

Terms of Reference 2.1

How to deliver the best mental health outcomes and improve access to and the navigation of Victoria's mental health system for people of all ages including through best practice treatment and care models that are safe and person-centred.

In 2009 I saw a psychologist as I was anxious and experiencing panic attacks. She suggested that in addition to the CBT support that she was providing I ask my GP for a script for some Valium. The GP refused, instead insisting that I commence taking an antidepressant and agree to a referral to a psychiatrist. When I saw the psychiatrist he immediately prescribed Valium and told me that the antidepressant that I was taking was inappropriate given my presenting symptoms (Insomnia is a common and well known side effect of Zoloft). This was my first, but unfortunately not last experience of coercive treatment and being directed to take medication that worsened my condition.

At the beginning of 2011 I resumed seeing the same psychiatrist as my anxiety had returned, precipitated by some work that I had been doing. A couple of months later I was referred to a local private hospital for investigation of abdominal pain. As the physician could find nothing wrong she transferred me **without my consent** into the care of my psychiatrist at a nearby private psychiatric hospital. I found myself on a stretcher in the foyer being told by my psychiatrist that the pain I had experienced was a sign that I was severely depressed and that my only option was admission and immediate ECT. Yes, I signed the consent papers, but this was because at no stage was I given any alternatives. My reaction to the trauma of this sudden transfer into a locked psychiatric ward was taken as further demonstration that I was seriously unwell and needed drastic treatment.

I endured a further five hospitalisations and ECT treatments before my psychiatrist finally conceded that they weren't doing me any good. During this time I did ask for a second opinion, but this proved to be just a rubber stamp of my existing treatment. I was also concurrently being administered a cocktail of pharmaceuticals, including benzodiazepines, antipsychotics and two different antidepressants. These only increased my anxiety and I became suicidal and severely depressed. This experience confirmed my opinion that when I was initially admitted into hospital I had been misdiagnosed as I now knew what severe depression really felt like.

As I stopped being hospitalized in 2014 and the psychiatrist refrained from experimenting with different medications, my condition began to slowly improve, but I was plagued by the unpleasant side effects of the medication that I was on, namely Endep and Seroquel. I experienced severe constipation and dry mouth, significant weight gain, loss of interest in sex and most importantly chronic dizziness. On a couple of occasions I blacked out and was told by my GP that I was suffering from hypotension. At no stage did the psychiatrist attempt to monitor my blood pressure or use any other measure to assess potential side effects, or adjust my dosage after feedback from the GP. You may wonder why I continued with this unpleasant drug regime. My psychiatrist had encouraged a state of dependency in me such that he was able to threaten me with abandonment or worse if I did not follow his treatment plan.

In 2016 I blacked out again resulting in broken ribs and a pneumothorax. I was taken to hospital in a critical condition and spent three days in the ICU at the [REDACTED] Hospital. After the necessary operation was conducted at a nearby private hospital I was given heart monitor and blood testing to eliminate other possible causes for the dizziness that led to my fall. A consultation by a visiting psychiatrist was requested who immediately stopped the Seroquel and halved the dose of Endep. Over the next year with his assistance I was able to wean off medication completely and I have been symptom free for almost two years. I have also lost weight and my physical health is much improved.

What did this psychiatrist do that was helpful? He treated me like a competent adult, gave me choices and allowed me to be a partner in my own recovery.

The main problem that I have experienced as a mental health patient in Victoria in the last 10 years has not been lack of access to services, but the total dominance of the medical model and the unfettered power of psychiatrists. I do not imagine that this will be easy to change. Perhaps an example from cancer treatment could be helpful. In 2009 my husband was diagnosed with prostate cancer. We were given the opportunity to discuss with a comparatively objective Cancer Nurse the competing claims of surgeons and radiologists and even the no treatment option. I would have welcomed a similar opportunity at the beginning of my journey and later as support when I was enmeshed in what was on reflection a very unhelpful and nontherapeutic treatment regime with my initial psychiatrist.