

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

Organisation Name

N/A

Name

Mr Paul Hadden

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

"Shift the focus of Mental Health from treating singular problems to improving the quality of life overall. This makes every person a stakeholder in mental health issues, as every person will benefit from improving their quality of life."

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?

"Improving access to services, integrating service pathways beyond the hospital system. GPs should add alternative medicine and health and wellness initiatives to their system of referrals and recommendations."

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

Ending prohibition of recreational and therapeutic medicine. Safeguards against abuses of the Mental Health Act to force treatment that has an overall negative impact on an individual's mental health.

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.

"Access to recreational and therapeutic medicine that is currently considered illicit or under prohibition, including cannabis. Opens up a wider range of treatment alternatives that are often safer, healthier and more effective than pharmacological alternatives that GPs and Psychiatrists are restricted to offering. This will shift the focus from stopping and imposing abstinence usage, but instead to engage in best practice safe and healthy administration."

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

"Discrimination, vilification of some illicit drugs and drug users. Public attitudes need to grow past the drugs are bad, just say no and war on drugs mentality to carefully begin to utilise them as the useful tools for achieving better mental health and improving quality of life by removing the black-market ecosystem from their supply chain. The Mental Health system in its current state funnels patients on Assessment Orders or presenting at GPs through to being prescribed some sort of pharmacological medication. Even if this is not wanted by the patient and there are too few real alternatives available. Better community-based care that can treat and support people in their homes and communities and provide information and referrals with wellness and fostering a healthy lifestyle in mind as opposed to simply managing medication prescribed."

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

them?

"Legal and Independent advisers to help navigate the system, advocate for patient rights and interpret the Mental Health Act. Too few law firms can provide urgent support when Assessment Orders are in their first 24 hours."

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

"When the mental health system is better equipped and resourced, it will manufacture positive outcomes. This will lead to it being viewed as a more rewarding job."

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?

"Better integrated services, especially with Centrelink and providing financial support and government sponsored events and initiatives."

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?

"A patients right to refuse treatment. Safeguards against the Mental Health Act being used as an arm of family violence and applied oppressively and suppressively against individuals. Decriminalising cannabis and a range of other useful drugs currently prohibited, that have positive mental health applications."

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

"Avoid using the diagnostically lazy conditions of schizophrenia and drug-induced psychosis, instead try to understand the real and extenuating life circumstances an individual is being challenged by. Heal by creating wellness, not subjective normality."

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

"It has been reported in the media that schizophrenia is misdiagnosed half the time. I am a person who is of the half that has been misdiagnosed with schizoaffective disorder. The damage that has done to my life is tremendous. I am calling on the Royal Commission to recommend that there be a person's right to refuse treatment into the existing mental health act. Especially when treating conditions that are subjective enough to allow misunderstandings and family disputes to result in the trauma, stigma and imposition of involuntary admissions placed on any individual. In my experience, my life has not improved due to treatment given, the supposed benefits given as justification for involuntary admissions into psychiatric wards and the ongoing administration of antipsychotic and mood stabilising medication did not manifest. That treatment made me feel worse, suffer damaging side-effects and rendered me incapacitated of my full potential. In 2001 at the age of 19, I was malnourished, exhausted, sleep deprived from working multiple conflicting jobs being a nightclub worker involving late nights and 2 cleaning jobs that require early mornings. The cleaning jobs had recently been lost and I was the last left remaining in a house rented with friends when I was 18. I presented to a GP with my father and voluntarily sought an admission. My preference was to stay a night my father and step-mothers. At triage of [REDACTED], [REDACTED] I stated I did not want any medication until the morning where it could be discussed after I had some sleep and food. After I had fallen asleep, I was administered a large dose of antipsychotic

medication, without my consent. It put me in a vegetative state, unable to talk, move, control bodily functions, I was unjustly incapacitated without the opportunity to rationally discuss my health and situation with treating staff the next day after I had had all that I needed, a good nights sleep and some nutritious food. 9 This action and ordeal destroyed my life. 2016 when I brought my grievances about my 2001 experience to [REDACTED], I attended an appointment that I was led to believe was to discuss the matter but instead was Involuntarily Admitted to the psychiatric ward again. This caused me to take unpaid leave from my full time job at [REDACTED], adding strain to a stressful work situation I was dealing with and caused me to miss a scheduled meeting with the CEO and other c-level management about a blockchain/cryptocurrency related special project I was seconded to one-day a week for several months. Despite my insistence at no antipsychotic medication I was still forced to take Latuda, of which I had painful side-effects including restlessness and severe anxiety. These side-effects persisted with no benefit or positive impact to my mental health, the experience has horrible and unnecessary and should not have repeated the incorrect treatment for the historical diagnosis I disputed then and still dispute today. 2019 a second involuntary admission that referenced the historical misdiagnosis, the details of which are currently subject to a complaint being made to the Mental Health Complaints Commissioner (2019/00463). Even with an advance statement requesting no antipsychotic medication, that was the treatment given. It again caused painful restlessness and adverse reactions, and side-effects that incapacitated me. Along with the trauma of hospitalisation. Since I have ceased that treatment I feel better and responding much better to treatment for PTSD, the condition that I have claimed to be afflicted by during the entire ordeal since 2001. There needs to be safeguards to prevent mistreatment based on misdiagnosis from conditions that are determined with such a high degree of subjectivity and can be manipulated and used as an arm of family violence. Unless the patient being assessed has acted physically violent or hurtfully abusive, no person should be denied the right to refuse treatment or hospitalisation. I should not have to live in fear that my disputed medical history can be used at any time in conjunction with exaggerated concerns, family disputes, communication difficulties and misunderstandings to result in involuntary admissions to hospital under the mental health act, an area of law with very few advocacy and accessible legal support."