

Stephen Bakogianis

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?

Not documented but in the *formal submission* but the Media reporting mental health concerns in the same story as a horrific crime being committed.

e.g "xyz was arrested due to a *murder* but the xyz's family has cited mental health reasons".

Who wants to get help when they are going to be treated as a criminal when they are struggling mentally?

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?

Not much at the moment. You get what you pay for.

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

Suicide prevention is getting more prevalence but the support on the ground is just not there. Funding the catching the early stages is most critical

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.

The system is hard to navigate. You really are blind in this space. Even shires split services. This has to change. There is really not much communication that goes on, even in confidence, Let alone public to private or vice versa.

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 support and who to talk too in need. Once you are in crisis you are stuck. That's probably what leads to the hopelessness and eventual passing of some of our fellows.

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

There should be a system of elevating and de-elevation of care if needed to help with getting the right supports in. Family members should be equipped with some of the knowledge of how to deal with certain aspects but the balance between knowing and confidence is something that needs to be articulated.

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

Better funding and a tiered approach to match the relevant health care workers with the client's current state mental health challenges.

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?

Men's Sheds and purpose is the first step. Employment also helps. Just belonging can help but it is a case by case basis.

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?

I would like to see a tiered system for different levels of impairment. As touched on early in the submission being placed all together with a wide range of struggles can really be of detriment to the health of those that are more moderate.

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

Again, and more equitable system for people experiencing issues to access healthcare without the cost and red tape. The right support is costly and scarce and this needs to be addressed.

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

Over prescribing of medication can have detrimental effects. A more proactive approach to help is needed.

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

Stephen Bakogianis

Submission to the Mental Health Royal commission.

The Private system

First of all, my name is Stephen. I have been in the mental health care system for nearly a decade, (Mostly Private cover), but some public cover as well.

Early history.

I have had episodes of ups and downs while I was a teenager and had written notes and been socially withdrawn due to bullying while at high school. There was some support but was tapered off when I advanced into VCE.

At university I struggled with living out of home the first year and the second year I lived at home.

"2010"

I moved up to residential accommodation for my third year of my engineering degree. While on residence I became quite attached to a girl who was living in the same terrace as myself. I had attached my feelings and when I was rejected, I was devastated. But that was only the beginning...

I started to withdraw, drink and have ideations of hurting myself to the point that one late night I took an implement into my room and tried to send a txt message, If I had succeeded, I would not be here.

I was put onto some medication "██████████" whilst also moving to another area to remove myself for the situation. Those moves had little effect and I at the end of semester, with the loss of what could have been I started to take steps to end.

"Start of psychiatric treatment"

I was getting quite worse and on the 8th of December 2010 I was admitted to ██████████ Hospital with the ED department telling me I had no choice.

In the public system I was struggling with 3 things...

The aftermath of what had happened at university accommodation.

The loss and guilt

And above all the public system environment that was as close as you can get to Jail.

In the public system I was nearly punched in the face by a cold turkey smoker, harassed by others in the ward while also trying to process my demons. I was not well. After one week I was finally discharged. My medication had changed to a new anti-depressant as well as an anti-psychotic.

Because I was not classed as having Schizophrenia, I could only get the anti-psychotic from the hospital. The anti-psychotic ██████████ was hence discontinued due to the cost of getting the item.

"Start of psychiatric treatment in the private system"

Early 2011

I was still acutely unwell and as soon as I went back to university, I started to have nervous breakdowns and would literally shake and feel like my brain was getting zapped when I saw anything that reminded of her.

Literally seeing here, as what did happen, put me into full panic mode! I was shaking, literally running from her presence no matter the distance.

I was making plans to end and while talking to a phycologist in Bendigo I said what I was going to do. She said that she had no choice but to tell authorities. I had stashed about 10 boxes of paracetamol as well as a tied-up rope in the formation of a noose.

8th April 2011

Because I was on residence again (In Bendigo) but my family (Home) address was in Hepburn shire (Hence [REDACTED]) The bigger issue was to see what hospital would not take me as opposed to my current state. That day I was admitted into the [REDACTED] Clinic under the care of professor [REDACTED].

I was put under a heap of medication, ([REDACTED])

The S [REDACTED] was most concerning because after at least \$15,000 of out of pocket expenditure from my parents (with private health insurance) I was taking 1,200mg of [REDACTED] as well as 90 [REDACTED] and 3 mg of [REDACTED]

I was discharged on the 18th of May 2011 for that first of many visits.

"2011 middle"

I was still experiencing massive anxiety and depression problems but whenever I complained about the issues, I was facing the only solution was to put up my medication. I was eventually on 1,400mg of [REDACTED] I was told I was crazy and I should snap out of it.

If you know anything about [REDACTED] it knocks you out like a brick on low (Below the 700mg TGA guidelines). I was drinking 2 Litres of energy drink Just to stay awake. (Baseline). I do remember the dose routine I was on (300mg Morning, 400mg Lunch, 300mg Afternoon and 400mg XR at night)

"My own private health insurance"

I was initially on middle level health insurance with Medibank Private to cover the cost of psychiatric treatment. The cost of mid hospital cover was getting more expensive every year and I eventually had to be put on top Cover just to cover psychiatric cover. I am now paying \$3,000 a year just to cover the cost of private health. That does not include Medication (\$100 a month) Phycologists visits (Initially \$100 upfront with Professor [REDACTED]) and the cost of transport to Melbourne.

"New psychiatrist "

I changed my psychiatrist from Mr [REDACTED] to a new psychiatrist in 2013 because my phycologist (Don Jeffery) closed his practice due to cancer and that was the catalyst for change. My new physiatrist was much more expensive but he seemed to understand a bit more. I was eventually diagnosed with *Autism* and *PTST* about what Had occurred in the past. With help the events finally got sequenced.

"The anomaly"

Now every year I have had at least on admission. 2016 was an exception for the private side of things. However, I was yelled at by a family member on the 26th of January 2016 and drove myself to [REDACTED] in a distraught state. I was at the [REDACTED] Hospital with my brother from Melbourne. In the ED I waited 2 hours and once I saw the doctor, I was given 3 choices.

1 (The CAT team would admit me to the ward)

2 (I would be held against my will)

3 (I would have a short stay and be discharged into the current care I have)

Now that reminded me about how broken the public system is with mental health care.

If I had broken a limb, I would have got some moderate treatment but with mental health expect to be diminished.

I saw my psychiatrist the following day and got some leave while also seeing my outreach worker.

"The crunch"

Without the help of work, my work colleagues and true friends I would not be here today. I have had about ~9 to 10 admissions into private care with moderate success at help. But this comes at a hefty price. I pay up to \$350.00 upfront for my Psychiatrist. If I don't see him, I can't access Outreach, A support worker that is part of Healthscope. I am still above the TGA guidelines for [REDACTED] (To supplement the [REDACTED] (Replacement for [REDACTED] and [REDACTED]. My body is so habituated to these doses that even a delayed dose causes a reaction.

If I reduce, I go back into hospital due to my body chemistry. My body can turn very quickly due the Medication I need to take. I can't exactly leave my psychiatrist since he has my permit from the department of justice for my [REDACTED] (Which is a controlled drug)

There is really a fragile system going on. I assume I am not alone? If one part fails the whole system will collapse around me.

"Final Remarks"

I am fortunate for the help I have received. My issues are varied and complex. I really do hope to give some insight the labyrinth which is the mental health care system. I am luckier than others know others would not have the income to support themselves in times of crisis. I have heard of stays costing \$50,000+ without adequate cover. I really hope that my message comes across and will be happy to take the stand if necessary. This system needs reform!

Regards

Stephen Bakogianis