

Royal Commission into Victorian Mental Health Services

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

I actively try to be completely open about my depression, anxiety and PTSD.

I have Dyslexia, it was diagnosed in High School and I have always been open about having it.

It means I have trouble communicating, especially attending to official documents.

This means I find it stressful to deal with the system, and this creates problems for me.

I often get told, "Just let someone else do it for you."

I find it much easier to communicate face to face with people, when dealing with the system.

The CEO of the CFA recently emailed me to tell me that from my emails he can tell I am not dyslexic.

What are his qualifications to make that diagnosis?

I take a month to write something, and greatly rely on spellcheck.

I have an amazing memory as I cannot write things down.

The system currently in place needs to change and there needs to be the option of supporting people to help them cope with things they find difficult.

The skills people have need to be utilised and then others can back them up.

***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?**

From my own experience, there is a 20-bed hospital at the [REDACTED] Hospital to help support and treat PTSD patients. Its's a great unit. Unfortunately, the current wait time for emergency cases is 6-7 weeks, and there are empty beds as there are not enough staff to support the patients.

There needs to be more primary state care for veterans. A large part of my mental health issues developed over the last 10 years while dealing with the Department of Veteran Affairs (DVA). This has been the major cause of my stress.

I am dealing with depression and I am dealing with people who are supposed to assist me.

Mission statements from organisations say to respect those that they serve but they are the people causing more stress.

For myself one thing I would like to see is a system of mediation being set up when there are problems, to help to communicate and to resolve systemic issues between and within services.

The legal system is expensive and therefore court cases don't proceed, they are delayed in the hope the veteran will die or give up, or just go away.

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I would like to see the veteran's officer sit down with the veteran and a trained mediator, when there are issues.

There is a cost to my life and my family.

The organisation needs to provide what the person needs.

The mediation process needs to be tried in good faith, if the other party refuses to mediate, bring in the manager and discuss. We need to communicate on a level playing field.

if you don't get satisfaction, with a hospital or a service, this highlights there is a problem with the system.

There is the loss of money in mediation and arbitration and unfortunately money is the bottom line, not people.

We have a cultural problem that is costing us money and we need a responsive, flexible system to deal with the problems/issues. It's a brutal way of looking at it but the only way I can think of. I suggested this system to the DVA. They informed me I have to put the application in writing. I did this and waited 6 weeks with no feedback. How long does it take for them to look at it?

When I called to check, they said they will call me back. Then they phoned to ask me to please resend the application. I asked them if they had lost it, they said, No, it's not lost, and we will reply to you at the end of the week. I heard nothing back and when I called, once again they asked me to resend the application. I then waited another 2 months. I then dropped in to the DVA office as I had received no emails or communication from them. There was no one who could see me when I arrived. I asked to speak to the Client Liaison officer (CLO) who interviewed me. He became upset and caused a scene and called the Police on me. There were also 2 security guards present. The Police arrived and escorted me out. The Police agreed the whole incident was ridiculous. The letter of explanation I then received from the DVA was a long list of impossible things I had done- stuff that just never happened.

These people are paid to assist veterans.

Other veterans give up, commit suicide, they become frustrated and are unable to deal with the incompetency of the DVA.

I want to say to the CFA and DVA and other depts, I had to put my life on the line, all I am asking you to do is modify your rules and procedures to help and protect me.

What can be done to prevent suicide?

On one hand I feel suicidal at times, on the other hand I know what it does to the people left behind.

Please remove the level of frustration, remove the stigma around both mental health issues and dyslexia.

I am a veteran suffering from PTSD, and people immediately go on the defensive. We need to sensitize people.

There needs to be a huge cultural change, so the stigma of mental illness is removed.

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We need early intervention, and to remove the aggravation with veterans in terms of the departments we must deal with, who are supposed to be supporting and helping us.

Management in organisations have no idea how to deal with bullying, they then don't have to address the issues as people then give up.

Managers need to learn how to manage and support their staff in terms of bullying.

If the victim being bullied had support for the bullying it would greatly help.

If administration issues were reduced this would help my mental health significantly. I am sick of inefficient systems and administration and the feeling of helplessness this generates in me.

***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.**

In 2009 I lodged an application to the Dept of Veteran Affairs (DVA) for the Disability Support Pension for developing service- related PTSD.

My job was to climb into fuel tanks to hook up the areas to be photographed. I was dealing with 50kg fire extinguishers and exposure to chemicals in the fuel.

I was asked to find a professional to substantiate the hours of work I had done. Putting the forms in was an overwhelming process.

The DVA officer I liaised with didn't ask the right questions, they were trying to fit me into a box.

I waited 9 months to hear that my application had been rejected. I then contacted the Minister at the DVA and pleaded my case and 4 hours later my application was accepted. When the request came from above, they could grant it, but I had to advocate hard for this result.

The forms required are generated by people who are highly skilled at what they do and very hard for people like me to fill out. The culture of administration is that you must be Ok with it, but this culture and process doesn't suit everyone.

Rather than rules being made to make the lives of people in administrative roles easier, the life of those using the system needs to be made easier.

If someone brings me a problem because they require help with it, it is then my responsibility to give them a result, if they cannot reach the end themselves.

It is hard to experience good mental health with such an inflexible system.

If I need to do something, I need to get it straight in my head, I will wait until I have the ability to do it- this can take 2-4 weeks. When there are no distractions, I obtain clarity. The current system unfortunately does not give me the time I need to be able to follow this process.

Face to face communication is the best way for me, this way I get instant feedback.

In 2017 I experienced a very frustrating incident in my dealings with the DVA, when my payments ceased. My psychiatrist encouraged me to call the DVA Client Liaison Officer (CLO) regarding my funds. I phoned the DVA switchboard and asked to speak to the CLO. It took 45 minutes to get through and when I did I was told that I was deceased, as of last year!!

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I then asked who I could speak to about this and was told someone would call me back. I asked for resolution- How do I find out what's going on? - and waited 6 weeks for contact from the DVA.

After lots of calls between myself, the CLO and the Ministers office, they finally located my paperwork. The DVA were asking me to contact the Minister's office and the Minister's office were asking me to contact the DVA. Neither was taking responsibility for what had happened. I kept phoning the DVA and not getting an adequate response. It took me 2 weeks to try and find out why they had declared me "dead."

When I went in to the DVA office to find out what was going on, the CLO informed me that if I was unhappy with the service, or suicidal, they could support me to be sectioned and taken to hospital!! They informed me I needed to leave, or they would call the Police. The Police arrived and when I told them my story they agreed that the entire issue is the fault of the DVA entirely.

I then wrote a report outlining the actions of the DVA and how this is their fault, and they need to accept responsibility, and sent it to the Minister. The Minister wrote back and blamed me entirely for the incident, put it all back on me, saying I had contacted the DVA too many times and were hassling them. The DVA Minister informed me he has complete confidence in his staff.

The minister informed me I needed to call the DVA and the DVA informed me I needed to call the minister.

My DVA payments have begun again, and then only explanation I received from the DVA was that it was my fault as I called the wrong department to try and sort it out.

This is a form of bullying and it is completely unacceptable to treat anyone like this, let alone a veteran suffering from PTSD, depression and anxiety.

After 10yrs of being in the mental health system, I have finally found a psychiatrist and psychologist who are on my wavelength and who understand me-this is a vital part of dealing with mental health issues, finding the right person and treatment. Imposing someone on you does not work. It may take 5-6 people to find the right treating team. There is a high turnover of psychiatrists due to rotations. Continuity of care is an issue, and it can be retraumatizing to tell your story over and over again.

I would like to see briefing systems set up where you give your story, and the service hears your story before they meet you- this would be more efficient as the appropriate person would then be allocated to work with you.

The psychologist I see is part of the Open Arms program, my psychiatrist is based at Melbourne Clinic and they communicate well with each other, so my support is now coordinated.

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

A lack of funds.

A Lack of compassion

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

They need to be acknowledged.

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They need so many levels of support made available to them.

They need to be culturally acknowledged and financially acknowledged.

A carers pension is pitiable, they don't get paid enough for what they do.

Carers deserve a living pension with financial support and emotional/medical support at the level they require to keep the carer off the medical system- lots of psychological support is required.

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

Pay the mental health workforce adequately and acknowledge the work that they do.

People need to be trained in how to deal with mentally ill people- this should be mandatory.

There needs to be a feedback system for people like me.

When people have jobs dealing with the community, this is their job- if they cannot do it then they need to find alternative employment.

There are managers in those positions who are incapable of managing people and services.

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?

People living with mental illness need to be given a pension worked out by state and federal politicians and receive an increase in pay when the politicians do and when the cost of living increases. The existing indexation means every time there is a percentage increase, the cost of living increases, and wages and benefits do not reflect this increase.

Thinking about what Victoria's 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 change needs to be cultural. No band aids. Cosmetic work doesn't work.

Mental health is not a big election item, and it needs to be. There needs to be bi partisan political rule to extend the money and benefits for people living with mental illness

The long-term effects will be horrendous if this is not addressed.

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

Bi partisan, a problem that goes beyond the current political sphere.

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

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The true cost of poor mental health massively outweighs the expenditure the Govt has allocated. If we had a society that functions effectively and efficiently with the budget, this will increase the economic status of the community. For productivity to occur, good mental health is essential.

We need to look at our political system, everything is currently valued in dollars, the economy is set up to help society and not the other way around.

Mental Health Royal Commission submission supplement [REDACTED]

(1) A Tale of a Frog, a Bicycle and the International Monetary Fund

In the 1980s and 1990s the IMF (International Monetary Fund) intervened in many economies around the world with very varied success results.

The best description of these interventions came from a source I cannot remember but the theory was that if you found a bicycle and a frog in a bad way in a dirty drain and wanted them to work as they were intended.

With the bicycle you pull it apart, thoroughly clean it, replace parts that are worn or broken, put it back together, add oil and grease where required and the bike will be as good as new.

If you do the same to a sick frog it will die immediately.

A sick frog requires clean water, good food, a calm safe environment and time to recover.

What works perfectly for the bike will kill the frog.

What works for the frog will have no effect on the bike.

They both need very different treatment to obtain the same results.

So much of our mental health services are driven by economic goals and the repair theories that things need to be fixed rather than they need to be given time and support to heal themselves.

The system needs to understand that with the right support and care many people will heal themselves, but with bad services and the wrong treatment they will simply die.

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(2) An Office of Public Assistance

There needs to be an office to assist people and help them to find the services and support that they need, this should not be left to volunteer organizations or the various departments, there needs to be a department whose job it is to respond to people who need help and to provide that help in an appropriate manner.

Some years ago I was involved in the Hazelwood Morwell mine fire when a community of many thousands of people was suddenly impacted by a disaster, they had no idea how to

cope, what to do, who to contact or how to get help. For the 45 days while the disaster continued, they were largely ignored by various government organizations who were also apparently unable to cope with the scale of the disaster.

It was left to a tiny group of people to try and force government action and assistance, they were in the middle of a disaster and they suddenly had to not only cope with the disaster but take on massively complex new roles that they had no experience in.

Many people to lesser extents are thrust into similar situations every day, a sudden accident illness or change in circumstance can leave people totally without support or any idea what to do or how to find support. Each person or group needs to contact multiple agencies and services to try to organise and coordinate the best response possible, often with little or no assistance from the outside. I know I have faced this in dealing with the CFA bullying problems and to a lesser extent with DVA. Agencies that should deal with the problems refuse to, agencies that can deal with the problems are unable to be identified.

In one instance the Fair Work Ombudsman is unable to do anything to assist volunteers with workplace issues but the Fair Work Commission is a totally separate and different organisation that can provide assistance to volunteers. It took a long time for me to understand that they were 2 different organizations and the office of the fair work ombudsman never mentioned that the office of the fair work commission could assist me.

The Federal Human Rights commission cannot assist me but the State Human Rights commission can.

On visiting the office of the state human rights commission I found that there was an office of the public advocate, I inquired, if they were public advocates and assisted disabled people if they could assist me, they were horrified at the idea and explained that was not the kind of assistance they offered and they were actually unable to advocate for me, again that was not their job and they had no idea whose job it was.

If there was a department of public assistance where people or groups could go to for advice on exactly who they need to see and what they need to do that would save a lot of time stress and frustration.

If this office knew the roles of various departments and organizations they could also remind the departments and organizations of what they are there for and what their primary roll is. If the department or organization does not want to fulfil its role of feels that they should not do whatever task is required then the office could investigate where and why there are problems and work to resolve them.

This could be an office of oversight that had powers to ensure that someone was responsible for dealing with problems that people have and making sure those problems were effectively resolved without people being told "That is not our responsibility, we do not deal with this problem, you need to go somewhere else but we have no idea who you need to see or how to solve your problem.

So much time and effort is wasted in trying to find the right person or organization to deal with a problem that it just makes the effort so much more difficult when you are already facing a life crisis.

Helping people find and access the right services quickly and ensuring the services are responding in a professional and timely manner reduces the stress and hardship faced by both groups and individuals.

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(3) Sane Drug Policies

Drugs, legal and illegal have a massive effect on mental health, we need to introduce sane drug laws that work to minimise harm and deal with the human cost of drug misuse and addiction.

Laws are there to protect individuals from harm, not to cause harm to individuals.

I remember discussing this with experts in the 1970s, they were saying that the drug problem needed to be treated as a medical problem not as a criminal one, that the legalizing and control of drugs was the only sane response to the growing issues of crime and addiction. They warned that as greater and greater restrictions were placed on less harmful drugs they would be replaced by more harmful drugs.

In the following 40 years this is exactly what has happened.

We need to accept that there is no “Magic Bullet” approach to solve the drug problem, that like mental illness it will be a part of our society, using drugs to escape reality is such a common and natural part of biology and so many animal species will do this that it’s totally unsurprising that so many humans want to do the same.

Drug addiction needs to be identified and treated as a separate issue to mental illness, they are not the same thing, If a person suffers from both then they both need to be treated in the same way as if someone presents to hospital suffering a broken leg and a bad infection.

Drug addiction wards and treatments should not be mixed with mental illness wards

There needs to be wards and treatments for drug addiction, wards for mental illness and wards for acquired mental illnesses like PTSD and some forms of depression.

These services should interact if required but the treatment of the person should be to first resolve or stabilise the primary issue, then treat the other issues as required.

Throwing everyone with a wide range of problems into the same overcrowded and underfunded wards or services is not a solution, it’s a way of creating problems.

The money for jails and police services need to be redirected into crime prevention and harm minimization, the taxes raised from the sale of legal drugs can be put towards services for those who have serious drug problems.

As a veteran with PTSD I would love to try cannabis, MDMA, or micro dose LSD or “Magic Mushrooms” in a safe and legal manner to see if they improve my condition.

I need this to be done in safe legal and controlled conditions.

The anecdotal evidence for these drugs appears to be good, we need to do the research to see what is best for the person who needs medication.

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The Brisbane Housing Company

For some years now Brisbane has run a program with The Brisbane Housing Company <http://bhcl.com.au/> to provide affordable homes to disadvantaged people including people with mental health issues.

I have seen firsthand how successful the program is both for the disadvantaged person but also for the community at large.

The concept is to build communities that are mutually supportive and environmentally sustainable.

This system needs to be at least investigated and hopefully copied in Victoria.

I can provide more detail if required but it would probably be easier and better to contact them directly for a full explanation of the system.

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Sane Tax Policies

This is a federal issue rather than a state one but it’s my understanding that currently Australia as a whole loses some \$60 billion dollars every year to offshore tax havens via illegal tax avoidance schemes, I cannot help but imagine so many of the problems we face could be lessened or resolved if we had that money going back into our society every year.

So many mental health issues could be prevented or treated before they become chronic with early intervention and minimal assistance.

It’s a great shame so many seem to value profits over people.

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Education

A part of any program for dealing with mental health issues needs to be one of education.

Education on how to identify mental illness, how to remove the stigma of mental illness, how to deal with mental illness in relationships (work and personal) and how to prevent mental illness (but preventing things like bullying and abuse)

Various skills need to be taught in age appropriate ways.

Skills like learning and discussing basic philosophy, how to respect others, how to show empathy, cultural skills like how to understand that not everyone’s beliefs or traditions are the same as yours.

Life skills on how to negotiate and come to successful compromise positions.

Life skills as to how to cope with problems and disappointments.

Life skills in “mental toughness” and how to survive difficult periods in your life.

Good sound anti bullying should be taught and zero tolerance for bullying needs to be instilled into people.

I am a strong believer that Philosophy should be a core subject in ALL schools state and private so that ALL children have a good grounding in how they think and how they should think about the world and others.

(Better minds than mine can create these programs but they do already exist and they are already being successful in producing better students and graduates because they have the skills to deal with problems not just the information they need.)

Books such as The Tao of Pooh by Benjamin Hoff and Zen and the Art of Motorcycle Maintenance: An Inquiry into Values , by Robert M. Pirsig would be the kind of texts used to start discussions. Amongst others.

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in closing

One of the principals from Zen and the Art of Motorcycle Maintenance was “ That great peace of mind must be achieved before any work can be done on this motorcycle”

I have personally found that so applicable to so many situations in life.

We live in a world that wants instant results and high achievements, that is not always possible.

The work of this royal commission should be looked at over the extended future and

concentrate on cultural changes not quick fix expedient band aid measures to please political masters.

Respect for others, regardless of their health, position, status, sexual orientation, religious beliefs or any other factors should be at the core of any caring society.

If a society cares for individuals then the problems of mental health will be reduced.

I believe we need to value kindness and compassion as being more valuable to our society than wealth and power.

I have PTSD depression and anxiety as well as severe dyslexia

largely from my service in the Royal Australian Air Force but also from other external factors ranging from early childhood in a dysfunctional home with an abusive father.

Abuse and bullying at school due to my family situation and disability

I was an RAAF photographer and excelled at photography until I was forced to accept promotion and was posted to a desk job where I failed due to my disability, the RAAF was incapable of accepting that I was both excellent at my chosen job, photography, and incapable of doing massive amounts of paperwork, I was discharged incompatible service life.

I then worked for many years as a very successful university photographer until I was made redundant because I could not cope with the systems and programs required for digital photography.

I have had an extraordinary life and have done so many amazing and wonderful things, but I also live with the scars of the unfortunate and sad things I have experienced.

I would love to be a more productive member of society and to earn my living and pay taxes. But due to so much of my life experience I am now totally disabled and I rely on a government pension.

It would save that money if the systems had been somewhat different and more adaptable.

I feel that in the long run, building a better society will save so much more than it costs.

Yours sincerely

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