

Submission for the Royal Commission into Victorian Mental Health Services by [REDACTED].

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and his wife are carers for their 44-year-old son, whose first psychotic episode was at the age of 19 years and was believed to be a drug-induced psychosis. This was the first of many hospital admissions and prescribed psychiatric medications. An initial diagnosis of Schizophrenia was made, followed by other diagnoses over the coming years, which included Bipolar Disorder, and Schizoaffective Disorder.

In 2006, it was revealed that their son had experienced sexual abuse at [REDACTED] Primary School, [REDACTED]. There was a small amount of monetary compensation given to their son from the church at this time. Part of the compensation, however, was support from an organisation set up by the Catholic Church called Carelink. Carelink arranges counselling, medical and professional support for victims of Church sexual abuse. [REDACTED] advises that Carelink has been very supportive and covers many of his son's out of pocket costs for psychiatry, psychology and medication. They also cover taxi fares to and from appointments as well as full hospital cover with Medibank Private. As a secondary victim, [REDACTED] or members of his family have also been allowed counselling with reimbursement of any out of pocket costs associated with this.

[REDACTED] reports his and his wife's anxiety that there is nothing in writing to say that Carelink will continue to provide ongoing care and costs into their son's future. [REDACTED] has concerns for his son's care when he and his wife are no longer capable of acting as carers or advocates for him.

Over the years, [REDACTED] son has had numerous hospital admissions, mainly to [REDACTED] Hospital, with his last admission approximately 18 months ago. [REDACTED] would like to highlight that, although he and his wife are listed as their son's carers on his hospital record, at this last admission his son, who lives alone, was taken by ambulance to [REDACTED] and was then moved on to [REDACTED] and then [REDACTED] Hospitals without their being advised. It was not until [REDACTED] and his wife went to visit their son that it was revealed that he had been moved elsewhere. [REDACTED] son also has a cat that requires care during his hospitalisation. The cat lives mainly indoors and it was left in his home unattended for some time, as they were not aware their son was in hospital. During this latest admission, many of their sons' personal possessions, which travelled with him in the ambulance e.g. iPod, phone, keys, wallet and backpack, went missing and hospital staff were unable to explain their whereabouts. Another

Submission for the Royal Commission into Victorian Mental Health Services by [REDACTED].

ex-patient who had been mistakenly given some of them on discharge returned these to him some weeks after his return home.

[REDACTED] reports that even after repeated attempts over the years to ask hospital staff to notify himself and his wife of their son's hospital admissions they are still not notified. [REDACTED] would like to point out the importance of their being acknowledged as his parents and carers.

[REDACTED] son has not been able to tolerate many psychiatric medications and has shown extreme physical reactions to many that he has been prescribed. Over the years [REDACTED] has repeatedly clashed with doctors who have often continued to administer medication, which is dangerous to his son, despite his objections on his behalf. During his last admission his son was given Electroconvulsive therapy (ECT), as many of the drugs he was given did not have the required effect. As a result a year and a half later he is still experiencing significant memory loss. [REDACTED] would like to point out the need for psychiatrists to be more aware of the psychiatric medications they are prescribing and the symptoms and side-effects that may be experienced by the consumer.

Approximately 4 -5 years ago, Carelink reassessed his son's condition to be Post Traumatic Stress Disorder (PTSD) as a result of the sexual abuse. Despite this change of diagnosis his psychiatrist at the time continued to try various mixtures of medications including antipsychotics, antidepressants, mood stabilizers and tranquilizers. Very little care was taken with withdrawal of many of these drugs. Recently [REDACTED] has researched another psychiatrist for his son and he was referred to Dr [REDACTED] [REDACTED]. Dr [REDACTED] has been slowly weaning his son off many of his prescribed psychiatric medications and [REDACTED] reports a gradual improvement in his sons' condition.

[REDACTED] states that his son's medical record at [REDACTED] Hospital reads that he uses Marijuana regularly as well as ICE. His son maintains that he has never taken ICE and any use of Marijuana, particularly as he has grown older, has been very rare.

[REDACTED] son has recently been found eligible to receive NDIS support. This includes various kinds of outreach care. [REDACTED] states that in recent times his son has been too withdrawn and depressed to fully utilise these psychosocial supports.

At the moment he is coping with the withdrawal symptoms as the medication is being slowly reduced.

Submission for the Royal Commission into Victorian Mental Health Services by [REDACTED]