all, and just ignoring him where they can which is a real shame. It biols down to nothing less than neglect in fact and it shouldnt be happening - but is, etc.

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Every time Steve is due for his depo injection is crisis time. He fears that again and again each time that the spies may be putting poison in it

IF Psych-Services did their job they could or should be counselling Steve more when-ever they see him, trying to help alleviate Steve's fears and perhaps rationalisation to help wittle down his delusions a bit. Thats what theyre supposed to be there for, not just dropping-in once a fortnight to ^{inject} medication and then pissing off again!? Medicate and hope for the best and isolate does not really work at all. It is only wishfull thinking to think it does!?

Jane is my ex-partner, but we're still friends; and I am her carer. We have known each other for 20 years now.

WE have a daughter who is 17, who i will ficticiously call Emily. Presently she resides with her maternal grandmother in Gippsland, and visits us regularly in school holidays etc. When Emily was born Jane had post-partem depression, and became unwell, where Emily had to go into the care of a woman who foster-cared for kids, and we would see Emily for access very regularly, and where they soon started phasing in she stay with us for a day or two etc, where i cared for both mother and child. We did have her back for a while, but it became too hard for me to care for both, where Psychiatric Services was failing us not picking up the tab in caring for Jane enough, etc.

Jane moved out to a flat, and i then cared for Emily, but it still became too much of a strain as I'd still have to take distressing calls on the phone from Jane any time of night or day, so I then moved into a flat in Jane's dad's front yard where he and i had shared care of Emily. Jane then having a flat by herself, and this was in Castlemaine and i was with her dad in a nearby suburb,

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Campbells Creek, etc. We were having some problems with Emily, though, she was having family adjustment problems, and had also picked-up some erroneous habits from her Mom of her mom's mental illness etc. She was having problems at school too, and so forth. Finally it was decided she go to her Grandmother's where her half-sister lived, who is much older. I hadnt had kids before and didnt realise Emily could pick up bad habits from her Mom etc, but when she moved in with her Grandma and half-sister she quickly started modelling herself around her half-sister and things began to sort out for her. It had been a matter of identity she'd had trouble finding in fact. At the same time, due to psych-services being so slack and not helping Jane, it had sort of split the family up a bit you might say.

At least we not only saw Emily in the school holidays, but every second Sunday had access where I'd meet her in Melbourne and take her to places like Luna Park or the pictures etc. All in all Psychiatric Services by not assisting in the early days had done alot of damage, Affecting the destiny of our daughter Elmily, whom we much love by the way, and also by not treating Jane properly for a long time, some years in fact, she became chronic with schizophrenia(undiagnosed at that stage) and BE CAUSE she was left undermedicated for so long, (as clinicians will agree) that probably made her alot less responsive to medications she does take now in fact. All in all, a bit of a disaster you may say, where we've never had much appology in fact at all.

I used to be on the official Mental Hlth Consumer council for the region for many years, and feel that is why we were both vilified by Psych-services and probably also the greivance System etc. Inasmuch as I tried reporting it repeatedly to the greivance system they blatantly just ignored me. I may have been a whistle-blower but didnt deserve such a rum deal, and should have been protected better. Alot better. I stuck my neck out on The Consumer Advisory council into Mental Health trying to protect the rights of Jane and others and senior bureacrates and clinicians just behaved rather fowl. They should have been prosecuted if anything I feel!

