

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

SUB: 0002.0028.0008

  

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

"-Training for all emergency services with what language and signs to look out for and how to be human and sensitive towards some situations. Is anyone present? -Ensure that it is clear that mental illness affects all demographics, it does not discriminate"

## 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?

"Having CAT team visits post hospitalization, this should be a standard procedure for all voluntary and involuntary patients. Prevention is a case of awareness, ensuring all people know their rights clearly and that writing an Advanced Statement' is equivalent to writing a will whilst you are alive in your right mind. "

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

"-Starting NOW: Early intervention through Primary and Secondary School, periodic psychological assessments, with childhood psychologists for ALL students in Victoria. Not just at risk groups' as mental health should not be discriminated to any particular"

## 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.

"-Have more transparent conversations; just as Alcoholics Anonymous have a community and share space so should those that need connection to prevent isolation and loneliness. Each council should run reach out groups whereby family friendly sessions are created to bring the community together for mental health mitigation. "

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

"-This question is very inappropriate. What research has been done to show drivers as to any particular mental health outcomes? Perhaps this should be done without prejudice. I have witnessed facilities in the Northern Suburbs, let's assume that the typical"

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

"Given a family case worker that is trained in knowing what services are accessible and ensure clear communication is maintained, including specialist working with children of the family. "

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

Have more employed to share the load and ensure they themselves have enough mental health and well being days and access to services they require.

**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 have not come across or been told about any.

**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?**

"-The mental health act allows for anyone to be diagnosed and restrained and detained and imprisoned in hospital. This is created in such a way for random humans on the street to be taken to jail or equivalent a mental hospital. Being inside the walls aga"

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

"An advanced statement' (legal document) should be known by everyone in Victoria and form part of everyone's identification. Just as an organ donors wish or someone who may need reassessing to be able to drive a car, mental health is the equivalent. "

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

"I'm am a 33 year old female, happily married for 8 years with a 6year old son and 3 year old daughter. I am a Melbourne University Graduate of Food Science and have been working in the industry for 10 years and have not been back to full time work since having my daughter. I spend my 2hours of weekly free time volunteering at the local hospital since April 2018. I saw my mother have a mental breakdown' (post attending a course her sister/my aunt signed her up for) and be locked up in an inhumane way at [REDACTED] when I was in primary school. I had to grow up quick during that time and felt the need to support and care for my mother. And there was no type of support for my brother and I. During my first year of university my brother, 24 at the time, had a first episode of naturally induced psychosis'. A family history' you might discriminate. During the first week of February 2019 my brother came to stay over with me and my family, he was going through a rough patch during this time. My mother was quick to hospitalise him against his own will, and I fell into a state of trauma. I was not sleeping well, I went to my GP and had an assessment he prescribed me some melatonin and drew up a mental healthcare plan for me. A week or so into taking melatonin, my aunt called 000 under direction of the psychiatric triage as they could not gain contact with me. She was claiming I had post-natal depression 4 years ago and that I had taken my children to the beach in their pyjamas at 0700 and that I had been behaving strange (Notes from my FOI request from [REDACTED]). These are all false allegations that were not cross checked with my husband nor family that had spent the day with me and who were present at the time. NB: I have been professionally assessed for post natal and was and am not. Police and ambulance arrived to our home, followed later by 1 MH assessor. Within a short amount of time after their arrival, I was grabbed by police in front of my screaming children to get thrown into an ambulance and put to sleep while my 6 year old son looked on. There was no conversation with my husband and kids, no time or care was given to be human' with each other. I felt like I was typecast as some dangerous drug addict who needed to be tackled on the street, even though it was clear on my report that I was harmless. I was taken to hospital against my will. My phone was taken off me for a several days, during which time I couldn't speak to my

children. Also, I was not permitted to be visited by them in the two weeks I was hospitalized. There was no real care given even though I consistently asked to go home and expressed my concern about the trauma for my children. Still to till this day (documented many times through my FOI). After the first 48 hours of my hospitalisation, I was told that I was under the Mental Health Act, and that I was required to stay. I spent two weeks at [REDACTED], during which time I was bullied by some staff. My only support was the Independent Mental Health Advocacy (IMHA) service. I was discharged as an involuntary patient with a hearing 3 days later that was rescheduled to 5 days later and then I had the order lifted immediately without a hearing by my second great support of the Triage that visited me at home. I acknowledge that some people may have a positive experience with the system', however in my case, it did not assist me, and it was very hard on me. I feel it has exacerbated my situation and given me PTSD. My one wish for as long as I can remember, was to not repeat history, but has now lived out on my children. My upmost priority has been my children's recovery from this ordeal. But there has been absolutely no resources or assistance with this from anyone. I have exhausted all avenues. I was handballed to a dead end website of [REDACTED] which has information sheets and no human contact phone number, I have spoken to [REDACTED] who offered some Zoo tickets. I have explored every other avenue provided to me, and have been waiting on [REDACTED] since May 21st to organise an officer to come and be human to my children and rekindle their experience upon my request, as my children fear me getting taken away every other night. I have been encouraged by many to share my story and experience, as I am articulate' which is sad to hear. So here, I hope that no family, articulate' or not has to experience this trauma from the mental health system. This is why I am reliving my trauma in writing this experience, as there has been no other opportunity to share it at the Royal Commission held at [REDACTED] which I attended. Basically, I hope for humanity, and to not be so cruel to each other. I hope that all emergency services are trained in how to communicate during a crisis' situation, to ensure 2 people from the [REDACTED] assess the situation based on FACTS and know how to work with children. Support for families during and after hospital. I have tried to find families in similar situations to gather together and support each other, there is no such network. I am lucky to be able to live for my husband and children. I fear the morbidity for those without any support network. To be able to have all councils hold a monthly mental health day would be achievable to improve positive community connections and decrease loneliness. Furthermore, Primary and High School Mental Health and Wellbeing programs. All Victorians should have an Advanced Statement' in hope for a reduction of suicide rates. "



## Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system.

The 11 questions set out in the formal submission cover those themes. There is no word limit and you can contribute as many times as you like. Attachments are also accepted.

You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish.

To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further.

You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc.

These are the questions that you will be asked:

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?
  - Training for all emergency services with what language and signs to look out for and how to be human and sensitive towards some situations. I.e Are children present?
  - Ensure that it is clear that mental illness affects all demographics, it does not discriminate. Taking a Mental Health Day is much more important than declaring the AFL grand final and the Melbourne Cup a Victorian Public Holiday. Just as comedians can declare a 'national sickie day' I'm sure that announcing a national Mental Health day for all 'able-bodied' people.  
<https://www.bandt.com.au/campaigns/nearly-100k-aussies-pledge-to-chuck-a-sickie-for-the-chasers-national-sickie-day-campaign>

2. 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?

Having CAT team visits post hospitalization, this should be a standard procedure for all voluntary and involuntary patients.

Prevention is a case of awareness, ensuring all people know their rights clearly and that writing an 'Advanced Statement' is equivalent to writing a will whilst you are alive in your right mind.

3. What is already working well and what can be done better to prevent suicide?
  - Starting NOW: Early intervention through Primary and Secondary School, periodic psychological assessments, with childhood psychologists for ALL students in Victoria. Not just 'at risk groups' as mental health should not be discriminated to any particular socioeconomic locality.
  - **Psychiatrists** to be subsidised on the mental health care plan not just Psychologists
4. 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.

- Have more transparent conversations; just as Alcoholics Anonymous have a community and share space so should those that need connection to prevent isolation and loneliness. Each council should run reach out groups whereby family friendly sessions are created to bring the community together for mental health mitigation.
5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
- This question is very inappropriate. What research has been done to show drivers as to any particular mental health outcomes? Perhaps this should be done without prejudice. I have witnessed facilities in the Northern Suburbs, lets assume that the typical discriminations apply: financial pressures possibly due to gambling, drinking and drugs. Make gambling less accessible, educate Primary school children about drugs and alcohol. Now, lets just make assumptions as to what sort of people belong to the East and South.
  - I do not believe that 'some communities experience poorer mental health' perhaps they do not have the family support compared to other communities, perhaps they use other states or countries drug detox centres as Victoria is at capacity (as per very good family friends of mine did with their ice addicted child).
  - For my family we pay \$249 monthly for private health, however I was put into [REDACTED] without any private options to me, there are many variables which can only be explored when someone is given time to discuss their situation.
6. What are the needs of family members and carers and what can be done better to support them?
7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?
8. 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?
9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
- The mental health act allows for anyone to be diagnosed and restrained and detained and imprisoned in hospital. This is created in such a way for random humans on the street to be taken to jail or equivalent a mental hospital. Being inside the walls against my will I was almost harmed 3 times, by 3 separate, violent patients. A mother of 2 does not belong in an environment like this. Think about what you would like for your own family, think about how you would feel if your wife or mother to your children, was taken out of your family home by this law that allows for this. Educating the emergency services with how we need to communicate to each other would be an ideal beginning. Ensuring 2 mental health workers always come to cross check each other.
  - Primary and High school education for wellbeing and mental health. Psychologists and psychiatrists be available for a yearly assessment, and school counselling in all schools.
  - A National Mental Health day, incorporated into Moomba / 'Labour Day' with a name change or 'Mental Health Day'. As an [REDACTED] we never were declared 'Labour Day' as a non-university day as "we are not labourers"! We are academics. Creating inclusivity in our society and ensuring that we know we are all equals would simply be ground-breaking.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

As above.

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

I'm am a 33 year old female, happily married for 8 years with a 6year old son and 3 year old daughter. I am a Melbourne University Graduate of Food Science and have been working in the industry for 10 years and have not been back to full time work since having my daughter. I spend my 2hours of weekly free time volunteering at the local hospital since April 2018. I saw my mother have a 'mental breakdown' (post attending a course her sister/my aunt signed her up for) and be locked up in an inhumane way at [REDACTED] when I was in primary school. I had to grow up quick during that time and felt the need to support and care for my mother. And there was no type of support for my brother and I. During my first year of university my brother, 24 at the time, had a first episode of 'naturally induced psychosis'. 'A family history' you might discriminate.

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