

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

SUB: 0002.0001.0037

Name

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

"The biggest thing that needs to change is people's attitudes towards mental health. Before the work injury that led to my mental illness, I was so naive. I believed all the media about mental illness. I believed that the hospital system was there to help and support patients with mental illness. I believed that people thought of mental illness as an illness just like cancer or diabetes. I believed that the right thing to do was to ask for help. I was wrong - about all of it. The stigma of mental illness and the accompanying judgement is extensive, firmly entrenched and pervasive in all aspects of life in Victoria and is one of the main causes of making mental illness worse. As a person with mental illness, everything I do and say is interpreted through my mental illness. Even if I have a perfectly typical reaction to something, mental health professionals, family and friends always assume I am reacting the way I am because of mental illness. If the exact same scenario happens to them and they react exactly the same way I do that is fine but I react that way and they judge my reaction to be because of mental illness. I never hide that I have mental illness but being open and honest with people has not in my experience changed anyone's negative attitude. I am left in no doubt about how people view me. Their contempt and fear is obvious by the way they treat me and speak to me. Most people, even mental health professionals treat me as if I am uneducated, unintelligent, a liar, drug and alcohol dependent and a drama queen who has no knowledge or insight into my own illness. I'm viewed as pathetic, weak and someone who just doesn't try hard enough to recover from mental illness. Most people seem to have no idea that I am a human being who is damaged because of the trauma I have experienced and statistically it could happen to any of them. Through ignorance and discrimination, most people, especially mental health professionals, blame me for having a mental illness. Using sporting stars and celebrities to change stigma is counterproductive and insulting. Most of them have a short-lived mental illness and can afford private treatment. Their experience is not that of the average person. This gives the false impression to the public that if you take medication, go into hospital and practice mindfulness you will recover. If you don't recover then you haven't tried hard enough, it is your own fault and you are a failure. Using publically known figures to change stigma only causes more discrimination for others. Changing the law to give equal recognition to mental health and physical health, spending more money and giving mentally ill people more protection might address the current level of discrimination and imbalance and change the stigma attached to mental illness. Mental health needs to have the same level of emphasis, priority and importance as physical health by government and the public. No-one ever casts judgement on cancer patients. My mental illness was caused by a work injury. WorkSafe only investigates workplaces if there is a physical injury. When the woodwork teacher cut the tip off one of his fingers, WorkSafe were there to investigate the next day. When my mental health, career and whole life was destroyed by my workplace there was no investigation. There was nothing at all. I simply wasn't worth the effort. I have now cost the Department of Education and the state of Victoria a whole lot more money than a pinkie that was surgically repaired and remains functional. I have been

hospitalised for my mental health many times but apart from my first hospitalisation, no family or friends ever visit. I don't even tell anyone anymore because I don't want people to feel obligated and I also don't want to feel the hurt when they do know and choose not to visit. It is very isolating and lonely being in hospital for long periods of time without anyone visiting. If I was in hospital for cancer, surgery or a car accident I would receive visitors, cards and flowers but because I am in hospital for mental illness I don't. It seems like my family and friends feel psychiatric hospitalisation is a shameful secret that they want no part of. This is the biggest stigma of all. "

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?

"Reflecting on mental health services, what do you think works well? Victoria Police and Ambulance Victoria Speaking only from my own experience I have found Victoria Police and Ambulance Victoria to be brilliant and the best part of the mental health system. I have experienced a few welfare checks organised by the Victorian Education Department and WorkSafe to undermine my impairment and civil action claims. I always fully realised that the police and ambos had a difficult job to do so I was always co-operative and compliant. I fully understand that this is not always how welfare checks pan out. It is a shock when the police arrive at your house. In my case it was always in the evening and with no warning, it was the last thing I was expecting. The police and ambos were always very professional, respectful, kind, compassionate and caring. As many of their members also suffer from work-related PTSD and issues related to their treatment by WorkSafe, I felt they really understood and empathised with my situation. All of them found the time to speak to me personally to encourage me to not give up. Their involvement in my life was positive and had a profound effect on me. I still remember what they said to me Private health insurance Having private health insurance has worked well for me. Without any doubt, I would be dead without it. My private psychiatrist and psychologist have been my only consistent support. A month in hospital last year due to stress caused by the NDIS cost \$25,000 but was fully paid for by my health fund Policy implementation The current processes and policies related to mental health all read well on paper but the reality is that there is poor implementation within the public health system due to inadequate funding and a lack of emotionally informed staff. Although having the potential to work well they are failing. Community-based support Community-based support is also good in theory but would work better for me if staff were more emotionally intelligent, compassionate, kind and not overworked. They have education based knowledge but many lack life experience and an emotional understanding of mental illness. Community-based support is not available to support low priority mental illnesses like mine except at times of extreme crisis. I have had crisis support twice but it was quickly discontinued resulting in an inevitable decline in my health. The instability and constantly changing mental health practitioners in community-based mental health makes it useless to me. I don't cope with the constant change and so the process only serves to re-traumatise me. It would work so much better if I had a dedicated case manager who could work with me long-term or be available when my mental health is poor. That doesn't happen at the moment because it is not cost effective and not part of the current system. Community-based mental health support could work if they are given appropriate levels of financial and staffing resources to respond in a timely manner and with genuine compassion and care when mentally ill people seek help. Last year I rang and also went into Geelong West community mental health seeking help for suicidal intent. I was treated with such disrespect, lack of empathy and compassion that I left. At the same time my psychologist and my psychiatrist both independently rang requesting immediate help for me. No-one from the Geelong West community mental health team contacted me for five weeks. I could have been dead and buried by then. I've never been back. All they did was further

invalidate my worth as a human being.² Reflecting on mental health services, what do you think did not work well?The reality for me is that very little in the public mental health system has worked well for me. My involvement with public mental health has done nothing but cause me further harm and trauma. I feel it has failed me and I have lost all hope of ever regaining any level of recovery within that system. I manage the daily, unrelenting pain, distress and despair of living with mental illness largely alone. As someone impacted by trauma but without any addiction issues, I am considered a very low priority in the public mental health system. I am not seen as seriously unwell or vulnerable because I appear to function too well.DiagnosisI have never been correctly diagnosed by the public health system because staff spend very limited time with me, see me only at crisis point and judge me only on that presentation. The private medical practitioners who spend a substantial amount of time with me through periods of being relatively well and unwell all agree on the diagnosis I now accept and know to be true. They are more respectful of me as a person and treat me more effectively than anyone working in the public mental health system. Being misdiagnosed and then incorrectly treated is an extremely invalidating and de-humanising process because I am powerless to do anything about it. When an incorrect diagnosis is recorded on my medical record, I am forever viewed as if I have that particular mental illness whatever I say and however much I argue. Any treatment they offer is unsuitable and traumatising. I have experienced discrimination because of misdiagnosis. An Independent Medical Examiners working for and being paid by WorkSafe Victoria lied about my diagnosis because an alternative diagnosis meant that I would be less entitled to support and it would help my employer fight my civil action. I followed due process to express my disgust at his conduct but I was powerless to do anything to rectify this injustice. The Victorian Ombudsmans last investigation into WorkSafe highlighted this unfair process but this particular IME is still operating for WorkSafe, VA and TAC and judging by all of the complaints about him on-line, he is still behaving unethically and continuing to cause harm to vulnerable Victorians. A medical degree should not give any person the right to pluck a diagnosis out of thin air with no medical justification for their opinion. Mentally ill patients should, after providing appropriate evidence, have the right to have misdiagnoses on their medical file notated to read as incorrect and the correct diagnosis listed. Being misdiagnosed for legal and financial gain by state government bodies proved to me that I have absolutely no human rights in the state of Victoria.Mental health workersAll people working in mental health must have specific mental health training. At the moment, not enough staff working in the mental health system both public and private, seem to be qualified or experienced in mental health, particularly trauma. I understand that mental health professionals may feel stressed, understaffed and overworked but they can still choose what they say to patients. The tone of voice and the things mental health staff have said to me have been extremely damaging because they have inappropriately tried to minimise my trauma. Regulations need to be established so that mental health workers are regularly reminded of the type of things NOT to say to mentally ill people when they are at their most vulnerable. There are very accurate examples readily available from research about what sorts of things actually do harm. Things like this all things that have been said to me:You should be grateful to have a bed. Were very busy at the moment. You should take a good look at yourself where you are and how you are.Well certify you and no-one knows you are here (while jabbing me in the chest and glaring at me centimetres from my face).Has your GP checked your hormone levels? (Obviously Im suicidal because of low estrogen and not the multiple traumas Ive experienced! Im sure no female crisis counsellor would ever suggest to a mentally ill male that they should get their testosterone levels checked!)Everyone gets bullied at work so you just have to get over it.Go to the day programs and learn how to cope. Ive had breast cancer. You just have to move on with your life. What are you crying about now?Staff in the public mental health system should have more extensive training

and actually want to work in that system. Too many nurses work in mental health because they cant handle the work load or pressure of regular nursing. If they are lazy, they can get away with doing very little except for medicating and note taking, particularly in private psychiatric hospitals. The very BEST nurses need to be in mental health. Public hospitals GEELONG My experiences in Geelong have been markedly better than Mildura. I have gone to the Geelong hospital ED several times when I have been unable to contain my distress about WorkSafe or the NDIS and have felt suicidal. I was seen quickly each time and appropriately admitted to the [REDACTED] Centre. This was done well. In the [REDACTED] Centre I am given my own room with a shared bathroom. There is no TV and my phone is taken off me. Staff do not come and speak with me. Any staff I have spoken to seem exhausted, fed up, lacking in compassion and knowledge about trauma, unkind and judgemental. I am left alone in my room and stuck in my head. I feel very physically unsafe from other patients in there. None of this is at all helpful. It might prevent me killing myself that day but it does not aid in my recovery at all. The high level of male patients being hospitalised for mental health issues and dependency in the [REDACTED] Centre is a huge problem for me. I feel extremely threatened and unsafe when I am an inpatient. I do not leave my room even to eat. I have a mental health advance statement but I dont know if anyone at the [REDACTED] hospital has ever read it. It states what does and does not work for me when I am distressed and suicidal. Someone talking with me quietly and kindly deactivates my trauma response so that I can calm down enough to regain the use of my thinking brain. I have only experienced one staff member at the [REDACTED] Centre who understood that and followed the strategies. That was helpful. I think there should be female only psych wards in all Victorian hospitals and that people withdrawing from alcohol or drugs should be keep in a separate location to people who are hospitalised purely for mental illness. If a patient has mental illness it should be mandatory for staff to read an advanced care statement if there is one."

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

"Nothing will prevent someone suiciding if they want to. They may not succeed the first time and they might keep trying for as many times as it takes to be successful. Constantly attempting suicide doesnt mean they are crying out for attention. It just means they havent succeeded yet. It takes an enormous amount of courage to present to a hospital ED and tell a complete stranger that you want to die, that you have a plan, the means and intent to carry it out. Asking for help does not mean youre a drama queen and pretending youre going to kill yourself for attention. It means that you are admitting that you cant manage alone and need help. This is not always understood by public hospital ED staff. No-one expects mental health professionals to be perfect or that they will always make correct assessments and decisions when someone presents with suicidal thoughts. What is vitally important is that people presenting to health professionals who tick the boxes for suicidal behaviour are taken seriously and steps are put into place to keep that person safe until the distress and despair eases somewhat and they are well enough to cope with what they are feeling and can manage continuing to live. Statistically there are almost always signs of impending suicide. There is plenty of accurate information available about the warning signs shown by a patient through what they say, how they behave and their body language. Suicide can result if these signs are not picked up by someone or they are noticed but ignored. Mental health professionals have knowledge and training around suicide prevention but many of them cannot emotionally relate to feeling suicidal because they havent been in that position. If they are judgemental about people presenting with suicidal ideation, choose to ignore the warning signs and fail to provide the appropriate care and the person suicides, then that suicide could have been prevented. If mental health professionals did not notice due to inadequate experience or training and the person suicides then that suicide could have been prevented. When I lived in

Mildura I ticked every box for suicide intent and means three times but each time the mental health unit staff thought I was lying because they had misdiagnosed me and thought I was simply attention seeking. The final time a phone referral from my concerned GP stating I was presenting with voiced suicidal thoughts, clear warning signs and intent was also not taken seriously or believed by Mildura Base hospital mental health unit. The CAT team accused my GP of trying to coerce me into accepting help. The CAT team rang me and told me they would see me in three days time. I interpreted the invalidation of my feelings as yet another reason to suicide. A near fatal suicide and the note I wrote explaining their role in what could have been my final decision may have improved their practice but I doubt it. In Geelong, my treating practitioners and the hospital ED has always picked up on the warning signs relating to suicide however hard I try to disguise them. They have done a good job keeping me safe during the times when I cannot manage to do that myself. Late 2018 I was admitted after an overdose of medication and falling through my glass shower screen after weeks of stress from the NDIS. I was discharged and sent home by taxi with the instructions to get myself to the Geelong clinic where my private psychiatrist was expecting me. When I got home I realised that the [REDACTED] Centre staff had not returned my phone. Although I was still very affected by the overdose I drove back into Geelong, collected my phone but then became disorientated and could not locate my car. The [REDACTED] Clinic rang to see why I hadn't turned up. I had no money for a taxi and did not really know where I was. The [REDACTED] Clinic established where I was and told me to sit down and stay where there. My psychiatrist picked me up. My eyes well up when I think about his kindness and the duty of care he felt towards me as a patient. The [REDACTED] Centre should not have kept my phone or discharged me to get myself to the [REDACTED] Clinic. I was incapable of organising myself. I should not have driven but I was drug affected and wasn't thinking clearly. Being lost and wandering around the streets around the hospital looking for my car, constantly falling over, people staring at me but no-one asking if I needed help was another mental health-related trauma that could have been avoided. "

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 am an intelligent and educated person but I have absolutely no idea how and am not well enough to find, negotiate and access mental health support services and I have no idea how any of it links. Nothing within the system seems to link to me. My ex - PHAMS worker is the only person who helps me in this area. In my experience support and services do not link. Everything operates in individual bubbles because they are all fighting against each other for funding. I know that efforts by my psychiatrist and psychologist to get me co-ordinated help within the mental health system have failed to provide me with any long term support. What makes it hard for me to experience good mental health are the government systems who caused and continue to perpetuate my mental illness. I got bullied at work and everything changed forever. Despite reporting the bullying and harassment, my workplace ignored me for six months. After I went on WorkSafe, I received no support from my workplace and my state government employer. I endured nearly eight years of indescribable trauma and distress from WorkSafe, received a 35% serious and permanent impairment classification and finally settled out of court with my employer for negligence for an amount of money that is not even a quarter of what Geoffrey Rush recently received for defamation. The impact on my life has been catastrophic. I am confident I would have dealt with the bullying in time but the way I was treated by my workplace, my employer, WorkSafe and the public health system ensured the development of two serious mental illnesses PTSD and major depressive disorder. Instead of being a highly trained and experienced professional working

full time and contributing to the economy and the lives of children, I am now a considerable financial burden on the state of Victoria and have no purpose in life. My mental illness was caused by and is perpetuated by the actions of government bodies like the Victorian Education Department, WorkSafe, the NDIS and the public mental health system. WorkSafe is a government body given free rein to psychologically torture and abuse the human rights of long-term injured workers. There is entrenched and systemic discrimination towards workers with psychological injuries. How about the next Royal Commission looks into WorkSafe Victoria? It is without a doubt the most hideously psychologically destructive government system in the state. WorkSafe agents destroy the lives of injured workers by profoundly traumatising them with their years of delay and deny tactics. No-one survives long term WorkSafe without developing mental illness because of the way they are treated by the system. I have spent the last nine months fighting to have the impact PTSD has on my daily life recognised by the NDIS, the government system designed to help me cope with mental illness. I have spent almost a year trying to get back the funding for psychology and a support worker a delegate removed despite overwhelming medical evidence with the swipe of a pen. The NDIS system is totally dysfunctional and is doing nothing for me except to cause additional stress and trauma, exactly like WorkSafe did for eight years. The Commonwealth Ombudsman is currently investigating two issues I have raised about the NDIS but they will have no actual power to hold the NDIS accountable for the damage they have caused to my mental health. This government assassination of a persons mental health is what keeps me seriously unwell and what makes having a mental illness in Victoria unbearable. "

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

"MILDURAMy first interaction with the public mental health system was in 2010 with the Mildura Base Hospital Mental Health Unit. The interaction with the staff in this unit was so terrible that I had a life threatening suicide failure. A week after getting out of hospital, I moved to Geelong to seek a higher standard of mental health care. In order to have my treatment by [REDACTED] hospital mental health unit addressed and to instigate change within the system, I followed all the processes available to me the Health Services Commission, AHPRA, Ramsey Health, the hospital board and the Victorian Ombudsman. Victorias mental health system ensured that the [REDACTED] hospital held all the cards and my concerns were ignored. Nothing was done. [REDACTED] hospital were never held accountable by anyone for threatening me, leaving me in urine soaked pyjamas for days and not giving me toilet paper or cleaning my hands after using a bedpan when I was incapable of toileting myself, leaving a cannula in for eight days and lying on my medical record stating they changed it, lying about me discharging myself even though I had an independent witness and not giving me anything to eat or drink for more than 24 hours. I have never recovered from that humiliating and traumatic experience. Interacting with Victorias mental health system must not be allowed to re-traumatise or make a patient more unwell. Mentally ill patients are vulnerable and need protection because when they are unwell, they are incapable of asserting even basic human rights. If a patient with mental illness raises concerns about their treatment their complaint should be investigated properly by an independent body. (and forget the Health Services Commission because they have no power to do anything except mediate and even then only if the hospital agrees) If the patients concerns are proved then the hospital must be held accountable by someone in government. People with mental illness should not have to sue a hospital to hold them accountable. "

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

them?

"This is a distressing topic for me as I already have enough to deal with managing two mental health illnesses to consider how my family can be supported. I can understand that as difficult as having mental illness may be for my family, it is immeasurably more difficult for me. It is up to family members to resolve any issues they have with my mental illness themselves. It is not up to me. Mental health professionals always assume that I have friends and family to support me. They do not appreciate the impact my total isolation from any loving or caring relationships has on my mental health. They always unjustly assume that I am to blame. It would make all the difference to me if I had regular contact with family and friends and some extra support during the times when I am unwell. Unfortunately I only have extended family. When I first became mentally unwell I shielded friends and family from what was going on because I was felt they had their own lives. When I finally told them some of what had been going on for me they said all of the right things but they've never trusted or respected me again. It was like they stopped seeing me as a person and only saw my mental illness. Now they avoid me and never ask about my mental health. They only seem happy to see me if I am well because they feel uncomfortable when I am unwell. I understand that the reaction of my family and friends is quite common but it is completely unhelpful for me. My psychiatrist spoke to a few family members when I first moved to Geelong but it made things worse. I understand it must be difficult for them having a family member or friend with mental illness. They may feel that I am a responsibility they do not want. They might feel overwhelmed or helpless about how to help. They might feel scared of doing the wrong thing so they do nothing. I have explained to family and friends that I have mental health professionals for the helping role. All I really need from family and friends is interaction with them so I that I feel loved, valued, involved and cared for a chat & coffee, lunch out, a visit to the cinema etc. It is impossible for me to explain any more than I already have to my family and friends about ways they could support me. I assume that if they actually cared enough, they'd find out without me having to tell them. After my work injury and mental illness, I found out that all the colleagues I'd worked with for a decade and many life-long friends no longer thought I was worth knowing. When I went on WorkSafe none of them ever contacted me again and would even cross the road to avoid me. The shock of this reaction and the devastation I felt continues to profoundly affect my mental health. It is extremely difficult to cope with mental illness without the support of family and friends. Government sponsored education and support for family members who cannot understand or accept mental illness is the obvious answer. I assume it is already available but it only works when there are family and friends wanting to help and be informed. "

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

"I don't know. It's probably like solving any problem - spend more money on educating and sourcing well trained people and maintaining their professional standing and level of job satisfaction. Workers in the mental health system need to actually want to work in that system. Obviously based on what I have previously said about the shortcomings of mental health workers, there is a major problem attracting, retaining and better supporting mental health workforce. When you are a patient on the receiving end of inexperienced and underqualified nurses and support workers who don't enjoy or care about their work, their actions can cause great and further harm. Nurses working in specific skill areas like surgical, ED, intensive care, paediatrics and mental health etc. should only work in those departments if they have training appropriate to that specific medical field. We don't expect cardiologists to do gynaecology and obstetrics or orthopaedic surgeons to look after premature babies so why is a generalist nurse allowed to work

in the specialised area of mental health? The very BEST nurses need to be in mental health. "

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?

Well that's what the NDIS is supposed to help with. My psychologist

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?

N/A

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