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

SUB.0002.0032.0159
Individual Submission

Name
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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

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?
"First up, please don't label my experience as 'illness'. I had a normal reaction to abnormal trauma. When you say 'illness', you suggest the problem is me, not the society that allowed a child to be hurt. It's victim blaming. My distress could have been prevented if there was no child abuse. For me that included inter-generational trauma, child neglect & physical violence by a parent, faith-based bullying, and sexual abuse by strangers. Please prevent that if you can. For heavens sake, don't start giving more kids more drugs. I doubt I ever would have recovered if you'd done that. My single Mum needed secure, affordable housing, parental support, and someone to talk to. I didn't need to be removed from my home - our family needed help. But also, people needed to ask me what was needed, not just my Mum. It was acceptable when I was a kid to bully Jewish kids in a similar way it's acceptable today to bully & judge Muslim kids. So please find a way to bring about interfaith acceptance and respect. Hatred hurts. I should have been able to see places for free kids counselling for bullying, and been helped to get away from the bullies and somewhere safe. Schools, teachers & all kids need to know about bullying and how to speak up. After the sexual abuse I should have had counselling & access to justice. It was too easy for my Mum to decide to keep it all secret and leave me alone with the shame until it drove me mad. Some carers/family hurt us, &/or hide important harms. I didn't speak about mental health services or pills because most causes have nothing to do with the health system. It's about society, families, violence and schools. Early intervention would have meant listening, practical support & compassion. "

What is already working well and what can be done better to prevent suicide?
"I've lived with suicidal urges & actions, off & on, for almost twenty years. At its worst I almost died several times. Today, I am very grateful to be alive & I have a good understanding of suicide from living with it for so long. My suicidal urges were about the shame I felt as a consequence of child sexual abuse, but that wasn't clear to me at the time. No-one in mental health services enquired about past trauma, mostly they assumed the suicide was a symptom of mental illness, so treatment was pills & ECT. Over many years I learnt there were only ever two things that prompted suicidality for me. I suspect these are very, very common: 1. Overwhelming, unbearable pain + 2. Lost hope that it could ever change For me the pain came from the emotion of shame. The best way to prevent my suicidality from ever starting would be to protect children from abuse, bullying and other traumas. And, if that can't happen, to help survivors understand, cope with & process pain, & to build hope, eg, more trauma services. When police dragged me off to hospital, when mental health services locked me up, when I was forced to take sedating drugs, my suicide risk INCREASED because my shame and fear grew & my hope drained away. I attempted suicide

often in hospital. When suicidal thoughts come back, I get terrified that I will end up in hospital again. It creates a high-risk double-bind. The fear of mental health services actually increases my risk of suicide because it can stop me asking anyone for help. I've learned what grows my hope is listening to my peers. And what reduces my pain involves revisiting peer work and/or trauma therapy. The problem is there is always the risk of hospital. We urgently need safe spaces to talk about suicide. I think we need non-clinical support groups & crisis respite houses in every community. Led by peer workers, survivors & skilled therapists. We don't need more diagnoses, force & pills. We need places to be heard, understand pain & find hope. "

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.

" Childhood Trauma I am a survivor of complex childhood trauma. I experienced neglect and physical violence at home from a young age, and at the end of primary school I experienced violent bullying for being Jewish. In response to the bullying and upheavals at home, at 13 I ran away from home. On the first day I was abducted, held in a regional town for two weeks, and raped. The effect of all these traumas was heightened because of what happened afterwards. The police didn't see me as a victim, but rather they treated me like a delinquent and threatened that I would be taken away from home and locked up for the trouble I'd caused. I wasn't, but I was given a social worker who kept up the threat. Meanwhile my family said I should never speak about what happened again. So, I didn't, for 27 years. I have no doubt that it was these complex trauma experiences that eventually drove me into madness' and into the mental health system. I know this because, when I eventually worked on my trauma with a sexual assault counsellor, and worked on the trauma content of my voices using the hearing voices approach, I was able to heal.
The mental health system
For 9 years I was a patient of the public acute system, with about 10 hospitalisations and more ED visits than I can remember. I used other services too, including the outpatient clinic, PDRSS sector, and had lots of interactions with the police, ambulances and attended an employment program. Throughout these years of clinical treatment, not one person ever asked me about whether I'd ever experienced any trauma. There was never any treatment or counselling for trauma either. I know many people imagine that psychiatric admissions are filled with therapy and group sessions and talking about trauma. Please let me assure you that they are not. My treatment involved being diagnosed with mental illness and medicated. Over time I knew the medication wasn't helping, the adverse effects were horrific (my weight ballooned from a size 14 to a size 26) and I began to resist. So, the services treated me by force instead. I was dragged to hospital by police, and locked into high dependency units. I remember one time I was forced to strip naked so the nurse could search me, then I was drugged. It was beyond terrifying: the experience recreated my memories of child abuse and was the most awful, utterly appropriate, and distressing thing they could have done to an abuse survivor. Another time I tried to hang myself in the inpatient unit, because I was so despairing and beaten down. The service responded by locking me alone in a seclusion room. Over the years I was medicated with multiple antipsychotics, mood stabilisers, antidepressants and benzodiazepines. I was given 12 electroshock treatments too (which were devastating in another way). Today, I am completely medication free, and would never voluntarily use a mental health service again. These are the messages I want you to hear and act on: 1.The majority of people with serious' mental illness, consumers of inpatient services, have a history of child abuse, family violence, sexual violence, physical violence, bullying or other distressing traumas. This is not a radical idea: there is mountains of research to back this up. 2.Filling trauma survivors up with pills does not help us. At best, it's like pain killers. The sedating effects numb us, but they don't heal us. And so, we remain

disabled and subdued, living half lives and being hurt over and over again. It reminds me of the old days when people with back injuries were filled up with opiates. We've learned now that pain killers have a role, but a small and usually temporary one. Instead people need to work on the underlying issue, the root cause of pain. They need to lose weight, exercise, do physical therapies. The same is true for trauma and mental health. Psychiatric drugs are at best a kind of mental/emotional pain killerand for many of us they are not even that. Our system doesn't work with the underlying issues of trauma, and so many of us never get the chance to heal. It would be so much more helpful if we could see trauma survivors as having an injury, rather than a mental illness. We need to work with therapists and counsellors to make sense of how trauma affected us, and find new ways to live with the impacts. 3.People like me end up in mental health services because there is nowhere else to go. Because when our society sees people in extreme distress, they are frightened rather than compassionate. Because our society assumes that distress is mental illness', and that psychiatrists have the answer. It's simply not true. 4.Mental health services are the wrong place for trauma survivors. They contradict every principle and approach of trauma informed care, and they offer no specialist trauma treatments. They don't employ the right workforce to respond to trauma either. For many, mental health services replicate old traumas and create new traumas. Even for me, after years of working on my recovery, I still occasionally have terrifying nightmares of being trapped again in a seclusion room. 5.I urge you to look at the need for providing specialist trauma services, that do not use compulsion, and that focus on therapy and compassion. I have absolutely no doubt that the demand on the acute system would rapidly diminish if people could instead access a service that actually helped, and didn't hurt. 6.In the meantime, please recommend as many major reforms to the acute system as you can. I am motivated every day to get up and work in the mental health system because of the harms it perpetrates. I am heartbroken at the thought of the thousands of young people who are channelled through this system every day, who have their trauma histories ignored, who are invalidated and told they are broken, and suffer the same terrible experiences that I did. I am heartbroken when I think of all the people who weren't as lucky as me, who haven't had the opportunity to heal, and still trapped on forced treatment and in fear. End restrictive practices. Eliminate compulsory treatment. Flood the sector with therapists and peers to change practice and power. Make a difference so we don't need another royal commission like this ever again. 7.Please investigate all the service models and program ideas recommended by VMIAC in their January submission, on page 23 (https://www.vmiac.org.au/wp-content/uploads/2019/01/Mental-Health-Royal-Commission-Terms-Reference.pdf). Many of these were life saving for me. The most important was the hearing voices approach, peer support and sexual assault counselling. These ideas could save so many lives. "

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

"Child abuse, family violence, sexual violence, bullying, and other forms of trauma, intolerance and violence."

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?

"We don't need to retain much of our current workforce, we need to replace it with people skilled in therapy and peer support."

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?
N/A

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?
Trauma services End compulsion and restrictive practices Increase access to therapy and peer support

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?
"I am writing this submission based on 20 years of experience working across Victoria's mental health system. My professional expertise has included roles at: Academic and/or sessional teaching roles at four universities: University of Melbourne, Latrobe University, Australian Catholic University and Swinburne University, across different mental health disciplines. Senior advisor to Victoria's Chief Psychiatrist and the Mental Health Branch, DHHS. In the community mental health sector, I have held roles as a board director, general manager, program manager and, earlier in my career, a direct worker. I have been an independent consultant to the clinical sector. However, my most important experience is very different. Twenty years ago, I was a compulsory patient at one of Victoria's public mental health services, where a consultant psychiatrist told me I had schizophrenia, a serious brain disease, and would probably never work again. I was supported to apply for the disability pension, forcibly detained and medicated. For years, I was more like a zombie than a functioning person, and I lost hope in myself and the world around me. My work as a consumer of mental health services may not be recognised with the same privilege or priority as my professional experience, but it should be. Because, despite the dire predictions of this system, and years of coercion and poor treatment, I did manage to heal and recover. What's more, I did my recovery and healing without mental health services, and in contradiction of their recommendations. I even managed to come back to the sector and get paid to advise on what works, what doesn't and how to improve. My submission is focused on systemic change for the mental health sector. "