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

SUB.0002.0009.0024

**Name**

[redacted]

**What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?**

" A greater understanding between the links between mental health and homelessness And dual diagnosis, and the ability to access timely and appropriate services. That persons with psycho social disability actively try to engage in services to assist them, but service access and appropriateness is significantly in adequate to address the complex needs of persons with mental illness coupled with homelessness and other social issues. A lot of the responsibility is placed on the individual but services need to be held accountable when persons with mental illness try to engage their services, yet the services are dismissive or simply do not have the funding to provide adequate treatment and support within the community on an ongoing basis to provide the best wraparound support required for long-term and meaningful recovery ."

**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?**

" In my honest opinion there is nothing good about the current mental health sector, it is significantly in adequate, significantly in efficient and as such puts persons life at risk. There needs to be a greater emphasis on A biopsychosocial model of mental health that not only provides medical and psychological treatment but also addresses the social environment that impacts on mental health and the potential for recovery. An example of this is the empirical research linking homelessness and mental health, yet there are limited services who address both issues, there is limited communication between service providers for example emergency department, psychiatric wards and housing providers, people are being released from medical treatment into homelessness, most hospitals only provide limited crisis support, for example one night accommodation in a hotel, and will refer persons on to their local housing access point, A lot of housing access point cannot house persons with mental illness if they are still undergoing treatment and are still not fully stable and pose a risk to themselves and the community. There needs to be follow-up to ensure that the services the hospitals are providing Persons with mental illness with upon release are appropriate and that follow-ups are conducted to ensure the person has access to the minimal standard of shelter, if a person is homeless it is highly unlikely that person will continue on with treatment and taking medication, when they dont even have a roof over their head and dont have access to food and water on a regular basis, The likelihood of recovery in the circumstances are bleak. Creating significant deterioration of the persons mental health condition and places both their mental health and physical health and personal safety at great risk. Also posing significant risk to Members of the community, when a person has a mental illness and is homeless as they are in direct and constant contact with The community on the streets. "

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

" Nothing is working well. When persons are released from several psychiatric wards and are not

properly treated and stabilised when patients disclose that if they are released serious thoughts of harming themselves because they dont have housing or ongoing support. And then when those persons are not followed up with within the community to ensure that they are safe and well. When emergency departments and psychiatric wards and services past persons with significant mental health issues from one service to the other, stating for whatever reason that its not their responsibility. The system simply does not work,The symptom And its in action and its dismissal of the seriousness of mental illness is essentially exacerbating person symptoms to where they feel the situation is so hopeless in accessing services that there is no other option and no help out there that they have no other option but to take their own lives. Fix the funding, provide more spaces in psychiatric wards in units provide rehabilitation centres within the community to insure that services are there and dont turn away people who are at risk of suicide simply because they dont have the funding and thats just the way the system is, the system needs to do better these are peoples lives and they are being lost due to the in action of this very broken system, this system displays to persons with a mental illness that we simply dont care. When people try to access mental health services particularly the emergency department and the catts team its usually their last cry out for help, and when these services then dismiss these persons they essentially sign the death certificate in doing so. "

**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.**

" Mental health and homeless services, There are limited mental health specific housing services, due to the in adequate funding and spaces in psychiatric wards and units, people are being released with minimal treatment and are still on stable mainstream housing services are reluctant to house these people as they still post a risk to themselves and society. People are released from psychiatric units without proper follow-up in terms of their social circumstances ones social environment plays an enormous impact on a persons potential to achieve recovery, if a person doesnt even have a roof over their heads the last thing they are thinking about is taking the medication and engaging in psychological therapy. Drastic improvements need to be made in terms of the emergency departments in hospitals, the catts teams, particularly their crisis phone line and the period of time you have to wait for your phone call to be answered, The lack of appropriate information and communications been forwarded between emergency services, the catts Team and the emergency department when making psychological assessments. The lack of due consideration for family members and their observations of symptoms they have witnessed firsthand when making psychological assessments, taking a hierarchal approach, and not including other relevant information from family members, other service providers. The Minimalistic approach emergency department and psychiatric wards take when referring on after discharge, they need to insure the services their referring persons to after discharge are appropriate, are going to provide the required support, and these departments need to provide not just simply very short-term crisis support but medium to long term support to ensure recovery and not simply stick a temporary Band-Aid over the issue, when you only provide limited services and you dont address the issue first hand this is where you see a re-occurrence of continuous presentations of persons with mental health in emergency departments and psychiatric wards over and over again, address the issue properly the first time around and create meaningful long-term interventions."

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

" Social economic inequality,  In adequate welfare payments,  Lack of housing  Homelessness Lack of dual-diagnosis facilities. Lack of funding provided to high need areas usually areas with high social economic disadvantage such as Brimbank where services are overwhelmed,  services have enormous waiting lists, there is no specific mental health housing services or crisis accommodation Ridley available in brimbank, Placing huge demands on Hospital emergency department and psychiatric wards there needs to be more community based rehabilitation centres and more crisis housing that specifically works with persons with a mental health issue as persons with mental health issues needs and supports are vastly different to the general  placing huge demands on Hospital emergency department and psychiatric wards there needs to be more community based rehabilitation centres and more crisis housing that specifically works with persons with a mental health issue as persons with mental health issues needs and supports a vastly different to the general  population.  "

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

" Providing their love ones with mental health illnesses with appropriate and timely services and interventions.  Providing adequate services to the love ones with mental health illness so the burden is not placed on them to have to advocate for services and provide care.  Some mental health professionals could use some development in terms of interpersonal communication skills in the way they speak to family members, at times some treating professionals can be quite rude and dismissive towards family members.  Allied health professionals need to incorporate more of a family focused approach when dealing with families.  Families need to be incorporated in the assessment and diagnosis. As they also hold potentially highly relevant information that can provide a full picture when conducting psychological assessments.  Adequately communicating with family members especially prior to discharge, not then informing families once the person has been discharged.  Providing advocacy services so that family members dont have to take on the role of advocating for appropriate services for their love ones.  Providing legal services and advice lines specifically for carers and family members. "

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

Funding

**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?**

" For person with mental illness to be active participants within the community they need to get well and recover and reach stability  and have the capacity and supports to manage their mental health long-term.  If crisis and acute services are in adequate the likelihood of people with mental illness reaching the recovery stage is severely compromised.  Provide interventions first and foremost.  Reforms in social welfare that allows persons on newstart payments, to be transferred to short-term disability support payments whilst acute mental health symptoms are present, providing more respite and community housing specific to mental health that are publicly funded and not just NDIS funded places, A large majority of people with psychosocial disability do not have an NDIS plan, due to the recovery model within the mental health sector it is extremely difficult to fit the NDIS criteria. The period to have an NDIS plan put in place is quite lengthy,  and for persons who experience acute mental health illness for the first time Are denied access to

critical services because they do not have an NDIS plan. Make amendments to the NDIS criteria to make it easier for persons with a psychosocial disability to be able to obtain an NDIS plan in the first place. There needs to be more Mental health specific crisis accommodation and housing, there is an irrefutable link between mental health and homelessness that has been ignored and dismissed and needs to be addressed immediately. More dual diagnosis facilities that are able to address both mental illness and substance use. "

**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?**

" Mental health homelessness A higher of duty of care placed on hospital emergency department and psychiatric wards when releasing patients to ensure they have relevant links to services within the community to be hypervigilant when dealing with persons who are homeless with a mental illness to insure that they are not discharging them into homelessness. Psychiatric and emergency departments not releasing patience until they are fully stabilised, and have appropriate supports within the community. Significantly higher criteria when assessing a patient to be no longer A risk to themselves or other within the community and be able to detain those deemed a Risk for longer periods of time. Greater accountability and repercussions for services who release patients and they go on to harm themselves or others. Giving the mental health commissioner complaints service greater power to act at the point a person is admitted into the emergency department, Instead of having to wait for psychological assessment to be conducted before being able to advocating or intervene. In some cases a psychological assessment can be done during after hours in emergency department And The patient discharged early in the morning, before even getting the opportunity to call the mental health commissioner to make a complaint if you disagree with the assessment or diagnosis and wish to seek a secondary opinion. After hours advocacy and legal services. The ability to seek a post secondary opinion without the patient being on a treatment order. Via experience changes need to be made regarding the criteria to put a person on a treatment order, my family member met all 4 criterias, yet they would not put them on a treatment order, and as a voluntary patient did not provide adequate treatment that was required for instance to be treated and stabilised would have required at least three weeks with in a psychiatric ward they only provided my family member with three days which was grossly in adequate and resulted in my family member being released into homelessness and the person could not access homeless services because he was not full treated and deemed too high risk to be housed in the general population. Psychiatric units need to hold people until theyre fully and properly treated and stabilised they need to stop releasing them under-treated or they need to be more rehabilitation centres that can monitor and insure treatment until stabilisation is reached. "

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

" Significant funding to pre-existing services More psychiatric units and places created More community based rehabilitation centres or respite to assist during the recovery period Allied health professionals trained in bio-psycho social model of practices. To not only treat the medical condition but social aspects that create barriers and or exacerbate mental health and the capacity to reach stability and recovery. Greater duty of care when releasing patients from emergency department and psychiatric wards to ensure that the person is first and foremost not a risk to them self or others that appropriate services are in place especially in regards to homelessness simply setting them up with one nights accommodation in a motel, is grossly inefficient, simply providing

them with one housing access point is in adequate not insuring that housing service has capacity to support the patient, insuring that the patient meets the services criteria before sending them to the service, Monitoring and re-referring to services in the community if The service provided in effective, after hours emergency person to contact. Allied health professionals having a greater knowledges of services and service provisions offered by services they link clients into. Better interpersonal communication skills particularly in regards to families. Better communication with family members. Including family and carers concerns prior to conducting psychological assessments and or diagnosis, respecting family members observations and opinions not dismissing them and taking a hierarchical approach that because youre a professional you know best. "

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

" I would like to share my family members story. My family member presented to [redacted] hospital emergency department two weeks ago, at that point in time the family member was assessed to be acute requiring admission into the psychiatric ward, The family member lets call MC was voluntary, MC At the time was hearing voices and exhibiting agitated and aggressive behaviour, The voices were telling MC that the treating professionals in the psychiatric ward, Where against him and wanted to hurt him, MC distressed by These voices asked to be released, MC became quite aggressive with the staff so they released him, They called MC father to inform my father that MC had been released, MC father asked if they believed he was okay to be released, The care-team member stated they thought that MC shouldnt have been released but they had no other choice because of his aggression towards staff members, MC then got evicted from his premises, MC was now homeless and living in his vehicle, MC mental health and physical health significantly deteriorated as a result of being homeless and untreated for his presenting mental health issues, MC returned to [redacted] emergency department, requesting immediate mental health intervention as his symptoms had worsened and he was desperate for help, MC reported that he was assessed by the psychiatric team, And they stated they were not going to re- admits him into the psychiatric ward, despite the fact he was deemed a risk to himself and others only two weeks requiring hospitalisation within the psychiatric unit, despite the fact since the previous administration his mental health had deteriorated and social circumstances had significantly changed with him being homeless and at greater risk and greater stress, And the knowledge that with MC diagnose condition stress can exacerbate symptoms, being homeless as such is enormous stressor. MC returned to living in his vehicle, his condition further deteriorated and MC was desperate for help and frightened by the voices he was hearing, MC reported that the voices were telling him to kill him self, MC disclosed delusional thoughts that his son was dead and we were not telling him, that people were after him and out to get him, when MC sister came to escort him to [redacted] Hospital MC didnt know what day of the week it was and didnt know how long he had been living in his vehicle for. MC was admitted into [redacted] Hospital psychiatric unit and was kept there for three days before being released, MC sister contacted the psychiatric team At [redacted] Hospital and inform them of their grave concerns regarding MC mental health, Informing them of MC delusional thoughts regarding his son being dead, and that MC had disclosed to them that he was hearing voices and that he thought the staff members were against him at Saint Vincents and wanted to harm him. MC Sister informed the staff member that she felt MC was a significant risk to himself and others and that MC had a history of physical violence And assault when mentally unwell, informing The staff member of MC Physical assault of his son 15-year-old son at the time six months Ago and that a current apprehended violence order was in place, MC Sister asked that these concerns be case-noted. At this point MC sister was informed that MC had been released. MC sister asked whether the hospital was aware that

MC is homeless the staff member reported that MC had been placed with launch housing into Crisis accommodation. MC was not placed into crisis accommodation with launch housing MC was provided with a taxi and a one night stand at [redacted] hotel in [redacted] MC was told to go to [redacted] to access housing the next day, no further support or referrals were provided at the time, MC at 8:30 in the morning left a frantic message on his sisters phone stating that he was lost and confused in [redacted] and asking for help, MC has resided in [redacted] and surrounding areas for more than 15 years and knows the area quite well, this caused great concern for MC sister who then contacted emergency services, As MC sister did not have his current phone number, and because MC was homeless didnt know where she could find him, MC later text message to his sister the text message simply said help me, MC sister was able to see the phone number attached to the text message [redacted] sister called the phone number and directed MC to go to [redacted] and stay there and that some help was coming, less than 24 hours after being released from [redacted] MC was taken via ambulance back to [redacted], Mc sister contacted [redacted] and spoke with A care team member, Who stated they were going to release MC again, MC sister contacted the mental health service commissioner complaints line, to express her concerns and that she felt that MC was in fact a risk to himself and others and required immediate psychiatric intervention in terms of being admitted into the Psychiatric ward, and that the care team at [redacted] were not taking on her concerns and taking them seriously. The mental health service commissioner staff member contacted [redacted], MC sister was contacted by the psychiatrist who assist MC, The psychiatrist assured MC sister that MC was no rest to him self for others, [redacted] then released MC providing him with a taxi and one nights accommodation at the [redacted] hotel they instructed MC to attend [redacted] to obtain housing, MC attended [redacted] first thing the next morning, MC disclosed to the caseworker at [redacted] about the voices he was hearing, The caseworker at [redacted] was concerned about MC psychological presentation, and his disclosure about hearing voices and delusional thoughts, The caseworker at contacted MC sister, stating that they could not house MC as They assessed him as being a risk to himself and others, and high risk, The caseworker asked if any family members could provide accommodation for MC for three weeks until his medication reached therapeutic levels and symptoms had subsided particularly the voices, Mc sister informed The worker that she could not provide accommodation as she was currently caring for MC son that MC physically assaulted six months prior and felt that that would be highly inappropriate, MC other sister could not provide accommodation as MC had physically assaulted her partner two years ago and has two small children other family members would not take on MC due to his aggressive behaviour that MC has exhibited when he has been psychologically unwell previously, The caseworker then contacted emergency services as MC disclosed to her that he was going to kill himself if he could not get housing as he had had enough and could no longer cope. MC sat in the [redacted] office from 10 am in the morning until after 4:30 pm waiting for emergency services to attend the police could not attend nor called the ambulance the critical assessment team at [redacted] sent a taxi to escort Mc to emergency department for assessment, MC sister contacted the emergency department at [redacted] and requested to speak to someone on the psychiatric team to once again disclose her concerns about MC And The need for him to be admitted into the psychiatric ward for proper treatment. Mc sat in the emergency department from 5 pm until 12 pm waiting for assessment, during this period MC sister contacted the mental health commissioner complaints line again, The staff member informed MC sister that she could not act on her behalf off and till MC was assessed by the psychiatric team. MC sister was contacted by The psychiatrist who had assist MC at 12:30 in the evening, The psychiatrist stated to MC sister that they would be releasing MC as they deemed MC to not be a risk to himself or others, MC Sister stated whether they had taken into consideration the fact that both the caseworker and team leader at [redacted] had

reported to emergency services and the CATT that MC was hearing voices and and they assist MC to be a high risk to himself and others, The psychiatrist stated that they were simply a housing service and therefore did not have the capacity to make any diagnosis and that was simply their opinion and not his and that he had the capacity to make that assessment, MC sister asked the psychiatrist, why two weeks ago was MC assist to be acute and deemed a risk to himself and others requiring MC to be admitted into the psychiatric ward, yet now was deemed to be okay and able to be discharged, despite obvious deterioration since the last Assessment 2 weeks ago, and that things were actually in fact worse because MC is now homeless. The psychologist deflected by stating I cant tell you anything further due to confidentiality, MC sister Further enquired whether MC would be in fact a greater risk given that he had just started antidepressants and that antidepressants have the tendency to increase symptoms at the start before reaching the therapeutic level in 3 to 6 weeks time so given that MC had just begun medication three days ago he would be at great risk of suicide ideology and self har further enquired whether MC would be in fact a greater risk given that he had just started antidepressants and that antidepressants have the tendency to increase symptoms at the start before reaching the therapeutic level in 3 to 6 weeks time so given that MC had just begun medication three days ago he would be at great risk of suicide ideology and self harm, The psychologist again was dismissive and stated confidentiality, MC sister further stated given that MC was diagnosed with a personality disorder the stress of being homeless could also exacerbate symptoms, The psychiatrist stated how do you know MC has personality disorder is that your opinion is it, where did you get that information from you cant diagnose that, MC sister stated that it was not in fact her opinion or her assumption but that [redacted] Hospital had informed her that this was [redacted] diagnosis from their assessment. Mc sister enquired what psychological and housing support they were going to offer MC upon discharge tomorrow, The psychiatrist stated we are going to send him back to [redacted], MC sister informed the psychiatrist that [redacted] stated they will not house MC as he poses a risk to himself and others for four weeks until hes treated. The psychiatrist stated well thats not our problem, youll have to discuss that with [redacted] we are not a housing service. MC sister asked if they could provide in writing to MC a letter stating that MC had been assessed by [redacted] emergency department to be of no risk to himself or others. So that MC could provide it to [redacted] as evidence. The psychiatrist said we cant do that thats confidentiality. The psychiatrist stated Im busy I cant keep on going around in circles with you I only called you as a courtesy because you have called before previously, that is what we have decided and thats it. MC sister was extremely distraught after the phone call and gravely concerned that if MC was to be released tomorrow without any follow-up and into homelessness knowing that [redacted] will not house MC due to their about his wrist trim self and others. MC sister contacted the state member of Parliament regarding her concerns, The member of Parliament then contacted [redacted] hospital, with in an hour [redacted] hospital had contacted MC sister stating they would finally admit him into The psychiatric ward and look into The option to place MC into a rehabilitation mental health centre for three weeks until he could re-present at [redacted] to get housing. This saga is still continuing at the present point in time. There were several failings including [redacted] where MC sister had contacted doorways a mental house specific housing service that stated they couldve assisted MC if [redacted] had of done a referral. Either [redacted] or [redacted] could have provided proper treatment and stabilised MC upon an initial presentation, it is unreasonable that MC had to be passed on from one hospital to another and [redacted] and that emergency services had to become involved on two occasions within 24 hours when its proper treatment had been administered initially this scenario would not have had to come to where it has to date. As a family member it has created a great distress for myself I have not been able to sleep, it shouldnt have been left up to me to advocate tirelessly in order to get the proper treatment,I can not imagine what would have happen to other

persons who don not have family member advocate on their behalf, if the member of Parliament did not step in to Assist, if [redacted] had have discharged him,  I have no doubt in my  mind that they would not only be signing off on the discharge papers, they essentially would be also signing off on His death certificate. "