

ROYAL COMMISSION

INTO

VICTORIA'S MENTAL HEALTH SYSTEM

Submission

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[Redacted]
[Redacted]
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KEY PLAYERS

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COMMENTS

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AMBULANCE OFFICERS

For about the last eighteen years we, the family, school and Police have called the Ambulance service when needed. The officers have always been very professional and respectful toward both our daughter and ourselves.

The early years were for epileptic and non-epileptic seizures. The Paramedics observations and treatment would be dismissed once our daughter was handed over to triage at Hospital Emergency Department, when some doctors used Google to diagnose, and after a four hour wait would discharge.

Gradually the Ambulance and Police were called for anxiety, delusional or paranoia attacks and then drug induced psychosis.

After up to five police and three ambulance and paramedic officers had spent up to 1½ - 2 hours each in attendance, the Emergency Department would discharge and she would walk home before the Police and Ambulance officers had arrived back to their stations. How do Ambulance Officers put up with that continual frustration?

Mental Health Triage should be at the Psyche Services with trained Clinicians, not at a normal Medical Emergency Department.

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POLICE

Before our daughter needed the help of the Ambulance officers and the Police we had no experience with the Police.

We found the uniform Police members prompt, courteous, patient and gentle in executing their duty.

They were polite and reassuring to our family. They were very supportive of the Ambulance officers and paramedics.

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POLICE FAMILY VIOLENCE SQUAD

Led by Snr Sgt [REDACTED] [REDACTED] the various members had the long term welfare of our daughter at heart.

They were prepared to think outside the square, while always acting within the law. They attended meetings with Psyche Services Clinicians, [REDACTED] Street agency and our family.

In particular, Det Sgt [REDACTED] [REDACTED] (with the permission, guidance and oversight of her Snr Sgt) has given outstanding support and care to our daughter and our family. Her attitude, pride in her work, her concern and compassion for both the perpetrator (our daughter) and the victims (our family) speaks volumes for her own character, but as a member brings great credit to the Force. Without the work and support of the [REDACTED] Family Violence Squad, our daughter would have suicided long ago.

We cannot thank Snr Sgt [REDACTED] [REDACTED] Det Sgt [REDACTED] [REDACTED] and the Family Violence Squad enough.

The [REDACTED] Family Violence Squad is a shining example of Preventative Policing.

This positive approach is far better than picking up the pieces after a tragedy.

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██████████
Our daughter has been on “██████████ ██████████” books for several years.

We have sat through many meetings at both our work office and Psyche Services.

The meetings at our office were attended by Snr Sgt and Sgt of the Family Violence squad and a person from ██████████ Street.

The meetings at the Psyche Services were also attended by our daughter (a qualified Clinician) who had travelled from Melbourne each time and lost a day’s work), together with a Psychologist from Psyche Services.

At each of these meetings the ██████████ Street representative took notes and promised help.

These regular visits and support are to give our daughter some structure, direction and confidence. To get her out and about and involved in some community work.

They are critical for her independence and growth.

They are part of the Magistrate’s direction.

After the court case ██████████ Street promised regular help and follow up.

Since the court case, many phone calls have been made to ██████████ Street to implement this help and no help has ever eventuated.

Discussions between ██████████ Street and NDIS fail to settle who will provide the “help”.

Just another Case on the books to help funding.

All meetings and calls have been documented by Family Violence Squad.

Comment

Much money is wasted on private agencies who spin well, waste time and provide nothing.

Better to spend finances on –

Psyche clinics

Detox facilities

Trained personnel
Specialised triage.

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EMERGENCY DEPARTMENTS

With our daughter, we have been to many different Hospital Medical Emergency Departments, some multiple times. Many times she has gone to intensive care and has been intubated.

She has presented with epilepsy, anxiety, delusional, paranoia and drug induced psychosis. She has been in an induced coma several times.

The people in these departments are caring, qualified medical practitioners, who usually work long shifts and under huge workloads. There is usually a full waiting room.

The Ambulance officers and paramedics witness the seizure, delusional behaviour, paranoia or psychotic behaviour and treat accordingly.

Then they wait (with Police) in line to hand over to a Medical doctor. The crisis or extreme behaviour has subsided as a result of the treatment already given by the paramedics.

The Medical practitioners and Emergency Department staff are well versed in medical matters (which are generally below the neck).

However, when a patient presents with a seizure or psychosis, few listen to the paramedics.

I have seen staff disappear in shock or horror.

I have heard staff tell me that they have never really seen an epileptic seizure.

I have heard and seen staff in a regional hospital Google to make a diagnosis.

I have seen and heard nurses yelling at a patient who had fallen off a trolley during a seizure and still in a seizure, to get back on the trolley.

But the real concern is that the Emergency Department Doctor tries to solve the problem by adjusting the medication without consulting the specialists in Melbourne who have been treating the patient for years.

EGO!!!!

This causes huge problems for the patient, the family and the private specialists in Melbourne, e.g., Epilogist, Neuro-Psychologist, Heart Specialist and her general Practitioner who have been working

co-operatively adjusting medication in consultation with each other for the patient's benefit. All the consultation and co-operation between the specialists is wasted (for ego).

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The family, the Police, the Ambulance officers and the patient have to deal with the consequences.

The patient's mental health and problems are exacerbated.

This diagnosis by a non-mental health clinician becomes part of the medical record and prejudices diagnosis on future admissions. Her records do not give her a chance.

In [REDACTED] the [REDACTED] Hospital Emergency Department and Psyche Services are about 150 metres apart.

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TRIAGE

Why are sectioned Psyche patients triaged at the Hospital?

Clinicians, if they are involved, come from Psyche Services approximately 150 metres away.

Emergency Department beds are occupied while medical patients wait.

Privacy for the patient and medical patients is compromised.

Security is not up to Psyche Centre standards.

Ambulance and Police waste many hours waiting for untrained medical doctors to make decisions.

The public and medical staff are at physical risk.

Families endure unnecessary emotional stress. (Refer Vignettes)

Sectioned patients should be triaged at Psyche Services in a safe, secure environment by trained Clinicians.

Where are the detox facilities for sectioned patients support?

Where is the supervised accommodation?

We have no Mental Hospital

- only jails and more jails loaded with many psyche cases;
- the family has to provide because the State does not;
- The Police Family Violence Squad gives continuous support to both the family and the perpetrator;
- Other agencies promise at meetings but do nothing except keep the case on the books.

We spend \$1,000,000 to house a prisoner each year.

For Psyche patients there are three (3) choices

- Live on the streets;
- Go to prison
- The family provides.

The State does not provide.

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PSYCHE SERVICES

There are insufficient trained staff.

The facility is far too small for the population of the city and its catchment area (without factoring the projected population growth).

The facility cannot hold patients long enough to detox.

Patients are discharged after heavy sedation and return home to detox and go through withdrawal under family care.

The family runs a defacto Psyche Clinic.

When the unit is full patients go to the Police cells where there are no facilities to hold women for any length of time. (The women are sent to [REDACTED] [REDACTED] [REDACTED] prison.)

There is insufficient finance.

Communication between the Adult Acute Care and the Outpatients is very poor, even though both are adjacent to each other (see Vignette page 11).

Comment

The Psyche unit

- lacks sufficient trained personnel
- lacks facilities
- lacks funding.

The State is continually building prisons. We need a mental hospital.

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FAMILY

We have four (4) daughters aged from 29 – 36 years. Three are independent. One is a dependent and has lived at home always (except for three brief attempts to live away from home).

As a result of a court order this May, she is now living in a unit which is owned by my wife and I. She is now 32 years old.

Throughout the last 18 years she has enjoyed the continual love and support of her parents and three sisters.

We (mainly her Mum) have taken her to many, many doctors and specialists in Melbourne and we have spent endless hours in Intensive Care units.

We (parents) are both 70 years old and still working. When the court ordered our daughter not to come to, or live at home, we spent \$300,000 of retirement funds to buy a unit near transport facilities, Doctors, chemist, supermarkets, etc. for her. It will be deemed our asset for aged care assessment purposes. We cannot negative gear – it is not an investment but deemed as one. There was no place for her to go. No facility available – ordered out of home, therefore have her on the streets or buy the unit for her.

She is our daughter and we love her.

We now have a huge job to repair our house – huge holes in the walls and Victorian leadlight to try and replace.

Many of our wedding presents and treasures are smashed or have been thrown out in the garbage on us.

Photos, mementos, a lap top and a passport from our daughter's overseas trips all destroyed.

We have slept behind locked doors or slept elsewhere.

One of our daughters (her sister) was scared to come home during her pregnancy.

Shortly after [REDACTED] [REDACTED] was stabbed by his son in [REDACTED] we woke about 2am with her standing over us with a large kitchen knife in the stabbing position.

We are now getting used to not barricading our bedroom doors.

No more cut NBN cables or smashed phones.

No more gel in electrical and electronic appliances.

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No more wringing wet clothes in the clothes dryer.

Our daughter has hurt us all.

While we now sleep safely - she still gives us much worry

But she is our daughter and we love her.

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VIGNETTE

On one weekend afternoon, our daughter is sectioned after assessment by two Police and a Sergeant, with two Ambulance officers and a paramedic.

She is taken to [REDACTED] Emergency Department. Police and Ambulance officers hand over and leave to do paperwork. A Psychologist and nurse interview her. The nurse leaves – no security personnel present, no secure facility to Psyche Services standard. Our daughter escapes through to [REDACTED] entrance.

Vic Rail trains in [REDACTED] are slowed to little more than running pace with an observer in the Driver's cabin. (Imagine the conversations on the train!)

All available police vehicles patrol and search.

She hides in a private house and the occupants walk her home.

She is arrested and taken directly to Adult Acute care (approximately 150 metres from Emergency Department). No escape and spends next two weeks in Psyche Services.

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One Weekday evening

After 1½ -2 hours of up to four police and one Sergeant, four Ambulance officers and one paramedic decide that our daughter is a danger to her family and the public. She is sectioned and transferred to the [REDACTED] Hospital Emergency Department (not Psyche Services!) at about 12.30am.

Two Police officers and two Ambulance officers remain with the patient until an Emergency Department doctor admits her. The four officers then return to complete their paperwork.

The family gets to bed after spending ¾ hour cleaning the mess.

No Clinician involved! The danger to her family and public is allowed to walk home alone.

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VIGNETTE***All times are approximate.******Full details – dates and names are available***

- 7.00pm Problems from meal time onwards and escalating
- 10.00pm Police called
Police call Ambulance and back up
One Sergeant and four police officers attend
Four Ambulance officers and one paramedic attend
Our daughter is sectioned as danger to family and public.
- 12.50am She is transferred by ambulance to ██████ Base Hospital
Two (2) Police officers and two (2) Ambulance officers attend her until doctor admits her.
- 6.10am We are woken by a key in our front door (both shocked).
My wife rang hospital thinking she had escaped (history of this).
Nurse at ██████ Hospital told us our daughter had been assessed as not psychotic by a clinician and discharged.
She walked home alone.
We were not notified – danger to herself, the public and to ourselves.
- 3.30pm Psyche Services find out, ring us and go into damage control. No one had assessed her.
The doctor had just cleared the emergency bay.**

Comments

- Sectioned patients should be admitted directly to Psyche Services – where there is appropriate care and competence. They should not go through general Emergency.
- Emergency Department, Ambulances and Police are tied up unnecessarily.
- Medical patients delayed and embarrassed. Psyche patients do not get appropriate care and lose privacy.
- Releasing her to walk home alone before 6.00am in poorly lit streets, without notification is not acceptable.

- There could easily have been a triple murder suicide that morning.

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VIGNETTE

ON ANOTHER OCCASION

Our daughter was an inpatient in [REDACTED] Acute Care for a few weeks. There was some concern that the drugs which she was given during her stay would cause some withdrawal problems after she came home.

When she was discharged we were advised to ring the adjacent Outpatient section of the Psyche Services at any time of the day or night.

During the following days, as the withdrawal took effect, her irrational behaviour and violence escalated to the point whereby we were frightened and unable to cope.

We rang the Community Outpatients at about 8pm one evening and asked for them to do an assessment at home (about two blocks from the facility).

We were told that they do not do out of hours home visits. We were told that they would try and visit her the next day.

What are they paid for – is it just to answer the phone?

We were left to cope or to ring the Police.

Next day they rang us, they knew nothing of her history, both from the Acute Care or her long term diagnosis.

Both Services are under the same roof and on the same floor – there is a brick wall between, yet no sharing of information.

- No advice of the imminent discharge and the possible need for help
- No common understanding of what services and hours each part provides
- A lack of competent personnel
- A lack of facilities
- A lack of finance.

Comments:

*Why take her to triage at the Base and waste all those resources?

*Why are sectioned patients not triaged at Psyche Services?

*Why no red flag on her long and frequent history?

*The [REDACTED] facility is too small

- *Why no holding facilities for women at [REDACTED] Police station (50% of population are women).
- *Many mental health patients should not be in prison.
- *1 in 5 have mental health issues – bigger percentage of prison population.
- *Spend less on prisons and just some on a mental hospital.

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VIGNETTE

A few weeks later

During the weekend our daughter shows signs of a downward spiral.

I did not ring the Outpatient service because the previous time I was told “they do not do out of hours calls”.

Monday:

I rang and asked for her treating Psychologist. He was not on duty on Monday, only Tuesday, Wednesday and Thursday. Our daughter continued to worsen.

Tuesday:

I rang again to again ask for a welfare check and two young clinicians – not the psychologist (he was busy) – attended. They rang me to say she was not psychotic and that they could not section her.

I told them that I was disappointed and that after 17 plus years both of us as parents could read the signs and that by the end of the week there would be trouble. They then agreed that they should have spoken to us before the welfare visit.

Wednesday:

Wednesday morning the psychologist rang my wife and asked her to be present when he attended that afternoon at 3.00 p.m. The psychologist and the clinician from Tuesday attended with my wife. He left, saying to my wife that our daughter was very complex and wished us good luck.

Thursday (April 4):

More damage. Police attend.

Friday (April 5):

More damage – more glass and windows broken.

Statement made, our daughter arrested for her own and for our safety and held at [REDACTED] Police cells over weekend until a bed is available at Psyche services.

Monday:

No room available at Psyche Services – no facilities to hold women at [REDACTED] Police cells. Our daughter is taken to [REDACTED] [REDACTED] [REDACTED] prison and held for 16 more days.

We furnish the unit we have purchased with \$300,000 of retirement funds. We move her clothes and belongings. Our family spends all day at court to support a bail hearing. I give evidence on behalf of her family to ask for bail which is granted.

Our daughter moves to unit.

Recommendations and Questions

*Service should be available at weekends and after hours.

*[REDACTED] is a major growing regional centre with a huge catchment area

*No detox facility, public or private, for sectioned patients.

*No psychologist on a Monday or Friday.

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- We do not have a facility with sufficient beds to hold anyone for a few weeks.
- There is no Police facility to hold women for any length of time – so the girls go into custody away from [REDACTED]
- The State has:
 - Women's hospital (Royal Women's)
 - Maternity hospital (Mercy, Werribee)
 - Children's hospitals (Parkville and Monash)
 - Trauma hospital (Alfred)
 - Eye and Ear Hospital (East Melbourne)
 - Cancer Hospital (Parkville)
 - Veterans' hospital (Heidelberg)

Where is the Mental Hospital?

- 250,000 people present to the ED with psychiatric disorders each year in Australia.
- The average wait time at an ED for medical issues is seven hours.
- The average wait time at an ED for people with psychiatric disorders is eleven hours.
- Most psychiatric patients have no insight into their own conditions so they self-discharge without any treatment.
- In those 25 and under in Australia the numbers presenting at ED for psychiatric disorders has jumped 46% compared with a 13% jump for physical conditions.
- [REDACTED] population is projected to double but we still have insufficient facilities, insufficient money nor clinicians to cater for this projected growth.

***Most prisoners have a dual diagnosis
We build prisons but no Mental Hospital***

All of the Key Players do their best in spite of the system.

But the system itself destroys people's enthusiasm and frustrates patients and carers alike.

It leads to burnout and cynicism and in many cases exasperates the mental illness it is supposed to heal.