

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

SUB: 0002.0026.0025

Name

Anonymous

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

"In my recent experience, I was asked by a police officer when I called (the local station, not 000), if I was feeling suicidal. I told him I was, and had been in the past, having been hospitalized by force in Sept 2018. His response was, ""Don't just say that to get us out there."" Police and ambulance then attended about 10 minutes later, and took me to hospital, where I was largely ignored between my admittance at around 4.45pm, until I told the Dr I would be leaving at around 10pm, having been ignored and left in a bed in the corridor. There was a girl on a bed in front of me in obvious pain, and the doctors were ignoring her repeatedly as well. Concerned parties, ie. police, doctors, mental health workers etc, need to take people more seriously when they reach out or talk about their struggles with mental illness. For years, especially with men, we're traditionally supposed to not talk about our feelings or things of this nature. The problems I have encountered in my experiences are exactly why people especially young men, don't bother to seek help, as they feel they won't be listened to or taken seriously. There also needs to be appropriate followups for people who do reach out for mental health issues. Last year I was hospitalised for a week involuntarily, and was handed a big bag of drugs [REDACTED] and told I was being discharged, literally as it was being organised, on day 7. I was not given any diagnosis directly, however they listed BPD on the discharge summary. I have been in regular contact with several GPs, and other mental health professionals, none of who believe I have either Bipolar disorder, or Borderline Personality Disorder. When I called the hospital to follow up about a month after discharge, I was told they shouldn't have given me [REDACTED] (or another script for same) when I was discharged. There was no further assistance or follow up from anyone at [REDACTED] Hospital after this call. I was told on the call however, that there is limited funding for each person admitted, and that they keep some aside for patients they expect will return to the psych ward. I have no idea what this funding entails, or why the lady even told me this. It basically sounded like yet another instance of being put in the ""too hard basket"". In my experience with GP's when it comes to mental health, most of them will just choose a drug and random and say, ""try this for a month or so"". When that doesn't work, ""try this one instead"". Rinse and repeat."

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?

"I have been regularly seeing a psychologist through Open Arms (formerly VVCS) on and off since 2016. I have found him to be a massive help with my mental health issues and keeping me on track. I have had a far better experience with VVCS than the public health system. I have had to call their emergency line several times, and they always follow up. The public health system seems to treat and street everyone as quickly as possible. I have tried twice since being forcibly admitted to the psych ward, to admit myself before I got to the point of being suicidal, and was turned away, without even being spoken to any further than the initial contact. I have several family members/friends who have had similar responses, so for those eligible, I have referred

them to Open Arms instead."

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

"The public health system could learn a lot from places such as Open Arms/VVCS. When I've dealt with 95% of doctors, psychs etc in the public system, they seem quick to pawn patients off to someone else, and then never follow up. In every experience I've had with VVCS, they take the time to listen, to help, and to refer to the appropriate services etc."

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.

"I have no comment on this question, as my mental health issues stem solely from abuse in foster care, so I've never really experienced ""good mental health"". However, other services outside the public health system that can help certain people, such as VVCS, are not widely known. If there easier access to these other services, it could help ease the burden on the public health system, leading to better results for people who access either service."

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

"From my experience, people of Aboriginal/TSI backgrounds generally have poorer access to mental health services, either due to living in remote communities, or much like myself, they just aren't aware of the services that can assist them. I have seen first hand both from my own experiences and friends/relatives that mental health, particularly with young men, and particularly those with drug and alcohol problems, that mental health workers etc solely blame drug and alcohol abuse for the mental health issues, rather than recognising that people are self medicating. I myself have been accused of trying to scam benzos and things of that nature when doctors didn't believe me. I believe a lot of young indigenous Australians are probably experiencing the same responses. Once doctors categorize you as a drug user, suddenly all your mental health problems are because of drug use, and not trauma or other psychological factors. I had an appointment in 2017 (from memory) with a psychiatrist at [REDACTED] (Melbournes Eastern suburbs) who point blank told me I was a drug addict (I have been self medicating with marijuana for about 5 years as of now, but have attempted to quit, and have cut down by more than 75% on my own) and that he wouldn't help me. He berated me several times in the appointment, actually sending me into a full blown anxiety attack. He then gave me a script for [REDACTED] and sent me on my way. I told him I didn't want [REDACTED], and instead asked for literally any other strategy to help deal with PTSD and anxiety. My belief is because I specifically said that I didn't want [REDACTED], the psychiatrist assumed thats exactly what I did want, and therefore didn't want to prescribe it."

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?

"I am unaware of any of ""opportunities"" for people with mental illness, and from my experience, it can be daunting to even make the first call to ask for help, whether from a GP or another MH professional. Perhaps if there are opportunities or services available for people with MH issues, it should be more widely advertised. Everything I have been involved in since connecting with a VVCS psychologist has come from a public health nurse who visits my housemate. Without her, I would have no access to any support or any social community activities etc. "

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?

"Doctors and other mental health professionals need to take people who reach out more seriously, and not treat them like junkies or drug addicts. There needs to be more fluidity between mental health services and GP's etc. If someone is admitted to a psych ward for any period of time, there should be mandatory follow ups/check ups to make sure people don't wind up going back down the same path or fall through the cracks. From what I was told by someone in the psych ward at ██████████ Hospital, it sounds like they plan for people to repeatedly come back to the psych ward, rather than planning to address their problems so they don't end up back in the psych ward, or taking their own lives. There is no use in putting someone in a room with a bunch of other crazy people for a few days, handing them a bag of heavy drugs and saying ""See you later""."

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

"People need to be taken seriously when they reach out for help with mental health issues, and there needs to be appropriate follow up and ongoing support with a regular network of the same professionals throughout treatment. Sadly I've found that even GP's lose interest in supporting people with MH issues, and as it stands right now, the only regular contact I have that helps me is my psychologist, funded by VVCS/Open Arms."

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

"As I currently don't have my phone, I'm unable to upload a copy of the psychiatrist report obtained in January 2019 as part of my common law claim against ██████████ for abuse and neglect in foster care. It details the conditions, the effects of the abuse and trauma, and the psychiatrists expectations of what care I need for the next few years. I am happy to provide this, and also another report from my regular psychologist, but I would like to check with him first before sharing it. I am happy to provide these documents if need be, I can be contacted on the phone number listed in the application. I will have my phone back later today."