

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

SUB: 0002.0011.0028

Name

Anonymous

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

"Bipolar disorder is fundamentally a mood disorder. Use of the term "mood disorder" when referring to applicable conditions including bipolar disorder. Bipolar is to be understood as a chronic intellectual disability and treated as per other disabilities. These points come from modern literature by a medical doctor (Bipolar: Not So Much, Aiken & Phelps)"

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?

"Symptoms of bipolar disorder need to be widely circulated and publicised as some are things that would not be associated with bipolar by a layperson such as wearing coloured clothes, aptitude with language and word games, etc. These are outlined in the aforementioned book. "

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

N/A

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.

Alleviate financial tyranny over sufferers by raising Newstart significantly

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?

N/A

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

N/A

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?

I do not see any opportunities for people living with mental illness to improve their social and

economic participation whatsoever. The system has utterly failed me in this regard.

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?

"Help sufferers with a dedicated rehabilitation service, mentor-style consultation regarding job prospects, career direction, sensible work choices. This is utterly missing. "

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?

"The system has failed me. 19 years without a diagnosis. Suicide ideation. Failed job opportunities. Discontinued university. There is no-one to help me, Nobody is helping me. If it wasn't for my family I would surely be be destitute or dead. "

Hon Katie Allen MP
House of Representatives
Parliament House
Canberra ACT 2600

[REDACTED]

Dear Minister,

Thursday, 30 May 2019

I am writing to you as a resident of your electorate to ask you for assistance and advice on the topic of Bipolar Disorder.

I was a high achiever in school (awarded a scholarship to attend [REDACTED] School and attained distinctions and high distinctions in national mathematics and science aptitude tests) until at the age of 16, my world turned on its head. My aptitude for mathematics disappeared to be replaced with a fascination with language (literature, creative writing, foreign languages). I struggled through the next 19 years of life (experiencing oversleeping, depression, suicide ideation, spontaneously quitting most of the low-level jobs I managed to obtain, discontinuing university, making failed trips to Europe and was often involuntarily celibate) before being diagnosed with Bipolar Disorder, type 2.

Unlike with the classical Bipolar Type 1, where manic highs are observed that can lead to diagnosis, there is no mania with type 2, only debilitating depression. According to literature that helped me obtain a diagnosis, the variation that I suffer from is to be understood as a **chronic intellectual disability**. 15% of patients with bipolar disorder commit suicide and many more try. The disorder affects around 1% of the population.

I feel the system has comprehensively failed me. GPs failed to diagnose me, prescribing antidepressants, which according to the literature tend to make the disorder worse, and then failed to follow up with me whatsoever when I ceased taking the medication because it had no impact and didn't return to the practice.

In this post-diagnosis phase (since April 2018), I am seeing a psychiatrist who is very good at prescribing effective medication but unable to be of further assistance, and have seen several psychologists who, despite saying they were experts in Bipolar Disorder, clearly had no understanding of the fundamentals. The Department of Human Services will not offer financial assistance to me as I am capable of working 15 hours per week. Except for a support group (bipolarlife) that is in its infancy, run by a sufferer and not of particular assistance, I am unable to find any other assistance at all and I require urgent help to get my life back on the rails.

I appreciate that there is a Royal Commission to handle enquiries but I hope your office can assist me by answering the following questions:

What financial assistance is available to help me live my life and rehabilitate myself?

What employment assistance is available to help me select a sensible career direction post diagnosis and help me establish a concrete pathway to a successful work life for the first time?

Yours faithfully,

[REDACTED]