

28th April 2019

Dear Daniel Andrews,

I am [REDACTED] living with Borderline Personality Disorder and Major depression.

I have had a lot of experience with the mental health system but not all the experiences have been positive.

I have been let down by the public hospital system a number of times when I was in crisis and sent home because there were no beds to help keep me safe.

These experiences of being let down by the system happen to people far too often. **People are not able to get support even when they are at risk of suicide.**

This is because the lack of money put into our mental health system.

I had a dear friend that was failed by our mental health system. When she needed urgent help, she had to wait 36 hours in the emergency department, only to be told her vital signs were good and to be sent home (Despite the fact her Mum was deeply concerned about her daughter's safety) She was sent home and killed herself shortly after.

Again due to the severe lack of funding for our mental health system another young precious life was **lost to suicide**. This was preventable.

I have seen Scott Morrison's recent grant of money to try and prevent suicide I support his efforts. However this money was mainly for setting up more Headspace centres. **The experience I had with Headspace was not positive, as I was told that I was too complex to be seen by them. Please see the attached article from the Daily Telegraph which is most relevant to my struggle. Professor McGorry who is the top expert in our country must be listened to and his recommendations must be acted on NOW.**

As important as early intervention and professional mental health support, it is not enough for someone in a suicidal crisis to stop them ending their lives.

Putting the money into hospitals and mental health facilities will be the most successful way of preventing youth suicide.

There needs to be many more Mental Health workers trained and the quality improved. They are the people who are supporting Mentally ill patients and their jobs are so important but also stressful.

Since 45% of people will experience mental health issues in their lifetime, an increase in bed numbers and correct treatment is vital. I know the State Government has increased the number of Psychiatric beds at Frankston Hospital but this must be done throughout the state. Better and more thorough support will give people a chance at hope, happiness and recovery instead of the worst possible outcome **suicide**.

This is why the Mental Health system is in desperate need of funding . All of us struggling with mental illness are crying out , begging for help. Reaching out for help is a brave step and these people deserve to spend time in a safe, supportive environment and not to be sent home.

This requires a massive increase in funding to improve the system and to create a change.

**Mental Health Victoria ( Vic Serv) recommends \$ 543 million be invested in Victoria over the next 4 years.** But I would suggest that even more money is needed to create the change we need in our Mental Health Services.

Everyone deserves proper mental health care when they are suicidal or at risk. We need to be taken seriously and not turned away because everyone's life and health are important.

As the premier of Victoria you can make a massive differences to people's lives all over Victoria by expanding all the beds in psychiatric facilities and hospitals in Victoria and improving the mental health system.

**Please invest the money in to Victoria's mental health system and give everyone suffering with mental illness the treatment and hospital care they truly deserve.**

[REDACTED]

[REDACTED]

## Tandem Carer Stories for Victorian Royal Commission Mental Health

(Interviewed on April 8, 2019)

**To the Royal Commission I would say that the main thing that needs to be done is to recognize that carers are taking the main burden of looking after and treating patients within the mental health system. They need to be supported by properly trained staff providing better treatment for complex , suicidal patients and respite for the carer .**

The main needs are:

1. More and better secure treatment centre's for mental health patients. There needs to be a centre—a place for patients to go to get complete diagnosis, treatment and housing with longer term follow up treatment.
2. Provision of outreach services ( at patient's home) for patients who cannot safely access treatment.
3. Better training and real life preparedness for mental health care workers at all levels, particularly when it comes to treating people who suffer complex conditions such as Borderline Personality Disorder and Autism

My daughter ( ) is now aged 21. She was originally diagnosed aged 6, with autism. She began to show motor skill difficulties and in her early teens she began self-harm activities such as cutting. She also developed a serious eating disorder aged 12. At the age of 14 she was hospitalized for this as well as depression and was force-fed at ( ) over the next 3 years. This was an intensely traumatic experience as she was restrained by up to 6 security guards and nurses & a naso-gastric tube inserted up to 6 times a day. This trauma may well have led to post traumatic disorder .

Over the past 2 1/2 years ( ) has been hospitalized over 50 times for suicidal attempts. She has been diagnosed with Border-line Personality Disorder. She struggles to access treatment and regularly runs away and attempts suicide . We are in a situation where, when our daughter disappears, we are afraid that will be the last time we see her alive . Her attempts have included trying to hang herself, medical drug over-dosing, laying in front of trains and jumping off high bridges.

I want to first commend the emergency department at ( ). Generally they are very kind and non judgmental. The main problem there is that after arriving in emergency after a suicide attempt , there are often no psychiatric beds and has to be discharged home with inadequate follow up.

The ( who have been treating ( for a number of years) appears to be unable to find solutions to ( suicidal behaviour and we feel she has been put in the too hard basket. The ( was a suggestion but they mainly treat Schizophrenic patients and have half the staff of acute care units. ( is still contemplating an admission there.

Other treatment and support for my daughter and for us as her carers is difficult to access, inconsistent, and obviously over stretched in terms of staffing, funding and training.

One of the main problems for carers of mental health patients is the lack of secure housing facilities. **There needs to be facilities where patients are safe , unable to escape , well staffed and where treatment is much more holistic and healing. I don't believe a place like this exists.**

NDIS is another road block. It is a slow and complex system. The support workers seem to be under trained. . Everything is always changing with NDIS which is really upsetting for people who are struggling already to cope with their life. We feel that we are constantly passed from one bureaucracy to another. Ndis has the potential to be very beneficial but it is in its infancy and we are the guinea pigs & are suffering.

**Within hospitals, the [REDACTED] are not fully secure. I would recommend that patients be under video surveillance in their bedrooms** not bathrooms. My daughter has escaped a number of times from an [REDACTED]. Patients are at risk of self-harm and death . Without video surveillance, safety of patients & staff is patchy. Nurses are supposed to check on patients at 15 minute intervals but for various reasons this often does not happen. Video surveillance would make the units safer and would take the strain off staff.

If half the money that was spent on other medical conditions such as cancer, was spent on mental health, there would be major changes for the better. **There is something wrong with the Victorian mental health system.** Hospitals need to be analysed really closely on the way they treat mental health patients and I don't think anyone is doing that analysis. **How much money is spent at each hospital on mental health and bed numbers /per population of the area ?** Hospitals seem to be using money on things that are not important whereas other areas are sorely lacking resources.

Police and ambulance services statistics need to be analysed for mental health patients and the outcomes looked at ( to see what happened to patients that were taken to emergency) Patients are often taken to hospitals and after a quick examination they are discharged because they are "not sick enough".

Please don't bother putting more money into helplines or e health that really have no substance and just use precious resources.

There needs to be safe places where there is an emphasis on training , life skills and working with patients to improve their physical health and well being. Vocational work should be a priority with specialized staff trained in metal health , training and employment. [REDACTED] were not locked so unsuitable for our daughter.

On many occasions our daughter has been told that she will not receive treatment until she stops her suicidal behavior. This is putting the cart before the horse. She won't be treated until she gets better seems to be what they are saying !

I have to put in an additional paragraph to explain what has transpired over the last week ( Dated 31/5 - 2/6) Our daughter managed to open the combination of our keysafe and unlocked the cupboard where we keep her medication - she overdosed [REDACTED] and we took her to emergency at [REDACTED] where she was treated overnight and as she had serotonin syndrome she was quite ill on the Saturday. I was with her from 3pm Friday til late Saturday when she was admitted into the ward for observation and heart monitoring. I spoke to her Sunday morning and she was improving and was waiting to see Psych liaison before I picked her up on discharge. After getting in a disagreement with hospital staff she dressed and walked out of the ward even though she was on crutches with a recent broken ankle. The nurses watched her walk out without stopping her - even though she was in hospital after multiple suicide attempts. My daughter hobbled 1/2 km and threw

herself off a very high bridge onto the train line below. She survived miraculously - breaking her back L5 & L4 as well as her other ankle. This is just not acceptable - I left her in the hospital's care and they failed her and us. What now !

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

SUB. 0002.0015.0038

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

Yes better training for doctors and psychiatrists especially around people with Borderline Personality Disorder. Maybe reward staff financially who work successfully with BPD patients. All nurses need training with how Borderline patient's behave and how to be non judgemental & assist these people.

## 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?

N/A

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

"From our perspective there is a low amount of areas that are working well. So many things can be done to improve the rate of suicide. 1. Massive investment of money into mental health beds and services as it is currently woefully underfunded. 2. Provide secure units where patients can spend time and be assessed, helped, trained in a caring and organised environment. Maybe even divided by sex so females separate to males. If not then extend adolescent units to 25 yrs or even 30. 3 Borderline personality patients need to be managed better with much more funding and alternatives than are offered now. They are treated like lepers and discharged promptly with little support. 4. Much bigger workforce with better training and more access for all patients - more empathy and less paperwork in hospitals. More time spent with patients. 5. Complex cases should be referred to a complex care team in the state and fresh ideas & opinions be presented. This is needed for patient's with BPD and chronic suicidality - just look at the ED presentations. 6. Properly analyse statistics and see who is getting help. My daughter has attempted suicide 50 plus times over the past year and the ██████████ team are seeing her every 8 weeks at home - is this adequate treatment?"

## 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.

I think hope for a better future is so important - this means Mental Health Staff talk in a positive hopeful way. We have had very little experience of this. There needs to be phone assistance when someone is not coping with how they are doing. This may need to be everyday!. It must be with highly trained personnel not just a life line volunteer. Another area that i feel needs to be looked at is skills training and career guidance - everyone needs to feel useful and have a purpose. It needs to be practical and have staff who get mental illness and have the talent to get the best out of their students. One ██████████ teacher practically destroyed my daughters confidence in doing a VET course in yr 12 despite me explaining to him the challenges she faced. He was either too arrogant to

understand or too stupid.

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

Being diagnosed with BPD plus Autism and borderline intellectual disability not being offered DBT and the [REDACTED] team only home visiting every 8 weeks because you are so suicidal. Things need to change. [REDACTED] was offered at [REDACTED] where they have low staff ratio and next to no understanding of Borderline Personality Disorder.

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

It would be great to have proper safe respite as carers desperately need this. The stress we have been under the past 10 years is horrific and we have had no respite at all ! I think really complex and long term cases need increased financial payments as the burden it places on families is soul destroying and affects the ability of these families to keep working. Who needs financial pressures as well as extreme stress in their lives just because they are doing the right thing and trying to care for someone who is struggling so much.

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

Stop putting in so many changes like closing down Partners In REcovery and Personal Helpers and Mentors when NDIS came in . This has caused undue stress and contributed to my daughters deterioration. Make sure that there are enough staff per patient ratio in every area. Reward staff for their compassion and abilities to improve patient outcomes. Much less paper work to be completed - more time spent with patients

**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?**

NDIS is a good thing for people with psycho social disability. However the funding should be appropriate and more flexible. The most important thing is that the support workers and services be highly skilled and able to really assist people to get back out into the community. They should be innovative and able to again teach skills . People with this disability should be assessed by a someone highly trained to see if they are capable of working and where their strengths lie. Are they able to be trained in an area they would be able to get work in ? The government should provide more employment areas where their are managers who are trained to assist people with mental health issues.

**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?**

1. More funding - including doubling of bed capacity in Acute Psychiatric Units 2. Every municipality to have a drop in Mental Health Hub where people can receive help 24 hrs per day - maybe this needs to include accommodation and Drs to help with health issues & prescriptions. 3 Opening up 4 more Secure Psychiatric Units in Victoria including one that specializes in treatment of Borderline Personality Disorder. 4.No one be turned away when they have attempted suicide - they must be admitted and admitted for an appropriate period where medications can be assessed and some treatment be given in the hospital. With proper support once they leave hospital. 5

Complex cases be referred to a state wide team for discussion and innovative treatment be given. 6. Trans magnetic stimulation be available through public mental health hospitals or outpatients. 7 All psychiatric units be fitted with CCTV in all rooms except bathrooms for the safety of everyone and these have to be monitored 24 hrs.

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

"Money, beds now , increase staff numbers and training for Mental Health Workers. "

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

All psychiatric units should be safe - no danger of suicide or rape and unable to escape from these. Emergency departments should have secure sectioned areas for mentally ill patients which are quiet and healing.with staff who understand mental illness .