

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

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Name

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

"Use words such as crazy freely and in a positive way. Reduce medication usage. People are not used to seeing people with a mental illness anymore, only medicated people. Reduce media coverage dramatization of events that occur that make people afraid of people with mental illness and afraid for them."

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?

I don't support the idea that early treatment with medications helps that much. It dismisses the idea and opportunity for people with mental illness to get better without medication. It also allows borderline people to enter the system so they can be medicated without consent and to enter into the nightmare of medication. Some are addictive and life threatening.

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

"Sport is good, as is community connection such as voluntary work. Affirmations and openly talking about it. Acting out the sadness experienced by relatives, for example play acting in children. This is what a friend did for me when I was about 7 and I've had no suicidal or self-harming tendencies."

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.

"It's a difficult, demanding world at the moment. Especially with the inflexibility of computer systems that don't support confidentiality and privacy. This makes it hard for people to experience good mental health. Also the stigma and threat of being locked up makes friendships and talking to people openly difficult. Psychiatrists are always looking to pinpoint the negative symptoms and don't work on healing, so it's not an inviting system. It would also be good if there was less waiting time for counselling, for example for a GP referral."

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

"Cultures such as sexual abuse, violence and substance abuse spread within some communities, resulting in poor mental health outcomes. I'm working on confronting realities and providing love and compassion to the abuser, the witnesses and the victims. I'm not sure yet if this will work."

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

Families and carers are time poor. They're also told to send people for early treatment so they are

always vigilant for symptoms. This makes them skip the step of supporting individuals who must at times be given the benefit of the doubt. The carer then suffers from guilt. Respite and counselling would help. Also connecting with others in a similar position.

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

Better pay. Opportunity to wind down with others after traumatic incidents. Care and wisdom sharing.

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?

"Voluntary work and supported work are good opportunities. Reducing stigma needs to be worked on, as does escalating situations by overreacting."

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?

"The Psychiatric services for inpatients are generally good but documentation exaggerates any problems. I don't think the incident I shared in question 11 is currently happening much in Australia. I don't believe there can be much benefit from electro-schock therapy, having seen people post procedure."

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

"Funding to be made available. Connections between mentally ill people could be increased somehow. Educate people to use their wisdom, not their treatments."

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

See attachment.

Royal Commission into Mental Health

There was an incident that occurred within [REDACTED] Health Services Psychiatric Service with my care. It took me about 5 years to start to tell people. This is due to my remembering it after being hypnotised to forget while in care, as well as taking time to come to terms with it.

I have written 19 letters about this including to the Mental Health Complaints Commissioner and the Health Services Commissioner about this matter. Their main concern being that it was too long ago to do anything about. I also submitted to the Banking Royal Commission. I'm sure this submission was bought up with frivolity at the hearing but it is not a laughing matter. I presume no one I have told believes my history.

After about half an hour at home trying to wind down after a traumatic experience, my family decided I needed medication. We couldn't get into a local Doctor, so I went to [REDACTED]. My Mother and partner made a statement to an Indian Psychiatrist that I was ill. Straight away I saw a community worker. This was on Friday, in the morning. She asked me questions, specifying that she did not want to know too much. It was an odd interview and under the circumstances I was not that forthcoming. At the end she asked me if I was willing to help with the community situation in Australia. I said yes. She then wrote a long, not very factual document about how sick I was.

I relaxed in a confined area: 'PICA' overnight. At 22:25 hours I was given an injection into my buttock, without consent, after I refused medication. I slept quite well.

I was pleasantly surprised when the nurse took me to a nearby interview room. Three men greeted me on a first name basis and treated me well. I worked with them 9-5 on improving Australia. Lunch break was solitary with a visit from my family. I told them I was working and they said 'Yeah, right'. There was a nurse present throughout who took an inactive role. The interviewer who was a man of God (Catholic) left within a few hours, reluctantly, due to religious differences. I worked until Monday, when I lost my trust in the two interviewers and they picked up a note of revenge/sarcasm. My medication was also having effect. They quickly said it was time to end the interview and have some hypnotherapy. The main interviewer took me and a nurse who consented to the corner of the room and said something like 'Bring together all the memories from this room. Now forget everything' It was said in such a way that it did all spin out of my head and I lost my memories for a couple of years. I was placed in the general ward straight away – for lunch, on the Monday. The next day the Psychiatrist increased my regular dose of major tranquiliser by 50% despite my behaviour being fine. My complaints were of a physical nature. The same day I was given leave of absence, to be accompanied.

In the interview I shared my innermost thoughts and recommendations because I was in a state of disclosure, as opposed to a catatonic state. I was open to helping, unlike many of the likely candidates they have interviewed. My ravings were valued by the men because they believed I could see the future and the past in my state of mind and had a connection to the paranormal. The memories came back sharply but associated with such distrust that I didn't tell anyone at first.

In the interview, first I started with what I called small ideas. I pictured this like chaos theory, starting around the edges of a fractal. These were alternative, arty local and green ideas. I came out with

some bigger things like the owl with the settings symbol in his eye. The two men liked this and after a bit said 'OK, we want the big things'. I gave them the mainstream stuff that is now in fashion.

On the beginning of the second or third day, the guys told me, barely containing their excitement, that they'd asked Hollywood if they were interested and they were.

My subconscious was leading the way but my logical mind was kicking in and I decided to leave my signature. Late in the interview I told them to use the letters EN, that they'd be auspicious. They were interested by this. They said they'd used whole words in the past. This I knew because I had a friend who told me about words in the media and TV that were 'catch words' and she whispered that they'd come from the mental health system. This was back in the early 1980s.

After a break they said that they couldn't use 'EN' as it had been refused permission from the Australian Defence Force. However, 'ER' was approved. I used the alphabet. The first half and all the vowels bar 'U' were mine, that is they had meaning for me.

They liked it and sold it.

The ideas were commercialised and spread through the media. It was corruption within the system that allowed those people in.

At one stage a real Psychologist/Psychiatrist entered and he helped me remember a forgotten traumatic incident from my childhood that was surfacing.

I met other patients who talked about the TV advertisements like I do in my mind now. Hearing hushed shared secrets and 'that's one of mine' sticks in my mind.

I had no belief of my ideas being used before the interview. I have never suffered from grandiose delusions however my experience has taught me to look for things even where they are not there and I've had to work on balancing this. I've also thankfully never had electro shock therapy. My experiences in the interview and afterwards in the media have caused some problems with paranoia, particularly when I try to reduce the medication. I know that seeing things in the media that have meaning for you is an accepted sign of delusional thinking but I want you to consider that this may not be the case. This accepted rule protects the industry well.

I was free of major tranquiliser medication for 5 years before the incident. Since then I have suffered with addiction to it with side effects such as Parkinsonism and sight issues. This has affected my work, friends and private life. I don't agree with the Psychiatric theory that if you're not medicated you'll just get sicker. The support of a wise person or two would help. The medication is life threatening.

Thank you for considering my case.