

█ story:

My son took his own life eighteen months ago.

My biggest concern with the mental health system is the issue of triage.

Too many times, including right before his death, my son was turned away from hospitals. The final time was by a young clinician, who should not have been put in charge of the unit. I don't blame her, I blame the people who left her in charge. Sadly, inexperienced clinicians, poor treatment or bad medication were something I experienced regularly.

At the time, my son was an alcoholic. He had been discharged from hospitals despite still being unwell numerous times. He needed to be detoxed in hospital, and it's my view that more people should be able to be detoxed in hospital.

He was then sent to █, and did well there. He then voluntarily admitted himself to the █ detox program, after waiting weeks to get in, and came out sober. However, the drug he was placed on, had terrible side effects, and caused other issues.

Around two years ago, he tried to take his own life. He was taken to █ and the treatment was very poor. There were no beds, no help, no nothing. They were unable to admit him, and as a result, he was taken to a psych assessment and planning, where he was told he would be given a different drug. Unfortunately, he was only given the same drug, with a different name.

They told him he would have to wait two weeks to get into █, which is not my understanding. He went to █, did a week there, they told him he was well enough to go home, and he expressed concerns about the drug, and they still sent him home.

He then went and hung himself in a public toilet.

The main issue is that too many people are taking their own lives while on drug withdrawal. I've seen it too many times.

I have suffered from depression, and so has my daughter, and whenever we went off anti-depression, we were closely monitored. It's just wrong that people with considerable issues are not given the same treatment.

What I want to see changed:

- Change triage. There needs to be more qualified, experienced staff. And these services need to be properly resourced so people aren't simply pushed away.
- We need to stop people languishing in ED. Too often people wait for five to six hours, only to be sent away. And, when they are seen, too often there's no beds for them to stay in, resulting in premature discharge.
- There needs to be more facilities for people to be discharged to. I know there's █, but my son suffered because he could not get in there. These need to be able to service regional communities too.
- When people do present as suicidal, they don't get any help, unless they have already tried. This needs to change.
- Early intervention: everyone thinks this means start at school, but it should mean dealing with people when they first present with issues, and ensuring they can get the treatment they need.
- Obviously, the entire system needs more funding. And it needs to be going to the right places, to ensure it's not wasted.
- There are some positive aspects to having consumers working in the psych wards, however there needs to be close monitoring to ensure they're providing good care. I have also seen a high rate of these folk becoming unwell. They're not fit to be in supervision positions.

- I am concerned with the over use of ECT. I have heard that the the trans-cranial magnetic treatment is only available in private facilities, and this should be available to all.

What's worked well

- We're now getting a lived experience workforce, I find the carers who have lived experience are great. It's very important to support carers, and people with lived experience at this are most effective.