TO: COMMITTEE SECRETARY,

SENATE SELECT COMMITTEE ON MENTAL HEALTH,

DEPARTMENT OF THE SENATE,

PARLIAMENT HOUSE, CANBERRA ACT.

I wish to comment on the state of the mental health system.
I have personal experience of the system, being carer of my son, aged 26, who is diagnosed with a mental illness. He first became unwell at age 18.

I wish to comment on the various aspects of the mental health system from the time of first assessment to psycho-social rehabilitation.

My son, at 18, was considered an adult under mental health service legislation. It was his decision as to whether he would seek help, unless he was a danger to himself or others. Lack of insight into their illness is usually typical of someone with a mental illness.

My son did not voluntarily seek help. It took two years, comprised of an increasingly traumatic home situation, an intervention order to keep my son away from his home, a missing person report (he went missing for two weeks) and his continued crazed ramblings over the countryside before he was finally assessed. You can imagine the trauma to family life, and the irreparable damage done to family relationships. Above all, the damage done to the unwell person's health, when there is not prompt and professional response to the early signs of a mental illness.
It is considered early intervention is the best start to recovery.

There needs to be an initial empathic response and ongoing follow up contact for family members when they contact the crisis assessment team of their local Psychiatric Services. Skilled professionals who can act and visit the family to assess whether an adult person needs assessment, even if the person themselves do not think they are unwell.

There needs to be skilled local GP's who can detect early warning signs of mental illness and families in crisis, who have excellent liaison with, and support from, their local Psychiatric Services and other related services.

I look back to, when, immersed in the trauma of my son's irrational behaviours, standing in a court to request an intervention order, and remember the Magistrates words "he needs help". Well, if the magistrate had advised the Mental Health Services that my son required an assessment, it would have saved my son, his family and friends years of pain and heartache.

Yes, my son was in desperate need of assessment, but you can understand a families reluctance to harness the assistance of local police, particularly in the light of the media's coverage of extreme police response to those with a mental illness. My son had his jaw broken, at one stage, when local police were confronted with his unusual behaviour.

Police in Victoria only receive 220 minutes of training in mental illness in their initial 20 week training program.
Police need to be adequately skilled to deal with mental illness presentations, with training by organisations that work with people with a mental illness, their families and friends.

My son has been hospitalised for his mental illness, at least six times in the last eight years. Acute care is generally promptly provided, given that there are beds available (sometimes this means in hospitals other than our local home region).

Once again, this leads me to the point of when and how the person is actually assessed. If the person has been placed on an "Involuntary Treatment Order" or a "Community Treatment Order" all they have to do is move to another state. The merry-go-round starts again! How does the family member have the person reassessed, once their family member is located?
This has happened several times with my son, who moved to and from Victoria, NSW and QLD. It is easy to understand how some families just give up!

There needs to be National Mental Health Legislation to maintain treatment orders from state to state.

Ensure Psychiatric Services, in all states, can promptly follow up a person' s prior mental health medical history, and that this is part of treatment procedure.

It saves the family, already traumatised, from remembering every detail of their family member's medical history. I have often been extremely stressed that I have not covered all relevant details of my son's illness or treatment when communicating with an unfamiliar hospital and unknown staff!

However, once the person has been hospitalised and stabilised, with medication, the difficulties begin for carers and again, above all, the person with a mental illness.

Where does the person recover after the acute phase has been treated and the person discharged? Back, with family members? This can be the worst place for both the person and the family. I maintain that if my son had been provided with a supported environment to recover from his first hospitalisations, an environment of supported accommodation, and psycho-social rehabilitation his relapses and recurrent hospitalisations would have been fewer and far less severe. Instead he has had to live with family members (an extremely difficult situation, let alone if family members are trying to hold down jobs) or access what private rental accommodation is available (usually in an unsupported, isolated situation).

Supported accommodation is rare. Where is the professionally staffed accommodation for people who need to recover and rehabilitate? Only 4.9%of people with a mental illness live in purpose-run supported accommodation. Being sick shouldn't lead to poor housing!

De-institutionalisation, which removed long term care for people recovering from a mental illness, has created a void, actually, it is a chasm for many, that has not been filled.
24% of people living with a psychotic illness in Australia live in marginal housing (homeless, crisis shelter, rooming house, hostel, rented hotel room).

How effective is the Case Manager whose role is to care for the person's medication, accommodation, income support, counselling, rehabilitation and sourcing all that will improve their emotional and social well being, assisting in their recovery?

In my experience with my son, "The family is the Case Manager", and if there is no longer a family who can do the hard miles, you have an extremely isolated, vulnerable and likely homeless person who finds themselves in appalling situations and only because they are ill!

There needs to be funding for a holistic approach to training (not just clinical training) for Case Managers who actually will fulfil their roles as described in Mental Health Handbooks.

Carers, such as myself, can avail ourselves of Carer Support Groups, education courses for Carers (usually city based), Carer Respite, a Carer Consultant at our Regional hospital and Carer Pampering days but I have often thought "this is the wrong emphasis, (not that carers do not need all of this and much more) and just a big bandaid!"

Surely, if the emphasis was on providing effective, adequate care and services for those with a mental illness, a carers need for the above would be substantially lessened!

The unemployment, education, and physical health outcomes for those with a mental illness are appalling. 47% do not complete secondary education. 80% of people with a mental illness in Australia are unemployed. A Western Australian study in 2001 found that the overall death rate of people with a mental illness is 2.5 times higher than in the general population.

We want equality in health services for people with a mental illness and effective community supports.
The national mental health budget accounts for 7% of the total health budget, but 20% of health demand.

The Mental Health System in Australia falls far short of all aspects of caring for those with a mental illness and I cannot comprehend this short-sighted approach. Isn't a preventative, early detection and comprehensive treatment approach the best way of saving our community from the escalating problems of homeless, unemployed and isolated people who, like all of us, want to, and can be, an accepted and creative part of our community?

There is a need for a public inquiry into the state of the mental health services in Australia.

Yours Sincerely,

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