



Royal Commission into  
Victoria's Mental Health System

## Outline of questions we ask as part of the Formal Submission process

We have been asked to consider some important themes relating to Victoria's mental health system.

The 11 questions set out in the formal submission cover those themes. There is no word limit and you can contribute as many times as you like. Attachments are also accepted.

You do not have to respond to all the questions. You can also make a Brief Comment submission if you wish.

To help us focus on the areas that matter most to the Victorian community, the Royal Commission encourages you to put forward any areas or ideas that you consider should be explored further.

You can request anonymity or confidentiality when filling in the cover page, which also allows us to capture details about your age, gender etc.

These are the questions that you will be asked:

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?  
Education and more funded programs such as Voices for Change, whereby volunteers can share their lived experience and educate the public on what it is like to live with a mental illness and normalise it a little more and also educate the public on stigmatisation. Community engagement programs, with the mental health sector, lived experience persons and the community all educating each other on stigma and tolerance and understanding.

Better training days for medical staff, Paramedics, Doctors, and Counsellors. On more than one occasion I have heard dreadful language about mental health conditions in the talk from these

“professionals” on mentally ill patients. Where they are very good at treating the physical component of illness. They often can lack the compassion to remember many in the community overhear comments spoken about the ill and so perhaps having lived experience individuals speak on what is actually like to have a condition or why they may behave in the way they do could be beneficial for people to hear...98% are compassionate and caring but there are some that really do need to realise that mentally ill often do require physical care i.e a Doctor or Paramedic and that their condition can make this problematic depending where they are at the time with their condition. There should be understanding not insults. Respect and compassion not intolerance. This is felt, not often but enough to be still a problem.

2. 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? For myself, I did struggle to get support due to the fear because I had experienced such terrible abuse as a teen in the medical system (see my story further down) I experienced a lack of understanding as the Psychiatric system refused to treat in a trauma-informed manner for over 33 years. They seem to be slowly changing and bringing in a little more compassion for this mode of treatment in a little more now, dependent of whom your clinician is and Psychiatrist.

During my time in the Psychiatric system, I have had one Psychiatrist public system who seems to have some understanding of the symptoms of PTSD. However, all treatment is medication based. Nothing outside that stream, such as the suggestion of mindfulness, exercise, yoga – all things that helped me as much as medication if not more.

Times are slowly changing, I was allocated a newly qualified Psychologist as a clinician within that service and she seems way more trauma-informed, although again, to try and manage the severe mood changes associated with my Bipolar, to be honest, I have had more education from books than any service, which is disappointing. I am treated when severely depressed, kept for a week usually and then sent

home will pills and no treatment plan. I do believe Community outreach service is changing this though. However, I am sure the burnout rate for clinicians must be high!

To have more clinicians available for outreach service would be an excellent step and also to look at long term trauma based treatments especially in towns known to have had high historical child sexual abuse pasts such as Ballarat. There are many known treatments that have scientific treatments that work fast and well such as EMDR, Neurofeedback and exercise programs can also compliment medical treatments if these were used rather than admitting and using ECT as and drug treatments, so much I believe, outcomes would be more successful too long term, I do get compliance can be an issue although once people start to feel better perhaps this will follow. What also works is managing my health myself with my exercise daily and yoga

3. What is already working well and what can be done better to prevent suicide Community outreach is good. However, when I become very ill, I probably need to see a Psychiatrist a little sooner than 2 weeks wait, when you have suicidal ideation and lose all appetite and then stop showering and caring for all that's a long wait. When you finally get in the time allocated is 30 minutes, the Psychiatrist is kind but very rushed and time is sent going over old medications that you have already been on as nothing seems to be well recorded or remembered. There seems little time to go over all of this. I have such significant cognitive issues, I struggle to remember what therapy I am meant to be working on with my clinician each week, but I do know when I have suicidal ideation, she has good records for the other members on the team to know to help guide me through not acting on feelings, for the most part, this works as being admitted to any hospital is highly traumatic for me.
4. 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. Stigma/Finances – I am eligible for Redress, I could use some of that redress to assist with daily living considering I cannot work at the moment and some to access

treatments that are not funded on Medicare that will assist with my health such as regular swimming and yoga, these assist in regulating my emotions and stopping me from slipping into yet another depressive episode. CBT does not, it actually makes me worse going over my trauma however, as I was abused at an institution. I cannot complete this as I become suicidal every time I try. Then I cannot leave my home to seek access to complete from the people allocated to help as they do not do outreach work. I was engaged with █████ for bit during the RC into Childhood Abuse, however apparently I saw them for too long I was told and so when they were given funding to assist survivors with the Redress, whilst I was told they would help me, they wanted me to take a break for a little bit. When I again became suicidal due to the █████ █████ being such a huge trigger given that it was so similar to my own case (high profile and perpetrator immediately appealing) I was stopped help from █████ once I became suicidal and they were given funding to assist those with redress. I understand they are not a suicide crises service, but my trigger is abuse and when the █████ trial was on given that my case had also been a high profile case and I HAD BEEN SO BADLY LET DOWN BY THE JUSTICE SYSTEM. I could not cope. I called in crises and they just turned me away. I cannot go back; I cannot receive help from an abuse centre.

When the Government has services that refuse to help people, people, feel lost and no one to turn too and will attempt suicide again. █████ has always known my trauma was sexual abuse in a Psych hospital. will no longer assist me as when I become suicidal and so they also will not help. This is frustrating as I know they have been given extra funding from the Royal Commission. If I could get some help completing redress from past abuse, I could be granted funding to help with the mental health conditions I have caused by the sexual abuse I experienced as a child in GOVERNMENT INSTITUTIONS. See the catch 22 here??

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this? I am in regional Victoria. We have few Psychiatrists and the ones we have are none affordable.

Its really a catch 22 when you are ill enough to be only able to work very limited or no hours. I have 3 children and am a single Mum, I

suffer daily with this illness, I didn't always but I do now. So I use the public mental health system. This means having my symptoms listened to in 8 minutes. Then misheard. My severe anxiety gets misheard for depression, I get offered 3 different anti-depressants I have usually taken them before and always explained prior "I cannot take these as I will and have before ended up manic", I leave with a script I cannot take, and am back to square 1, sick with just the help of a clinician. Should I take the medications, I will end up with many side effects as always and probably mania from the antidepressants that are contraindicated for Bipolar. In another 7 months, my son will have to be streamed onto the Private Psych system to access the medication so he has any chance of focusing to complete his VCE. Only 1 Psychiatrist will take a 18-year-old on board. The public system does not. That Dr will cost an entire weeks Pension for me and I am still supporting a Uni student and 2 other boys. All over 14 they eat A LOT! I do not know how I will afford this considering I have never been able to afford a private Psychiatrist for my own diagnoses. 10 Medicare pass doesn't cover Psychiatrist. If my son went off his medication, he cannot be taught to drive, he becomes aggressive and lacks all impulse control, he has had to take this since 9 years old. He will also not be able to complete VCE and realise his dream of one day becoming a rappel Firefighter and gaining a Masters in Firefighting Engineering.

We seem to have many organisations that care in this town, but so many on the streets in crises and so many homeless, and most of those homeless have mental health issues.

When the round table RC came to [REDACTED] I asked the Council would they be attending, the answer was NO. They couldn't see an issue or the relevance and I feel defeated. Many services did attend, some small hope. But not the place that can help the homeless.

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

My sons are tired. They often have to step in to care for me. One is an adult and the other 2 older teens. I try and get them counselling and cannot access it. I have tried Big brother for my youngest and could not access, I tried Child and family services CAFS [REDACTED] to get some family counselling and was able to access someone on one for about 2 months then the worker simply vanished, we have no idea why! I had another worker for my other child for one on one counselling and he said my son wasn't "drinking and out at night, therefore, he was ok". However, he had experienced trauma from my suicide attempts. He had seen the court system convict a female perpetrator from my childhood and then let her OFF from another judge due to not enough evidence! They saw me bullied online world wide, due to this being high profile. There were Facebook pages supporting a convicted sex offender, my offender and people wished me harm, they saw trial testimony all over the news and in paper as they were teens and I could not stop them going online as much as I tried and they were terribly affected and we were so let down by your court system. I was raped also in [REDACTED] and they know this so they have no trust for the medical system but he thinks they have no issues?? My children have had to grow up a bit before their time. They have not experienced any abuse not neglect, but certainly they have had to help out more than the average child, we have not had a clue where to turn to get them help, I am embarrassed I couldn't manage this alone, embarrassed their father left and devastated this may have impacted their future health.

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers? **Unsure – Maybe Pay them better? Probably a question for the workers I feel!**
8. 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?

**Probably better access to the NDIS, I have been able to stream across because without the help from [REDACTED] (they did assist with that) I would NEVER have been able to negotiate any paperwork, there seems to be a**

lot of programs within the NDIS as many providers see it as a good work opportunity.

I did complete one program and this program was amazing actually and a bit life-changing, sometimes I struggled to get there, sometimes I didn't stay the entire time, each week was 3 hours and as I became too anxious, no one ever judged though and everyone incredibly supportive and inclusive. It was incredibly well run, it was a music program called [REDACTED] by group in Melbourne called [REDACTED], the organiser only charges a small amount or a little more if you're on NDIS, it's about song writing and then a group of volunteer helpers, all musicians for 3 hours assisted us in writing a song, we then got to record that song for a little extra and then perform at a local Pub. It was quite amazing to see how people all got along and were transformed. I wrote about, the [REDACTED], as they supported me through a challenging time and meant a lot to me. If anyone had told me a few months prior that I would be up on a stage dedicating a song to a supportive movement that I had written with a support band I would have laughed at them. I truly believe the entire experience improved my mood giving me a huge sense of empowerment.

As far as paid work goes, I did pretty well at part time work for about 13 years until I remembered all the previously blocked abuse and had a huge breakdown, I don't want to go into the symptoms I have had from being a victim of childhood Institutional sexual abuse that was high profile. Prior to reporting my abuse, going to trial getting a guilty verdict APPEAL UPHOLD in 2015??? I functioned somewhat with milder PTSD symptoms, eating disorders, Bipolar that was not rapid cycling, after the court case, I had Rapid-cycling Bipolar, my PTSD means I am often agoraphobic, germ phobic and spend hours cleaning my self and food items and house, I worry non stop, my kids are affected, I have not a happy life, I cannot complete my redress claim, so I worry constantly about finance for my children, until I can manage to work part-time again, I am blessed to be receiving a pension I keep cancelling my counselling as I can't leave the house, have slipped into anorexia often. I tried to return to work after my breakdown but with the cognitive challenges and the side effects of some of the mood stabilisers I have



been on, I have not been able to manage my memory for that this year and had to take a year off. Last financial year 2017/2018 I tried hard and earned around \$2,000 in my part-time home business, working from home suited me better as half the time I struggle to leave the house with the agoraphobic tendencies I can have from my anxiety. But it became too much of a struggle when I had the memory issues. I am just doing a little bit of voluntary work for a local Community Centre, which is ok as if I am very depressed, I can choose to do it or not and its usually only once a month sometimes less. I am involved with the Voices for Change program which uses lived experience volunteers to help reduce stigma and educate the public on various topics of minorities such as Mental Illness/Alcoholism/Drugs/LGBTQI etc. I also deliver some newsletters bimonthly just to give myself a little purpose, but again I often have to cancel if unwell.

9. 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 believe the community clinicians outreach service is working well for me, this can address some anxiety and low levels of depression and daily difficulties, however, when things turn to really intense struggles, for example, I cannot leave my home and get food for the family, or I try and drive and have to stop due to agoraphobic feelings and return. Then there's serious depression and suicidal feelings, I really feel sometimes that this isn't taken as seriously as it could be, there is not enough staff or beds to get enough help.

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

Educate the staff into the mental conditions they are dealing with, some lack compassion but also education.

I believe in Public health it's a in/medicate and get out in acute care and nothing is done to show the patient to care for themselves in any way. It would be great to bring into hospitals Yoga and art therapy and craft as anxiety and distraction techniques. If finance was a huge issue then I people would probably be willing to volunteer to teach it but realistically



you would likely get fewer admissions if you could get people really engaged in this.

It's all really on others and the system...So Medication and a bit of CBT.

11. Is there anything else you would like to share with the Royal Commission? I sound very ranty on here, I wanted this to come out as what would be helpful in public health, as I will never afford private but it's hard not to slip back into this when you've been so affected by the system I apologise for this as I really wanted to submit this sounding educated and unfortunately the reality is I left school at 14 after experiencing severe sexual abuse at not only high school, but also at 2 Psychiatric institutions. This has affected my mental health for life because my abuse did occur in 2 Psychiatric institutions, I would like you to read my story, I want someone to please listen...

In 1984 I was removed from [REDACTED] Private Psych Hospital (controlled by [REDACTED] - [REDACTED] owned by one of her followers [REDACTED] [REDACTED] by an actress, taken home and molested, she was found guilty, by your Justice system in 2015 then due to not being able to prove beyond reasonable doubt she got off, Appeal Upheld??? As a Witness Victim, I was not given a screen in the second case at the County Court under Judge [REDACTED] [REDACTED] in December 2015 and not only did the OPP use the Psychiatrist as their witness in this case, but the same Psychiatrist was in charge of a patient at [REDACTED] in the 70's who DIED of Deep sleep therapy. Ref: [REDACTED] [REDACTED] – Thesis Online).

The Psychiatrist also feeds me the same drugs in [REDACTED] that the Family cult children received I recently read in a book written about them (The Family [REDACTED] [REDACTED] Very hard to testify with no screen to block to from your abuser and due to my mental health conditions, I could not testify remotely.

When I was in [REDACTED] I experienced isolation from my family, was given a range of drugs, I was not diagnosed with any mental illness at all, I experienced being placed in a padded cell and straight jacket, removed from the placed and molested by a woman – this place did not care for my welfare.

Upon return, I was transferred to an adult acute ward [REDACTED] another Psychiatric hospital and suffered different types of sexual abuse. I was told upon entry to the hospital to remove all my underclothes in front of about 5 people in a small room. I was daily watched by my male nurses/orderly's in the shower – there were no doors.

I experienced strip searches when cutlery went missing, and eventually, one day was dragged onto seclusion, for wanting to go back to the dormitory for being cold and asking to get my jumper!!!

I was injected, drugged and raped by 2 males.

There was reference to the abuse the following day by the older male treating Psychiatrist leading me to believe he knew it had occurred.

I was sectioned, terrified, I am a 160cm thin woman and was no threat to anyone.

I was not able to talk about it or tell anyone and my trust for all adults left me, male and female.

When my parents readmitted me to [REDACTED] I made my first attempt at suicide at 14, I spent a week in ICU at [REDACTED] [REDACTED]

My life had experienced eating disorders, depression, Post Natal depression with 2 babies and eventually Mania with the third to be further diagnosed with Bipolar.

I have PTSD also and these symptoms also are a bigger issue in relation to trying to live a normal life.

I blocked my abuse until my eldest child reached the age I was and of course in the 10 years prior the triggers and PTSD had just reached a terrible level of constant triggers and I needed to do something about it. I decided to report one of the abusers, the one who abused when I was [REDACTED]. Her triggers were the worst actually, being high profile, I was subjected to her often via media.

The police and OPP were very good with belief, in remembering all the abuse though from that 2 year period it really made all mental illness so much worse. I haven't recovered and don't know how I ever can.

Your Justice system convicted my abuser and 4 months later let her off.

This sent a message to me that I was not believed. But worse, the online social media world of everywhere – high profile actress and one victim? They tried to destroy me and they did.

I attempted suicide 3 times in 2015. People had Facebook pages set up proclaiming her innocence, and every time I saw something I had the visions of exactly what she did to me in that bedroom as a 40 plus woman and I was a 13 year old child and I would scald myself in the shower then attempt suicide from the shame. The main reasons for attempting were my children finding out what happened to me, I couldn't stand that they might know, being that it was high profile I knew they may have searched online. The other being given I knew I was so unwell post court and needed treatment and that it was likely to be in a psych hospital, I was terrified of Psych hospitals, I did not feel safe there and would always attempt when being admitted was imminent. This was generally when the depression was so bad and my weight reached a dangerous level. I tried very hard to keep working and functioning normally, but my mind simply shattered when my hope did. I can actually pinpoint that time as I attempted suicide in the courthouse immediately after the appeal upheld and prior wondered who was screaming and screaming not realising it was me. I am deeply grateful to the Police who assisted and my husband and sister, I don't remember my husband giving me mouth to mouth or anything, I just needed to leave the world again and sleep.

There were literally thousands of people saying what an awful person I was. I cannot talk to anyone not even the clinician about exactly how this made me feel as at the time Psych hospital would not listen. The one time I tried to talk to a nurse during an admission she asked: "why did I not walk away from being molested"???!!!

I had had so many memory gaps from dissociation and mental illness since that court case, when I reported my youngest son was 8, he is now 14, I barely remember any of the time in between or the other teenagers, his older brothers growing up. I dearly wish I had not reported what had happened, even though I thought telling the truth would bring me peace. I would never ever bother with the other abusers, 3 boys in school and 2 rapist nurses in [REDACTED] I have lost my trust for the system.

A lot has been improved in the psych system, just in the 3 years I have dealt with them, I do believe I would not be here today but for them and a lot of very hard work on myself outside using mostly exercise, yoga and swimming and their medication and a very determined and helpful clinician. Our Victorian Psych system and emergency are still not hugely trauma-focused and this would be a massive step in helping those in crises with past sexual abuse issues if it were to be so, right from entry to the hospital, this would be advantageous.

I would have dearly like assistance with writing this, it's been traumatic. I would have really liked to have spoken live to someone. I don't really feel heard on paper; it will again get lost in the system.

Thank you.