

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

SUB. 0002.0024.0040

[REDACTED]

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

"Media, school programs, health professionals having as much empathy towards mental health issues as they do to other health issues."

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?

"Headspace early psychosis program. Some GPs handling mental health well."

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

"Hospitals taking suicide ideation seriously, not discharging people from psychiatric hospitals too early, extra ongoing support."

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.

"Homelessness, difficult to be admitted to psychiatrist wards. Discharged back to homelessness. No support for carers. There is very little feedback from the person's network."

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

"Unemployment, homelessness, financial stressors, language, "

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

"Support to help people become independent, ongoing support workers in the community, availability of psychiatrist beds when needed, respite."

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

"Better pay, longer contracts, ongoing training."

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?

Very few.

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?

"Availability of longer term community mental health beds with a team of professions on hand. Occupational therapists, physiotherapists, social workers, psychiatric nurses, housing workers and alcohol and drug workers. Like PARCS but longer term."

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

More money

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

We have one of our five children affected by mental health issues. This has negatively affected the whole nuclear family and the extended family. Other family members have had serious medical issues but they have been really well supported and so has the family. This should also be the case for our son and us but it has been the opposite.

To the Royal Commission

My name is [REDACTED]. I have a son [REDACTED] who has been struggling with mental health issues and substance use since 2012. He has had ten public psychiatric hospital admissions during the past eight years, and eight stays at private psychiatric hospitals. He has had periods when he is stable and quite well.

During this period of [REDACTED] life I have been very careful to look after my own health, become educated so I can continue to be a stable support person for him.

[REDACTED] is currently not on a Community Treatment Order, but he does have a case manager and depot once a month and meets with his Case Manager monthly. This is a very token follow up.

I am writing to you today due to my recent increase in concern about [REDACTED] increase in paranoia. I feel it is at a crisis level and the public are at risk. This is because of the recent events.

[REDACTED] seriously attacked a friend.

[REDACTED] jumped out of my car, where he had been calm, and punched a stranger in the street because he thought the guy was talking about him.

[REDACTED] had dinner with me. Thought he was fine but again jumped out of the car and grabbed a stranger who was jogging and continued to punch him until the guy broke away and ran off. He thought the guy was extorting him. [REDACTED] was very disoriented.

[REDACTED] became very aggressive at [REDACTED] I asked the shop assistant to call the police without [REDACTED] knowing because [REDACTED] was paranoid that I was the enemy. Security came to keep me safe until the police, ambulance and [REDACTED] arrived. [REDACTED] was taken to the [REDACTED] but by the time I arrived the next morning to ED [REDACTED] was being discharged.

I took him to a friend's house where he again thought he was being extorted and hit another stranger.

I spoke to the psychiatrist at the hospital and expressed my concern for the public.

[REDACTED] I was in the supermarket with [REDACTED] where he thought people were after him he screamed at a member of the public, pushed another member and then attacked a security guard. I called the police but he agreed to go to the [REDACTED] with me.

[REDACTED] was assessed and again discharged.

He stayed with a friend. The friend called me to say he had been attacked because of [REDACTED] paranoia. [REDACTED] left. The police were notified and I gave them the address of where he had gone.

[REDACTED] is currently on bail but the police did not attend and were too busy to chase it up.

[REDACTED] screaming at public

[REDACTED] I received a call from a friend to say that [REDACTED] was hitting people.

[REDACTED] is unable to live at home due to his unpredictable violent behaviour.

[REDACTED] attack a security guard at [REDACTED].

[REDACTED] breach of the AVO on two occasions. [REDACTED] attack on brother, [REDACTED] attack on Father, [REDACTED] attack shop assistant and a member of the public.

The police are very frustrated because they take [REDACTED] to hospital and he is released back to the community.

I have recently been strangled by [REDACTED] due to false beliefs.

He had been homeless since [REDACTED]. During this time he has been raped and attacked on four occasions.

He has been on the highest priority list for public housing for 12 months.

He has recently attacked his brother, father and myself twice.

All his attacks have been due to his psychosis and paranoia.

His beliefs about being harmed and attacking people is getting worse every day.

I have power of attorney at this stage.

██████████ receives a Disability Pension.

██████████
I feel he needs a long term psychiatric intake to keep him, his family and the public safe. I continually have calls from family violence workers to make sure I am ok. They have been asked by the police to call me but are perplexed as to why he is not in hospital. He has HIV and is still having unprotected sex, even though he has been referred to the contact team. At the moment he believes he has been 'cured'. I am giving this information to the Royal Commission so that you are aware that the mental health system (pressure on availability of beds, housing, family involvement) in ██████████ case is putting at risk, the patient, family and the community.

My other role is an employee of the ██████████ hospital as a ██████████. I work with the families of young people experiencing first episodes of early psychosis and/or at high risk. I see flaws in the system around homelessness, pressure on bed availability, very few long term beds, patients being discharged too early and to no support, individual after care and family support. There is also little to no support for the support people of the person with mental health issues. The stress placed on families is very extreme. They are not seriously included in meetings, and are still very often viewed as part of the problem not part of the solution.

I am hoping this information is useful.

Yours Sincerely
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██████████