

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 I 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 mental illness. The present mix of physical disability and mental illness is unsatisfactory.

THE FEDERAL GOVERNMENT MUST
TAKE OVER ALL ASPECTS OF MENTAL HEALTH

