

Individual submission to the Royal Commission into Victoria's Mental Health System

Introduction:

1. I am not officially a carer, I am a 20 year friend to [REDACTED] I certainly care and have been involved but I am not recognised as an official carer. I would not hesitate to become [REDACTED] carer if she wanted or needed that.
2. The demands of the broken system have impacted services that I am reaching out to which have prevented me from having my needs. Services are overburdened and understaffed. Could the RC identify service gaps and address those gaps such as adequate funding.
3. I am reporting to the Royal Commission (RC) the names of medical persons involved in the decision to place [REDACTED] under an involuntary order, the result has been devastating for [REDACTED]
4. I have no doubt that [REDACTED] sense of self has been damaged by the act of taking her freedom and authority from her.
5. Detaining [REDACTED] in [REDACTED] has done more harm than good on a primary, secondary and tertiary level of life. Primary to [REDACTED] secondary to me and other friends, and tertiary to society in general.
6. Transferring [REDACTED] from [REDACTED] to a [REDACTED] facility when she could attend as an outpatient is for [REDACTED] and [REDACTED] Hospital to continue to harm her. [REDACTED] like many vulnerable women need to be afforded greater protection. Could the RC make this recommendation?
7. [REDACTED] has had to find capacity to withstand the ignorance that embeds the actions of a medical system which needs urgently to change. The expression on [REDACTED] face begging me to take her home torments me when it should torment [REDACTED].
8. On the **18 March 2019** I attended an appointment with [REDACTED] to see her **GP Dr [REDACTED]**. I was included with exempla professionalism. On the same day I met [REDACTED] ([REDACTED] complex care nurse) [REDACTED] was not professional and crossed the line when she visited [REDACTED] at her home and proceeded to take over. I made clear to [REDACTED] that [REDACTED] was my

bench mark. Nurse [REDACTED] is primary to the chain of events that have harmed [REDACTED] [REDACTED] restricting her to having no voice.

9. Can the Royal Commission make water tight a recommendation that protects vulnerable persons such as [REDACTED] from having their lives turned upside down by interference rather than supportive constructive intervention?
10. On the **18 March 2019** [REDACTED] did not build community relationship with [REDACTED] [REDACTED] who was distressed and rang me about the pressure of having to let [REDACTED] Hospital staff into her home. This is where [REDACTED] Hospital failed to build 'human' rapport/relationship with [REDACTED]
11. [REDACTED] Hospital has not respected [REDACTED]
12. To incarcerate a person is major and **Dr [REDACTED]** and Registrar **Dr [REDACTED]** have caused [REDACTED] mental and emotional torment by removing her from her home.
13. To be there for my friend requires that I do not sugar coat the legal reality that has beset [REDACTED] as a result of what two Doctors have set in motion.
14. I have no doubt that the Doctors involved could see [REDACTED] on a weekly appointment and say and do everything that they say when doing their [REDACTED] rounds.
15. [REDACTED] and I were on the verge of organising age care services when [REDACTED] rudely interfered. [REDACTED] life continues to be intruded upon.
16. Locking a person away when there are no grounds for doing so is abusive.
17. [REDACTED] has been locked in [REDACTED] house for 3 months- and was admitted to level 2 of the geriatric ward of [REDACTED] Hospital [REDACTED] on Wednesday the **20 March 2019** for what she believed was observation in preparation for a possible second operation. Instead of being treated as a voluntary inpatient, [REDACTED] was held against her will for a geriatric assessment.
18. At no stage was [REDACTED] up front about this when she visited [REDACTED] at her home the previous week.
19. A treatment misdiagnoses has occurred.
20. From the first day at [REDACTED] Hospital [REDACTED] objected to being forced to stay. What she thought she was voluntarily agreeing to was not the case. This is an area that I would like the Royal Commission to explore further.
21. How easy it was for [REDACTED] Hospital to distort the truth when [REDACTED] had every right to go home as a voluntary patient. To present [REDACTED] as a risk of absconding and

a risk to herself when not is for the Royal Commission to know ██████ case in more detail.

History:

22. I spoke with ██████ son, ██████ on the evening of the **20 March 2019** after he had driven his Mother over to ██████ Hospital earlier that day. This is when I first heard him mention becoming 'power of attorney'. ██████ was agitated as he described his Mother as 'losing it' explaining to me that she had a turn.
23. If ██████ was 'losing it and having a turn' it was because she was being confronted with what her son and ██████ Hospital were doing.
24. ██████ was presenting himself as caring however it was in stark contradiction to ██████ wishes. See attached documents. ██████ is outraged with what her sons have done and so am I.
25. When I visited ██████ at ██████ Hospital ██████ on the **25 March 2019** I went into shock as to the extreme surveillance being exerted over her. I came out of the lift into the geriatric ward and saw in an instant that the nurse was keeping ██████ against her will and preventing her from leaving. A nurse sat at the doorway of the room maintaining vigilant watch. I witnessed ██████ being unbearably treated. It was ██████ who was not safe. Mental and emotional harm was occurring as ██████ was being denigrated and made powerless. This is the timeline where ██████ was subjected to behaviour that assaulted her dignity and other human rights.
26. ██████ is a woman in her seventies who deserves a written apology for the disrespectful treatment ██████ Hospital is inflicting upon her. I believe it would be ██████ legal right to sue ██████ Hospital for the tort of false imprisonment and human rights breaches/privacy, association, expression and denigration. I have witness ██████ being dehumanised.
27. As a visitor how ██████ was being treated even scared me. It is well document that psychological tactics can be more effective than physical. The intangible nature of bullying is also well documented and how ██████ was being treated was worse than bullying. The unspoken control over ██████ was palpable. The surveillance by the nurse was not medical care it was intimidating dominance that has no place in mental health care.
28. I made the effort to talk to the nurse who was guarding ██████ There was no healthy relationship for ██████ The nurse was friendly to me but not to ██████

29. I believe how [REDACTED] is being treated constitutes an insidious type of elder abuse. The more [REDACTED] had her free will abused the more frightened, defensive and desperate [REDACTED] became. [REDACTED] was not safe to express her thoughts and feelings; and I know this because I too was not safe to voice my concerns.
30. [REDACTED] was not related to as a voluntary patient and may as well have been in a straight-jacket.
31. [REDACTED] was too well to be in the geriatric level of [REDACTED] Hospital and it is this fact that remains incongruent with Doctors and nurses who are treating her. Is this the socio-line of our mental health system where persons are told that they are not ill enough to have mental health support even though suicidal and persons such as [REDACTED] who have at no stage sought mental health assistance are being forced to comply?
32. On Friday the **29 March 2019** [REDACTED] left the premises of [REDACTED] hospital to protect herself. To my understanding [REDACTED] was crossing the road to catch the bus home when [REDACTED] Hospital staff unlawfully detained and labelled her 'a harm to herself'. This is the escalating elder abuse as [REDACTED] is not a harm to herself and should have been entitled to leave as a voluntary patient. [REDACTED] voiced her objection until punitive measures closed her down.
33. This is the critical incident where everything thereafter has compounded the abuse of violating [REDACTED] free will, freedom and authority.
34. Currently [REDACTED] is an involuntary inpatient under a treatment order. Nurse [REDACTED] through the Hospital Admission Risk Program (HARP) got it wrong and has only instilled fear and caused harm to [REDACTED]
35. 'Older people with complex and social needs' is being exploited in [REDACTED] situation. Removing her from her home is the abhorrent complication that has not met [REDACTED] social need. Nurse [REDACTED] from HARP has acted irresponsibly with adverse consequences for [REDACTED] [REDACTED]
36. Locking [REDACTED] [REDACTED] in [REDACTED] is not medical care. I would like to know if the doctors responsible have a reference point to being debased as [REDACTED] is. The assumption that 'mental health' can give licence to a person to mistreat another under the Mental Health Act is an area I would like the RC to redress.
37. On **31 March 2019** I visited [REDACTED] at [REDACTED] and this is the occasion where adverse 'secondary' impact occurred. I was subjected to the abuse of power by the

unit co-ordinator ██████ (surname unknown) calling a code black. See complaint to the **Mental Health Complaint Commission.**

38. I am asking that the Royal Commission on Mental Health address this type of elder's abuse where a 60, 70 and 80 year old persons were treated in an abusive way by using the police to subjugate a seventy year old woman.
39. There is an aspect to the mental health paradigm in locking people away that harms society in general. Could the Royal Commission recommend a more stringent filter as to who 'really' needs to be removed and isolated from society on mental health grounds?
40. What is the disability that ██████ ██████ has and whatever it is, it does not warrant locking her away.
41. In order for me to cope as a visited to the geriatric ward of ██████ hospital and the psychiatric ward of ██████ I had to shut down, imagine what ██████ is having to do to survive.
42. ██████ ██████ has been shut away as a result of health services over reaching their authority that has placed ██████ wellbeing at risk.
43. Chain of events from 2016 to 2019 are very important and historically ██████ operation in 2016 was unsuccessful and underpins all hospital appointment thereafter. I can remember visiting ██████ in 2016 after the operation and how she hoped she could resume a normal life again. I believe ██████ spent over \$13,000 on the operation.
44. The operation was not successful and all her efforts in going back to ██████ Hospital has since been used by the medical profession to present her as mad. What if she is correct and it will take a second operation to correct the first operation.
45. If it is 'just' pelvic floor exercises and a pain management lifestyle that is needed with first weening her off existing pain and laxative medication then how about an outpatient plan with proper dignified community support rather than this cruel inhuman lock her away approach.
46. I am supporting ██████ ask questions about the 2016 operation and what is really needed to address the pain she is experiencing.
47. ██████ is a long standing friend of ██████ as well and has witnessed the unjust isolation and mistreatment of ██████
48. ██████ and I are the only two who have acted in respect of ██████ wishes and values.

49. The secondary impact of what is being 'done' to [REDACTED] was also 'done' to us. We were treated as having no voice or worth in the social relationship of [REDACTED] welfare. It is humiliating simply being witness to it. [REDACTED] is being forced to live it.
50. [REDACTED] [REDACTED] and I are objecting because we feel the violence of what is being done. There is no humanity if it is for convenience and cost effective management and benefit for the medical profession. There is no justification in detaining [REDACTED] [REDACTED] who does not have a mental illness. To incarcerate a citizen for no reason is detrimental to society.
51. [REDACTED] [REDACTED] urgently needs protection from her sons using the system [REDACTED] Hospital; the Mental Health Review Body; VCAT and the Public Advocate Office] to their benefit and not to their Mother's wishes.
52. I have witnessed [REDACTED] hospital nurse [REDACTED] assist [REDACTED] restrict [REDACTED] liberties. [REDACTED] was entitled to have a third person of her choosing present at the appointment with Nurse [REDACTED]. [REDACTED] phoned Nurse [REDACTED] and cancelling the appointment because I was there. His mother's wishes were disrespected.
53. I am asking that the Royal Commission recommend necessary safety measures so that the Mental Health Act cannot be exploited with vulnerable person such as [REDACTED] [REDACTED] where family members are given unfettered bias.
54. It is onerous on me to speak out about Dr [REDACTED], Dr [REDACTED] and VCAT Member [REDACTED] [REDACTED] who have locked [REDACTED] away in using such family bias. The law is meant to be impartial. I have had to wear too much to turn a blind eye. Her sons have used me to infer that fraud is afoot.
55. Member [REDACTED] from VCAT – did not even acknowledge in her order that [REDACTED] was not present, and listened only to the biased opinions of her two sons "the tribunal is satisfied that the person has a disability and is unable to make reasonable decisions..." yet [REDACTED] was able to make a 'reasonable decision' in granting [REDACTED] a copy of the signed documents on the **26 April 2019** I do not believe [REDACTED] [REDACTED] knew about the VCAT hearing on the **29 April 2019** three days after her sons were unlawfully given a copy of [REDACTED] signed documents.
56. [REDACTED] signed documents need to be upheld. Without protection [REDACTED] will have her sanity broken by her own children and the very doctors meant to medically care for her. All are in denial as to the damaging impact on her mental health and human liberties.

57. What use is a Royal Commission into the mental health system if the truth cannot be spoken and this is why I am speaking the truth? I am in a situation where the only way I can support [REDACTED] is to apply to the Tribunal for a reassessment of the [REDACTED]. The catch 22 is the systemic prejudice and bias that exists when asking for a second medical opinion. Status quo has an uncanny and unhealthy way of maintaining its self precisely because such questions that are being asked by the Royal Commission are in desperate need to be answered and actioned.

My Story:

58. I believe I need to give my story also to the RC as I have been fighting for my home and person from abuses that has been so severe that it has almost cost me my life.

59. My social landlord [REDACTED], have tried to place me under guardianship with the intent to control also.

60. When my Doctor [REDACTED] provided clear communications to the [REDACTED] organisation that to place me under guardianship was unwarranted and amounted to legal moves upon me, the [REDACTED] organisation still persisted and in 2015 the [REDACTED] manager [REDACTED] attempted to make an [REDACTED] account be conditional to being placed under an administrator. On that occasion VCAT was conscionable and [REDACTED] stated to the [REDACTED] manager 'that was not what I meant'. This put an end to [REDACTED] using that tactic to discredit my competency however I have not been able to stop the [REDACTED] organisation from financially abusing me and using VCAT to force an eviction.

61. [REDACTED] and I had the same VCAT member. I asked [REDACTED] for injunction relief and instead of granting me protection and prohibiting [REDACTED] from causing further harm [REDACTED] [REDACTED] used against me the very word that my Doctor used to establish that I was presenting facts and not fiction.

62. VCAT denied me a restraining order on [REDACTED] when I was presenting to the Tribunal factual evidence as to [REDACTED]'s administrative violence.

63. This is what so many vulnerable women are up against. When I appealed to the Supreme Court in 2016 I met another woman who was also left more vulnerable as a result of [REDACTED]'s ruling that trivialised and invalidated the need for legal protection.

Systemic failure to protect:

64. It is still true what **MP** ██████████ said when campaigned for the Royal Commission into Family violence that 'the legal system fails victims'. It is still true what the **State Premier Daniel Andrews** said that 'it is politicians that let victims down'. I reached out to the Premier Daniel Andrews and my neighbour also reached out to him in starting a petition 'Please Daniel Andrews keep ██████████ safe from a retaliatory eviction'. My matter was referred to ██████████ who referred me to the Finance Minister ██████████ who sent it down the chain to his assistant ██████████ who took it full circle back to the Housing Registrar manager ██████████ who has known of ██████████ harming me since his involvement dating back to 2013 when Dr ██████████ reached out to the then Assistant Treasurer ██████████ and the Attorney General ██████████. The systemic failures that I face are a result of the Housing Registrar failing to regulate ██████████. ██████████ has actively condoned ██████████'s financial and administrative abuse. This has meant that I have had to appeal again to the Supreme Court to protect myself when VCAT granted ██████████ a possession order in 2016 when in receipt of medical communications that I was unfit to attend.
65. Too many vulnerable women are chewed up and spat out by the system.
66. What ██████████ and ██████████ are doing to ██████████ ██████████ and my-self is **harmful to society in general**. Gate keepers have failed us at the administrative legal and political level.
67. If you have media mileage you are protected if you are in the bottom 10% of society you are forgotten and having wealth does not protect you from a broken system. The 11 questions asked by the Royal Commission into Mental Health are extremely challenging to answer and if ██████████ ██████████ and I can give verbal testimony then that would be very helpful.
68. Mental Health concerns the entire population as mental illness is indiscriminate.
69. ██████████ ██████████ now has the experience of being abused by an institution when ██████████ ██████████ Hospital should have enhanced her wellbeing. For a hospital and a social housing program to compromise our mental health is a social concern that needs fixing not ignoring.
70. Senior administrators, bureaucrats, politicians and legal representative need to step up in safe guarding us. Our protection rights are not enforced. The Mental Health Act has too many loop holes and is too rigid in other areas. For ██████████ it is family bias for others abuse of power and poverty.

71. Can a RC recommendation be put forward to widen the parameters to allow friends to have credence on a legal level?
72. Ironically I do not believe all [REDACTED] family members would agree with the decision that [REDACTED] has made. I do not know if [REDACTED] two brothers, [REDACTED] [REDACTED] have been informed as to their sister's plight.
73. Victims need to be believed, both [REDACTED] and I thought our homes were secure. [REDACTED] working all her life as a high functioning business woman to buy her home.
74. I have contributed for years to a 'pay it forward' voluntary work housing program with a social contract of 'More Than Just Housing'. The [REDACTED] program's core tenet is meant to be security of tenure for low income Victorians. We all know what homelessness does to mental health. I have been a [REDACTED] member for almost 30 years and the last decade has been a life threatening struggle in protecting my home and person because of the disproportionate power [REDACTED] has over me as a social landlord.
75. I now suffer Complex Post Traumatic Stress Injury as a direct result of the governing CEHL board ignoring medical evidence that their decisions and actions have been injurious to me.
76. Could the Royal Commission into Mental Health recommend that housing be a human right?
77. To witness and experience my friend [REDACTED] also be abused on this level of home and person is added trauma for me.
78. I can easily imagine the powerlessness that [REDACTED] is experiencing.
79. [REDACTED] and I have [REDACTED] best interest at heart. We know that there is no need for [REDACTED] to be an inpatient. [REDACTED] competency and sanity has been maligned.
80. On the **27 June 2019** [REDACTED] rang me most upset telling me that he had gone to visit [REDACTED] and on arrival at [REDACTED] the unit manager [REDACTED] made him wait in the foyer while he went and rang [REDACTED] son [REDACTED]. [REDACTED] returned and told [REDACTED] that [REDACTED] had said that he could not visit [REDACTED] [REDACTED] could not understand and sent a text message to [REDACTED] asking why can I not visit your Mother? He also rang the younger son [REDACTED] the following day only to be told that [REDACTED] said that he could not visit [REDACTED] because I was with him. Again I was blamed and again it was untrue.
81. To be used by her sons to deny [REDACTED] a visit from her friend [REDACTED] says it all.
82. I have stayed far away from [REDACTED] as a result of

- a. The [REDACTED] unit co-ordinator and staff use their work position to threaten me by calling the police with the policeman saying that he would come to my home and charge me if I did not delete the evidence from my camera as I had taken a video of exactly how many [REDACTED] staff had descended and surrounded [REDACTED] [REDACTED] and I when the unit co-ordinator, Sue called a code black on Sunday **31 March 2019** ; and
- b. I have not wanted to risk [REDACTED] being further sanctioned by her sons or [REDACTED] staff because of association when my association with [REDACTED] is of unquestionable integrity in acting according to her wishes and values
83. To deny [REDACTED] and [REDACTED] an hour meeting is an ignorant act and I am not talking about [REDACTED] this time. I am referring to the unit manager [REDACTED] who if he cannot oversee a visit by an eighty year old and seventy year old then where in [REDACTED] is the soothing culture of a psychiatric ward?
84. [REDACTED] and [REDACTED] sons have used me to secure a VCAT Order that amounts to violence upon [REDACTED] [REDACTED]
85. When I was 12 years old my Mother went to the police and reported the TRUTH about my brother being kidnapped. They found it easier to label her mad. I stood there witness to it all, unable to speak but at 63, I must speak. The police placed my Mother in [REDACTED] where she was subjected to shock treatment and I was taken away and made a ward of the State.
86. My Mother never recovered and died from a one punch incident when residing in a derelict boarding room called [REDACTED] in [REDACTED]. She will remain a cold case because no one cared.
87. Sometimes 3 degrees of separation can be no separation on a soul level. What is being done to [REDACTED] is not 'duty of care'.
88. Both [REDACTED] and I were subjected to unreasonable conduct by [REDACTED] in calling a code black simply because [REDACTED] asked the psychiatric nurse why [REDACTED] was not allowed to go home. Both [REDACTED] and [REDACTED] should be safe to have a serious in depth conversation instead they were censored.
89. [REDACTED] called the police and accused [REDACTED] of having a switch blade when it was his car keys that he moved around in his hand to give him some sort of relief. [REDACTED] behaviour was extreme and harmful to all three of us.

90. A nurse rang [REDACTED] son [REDACTED] without first asking if that was what [REDACTED] wanted, the Nurse handed the phone to [REDACTED] and I witnessed [REDACTED] say to her son [REDACTED] "get down here and get me out".
91. I have not recovered from this experience of [REDACTED] so imagine [REDACTED] who is still under their control. [REDACTED] describes it accurately as 'worse than a gaol'.
92. [REDACTED] has ignored out right his Mother's wishes and values.
93. In my time of being able to visit [REDACTED] she kept asking in a rhetorical statement 'what have I done wrong! Why am I in here?'
94. I put a formal complaint into the Mental Health Complaints Commission (MHCC) on the 11 April 2019 needing support to free [REDACTED] [REDACTED] I was assigned [REDACTED] who is a good person however her social role has compounded the problem of system failure and abuse. At the end she said that jurisdiction did not allow her to intervene.
95. By this time harm had been done to both [REDACTED] and myself. The seriousness continues to be ignored. The Mental Health Complaint Commission [REDACTED] simply went to the patient representative [REDACTED] who I had already spoken with and who had told me he could not do anything and to contact the sons. This is the problem with all referring us to [REDACTED] and [REDACTED] who then bounce us back to the doctors and staff and this is how the tin is kicked down the road.
96. It is a dynamic where both sides use the other to abdicate their responsibilities. I put it to the RC that their duty of care is to release [REDACTED] [REDACTED]
97. The patient representative [REDACTED] was not representing [REDACTED] at all and it reached a point when [REDACTED] and [REDACTED] [REDACTED] Hospital manager simply protected themselves.
98. The [REDACTED] co-ordinator and unit manager who called the police need to be held to account, I cannot remember their names due to the traumatic impact of their actions, however [REDACTED] and [REDACTED] will know.
99. On Easter Friday the unit manager [REDACTED] told me that I and [REDACTED] could visit [REDACTED] and then when we arrived Nurse [REDACTED] and another relieving unit manager told us that we could not see [REDACTED] because it was a public holiday. [REDACTED] had made visiting [REDACTED] conditional to him being there and only on week days. [REDACTED], [REDACTED] and I are treated as the problem not as part of the solution.
100. I know with certainty that [REDACTED] [REDACTED] does not want either son to be her power of attorney as she has asked me to be. See signed documents.

101. [REDACTED] asked me to act on her behalf as she had no means herself in a ward that she describes "as reducing her to an invalid".
102. [REDACTED] [REDACTED] has made every attempt to be heard as to needing protection from her sons [REDACTED] and [REDACTED] and still [REDACTED] staff aid her sons restrict her.
103. [REDACTED] asked me to get her will from her home but it was too late the sons had taken it. They then changed the locks so that I could not feed the cats. Then went to VCAT using [REDACTED] signed documents against her by inferring that fraud by me was afoot.
104. I am not interested in [REDACTED] money I am interested in her safety and immediate release.
105. [REDACTED] asked me to 'get a solicitor' as her rights were being violated. She was a voluntary patient when she attempted to go home on Friday the 29 March 2019. It is at this junction that [REDACTED] Hospital breached its own code of ethics and conduct. Crossing the road to catch the bus does not constitute 'harm to yourself or to others'.
106. I have been unable to achieve what [REDACTED] has asked me to do. [REDACTED] does not need supported accommodation at the [REDACTED] clinic and to take her money to restrict her is added assault when she has her own home in [REDACTED].
107. I am at the point where I have to take the chance and hope that a doctor will act independently rather than rubber stamp the bias decision already made by Dr [REDACTED] and the Registrar [REDACTED]. Historically I witnessed a new doctor respond to [REDACTED] not from what she said in the consultation but from what he was reading from the medical notes from another Doctor.
108. When I read **Dr** [REDACTED] clinical notes the medical narrative is upsetting as I have known [REDACTED] for twenty years and for the Doctors to give a tone that distorts [REDACTED] efforts to describe her physical pain by using word such as a 'flap' and 'ball' with the doctor putting a 'psychological overlay to symptoms' is insulting. [REDACTED] has risked reaching out to [REDACTED] Hospital, the [REDACTED] Hospital and the [REDACTED] Hospital only to be put down by inference that her pain is 'quixotic'.
109. **Commissioner Armitage** needs to know that Ms [REDACTED] is a person who does not need to be incarcerated in [REDACTED] or transferred to the [REDACTED] facility. It is one thing to be referred to complex care because a medical explanation

for the pain cannot be found. It is another to make a person an involuntary patient in using the 'complex care' to invalidate what the patient is saying.

110. For Dr ██████████ to diagnose ██████████ ██████████ as "Person with feared complaint in whom no diagnoses is made" does not justify ██████████ Hospital nurses detaining ██████████ because she is crossing the road to catch the bus home.
111. **Ms ██████████** on Friday the **29 March 2019** dared to rise above the fear and leave a very unhealthy hospital environment. I am witness to ██████████ ██████████ being treated in an inhuman way. I will take the stand in any court to testify to this truth.
112. The inbuilt prejudice is from one extreme to the other where stigma leaves a person who has a mental illness being treated like a criminal to the other extent of damaging a person who is of sound mind.
113. ██████████ has been wrongfully detained under the Mental Health Act and in a split moment has become lost in the system, pathologised as 'a risk of absconding'.
114. The law needs to change. It is not enough that two doctors from the same hospital-██████████ can protect each other's while casting ██████████ ██████████ into a world of fear presenting her to the outside world as a person needing to be locked up. A role reversal is required.
115. **Nurse ██████████** at ██████████ needs to be told that using his body to barricade me in with four of his senior colleagues, the psychiatrist, another doctor, the unit manager and the manager ██████████ all deliberately surrounding me to prevent me from leaving was and is abusive. Such conduct has no place in a mental health facility.
116. I have witnessed doctors over prescribe pain killers to ██████████ instead of taking ██████████ seriously about addressing the cause of her bowel pain. Giving her laxatives of one kind or another with pain killers is what has made the problem worse. To then blame and punish ██████████ by placing her under an involuntary order because she simply took the medication as prescribed is harsh and unconscionable.

Conclusion:

117. ██████ asked me to organise Legal Aid and an Independent Mental Health Advocate to represent her at the Mental Health Review Tribunal however ██████ ██████ staff and ██████ sons did everything to deny her representation. Both the Review Tribunal and VCAT have been misled. My experience of ██████ was profoundly negative and it is cultural. Not one employee in the mental health workforce of ██████ was supportive.

118. Can the RC into Mental Health recommend an in depth official investigation when serious complaints have been lodged with the Independent Mental Health Complaint Commission?

█████ ██████ does not have a forthright personality like I do. ██████ coping mechanism is to go quiet say nothing in her belief that how she is treated will speak for its-self when sadly it does not. What happens is that this type of behaviour is normalised. When ██████ did speak out in the beginning she was disrespected and responded to in an aggressive way. If reversed I am sure a primal scream to the violent act of being locked away would rise in their psyches.

I rang the Office of the Public Advocate only to have that door close as the sons had already contacted them. On that basis I was denied support for ██████ and told by inference that getting ██████ to sign anything would be undue influence when every single agency that I have reached out to, requires ██████ signature or verbal consent before they would/ could act, even to go and see her.

This is the anomaly where ██████ has disorientated and impaired ██████ functioning to a basic level of making a phone call. ██████ do not want ██████ to phone Legal aid or the Independent Mental Health Advocate.

█████ ██████ is in survival mode within the group/staff dynamic of ██████ I have witness ██████ try to protect another woman experiencing the raw pain of being reduced to an instinctive level of outrage.

If ██████ cared about ██████ protective rights they would have rung the numbers themselves especially after ██████ read the signed documents. If

conscionable he would have made sure that Ms [REDACTED] had legal representation at **VCAT** on the **29 April 2019**.

It is a closed system that needs to be opened up to allow friends to be given legal right when family members are being negligent.

These signed documents (see attached) were unethically given to [REDACTED] sons by someone from [REDACTED] and used at VCAT by [REDACTED] and [REDACTED] against their Mother who was not in attendance at the hearing.

On the **26 April 2019** five [REDACTED] staff surrounded me and would not allow me to leave unless I handed over the documents. I made sure that [REDACTED] authority was respected. If I had been a lawyer or had a lawyer with me then the unit manager on the day (name not known) and hospital manager [REDACTED] would not have abused Ms [REDACTED] or me in this way.

I said to the unit manager that if I was allowed to go back into the ward and ask [REDACTED] [REDACTED] what she wanted as the documents were her property and if [REDACTED] agreed then it would be fine. The unit manager said "No" and accused me that if we went back inside the ward then I would upset [REDACTED]

It is the staff that are upsetting [REDACTED] not me. I bring comfort in her being heard. The unit manager called the police and I was unable to leave subject to this threat. It was unacceptable behaviour by [REDACTED] towards me and [REDACTED]

Because [REDACTED] did not have a proper Mental Health Tribunal Hearing in April 2019 it is doubly important that her authorised documents reach some agency who can help her legally.

As a Victorian citizen I am asking the Royal Commission to make recommendations to prevent such abuse by hospital staff using the police to intimidate and threaten. On the second occasion I attempted to ring legal aid only to have a recorded prompts direct me elsewhere that had a recorded message as well with no one available.

I then attempted to leave [REDACTED] only to have Nurse [REDACTED] take up his barricading position at the front door. The manager [REDACTED] again condoned [REDACTED]'s abuse in preventing me from leaving. I repeated to [REDACTED] what I had said to the unit manager and this time common sense prevailed and he agreed to go back into the ward and ask [REDACTED] herself. We went into the bedroom for privacy and after [REDACTED] heard that I would not be allowed to leave and that the police had been called she allow [REDACTED] to read and take a copy of her documents that I had prepared on her behalf. We talked with [REDACTED] and thought we were being respected, only for trust to be betrayed by [REDACTED] making the document available to [REDACTED] sons.

[REDACTED] is an intelligent man and at no time informed either [REDACTED] or myself that he was going to place the document into her file making them available to any [REDACTED] staff who decided to give them to the sons. At 10.30 pm that night I had the youngest sons [REDACTED] ring me making a threat that if I was to change the locks according to the documents then it would be a criminal matter. I replied that it was already a criminal matter with him and [REDACTED] changing the locks without their Mother's permission.

[REDACTED] was more concerned about intimidating me and he said that he would send the police to my place.

[REDACTED] told me that she broke down at the Mental Health Review Tribunal when the sons wanted the cats to be placed elsewhere with her expected to pay. When I asked Indra where the cats were he would not tell me. His Mother had arranged for me to look after her cats.

To change the locks to prevent me from feeding [REDACTED] cats was mean. To this day I do not know if the oldest cat, Jemma is still alive. Locking [REDACTED] and her cats away is horrible when they need to be together at home with a genuine support person routinely dropping in. If either of the sons have the cats what is so difficult in them simply telling me?

On 13 May 2019 I asked [REDACTED] who from [REDACTED] gave the document to [REDACTED] [REDACTED]'s sons? He said that it was not him but he would not tell

me who it was. I made clear to him that harm was occurring and once I said this he refused to talk with me and hung up.

This is the system abuse where cover up has become part and parcel of disempowering [REDACTED]. The more I followed proper legal procedure in seeking to action [REDACTED] instructions the more [REDACTED] and I were taken out of the equation by those in positions of power.

[REDACTED] has had no chance whatsoever to stop the unfolding chain of events and the genesis stems back to [REDACTED] Hospital sending Nurse [REDACTED] who arbitrarily interfered with [REDACTED] home, health and person. On Monday the **18 March 2019** Nurse [REDACTED] came to [REDACTED] home while I was on the phone following up on [REDACTED] last appointment with Dr [REDACTED] only to have Nurse [REDACTED] interfere telling me it had all been sorted out and that [REDACTED] would be going into hospital for observation. No clear communication occurred on that day by Nurse [REDACTED]. Both [REDACTED] and I were misled. We thought at long last the hospital was hearing [REDACTED] concerns and the observations were to do with a possible 2nd bowel operation.

The deception was there on that day from Nurse [REDACTED] who did not tell [REDACTED] that she was going in for a geriatric assessment but talked in non-descript vague terms of 'maybe more than one day maybe three or four days', not months.

I experienced nurse [REDACTED] disrespecting [REDACTED] and myself and told her that [REDACTED] GP [REDACTED] was the bench mark in how I was to be included. Nurse [REDACTED] was bypassing me contrary to Dr [REDACTED] respectful inclusion as a support person to [REDACTED]

Persons involved must be named as [REDACTED] [REDACTED] has been reduced to being at their mercy. I told [REDACTED] and [REDACTED] that I would be reporting it to the Royal Commission. I am doing so to prevent them taking advantage of another vulnerable woman. Can the Royal Commission make 'accountability' transparent to counter the administrative power games that [REDACTED] [REDACTED] and I are being subjected to? How can we move forward in mental health if we have our mental health assaulted in the process?

█████ has paid too big a price with ██████ aiding her sons. What he did was not above board no matter how he may present it. We both extended trust to him and he had the power in the fiduciary relationship.

What it will take for ██████ to reverse the VCAT Order and recover only other victims truly comprehend. ██████ knew that he was being given a copy of the documents in a private & confidential capacity and that it was ██████ ██████ business if, when and how her sons were to receive a copy. At no stage did ██████ give consent to ██████ or any ██████ employee to make available a copy of these documents to her sons.

In every attempt to support my friend in claiming back her freedom I have experienced family bias and compounded administrative abuse from ██████ Hospital ██████ to ██████ Hospital ██████.

Nurse ██████ from ██████ Hospital and ██████ have both ignored ██████ values wishes and clear objections. ██████ went to the mental health review without an advocate or legal representative. Her sons have dominated every outcome.

If the cats have been put into a cattery then do the sums for three month expenses. ██████ most loved possession are her cats of course she is going to pay and of course if she knew that she was going to be away for more than a week she would never have gone to ██████ Hospital in ██████.

█████ has told me her wishes to be included in her treatment and recovery and this is why ██████ and Indra ██████ have done everything to shut me out and deny me contact.

Both sons live in walking distance of their Mother and could not even visit her on her birthday yet make every effort to have control over their Mother's utilities and property has been no effort.

█████ came to my place for her birthday.

Both █████ and my story involves a merging of the systems failing vulnerable women who as a result are being subject to elder abuse “the tribunal is satisfied that the person has a disability and is unable to make reasonable decisions...” yet █████ was able to make a ‘reasonable decision’ in granting █████ a copy of the documents on Friday the **26 April 2019**.

I have experiencing █████ sound capacity in the face of her physical pain. She went to hospital complaining of pain from a previous surgery, doctor didn’t listen and focused on her memory problem which is minor in the scheme of things. If you were listening you could hear that █████ wanted engagement with life and for people to celebrate it with her.

To subject █████ to mental and emotional anguish is derelict conduct by persons having power over her. █████ is not a risk to herself or anyone and can manage her own estate and like all of us as we get older we need physical support not locked away. Like needing a village to bring up our children we need a community to care as we age and if we are to have mental health then society needs to cease doing crazy things that leave people demented. Knit one pearl one drop one start again. It was insightful and touching moment watching █████ lovingly respond to another woman in █████ who was pounding on the glass door to get out. The staff too cut off too afraid to humanly engage. What is her story if only I was allowed to visit I could ask. Perhaps █████ can tell me when she comes home.

Yours sincerely,

█████

Summary

Issues:

- The system is appalling failing to protect vulnerable women
- There's a doubling with [REDACTED] situation and my situation: Member [REDACTED] from VCAT – did not even acknowledge in her order that [REDACTED] was not present, and listened only to the biased opinions of her two sons and the manager of [REDACTED] "the tribunal is satisfied that the person has a disability and is unable to make reasonable decisions..." yet [REDACTED] was able to make a reasonable decision in granting [REDACTED] a copy of the signed documents.
- [REDACTED] can manage her own \$3 million estate, I have tested her memory myself.
- VCAT has allowed her sons to take away her skills and decision making power.
- She went to hospital complaining of pain from a previous surgery, doctor didn't listen and eventually considered she had a focused on her memory problem. [REDACTED] - Nurse [REDACTED] organised an in-home visit for a dementia (?) assessment alone, I haven't been able to find out what sort of test they did.
- Yes, I acknowledge she has a memory problem and most people do, her memory problem is small in comparison to dementia and is a result of her physical pain dominating her daily life. I know much younger people who cannot remember things.
- She doesn't belong in [REDACTED].
- Another visit was arranged but because I was there on that occasion [REDACTED] son [REDACTED] cancelled it, and this led to her son organising another meeting with [REDACTED] and nurse, and [REDACTED] asked me to be present – this was the week before she went into the geriatric ward in Kew. At this time we were misled to believing it was for observation for a few days to prepare for a possible 2nd bowel operation.
- I have been denied access to [REDACTED] this entire time, since along with her friend [REDACTED].
- Yesterday: [REDACTED] – unit manager – [REDACTED] – answered the door to [REDACTED] visiting [REDACTED] after he has recently had a bypass – [REDACTED] was banned from visiting because [REDACTED] (one son) didn't want him to, despite the order saying both sons must make these decisions together. On Easter Friday, [REDACTED] Staff won't would not even tell [REDACTED] that we were are standing at the door wanting to visit her! [REDACTED] and I were not allowed in because it was a public holiday and [REDACTED] was not present.
- [REDACTED] gives me instructions that are blocked by her sons and now I can't visit or speak to her without her sons or the staff preventing this.
- [REDACTED] can't even get pen & paper, or keep her mobile on her – its isolation on top of isolation.
- They are breaching duty of care in the name of duty of care!
- Doctors tell us to contact the sons, and the sons say it's the doctor's decision, we are left powerless.
- We need action. We are caught in an absolutely strangulating system of abuse.
- We're hitting a wall and another wall, and all we want to do is get her out, to see our friend.
- She is straight-jacketed psychological, administratively and legally.

Key messages:

- There is no system in place to protect vulnerable women from elder abuse via 1. Families and 2. the mental health system
- She is so straight-jacketed psychologically and administratively abused.
- ████████ sons are taking advantage of her assets and do not have her best interests in mind.
- Lack of ownership of duty of care is the systemic failure
- We need action: The RC must make recommendations so that this cannot continue or happen to another vulnerable woman.
- My mother was locked away after reporting the abuse that was happening to me and my sibling's brother and I will not allow it to happen again.
- It's an inter-generational system failure/abuse.
- ████████ ████████ and I are all left powerless within a broken system.
- ████████ isn't even able to participate in this process of the RC. This is unjust.