

## Royal Commission into Victoria's Mental Health System. SUB.0002.0016.0065

### My Story

I have two daughters who have been diagnosed with mental illness, one 44 years old, who was diagnosed with Bipolar Disorder Type 1 in 2003 when she was 28, and her younger sister who was diagnosed with Paranoid Schizophrenia in approximately 2011 when she was 33.

I'll call our daughter with Bipolar Disorder, Debbie, and her younger sister Sharon for the purposes of this statement.

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#### **Debbie:**

Debbie's initial diagnosis occurred interstate when she was pursued by police after failing to stop when caught using a mobile phone while driving. Police pulled her out of her car when she stopped at a red light. She was suffering a psychotic episode, believing she had to drive to her friend's work and 'save' her – from what, we don't know. Also, that the police were part of some 'gay games' and that the 'chase' was all part of the fun! Subsequent to her arrest she was given a raft of charges, despite being hospitalised immediately afterwards and kept in a locked ward for some weeks. Blood tests showed no alcohol or drugs in her system. Once released from hospital into my care, she returned temporarily to Victoria where she consulted with a psychologist; the psychologist wrote an extensive report detailing Debbie's mental condition, recommending her exoneration and dismissal of charges. The psychologist was astonished that prosecution continued, saying that she had never before had such a report ignored in Victoria. Police prosecutors continued to hound her once she returned interstate in order to proceed with her university studies. In her fragile mental state, our daughter eventually insisted on pleading guilty just to get the whole process over and done with – it was over six months since the original charges, and having the charges hanging over her was having a detrimental effect on her wellbeing. We, her parents paid for a defence lawyer. The proceedings were before a magistrate who was sympathetic, and whilst he had no option but to call her guilty, and impose fines, as she had pleaded guilty, he called all the convictions 'spent convictions' so that she wouldn't have a record. Sadly, the police prosecutor then jumped up and declared there was a mandatory six month's licence suspension for one of the charges. **This had a devastating effect on her mental wellbeing.** I was so angry and disgusted with that prosecutor! No thought given to her illness, to her good character etc. Losing her freedom to drive made life very difficult for her and encouraged depression.

**For someone with absolutely no police record, it was ridiculous that the prosecution was proceeded with, given the medical evidence from the local hospital and the Victorian psychologist's report.** One factor that made our daughter want to plead guilty was that the police were insisting that she saw their psychiatrist; for Debbie the idea of seeing yet another professional to discuss and relive her psychosis was most distressing. It was as if they believed she had made it all up. They were determined to prove that she was on drugs and drinking, although there was no evidence of either. The whole experience was also very costly, as I had to fly interstate several times to support her, plus there was the cost of the lawyer.

A major ongoing effect of the charges was that one charge, "Resisting arrest", did not count as a 'spent conviction' – it continues to appear on her police record. This is something to do with a legal difference between other states and Victoria. PLEASE, THIS NEEDS TO BE CORRECTED! This depressed her for a long time until she recovered enough to make light of it and pretend that she'd been in a student demonstration.

Subsequent to that first hospitalisation at the local hospital in another state, our daughter experienced psychotic episodes requiring hospitalisation overseas, in Melbourne and a different interstate hospital, but careful self-management has avoided such episodes for about eight years.

**My complaint, and hers is:** that despite her history of multiple psych unit admissions, **there has been no compulsory follow-up regarding her mental illness** – any treatment or management has been self-directed. Yes, she takes medication regularly, and knows that her lifestyle needs to be regulated for her to avoid further psychotic episodes and hospitalisation. Surely there should be at least five-yearly reviews – safety of her child, and safety of the public is at risk here.

**My request is to have continued involvement both legally and medically of the carers** – in this case this is her father and myself. We have expended many thousands of dollars over the years in lawyers, air fares, etc. as well as in paying off credit card debts that Debbie could not service.

Legally we had no way of preventing our daughter from leaving the country when we knew she was too unwell to function efficiently. She did manage ok for nine months, then had a breakdown in overseas resulting in her losing her dream job as a tourist guide. It was an expensive and distressing time for all. There needs to be some sort of legal guardianship once a person is diagnosed with a lifestyle-destroying mental illness.

**Banks need to be made responsible** for issuing credit cards to people such as those with Bipolar Disorder, a feature of which is unrestrained spending. I went into our daughter's bank to ask them to lower her credit limit, but due to privacy concerns have no idea if they took my pleading seriously.

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**Sharon:**

To have a second daughter diagnosed with a severe mental illness was a big blow to us and being older we were less resilient. Paranoid schizophrenia is much more difficult to understand than Bipolar Disorder.

In the approximately 8 years since Sharon's diagnosis, she has had 2 admissions to the psych ward at the local hospital and one to the psych ward at another hospital, as well as one suicide attempt. During this time, she has been on two treatment orders, the initial one for six months and the second one, after an interval of time, for about eighteen months. Each time she has indicated willingness to comply with oral medication regimes once she has been discharged from the treatment order and its requirement for monthly injections. And EVERY time her behaviour has deteriorated, so that it has been clear to us, her parents, and to her sister, that she has not been taking her medication regularly. When challenged, she vehemently denies that she is not on medication. **Where are the reviews of her, and the consultations with her parents?... non-existent.**

The second time Sharon was on a treatment order, I was rung by a doctor from the designated mental health service and asked my opinion about whether she was ready to be discharged from that order; although ambivalent about it, I knew that she desperately wanted to be off the order, and that she was responding well in daily life and interactions with family, plus she seemed to have the right mindset re seeking employment and continuing to take oral medication. **She was discharged from the treatment order...and that, apparently was that, no formal arrangements about reviewing the situation with me or anyone else.** She was out of the mental health system, apart from any consultations of her own volition, despite her suffering from a severe ongoing and life-threatening mental illness. FOR HEAVEN'S SAKE, THIS IS WOEFULLY INADEQUATE! I, as her mother and the one most concerned for her welfare, am desperate and cannot adequately function in my normal life. I also have many medical conditions that require attention – diabetes, angina, high blood pressure - that cannot receive sufficient attention due to the worry about my daughter.

**I have consulted with her GPs, but not much changes.** She has been unable to obtain employment, (apart from a part-time job for about six months) for several years, despite multiple applications. We subsidise her to the tune of \$500 a month, yet she is always in debt, has soured many friendships by borrowing but not repaying loans, and micro-manages every tiny aspect of her life to an obsessive and very annoying extent. She also suffers from OCD. She is also very critical of most other people she meets. A well-meaning and lovely person has turned into a sniping unpleasant being who cannot be relied on to follow up on any arrangements, even when she has made the arrangements. **Our daughter desperately needs treatment, but the only way that will happen is for her to make a suicide attempt or have a breakdown.** Why do matters have to get to a crisis point before any action can be taken?

**The desperation I feel has led to me having a Mental Health Plan for myself,** with 10 psychologist visits to help me cope with the situation. A decent annual review of Sharon's condition, with involvement of the parents, would have ensured a better outcome than this. With a treatment order in place, NDIS funding to allow her access to choir practice etc. (she is frightened to go out after dark, and doesn't have a car), plus a review of her finances to ensure she applies for rent subsidy from Centrelink would assist her finances greatly, as would approval for a the Disability Pension. However, as she, like many schizophrenics, doesn't accept that she is sick, we can't even mention any of the above.

When Sharon was first diagnosed, her case worker near where she then lived, was very much in touch with Sharon's condition and attitudes, and we had every confidence in her. However, living in the flat where she'd suffered the psychosis was distressing, and we all felt she'd be better off living closer to her parents and sister. Sharon was able to obtain a flat share in a suburb nearer to us, but that meant she had to change case workers because she was living in a different catchment area. She was assigned to a new designated mental health service, but that never really worked out, and she never developed the rapport with her case workers like she'd had at the other service. **THIS RIGID DEMARCATION OF MENTAL HEALTH SUPERVISION AREAS IS DISTRESSING AND DISRUPTIVE TO ONGOING MENTAL HEALTH SUPERVISION.**

One time, when Sharon was clearly going badly downhill, her sister picked her up from a park a long way from her home, where she was obsessively collecting bags of rubbish, and was in a dishevelled state. Her sister gave up a day's work to go and collect her (I was recovering from a knee operation) and took

her to her new designated mental health service, pleading with them that she needed urgent medical intervention. So what did they do?...bloody well believed Sharon that she was ok, could manage herself and that she would take her medication. As if! Her sister was disgusted after all the effort she'd made to get her to medical assistance. Sharon came to stay with me, was very agitated during the day, and by the evening was threatening to jump off the 10<sup>th</sup> floor balcony in preference to "being skinned alive by ???"...whoever it was that she thought was pursuing her.

**I rang the CAT team, only to be told they couldn't come out, there was only one person on call, and he couldn't come at 10pm.** He advised me to take her to Emergency. Wow, what a spectacular fail for both the local service and the CAT team. Somehow, I got her there, a combination of persuasion and yelling, as she tried to get out of the car several times. She was subsequently admitted to the psych ward at the hospital, remaining there several weeks and being put on a treatment order. For me, as a carer, this was a horrible experience, not being physically well due to my knee operation, and with my husband working over in Tasmania. If the local mental health service had taken her situation seriously earlier in the day this whole episode would have been easier on everyone, Sharon included. Far too much weight is given to the mentally ill patient's rights, when they are not in a proper condition to make any decisions.

**A further complaint is,** that no matter how often I have asked supervising authorities to seek the opinion of Sharon's sister, who has great insight into Sharon's situation as well as loving her dearly, Debbie has never yet been contacted for her opinion. Debbie has been to the depths with her bipolar condition, now well managed, and desperately wants her sister to avoid the damage that mental illness can cause.

Over the years, whenever one of my daughters has been hospitalised, I have pointed out to the medical staff that both daughters are highly articulate and have had drama training, and advised the medical staff not to be taken in by their attempts to leave hospital early, as otherwise they will act their way out of a locked facility. And this makes no difference. **They are still discharged before they are ready,** apart from the instance overseas where the institution would have kept Debbie for weeks if not months, but it was too difficult and too expensive for me to remain over there and I couldn't leave without her.

**My main recommendations are:**

1. Rights for carers needed, legal powers to be able to enforce adequate treatment for their adult child
2. Regular mandatory reviews, with parent/carers input, for all mental health patients once there has been a history of 2 or more psychiatric ward admissions.

*A mother.*