



WITNESS STATEMENT OF REBECCA THOMAS

I, Rebecca Thomas¹, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
- 2 I come from a family where two grandparents, an uncle, both my parents and my two brothers have had mental health issues. I have experience as a carer when I was a child and I continue to help care for one of my brothers and his family.
- 3 When I heard there was going to be a Royal Commission I began thinking about my experience, and that of my family, with the mental health system. This then became all the more pertinent as one of my brothers William took his life in late March this year and in response, my other brother Christopher had a psychotic episode.

Carer as a child

- 4 Growing up, both of my parents had mental health issues. Along with me in the family, I had two younger brothers, William and Christopher. I remember my mum suffering from depression from when I was about four or five years of age. Later in her adult life there were also some manic episodes. Dad also had mental health issues but I was less involved in his care. When I was in my late teens in the 1970s, he spent some time in hospital after a nervous breakdown. Both Mum and Dad saw the same GP and were given some form of medication to treat depression. I don't remember any other treatment being provided.
- 5 I think Mum had post-natal depression (she was never diagnosed and I'm not sure it was even a diagnosis then) and she ended up being part of a peer mental health support network in Adelaide called Recovery. At that time, from ages 5 to 10 I was very involved in the care of my brothers and I would at times also do the weekly family shopping. There was no external support and my memory is that these issues were kept in the family, so I don't think my Mum's family who lived in Adelaide knew much about the struggle my Mum was going through.

¹ The name and details of the witness (and others) referred to in this statement have been changed to protect their identities.

- 6 In my teenage years when we had moved back to Melbourne, I ran the house. Mum went to work full time. During this time she had a number of manic episodes and I remember one time we had to fly to Adelaide to support her and bring her home. I don't recall any medical or psychiatrist support there. What stands out to me during this time more than the manic episodes was the depression she experienced – she was often in bed, tired, sad and lethargic.
- 7 In my adult years in 2003, Mum had another manic episode. She was on holiday visiting her family in Adelaide and was brought back to Melbourne. She was hospitalised a few times at a geriatric hospital in Melbourne and during this time she was diagnosed with bipolar disorder at the age of 65 years old.
- 8 During this time, I was living in Newcastle. Over the next 10 years Mum's mental health was monitored by her GP. Dad had passed away some years earlier in a car accident. I was involved in her care and would come down to Melbourne regularly and often when the family was in need. On reflection it would have been helpful if I had been more involved with services, including her GP and the practice nurse, who had developed a strong trusted relationship with her. As I found out later, incidentally, that there had been a number of times when my mum had been suicidal and times when she was feeling pressured by me to review her mental health care and see a psychiatrist. I remember becoming more and more worried about her mental health over time as the depression seemed to take over and she was struggling to get out of bed and participate in her normal activities. My mother passed away in 2013 from cancer.

My brother Christopher

- 9 My youngest brother, Christopher, had a number of manic psychotic episodes over a 12-month period between 2008 and 2009 and was hospitalised on 3 occasions. During the last stay in 2009 he suffered a severe injury whilst he was in the psychiatric ward. He would have died had he not been in a hospital. He was in a medically induced coma for a number of weeks and still requires medical treatment to manage the injury he sustained in hospital. He has since then struggled with the mental health system and chose to come off medication and had been doing relatively well up until William passed away this year.
- 10 Three days after William's funeral Christopher had a significant psychotic episode where he fell backwards, couldn't move and was delirious. His partner called me in panic and I drove 70kms from my house to his, to support him and his family while we waited for the ambulance to arrive. He was taken to the emergency department of a hospital late that evening where I stayed with him in the emergency department until the following evening. He was in emergency for many hours and was only seen by a psychiatrist the next day where I had to advocate very strongly the reasons why he be

admitted to a different psychiatric hospital than the one he had his accident in. He was finally admitted to a mental health unit and was there for approximately three weeks.

- 11 When Christopher was in the hospital, my main role was to support his partner and their two young children. Christopher's partner is a very capable person, but she had no experience with mental health issues before. And they live in an isolated location, she doesn't drive, has no access to public transport, and she is caring for two very young children. I would go to their place every week and stay with them from Thursday to Saturday to support the family. I would help with the children and support her to do the shopping and go to appointments etc. I also spent time with her discussing Christopher's mental health issues and planning for what they needed when Christopher was discharged. I also supported her to attend meetings with the hospital and Christopher and I visited Christopher regularly in hospital and liaised with the doctors caring for him.
- 12 When Christopher's discharge was being considered, I felt toward the end of his stay I had to push to be kept informed. Information was only shared with Christopher's partner, being the next of kin. There seemed to be a lack of understanding about the support that other family members provide and the importance of sharing information with them.
- 13 When Christopher was ultimately discharged and went back home, I stayed with the family for the first few days as this was requested by Christopher's partner who was feeling very unsure about what to expect. After that, we came up with an arrangement where I visit them for a day one weekend and on the other weekend, the family come and stay with me and my partner. This assists both Christopher and his partner to participate in some work opportunities and gives them a much-needed break from the children. This is currently still in place.

My brother William

- 14 William was married with two children and had a stable life. He was employed long term with the same employer. Although he had had some problems with anxiety in his early 20s, he had recovered from it and did not have any issues with his mental health for 25 years.
- 15 In November or December 2012, William became unwell. He was hospitalised after a suicide attempt and diagnosed with bipolar disorder and depression. In the first 12 to 18 months after the diagnosis, he was in and out of the hospital two or three times and had made further attempts to end his life.
- 16 William's illness had a huge impact on his family. He and his wife eventually separated because of his illness.

- 17 I became the primary carer for William in around 2013. William's partner asked that I take this over as she felt she had to prioritise the care of their children aged approximately 13 years and 17 years at the time. I was then living in Newcastle and would come to Melbourne every time William was very unwell. I would try to get a plan in place – however, it was very difficult. What stands out to me was the lack of having things explained by hospital staff, the obvious lack of time they had to talk with us and that there was little cross-over between the different mental health services William was getting support from.
- 18 In 2014, William's condition became very bad. The hospital wanted to give him ECT. William didn't want to have it as his memory had been so affected when he had it previously. William's former wife and I made the decision to take him out of the hospital and for him to go to a therapeutic centre.
- 19 William's condition sharply deteriorated at the therapeutic centre and he became catatonic. I was in Newcastle recovering from a hip replacement, and with no other option, I had to ask a friend of mine to drive 120kms to and from the therapeutic centre to pick him up and take him to emergency. Initially, they were hesitant to admit him, my friend had to explain multiple times that he was very unwell and had nowhere to go.
- 20 The next day, a psychiatrist (who had treated William previously) called me and said that his condition was very bad. Over a period of weeks, he was given ECT and he became well enough to be discharged.
- 21 During this time, I was also advocating for him not to lose his job which included involving the union, which was successful.
- 22 There followed a period of time when he was doing well on the surface, he had found a share house to live in and was working and engaging in his life.
- 23 After William and his wife formally divorced, he bought an apartment to live in as he wanted a place for his children to be able to stay with him. But he struggled with loneliness, this at times becoming severe. I had since moved back from Newcastle to Melbourne in 2016 and became more involved in supporting him.
- 24 After moving back, William and I spent lots of time together. However, I sensed he wasn't travelling as well as he presented and what really worried me was his sense of self eroding. In March 2018, he quit his job without informing anyone. Things spiralled after that as this led to him being in a dire situation financially.
- 25 In June 2018 he attempted to end his life. He was admitted to the medical section of a hospital as there was concern about the condition of his heart. After he recovered, the hospital wanted to move him to the psychiatric ward. However, William didn't want to

- go, and I negotiated successfully with the hospital to take him to my home, with support from the outreach service by the CAT team. At the time my partner was working from home and so was able to be around for William while he was recovering and I had a very understanding employer that enabled me to be flexible with my work hours.
- 26 This arrangement worked well for some time until he moved back to his apartment when he felt able. He was connected to a community mental health case worker. The case worker however was only able to offer him support for three months, as it was a short-term programme. She tried, on my request to organise a session with myself and William to explore a safety plan and early warning signs, so myself and others close to William could support him better. But we were never able to organise a time that suited.
- 27 During this time William found casual work with a local council. However, he was let go in January 2019. Things became worse after that - he would stay over at my place or at Christopher's intermittently as he didn't want to be alone and his financial situation just kept getting worse no matter what he attempted to do.
- 28 One day I got a text from William's close friend saying they were worried about William. I contacted William and organised for him to come and stay with myself and my partner – it just so happened that I had 5 days off from work. During this time, it was evident William was really struggling and so I spent pretty much every hour of each day with him, trying to support him, checking in where he was at and whether he was thinking of hurting himself. After the 5 days we had arranged for him to go up to stay with Christopher and his family as I needed to go back to work. As I was getting ready to go to work, he told me he was in a bad way and needed help and asked me to phone the mental health service. I called the mental health triage and was told to bring him to the hospital. He ended up being admitted to a short term assessment-type unit for three days. During this time, he was assessed, and I was told by his treating doctor the plan was for him to move to the psychiatric ward, then move in to PARC and be referred for long term mental health case management. Alongside this the family would look at planning for him longer term re housing and his financial situation. I was visiting him at the hospital almost every day.
- 29 The last time I saw William was in hospital where he was waiting for a bed to become available in the psychiatric ward. The nurse commented he presents much better than he is really feeling inside, and said he was rating himself a 1 out of 10. She also informed me that they were still waiting for a bed to be free for him in the psychiatric ward and there was concern about this.
- 30 I left the hospital on the Sunday. I texted him on the Monday asking whether he had moved to the psychiatric ward and he said he hadn't. I texted again on the Tuesday and he informed me he had been discharged, and he was going to stay with

Christopher and his family. I immediately called the doctor where they informed me, they had been surprised to find him still in the assessment unit when they had returned to work from the weekend, as they had been expecting he would have moved to the psychiatric ward. They then said they had further assessed him on Monday and said he was ok to be discharged. I asked why they hadn't included me in this discussion. They told me they had suggested he go into PARC but he didn't want to. I again asked why they hadn't included me in this discussion as I may have been able to discuss this with him more thoroughly re his concerns and the pros and cons. At the end of the call I remember saying this is not going to end well. I remember getting off the phone and being in tears at my work place. I remember feeling helpless.

- 31 I have since spoken to Christopher about this and he said he was not involved in any conversations with doctors about William and his care and any discharge plan.
- 32 William stayed with Christopher for five days. I spoke to him when he was there but it wasn't like our usual conversations, the tone was different. He then moved back to his apartment on the Sunday. I texted him but he wasn't very responsive. I thought he may need some space as I had been very involved and was trying to find the balance of being respectful and supportive. We then had a text conversation on the Tuesday night - it was easy light, text banter. I felt relieved we had connected. The next day I was going to ask him to stay the weekend – however, the next day in the afternoon I was told he had died by suicide late the previous night.

Changes to the mental health system

- 33 Having been involved in the care of three people in my family at different times, I have experienced first-hand the impact mental illness has on a family. One of the main problems with the mental health system is the lack of or patchy information sharing with family and carers. It seems like the system uses the confidentiality rights of the individuals as an excuse to not share necessary information with carers. At the same time, the mental health system expects carers to provide ongoing support for their family members once they are discharged from hospital or other mental health services. And in fact without family being involved to take over the care of family members the Mental Health system would be in more disarray than it already is.
- 34 My other observation is how incredibly time poor mental health staff are and how this impacts on them being able to develop a positive working relationship with carers and families to share information.
- 35 The mental health system should recognise the vital role that carers play in the care of their family member. Where it is appropriate, they should be seen as partners in their treatment and care and necessary information should be shared with them. In situations

where a family member can't manage by themselves, and especially when there are concerns for their safety, carers need to be a part of the treatment plan.

36 What I would like to see is an approach which includes and acknowledges the role of carers and family where it's appropriate, along with the patient and the Mental Health professionals.

37 I would also like to add that I have never felt like the word carer was appropriate to my role, what I was, was part of my mums and my brothers support network, along with many other people.

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