

[REDACTED]

Mental Health Royal Commission

Personal Statement

I have had dealings with both the Victorian public and private mental health services over the duration of my mental health diagnosis and have had different levels of success, I have a confirmed diagnosis of Borderline Personality Disorder, Anxiety and Depression,

Below is a list of services I have dealt with and my experiences with varying success.

[REDACTED] Community Care Unit- [REDACTED] [REDACTED]

This facility is a psychosocial Rehabilitation for up to 2 years, however I remained there for approximately 3 years, when I was admitted to this facility it was explained to me what the Community care unit is and what is expected I thought it sounded like somewhere where I could work on my mental health and improve my chances in living independently in the community but over the first 6 months it was quickly evident that it wasn't what I thought it was meant to be.

. it was on an ongoing basis that staff threatened me or used the mental health act unlawfully including when I self-harmed, or threatened to take an overdose, or sending me to the emergency department of [REDACTED] Medical centre as it was seen as attention seeking, often when I presented to the emergency department the staff at the community care unit were hoping for an admission they even claimed I was a risk to the staff. On multiple occasions they mentioned to the staff of the psychiatric triage that I was too difficult or challenging for the staff and other clients and that having me in hospital was easier and safer for the community. When I did self-harm, it was mentioned and documented that I was to seek out my own medical attention including calling emergency services or taking myself to the emergency department and when I did present to the emergency department is determined that I was attention seeking, this idea of me taking full responsibility of my own actions. This was documented in a 15-page management plan.

I was quickly seen in the emergency department and was treatment with you are wasting resources and we could we treating someone who deserves the treatment and care. And when I was treated I was treated poorly. During my care and treatment at the community care unit , I was medicated with antipsychotics as it seemed it was easier to treat and care for me and when I needed to talk to my primary worker it was mentioned that I appeared agitated so I was given a prn medication whether that be Seroquel or diazepam and when I refused to take this medication I was threatened with the mental health act for noncompliance.

When I did overdose on medication and if the staff were aware of this or suspected this I was taken to hospital and when in hospital I was medically treated and was discharged with no further support or care. Following this incident, the psychiatrist [REDACTED] threatened me with SECU (secure extended care unit) based at [REDACTED], and on one such occasions the psychiatrist without my knowledge or my mother about arranging an admission to [REDACTED] psychiatric unit, for so called

assessment purposes and when a bed became available and the ambulance appeared at the ccu I when then only notified of the decision. I was later at [REDACTED] hospital told the real reason of the admission they were hoping to keep me in hospital to transfer me to either Doveton ccu or secure extended care unit. This decision fell through and I was returned to the CCU at [REDACTED], I remained here for approximately another year throughout this year the subject of housing was mentioned and was done with the staff on my own this was done this way to stop my family having any input into this, the social worker mentioned only 2 options which were SRS (Supported residential services or nette court (mind Australia residential, I refused to accept the SRS option, I asked my family to support me in this decision, I was treated with if I didn't agree that the staff would get the police to evict me from the property and gave me a week to find a property, however I was given a couple of more weeks to find something I was offered a place in [REDACTED] psychosocial Residential during my transition from the Community care unit, to [REDACTED] I was provided with 6 weeks of support. I was admitted to [REDACTED] health medical centre inpatient psychiatric unit at clayton and found the unit very confronting and challenging the staff were very much about providing medication during my inpatient admission I was provided with multiple medications such as sleeping medication and if I refused to take it I was being seen as noncompliance, the expressed they found it hard to treat me as I had a dual disability mental health and a mild intellectual disability, the doctors which treated me prescribed me multiple medications, I remained as an inpatient for around 2 weeks. I had Dr [REDACTED] as my treating psychiatrist and there was a level of power during this stay. During the experiences that I have had with [REDACTED] health my family have been affected deeply by the level of care, abuse, power and control shown by a health service.

Melbourne clinic-

Whilst I was still receiving treatment and care from the community care unit I was referred by my Gp at the time to the Melbourne clinic for my mental health as I was not able to receive adequate treatment from our public mental health services as the waiting list was too long and I was considered not sick enough I was referred to a psychiatrist Dr Perry Short, I was fortunate enough to have a individual support package provided through the department of human services for my intellectual disability and was able to have the department pay for my psychiatrist and after a couple of visits my psychiatrist started to bulk bill me, I was admitted to the Melbourne clinic for a number of programs that were offered as an inpatient, I was lucky enough to also be provided with enough funding from my Individual support package to pay my private health to provide me with this support. I spent several weeks as an inpatient. It was only after my inpatient admission that I felt that I could get better with the right support. My psychiatrist felt that the ccu was counterproductive for my mental health. I have found the support provided to me from Melbourne clinic very supportive even the nursing staff. I even have had the oppournity to undertake DBT the therapy for borderline personality disorder. The only problem I had in seeking services is the transport in getting to the Melbourne clinic. The ability to have private health Insurance has been invaluable in helping me forward with recovery. The only fault that I could say in relation to Melbourne clinic was the transport concerns, I would like more done around supporting patient in being able to succeed in the care and outpatient treatment by providing some support or assistance in being able to get to the clinical appointments or day programs. The cost of psychiatrists is a concern it is one thing to have private health insurance but another to be able to afford a psychiatrist which charges around \$300 for an appointment with an out of pocket of some \$100 for someone with a mental health diagnosis and is on a Centrelink payment being able to afford is very challenging so I would recommend some more funding in relation to the cost of seeing one. This is a concern as in the end I wasn't able to find a psychiatrist that bulk billed and I wasn't able to afford it either and therefore I

looked out to the public mental health system but considering that I had private health I was turned away and told to use by private health as the public health system was lacking beds and was unwilling to find a bed to have me admitted.

██████████
I was a resident of ██████████ peer recovery community from August 2014- September 2016, thought my experience of ██████████

I had 2 positive experiences of this facility one of these experiences was when I was at ██████████ I met a resident who I was able to connect with this resident in which we spent a lot of time socializing together and doing activities together when the staff cancelled activities we started to learn about each other and what we enjoyed we found that we have a lot in common and as we got to know to each other more and more we decided to start looking for housing together we eventually were able to move together in private in Mordialloc, and to this day we still live together, study together and go on holidays and explore new things we also as an addition to our friendship we both adopted a kitten by the name of Mitzy. Mitzy is great therapy for my Mental Health.

I had a worker by the name of ██████████, she supported me through the first 8 months of my stay, she was willing to provide me with great support, helping to link me with the services I needed, however when she left the service, she was replaced with a worker by the name of ██████████ I found him to be very sloppy, slack, and the documentation was very poorly written and disinterested in supporting me and other clients, when I approached him as my worker and asked for support as I was distressed I was responded with you can call the care team yourself, whilst I was a client of ██████████ ██████████ I was studying a certificate IV in mental health at Chisholm Frankston, and throughout my course, when I did become unwell I was often told that you are studying mental health you can go seek out services for yourself, throughout my time at ██████████ The Team leader for the service ██████████ was very abusive and her behaviour towards myself and other clients was very unpredictable, I also found that throughout my time with ██████████ all the staff had an attitude about the mental health condition Borderline Personality disorder as ██████████ tried to pass me on to another worker and ██████████ mentioned to me and other staff that I was too difficult and challenging. And that when I asked to make a complaint about the treatment and care of the staff I was told that "why would I after all the support we have given you" I was never provided my rights as a service user at ██████████ ██████████ created a false sense of safety and security by telling me that I would never make a complaint to ██████████ about the staff, on one occasion I was suicidal and distressed and was told that I was attention seeking and that she needed to call an ambulance and that I was wasting resources including staff resources and time and well as funding and that staff needed to stay back and complete incident reports.

Whilst I was at ██████████ both ██████████ and ██████████ constantly called my private psychiatrist to try and have me admitted and in the end I lost the ability to see my psychiatrist she thought by calling him all the time he would have me admitted however it did not happen this way in the end he said to me and my family that could not continue to see me.

I needed to involve a disability advocate to support me as it became evident that there were a number of concerns being raised one of these examples, is that my time was coming to an end at ██████████ as this facility was for up to 1 year however I remained here for longer due to housing there was no housing available for me and it was becoming more and more clear that ██████████ and ██████████ were trying to make me homeless by getting other clients to make up stories so the staff could use the information as evidence to find a reason to have me leave the facility and was threatened that the staff would call

the police to have me evicted and escorted from the property. On another occasion I was admitted to Epworth hospital for surgical treatment for a medical condition and was transferred from the Melbourne clinic I received a phone call from [REDACTED] that he, [REDACTED] and [REDACTED] wanted to meet with me the next day, when I did meet with the staff after having had a general anesthetic the day prior, at this meeting I was provided with legal documents giving me 120 day notice to find a place I mentioned that given that I had surgery the day prior that I wouldn't understand these legal documents however [REDACTED] demanded that I take these documents however I refused and this was placed under my door, a clear example of power and abuse of rights in relation to housing I was only offered a rooming house, studio type room inside the property however this property was considered from the department of human services as temporary accommodation however this housing complex has syringes and needles all scattered through. after I refused this I was told that accommodation and housing was up to me and my family to find suitable housing,

In September 2015, there was an incident involving physical injuries,

On this day I was in my room as I had the day off from TAFE I went out for a couple of hours and returned to [REDACTED] PRC, I was feeling distressed and approached the staff at the office for some support however was told that all staff were busy and weren't able to support me but [REDACTED] would come up and see you when he is free this was the response from [REDACTED] as [REDACTED] was too busy wanting to get out of the office to get to baker's delight to get free food in which she did every week for all the client's I felt this was inappropriate as I was needing support and assistance and when she returned she and [REDACTED] came up to my room and asked me if I wanted support I said no, then [REDACTED] and [REDACTED] left and went and called the catt team and the police despite not stating any risk to my safety (again another example of power), when the CATT team, and the PACER team (police, ambulance, clinical early response) arrived they asked [REDACTED] and [REDACTED] to leave as they wanted to speak to me [REDACTED] and [REDACTED] approached them and asked them to take me to hospital they declined and [REDACTED] became frustrated by this decision, and when I left and went inside I came back out to speak to both them about the decision that I was staying at PRC, as I went outside, I fell down 3 concrete stairs of approximate height of some 15-20cm, I fell from the top of the three and landed on the ground hitting my head on the ground and eventually suffering a fracture to right foot (spiral) and resulting in a permanent injury, when I suffered this fall both staff witnessed the injury [REDACTED] decided to wait until I regained conscious to call an ambulance, (clear example of duty of care being breached), and [REDACTED] decided that she needed to go home so when the ambulance arrived she asked them to move so she could move her car and leave [REDACTED] in charge, the following day [REDACTED] completed the incident report and claimed it was a category incident 2 rather than a category 1 incident as I was seriously injured this was done to avoid the incident being reported to the department of health, and Department of health and human services so they would not require an investigation to be undertaken. When the service manager was not on site the staff were very lazy, did not come over from the office to check on the clients or conduct the morning meetings, often did not arrange for the activities that were arranged during the meeting and therefore didn't happen. Such as attending a program like second bite to gather healthy food for all the clients however often this did not happen as there was not enough staff, Clients.

There were several staffs that when team leaders were not present they left their shift early or arrived late "one example of this was that "I have a gym class to go to" if you have concerns please feel free to call [REDACTED] on call", [REDACTED] offered rocked in late to work

there were also several concerns at the PRC in relation to drug and alcohol issues such as being used on site such the selling and obtaining the drug "ice", there was nothing done we all as client where

told that we would have deal with. If there were any concerns, we would need to call the police for assistance.

█ one of my workers lack the ability to Follow through with the administration and other tasks including documentation, the ability to support me such as referrals or being linked into other services or attending appointments in which he was required to support me with such as my psychiatrist as he was a part of the care team.

He did not like the complex and challenging clients that he encountered, he liked the easy client's that didn't take up any of his valuable time. And which only went along to the appointments as it was a part of the program. He saw me as attention seeking and a time waster. During my meetings with █ he often took personal phone calls or started talking himself and what he did or about his counselling work.

Trust and respect- he expected that he and other staff could build a therapeutic relationship with them by believing they could have trust with one, especially █ however it would believe that is a two way request and I should be able to trust him and others however the trust I had for a limited amount of time was soon to be destroyed , Both █ and █ decide to break the trust I had by using my mental health and intellectual disability to their advantage by doing such as trying to evict me when I was in hospital, by deliberate issuing eviction notices, as well as getting other residents to spy on me and make up situations and events and █ went out of his way to set me up in regards to housing by only choosing when it suited to help me and despite being told at the start of the [program by Ali and █ that housing would a propity for me and every other client, and this was mentioned with my family. However, this wasn't the case.

During my time at █ I was also assaulted -sexually by one of the clients who was at the time affected by alcohol, I reported this to the staff who later contacted the police however, after I reported to the police. the team leader from █ asked me to drop the charges, I cornered into dropping charges (this a clear example of assault, trauma and power of abuse in mental health services) I was traumatised by this client, yet I was made to continue to live with this client until he was discharged. I was also assaulted by a client who was under the influence of drugs "ice" and was hit with pool cue, glass thrown at my head, and urine thrown across the room, there was also needles all through some of the bedrooms,

When I fractured my foot it was evident that some of what to follow was set up such my recovery after discharge from hospital this includes denying the ability the return back to █ as I was told my █ the team leader that I would not be safe and that my mental health was the problem and that I was to return back until I had an admission to The Melbourne Clinic , and █ and █ Made it very clear that if I was to return that he would call the Police, when I attended the Alfred to try and be admitted (I had to falsify my situation to be able to try and be admitted) however there were no beds available, when ECATT presented to the emergency department to assess me it was evident that I need not need an admission and that the CATT team would liase with the team leader at █ to allow me to return , I was advised the CATT team that the staff had no legal right to call the police and have me evicted.

In summary I felt the motivation was not for me to succeed but for me to fail, and while I was at █ I was treated with abusive power and staff did not work towards my recovery. The perception was that I was a failure and would amount to nothing and a waste of time

the discrimination in mental health institutions is paramount. I was treated as a second-class citizen and had it not been for my own determination and family support I would have been driven to

further depression and homelessness. The Public mental health systems work in theory not in practice. More needs to be done to introduce practical help in terms of support and housing. Housing is a key element to all Mental health services as you can provide all the mental support to a person but without treating a person holistically you can't get them back on their feet.

██████ CATT team and psychiatric Triage.

To be honest I found that when I accessed the CATT team or ECATT whether it be on the phone or in the emergency department at ██████ Medical Centre ██████ often to be a waste of time, useless and a waste of time I have found making the call and asking for the help the hardest yet and when especially when it comes to what I would call a crisis either when I have been suicidal and been unable to cope and the minute when I mentioned that I have Borderline Personality disorder, this is often taken as attention seeking and the strategies that are often suggested " going for a walk. This can often be inappropriate as when I have called it has been either midnight or early in the morning such as 2-3 am and going for a walk would be unsafe , Watching a movie, talking to family or friends another line that is often mentioned and has been in the past as well is to take medication such as Valium or lorazepam, when I was at the Community Care unit and each time I was or have presented to the emergency department there was a copy of my medication chart so this information has been documented again another inappropriate response for me is when I have been suicidal is the lack of acknowledgement or understanding, this indicates the lack of wellness to understand of what is happening at the time of the call, I have often not taken the advice of the person on the phone and it just goes to show how inappropriate and the lack of education the staff and nursing staff working with the CATT team can have, as for my other mental health concerns when I have had dealings with them over the phone I have felt they haven't taken what is said seriously , some staff can be rude and expect me to understand my own mental health and how to handle when I am in a crisis situation and the one line that is often thrown out regularly is we can't help you with the same mental health concerns all the time, this makes me feel misunderstood and that I am not worth the effort or time

Personality Disorder; provide the wrong or inaccurate information to the point of it being dangerous and even deadly if taken seriously and lack adequate staff to deal with the amount of people that either call the service or request to see them in the various hospital emergency departments. A very disappointing service in need of drastic assistance and resources of both the human and financial kind.

On a positive note despite my mental health diagnosis and my overall care and treatment of the Victorian Mental Health System with great determination and perseverance I have been able to go on and achieve a number of great things these achievements include, completing my Certificate IV in Mental Health at Chisholm and I am currently studying the Diploma of Nursing at Holmesglen TAFE and the ability to live Independently and these achievements would not have been possible without the support of my family and my own personal determination to get where I am at now.

I Would really like the opportunity to speak about my experiences in further details.