

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

SUB. 0002.0023.0075

Name

[REDACTED]

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

The Commission consider the impact of Aspergers syndrome and how it might contribute to suicide.

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?

I am unable comment

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

Most things in the Mental Health system

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.

I don't know

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

not applicable

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

in my families experience most things that can be done have been

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

not applicable

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?

not applicable

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?

Further research regarding the impact of Aspergers syndrome and how it might contribute to

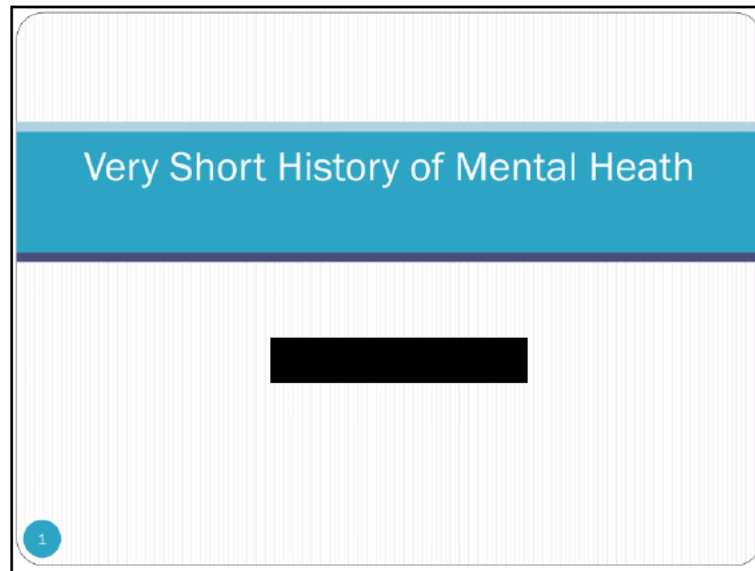
suicide

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

see previous comment

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

I have attached a letter and other document



Caring for ourselves

- Many folk experience mental ill-health at some time
- Almost everyone will know a friend or relative who has been seriously ill and perhaps suicided
- The Story of mental health care is a grands story with many wonderful tales
- I believe this story will help you to best care for others and yourself.

In the beginning!

There is significant evidence that a unique **gene-pair** arose in the splitting of human-chimpanzees approximately **6 million years ago** allow for language, reasoning and also schizophrenia.



Madness in the bible

"And He was asking him, 'What is your name?'"

*And he said to Him, 'My name is **Legion**; for we are many.'*

And he began to implore Him earnestly not to send them out of the country.

Now there was a large herd of swine feeding nearby on the mountain. The demons implored Him, saying, 'Send us into the swine so that we may enter them.'

Jesus gave them permission.

And coming out, the unclean spirits entered the swine; and the herd rushed down the steep bank into the sea, about two thousand of them; and they were drowned in the sea."

Gospel of Mark 5, 9-13.

- This previous biblical scene has been interpreted as a Man experiencing schizophrenia, and compelled to live in village grave yard due to other's fears.
- Jesus' compassion and calming demeanor gives the man hope
- In Religious studies there is speculation that the man is Gospeller Mark, whom became the key witness to Jesus' life.

- Throughout human history the mentally ill were mostly cared by family, if at all; often confined and chained.
- In some parts of the World where modern medication is scarce and expensive, confinement is still common.
- Wealthy families might seek that deranged relatives be placed in the care of religious orders.
- In 1403 **Bethlem hospital** in London housed six insane men



Madness in literature

Hamlet: Ay, marry, why was he sent into England?

Grave digger: Why, because he was mad: he shall recover his wits there; or, if he do not, it's no great matter there.

Why?

Twill, a not be seen in him there; **there the men are as mad as he.**

How came he mad?

Very strangely, they say.

How strangely?

Faith, e'en with losing his wits.

Upon what ground?

Why, here in Denmark...



Melancholy

*In the warm seasons he relished long walks and time alone on horseback. Such exercise, he believed, roused "the animal spirits" and "**dispersed melancholy**."*

He loved the open meadows of home, the "old acquaintances" of rock ledges and breezes from the sea. From his doorstep to the water's edge was approximately a mile.

David McCullough, *John Adams*, Simon & Schuster

What is meant by Melancholy?

Madness as medicine

- Mental illness has long been the subject of medical inquiry.
- Dr Benjamin Rush was one of the co-signers of the American Declaration of Independence.
- In 1812 he published, *Medical Inquiries and Observations upon the Diseases of the Mind*; one of the earliest text books on the subject.



- State run institutions supplemented religious institutions from middle ages.
- In 1800s, **Dr Philip Pinel**, was assigned to an Asylum in south of France.
- Dr Pinel noticed that mental patients had been unshackled and care for and working.
- Dr Pinel later directed other patients be unchained.



Round the Bend

- The one-time Hudson River State Hospital near Poughkeepsie in New York State was sited round a bend in the river, so that inmates arriving there literally went round the bend.
- A similar story that referred to the old Yarra Bend Lunatic Asylum in Melbourne, which closed in 1925.
- It is also an old naval slang for mad or insane.

Advocacy

- **Dorothea Dix** (April 4, 1802 – July 17, 1887) was an American advocate on behalf of the indigent mentally ill.
- She had an alcoholic father and grew up with a wealthy relative. She worked as a Governess and later ran a private school. Through this work she met others interested in social reform.
- In 1840-41 Dix conducted a statewide investigation of care for the mentally ill poor in Massachusetts.
- She is remembered for her vigorous and sustained lobbying for the creation of mental asylums.
- During the American Civil War, Dorothea Dix served unpaid as a Superintendent of Army Nurses.



Asylums and Supply induced demand

- **Thomas Story Kirkbride** was a reformer of asylum care in America.
- He pursued the construction of building that were pleasing to eye, surrounded by gardens and farms yards, single rooms and were patients enjoys are quiet environment.
- This was referred to as the Kirkbride plan.

- However, asylums quickly attracted those who were destitute, frail or in need of care, but not ill.
- Patient populations skyrocketed, over-filling institution as soon as they were completed, with standards declining.

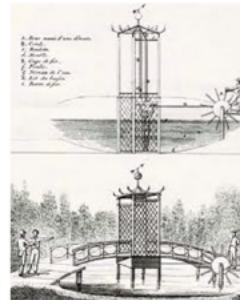
Madness as disease

- Madness was seen as a disease of the brain, and like other organs might be cured.
- Treatment include cutting out disease parts, and bleeding to reduce imagine pressures



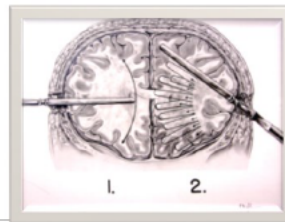
Shock!

- In early 1900s there was exploration with induced coma.
- It had been observed that some patients who experienced inadvertent coma from insulin showed improvements.
- Shock via immersion showers, baths (cold), electrical or long term sleep was experimented with to cure the mentally ill.



Neurological surgery

- From 1940s, neurological surgery (leukotomy) was found to reduce some severer symptoms
- But also stupefied and in some cases caused death.
- Lukotomy was band in the then USSR in 1950s;



orbital lobotomy

- This new medical procedure involved inserting rod via eye socket into the brain, and could be performed quickly and required limited after-care.
- The procedure was performed as follows:
 - *To induce sedation, inflict two quick shocks to the head.*
 - *Roll back one of the patients' eyelids*
 - *Insert a device, 2/3 the size of a pencil, through the upper eyelid into the patients' head.*
 - *Guided by the markings indicating depth, tap the device with a hammer into the patients' head/ frontal lobe.*
 - *After the appropriate depth is achieved, manipulate the device back and forth in a swiping motion*

Leukotomy are still utilised in very limited and specific circumstances, requiring independent assessment by a panel appointed by the State's Chief Psychiatrist.

Medication

- In late 1800 it was observed that medication used to treat some disease also had a positive impact on mental stability.
- Opium had long been used as a sedative.
- In 1954 an anti-psychotic drug called Thorazine for the treatment of the mentally ill.
- In rapid succession, other psychotropic medications became available, making it possible to cut substantially the length of time patients stayed in mental institutions and able to return home and live in the community.

Freud

- In the early 1900s, the Viennese physician Sigmund Freud proposed that the **Mind** as oppose to brain had a structure,
- Talk therapy could deal with adverse responses to trauma and developmental concerns.



War experience

Soldiers heart (Cardiovascular disease) cause by prolonged expose to battle and harsh circumstances was documented during US Civil War.



Shell shock

- In the Great war Shell-Shock (physiological responses, ie blindness, paralysis) was initially thought to be caused by exploding shells causing sudden air compression and that that had left no direct injury
- Latter awareness that the nature of treatment could worsen symptoms.
- Soldiers recovered quicker if treated close to front line, given rest and kept subject to military discipline.



Firmness

- During the Great War it was also observed that the authority and demeanor of medical staff also seemed to have impact on recovery.
- The widespread adoption of Freud's talk therapy was instrumental in helping mental health casualties.
- An Australian army psychiatrist Dr W Rivers would work at Craiglockhart War Hospital was one of those who adopted the new approach; as ably described in **Pat Barkers Regeneration Trilogy**.

Question?

- Sailors in battle almost never experience psychological break down.
- This is as oppose to when on shore leave or away from their ship.
- Whereas, soldiers and airmen often experience mental collapses.
- During the Second World War the US Army documented that if a soldier had not been killed or maimed within 250 days of active services, they inevitably experience a mental collapses.
- For pilots is was far less; 90 days.
- Why is this?

- After the 2nd WW, demobilisation of soldiers and returning PoW saw trails with patient managed and community care.
- Although, this experiment was abandoned after the majority of veterans were returned to the community.
- There was some legacy of patient participation in civilian institutions
- Consider the novel and movie *One Flew Over the Cuckoos Nest* and the patient group therapy scenes.



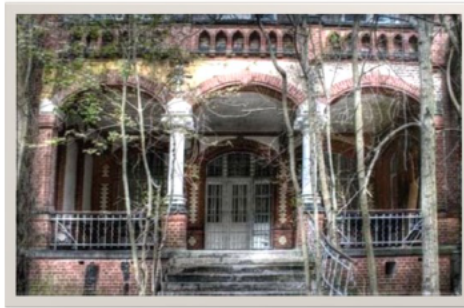
Legal definitions of madness

*'Mentally ill person' means a person who owing to mental illness requires care and treatment or control for his own good or in the public interest, and is for the time being **incapable of managing himself or his affairs***

...

NSW Mental Health Act (cira 1980s)

- In the 1980s, there were about 5000 long term mental health patients in Victoria.



- From 1970s, improved pharmacology treatment saw decline in long term hospitalisation.



Consumer participation

- From 1980s those with mental illness and their families asserted more direct involvement in their own care and managing services.



Suicide prevention

- In 1990, initiative to acknowledge and prevent suicide made a dramatic impact on reduction of suicides
- For men this saw a reduction of 24 per 100,000 each year to 14 or 400 fewer deaths each year.
- These initiatives stressed early intervention, expert medical assessment, patient involvement and community-based resources, and restricting access to means of harm (firearms, drugs and access to high places, and hanging points in jails.
- Other aspect was the recognition that promoting resilience and self-care amongst the broader population



Today

- In Victoria that are approximately 90 patients confined for lengthy periods in forensic psychiatry hospital; compared with five thousands a generation ago.
- A similar number within other correctional facilities, and about 500 short-term hospital beds in general hospitals some of which are secure.
- In 2010/11 approximately 1600 persons were secluded (confined) in hospitals in Victoria; most for only a number of hours.
- In contrast in WA in the 2000 there were still about a 1,000 long term mental health patients.

Collaborative care/Recovery Model

- This the recognition that while the cure of mental illness may be problematic;
- With adequate support and say about their own care, those affected can remain with families, live independently and pursue productive lives.
- That includes housing, legal support, support for carers, respite programs, employment and education and social stimulation.
- There will be more covered about this in the Unit



The End



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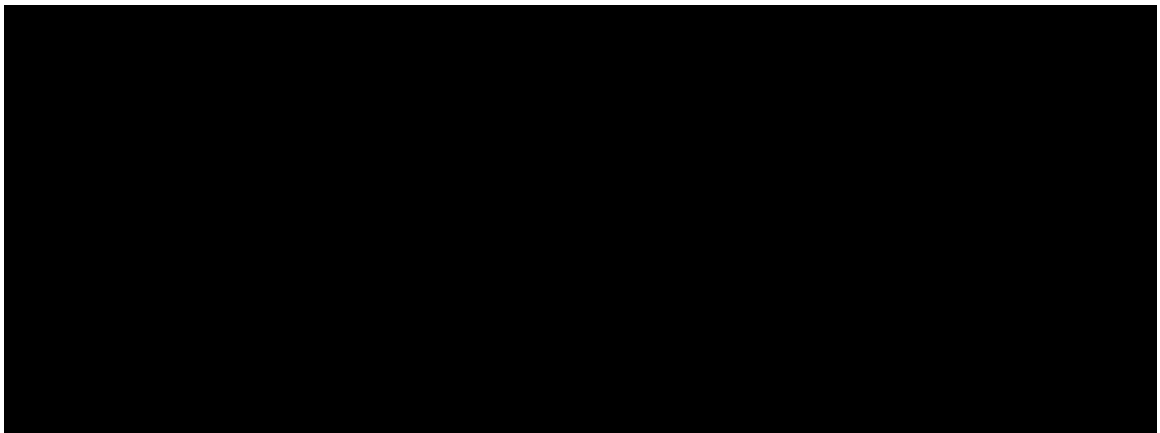
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12 December 2014

To whom it may concern

I have offered to my son ██████ to write down a few things that might help with medical assessment. I have previously met with ██████████ Clinical Psychologist, ██████████ and provided information about ██████ childhood, and assume she has passed on any relevant information. So at the risk of repetition;

██████████ is my middle son. I have two other sons; ██████ (28) and ██████ (19). ██████ mother ██████ died in 2002, aged ██████ and I had divorced a few years earlier. ██████ grandparents are deceased. I have a brother and two sister, and ██████ had 7 siblings.



██████████ birth was uncomplicated. He was a few days overdue so the doctor opted to induce birth. He had no significant health problems as a child, although experience mild asthma and required to use a preventer during school years. In grade one he was diagnosed with ADHD and prescribed Ritalin, which he took until his was about eleven. He stayed down a year in grade one. He experienced learning

difficulties throughout school years, eg, organisation and focus, which was attributed to ADHD. He was enrolled in reading recovery during grade 3 and 4. The education psychology assessments identified no intellectual issue. When he was eleven an OT advised he utilise typing due to his struggling with handwriting.

█████ was agile and liked climbing as a child. However he struggled with organised sport. I latter enrolled him in gymnastics where he proved quite adaptive but found following complex instruction difficult. In Secondary school he attempted trapeses and proved able to master various catches. At █████ request, he opted to attend art class as he enjoyed drawing, which is a passion he has maintained. He has a fascination with history and fantasy. Then again, so do I. And the history and visual art interest can be followed down the male lineage, including █████'s uncle, grandfather and great-grandfather.

With regard mental ill-health; my own father's family there is a history of depression. My father suicided at age 79. I was diagnosed with depression in my late 20s and remain under supervision of ████████████████████. My son █████ has also been treated for depression. █████ experienced significant post-natal depression with each birth. However, a care plan had been developed with her pregnancy with █████ and I've no impression of any issue with attachment or feeding.

As for █████ death; she was diagnosed with breast cancer in 2000. She undertook various medical treatments and surgery at ████████████████████. While she left work (Special Care Nurse, Mercy Hospital) she was generally able to maintain care of our three children. We had separated in 1998. █████ and █████ stayed with me alternate weekends. My oldest son █████ and I had become estranged by this time. To described █████ and my relationship as strained would be an understatement. I can't offer much information about █████ during this period. He continued to struggle with reading at school, and was treated by teachers as a child experiencing ADHD. I gather that there were issues between █████ and his older brother █████ I'm confident that █████ can talk about this himself. I has no feelings that █████ and his brother's had anything other than a warm and close relationship with their mother, and her declining health must have effected them. For myself, I experienced the normal issues around part time parenting; how to maintain consistency of care and warm environment in a state of low parental cooperation.

I would add that my parents maintained their own close relationship with █████ following our seperation. Apparently, my mother and one of █████ younger brother's █████ were very attentive in supporting █████ and caring for the children. My own father's death followed █████ within a few months. My sons had been quite close to their grandfather. They regularly visited my parents, spent time with my father in his art studio (it contained a model train-set), and family feast days. My father took them on regular excursions, which only ended with his declining mental health.

With regard the maternal family, I recommend you contact ████████████████████ maternal sister. I don't feel I can be objective. I can offer that █████ had close involvement with her family and █████ had regularly contact with his maternal family when █████ was alive, especially His uncle █████ and aunt █████ █████ maternal grandparents had died before █████ was born.

Following █████ death, █████ and his brother █████ came to reside with myself and then partner █████ and her daughter. █████ went to reside with his maternal aunt █████ While █████ and I were together for over 10 years, the step-family situation was a strain. I am confident █████ can express himself well about

this period. I'd only add there had been no planning about the children's care in the advent of [REDACTED] death. I guess I was in denial as to what was happening. I feel [REDACTED] tried her best and was very kind to the boys when they most needed it. While I have had a number of relationships since, I haven't sought to share a home with anyone.

Finally, [REDACTED] left my home about 3 years ago. We had been in conflict over his attitude to schooling. He went to live with his maternal uncle and then with his brother, [REDACTED]. I feel [REDACTED] and [REDACTED] experience issues sharing a home. Although, they seemed to be mostly quite congenial. We had had an arrangement where [REDACTED] would regularly stay with me as a form of respite. However, the most recent dispute had resulted in [REDACTED] leaving and coming to stay with me. I'm sure [REDACTED] can well explain the circumstances. I can only add that I feel it is more the complexities of the sibling relationship, and less any specific incident. I had advised [REDACTED] that he maybe better residing on his own, with perhaps a housemate to offset his mortgage. [REDACTED] and his younger brother [REDACTED] have chosen to share instead. [REDACTED] had been residing with a friend of mine since I went to work in the [REDACTED] in 2011, for a year and he opted to remain in Melbourne. When I returned he decided to remain with my friend. If I tried to draw a genogram of the family it would contain a series of overlapping rings. However, for [REDACTED] and his brother's lives we continue to at least all spend Christmas morning all together before disbursing to other locations for the day. I'm not sure what that says. Two of my favourite quotes come from Richard Condon's *The Manchurian Candidate* (1958). I also like this quote from *Breakfast at Tiffany's*.

"Human fish, swimming at the bottom of the great ocean of atmosphere, develop psychic injuries as they collide with one another. Most mortal of all are those gotten from the parent fish."
Psychiatrist

"Twelve days of Christmas! One day of Christmas is loathsome enough!"
Raymond Shaw

Holly Golightly: I'll tell you one thing, Fred, darling... I'd marry you for your money in a minute. Would you marry me for my money?
Paul Varjak: In a minute.
Holly Golightly: I guess it's pretty lucky neither of us is rich, huh?
Paul Varjak: Yeah.

Perhaps that best illustrates the family that [REDACTED] has grown up in.

Yours sincerely

[REDACTED]