

30/03/2019

Submission Letter to the Productivity Inquiry into Mental Health

Thank you for giving us the opportunity to address this Inquiry.

Our precious and amazing only son and eldest of two children, who was also a loving father, husband, brother, nephew, cousin, small business owner/operator and friend was cheated of his future on his way to work, by a person who, from all accounts and actions, believed there was no future worth participating in. The person who drove head-on into our son's car had had a long history of mental illness which included many hospitalisations.

Because there is nothing we or anyone else can do to bring our son back into our devastated lives, and because the other driver's mental ill-health played an enormous role in the death of our son that day, we want to draw attention to the aspects of the other driver's treatment whilst being managed under the Mental Health System that we now understand (from speaking with his family via the convening and mediation of an Innovative Justice Pilot Project) contributed to his having no hope for a decent future.

The Other Driver:

Sadly we will never really know why the other driver chose to drive that day (he was unlicensed after not renewing his licence due to multiple hospitalisations with some lasting up to three months and had not driven for some years) but every action indicates he was carrying out a plan to end his own pain of living within his mentally/physically ill body. His family mentioned he was very depressed.

Issues with mental health came into his life when he was at university studying engineering and science, 17 years before his death. Medication and their side effects for him were a problem.

The family had lots of concerns about their son's treatment within the Mental Health System that we hope you will pay attention to. These included:

- The 'System' failed to respond to their son as an individual who needed care.
- The use of antipsychotic drugs and their side effects with little or no support. Drugs mentioned include chlozapine (daily tablets), paliperidone (an injection every few weeks).
- If it is a crisis the mental health system will help you. If you are trying to avert a crisis they will not help you.
- People who are unwell are treated as objects not people
- The family were left in the dark (as someone supporting another person with a mental illness. This limited the family's ability to support to the fullest capacity that they would have liked.
- In the last eight years of his life, he had the same psychiatrist. He saw him once or twice a year. The family never met this person even though they asked many times to meet with him. The psychiatrist didn't give the family any consideration or information. It was this psychiatrist who changed the medication which caused a particularly hard time for the patient and his family. Intense withdrawal symptoms were experienced and he was admitted to hospital, medication changed again, monitored several weeks then discharged again when clearly unwell due to lack of beds available.
- The medication regime was so inflexible that only half a day of each day was available for life and living as the medication wiped him out (sedated him) for the other half of the day every day. The mental health service was asked if they could give the medication in the evening so their loved one could live each day, they said they could not change their schedule. When the case manager came they would go through a checklist including 'are you suicidal'. This was perceived purely as routine – there was not a sense that the case

manager was genuinely interested in the individual. Their family member who was being treated was disengaged from the case managers, hated his treatment and saw all this as violation.

- Medication might be necessary but medication should not be the only focus of mental health treatment. The focus should be on improving quality of life and nurturing the person (treating holistically). Their family member did not receive the nurturing needed from those responsible for his treatment.
- Discharge from hospital was about time in hospital, not about the patient being well enough to leave and resume life. (The acute ward was short of beds and people could only stay there for a certain number of days, no matter what).
- Staff turnover during treatment through one service was so frequent that he saw someone new every time with some workers just not suitable to working with vulnerable people. The family member could not establish a relationship of continuity with those treating him. The family felt having continuity very important. Vulnerable people need to develop trust – their family member had stopped trusting the people responsible for his treatment.
- In prison they put you in solitary confinement as a punishment. We know this destroys people's mental health when they are in prison. The mental health system puts people into solitary and this is supposed to be their treatment.
- He did really well when there were activities he could participate in, such as the outdoor program and the community kitchen. The things that helped him had their funding cut.
- His public housing situation was very stressful and unpleasant. He did not feel safe in his housing situation.
- He had become overwhelmed and could not see a way out. He desperately wanted a job. He wanted something meaningful to do. He was not coping with the mental health situation within which he found himself. He had said 'he no longer wanted to live, that his life was hell' but was deemed not suicidal???
- Throughout the 17 years that their loved son had been in the mental health system, he had either been sectioned or subject to a community treatment order (CTO). Therefore the mental health system owed him a 'duty of care'. Did he get it??. As a society it is our responsibility to look after people who are not well, for their sake and for society's sake. If we fail there are consequences.
(Our son's death is the worse possible consequence. We have to endure the trauma, sadness and grief daily for our son's senseless death. The Mental Health System needs to take a constructive look at what improvements can be made so others do not experience our loss of their precious children/family members/loved ones – be they mentally ill or a consequence of another's actions due to a feeling of hopelessness.)
- Both families hold the Mental Health System responsible for the deaths of their loved family member – one desperately trying to remove the downward spiral without hope for the future he had found himself in and our son who died through absolutely no fault of his own and whose passionate, responsible and positive life contribution was totally wasted that morning as he headed off to work.

The fatal journey that day by the driver 'who no longer wanted to live, that his life was hell', has left two families dealing with soul destroying grief and devastation of losing a loved one to senseless road trauma and the desperate and ongoing sadness for what has happened and the consequences. We sincerely hope and pray that those who have the ability to change what needs to change, will listen and make the necessary changes needed to improve the quality of life for those found in a mentally affected situation. With changes it is hoped no other family will suffer as we have and are suffering everyday and we would wish that all people feel hope for some future where they can make a useful contribution. If this can be made to happen – it will be something

positive to come out of such a senseless waste of our son's life. Changes will contribute to better mental health outcomes for all affected families, community and life in general. We have been totally cheated out of sharing our future with our only son whose future looked so promising. We feel very let down by the mental health system – it must accept that its mismanagement of the other driver's mental health issues was the huge contributor to his actions that day that led to our son losing his life and our family's ongoing suffering. More than two and a half years after our son's death we are all still adjusting to the results of this trauma on us all.

Since our son's death our lives have been turned upside down. Every relationship within our family has been challenged and affected to its core. Everyone is grieving the traumatic loss and each member of the family is on a different journey to adjustment. The impact of the Mental Health System's mismanagement of the 'other driver' for our family is enormous. On that terrible day we lost a lot of joy and happiness from our existence. The normality of our life has considerably changed as a result. We all have a different perspective and think about things differently than before our loss.

Because our son should not have died (he did everything humanly possible to avoid the collision) that day, we try very hard to draw attention to what happened, in order to hopefully create change along the way, to everything that we perceive contributed in some way to our son losing his future. He had worked so hard and his future was really coming together – such a cruel outcome! There has been no justice. The coroner determined no inquest was needed - therefore no court case, no accountability, and no acknowledged respect for the innocent victim (our son) and the other innocent victims (our family and the other family). The coroner did not make any recommendations for change – Not Good Enough!! Where does that leave us? We are left with hundreds of unanswered questions? Two people die and no recommendations are made – How can that be? What is the value of life by the 'justice processes? Where does this fit into Productivity and Mental health issues you may be considering? There is a definite connection – our son's very productive life (who was not involved in the Mental Health System in any way) was lost due to the actions of a person who was directly affected by the Mental Health System with all its complexities, and who felt hopeless for a much desired job and future.

Our dealings with the Mental Health System as lay people (but now with a vested interest) have been difficult. We have spoken with many departments of the System and many individuals. The professional people we spoke with were kind and respectful and somewhat helpful but guarded – due, we perceive, to the Privacy and Confidentiality Policy rulings of the Mental Health System. Eventually I nearly got to the 'top of the chain' – the Chief Psychiatrist, was unable to speak directly with him but did receive a signed letter of response to my enquiries from him. Really though, no-one wants to accept responsibility for either the outcomes of the innocent victims like our son, or the mentally affected victims like the other driver, or give direct answers to tough questions and unless that happens, things cannot change for the better.

Our belief is that the person with the mental illness under the Mental Health System is protected by the 'Privacy and Confidentiality Policies' and therefore no information is forthcoming to help you (us) understand the ins and outs of what happened. Giving an ill person 'who is not thinking straight', the full rights over decision making seems ludicrous to us. The whole communication process within the field of Mental Health needs to be scrutinized and overhauled. The community, the families/carers, the clients and the affected (like us) need to be able to participate in two-way, honest, communication about relevant aspects of the Mental Health System. For us it has felt like the heads of the System are like 'gods' and virtually untouchable. Our innocent son is dead – the final and worse consequence to the general public of a system that has mismanaged a very sick and sad mentally ill individual. This mentally sick person wanted a future, wanted to be useful, but had been lost along the way to the point he no longer saw any hope.

All people have needs. Our son's needs were being met through loving family, friends, purpose, connections, work satisfaction and achievable goals. He was well, physically and mentally, and worked hard in all areas of his life. He was independent and motivated and we all loved him dearly.

We feel too that the other driver was cared about by his family who were good people and who are also hurting greatly too from lost dreams and hopes for a future for their loved one. The impact of mismanagement by an organisation that is tasked with care and control of a human being is enormous – it does not just affect the individual but many. It may finish for the one when the individual dies, but the effects of that death and the unanswered questions around the actions are felt by many indeed.

The Federal Government needs to ensure that people living with mental illnesses are given every chance for a productive future. Funding needs to be consistently available and well managed to ensure ongoing opportunities for personal growth, skills development, social interaction, and opportunities that give dignity and respect to the person dealing with mental ill health. Those tasked with caring and producing opportunities need to see the person with mental illness in a holistic manner and their families/carers as part of the care team for each person.

Communication processes (including Confidentiality/Privacy issues) we believe, must be carefully looked at, at all levels of treatment/management so that decisions/treatments/management/opportunities are made available with respect for the individual on their journey at any particular time with mental illness.

Mental illness has been identified as a growth industry. We believe that with careful planning and management and adequate, consistent funding of necessary programs, activities and education, positive productivity outcomes can be available for the individual and the community and therefore the country as a result.