

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

SUB: 0002.0030.0192

## Name

Anonymous

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

Normalise mental health and illness by including it in healthcare provision with the same respect and importance that physical issues are granted.

### **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?**

"All new parents should be regularly assessed pre and post-natally by a specially qualified mental health professional. There should be education and resources provided to them by midwives, obstetricians, psychologist at regular intervals. People should be made to feel that suffering from perinatal mental illness isn't a personal failure as the same and stigma prevents people from seeking help. Untreated perinatal mental illness then has a huge and possible lifelong influence on their children, who may then ultimately be seeking mental health care later in life directly because of this."

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

"Well-resourced and accessible CAT teams can be a literal life-saver. As they currently are managed, they are unable to cope with the workload. I have had doctors refer to them as the 'Cant Attend Today' team, and this has been true in both my personal and professional life."

### **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.**

"Specifically perinatally, there is a definite lack of traditional community support for new parents. Being isolated or feeling alone is very detrimental. If you miss out on 'mothers group' (for example, I missed out on joining one due to being hospitalised for mental health reasons), there's no other chance to link in to a group of people in your area going through the same thing. There should be opportunities for joining groups, or even more supported playgroups."

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

"Generational trauma/abuse/poverty, isolation, lack of appropriate and timely mental health care, lack of preventative care. Much more funding needs to be allocated over a long period of time, and policy needs to be evidence based rather than reactive."

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

"Family members need to be able to feel assured that their loved one is safe, being cared for by highly trained professionals with appropriate nurse:patient ratios, and that there is hope that they

can recover. Many people looking after a family member with mental illness are petrified that they will fall through a gap, or won't be able to access emergency care. Worrying about them is a full-time job, which then impacts on their own mental wellbeing."

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

"As a nurse, mental health is not an attractive career move for me. The ratios aren't great, the pay isn't attractive there's a lot of violence and intimidation, and there is little job satisfaction when you are only able to provide the minimum amount of care to a client. When you know that you're just treating someone until they're slightly less actively suicidal and that they are just going through a revolving door, it's hard to invest in caring about the longterm. As someone who cares for her patients, it's distressing to know that such unwell people get the bare minimum treatment and there's not much you can do about it."

**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?**

"Preventative healthcare needs to be taken seriously and funded as such. There needs to be clear pathways that are easily understood by the public. When it's hard for an experienced nurse to understand, what hope is there for regular people, let along mentally unwell people? Perinatal mental health needs to be expanded so that inpatient programs are much more accessible. There needs to be facilities available that can provide inpatient care in an appropriate environment to people who are suicidal or very unwell with depression or anxiety disorders that is separate to where floridly psychotic and violent patients are being treated."

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

"Proper investment in infrastructure, long-term planning that covers projected population growth, investment in staff remuneration and training."

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

N/A

Just over six years ago, I was diagnosed with severe postnatal depression, severe anxiety and panic attacks. I had given birth to my first child 2 weeks earlier.

After a traumatic birth, the PND/A seems to fall on me almost instantly. At the public hospital I attended, I was treated like part of a production line and put into a double room with a mother who clearly had mental health issues. My first night as a mother, I spent with a woman just a behind the curtain shouting and swearing at her baby. I advised the midwives, who were already aware, and was told to just ignore it like they did. After less than 48 hours, I was discharged home because they thought the environment would be better. At this point, I was already anxious, scared, unable to feed my baby and hadn't slept for 4 days and nights. None of this was identified or discussed, at no point did anyone raise the warning signs of perinatal mental illness, and nobody checked in with me to see if I was coping.

By two weeks later, my husband knew that someone was definitely wrong with me. I couldn't sleep, and any time I did manage to drift off, I awoke straight away with a panic attack. I started believing my baby didn't like me, that she'd be better off with just my husband, that she was young enough that she wouldn't remember me if I died. I was seeing public lactation consultants regularly as my baby still wasn't feeding properly. At none of my appointments with them was my mental health discussed. I was put on what I now realise was a ridiculous and rigid schedule of breastfeeding/pumping/feeding the expressed milk on the hour every three hours. The whole regime took up to 2 hours, which left me with an hour to get my baby and myself to sleep before I had to wake up and do it all again. At no time was it raised with me that maybe this wasn't good for my mental wellbeing, and that it was actually ok to stop. I continued this for 12 weeks.

At 2 weeks postnatal, my husband took me to a wonderful and highly experienced GP. She knew straightaway that I was very unwell, and was able to set a plan in motion. She kept me at the clinic until she was able to get the CAT team on the phone for me, and she sent off a referral to the local public Mother Baby Unit. Unfortunately, this is the extent of a GP's reach in dealing with severe mental health issues.

The next day I was visited at home by the CAT team. Instead of providing compassionate and appropriate care, I was asked "why did you even have a baby?" and then told to call them if I felt like killing myself. Well, I did feel like killing myself, and I imagined how I would do it. At no point did I feel like calling the CAT team would make a difference to how I was feeling. I knew that even if I did call them in an emergency, I would be stuck on hold for an hour or more and then be told they didn't have the capacity to attend. As a registered nurse, I was absolutely appalled by the 'care' given by the CATT.

Weeks later, I was able to be admitted to the Mother Baby Unit. From the moment I arrived, feeling terrified and utterly ashamed, I was treated with respect, kindness and dignity. The nurses on the ward were wonderful; highly knowledgeable and approachable. The time I spent there was invaluable, and I was so glad to be able to access things such as art therapy, sleep training and 1:1 counselling. On discharge, I was referred to a private psychiatrist as unfortunately the availability of a public psychiatrist was basically none.

I started seeing a fantastic private perinatal psychiatrist, and consider myself lucky to have been able to afford to pay for her. I dread to think what would have happened if I couldn't, and it's likely that I would be dead by now. She made a huge difference, but unfortunately when my child was just over a year old, my mental health deteriorated again. My psychiatrist made the decision that I needed to be admitted to an inpatient mental health unit, and MBU can only be accessed when your child is under 1 year of age. She lamented at the time that if I had private health insurance she would be able to admit me to a more appropriate unit. At the time, I didn't think it was a big deal as I'd had a good experience in the public MBU. I agreed to attend the local community mental health service/CATT to be assessed by their team and referred to the public hospital MH unit. Luckily, I was able to be admitted later that day. It didn't take long for me to feel like this was a huge mistake.

At this time, with my severe PND/A I had become actively suicidal again. I needed to be somewhere where I was safe, where I could have my medications worked out, and where I could try to sleep and recover. The public MH unit was not able to provide any of this. I was seen by a doctor twice (once at admission and once at discharge), and was not offered any other supports such as speaking with a psychologist or taking part in art/music therapy. I was terrified by the loud, aggressive, violent, intrusive and mostly male patients. I spent my time locked in my room, alone. Any time I approached the nurses' station, I was ignored and left to wait for 15-20 minutes. I was unable to have my child visit me because of the environment, which made my mental health deteriorate further. I ended up being discharged, not because I was no longer suicidal, but because the environment was so detrimental. I had no follow up at all from the mental health department and no discharge planning.

It was at this point that I took out private health insurance, so that in the event that I needed to be admitted to hospital for mental health reasons again, I would be able to access appropriate care. Apart from the financial strain, I fundamentally believe that we should not have to rely on private health insurance in the country. Our universal healthcare should be just that, universal. It should be equipped to provide whatever care we need, and we should be able to access it in a timely manner. Just because I can afford to pay for Top Hospital cover, does not mean that other people who can't should be denied the care that they need. It is unfair, and we should feel ashamed that we have found ourselves in the situation where appropriate mental health care is only guaranteed to those who can afford it.

Since my time in the public MH unit, I have had a couple of admissions to a private mental health unit. The referral process was seamless, unlike the public system. My private psychiatrist was able to refer me directly to the private hospital, and each time I was admitted 0-2 days later. I was able to recover in a nurturing and calm environment, to take part in art therapy, relaxation sessions, mindfulness classes. I was discharged when I was ready, I was followed up by a mental health nurse, and I was referred to appropriate outpatient programs.

The difference between the public and private mental health system is stark. It is shocking, it is depressing and it is completely unacceptable. If I had to rely solely on the public mental health system, I have no doubt that I would not be alive right now. There were so many

points, right from after the birth of my child, where my potential and actual mental health issues could have been addressed, but weren't. I consider myself extremely lucky. Not just to have the means to afford private health care, but because I am an intelligent, capable health professional. I am able to navigate a complex system, and to advocate for myself. I have a very supportive family, who were able to step in and help when public mental health services couldn't or wouldn't. If I was in a different situation, I am sure the outcome would be different and that my child wouldn't have a mother. My hope in writing this submission is that you will be able to see what it is like to have first-hand experience, to see the systemic failures, and to understand how we are being failed.