

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

## Organisation Name

N/A

## Name

Mr. Reg Murray

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

I suffer from bipolar disorder and am a survivor of a very serious suicide attempt. I have written a paper about prejudice in the society against the mentally ill which has been posted on the Civil Liberties Australia website and which I hope to attach to this submission.

### **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?**

"Frankly I doubt from what I see in the press that anything is "working well" at present. Having been twice detained in the then psychiatric facility ██████████ as an involuntary patient I have serious concerns about the 2014 Victorian Mental Health Act. I was grossly maltreated in ██████████ and I attribute the forced injection of the drug flupenthixol there directly to my attempted suicide when I was released. What went on in ██████████ in 1995 had nothing whatsoever to do with the correct diagnoses and treatment of mental illness. From what has been reported in the press in recent times the subjection of inmates under the 2014 Act is still being abused particularly the deeming of people of being "unable to consent" and then authorities consenting on their behalf. In ██████████ the staff had an all embracing proprietorial attitude to inmates "we were their patients" and they considered that they could do what they liked to us. Where inmates have mounted cases in court against the 2014 Act I have seen health professionals presenting with the same "proprietorial" attitude. In summary I consider that the State Mental Health Acts have been framed with a 19th century approach to mental illness."

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

"Again I do not think that anything is "working well". I am absolutely passionate about the prevention of suicide but I do not consider that I have any answers. I saw a recent proposal that psychiatrists be embedded in State Secondary Schools. This I consider to be a most excellent proposal and every effort should be made to carry it through. It would de-mystify psychiatry to young people and would almost certainly lead to early intervention in mental illness amongst such people. I see early intervention as the only hope in reducing the suicide rate."

### **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.**

The clue to treating mental illness is to give the sufferers insight into their illness. Something which was totally lacking in ██████████. I have a neighbour who has been experiencing severe depression. Just in the last couple of days she came to my wife and I and said with delight that she will be seeing a psychiatrist. It was her GP who persuaded her to do this at last and clearly GPs must play a key role in their patient's mental health.

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

I do not have an answer to this.

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

My family suffered terribly during my five year period of severe mental illness. The worst problem for them was that they had no comprehension of what I was suffering from. It was only after having had dealings with no less than 12 psychiatrists during that period when I came to one who correctly diagnosed and treated me that I gained insight into my illness and through that psychiatrist also my family gained insight. Clearly it is most important that family members and carers also be given insight into the illness of the patient.

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

I suppose again the de-mystifying of psychiatry. I now know that the first psychiatrist who treated me (and did so for three years) is an utter charlatan who is still practicing. Such people must be identified and weeded out.

**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?**

As I have said in my submission there is still massive prejudice against mental illness and there always will be. I have been mentally well now for 24 years but I still experienced such prejudice only a couple of weeks ago amongst people who have known me for years. Tell people to keep their mouths shut about their illnesses and they will find opportunities.

**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?**

Early intervention. De-mystifying psychiatry. Consideration of the 2014 Mental Health Act provisions for compulsory patients.

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

I cannot add to the above.

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

I cannot add to the above.



## Society's prejudice makes mental illness worse

---

 [cla.asn.au/News/societys-prejudice-makes-mental-illness-worse/](https://cla.asn.au/News/societys-prejudice-makes-mental-illness-worse/)

April 16,  
2019

*By Reg Murray\**

I suffer from bipolar disorder. The onset occurred in mid 1990 when I was 47 and took the form of a severe psychotic episode.

This was followed by three years of severe depression and then a series of depressive and psychotic episodes culminating in a suicide attempt on 13 Sept 1995 which should, by all the rules of electrocution, have been successful.

I was initially diagnosed as a schizophrenic and then as a paranoid schizophrenic. There was some excuse for this because there is a considerable overlap in the symptoms of schizophrenia and bipolar illness and sometimes only a diligent psychiatrist can diagnose the difference. I got into the hands of such a psychiatrist after the suicide attempt and he brought the illness under control.

It has been almost fully controlled with the drugs olanzapine and sodium valproate since mid 1996. Since then I have suffered no depressive or psychotic episodes: however I continue to experience what I call "normals" and "highs". The highs are characterized by enhanced motivation and a tendency to be a "smart Alec" but I have learned to hide these, particularly from my wife who is terrified that I might slip back into major mental illness.

So from mid 1996 to the present – 23 years – I have lived a normal working life (I still work part time at age 75). During that period I have "come out" as a bipolar sufferer to just three people, all work colleagues, two being medical doctors and another a trusted person.

### **Major life step**

The reason for such a small number of people I have confided in is that I believe that, now that homosexuality has become much more widely accepted, it is a much more major life step to "come out" about suffering from mental illness than to "come out" as a homosexual.

This, I believe, is due to prejudice against mental illness.

I think that the reasons for this prejudice are various forms of fear. Firstly the fear that mentally ill people are dangerous, particularly schizophrenics. In the case of bipolar very few people in normal society have any idea of the forms it takes. All they know is that it is “a mental illness” and, again, that mentally ill people are dangerous or may behave in strange ways.

One time when I was locked up in the [REDACTED] Psychiatric Facility I struck up a conversation with a schizophrenic girl also in there. We were all “nuts” of one sort or another so the two of us were on completely neutral ground. I asked her about the voices which she heard in her head from time to time and the things which they drove her to do.

So there we were, for an instant, a completely normal girl talking to a completely normal guy who was greatly interested in the manifestations of mental illness which were happening in the girl’s head. If she had been outside relating to some John Citizen she would have been “one of those dangerous schizos who murder people”.

The other fear people have of the mentally ill is the fear of infection. As with HIV-AIDS, there is absolutely no actual risk of catching the illness. But regular people have no comprehension of what it is like to be mentally ill and have a phobia that they might develop it or, already, unknowingly, be suffering from it.

There is a strong tendency to view the mentally ill as being incapable of normal rational thought. This is even prevalent amongst mental health professionals. When I was growing up we had neighbours who dedicated their lives to caring for an appallingly crippled girl with cerebral palsy. I have to admit that I was disgracefully prejudiced against that girl. I thought that the parents were wasting their lives and that the daughter should be consigned to an institution to die.

I now know that inside that twisted, contorted body was a perfectly normal human being in a nightmarish trap and that the parents did, in their way, communicate with her. The same applies to the mentally ill.

### **‘Informed consent’ questioned**

Under the Mental Health Act the regulations with respect to compulsory (involuntary) patients state that they must give their “informed consent” to treatment. The Catch 22 is that the rules also state that if the authorities deem the patients incapable of consenting the authorities can consent on the patient’s behalf.

Back in my [REDACTED] days there was not the slightest pretence of “informing” or seeking “consent” – if you argued with them they held you down on a thin foam mattress on the floor and stuck a needle into you (an exercise which one quickly learned was not worth the trouble).

It seems that under the “new” 2014 Act that closer attention is given to “consent”, but in the past year the supporters of three patients have been to the Supreme Court seeking to vary their treatment where the patients have been deemed to be not capable of consenting. In one a young schizophrenic man was seeking to have more say in his medication doses, in the other two the patients did not want to be subjected to multiple doses of ECT treatment.

I don't know what happened in the first case but in the second the Judge ruled that the patients, even in their ill state, were capable of informed reasoning and refusing to allow them to make the decisions contravened their civil rights. In both cases the judge banned the treatments.

So, without a doubt, there is massive prejudice in the community against the mentally ill. The treatment of mental illness progresses in Australia in fits and starts but I believe that the prejudice will always be there.

\* Reg Murray is a CLA member who keeps a close watch on mental health issues, particularly in Victoria. 190416

ECT: Electroconvulsive Therapy