

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

Organisation Name

N/A

Name

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

"I do believe creating more publicity around mental illness by sharing the death toll safely similar to what they do with the road toll death. Shying away from it unintentionally creates stigma around mental health. Having more public figures, tv shows etc talk about mental health but not just that be vulnerable and share their own story and journey with mental health as being mentally ill one of the main supports that encouraged me to not only seek help but be vulnerable and be okay with having mental disorders and being encouraged to think that I am not a burden on my family was listening and hearing to other people's share their journey. Starting at a young age and encouraging safe spaces, making them aware of mental health and where/how to seek help as well as how to help those around you and what to look out for. As children and teenagers spend majority of their time at school and considering teenagers are most likely to have a mental illness a compulsory all year round class would be so beneficial. It would not be incredibly hard to find a spot to fit within the schools curriculum to set this class out, as most schools especially in younger classes have a class around careers and their future etc but they fail to communicate and educate us on mental health. We do have R U OK Day and multiple other organisations have specific days as well as mental health month etc it is great to see so many more people getting involved in these but being a recent school leaver having the school participate in an annual mental health day was a great start but after that most of the children forget to understand the importance of it and that's why I suggest a compulsory weekly class around mental health would not only create a space for people to talk and explore mental health but create a safe space for others to be vulnerable and be okay with seeking help. As we are all aware the way we are brought up influences us in the future. "

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?

"The idea that different age groups are split up and treated with individuals their own age, not mixing adults and children together is something that has worked well especially in inpatient facilities. The possibility to receive inpatient and outpatient support is a great as well but of course needs some more work. To me personally as said before publicity and getting more of the word out there around where to seek support is key. As someone who has suffered with ill mental health for most of my teenage years and after seeing my school counsellor I was referred to my local child and adolescent mental health service (CAMHS) I had never heard of them before as all I knew about what headspace, beyond blue and lifeline which are all great but considering headspace are unable to give support to those who have more complex needs and need to get referred onto CAMHS or their local adult service is not only frustrating to the patient but could take a toll on the service as they have to move someone along. As headspace is growing and individuals seeking help headspace should incorporate specially trained and more professionally trained clinicians and possibly someone who has admitting rights so they can stay in the service

especially if they are young as being moved on to another service or needing to seek elsewhere decreases the motivation of the individual as I have been in similar situations that do not involve headspace but knowing the publicity of headspace and the likelihood of individuals and young people seeking help from their local headspace centre is high the involvement of extra speciality support would increase the motivation of young people as they build their trust, working relationship and motivation. I do know that headspace are linked in with their local CAMHS service but that still involves having to start a whole new working relationship with someone else if they needed to move. Long story short, headspace should be similar to CAMHS or it should not exist as no one likes to be told they have to seek help somewhere else and that is why a lot of people are scared to seek help. Publicity around CAMHS needs to be increased quickly and make it widely available option to individuals so they don't have to be turned away, knocked down or moved on when their case becomes too complex'. What's the point of having a service such as headspace if when an issue arises that is too complex, the client's life is in danger or they don't have the tools to support the individual they get moved on to CAMHS, so why not start at CAMHS where they are able to support everything and anything that arises as they have the appropriate resources. "

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.

"Environmental factors increase the likelihood of someone experiencing mental health, their socioeconomic status as well as how healthy someone's lifestyle, family and house life is. I suggest providing support, education and information to groups/communities that are of higher risk of ill mental health so if they see symptoms of a disorder they know where to go, early intervention so they can get treated appropriately and in a timely manner. "

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

"Victoria is a very multicultural society and being around different cultures and communities who have different values and beliefs also means they all have a different understanding around mental health. To better cater to these communities having individuals from that community speak out around mental health especially those of an immigrant background as they are of a significant higher rate of experiencing mental health. You've got to build rapport and build a connection with the community as you want them to be able to see themselves in others if you're trying to break down stigma and encourage them to seek help. As we are a very multicultural state education around mental health for parents and family is key as in some cultures it is believed that mental illness does not exist and is a sign of weakness, so education around those issues in certain cultures is great as well as being culturally aware of it when discussing these. In the media when talking about mental health and having individuals share their story you don't see much publicity of people other than Caucasians which is an issue as it makes it seem that mental health support is only catering for Caucasians so diversity and similar to have an LGBTQI+ specific service have that for individuals of ethnic backgrounds that have on hand interpreters for those who need it in crisis services, inpatient, outpatient, triple zero calls as language barriers are a massive issue for those who grew up outside Australia or English is their second language. "

What are the needs of family members and carers and what can be done better to support them?

"They need support as much as the individual with ill mental health. Creating a space where parents can seek support or information around their child's illness / struggles and being able to connect with others. As when I was in and out of hospital for my mental health my family felt lost, they didn't know what to do they wanted to help but they didn't really know how to. If there are carers who are supporting someone with complex or chronic mental health issues there needs to be specialised services that help them whether that be with in CAMHS or other public and private services but there is a need for it. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"EDUCATION IS KEY as it not only will contribute to destigmatising mental health but encourage others to seek a career in the area as the stigma of ill mental health patients being dangerous and scary will be minimal. Have more available options such as internships, volunteering opportunities and increased placements in mental health services. If publicity and opportunity isn't out there not many people are going to know about the multiple career opportunities in mental health services. For those in the service, they should receive regular check ins as well as debrief after each shift/day especially if something challenging or distressing has risen. "

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?

"Training for everyone and anyone in the mental health service. Training needs to be improved for paramedic's, police and hospital security. They should all need to do extensive and ongoing training always, continue to educate them on ways to deescalate someone ion crisis, how to manage safety and educate them on the not so common or highly stigmatised mental illnesses like personality or psychotic disorders."

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

"Informing schools, local communities, services including GP's and mental health services about the possible issues around mental health as well as educating them by giving them a list of support networks. On going education, being open and honest with Victorian people around your plans and the hopes you have for the future with these improvements to the services, how long is it going to take to see improvements and if we don't see improvements/change in 5, 6 years we will re address and update this royal commission again. This is ongoing and I hope see more improvements, knowledge and support around how to better cater for our ever growing population."

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

"The mental health system has been in my life for about 6 years and along the way I have been traumatised, dismissed and not heard when seeking support in both inpatient and outpatient public

mental health services. Within 12 months of my treatment at [REDACTED] CAMHS I had seen around 5 different mental health professionals, 2 of which left the services for maternity leave or being a registrar. I understand people fall pregnant but that's not my issue, my issues is surrounding the poor handover and abrupt way I found out I'd have to see another practitioner/professional. No one finds it easy to be vulnerable, dig deep inside yourself and talk about what is going on in our own minds, some of the most deepest and most personal information about ourselves and when finally you gain the trust and professional relationship with your psychologist/therapist you are told they are no longer going to be around and you have to start your whole journey again. Getting to know each other, gaining trust and relationship and finally actually getting onto the support and treatment you're there for. It's a long and tiring process which no one wants to need or have to do again, but within the mental health system it is common which should not be the case. Communication is key, if the mental health professional has fallen pregnant and knows they're going to have to go on leave to support their child, there should be a process in which they fade out of someones care and another fades in. A new person involved in the individuals treatment should be engaging in their treatment while their mental health professional is still there, so that when they are gone and unable to be apart of their treatment they are not so called 'thrown in the deep end' and kind of left to their own devices'. Similar to registrars when they are engaging in training and or placement at mental health services there should be another permanent professional involved in each and every one of the patients care that the registrar is supporting as no patient should feel like they are getting moved from one person to another, as that for me had a negative impact on my mental health and made me feel less motivated and more unwilling to engage in mental health services. Eating Disorder treatment My CAMHS case manager after a few months from seeing him noticed my weight had dropped and was persistent in finding out why after a lot of back and forth I finally told him I had been restricting which took a lot for me to do. He received the information he was trying so hard to get but did nothing with information, no referrals or anything. I was left continuing to engage in eating disorder behaviours getting more ill and stuck in my disorder. Around 7-9 months later my parents called an ambulance because I refused to eat for 72 hours and was weak and always tired and that's when my eating disorder treatment began, in hospital with a naso-gastric tube and that is when I was finally diagnosed with an eating disorder, a diagnosis that was far too late as I was in the depths of my eating disorder. I gained weight, was medically stable started on a solid meal plan and was discharged within 3 weeks of being there I was out for another three and back for two weeks, out for one and than back in for two weeks and than after that I was in for two weeks out for 48 and that went on for months. Hospital was my main treatment for my eating disorder and always consisted of the same thing, weight gain, naso-gastric tube and a meal plan. That is a part that 100% needs to be looked out and monitored when someone has an eating disorder but that should not be the only thing, your mental health should not be dismissed but instead monitored and spoken about. My mental health was not mentioned or even talked about while in hospital for my eating disorder as I was on a medical ward where I felt as if the nurses did not understand eating disorders and felt as if they thought I was doing everything out of spit and it was a choice. After months of being in and out of the medical ward for my eating disorder, I was finally taken seriously. I was about to be discharged after two weeks, but I was not ready as I was not complying fully with my meal plan and still needing a naso-gastric tube to get nutrients. I was physically pushed out of the medical ward at [REDACTED] Hospital, I was hysterically crying and upset as I was not ready to go home because I knew I'd be back in soon. But instead that was being unnoticed by the nurses and security was called to try and get me in the car, my mum was crying and telling them we can't take her home in this state, my parents was offered no support until security and nurses actually understood and realised I was unwell and could not go home in

the state I was, so security put me in a wheel chair and I waited inside the hospital with security surrounding me trying to work out what to do with me. I was taken back up to the ward I came from and after missing dinner I was told I needed a naso-gastric tube, being in the state I was, I was not happy and did not want that to happen so I absconded from the ward, ran out of the hospital and on to the road in attempts to end my life. Security chasing me, police called and I was surrounded hand-cuffed and put in the back of a police divi-van and brought back to the hospital. Brought up to another ward in [REDACTED] hospital with a 1-1 nurse, not consuming anything for 72 hours not even medication I was put under the mental health Act, security called shackled to a bed and a naso-gastric tube administered and given nutrients. Early next morning I was transferred to [REDACTED] I did not consume anything for 72 hours when I was transferred, security were called I was put in seclusion, sedated and a naso-gastric tube was administered and nutrients was given. I was struggling immensely with my eating disorder unable to consume anything orally including water and medication. Treatment was traumatic, as [REDACTED] [REDACTED] rules and regulations changed I was unable to keep my Naso-gastric tube in so for the next two months I was unable to go beyond a certain part of the psychiatric ward, go outside not even the fenced of part and everyday at nurse handover when they were double staffed, security was called I was sedated, restrained and a naso-gastric tube was administered to give me nutrients and than taken out. That went on for two months, I am still traumatised to this day about the treatment I received. I should not of had to go through that and there should be an extensive remake of how eating disorder patients are treated, we are human and deserve to be treated humanly. While in hospital I had weekly meetings with my treatment team as my parents made that happen so my mental health team, as I was diagnosed with Anxiety and depression as well as I had suicidal ideation and struggling with self harm before I was diagnosed with an eating disorder and my dietician and my medical doctor came together to talk about my treatment so I could be treated holistically and not separately as they all intertwine. Eating disorder patients should not just be treated by their physical appearance or medical problems but as a mental health patient. Given support, engage in seeing a psychologist. I have dragged along the floor of the ward, I've been bruised and hurt by the security guards when be restrained. Its disgusting. Sedation/chemical restraints

1. There needs to be better frameworks, documents and frameworks around the use of sedation. Chemical restraints are illegal in Victoria but yet were used on me throughout my treatment as a chemical restraint is a drug that is used to restrict or manage a persons behaviour or restrict a patients freedom and is not usually used as treatment for the patient and that is exactly what they were using sedation for, it was to restrict my movement and stop my behaviours.

Ambulance There needs to be better response time by ambulances when an individual is in a mental health crisis or attempts on their own life have been made. My friend was left convulsing on the floor for hours after attempting to end her life as the ambulance took a long time to respond. A couple of days later she was pronounced dead.

The CAT Team They need to actually take us seriously and not just tell us to call back in a couple of days or not respond to our needs.

Police They need to be specially trained and educate about mental health, they need to be trained properly when attending an indivual in crisis and not just go in there with brut force and restrain them.

Mental Health Act I was held under the mental health act for 22 months which is an incredibly unnecessary long time. I should have not been on a form of treatment order for longer than 9 or 10 months. I attended every tribunal hearing, raised my concerns with them and how I could move forward but they were unnoticed and unreasonable. I was sound of mind and able to understand what was going on, how The Act works and the consequences of my actions. I was complying with my treatment although I did not like it, I was taking my medication and actively engaging with my treatment team around different medications but I was being unheard and that was not being considered which was frustrating as I was trying so hard to comply and be as active

as I could in my treatment but it was frustrating that I was forced to go to a mental health service that had a negative impact on me due to being on a treatment order. I would become agitated and frustrated when I was in the service and I'd leave worse than what I was when I came in and my family had to deal with the after math of it. I was not given a great explanation as to why I was kept on the treatment order for that long but the only information I was given was they are afraid of relapse but feeling so trapped within an unhelpful system increased my symptoms of some disorders causing me distress, losing trust in the service and expressing my anger towards them by yelling and arguing which to them increased their reasoning for keeping me on a Treatment Order. Which ultimately was my loss but I was seen as no one else other than someone with a mental health issue, I was active in society attending school and completing my VCE, I was going well and mostly stable but my treatment team did not see that and I did almost everything I could. If I didn't agree with them I'd calmly discuss it with me but I was seen as making un-rational decisions, I was fed up with it all and had enough with how I was being treated and was just angry and frustrated which made me make them aware by what I said before yelling and just showing my emotions of anger and frustration rather than hiding them. The Mental Health Act is necessary but being kept on it for almost 2 years without a proper explanation, being stable and out in society, completing daily activities and doing most normal' stuff with of course some slip ups but I was seen as no one other than my mental health disorders with so much judgement and untrustworthy. The Mental Health Act tribunal panel should be told to explain their decision in great detail whether it be verbally or written but they need to do it so we don't feel lost on forever walking on a tightrope under a microscope any wrong move could be documented and watched carefully like a lab rat. Mental Health professionals should see us as people not our disorders and should not see everything we do negatively or part of our disorders. "