

My Experience of the Mental Health System in Victoria

I first had contact with the mental health system in Victoria in 2009, at the age of 15. I had just begun year 10 at high school and things in my life began to change. Previously, by all reports, I had been a happy, healthy, 'normal' teenager. I hadn't experienced any particularly challenging life events and had generally felt optimistic and positive about myself and the future. Then the anxiety began. I always had some perfectionistic tendencies, but a year of perceived pressure from teachers around schoolwork and pressure from peers to be in intimate relationships really pushed me over the edge into a full panic over where my life was heading.

My teacher was first to notice something was different. She let me know I could speak to her if I ever needed. Having that meant I felt less alone and for the first time I felt like I could give myself permission to be less than perfect. As the anxiety worsened, I found it harder to sleep, and then harder to eat. Then came the voice in my head. He told me the most awful things about myself, a constant barrage of criticism about everything I was, just existing became tiresome, and I began wanting to "disappear". The other stressor that began around this time was the attention I was receiving from boys in my year. It was as though the more vulnerable and disconnected I became, the more of a target I was. I felt so disempowered, and, as if they could sense it, others starting taking advantage of my weaker self. This made the voice in my head angrier at myself, and my eating disorder too control.

Luckily, at my school I was fortunate enough to have a good relationship with the welfare staff, mostly from supporting others through peer support. Once things started becoming particularly scary for me I reached out for help. At this point I was restricting my eating and self-harming regularly. The welfare staff were very valuable supports, as they continued to validate my experience and support me despite my grades going from As to Fs in a matter of months. As my behaviour and personality had changed extremely in such a short period, and my self-harming escalated quickly, I was referred to my local Child and Adolescent Mental Health Service. I didn't agree to this referral, and as my parents were overwhelmed and unsure of how best to support me, I attended the assessment after physically dragged out of my bed, thrown some clothes to put on, and forced into the back of the car by my parents. The next appointment I ran away from home before my parents had a chance to force me into the car again, in fear of having to return to therapy. The next few sessions I went so that I didn't have to go through that trauma again and again, but I didn't say a word to the therapist the whole time I saw her. Each week I sat there, silent, wasting both our time, for 18 months. Therapy doesn't work when you're forced to go out of fear of what your parents will do if you don't.

When I was 16 I made my first attempt to end my life. I ended up in Emergency after speaking to the teacher I mentioned earlier about what I had done. This was the first of many admissions to the public mental health system. Not too long after I ran from home again and was picked up by police. I had many rides to Emergency Departments in the back of police car. Throughout these moments, however, the police have always been incredibly validating, supportive and reassuring. The biggest issue for me was not feeling safe from myself, but I always felt safe from myself when police were there as I knew they wouldn't let me hurt myself. One officer sat with me in the gutter on the side of the road for hours one night, waiting for an ambulance to arrive, talking me through what was going on in my head. I will never forget that.

A couple of months after my 17th birthday I had my first stay in an adolescent psychiatric ward, alternating between voluntary and involuntary statuses, and back and forth from the medical ward with self-harm related injuries and attempts at ending my life. This lasted 2 months. It was my first real insight into the terrifying world of mental health institutions. I remember the first few nights I was there I couldn't sleep, but I soon learnt to get used to screaming unexpectedly occurring throughout the night, and nurses rushing to restrain other young people. This was the first of multiple mental health admissions. Now I've had just over 30 admissions, each mental health related, mostly involuntarily, and always terrifying.

While there have been some incredible nurses and mental health practitioners over the time I have been admitted, there have been some horrible experiences too. During one of my admissions when I was 17, I became wary of a male patient who was also in the high dependency unit, as he had been acting sexually inappropriately towards me, touching me in inappropriate places, and hanging outside my door. When I raised concerns with nurses I was told I would need to tell him to stop more forcefully, and there was no way they would consider moving me to another unit. One night in middle of the night I woke up as my door was forcefully pushed open and this male patient forced his way into my bed and tried to have sex with me, sexually assaulting me. The nurses pulled him out of my bed and locked my door. One nurse returned when I heard her supervisor ask her to check if I was ok. They locked my door and left me in there alone, and I could hear the male patient yelling and calling me names, trying to get into my room. He was restrained by security, but not before he stabbed them with a pencil. The next day the male patient was let out of seclusion and back into the high dependency unit with me. I stayed in my room as the nurses still told me I couldn't move units. At lunchtime the nurse told me I had to come out of my room to eat. She made me sit next to the male patient. As far as I am aware no incident report was ever made, I just got on with my admission and tried to survive. Ever since this experience I have been fearful when entering psychiatric units. When I discuss this with units however, a response has been centred around how typical that behaviour is, or it has been used as a conversation about BPD and how I needed to learn appropriate boundaries, suggesting for me not be so explicit in my behaviour towards men, or that I've somehow embellished the account to seek attention. Even writing this now I'm scared someone will disregard it as "symptomatic" of BPD's attention seeking and manipulative behaviour, despite the reality that I have kept this event secret from friends and family, and the thought of them knowing terrifies me.

Other poor experiences in hospitals include medical staff refusing to suture my wounds as they were the result of self-harm, and refusing to provide adequate anaesthesia. I mean I did it to myself anyway right? Why would I need pain relief? And anyway, I'm probably just going to do it again so what's the point? These are the statements I often come up against in Emergency Departments. Then there's security guards who come in and tell you they'll "body slam you to the bed" if you don't cooperate. And although there are now great initiatives of Women's Only corridors in psychiatric units, the only time I have requested to remain in one and not move to a room shared with men, I was told I was overreacting and I had no choice over the matter.

In saying all this, there have been some wonderful mental health staff I've had the privilege of being cared for by over the many years in and out of the mental health system in Victoria. I am forever grateful for their kind words, and hopeful encouragement. I only describe the worse moments in hope that they can be learnt from and that things can start to change.

Thank-you.

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

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

"I think there needs to be greater recognition of mental illness in society, as something that impacts most people at some point in their lives, rather than something that only happens to ""others"". People who have experienced mental illness are not a rare phenomena to be studied, they are a large proportion of society. I think particularly around diagnoses of borderline personality disorder and other less known mental health issues, there needs to be a lot more education around why people behave as they do and what has led them to that, rather than believing they are completely different to the rest of society. I think as a society we also need to acknowledge the strengths of those with mental illness and appreciate their perspectives and unique knowledge that can be offered to the community, rather than only focusing on their deficits and regarding them as healthcare burdens. "

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?

"Early intervention I think is incredibly important. Even if someone continues to deteriorate with the mental health, knowing that there is support can provide hope. I think having mental health workers integrated into mainstream systems, such as schools and workplaces helps normalises the struggle and allows people to allow themselves to seek help. I think that the issue is when people are deemed too ""complex"" for accessible treatment and as a result are asked to leave mainstream systems, such as schools, rather than bringing more intensive support to allow the person to remain accessing education and employment. I think it's about rethinking the way we address people who are facing mental health concerns as a community responsibility, rather than handballing them across to very limited and often external specialists to ""fix"". "

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

"Normalising thoughts about wanting to end your life I think can help alleviate the power these thoughts can have and can change the negative self-narrative that something is inherently ""wrong"" with you. I think we need to acknowledge that having suicidal thoughts is a human experience, while not denying the fact that they can be incredibly scary. I think voicing suicide and suicidal thoughts is important as part of a community narrative is important, while also highlighting that things can get better. At the moment I think that initiatives such as R U OK? day are well intended, however I know from personal experience, as well as what I have been told by others, having 364 days a year where suicide is hardly acknowledged, and one day a year where there is so much focus, it can make that day incredibly challenging and triggering for those living with suicidality and suicidal thoughts. I think we need to have more education around suicidality, to refer to it as not something to be ashamed of, or something that will result in a terrifying experience if someone was to disclose their thoughts. "

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.

Mental Health Plan is unrealistic and does not provide nearly enough sessions to be therapeutically appropriate. Why would you start unpacking a lifetime of challenges and trauma with someone if you are aware that they will not have enough sessions to promote and create meaningful change. It takes time for people with mental illness to recover. To not allow this is irresponsible and does more harm than good.

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?

N/A

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?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"More support for complex mental illnesses, as well as looking into changing the negative and stigmatising narrative of borderline personality disorder. "

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

N/A

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

N/A