

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

SUB. 0002.0020.0171

Name

Anonymous

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

"I am [REDACTED] submitting these information of complaints on my mother behalf [REDACTED] [REDACTED], who was detected in 2005 with mild degree of dementia when mum was taken to see a GP by my brother [REDACTED] or sister [REDACTED] and referred for assessment. Mum said her assessor spoke English and translator with improper Cantonese that made her hard to understand and answer question. This was used as actually family abuses that had been planned by [REDACTED] and [REDACTED] to make mum in inappropriate way and unknowingly to sign POA to take financial advantages from bank account and mum half share of a house in [REDACTED] Camberwell. They understood once a person diagnosed as dementia would be difficult to change POA and other arrangements. These became obvious and aware to me and my elder brother [REDACTED] after accidental fall by negligent of [REDACTED] on one going out occasion. [REDACTED] and [REDACTED] sent mum to a cheap nursing home and not letting mum to return after fully recovered. Since mum pleaded to me and [REDACTED] for helps to leave nursing home and go home, [REDACTED] contacted Senior Rights, then the advocate visited mum to understand the complaints. Since the nursing home office refused to provide POA legal document with details, the advocate recommended to have an assessment by a Geriatrician and [REDACTED] it made as new proper legal OPOA of mum by a lawyer. After becoming OPOA [REDACTED] started investigating mum's ANZ bank account and found substantial savings moneys were misappropriated. At the meantime [REDACTED] immediately applied to VCAT to revoke [REDACTED] OPOA and Intervention Order to stop [REDACTED] to contact mum. The intervention Order with false statements was revoked since mum did not aware and approve [REDACTED] to do so. For the case of revoking OPOA shown the clear intention of stopping further investigations into the abuses, VCAT referred to Public Advocate to have another assessment and make a report. Mum liked to have a lawyer to represent her and personally appeared at VCAT to have [REDACTED] as preferred OPOA and listed out her whole own story and the abuse. VCAT immediately rejected the lawyer engaged by [REDACTED] on mum's behalf. Although mum had pointed out clearly to [REDACTED] at the hearing when asked whom she liked to be her OPOA, but the order was put to Public Advocate as Guardianship and State Trustee for finance matters, a typical way to settle family disputes and for her best interests. There were some important issues in these incidents: 1) Family violence and abuses, this is a typical case that children set parents up as dementia to rib off the savings and property assets; intentionally or negligently make falls to harm. 2) The basic human rights of a disable were not respected. As a 92 years, some current recent memory may deteriorate and not as good in assessment, but mum still has very sound mind, communicate well with people and had a recent assessment by Geriatrician Dr. [REDACTED] as able to make decision for her OPOA. Dr. [REDACTED] ""After years of training and working as Consultant Geriatrician in public health system, special areas of interest in: Cognitive Assessment and Dementia Management Elderly Falls Assessment and Management General Medicine in Older Persons, Hospital Affiliations"". Why her basic to speak for herself, to have lawyer and to make her own decision were not respected and allowed to do so? 3) I contacted Senior Rights to seek for

representation for mum in final hearing but was refused and stated Public Advocate and Vcat are appropriate to make decisions; Public Advocate seemed to only acted for and prepare the VCAT basically on issue of revoking the OPOA. All the proceedings and parties have not really looked into the core problems of family violence and disability abuse issues. This is a very dangerous and sad situation for vulnerable elderly that can be make used by own children through POA issue and legal system to get ride off parents and ripoff their hard own savings and assets and dump into nursing homes. 4) The VCAT order was made in May 2019, but nearly 2 months until today no one appointed by VCAT as guardianship from Public Advocate and trustee to look after mum. I am living in interstate or overseas, the only frequent visitor to mum is still [REDACTED]. Is this the proper way just to settle the application of revoking OPOA, in particularly the applicant [REDACTED] had conflicts of interest and records of application for Intervention Order with illegal false statements. 5) How can the system be improved to support and prevent the abuses to the elderly, particularly from non English back ground and prevent these happen? How to follow up looking into and recover money and assets, once a third party is appointed as guardianship and trustee and how to monitor their efficiencies, progresses and satisfaction? Mum is now staying at Blue Cross Box Hill, unfortunately experiencing flue outbreak and limiting non urgent visitors. However, it is the best way to find out the abuses and truth directly from the person, but need to be an Cantonese speaking advocate or with a proper translator. The VCAT order and Public Advocate report are not appropriate to be attached without permission. I have attached my statements send to VCAT with details for reference. "

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?

N/A

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

N/A

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.

N/A

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

N/A

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?

N/A

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?

N/A

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?

N/A