

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

## Organisation Name

N/A

## Name

Miss Lucia MacNamara

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

N/A

## 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?

N/A

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

N/A

## 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.

"-supported employment, subsidized by government programs. Gives people hope and ambition. Early investment for a few years may make a lifelong career possible. -support through Centrelink (i.e. not having to establish independence from parents to receive study support, youth allowance etc.) - 'unreasonable to live at home' easier to establish and therefore independence within social security law."

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

N/A

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

'- Encourage a few days off for carer's duties in places of employment

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

N/A

## 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?

'-NDIS properly funded -Increased number of Medicare sessions with a clinical psychologist for all types of mental illness -More psychologists or Community Mental Health outpatient clinics working weekends -No need to case manage patients who are clearly setting up networks and medical

supports post hospitalization - box ticking exercise and waste of community funds

**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?**

"-No Electroconvulsive Therapy (ECT) against patient's will. Or if necessary minimum of 18 months in inpatient care before Mental Health Review Board can force it upon someone with symptoms of Schizophrenia. It is expensive to keep people in hospital for a long time, but the acquired memory and cognitive ramifications are life altering, disabling, traumatic, horrific and long lasting. -Psychiatrists must place importance on making sure patients know when they have finished the compulsory amount of ECT shock therapy sessions. For example in my case I had 11 sessions because I didn't know that after 6 sessions it was voluntary. It is extremely important to communicate with the patient between every session of ECT because the nature of the treatment means that the patient forgets between treatments (including the state of their rights). I have whole years of my life I can't remember because of the treatment I have received. I still find the problems that I have with my middle, short and long term memory extremely upsetting/a constant source of depression (and suicidal thoughts), especially that I will not be able to have much of a meaningful career/career advancement due to my cognitive impairments. I constantly feel stupid and humiliated even though my employer is a employer of choice for people with disability. There also needs to be better access to Neuropsychology assessments to enable people to learn about and manage their memory deficits after ECT. They cost between \$1000 - \$2000 for basic assessments, and there is no funding in the public system (even for community mental health services to make referrals). This makes it out of reach for most people, and it is important for strategies for rehabilitation. Lifting the number of subsidized sessions with a clinical psychologist through Medicare and building upon this through NDIS. For me, my clinical psychology sessions allow me to function as highly as I can. I can handle my memory problems and anxiety because of this treatment."

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

'-Funding for better antipsychotic and pshychotropic medications -Education programs emphasizing that psychiatric wards at hospital are safe places -Vetting of psychiatrists - open minded and broad life experiences needed

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

"-A first presentation to a psychiatric unit of a hospital can be extremely traumatic. -As part of my first presentation I got extremely bad PTSD -This shock started when I was in the back of the police van going to a psychiatric hospital -I was in the back of the police van because I had refused to get in the ambulance that the CAT team (Crisis Assessment Team) had organised -I sat cross legged outside my aunts house to display that I wasn't trying to run away from the CAT team but also to display that I was calm and not agitated -I poured my heart out to the CAT team thinking that this display of 'insight' into my poor mental health and my cooperation would mean they would let me stay at my aunts house for treatment -Until this point I never really even taken pain killers for a headache so the idea that they were going to drug me with heavy antipsychotics/psychotropic medication while my brain was still forming (I was 20 years old) was terrifying -It took me ten years to come to terms with taking drugs that affect the way my brain works, including its implications for lateral thinking and creativity, and even now it makes me sad -I was literally frozen stiff with fear when the police van arrived at the hospital, and I said to the

police when they escorted me inside 'I think I am in shock' but as far as I can tell they never passed this on to the treating team or the doctor that admitted me. For years I found the PTSD the worst part of my enduring mental health problems with years of panic attacks and generalized anxiety. This has now been exceeded by my memory issues from bi-lateral ETC. -The police were very rough with me. When I was sitting cross legged outside my aunts house quietly, they pulled up, power walked towards me, grabbed me under each arm and marched me to the back of the police van. They didn't ask me my name, say that it was safe and necessary to come with them or anything at all. They had angry expressions on their faces. They should be trained to talk to people like a paramedic would and make you feel safe. "