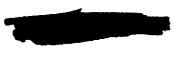
SENATE SELECT COMMITTEE ON MENTALHEALTH CAN BERRA





24 April 2005

My remarks are to be seen in the context of a consumer with severe paranoid schizophrenia. The problems I have outlined will only be rectified with adequate funding. We should all be ashamed that Australia lags western countries in this respect. We should ask ourselves how many young lives this has cost.

Accommodation

The phrase "living in the community" is a bit of polispeak designed to convey a Walli

inner glow but in reality has little meaning. The community "out there" is infested with thieves, conmen and above all drug pushers. The arrival of a vulnerable person is like raw meat to a shoal of sharks. In the last seven years my consumer has been stripped of countless valuable items. Worse, his good intentions to avoid drugs last about four weeks

Action: Cluster Shared Supported Housing is needed. A state that can accommodate a thousand athletes at the drop of a hat cannot plead poverty here. My consumer was at his best in an unlocked area in the grounds of Vahlan House. A marked deterioration occurred on moving into a rented flat.

Access to and quality of treatment.

Early intervention:

What kind of a nation is so fearful of losing its civil liberties that it tolerates the stringency of our mental health laws? Our consumer refused treatment for eight years. His doctor was certain of his need for treatment but he must observe the "bizarre act" before he good schedule and treat. Commonly his violent episodes lasted ½ to I hour, You try to get a busy doctor to your house in I hour. We now know that the longer it takes to treat a person the worse his filness will eventually become.

Our law conforms to a UN requirement designed to prevent third world governments from imprisoning the opposition. (The President of the Mental Health Review Board addressing a meeting in Melbourne on the 2.212) The deaths and sufferings of our own consumers have been ignored. The reality is that early intervention is essential but under our present laws almost impossible to achieve if the mentality ill person

As reported in the Age (18/5/04) a frustrated Judge Gulliaci asked "How can a severely mentally ill person agree to be treated?" This provides an example of the inordinate demands of human rights.

The CAT team:

We live! 1/2 hours from Bendigo. After three calls for help over several years we have never seen the CAT team.

Action: The CAT team is understaffed. It must be adequately staffed.

The Community Treatment Order (CTO):
Considerable public expenditure occurs to bring about a CTO. The recipient need only walk or ride into another State to void it. Our consumer while under a CTO was transported by an NGO from Victoria to NSW to new accommodation. (No further accommodation in Victoria.) He refused medication. We were told his CTO had been

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voided and no more could be done. Eventually he was scheduled again, another tribunal, more public expense, another CTO.

More trauma for us and him. This was never investigated by higher authority. Action: This incident exposes the vulnerability of State awarded CTOs. Then Minister Thwaites took three years to obtain a Cross Border Agreement with NSW. This still left an open door to six other States. Mental illness must become the responsibility of Federal government.

Destigmatisation

Of some benefit but largely a State government initiative to appear to be doing something. Conmen, thieves and drug pushers cannot be destigmatised and they form a large part of the community (that is, the community to which the severely mentally ill will graduate.) Again, cluster housing would provide a more stable environment and help to avoid contact.

Detention and seclusion within mental health facilities and compatibility with human rights instruments.

The present day intrusion of human rights into the mental health system needs to be debated. The myths and fables of the past no longer apply. Checks and balances are now in place which did not exist. Demands made by human rights must be balanced against the damage which is being done to our young people.

Law enforcement:

Every day we hear of the inadequacy of police numbers, now there is talk of longer training. The police are loaded with the responsibility of taking the mentally ill to hospital (in our case tying up two policeman for 2 to 4 hours.) This carer is tired of polispeak. After 17 years of hands on experience and numerous attendances at courses and lectures 1 am still wanting in handling my mentally ill consumer.

Action: In the immediate future nothing will replace an adequately staffed CAT team.

Resources

The Area Mental Health Service - Effect of Municipal amalgamations.

To force a family to relinquish a well equipped and staffed mental hospital 40 km away and require them to visit their relative in another mental hospital 80 km away is wanting in humanity.

It is particularly questionable when there is no public transport for a same day return. It makes even less sense in view of the admonition from Health Services to visit consumers as often as possible as this helps to speed their recovery.

The fact that this injustice is not visited on the physically ill can be seen as discrimination.

Community care

Non Government Organisations: (In my area.)

These bodies are best described as a group of enthusiastic amateurs. To physically transport a consumer under a CTO to live in another State (as described above under Community Treatment Order) where his CTO will be automatically voided, exhibits want of knowledge. To then phone his family and tell them he has refused medication and nothing can be done about it is reminiscent of a Marx Brothers film. Supervision of their activities seems to be limited or non-existent.

Required: a single government department capable of handling all housing for the mentally ill.

In lieu of this housing for the mentally ill should be handled by NGOs focused on handling mentally illness. The present mix of physical disability and mental illness is unsatisfactory.

THE FEDERAL GOVERNMENT MUST TAKE OVER ALL AFFECTS OF MENTAL HEALTH

