

Please accept this brief submission and the thesis itself as an exhibit as it directly addresses the terms of reference a, b, c, e, g, i, k, l, m, n, o, p.

I set out to conduct this research as I was personally disturbed by what I witnessed as a health care provider: unethical treatment as standard treatment in mental health services. This work is my attempt to do something constructive to make a positive difference to the state of mental health services in Australia and internationally. What is provided is a detailed account of the different conflicting perspectives and processes at work in mental health service provision in Australia and how they might be improved in a way that addresses the ethical and practical needs of patients/consumers/survivors.

Addressed is the extent to which the National Mental Health Strategy, in response to the 1991 United Nations Resolution on the Protection of Persons with a Mental Illness has achieved its aims and objectives and overcome the barriers to its progress. It addresses the inadequacy of current treatment modalities of care for people with an acute mental illness and how both here and in the United Kingdom and United States there is a crisis in mental health service delivery (please read the introduction). This is not a product of the policies of deinstitutionalisation per se, but of the perpetuation of the practices of 'total institutions' relocated or mainstreamed. What is needed is a re-evaluation of service provision itself, so that needs, as consumers themselves define them, are taken into account, a task this thesis undertakes.

At the heart of the conflict over service provision according to the consumer movement, is the way the patients are treated. This issue then begs the question of how the person in receipt of mental health services is conceptualised. This then, is the central question of the thesis and mental health service provision.

The consumer, medical, practical, legal and governmental perspectives at work in mental health service provision are explored in an attempt to understand the present crisis. This analysis identifies medical treatment modalities utilised in acute mental health services as limited. The failure to understand and the reliance on medical models to conceptualise mental health problems objectifies people which has implications for the way patients are treated. 'Mental illness' is conflated with the person now erased as 'sick' and 'incompetent'. Mental health law is enacted to force 'treatment' which adds trauma to mental distress.

The failure to understand the patient as a person is a failure of respect. Even attempts at consumer involvement in service provision requires consumers working in a service system that is functionally flawed. What is required is the introduction of skills and modalities that recognise the patient as a person. The theory and background required is discussed in chapters six and seven and the practical changes necessary is discussed in chapter eight.

Please read the introduction for a detailed account of the current state of mental health services, a definition of the problem and an outline of how these problems are addressed both theoretically and practically in the thesis. See thesis for further detail. Also see examiners report for a brief overview of the research. Please contact me if I can be of further assistance.

Yours sincerely,  
Dr. Julie Johnstone