

24th April 2005

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

Dear Sir/Madam,

As the parents of twin daughters, who both developed chronic schizophrenia in late adolescence some fifteen years ago, we have experienced many shortfalls in the mental health support system.

Many of these inadequacies stem from exceedingly poor communication between clinicians and carers and within support services themselves. Since the unwell person's mental processing is dramatically affected by an illness such as schizophrenia, it is of the utmost importance that an effective channel of communication be established between the mental health professionals and the carers. Unless this occurs, both parties are working "in the dark" and the unwell family member is struggling in a no-man's land of nightmare and confusion. It is generally recognised that the prognosis for people with a mental illness, who have family carers, is better than for those without such support. Nevertheless, the policy of collaboration between clinicians and the family carers of the mentally ill is quite a recent development in mental health services and is still in its fledgling stage.

The vexed issue of confidentiality has traditionally led to a quagmire of misunderstanding and alienation, causing families to feel misjudged and shut out and clinicians to become guarded and defensive. It is no wonder that ignorance and stigma still cloud people's understanding of mental illnesses.

Compounding this problem has been the emotional impact of the illness upon the unwell person and his/her family. The family is in crisis and in desperate need of insightful support and practical information. In the past, the family's stress and grief and sense of isolation have been increased by an apparent lack of empathy from many mental health professionals. The provision of timely and accurate information about the illness, about the anti-psychotic medications and their side-effects and about appropriate support services has often been sadly inadequate.

Another area of immense concern is the lack of police training in mental illness issues. The police have to deal with the mentally ill on a daily basis; yet we still seem to be in the Dark Ages when it comes to providing our police with the essential education that will enable them to respond appropriately to the everyday incidents and crises caused by mental illness. The symptoms of paranoia and delusions, which often characterise mental illness, cause every social interaction to become problematic. The mentally ill are often the most vulnerable, mentally tortured, marginalised and misunderstood members of our society and frequently end up rejected by society, in prison or shot by an ill-prepared police service. Worse still, it appears that, in Victoria, the task of dealing with the most unstable mentally ill has now been delegated as a secondary role to the Special Operations Group (SOG), a paramilitary unit originally designed for anti-terrorism duties with the attitude of shoot now and ask questions later. This situation has arisen, it seems, as a result of the poor response record of Crisis Assessment and Treatment (CAT) teams, which refuse to attend potentially violent mental illness scenes—and, consequently, have earned the nickname “Can’t Attend Today” teams.

Would it not be possible to train a special team of police officers to take on the CAT team role? Surely the insight and skill acquired in a mental illness education programme would enhance the calibre of the entire police service and could lead to greater efficiency in dealing with the public in general. It would also promote a more enlightened liaison between mental health support services and the police as well as providing more effective monitoring of the well being of mentally ill clients. This should certainly help to prevent fiascos such as the Cornelia Rau affair.

Another, potentially fatal, flaw in the present system is the law preventing parents from interceding on behalf of their mentally ill child once he or she reaches the age of eighteen. By this age a person is deemed to be an autonomous citizen, capable of rational judgements and behaviour. In the case of a mentally ill young person, this is patently a mistaken assumption. When the young person’s brain is malfunctioning to the extent that she believes that she possesses “special powers”, is the Virgin Mary, or that she is being persecuted by loved ones, government agents or aliens, clearly she has become a danger to herself and to those around her.

On many occasions in the past, our twin daughter—the one who is most severely afflicted by schizophrenia—has run off with some unscrupulous, predatory or mentally ill person. In desperation, we have sought assistance from the police, only to be told that there was nothing that they could do because she was “over eighteen”. Two years ago, this daughter was virtually abducted by a very driven

young woman, who obviously suffered from undiagnosed mental illness. This young woman took over our daughter's care with great zeal. She talked of plans to "wean" her off of her anti-psychotic medication and take her to church in order to—as she put it—"get the demons out". She even locked up our daughter during the day. The police officer we consulted told us that there was nothing he could do because this young woman obviously "thinks she is doing the right thing". This seemed a rather lame response. After all, one could say the same about Hitler!

In the early 1990s, this particular daughter was in and out of mental hospitals because no medication had proved effective. Her paranoia and "voices" persuaded her that we were trying to "control her mind" and she was constantly running away. During one such "escape", she managed to gain admittance to the questionably effective Edith Pardy rehabilitation programme in the Albert Park area. She was so unwell that she lived in a state of chaos, bound up by obsessive rituals, unable to open her mail or apply herself to any meaningful activities. During this time, she failed to attend an interview, which would have provided her with a disability pension. Owing to her illness, she would often perceive her family members as enemies, so that visiting her was like walking an emotional tight rope. On a rare visit, if I had not accidentally come across the letter informing her that she would not receive the pension because she had failed to attend the appointment, I am certain that she would have continued on her downward spiral. It seemed ironic that the severity of her disability had almost jeopardised her chances of receiving assistance. No attempt had been made to follow up her lack of attendance. This seems to indicate yet another lapse in the support network.

Mental illness is an elusive and deceptive enemy. The unwell person is deluded and is often driven to manipulative and desperate acts, despite an outward appearance of normality. It is not surprising, therefore, that a psychotic illness like schizophrenia causes so much misunderstanding and lack of proper recognition even today. However, improved communication and collaboration between clinicians, carers and support services, and a better-educated police service, would be huge steps in the right direction.

Yours faithfully,