

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

SUB. 0002.0029.0081

Name

Anonymous

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

"Improve hiring practices for frontline staff. Hire people with compassion and lived experience. Hire diverse people, including at Board and Executive level."

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?

"Provide services that are accessible and affordable for everyone, not just for those who are on a high income, or can afford private health cover."

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

N/A

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.

N/A

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?

N/A

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

"Fund the programs! Please fund Mental Health Liaison staff - someone to arrive WITH police when there's a mental health issue, (with the idea to keep police accountable and keep vulnerable people safe)."

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?

N/A

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?

"Make the people who provide your services accountable when the service fails taxpayers, who are funding the service. Overhaul whatever current training you have for the police force in attending situations where someone is experiencing mental ill-health. Implement trauma-informed practices and frameworks throughout the health and criminal justice systems."

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

N/A

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

"I have struggled to place the information you require, into the relevant boxes. Thus, I'm going to give you my full story in this space. Many of the things I mention don't fall strictly within the mental health sphere, but are very closely intertwined and impacts/has impacted my mental ill health and recovery process. MY IDENTITY - ""CALD"" person - gender non-conforming - queer - history of sexual abuse and gang rape - history of family and intimate partner violence - comorbid BPD, PTSD, CPTSD, Bipolar, MDD, GAD (these are all the diagnoses I've been given) - isolated from family, no connection to culture All of the above information is recorded in my medical history. MOST RECENT EVENT Background: In August 2018, I experienced psychosis and acute mental ill health as a result of family violence and sexual assault (the perpetrator being my husband at the time). At around 2pm on Friday the 10th of August 2018, I started to self-harm with a knife. I have attended ██████ Emergency Department for self-harm on multiple occasions since 2014. I recognised my mental state, and when I had deescalated, I phoned 000/ESTA to request ambulance attendance as I needed to go to hospital and I wanted to be admitted to the psychiatric ward for assessment and treatment. (I have included videos of my mental state for you to be able to witness and track the differences in my presentation throughout this incident.) ESTA Call: I spoke with the operator who ensured I was safe, and enquired as to the whereabouts of the knife, which I had already put down. I was not a threat to others, and was no longer a threat to myself. This is evident in the call recording, which I've submitted. The ESTA operator advised me that due to my location and time of day, an ambulance would take some time to arrive. The operator asked me if I felt OK to be picked up ASAP in a taxi specially requested for transport to hospital, to which I agreed. I wanted to get to hospital ASAP (and was safe to do so via taxi because I felt safe to do so). The operator arranged for my medical records from the ██████ to be sent to ██████ in time for my arrival that afternoon. They also advised that police may attend the call, as they're sometimes mandated to if a knife has been involved. I was very uneasy with this and hoped that the police would not attend as I feared for my psychological and physical safety. After our call, I packed a bag for hospital and waited for the taxi, as instructed by the ESTA operator. My History with Police: I have had multiple interactions with police on several different occasions which had warranted me making a complaint, but I have always been afraid to since my initial dealings with police as a teenager formed my view of police that they were not trustworthy, and abused their power. This continued into my dealings with police in adulthood, the most recent incident occurring in 2017 in which I was lied to by a police officer. I do not trust police, and become anxious, and fearful in their presence. It is also well-documented throughout literature produced, (by the Australian Government), that people from CALD communities have a fear of authority. Thus, it's unsurprising what eventuated. Police Attendance: I popped my head outside now and then to check for the ambulance, and notice that a police car is circling the driveway at the bottom of the street. I start to become afraid, so I go back inside and film another video, so that I don't feel like I

have to go through this alone. After filming a video inside, I opened the door to see 5 police officers walking up to me in a group. Instantly I'm afraid. The tone of voice and body language of the attending (main) officer was most triggering, in addition he was questioning me in a way that seemed like he disbelieved the narrative thus far, (please refer to video #_____, time 00:01). The police officers' approach escalated the situation upon arrival, which eventually resulted in me being chased down and restrained. Had the ambulance arrived instead, or at least with the police, I would not have been so afraid. Perhaps even if the police were properly trained in being first responders to a situation in which someone is experiencing a normal reaction to a set of abnormal, traumatic circumstances, the outcome would have been vastly better. Instead, I was spoken to without compassion, was not given a reason for why I was being held in my front yard by 4 police (in full view of neighbours) instead of being taken straight to hospital. I was being treated like an offender, not a victim. Why was I not taken to hospital? Why were police adamant that calling an ambulance after they arrived was the best approach? Brief outline of video contents: 140002 my presentation prior to 000 call experiencing psychosis 143216 concerns about police patrolling in cars 143901 attending police officer's tone and approach being restrained officer tries to gain access to my home whilst I'm distracted this upsets me and I'm told to just relax, as if that were an appropriate thing to suggest. almost 3 minutes after police arrive, an officer finally calmly explains to me why they're there and attempts to deescalate me it's established that I don't trust police and do not wish to converse with them 144026 -police officer searches my jacket again, 25 minutes after I and my jacket were searched (why did he do this?) -another police officer says that he'll send some people away, as he has noticed I'm stressed this never happened, 5 officers remained throughout the duration of the incident. 144459 -police officer asks, do you want to go in the ambulance?, I feel gaslighted -Police justify their behaviour by suggesting I may have tried to jump out of the taxi. This makes no sense, as I was almost begging to be taken to hospital why would I flee the only safe scenario I envisioned for myself? 144912 -Police ask again, the whereabouts of the knife, (three times so far the police have questioned me about this) 144459 -5x male police officers standing around for hours after attending to one female person who has self harmed and called the ambulance for treatment. All 5 police officers were present throughout the 3 hour ordeal. -The senior police officer talks over me when I try to explain how this experience has been difficult for me, (further indications that my needs are not a priority, not seen as valid by the police). The main thing to take away from this is that I felt safe when the taxi was arranged, and at that point, I was the best person to be able to assess how safe I really did feel. The police disempowered me when they interjected and sent my taxi away. I received a phone call from the taxi driver advising me of his arrival, and the police told me I was not allowed to go to hospital, despite me almost begging with them, pleading that hospitalisation is what I knew I needed I had no agency. I know my own mental health better than any stranger, any police officer. When the police said no to me requesting hospitalisation, I started to become hopeless. I did all the right things and was being detained on my lawn and punished for asking for help. Arrival of Ambulance: The ambulance arrived after 15:30 that day (I phoned 000 at around 14:15). They check me for abrasions/cuts, agree it doesn't require treatment, and then we wait another 45 minutes to an hour for the psych triage nurse to arrive by this stage I've been in distress, held by police on my lawn. The police ask the psych triage nurse if she feels safe sitting with me in the ambulance, as they can remain close/supervise our talk. [REDACTED] immediately responded with, do I look afraid? Look at her! She is the one who is afraid!, pointing to me, sitting huddled, holding myself. The first thing she did was show empathy and offered a hug. It was the first time a human had reached out to me in the way that I needed since emergency services arrived. I felt safe with her, I felt that she believed me and supported me and wanted me to be well. The same could not be said for police. Whilst [REDACTED] was assessing me, police knocked on the door to the ambulance several times, to speed the

process along. I definitely felt burdensome by this point, and had begun to internalise that I wasn't entitled to receive healthcare. On the third knock, I had decided to say and do whatever was necessary to get the police off the property. This included minimising my emotions and mental state, and suppressing my desire to be taken to hospital for treatment the whole reason for my 000 call. I told [REDACTED] that I felt safe, and that I'd be fine, when in fact, I needed to receive healthcare. [REDACTED] was very diligent, and wrote down what I needed to do and remember moving forward. This was incredibly important and useful for me because it not only gave me concrete steps to follow, but it was a tangible piece of something that showed someone actually cared, (it is often the small things that make a huge difference when someone is in crisis). It is my firm belief that [REDACTED] hug and care are what encouraged me to continue to seek help at the hospital later that evening. [REDACTED] Hospital Emergency Department: I attended the [REDACTED] ED later that evening, as I knew I still needed help, or needed more help. When the psych nurse ([REDACTED] or [REDACTED]) came to talk to me, I felt incredibly judged and ashamed. [REDACTED] implied that I was over-accessing, by stating that I'd already been seen to by an ambulance and by psych staff. I tried to explain the situation that had occurred earlier that day with emergency services, and that I was ready to admit myself voluntarily, however [REDACTED] didn't seem ready to understand the situation from my perspective. [REDACTED] said to me that she was considering having me admitted involuntarily, which immediately made me afraid again. At this point I felt gaslighted by the system and the people in it. I had asked to be admitted that's how we got to this point. However, that didn't occur and I was let down. So I asked for help again, and again was made to feel powerless once threatened with involuntary admission. Afraid, I tell the nurse the things she needs to hear so I can leave hospital and be safe on my own. Suicide Attempt: The following day, (Saturday), I packed a carload of my most important things and started driving to a friend's to stay. By this stage I'm incredibly fatigued, have had very little sleep, haven't eaten since Friday morning. On the way to my friend's house, I decided to drive my car off the road in the hope that I would have an accident that I wouldn't wake up from. The way I was treated by Victorian Police and by the psych nurse/worker at [REDACTED] Hospital directly impacted my decision to try to end my life. I was asking for help, but was being helped conditionally. This is far from best-practice. Eventually, people stop asking for help. Ambulance to [REDACTED] Hospital: I had two ambulance officers transport me to [REDACTED] Hospital on the Saturday. The male officer was incredibly gentle, kind, compassionate, and displayed empathy. The female officer was bordering on arrogant, and spoke down to me in a tone of voice that was not fit for the situation. The male officer was new, and asked numerous questions of his colleague to confirm what he was required to do. He asked person-centered questions, sensitive to the fact I could overhear their conversation. The female officer replied and referred to these ones, which I understood to be referring to people with mental ill-health. This is a minor situation, but is worth mentioning. Not even the ambulance trip to hospital after a suicide attempt is a safe space for victims to exist. Where do we go? Again, this is another indication to me that I'm a burden to the system and reinforces me not wanting to ask for help anymore. Once we arrive at the hospital, the female ambulance officer's tone and presence has heightened me. Again, feeling like a burden and with incredibly low self-esteem, I begin to cry and self harm in the ambulance stretcher. The officer threatens to restrain me if I don't comply. I become more saddened that I'm not met with compassion. There's miscommunication between us, and the officer begins to say I'm calling her a liar, and becomes very defensive. The officer obviously doesn't care about power dynamics, that she's in a position of authority and that she's arguing with someone who is incredibly distressed, and only hours before, had tried to kill themselves. Should she be a first responder? Should she be working with and/or harming people like me? [REDACTED] Health [REDACTED] House admission: I provided feedback directly to [REDACTED] Health about my stay at [REDACTED] House. My feedback covered a few topics, and I was advised that I would be contacted by Dr [REDACTED]

(psychiatrist) once she returned from leave. I have never been contacted. I'm also still awaiting a response to some additional questions I asked on the 27th September, 2018. One query is about being referred to [REDACTED] it is stated on my discharge summary that I was being seen by [REDACTED] but no appointments were made for me. I've asked for information about why I was not referred to them, I have not heard back from [REDACTED] Health since 27/9/18. I have attached this correspondence for your records. [REDACTED] Health Social Worker Did not link me in to any services despite the fact that I was recently victimised/had recently experienced family violence and sexual assault from my partner, (remembering I'm a victim-survivor of gang rape and sexual abuse as a teenager), was employed on a casual basis, had no vehicle, and was required to move home immediately upon discharge with no family supports, (I don't have family members in Victoria). I was let down by this social worker. It was left to me to follow up referrals to access things such as Dialectical Behaviour Therapy, for example. Additional challenges I faced whilst in hospital was liaising with the tow truck company who towed my car, the insurance company regarding the car wreckage, solicitors for the people whose fence my car crashed into, etc. None of these things were discussed when I met with the social worker. We did not discuss how I'd get my life back together and whether or not I had much capacity to do so unassisted. There's space here for social workers to really look at the clients' individual circumstances and apply their knowledge accordingly, and I believe that a lived experience workforce would excel in this area.

POST-DISCHARGE Spectrum BPD I arranged a referral for myself to access services provided by Spectrum BPD (part of Eastern Health). I communicated with Spectrum via phone and email, and had in August 2018, emailed them all of my relevant paperwork including medical documents/records in order to be placed on their 6 month waiting list. I received a letter in February 2019 stating that they could not make contact with me and that I required a new referral should I wish to access their services. This made me incredibly upset and angry. It was noted that I had fled my home due to Family Violence. What are the two things a woman will change when she flees a relationship for her own safety? Phone number and address. Spectrum did not attempt to contact me via email, despite that being a safe avenue to exchange information. Thus, I was removed from their 6 month waiting list and it's now July 2019 and I still haven't received any treatment for my BPD. Again, here, the system failed me. Are government-funded organisations such as Spectrum not mandated to have better policies and procedures when it comes ensuring client safety and access to services in light of Family Violence?

IMPACTS ON MY SELF - emotional, mental, and physical burden of having to advocate for myself whilst re-experiencing trauma (read: retraumatising myself to share my story with the small hope you will make changes).

- loss of earnings due to being at a reduced capacity to work, (and time taken off work) to address the emotional and psychological issues that arose from maltreatment by police and primary health care workers.
- reduced engagement in social activities (reduced to nil for a period of 7 months, is ongoing).
- psychosocial affects due to the stressors of having to navigate the mental health and income support systems without assistance. What this looked like was me having anxiety attacks both whilst on the phone to Centrelink, and after phone calls with that department. This increased my risk for self-harming behaviours and impeded my recovery. It is well-documented that accessing/communicating with Centrelink often harms vulnerable people. This occurs via structural barriers and also as a result of consumers having to self-advocate, on the phone or in person, to someone (staff) who may not be properly trained in issues affecting marginalised communities. Most people experiencing mental ill-health don't have the capacity to do all of this and maintain their wellbeing, unless they have been provided the appropriate supports.

CENTRELINK - the social worker failed to contact me after our first meeting (he had lost my details, thus he never followed up).

- the social worker offered to assess my capacity for work, which I agreed would be beneficial. This was never arranged, and my request was denied when I asked for this service at a

later date, in early 2019. - I have had ongoing payment issues since August 2018 which are still unresolved. - I work a permanent part time job. - I'm required to look for 20 jobs a month (I'm on Newstart), however my GP has stated in writing that I should not be working. - Centrelink have not allowed me to have reduced mutual obligations, (i.e. look for 10 jobs/month instead of 20), despite my requests and advising them that I was still in crisis and still in recovery. - I went to my GP 3 times to get a Centrelink Medical Certificate filled out, as I was told inconsistent information on the phone about what the Dr needed to write on the form. Additionally, Centrelink were under the impression that GPs know what Centrelink needs - they don't. My GP was asking me what Centrelink requires to be written on their documents. - Centrelink cancelled my payment 3 times so far - all were out of my control and were erroneous, and required follow up by me, (usually a minimum of 2 hours' worth of phone calls, getting pushed from pillar to post), in order to get paid. One instance of this was when they cancelled my Newstart payment immediately after my medical exemption expired (was cancelled the following business day). - I obtained employment without any assistance from Centrelink or a Job Network Provider. - My current situation is not sustainable. Being required to look for full time work, whilst working, when I don't even have the capacity to work full time is an unnecessary stressor, and Centrelink's archaic policies have been harming me and others like me for some time now. I have included this information about Centrelink as it directly negatively impacted my mental health and wellbeing at almost every interaction. This is not uncommon amongst people dealing with mental illness. Navigating Centrelink can be a traumatising experience for people in distress or crisis, and if Centrelink can't assist, where does one go? All of the things mentioned here have negatively impacted my physical, psychological, emotional, and social wellbeing. The mismanagement of my situation has cost taxpayers considerably more than what would have been spent if I were simply taken to the hospital when I first phoned 000 requesting to be taken there, and if government organisations were held accountable for providing the services that we are paying them to. "