

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

SUB. 0002.0010.0047

Name

[REDACTED]

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

"I think the stigma is slowly being lifted. We are very quick to throw diagnosis around and people have become blasé about those titles. Every second footballer has "mental health problems" which people de-code as "using drugs and been caught by their club". Those sort of club announcements do not help people suffering as the general public are very cynical."

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?

"Waiting weeks for appointments after GP referrals is counterproductive. It is often difficult to get people to admit that they have a problem, then fighting them to get them to a GP (GP's are fantastic) only to get a referral that may take weeks for an appointment. GP's offering medication is not helpful. "

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

Crisis teams - very good. Over prescribing medications. Why do the boxes of sedatives come in 100's??

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.

We have learnt nothing from all the wars our forefathers fought in. We seem to expect to put people in situations wherein they are first responders or overseas deployment and expect them to be exactly the same after everything they have seen. It was called shell shock in WWI - 100 years later we still know nothing.

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

N/A

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

"Family members and carers need better education. Nobody tells you that people with mental illness never recover. They have bouts of wellness, but it is always there. Plenty of information about what the person with mental health problems may be experiencing but no information about what a carer or family member can do. Are we making it worse? What do the medications do? How do you stop risky behaviour? How to get someone out of bed? Who to yell at? "

What can be done to attract, retain and better support the mental health workforce,

including peer support workers?

I don't work in this sector but from an outsider looking in - why all the paperwork? We're in an electronic world.

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?

Having a person with a mental illness can economically destroy a family. Single people are worse. Made so much worse by continuous beaurocratic nonsense that need to be undertaken to receive any financial support. Don't get me started on suffering a mental health issue because of a workplace injury.

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?

"Medication - No. 1. Why is this the fall back position for most health care professionals. Yes they all say it must be used in conjunction with other therapies, however these are harder to access, costly and run by shiny faced 23 year olds, who cannot possibly understand what it is like to be in your forties, trying to raise a family, hold a job, and live in your delusions. Why do the medications prescribed only come in large boxes. When caring for a family member that was struggling I found a container beside her bed with 150 different coloured pills in it, all prescribed that she was helping herself to as an when she felt it necessary. When people are not making good decisions for themselves, giving them medication does not help. Also it is a merry go round that no one seems to be able to get off. Electroconvulsive therapy - this is barbaric. Yes people are put to sleep first. It does not work and even the professionals who recommend it say ""we are not sure why it works on some people but we have found small amounts of success"". The patients are so desperate, they will agree to anything. Why is a carer or a family member not involved in those discussions? It ruined my family member's short term memory so severely it was like living with a dementia patient, yet they continued to give her this treatment. If the general public saw what happened with this they would be outraged. My family member actually told me that she agreed to these treatments because she liked being put to sleep. It should be outlawed. Inclusion of family members/carers at least someone else in decision making."

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

Funding into research. A lot of the research available was developed in the 50's surrounding both medications and treatments. We still know nothing.

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

N/A

Dear Royal Commission,

Both my sister and daughter suffer from mental health issues. As both of their main supports I would like to offer some of my insights:

My sister was assaulted at her place of employment and although her original injuries healed, she was diagnosed with PTSD sometime later.

Her initial treatment involved a lot of medication, so much so, that I couldn't get her out of bed. Her marriage broke down, her children were neglected and she wound up being hospitalised. This was not to be the first time.

My sister's employers were understanding, their insurance company however were more volatile. I had to spend time wading through a world I did not understand and while my sister was hospitalised running around trying to get doctors to provide certificates, trying to establish work cover claims, making sure weekly payments weren't being cut off and assuming a lot of the responsibility for her children. The insurance company continues to try and cut of payments and argues about payment for treatments.

During one of my sister's hospitalisations I went to collect her some fresh clothes, I found a container beside he bed with over 150 different pills in it. I then found out that all of these had been prescribed and she was using them to try and help her sleep, waking every 20 minutes or so and taking another one. Self medicating is apparently very common and can often lead to illicit substances when the prescriptions don't seem to be working.

Hospitalisation was apparently just to get her medication right, but most of my sister's time was spent terrified in her room. Minimal staff interaction and seeing a doctor to talk medication every couple of days. Colouring in seemed to be the order of most days. This first hospitalisation was approximately 16 weeks. If you are suffering from a medical complaint, very few people spend that amount of time in hospital.

When medications did not appear to be assisting my sister, electroconvulsive therapy was suggested. She showed me the brochure and I was not supportive of this method. All the propaganda actually stated that the health care professionals were unsure why this worked but had had some success. My sister consented to this treatment. No doctor consulted with any other member of the family.

My sister had the first round of these treatments with little success for her symptoms, however her short term memory was so destroyed it was like living with a dementia patient. Every day I went in I had to explain the situation leading into her being hospitalised, where the kids where, why she was stuck there, what had happened the day before. Four years later and several other bouts of electroconvulsive therapy later, her short term memory is still affected and she is still suffering severely from her problems.

My sister told me that she continued to consent to the treatment because she liked being put to sleep for the treatment.

My sister's treatment is guided by some caring professionals, however, I find that when they speak with me they are very condescending and dismissive of my concerns. I am now not invited to any appointments. Thankfully, they did listen to my concern regarding self medication by my sister and have reduced some of the amounts she is prescribed. Some of the script writing originally bordered on negligence.

As to being a support for people with mental health, can I tell you that I have had to come back from holidays, cut short dinner plans, left work in a rush, get strange middle of the night phone calls and texts not to mention the dollars spent on parking fees alone. Thanks to my employer I have accessed counselling services myself but find these frustrating, because I am constantly looking

for a way to "fix" my sister. When I'm at work and an outside phone call comes in my heart is in my mouth, because I think "what now". I dread looking at my phone when I leave work for fear of the messages. My sister's children are now bigger and understand what has happened to their mother, but they are damaged too.

Mental health patients can be extraordinarily selfish but their illness has a giant ripple effect. Treating just the symptoms is not working.

I am conscious to not make this letter a rant about inadequacies, because I honestly don't know what the solution is. I do know that further research needs to be conducted. Also the question as to how we can build resilience into our younger population needs to be explored.

One last matter is regarding common law compensation. My sister has been deemed 20% permanently disabled. If you are injured at work physically a no fault claim can be made at 5%. A mental injury needs to be 30%. My sister has no chance of lodging a common law claim. She went to work and came back 20% more disabled. She has no capacity to work currently or in the foreseeable future (doctors words, not mine), yet she is trying to make ends meet on less money than the disability pension. Why is that fair?

Thank you for reading my story.

Kind Regards,

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