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

Organisation Name
N/A

Name
Ms Rachel Thomas

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

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?
Keep seeking input from service providers and service users of mental health services in Victoria.

Is there anything else you would like to share with the Royal Commission?
"Public mental health inpatient units have brought in sensory rooms for patients to utilise while in public mental health units. I've asked private hospitals why they don't create these in private hospitals with mental health units too. They say it's because public units are so much more disturbed and noisy so private hospitals don't require them. These sensory rooms allow patients to test which kinds of sensory techniques or items best help each individual patient at the time to self soothe and calm down when they're feeling anxious or suicidal or are getting difficult mental health symptoms. These would also be highly effective to have in private hospitals or mental health units. Pet therapy is highly successful at soothing people in inpatient mental health units too. It is used more in other countries than Australia. I'd like to see areas of private hospitals in particular, or low risk public mental health units, having pets living in the units. In a separate well ventilated area approved patients (safe to animals, calm enough to not stress the animals) can go into and have cuddles with the animals or can play with them. Pets could go home with nurses who volunteer or with trained past patients who volunteer on a roster to care for the animals one or several at a time out of the inpatient setting. Some animals from the RSPCA could be homed this way. Rabbits, guinea pigs, cats, etc. If just under half of Australians will experience mental illness in their lifetime, Victoria should lead the way in giving adequate funding to this major health issue. Suicide rates will continue to be high among all ages and genders while mental health is not a high priority for spending. Just as any other common health problem would be, like diabetes or heart disease. There is an alarming lack of public hospital beds available. I've waited in Emergency Departments for five days while suicidally depressed and suffering from acute other mental health symptoms because a bed has not been available. I've gotten private health cover because my diagnoses require frequent, sometimes lengthy stays in mental health units, and in the public system I have to be actively trying to kill myself to get a bed at all on a mental health unit, and regardless of how unwell I am I will be turfed out into the community again between 5-10 days. I would be dead like my friends who killed themselves in the public system if I did not have the option of regular sometimes up to two month long hospital admissions in mental health units. I've been an inpatient in public mental health units and have witnessed severely suicidal patients being discharged feeling completely overwhelmed, unsupported and unable to keep themselves alive outside of the mental health inpatient unit. They bounce in and out until they kill themselves, mostly. Frequently people living with mental illness do not have reliable or safe family support to fall back on when they're discharged from hospital. It has very much been that families at all able have been forced into caring roles for their parents or children or siblings or more distant relatives because there simply has not been sufficient other support to keep these people with mental illness alive. In the 1990s before deinstitutionalisation there were Always mental health unit beds available even for months at a time when needed. My longest stay then was about seven months long when I had an eating disorder. I needed every stay I've had, for the lengths I've stayed. When inpatient mental health unit beds severely reduced in numbers with deinstitutionalisation, they were initially filled with people needing mental health care. In time more and more people experiencing psychosis from substance abuse were given those beds already needed for mental health patients without drug or alcohol issues. When more beds opened up they were taken for urgent drug and alcohol needs too. Some private hospitals leave numerous beds empty in reserve for drug and alcohol detoxing court ordered patients, and turn away acutely suicidal mental health patients because they say they have no beds. This doesn't seem fair to me. This not only ate up very needed beds for people suffering acutely with their mental health, it also made the public

mental health units much more violent, volatile and unsafe. One strategy brought in by public hospitals was to have separate women's areas on mental health units where women wore a bracelet which scanned them into that section and make patients were not allowed in that section. This is partly because there were so many sexual assaults to vulnerable unwell women too. The reality of those scanning bracelets to get into the women's sections have sadly been they've slowly gotten lost, so women frequently had no scanning bracelet to access the women's section, or the doors were kept opened at all times so women could easily come and go from that section, or only nurses or the few women with these bracelets could scan us other women in so we'd wait extended periods of time waiting for someone to let us in or out. Interestingly new scanning bracelets always managed to be handed out to each woman in the women's section right before an audit inspection was done. You'll also find in private hospitals that audit rules get followed well right before and during an audit, then they largely stop being followed as soon as the hospital or unit passes the audit, until the next one. More surprise audits need to take place in public and private hospitals. In hospitals which separate drug and alcohol detox patients into specific units away from other mental health patients, the other wards are much more calm, safe and conducive to healing than hospitals where detoxing patients are mixed in with other mental health patients. There should be fast and simple ways to make complaints which get looked into, outside of a hospital about something or someone abusive or countertherapeutic in mental health units and hospitals. Hospitals protect their workers before they protect their patients. I've had it happen to me time and time again. The reality is there are seriously countertherapeutic and abusive things being done in both public and private mental health units and also in NDIS organisations and the complaint process through the Health Complaints Commission is arduous and so delayed much damage is done between the abusive event and the investigation into it. Psychiatric hospitals or units need to not make deals with private health insurance companies what they will move private patients out within a strict time frame in order to keep being allowed to accept patients from those funds. I was told by a psychiatrist and nursesat [redacted] Hospital that this deal has been made there. Sometimes a patient is so unwell an inpatient stay of longer than four weeks is necessary to send the patient home in a safe and functional state. I would like to see more affordable and safe supported accomodation places available for people unable to live with family or alone. Places which are clean, where residents are well fed, which have separate areas for residents to live in and socialise in, and these feed into tailored activity programs for each resident. For years I was hospitalised with and talked daily with people on the streets who were living in supported accomodation places. They spent time picking up cigarette butts to smoke, and having coffees at tables at shopping strips, and they had very little money to buy extra food or clothes. They All said the food was Awful in the places they lived in, they all were at risk of violence in or right outside their supported accomodation places, they all struggled to clothe themselves and all of them said there wasn't really any support in the ""supported"" part of their supported accomodation. Numerous of these people killed themselves. I myself could give back my Office of Housing unit if I had a safe well supported accomodation place to live in instead, with room for my child to stay there with me and room for me to do art. I could even teach art there to fellow residential tenants. If this worked well it would massively increase my sense of community and reduce my needed hospital stays. I've witnessed or experienced these things in public or private mental health units: lack of beds when I'm flagrantly unwell and unsafe being on life support with artificial breathing two separate times after attempting suicide a nurse on a group walk in front of about 10 patients and other hospital staff putting his finger in a cat's anus and lifting the back end of the cat off the ground with this finger in this place (I saw it then disbelieved it could have happened so asked the Occupational Therapist if she saw it happen too. She did. The nursewas not reported but everyone on that group walk witnessed it) a male agency or bank nurse molesting

a female patient in her ensuite shower then the nurse being told never to come back to work in that hospital but not being reported anywhere. Multiple women separate from each other reporting to me they were sexually assaulted by one male nurse. The same nurse who lifted the back end of the cat off the ground with his finger in its bum on a group walk. A cleaner touching me multiple times after I became paralysed and ended up in a wheelchair- touching me on the arms, back, shoulders, upper inner thighs. I told him not to touch me. He acted like he didn't know what I was talking about. I reported it to the hospital. They said it would never happen again and the unit manager would talk to him. Then it happened again twice in one day. The unit manager had never talked to him but his immediate boss had. The hospital decided he's a risk to me so this cleaner will not clean on a ward I'm ever in in future, but he's still cleaning on every other ward including around other vulnerable women trauma survivors. I saw him touching very elderly women in the mental health unit too. My psychiatrist becoming mentally unwell twice during my last hospital stay and causing a lot of harm to me mentally. After the first 8 or 10 days of this, he went to therapy himself then realised he'd caused me harm and apologised taking 100% full responsibility and asked if he could still treat me. The second time he didn't realise but it followed exactly the same pattern. I don't know who to ask to help in this situation. I don't want him to become irrational and rant at me and not hear me say I need him to leave for an hour until I burst into tears. I don't want him to get extremely negative and fixated on particular negative things he hasn't even checked, again. It was highly stressful and very much prolonged my mental health symptoms I was already hospitalised for. All he was worried about was easily resolved after he got better. The second time he went overseas and I was given another psychiatrist who soon after discharged me. I had a psychiatrist take me cold turkey off all my medication ""just to see what would happen"". When I crashed after sleeping 30 minutes a night for six weeks (two of those weeks at home), he discharged me promptly saying it was evidence hospital is not good for me. This same psychiatrist as in my last fact, also did this to othersat the hospital including to people on Stillnox which needs to be reduced gradually to help prevent seizures or sudden death. This same psychiatrist also significantly overdosed patients and refused to send them by ambulance to an emergency department for treatment, for fear he'd be reported and instead had psychiatric nurses doing frequent checks on these patients to check they were still alive. He's still freely practicing psychiatry and no one in that hospital will stand up for his patients he is causing harm to. One patient was discharged, was still very suicidal, cut both his arms from his shoulders to his wrists, and came back to the mental health unit to get help. They said no, and pinned him down in the hall outside the elevator while he bled on the carpet and cried out to a friend patient of his there. The staff also pinned his friend down on her bed so she couldn't get to him. The patient who couldn't get help was dead from suicide a week later. I had a nurse tell me not to cry because I'm not a baby, when expressing emotion is one way one of my disorders improves. I had a patient sitting beside me who was nine months pregnant after being raped. She said quietly to me that she had bad heartburn because she was so pregnant. The nurse sitting on the other side of her said, ""Well you should've just said no. You shouldn't have gotten pregnant."" Again, this patient was pregnant from a rape. This comment caused severe distress to the very pregnant patient. And also to me who had been raped. I've had a unit manager label me as violent, that I had ""pushed my wheelchair into people"" when I was completely paralysed everywhere but my hands and feet and could barely push my wheelchair either forward nor backwards because of how little movement I had and I've never pushed my wheelchair into anyone nor thought about doing it or wanted to. She gave me no chance to state this. She just didn't like me. I had a CAT Team worker tell my mother not to call the CATTeam if I'm unsafe or suicidal because there's nothing they can do for me and I'll never get better. This particular CATTeam worker positioned himself to be CATT's representative at group meetings my workers had after that. I told him, ""Don't you think it's

inappropriate for you to be in this meeting when you've told my mum never to call CAT Team and there's nothing CATT can do for me and I'll never get better?"" He says, yes, fair enough, and leaves. Then the meetings happened with no CAT Team representative. CATT repeatedly wrote to my treating psychiatrists and treating psychologistsafter I had contact with them, and said I have borderline personality disorder, in the letters. Each of my treating psychiatrists and psychologists have written back to CATT to correct their diagnosis of me that I do not actually have borderline personality disorder. Each time CATT again wrote to my treating psychs to say no they are wrong, I do indeed have borderline. Every. Time. The CAT Team has been removed from my crisis care plan because of their consistent claim I've got BPD when I don't, their promises Every Single Time I've had contact with them that they'll call me or visit at such and such a day and their consistent failure to follow through on these promises which causes further distress to me, and their inability to usually even talk with me once on the phone for over 24 hours from my initial crisis call. There have been occasional respectful, kind CAT Team members I've spoken to and these are always a shock because they are such a small minority. One of these jokes that CAT Team stands for Can't Attend Today Team. Another CAT Team member treats me like I'm a child and misbehaving whenever I talk with him or present to emergency department. He tells me to behave which I find very triggering from my extensive childhood trauma. For all these reasons my care team has agreed the CAT Team consistently do more harm than good for me and have supported me in removing them from my crisis care plan. I've had a doctor give me medication that hospital already experienced put me into a coma earlier there. I went into a coma again and they told my mum I wasn't feeling very well and didn't want visitors. She didn't know I had been in a coma either time until it was all over and she was my Next of Kin and Emergency Contact person both times. I had a doctor in an emergency department try to stitch a self harm cut without anaesthetic to teach me a lesson. An orderly intervened and told her she had to use anaesthetic on me. An orderly from an emergency department took me out one night in his car with an intellectually disabled young man. The orderly bullied the intellectually disabled young man constantly. The orderly and us two passengers got out of the car near a hill and rolled down the hill together. He rolled on top of me at the bottom of the hill and refused to get off for at least five or ten minutes. I'm a trauma survivor and this triggered flashbacks of being raped. The orderly had given me his personal phone number to call him if I ever felt like I might self harm or attempt suicide. I called him and this was the result. I believe he still is an orderly in that same emergency department. I've had nurses scream abuse at me in mental health units. I've had them be rough with me physically. I've had my physical and dental health problems ignored in mental health units because I'm a psych patient so it would be all in my head. I've been accused of doing things to myself I didn't do. I've found the most intense discrimination towards people with mental illnesses is from psychiatrists and nurses in mental health units. I've never known what to do or who to complain to or tell when I've been hurt in mental health units. I've been told patients who report a nurse or psychiatrist for negligence or abusive behaviour get blacklisted to not be admitted in that hospital again and are seen as troublemakers from then on in that hospital. When the mental health unit cleaner (above) repeatedly touched me I asked my psychologist what I could do. He told me to report the situation and the mental health hospital's poor dehumanising neglectful handling of it to the Health Complaints Commission. I did so that day. Months later they are finally starting to investigate it beyond my initial report. My best friend of 24 years and a man who liked me in hospital over years and three other friends of mine in hospitals for years would all be alive today and contributing to society in beautiful ways if they had received the care they desperately needed and had not killed themselves. Please let their deaths help inspire you to make mental health care a high priority so we don't lose more beloved, funny, talented, desperately hurting individuals. I would like to see Every clear suicide death investigated by the coroner too. We have Much to learn from how things

went so devastatingly wrong each suicide. Their lives are owed at least this. Thank you for hearing me. "