

Committee Secretary,  
Senate Select Committee on Mental Health  
Parliament House  
Canberra ACT 2600

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24th April 2005

I write with regard to the "Inquiry in Mental Health Issues" to be undertaken by your Committee, as our son has suffered from mental illness for the last twelve years, since he was in his mid-teens. Although the systems to support both sufferers and carers in the early 1990s were not nearly as good or as widespread as they are now, there are still many areas where the government could greatly assist.

Despite dropping out of school for two years, our son finished his schooling and satisfactorily completed the first year of a degree at a Melbourne University, before he became seriously ill, and was finally diagnosed and treated. Since then he has completed his degree without failing a subject, and has reliably taken the prescribed medication, and been in a stable mental condition.

**BUT - at this stage he is not able to maintain this good state of health and live independently, if he tries to work full-time.** He has had a number of part-time and casual jobs, mostly at a level below his intellectual capabilities. He has made use of the disability employment agencies, but the work offered is the cleaning, gardening type, which is not satisfying work, nor the type that our son can view as doing for the rest of his working life.

The government has devoted a considerable proportion of the funds earmarked for Mental Health to primary medical care for acute cases, hospitalization, those affected by drug - induced mental illness and depression, all of which is necessary and worthwhile.

**But it also needs to address the needs of sufferers once they are diagnosed, on medication, leading a stable life in the community, but needing suitable part-time, supported employment.** Could the government encourage employers who are willing to offer part-time work to people who have suffered mental illness, by giving them a subsidy? Such employers would need to understand the abilities and special needs of such people and not expect them to compete for the job on the open market, nor to work at a rate and level expected of someone not on medication with similar skills and intelligence. Work gives self- esteem, social contact, and a purpose in life, as well as money to supplement the Disability Support Pension. But there is little incentive to work when the Pension is reduced to a level that it doesn't seem worth the effort to do the work.

If the Government intends to require those deemed able to work 15 hours a week to join the work force, then is it intending to find suitable employment for them?

Our son is willing and able to work, is intelligent, widely read, writes well, presents well at an interview, but is despairing of **finding satisfying employment, and keeping it.**

Could your Committee please consider not just acute medical care for mental illness, but on-going support for sufferers who can contribute to the workforce, and have many years of potential employment ahead of them?

Professor Gary Bond, a psychologist from Indiana, who has done extensive studies on the employment of those with a mental illness, recently visited Australia, and spoke of his work. His research showed that **with individualized support**, a significant number of mentally-ill people entering the workforce can retain their employment for years.

By adopting such a scheme the Australian economy too would benefit.

Sincerely,

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