

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

Organisation Name

SUB.0002.0010.0067

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

"1. HEALTH PROMOTION AROUND MENTAL HEALTH CAN REMOVE BARRIERS OF STIGMA AND DISCRIMINATION. 2. GREATER ACCESS TO THE JUDICIARY AND TO THE VCAT AND THE VEOHRC WITH FUNDED ADVOCATES AND GREATER ACCESS TO LAWYERS TO ASSIST CONSUMERS OF THE SYSTEM BREAK DOWN BARRIERS OF STIGMA AROUND MENTAL HEALTH AND WHERE DISCRIMINATION HAS SERIOUS AFFECTS. 3. THE VICTORIA POLICE IN MY OWN CIRCUMSTANCES VIEW ME AS A NUTTER AT MY LOCAL POLICE STATION AND SURROUNDS AND THROUGH TO THE OFFICE OF THE POLICE AND TO THE MINISTER OF POLICE AND THE MINISTER OF HEALTH AND HUMAN SERVICES WHERE I HAVE COMPLEX CHRONIC HEALTH AND INCLUSIVE OF COMPLEX MENTAL HEALTH DIAGNOSES THAT INCLUDE ANXIETY, DEPRESSION, PSYCHOSIS, PTSD, HIV/AIDS (FOR IN EXCESS OF 33 YEARS), AGGROPHOBIA, VESTIBULAR MIGRAINES, LOSS AND BALANCE, SLEEP DISORDER, SLEEP TRAUMA, SLEEP DISORDERS THROUGH PTSD, BLADDER AND BOWEL INCONTINENCE, PREVIOUS AOD HISTORY, PREVIOUS INCARCERATION AND WHERE I AM TERRIFIED OF ANY ENGAGEMENT WITH VIC POL AND PARTICULARLY WHERE I HAVE BEEN VICTIMS OF ASSAULTS AND SEXUAL ABUSE AND WHERE I HAVE HAD TO FORMALLY ENQUIRE IF VIC POL PROVIDES SERVICES TO PEOPLE LIVING WITH DISABILITIES. THESE TYPES OF SCENARIOS COULD BE BETTER HANDLED THROUGH APPROPRIATE EDUCATION THROUGH THE PUBLIC SECTOR TO REMOVE BARRIERS OF ACCESS AND PROBLEMS AND HESITATIONS AROUND ENGAGEMENT. ALSO WHERE PEOPLE LIVING WITH DISABILITIES AND MENTAL HEALTH HAVE BEEN RECORDED AS BASHING PEOPLE WHO LIVE WITH MENTAL HEALTH. 4 INCREASED FUNDING AND WIDER POWERS AND FUNCTIONS TO THE OFFICE OF THE PUBLIC ADVOCATE TO CHAMPION PROGRAMS TO TACKLE STIGMA AND OFFER MORE ENGAGEMENT AND SUPPORT FOR PEOPLE LIVING WITH MENTAL ILLNESS. 5. SPORTS AND TELEVISION, SOCIAL MEDIA AND RADIO HEALTH PROMOTION 6. CHANGES TO THE EO ACT TO ENSURE GREATER PROTECTIONS FOR THOSE LIVING WITH MENTAL ILLNESS AND GREATER SANCTIONS UNDER LAW THAT PROTECT AND ENSHRINE GREATER RIGHTS OF PROTECTIONS FROM HATE SPEECH, STIGMA, VICTIMISATION, ASSAULTS, DISCRIMINATION AND ABUSE TOWARDS PEOPLE LIVING WITH MENTAL HEALTH 7. GREATER JUDICIAL EQUITY AND SANCTIONS AND PUNISHMENTS WHERE STIGMA AND VICTIMISATION AND DISCRIMINATION EXISTS TOWARDS PEOPLE WITH MENTAL HEALTH DISABILITIES AND WHERE CRIMES OR INFRINGEMENTS OR ABUSES TOWARDS PEOPLE WITH MENTAL HEALTH DISABILITIES OCCUR AND WHERE PEOPLE LIVING WITH MENTAL HEALTH DIAGNOSES ARE VICTIMS OF THESE INAPPROPRIATE AND UNLAWFUL BEHAVIOURS. 8. INCREASED LEGISLATIVE POWERS FOR THE MENTAL HEALTH COMPLAINTS COMMISSION OR THE INTRODUCTION OF A MENTAL HEALTH COMMISSIONER WITH INCREASED JUDICIAL POWERS THAT CAN LEAD TO

PROSECUTIONS AND JAIL WHERE INAPPROPRIATE BEHAVIOURS TOWARDS PEOPLE LIVING WITH MENTAL HEALTH ARE EVIENT AND WHERE THE UNDERSTANDING OF BEING A VICTIM IS SIGNIFICANT9. 9. INCREASED SANCTIONS AND INVESTIGATIONS AGAINST PRACTITIONERS WHO ADOPT AND ENGAGE IN INAPPROPRIATE AND UNLAWFUL BEHAVIOURS TOWARDS CONSUMERS LIVING WITH MENTAL HEALTH AND WHERE ABUSES ARE PRESENT UNDER THE MENTAL HEALTH ACT. 10. THE MENTAL HEALTH ACT IS ARCHAIC AND NEEDS TO BE REPLACED WITH A NEW ACT PROMOTING CONSUMER AND CARER RIGHTS; INCREASED PROTECTIONS; GREATER SANCTIONS FOR BREACHES AND GREATER CONSUMER PROTECTIONS. THE NEW ACT SHOULD N OUTLAW COWBOYS ABUSES FROM PRACTITIONERS AND OFFER SUPPORTED ACCESS AND LEGAL REPRESENTATIONS WITHIN JUDICIARIES AND TRIBUNALS. INCREASED JAIL SENTENCES FOR ABUSES UNDER THE NEW ACT. AN ABUSER REGISTER WHERE WORKERS AND PRACTITIONERS WHO ARE FOUND GUILTY IN BREACH OF THE ACT AND REMOVED FROM THE SYSTEM. THIS REGISTER SHOULD REMOVE ALL PUBLIC SECTOR EMPLOYEES WHO ARE IN BREACH OF A REPLACED ACT. 11. GREATER TRANSPARENCY AND GREATER ACCOUTABILITY MANDATED BY LAW WITH NO EXCEPTIONS. 12 ADHERENCE TO CHARTER PRINCIPLES AND PROMOTION OF CHARTER RIGHTS. 13 GREATER AWARENESS OF LGBTQI CULTURALLY SPECIFIC ISSUES TO INDIVIDUALS FROM THIS COMMUNITY WHO PRESENT WITH LONG TERM HIV AND AIDS AND AOD AND COMPLEX MENTAL HEALTH ISSUES AND DISORDERS 14. GREATER AWARENESS AROUND LGBTQI CULTURAL DIVERSITY AND MENTAL HEALTH 15. GREATER SANCTIONS, TRANSPERENCY AND ACCOUNTABILITY AROUND ABUSES OF PRISONERS WITH MENTAL HEALTH OUTCOMES WITHIN THE CORRECTIONAL ENVIRONMENT. MORE TRAINING FOR PRIVATE ANDM PUBLIC SECTOR EMPLOYEES WHO MANAGE INCARCERATED PRISONERS"

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?

WHERE MENTAL HEALTH IMPAIRMENTS MIGHT INHIBIT ACCESS FROM THE HOME AND WHERE MENTAL HEALTH MAY BE RESTRICTIVE OR SIGNIFICANT. ALLIED HEALTH CARE INTO THE HOME

What is already working well and what can be done better to prevent suicide?

OPEN COMMUNICATION WITH MY GENERAL COMMUNITY HEALTH TREATMENT TEAM AND ALLIED HEALTH PROFESSIONALS THAT ATTEND MY HOME ONLY. AREA BASED MENTAL HEALTH AGENCIES HAVE ACTED ILLEGALLY ASSULTED AND ABUSED MYSELF AND MY CARER AND FURTHER EXECUTED THEIR PROCEDURES IN AN UNLAWFUL MANNER THAT LED TO MY ATTEMPTED SUICIDE THIS YEAR AND WHERE I WAS RESUSSITATED AND ADMITTED TO AN ICU UNIT .

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.

"TREATING PEOPLE WITH MENTAL HEALTH DISORDERS AS PEOPLE, AS INDIVIDUALS AND IN A RESPECTFUL MANNER. GREATER REFLECTION AND ADHERENCE TO CHARTER RIGHTS OF THOSE CONSUMERS AND CARERS. GREATER UNDERSTANDING OF CARER INPUT AND EXTERNAL MEDICAL AND ALLIED HEALTH PROFESSIONALS DIAGNOSES AND

STORIES WHERE AN AFFECTED PERSON OF MENTAL HEALTH MAY BE MISDIAGNOSED."

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

"THE MENTAL HEALTH ACT WOULD IMPLY AND WAS PROBABLY DESIGNED TO ENSURE THAT MENTAL HEALTH CARE SERVICES AND THE PROVISION OF MENTAL HEALTHCARE IS PROVIDED FOR VICTORIANS WITH MENTAL HEALTH DISORDERS. THAT ACT IS ANTIQUATED AS IS THE SYSTEM IN WHICH IT OPERATES. THE ACT WHILE LIMITING IS USED OUT OF CONTENT OF FAIRNESS AND SUE PROCESS AND WHERE AN INGRAINED AND INAPPROPRIATE DEGREE OF ABUSE STAGNATES WITHIN THE SECTOR. THE MENTAL HEALTH SYSTEM IN VICTORIA WOULD OPERATE OUTSIDE THE ORIGINAL PURPOSE AND ROLE OF THE INTENDED ACT ...TO PROVIDE MENTAL HEALTH CARTE WHILE PROMOTING THE RIGHTS OF THOSE CONSUMERS AND CARERS. VICTORIA HAS PREVIOUSLY EXPOSED UNSPEAKABLE ABUSES TOWARDS VULNERABLE PEOPLE WITHIN ITS CARE THROUGH A PREVIOUS ROYAL COMMISSION INTO INSTITUTIONALISED SEXUAL ABUSE. THE MENTAL HEALTH SECTOR AND ABUSES UNDER THE CURRENT ACT PROMOTES A CLIMATE OF UNCONSONABLE ABUSES TOWARDS VICTIMS WHO FORM PART OF THE CURRENT SYSTEM AND WHERE THEY ARE EITHER CONSUMERS OF MENTAL HEALTH OR CARERS OF THOSE PEOPLE WITH MENTAL HEALTH. THE SYSTEMIC ABUSES UNDER THE ACT AND INGRAINED THROUGH A CULTURE THAT DISRESPECT AND LACKS OBERSERVANCES OF LEGISLATED RIGHTS AND PROTECTIONS. THAT ACT THAT WAS INTENDED TO ENSURE MENTAL HEALTH HEALTHCARE AND HEALTHCARE OUTCOMES HAS NOW BECOME A TOOL OF ABUSE WITH A REDUCTION AROUND POSITIVE HEALTHCARE OUTCOMES, REDUCED CONSUMER AND CARER RIGHTS AND ABUSES WITHIN THE SMILAR COMPARABLE TO THAT PREVIOUS ROYAL COMMISSION INTO INSTITUTIONALISED SEXUAL ABUSE. COMPARABLE THESE TYPES OF ABUSES OCCUR WITHIN COMMUNITY CARE AND INSTUTIONALISED CARE EG CORRECTIONAL SYSTEM THERE IS FURTHER A RECOGNITION OR UNDERSTANDING OF DIVERSITY AROUND COMMUNITIES THAT IDENTIFY AS SAME SEX OR TRANS. CULTURAL, RELIGIOUS AND NON ENGLISH SPEAKING CLIENTS ARE AT THE UTMOST RISK OF FURTHER ABUSES AND WHERE FEAR, LANGUAGE SKILLS AND FEAR OR AUTHORITY PRESENT. THERE IS LITTLE RESPECT OF INDIVIDUALITY AND ABUSES ARE SEWPT UNDER THE CARPETS. THERE IS A LACK OF APPROPRIATE OPEN DISCLOSURE PROCEDURES WHERE MISTAKES ARE MADE. NON ENGLISH SPEAKING WORKERS OR WORKERS WITHIN THE SYSTEM FROM OVERSEAS ARE POORLY TRAINED AND SCARED TO SPEAK OUT. THIS PROMOTES A TOLERRENCE OF ABUSE IN CONTRAST TO THE VALUES, PURPOSE AND ROLE OF THE ACT"

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

"CARERS AND FAMILY MEMBERS OFTEN BETTER UNDERSTAND THE NATURE AND CHANGES OF MENTAL ILLNESS. THEY ALSO HAVE RIGHTS ENSHRINED UNDER THE CHARTER AND UNDER THE MENTAL HEALTH ACT. THEY ARE OFTEN DISREGARDED BY PRACTITIONERS WHO SEEM THEM AS AN ANNOYANCE OR AS INSIGNIFICANT. THIS CAN IMPACT DIAGNOSIS AND RESULT IN POOER AND INAPPROPRIATE HEALTHCARE OUTCOMES. NEW PRACTITIONERS IN THE SYSTEM AND OFTEN GUIDED BY INAPPROPRIATE AND SYSTEMIC ABUSES CAN IGNORE THE RIGHTS OF FAMILIES AND

CARERS TO PARTICIPATE, OFFER INVALUABLE MEDICAL ADVICE, OFFER IMPORTANT INFORMATION AND INSIGHTS AROUND THE CONSUMER. COMMUNICATIONS ARE OFTEN DISREGARDED TO THE FAMILIES AND CARERS AND WHERE COMMUNICATION AND INCLUSION FORM AN INVALUABLE PART OF TREATMENT AND RECOVERY. "

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

BETTER TRAINING. A NEW SYSTEM. A NEW ACT. REMOVING DEAD WOOD WHERE ABUSES PREVAIL

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 Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

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

"MY PREVIOUS COMMENTS SUPPORT A NEW ACT, BETTER PROMOTION OF CONSUMER, CARER AND FAMILY RIGHTS, AN ACT THAT PROVIDES FOR MENTAL HEALTHCARE AND TREATMENT WHERE INDIVIDUALS, CARERS AND FAMILIES AND BETTER RESPECTED

AND RECEIVE SUPPORT RATHER THAN ABUSE. GETTING RID OF THE DEAD WOOD. GETTING RID OF THE ABUSES. GREATER TRANSPERENCY AND ACCOUNTABILITIES. GREATER SACTIONS AROUND ABUSE. GREATER UNDERSTANDING AND ACCEPTANCE OF DIVERSITY AND DIFFERENT COMMUNITIES. AN ACT THAT IS FIT FOR PURPOSE AND THAT ACCORDS GREATER RESPECT OF VULNERABILITY AROUND MENTAL HEALTH WHILE PROMOTING ACHIEVAVBLE HEALTH OUTCOMES AND RECOVERY WHILE PROMOTING RESPECT AND ACCEPTANCE OF INDIVIDUALITIES. REMOVING ABUSE. ACCOUNTABILITY. RESPECT, SANCTIONS. EDUCATION"

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

"I attempted suicide earlier this year and where these were due to serious and systemic failures under the NDIS Act and where there were systemic and continuous abuses of the Mental Health Act, to try and limit my formal reporting of an assault and unlawful deprivation of liberty under that Act. Both [REDACTED] and myself were victims of abuses and assaults by two medical practitioners at The [REDACTED] Emergency Department and where we reported this to authorities. We were further traumatised, incurred further assaults and abuse of the system and abuse of processes within the system, suffered continual police harassment and became incredibly ill and traumatised. [REDACTED] has since been diagnosed with PTSD as a result of the abuses and trauma from these events. My attempted suicide attempt was post this event. There were other events proceeding this which have been recorded by an independent statutory authority as: [REDACTED] [REDACTED] between 10 January 2019 and 25 January 2019 staff contacted your carer, Mr [REDACTED] on 10 January 2019. You have said the staff were seeking information from him about your mental health. You said that they contacted him without your consent a staff member contacted you on 11 January 2019, but did not explain why they had rung you. You said the staff member did not ask you about your views and preferences regarding treatment. You said this had made you distressed, and the staff member had been dismissive of this. You indicated that the staff member said you were speaking aggressively, and terminated the phone call two staff members attended your home on 25 January 2019., and you had not been notified of an appointment the staff did not explain why they were at your home an Assessment Order was made. You have expressed concerns that the Order did not meet the legal requirements as it was filled in prior to their visit, and there had not been an assessment of your mental health within the previous twenty four hours. You said you believed the order was incomplete, as sections 2 and 6 were blank, and the signature was missing. You told us you believe this information was added later the staff discussed sensitive and personal information about your physical and mental health outside your home where neighbors could hear, breaching your privacy the staff did not explore other ways to undertake an assessment and provide treatment. You have said that the order documented that you were unable to be treated in the community, which did not reflect the community support services you receive. You do not consider that less restrictive options were considered. [REDACTED] Hospital Emergency Department on 25 January 2019 the reason for you being treated compulsorily was not explained to you your concerns that you had been unlawfully detained as the Assessment Order was incomplete were not listened to your rights under the Act were not explained to you. You said that when you asked staff questions about your rights, they were dismissive you did not have the opportunity to participate in discussions about your treatment and recovery. You told us that you were not supported to make or participate in decisions. You said that your views and preferences were not respected the mental health liaison nurse was rude, demeaning and degrading. You said that she repeatedly asked questions about your relationship with your carer that were not relevant to the assessment. You told us that you felt that these questions were discriminatory, and reflective of

the heteronormative personal view of the staff member your medical needs were not treated. You have said that the staff did not treat your eye condition the security guards assaulted you using physical restraint as you were filming on a mobile phone. You told us that, as you were filming in a private cubicle you believe you were not infringing on the privacy of others in the ED. You said the security guard was aggressive and intimidating, threatening you that he would confiscate your phone if you did not delete the footage immediately 2 the staff said the service had a policy that people could not film in the ED. You said that you asked to see the policy, but staff did not provide it. You told us that you are concerned that the service policy is not consistent with your human rights in the Victorian Charter of Human Rights and Responsibilities Act (2006) the role of your carer was not recognised. You said your carer was not involved in discussions about your assessment and treatment. You said you believe the staff were aware of your carers mobility and balance issues, but despite this, the security guards and nursing staff forcibly removed him from the hospital you were told by the staff that your carer was not permitted to return to the hospital. You indicated that this left you without any support or your personal possessions, increasing your distress you were not assisted to communicate with the Victoria Police about your concerns regarding your experiences."