

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

SUB. 0002.0017.0029

Name

[REDACTED]

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

Better training for health professionals to be able to identify mental health issues and support them. The community cannot be expected to have a better understanding than our health professionals.

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?

The publicity provided by sporting people on their mental health issues and their openness about them must be having some impact on our young people. Whether the support is there for young people without sporting and /or private health cover is another matter.

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

I really do not have an answer for this except to reiterate the positive effect of sporting personalities speaking out. There are obviously so many different reasons why a person might find life intolerable and often even those closest to them never guessed what they had in mind.

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.

"Alcohol addiction can cloud the issue of a mental health problem. The addiction is both a cause and effect of a mental illness, but becomes a problem which must be overcome by the person suffering the disease. My daughter who was an alcoholic was continually told to overcome her addictionIt was never difficult to get her into CCU or ICU for her physical needs I just called an ambulance when I found her collapsed on the floor. Getting her into the mental health unit was impossible."

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

N/A

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

Family members and carers need to feel they are being listened to and their knowledge taken into account when decisions are being made. People with a mental illness can be very manipulative and outsiders sometimes get a different picture.

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

"The mental health workforce has my complete admiration, they have a tough job. Better training, better facilities to work in, more resources, higher ratio of staff to inmate."

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?

In my experience there did not seem to be any encouragement for someone with a mental illness to participate in anything. The social worker took my daughter to appointments if necessary but was not allowed to encourage out to the shops or for a coffee.

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?

"I can only speak from experience. Instead of spending thousands and thousands of dollars over and over patching up my daughter's body if they could just have spent some on admitting her to the mental health unit, I feel sure we might have saved her. There also needs to be good follow up after admission from a spell in a mental health unit otherwise it will be wasted. Vulnerable people cannot go safely from twenty-four hour care to living at home alone with no support. We need more beds in the hospitals and enough half way houses to support people recovering."

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

Encourage Doctors to listen and stop handing out pills!

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

"After she lost her job my daughter started having panic attacks, she became agoraphobic stopped eating and drank more and more. Over the next two years she spiralled down into a morass of physical and mental decline. We had many emergency trips to hospital, ICU CCU and long spells recovering merely to start the process again. She had one spell in Mental health early on from which she emerged quite well and a good spell followed. (Unfortunately she was not able to get to the half way house as recommended as there was not a place). The family held meetings we begged for a place in the mental health unit, we begged for a place anywhere she would be cared for, but all was denied. On the 9th June 2018 she haemorrhaged and died at home alone."

[REDACTED]

My daughter was a patient in the care of [REDACTED] October_ November 2017, where she received care in CCU, ICU, and [REDACTED]. Later she was discharged to [REDACTED]. (My daughter is an alcoholic, she suffers from depression and panic attacks.)

During this time [REDACTED] received excellent care from every department, 100s of 1000s of dollars being spent doing every possible test and examination to establish what were the outcomes to her organs of her years of sustained alcohol abuse and in particular her latest "binge" when she had managed to reduce her weight to 38kg. by her poor eating habits.

As she slowly improved with a naso gastric tube in situ and all the anti biotics and intra venous minerals etc we were told that she would need "rehab".The family requested some time for her in the Mental Health Hospital, this was denied we asked for a family conference this never happened. I was reassured that "no one" goes home from [REDACTED] without help. No help was offered.

My daughter was duly transferred to the [REDACTED] where she received sufficient physio for her to think she could manage the steps to her unit. Having achieved this she was determined to go home and she discharged herself, 3 days early. No one had taken her to her home to assess if she was capable of negotiating her unit getting in and out of her shower and toilet, getting a meal on the table. The **help** she was promised proved to be a District Nursing coming every third day to dress the pressure sores she had acquired in hospital at a cost \$90 a visit. (On a Centrelink payment of \$550 a fortnight this was never going to happen.)

I expressed my concerns to the Dr. who reassured me that all would be well. There had been no eating disorder just an infection, my daughter wouldn't drink or smoke because she was taking home medication to prevent this. (This medication is still in the bag it went home in 17th November)

Of course it was not long before I was getting phone calls, I am so sad I want to die. The police are involved, we have trips to emergency but she won't stay, she won't talk to the psychologist on the phone because she is too sad. Empty whisky bottles litter the house and friends ring me they can't get her to answer the phone, the door. Her brother and I make a bargain with her either she sends a text every day to say she is still conscious or he will come and bang on the door or break in.

And so of course we get to the day (21 January) when the text doesn't come and she is lying naked and stranded on the wood floor where she has been for at least 12 hours unable to move.

Transferred to the bed by her brother and I she is still maintaining that she will not go to hospital (no whisky there) Of course we must over ride her wishes.

Now once again the doctors are pulling out all the stops to make her well spending 1000s of tax payer dollars ready to send her home to embark once again on her near daily bottle of Scotch and of course she will not eat. She is patently not fit to make decisions for herself, live alone without support or care and in a few weeks it will all have to be done again. As I write she is begging me to sit with her take her home, she is so afraid. While she has been in hospital she has rung me even in the middle of the night to tell me she is frightened. [REDACTED] is unable to concentrate her mind for more than a few moments on any topic, yet is deemed responsible to make decisions regarding her care. To write of the journey her family and friend have taken with her in the last month would be too humiliating, but I am willing to speak to anyone who has something helpful to contribute.

[REDACTED]