

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

SUB. 0002.0016.0054

Name

Dr



What are your suggestions to improve the Victorian community's 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?

I think carers need to be more closely involved with the assessment and treatment of people with mental health illness. The carers are crucial to the health of the patient and also offer insights the patient may not have. As a doctor I feel that we do not put enough emphasis on the importance of carers when dealing with patients with mental health problems.

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 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?

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?

I have written a submission. I do not live in Victoria and have chosen not to answer many of the questions as a result. My story is a personal one but also I am a GP and am very familiar with treating mental health.

The qualities, which make a good and caring doctor, are also the qualities, which place us at higher risk of mental illness

I have been a widow for one year now. My husband [REDACTED], a GP, died by suicide on the [REDACTED] 2018. I am also a GP and am keen to talk about it to help open up our conversations about mental illness and suicide in doctors. There has been a known excess number of doctor deaths by suicide for many years. I hope that by discussing it we can make a start towards changing this.

T [REDACTED] had depression, which was multifactorial in its causes. He had been actively seeking treatment via a number of modalities for some time. He chose to keep this secret from those around him. He stigmatised himself in the way he hated seeing his patients with mental illness stigmatised. Inevitably I was drawn into this secret web for fear that divulging his depression may worsen his mental state. Unfortunately he had clearly lost hope of ever feeling better.

On the day he died I was at work, hopeful that he was improving—exactly what he wanted me to think. At 4 o'clock I got the call from school telling me that T [REDACTED] hadn't collected the children and they couldn't get hold of him. I knew, I just knew, in that moment that he was dead. I found him at home, he had passed away peacefully for which I am grateful.

I had been with T [REDACTED] for 26 yrs, we met in the first year of medical school and he was the love of my life. He left me, our 10 year old boy and 8 year old girl as he thought it was best for us, as well as for him, that he leave this world. He couldn't have been more wrong. He was a fantastic father who tried his very best to protect his children from his illness and successfully hid it from them.

We are trying to find our new normal, even though we don't want to. We are slowly grieving, each in our own way. It's very hard to watch your children processing such a profound loss. It's going to be a lifelong process; this loss will never leave us. The grief of losing a loved one to suicide is in many ways the same as losing a person to any other illness. There are some extra aspects though. The sense of a missed opportunity for a different outcome. The fear, when you look at any of his belongings (or even just go into the shed for the first time) that there may be a surprise lurking. The survivor's guilt and self-blame which is inevitable. As a doctor and T [REDACTED]'s partner of 26 years, I of course look to myself to blame. I will have to learn to manage it rather than be consumed by it, for the sake of our children.

I have had lots of thoughts about how doctor suicide could be prevented since T [REDACTED] passed away.

I feel that until we bring mandatory reporting nationally into line with the policy in Western Australia, then doctor's health will continue to suffer. In Western Australia the treating doctor is not obliged to report a medical practitioner to AHPRA. This protects treating doctors and enables doctors to feel more confident in disclosing their mental health conditions. Really whilst there is still mandatory reporting, and considerable confusion on the correct interpretation of the different systems in different states, then doctors will continue to present later or not at all with their mental health issues. This poses considerable additional risks to patients, as sick

doctors are caring for them. It also discriminates against doctors by resulting in doctors receiving less treatment at a later stage than the general public.

I have long thought that doctors would benefit from regular debriefing sessions. I feel this should take the form of psychological support. Think of it as primary prevention for mental health in a high-risk group. The qualities, which make a good and caring doctor, are also the qualities, which place us at higher risk of mental illness. I believe this should be the rule and not the exception, perhaps linked with annual registration requirements. However it would be important that this was not used to exclude mental health on insurance policies. However I see no hope of this working until the mandatory reporting laws change.

The challenging issue of death certificates is also a concern. Often, even when the mechanism of death and evidence found is totally obvious, suicide does not get written on the death certificate. Thus there are many deaths of doctors and of the public that never get recorded as suicide. Why this happens I am not sure. Life assurance policies usually include suicide after a suitable exclusion period from policy set up date. The death component of income protection policies would be affected but may be anyway even if suicide if not written on the death certificate. How can policy advisers do their job if the quality of the data is deficient? How many more suicides are there that are not documented as such. Also it may well be that doctors and other health professionals are a higher proportion of these deaths as they are likely to chose a method which involves drugs rather than a violent method which may be more obvious.

Finally, let us think of the carers who are a lifeline to the patient. While they may feel unable to reveal the “secret,” if given permission—because you already know—you may find they welcome support and would take the opportunity eagerly. I became anxious during T■■■■'s illness. In retrospect this was an entirely appropriate response to the situation. I was right to be concerned about his safety; those times I hid his medications, his car keys and considered taking him to the emergency department were not an overreaction. I can only imagine how the deterioration in my coping capacity after many months of living with a severely depressed husband impacted on T■■■■. He saw it, he knew, and it only confirmed his disordered thoughts that we would all be better off without him. That is not the case. We will all be so much worse off forever for the loss of this beautiful, kind man. I think Medicine, as a discipline, does not adequately address the need of carers of mentally ill patients. At the end of the day I had a terminally ill husband, only no one knew it.

I can personally assure you that this tragic loss of life in such horrific circumstances is worth trying our very best to avoid. It's truly life changing.

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