Submission to the Royal Commission into Victoria's Mental Health System

Title: _____ First Name: [redacted] Last Name: [redacted]

Email: [redacted] Contact Number: [redacted] Postcode: [redacted]

Preferred Contact Method: ☒ Email ☐ Telephone | Gender: [redacted] | Age: [redacted]

Do you identify as a member of any of the following groups? Please select all that apply.

☐ People of Aboriginal and Torres Strait Islander | ☐ People with disability

☐ People of non-English speaking (culturally and linguistically diverse) backgrounds

☐ People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community

☐ People who are experiencing or have experienced family violence or homelessness

☐ People who are engaged in preventing, responding to and treating mental illness

☒ People living in rural or regional communities | ☐ Prefer not to say

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Submission type: ☒ Individual

Does your submission include information which would allow another individual who has experienced mental illness to be identified? ☐ Yes ☒ No

If yes:

Are you authorised to provide that information on their behalf, on the basis set out in the document?

☐ Yes ☐ No

Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers? ☐ Yes ☐ No

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Privacy acknowledgment

I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page: ☒ Yes ☐ No

Please identify whether this submission is to be treated as public, anonymous or restricted.

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

☐ Public: My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission

☒ Anonymous: My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised* (i.e. all information identifying, or which could reasonably be expected to identify the author is redacted).

*If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you.

☐ Restricted: My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted: _____

_____

* While the Commission will consider your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

Please select the main Terms of Reference topics that are covered in your brief comments.
Please select all that apply.

☒ Access to Victoria's mental health services

☒ Navigation of Victoria's mental health services

☐ Mental illness prevention

☐ Aboriginal and Torres Islander communities

☒ Family and carer support needs

☒ Suicide prevention

☒ Mental health workforce

☒ Rural and regional communities

☒ Best practice treatment and care models that are safe and person-centred

☐ Pathways and interfaces between Victoria's mental health services and other services

☐ People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities

☐ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system

☐ People living with both mental illness and problematic drug and alcohol use

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Supporting Document

My mother was diagnosed with borderline personality disorder and severe depression, and has struggled with mental illness for most of my life.

My sister and I, aged 38 and 36, care for our mother.

Throughout that time we have dealt with the psychiatric services here in [redacted] on a local level from early childhood. Mum has been in and out of care, [redacted] in [redacted] and then when that shut down, with [redacted] community, and inpatient care.

Mum had been well for the best part of 15 years, until 3 years ago, she hasn't been able to get out of her mental instability this time. It has been very hard and upsetting for us and her grandchildren to witness.

This time, the presentation was entirely different. However, because mum has a long history with psychiatric services here, we feel that they have treated her based on past presentations. We sought to explain that this presentation was different, but felt ignored.

Normally mum would receive some care, possibly a short inpatient stay, and medication changes and then would pull through. This time round it has been a very long 3 years, with very low and harrowing experiences, with mum not pulling through.

The shortage of professionals and beds here mean that we have had to utilise the emergency departments, and police on a number of occasions. I totally understand the frustrations it can cause on emergency staff that may not be equipped to deal with mental health patients, and not having mental health staff readily available, can be even more challenging.

As daughters we have had many experiences of pleading for help, but the treatment we receive makes us feel like we are overreacting.

On one occasion we presented with mum to emergency after finding her attempting to suicide. We had to wait for a mental health assessment for hours whilst the emergency department was inundated.

The team then advised us that mum was no risk and no beds were available. With us refusing to drive my mother home, the community based team said they would drive mum home. We then witnessed Mum leave the ED with the team, before running from them, into oncoming traffic. If this wasn't a sign that she was a risk, I'm not sure what is. On numerous occasions, this has occurred, where mum has been told she is not a risk, and sent home only to be brought in by ambulance to ED after an attempt.

My mother did end up being in care for months, and during this time, the staff were good and bad. We were never asked how we were coping emotionally, even after stating to her case manager that it would be easier on us if mum had suicided. This is hard to even state looking back, but it's the frustration of trying to get good care for mum that became hard to deal with.

Mum had to explain herself to and attempt to maintain a relationship with, too many psychiatrists. There was also a shortage of available clinicians in the area too. Treatments would be suggested, and then not followed through, as differing opinions would rise. Visiting the care facility we would witness mum sitting in her room, isolated, whilst staff were knitting in arm chairs or talking amongst each other. We would ask mum has anyone come to see you lately? Or check on you? Even just to try and interact with her, which I thought would have been a comfort for her.

Mum had even tried to hang herself [redacted] in what was supposed to be a 24 hour care facility. A phone call to me, well and truly after the fact had happened, revealed that mum had multiple things in her room that we deemed unsafe and would take home-scissors, etc.

It wasn't until we received an aged care assessment to get mum out of the psych care that things began to improve. Once we did, we were able to access a range of other support services. They were really supportive, and they were inclusive, and provided emotional support to us as her family.

Unfortunately, here and probably in most areas, there's a shortage of professionals to deal with mental health, and especially for aged care, with only approx. 10 acute beds to cover such a wide area (Grampians health) this isn't adequate and needs attention.

Luckily for our mother she has the support network of us, and her partner, whom she doesn't live with, although it was made to feel like that because she had our support, the services could step back. We would never regret the care we provide for our mother, but it has been hard, and come at a cost. We have had to decrease our work lives, study commitments, marriages and family relationships.

Issues with the mental health system:

- Relied on Mum's mental health history and past ways of coping,
- Temporary of locum services ensured there was no consistency of care,
- They have to cover such a wide area, which means that there's too much required from small teams to be able to meet people's needs. They would be constantly late, and this was really hard while we were working.
- The staff were mum was in care. There was only ten or twelve beds in there. Some staff were great, and others just seemed like they had been there too long. This was really frustrating, while no one was interacting with the patients.
- Other times we thought mum would be safe in care, but wasn't. This made things incredibly frustrating.
- A lack of meaningful inclusion from medical staff and case managers within psych services. It wasn't until we said we needed to be included, that we started receiving information. And they seemed to try and tell us everything was fine, but my mum would be in emergency. When my mum had a fall in the morning, it wasn't till that evening that we found out.
- There was no emotional support for us as a carer. It took us too long to find out about what services were available.

What worked well?

- The transitional care program worked well. This worked well, as they had a team which helped mum with all the basics. Now she's living at her home now, which is wonderful. It's still scary, as she admitted that she has tried to do things again, but she's now able to talk again, and able to get the social interaction she needs. Sadly, they have told her she can't go back to psych services, which also makes things hard.
- We've finally got a regular psych. He's been amazing, and he's working with us on options that don't involve medication.
- The ED department has been good, but they've been so inundated and they're relying on mental health to come and assess people. They do a good job under pressure.

Recommendations:

- We need to look at the catchment areas that we have staff in. Currently, it's too large.

- We need to focus on retention and acquisition of quality of staff. Perhaps more incentives.
- Don't just rely on the past history, and look at each presentation as something new which needs to be addressed.
- There's a shortage of beds long care. When people are in their crisis point, there's a crisis of places they can go.