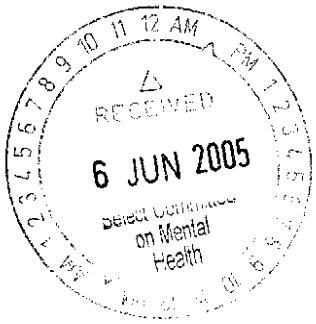

[redacted]

[redacted] 1 June 2005

Mr I Holland
Committee Secretary
Australian Senate
Select Committee on Mental Health
Parliament House
CANBERRA ACT 2600

SUBMISSION
Revised in accordance with your suggestions

I am grateful for the opportunity to express my concerns and make a contribution to the Inquiry and present my Submission for your consideration.

People whose behavioural pattern is possibly only intermittently problematic can be adversely affected by incongruous treatment. It also has a domino affect on family members. From my observation the mental health services in Queensland do not seem to cope appropriately with those who present with the complex needs brought on by psychotic episodes that can be caused by having a mental illness combined with illicit drug use.

[redacted]

SUMMARY: I am aware of a young man who was diagnosed in 2004 at age 20 years as having schizophrenia and who has sustained acute psychotic episodes. My concerns are based on and include treatment administered to him when he was an inpatient at a Mental Health Unit (MHU), observations made and lack of satisfactory responses when I addressed the situation with both the MHU and consequently a Queensland Government officer. Response from the MHU took eight weeks. Both responses were equally as dismissive. For example, "*. . . . . actively seeks feedback from patients and their relatives in relation to services provided and patient complaints form an important component of that feedback. Complaints are viewed as providing an additional opportunity to review systems and processes in place in providing care and changes are implemented where opportunities for improvement can be identified.*" Closure of that response was jargon about how to contact a doctor.

I am appalled at the lack of professionalism and disgusted with the dilatory manner with which the matter was dealt. My concerns were not satisfactorily acknowledged. I was fobbed off. It would seem that because officers and staff are dealing with the mentally ill it is possible that they are not as accountable for their treatment because there can be very little hard evidence established against them.

BACKGROUND: When the young man was an inpatient at the MHU, visiting and talking with him in person or on the telephone was comparable to watching and listening to Geoffrey Rush in the movie 'Shine'. It seemed that the medication was a cocktail of trial and error mixed with sedation. The patient displayed compassion and believed he could do anything and was delusional about being wealthy. It appeared that he was locked in a world of his own. He could become frustrated when trying to have staff understand he is vegetarian as the staff would ignore that need but he knew he could not eat certain foods. He did not need the additional stress.

On one occasion he asked staff if he could attend a church service. He became upset due to feelings of remorse when he saw the Minister. A nurse took him away and sedated him via a needle and he was asleep in the middle of the day for a couple of hours during which time his mother had gone to visit. Forcibly suppressing natural emotions in an atmosphere that may have been beneficial to him coming to terms with his inner self was both cruel and questionable. Appropriate counselling was required as a form of "duty of care". Given time constraints and inadequate staff levels a nurse decided to deal with the problem by tranquillising him.

Another occasion was when the young man's mother and brother visited him and he asked his brother to look at his room. They reached the room to find a large 6ft male lying on his bed. The patient got a shock and was clearly disorientated and went to another room and kicked some blocks around. A nurse brought him back to his room and he appeared very frightened when the nurse ordered a syringe. His brother asked what it was and was told that it was "**like** liquid valium". A doctor and two security men stood over him either side of his bed. Staff asked the mother and brother to leave the room but they chose to stay and in front of those people the patient's pants were pulled down and he went into a foetal position because it was invasive and he was scared, as he had been a victim of rape. The inhumane treatment raises the question of how and what was being done when no family member was present. The patient was then told he could go and have lunch. He left crying. It was a barbecue and as a vegetarian he could not eat meat and most of any salad had gone. Inhumane treatment and service!

The patient is not an aggressive person so any sign of frustration was out of fear and given his mental illness he had difficulty expressing himself in the early stages of being an inpatient at the MHU.

COMMENTS: Such treatment can only add to an already confused and disorientated condition. The nature of mental illness establishes that a patient is totally dependent on those attending to and servicing their needs and duty of care. Extra care and attention is needed more than some other illnesses due to the fact that the emotional aspects indicate they are disorientated, confused, lonely, desperate, lack confidence, feel inadequate and have a low esteem. They are unable to co-operate rationally and are totally dependent on what others and the system can provide.

Security was also of serious concern as the doors of the MHU are unlocked all day. Given that there are day patients and a number of those are drug-related cases, coming and going all day provides an opportunity for drugs to be brought into an area where the inpatients are vulnerable. When the question was raised with a staff member the family was told that under "Human Rights" they could not be locked in. Obviously they could leave in a sedated state and get hit by a car or they could wander off and end up in all sorts of situations. Patients wandered about like zombies. Some patients often go missing and the family was reassured that staff check on a patient's whereabouts every 15 minutes. That surveillance time is raised as the patient shows some improvement.

There was lack of communication between doctors, staff and family. The young man's mother had only had one meeting with a 'case worker'. Possibility for corruption was noticeable.

Given that drug use exacerbates the illness of schizophrenia does raise the question that if a person did not use drugs would the mental illness emerge? Mental illness is so prevalent and appears to coincide with the increased drug use among young people.

EXAMPLE: In this case the condition could have begun during his childhood after his father deserted the family to live overseas. The years passed and the young man sometimes felt the need to see his father. As he entered his teenage years he became restless, finished school at the end of Year 10, began using cannabis and mixed with people already using drugs. He obtained work but was not successful in getting permanent positions and casual work was not satisfactory or helpful to his self-esteem. At the beginning of 2002 (aged 18 years) he went to live a relative. He made new friends but wanted to go and live with them believing he was old enough to take care of himself. He wanted his freedom. His lifestyle encouraged him to use drugs again, work opportunities became more difficult and he was again drifting and mixing with the "wrong crowd". He was a passenger involved in a motor vehicle accident and following that shock and the traumatic experience he used drugs to ease the pain – using it as a comfort zone. His personality began to change at that time and behavioural problems occurred. It would appear that the accident was the catalyst in bringing out a (perhaps) dormant mental disorder. Towards the end of the year he was at his lowest level and broke down and contacted a relative whom he trusted to come and get him and take him home to his mother. He and his belongings were collected immediately and he was taken home. His mother cared for him with love, good food, vitamins and rest. He went to TAFE. Became involved with people using drugs again.

Those with a mental disorder do not realise the extent of the illness. Drug users enter a state of euphoria and are disorientated and do not recognise they have a problem. Pressure is placed on family members who do not have the professional knowledge to deal with some of the behaviour

that presents from a mental illness. This young man went down a long dark road before reaching rock bottom and waking up in a mental health unit in an incoherent state.

At this stage, he had not been diagnosed. He was diagnosed in 2004.

SUGGESTED RECOMMENDATIONS: Barriers to progress include inadequate staffing levels in MHUs, which has the resultant affect of staff sedating people making it easier to deal with their workload. Staff may become desensitised and personal needs of a patient are not recognised.

> **Recommendation:** Raise staffing levels; rotate staff to avoid complacency, desensitisation or closeness; provide adequate security for inpatients.

Lack of knowledge is a barrier to prevention and early intervention. If the mental illness has not been diagnosed and the person is known to be using drugs one is inclined to attribute some behavioural patterns to that use. It is not until a person reaches the lowest level of survival and is found in an incoherent state that tests are undertaken. One does not usually seek to find out whether or not one may have a mental health problem. No-one else is able to enforce such examination on another and to suggest the possibility to a person could alienate the one who cares the most. Following diagnosis there are some good facilities for community care and after hours crisis services and support. However, it is the responsibility of the person with the mental illness to avail themselves of the services that exist and those persons are often disorientated and confused and are therefore not motivated to utilise the facilities. Hence there is inadequacy due to the fact that a person's "privacy" does not allow any regular form of ensuring one receives ongoing care, which is absolutely pertinent to effective use of medication. With appropriate medication taken regularly there is every chance they could lead a normal life – however, it needs to be monitored thoroughly to be effectual.

> **Recommendation:** In the unlikely event that drug use is made extinct, compulsory testing of all children at about age 13 years (prior to "privacy" barriers) for any sign of mental illness.

The system could be improved by providing greater awareness to the victim of the illness, their families, community groups and the community in general as well as all levels of government. Mental illness presents itself in various ways, some more damaging than others. One cannot expect to have a professional approach to any situation that emerges but one should be aware of what to do when different scenarios appear.

> **Recommendation:** Advertisements via the media, saturation of community groups, documentaries and education through the school system.

The extent to which unmet needs exist and are a barrier includes ignorance, naivety, avoidance and rejection.

> **Recommendation:** Supported accommodation needs adequate security to prevent the use and/or trade of drugs. Provision for testing for mental illness and/or drug use in the workplace. Appropriate number of professional non-bureaucratic support services.

Special needs appear to be prevalent in the area of broken relationships and all ages can be affected depending on the level of psychological adaptability to situations. Children are the most vulnerable and problems emerge from feelings of rejection and can have a roll-on effect through adolescence, such as the use of drugs, leaving home, getting involved in social misconduct and crime until a lifestyle dislocation can lead to irreparable damage. Moral standards are lowered

with the advancing of promiscuous behaviour when the homeless seek a comfort zone. Through the period of teenage years their education has possibly suffered and finding a job becomes almost impossible. Dole payments are not managed and are mostly used for commodities not conducive with maintaining good health. Self-esteem is lowered, confidence diminished, hopelessness and inadequacy prevail and increased drug use multiplies the problem. Mental illness itself isolates people. Drug use controls them. Crime can become part of the problem. Bad eating habits contribute to chemical imbalance in the mind and body and lack of nutrition takes its toll on mental health.

Unless and until some fundamental issues are addressed, for example - the dole, job permanency, appropriate resources for drug education, remedial / rehabilitation treatment - mental health problems will be augmented. Employers need to be encouraged and given the necessary incentive/s to employ people on a permanent basis given that casual work prevents being able to apply for a loan and results in a sense of having no job at all, therefore responsibility and satisfaction are lacking. Such a lifestyle can also lead to law breaking.

As it is recognised that drug use exacerbates mental illness in the young and that the physical and emotional needs of carers are so great when caring for and dealing with young sons or daughters, a situation can result in facing the possibility of them requiring supported accommodation. Given that there is a chronic shortage of such facilities the system is forced to place them in 'Aged Care' accommodation and whilst there are similar aspects to mental illness in the elderly the young need to be rehabilitated, if possible, and such an environment is not conducive to that.

Government funding for providing the various forms of assistance can act as a band-aid only and causes a barrier to long-term solutions. The provision of government subsidised services is creating a generation of people dependent on government assistance. The **cause** (drug abuse) needs to be dealt with. Government funding could include practical and constructive options for people. Some practical and constructive methods would be for government funding to provide job opportunities in areas such as road works, water desalination, irrigation (development of the Ord River into generating water for practical use). This would encourage people to join the workforce, raise their self-esteem and be more responsible. The roll on affect would ease family pressures and the need for so much community assistance would be reduced to a degree if funding was being directed in a constructive manner, i.e. dealing with the cause rather than trying to fix the outcome. With increasing requirements for our armed forces, it may be prudent to provide more training in that field, which would also provide skilled jobs as well as discipline. Families could face losing a son or daughter in a war situation but how many more sons and daughters are lost by drug use that also exacerbates mental illness placing further pressure on families, institutions and indeed government.