**(7) Issues relating to users of mental health services and supports**

I was diagnosed with Bipolar Affective Disorder in 2014 during an 80 day psychiatric admission while being held under the mental health act. I relapsed five years later while overseas in Canada and was again held under the mental health act. Both admissions, I was taken to the hospital(s) against my will and received the urgent care I needed.

Recently, I was aware that I had relapsed, I could tell my signs and symptoms represented a manic episode (of which I was unaware that I had been manic for weeks). I was more creative and wired than normal, productivity and energy increased, it was brilliant until I couldn’t stop. My brain was racing a million miles and I was sleeping less, I was making videos and writing poetry non-stop. I’d even woke up at 4am and was writing continuously the morning I’d decided to get help.

I prepared my bag to go to the psychiatric ward, putting items that bring joy and comfort as previously I’d had limited resources with me. In both admissions prior, I had nothing but the clothes on my back and had to rely on my family and friends to bring my belongings.

On the way to the hospital, we (mother and brother) dined into a restaurant so I could have a ‘last meal’ before psychiatric admission. I was dressed for the psychiatric ward, wearing my pyjamas. I desperately needed silence, I was so exhausted so I stopped talking verbally, instead communicated through writing. When I got to the hospital, I explained my situation in writing, that I needed tablet X to slow my brain, and tablet Y to sedate me and help me sleep. During mania, sleep is reduced hence why I was beyond exhausted. I informed through writing that “IF I DO NOT GET HELP, I WILL JUMP IN FRONT OF A CAR TO STOP MY BRAIN”. I informed them of my condition, BIPOLAR DISORDER and showed my folder outlining a previous SUICIDE ATTEMPT where I JUMPED FROM A ROOF WHILE AT A PSYCHIATRIC WARD. This was serious. If I don’t get treatment, I have no choice but to make it stop erratically.

*“Please take a seat,”* the clerk told me.

*“If your daughter escalates let us know,”* she said to my mother.

And so I waited patiently. I am aware that the general hospital is NO PLACE FOR THE MENTALLY ILL. I sat for hours willingly until I noticed an EMPTY WAITING ROOM. I have TOLD THEM I WILL ATTEMPT SUICIDE UNLESS I GET MEDICINE TO HELP ME, and here I sit, still waiting.

I was filled with rage, and signalled to my brother and mother, that I am so close to exploding. Only a few short signals to show that I am spiralling out of control and will throw whatever I can until I am taken seriously. I am NOT A VIOLENT person, I cry squashing a spider so THE LAST THING I WANTED was to create a scene in order to get HELP.

Fortunately, they understood I was agitated. Mum informed that I was escalating. And at the same time, I was having a MENTAL HEALTH CRISIS where I ended up HOWLING IN DISTRESS while curled in a ball on the FLOOR OF THE EMERGENCY ROOM until I was FINALLY TAKEN SERIOUSLY and SCOOPED of the FLOOR. At last, I WAS SAFE. Shortly after, I received the medicine and my mind started to slow down. I WAS SAFE.

I spent the night. And was discharged home where I waited a week to receive a bed in an outpatient mental health unit. I spent three weeks there and am still on the road to recovery.

I do NOT wish my experience as a VOLUNTARY PATIENT on anyone. I suggest that ALL PRACTITIONERS are trained in MENTAL HEALTH CRISIS MANAGEMENT. Because if I didn’t HOWL, I might be DEAD or SERIOUSLY INJURED.

I wasn’t treated with the respect and dignity I deserved nor are many MENTALLY ILL patients in the Emergency Room. As it is not the place for us. It is designed for PHYSICAL ILLNESS.

I have a MENTAL ILLNESS that I have managed since my diagnosis, I have learned to understand it. Hence why I KNEW EXACTLY WHAT I NEEDED FOR TREATMENT. TWO MEDICATIONS. TWO MEDICATIONS! I didn’t even take up a bed, I slept on the couches in the “meeting room” with my mother being forced to ‘watch me’ as the hospital was short staffed.

During my admission, I used hand signals and wrote on my phone to communicate with all the nurses and staff helping me. It was working. They read my folder which supported my “illness claim” that I do in fact have Bipolar Disorder and I was treated with mania with psychotic features six months earlier in Canada. I FINALLY received the medication I needed and very shortly after taking it, my racing mind had slowed a little and I calmed down. All I needed now was the medication to sedate me so I could get some much needed sleep. I was stable. I felt safe UNTIL the male MENTAL HEALTH NURSE threatened MY TREATMENT unless I SPOKE. Threatening MY TREATMENT means MY LIFE IS ENDANGERED. If I DON’T GET TREATMENT, I will ATTEMPT SUICIDE. If I didn’t receive treatment it would have been DIRECTLY LINKED TO LACK OF TREATMENT. I didn’t want to die, I simply couldn’t slow my brain down and was slowly spiralling out of control and into the dangerous pool of ‘insanity’.

I am a mental health advocate and volunteer with a mental health organisation. The fact the I TOLD the emergency department clerk what I REQUIRED, demonstrated I have strong insight and self awareness. What needs to happen to prevent SOMEONE BEING TURNED AWAY is that ALL staff within a hospital NEED to be trained in MENTAL HEALTH CRISIS MANAGEMENT. For if the staff were, the fact that I couldn’t physically speak would SIGNAL DISTRESS. This patient is strong but she needs HELP NOW.

My hope is that there will be Emergency Mental Health Intensive Care Units everywhere, so that people like me can be treated appropriately. I didn’t even need a bed, I just needed medicine that I was almost denied at the hospital because my GP refused to give me a script when I had shown documentation a month earlier. The HOSPITAL WAS MY ONLY OPTION AS I WAS IN A MENTAL HEALTH CRISIS, I had been in the same position six months earlier and RECOGNISED the signs and symptoms to CATCH my illness BEFORE psychosis which is TERRIFYING as I lose touch with reality and getting it back is not guaranteed.