

SUB.3000.0001.0665

FW: OFFICIAL: FW: [REDACTED]

From: Royal Commission Victoria Mental Health System (DPC) <contact@rcvmhs.vic.gov.au>
To: Royal Commission Victoria Mental Health System (DPC) <contact@rcvmhs.vic.gov.au>
Date: Wed, 17 Jul 2019 12:54:42 +1000

Linked to submission [P-2384-1834 from Gillian Kathleen Allen, email: gkallen@hispad.com.au on Jul 5, 2019](#)

Royal Commission into Victoria's Mental Health System
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OFFICIAL

From: [REDACTED] (DPC)
Sent: [REDACTED] 4:22 PM
To: Royal Commission Victoria Mental Health System (DPC) <contact@rcvmhs.vic.gov.au>
Subject: OFFICIAL: FW: My Brother [REDACTED]

Hello,

This is linked to submission by [REDACTED].

Cheers

OFFICIAL

From: [REDACTED] >
Sent: Sunday, 7 July 2019 11:22 PM
To: [REDACTED] (DPC) <[REDACTED]>
Subject: My Brother [REDACTED]

Hi [REDACTED]

We spoke on Friday - I am [REDACTED] son and [REDACTED] brother (and nominated carer).

My contribution in support of Mum's submission is simply to call out how our society, our government and our health system have let my brother and our family down. I know mental health is a very confronting and complex issue.....

[REDACTED] had mental health issues for the last [REDACTED] years spending many weeks at [REDACTED] hospital in [REDACTED] ward. Though [REDACTED] doesn't think he has an illness the doctors and the many people who have supported him [REDACTED] years believe he has schizophrenia. [REDACTED] have had so many admissions to [REDACTED] hospital that we

have lost count and he has to get very very sick before [redacted] is admitted. [redacted] stays have lasted many weeks and sometimes months. Given [redacted] is only a small order and there is significant demand we realise he gets very sick and the medical staff feel the same they then keep him for such a long period of time - longer than usual. Eventually [redacted] is better, his medication transitions to a community treatment order where the team at [redacted] are able to look after him. He knows he must take his medication. To start off with he is on a depot where he receives his medication via a needle. After a long period of time he moves to oral medication and eventually the treating team see he no longer needs to be on the order and he is set free from his order. This is despite senior psychiatric clinicians advising he should never be off his community treatment order because he has no insight and doesn't think he is unwell. [redacted] wants to be well, he doesn't want the treatment order and wants to get a job. He has worked for a few weeks at a time at local restaurants and he is a hard worker. At some point the work is too much and starts to stress him. The stress leads to symptoms and paranoia followed by his resignation. He does odd things like eating seaweed from the local beach.

Once [redacted] is off the order he feels great, he doesn't believe he is ill and so he doesn't take his medication - once the medication out of his system he starts to get sick usually because he is stressed. He packs up his things and heads off in his car as far as he can go. He ends up in NT or QLD. Slowly but surely his mental deficits catch up with him. He comes in contact with the police. Usually for minor car issues, fines etc. Now he is under pressure and very paranoid driving down back roads feeling persecuted and very stressed. He lives in his small car with his animals. Then we lose contact with him, he stops calling and we don't know where he is. Often after some months we may well hear from him and eventually he may even travel back home. When we see him he is a shadow of the vibrant funny person that he once was with the toll of living rough, sleeping in his car, not eating properly catching up with him. He is usually very unwell, menacing and threatening to my elderly parents in particular and usually we have to call the CAT team and police before he can be admitted.

The cycle continues.....

[redacted] recently came off his treatment order. The treating doctor was satisfied that the person in front of her was okay and that she was obliged to treat him in the least restrictive way under the Mental Health act which means that if he seems okay they he must be. This is a very basic approach and [redacted] is now suffering as a consequence. Had the team had a look at whole picture including his long history of relapse they may have formed a different view.

When you look at the whole person you would easily see a person who struggled with basic personal hygiene, lived in a filthy way in a house that was provided for him by his Mum with no strings attached, had challenges with loans, with gambling, with substance abuse. [redacted] can't look after himself and no one is able to help him and he has fallen through [redacted] cracks. Though the mental health people look at the mental health symptoms - I would have thought, given his long history, that the treating team need to look well beyond what the person with the illness is saying and consider the whole picture.

[redacted] mental decline is obvious. His illness is hideous with significant impacts on him, his health, his self-worth, his relationships and the government and health system don't have a framework to care for him and the people around him. [redacted] is currently somewhere in QLD or NT and we don't know where living in his car probably frightened and feeling like know one loves or cares for him. He has told my Mum is not sick and is never coming

home. Imagine the mental anguish that causes our family.

I understand that, as [REDACTED] worked more than 7 hours in the last year (when he was well) that he is no longer entitled to a disability pension. So we have a sick, vulnerable person travelling the countryside with no money far away from home living in his car with his dog.... The Mental Health people don't feel obliged to let their interstate counterparts and the police know. Out of sight out of mind. Imagine if that was your brother or son.

We are crying out for help.

Surely as a society we can do better for [REDACTED]

I am happy to go on the record.

If there is anyone who can help I would be grateful if you could let Mum or I know.

Kind regards

[REDACTED]