Sent: Tuesday, 26 April 2005 3:32 PM

To: Committee, Mental Health (SEN)

Subject: INQUIRY INTO THE PROVISION OF MENTAL HEALTH SERVICES IN AUSTRALIA –

SUBMISSION

My involvement with mental illness began eleven years ago. My youngest son (one of three) was diagnosed with psychosis just before his 21st birthday. We were able to convince him to attend the Royal Melbourne Hospital. Subsequent to that, an assessment team came to our house to interview/assess him. This resulted in a Community Treatment Order (CTO) and a spell in the psychiatric ward. This was quite an emotional shock to him and to the rest of the family. Another shock to us all occurred a few years later when my wife died from breast cancer.

Over the years my son has been on medication continuously and has had several spells in a psychiatric ward and has had CTOs issued to him on several occasions, the most recent at Christmas 2004.

In terms of how bad mental illness can be, our family has been lucky. My son does not become violent and does involve himself with illegal drugs.

TOR 1a), b), & c)
When our son was initially dignosed our world stopped because we had no knowledge about mental illness and it's surrounds. From where did we get advice? How are we supposed to handle this situation? What is required for our son? How did he become ill and why? There were many unknowns and so little time for us to acquire the necessary knowledge.

We quickly became aware that the resources available for mental health were very limited and in some aspects inadequate.

At one stage my son was in hospital for a lengthy stay and I was required to work interstate. No other family member would be home for the week.

I had left Melbourne after consultation with my son's doctor, on the basis that my son would not be in a condition to be discharged for at least a week. The day after I arrived interstate I received a phone call. A relieving doctor wanted to disharge my son! I spoke with the doctor and enquired about the sudden change in my son's condition that resulted in his recommendation to

discharge him. After a fair amout of flannelling around I suggested to the doctor that he was prepared to disharge my son because he needed the bed. The doctor admitted that this was indeed the case.

During one of my son's stays in hospital I remarked to staff that most of the lights had only one of the two flourescent tubes fitted. The reponse indicated that it was done deliberately to save funds.

At one stage during the period of my son's illness he was under the watchful eye of a case manager. When I made enquiries I was informed that the psychologist position was only funded for portion of each week because of funding constraints. Clearly a situation where inadequate funding caused some people in need of attention/treatment to miss out.

What is needed is an increase in funding for mental health to reflect the percentage of incidence of mental illness in relation to the overall health budget. Why can't funding be equitable?

TOR 1b)
Over the years I have had the opportunity to speak with many parents, carers and people involved in the mental health field. One of the common themes that comes from these people is the high incidence of the connection between illegal drug use and mental illness.

It is obvious that the incidence of drug use and consequent mental illness could be reduced by being confronting with messages/advertising/educating the population at large, but particularly the primary and secondary school students, about the dangerous connection between drug taking and mental illness and the probable long term effect on their lives.

Education and strong messages to the public about the link between illegal drug use and mental illness is urgently required to aid the prevention of mental illness.

TOR 1e)
Observation of my son and others with mental illness has made me realise what a limiting factor mental illness is. During treatment and beyond he associates with other like afflicted people and staff/carers in the mental health field. If people with mental illness only associate with those in the mental health world then it is likely that they will remain in that word.

For a better outcome for those with mental illness, opportunities must be provided to give them encouragement and confidence to move into other spheres of life.

TOR 1l)
When our family was first confronted with mental illness, we quickly realised how inadequately we were informed about it. Things such as, where do we go to get information about, understanding mental illness, the role of the carer(s), what did we need to be able to assist our son, and, who do we approach to gain assistance/treatment.

After thinking about this we came to the conclusion: we don't know what we don't know

It would be beneficial to all involved if public awareness about mental illness was increased and the location of guidance/education/training resources for patients, carers and the public was more prominent. Increased availability of resources is also necessary. One of the reasons limited resources are not accessed is that people are not aware of their availability.

TOR 1m)
Various government bodies and their staff deal face to face with people affected by mental illness. In my son's case, on the few occasions the police have been involved I have nothing praise for the way in which they handled the situation.

However on a wider scale it is quite evident that deficiencies exist in the way people with mental illness are handled by indviduals and government bodies alike.

What is needed is better training and policies for those involved in dealing with people affected by mental illness.

In conclusion I would like to give thanks for the opportunity to input to this inquiry and to thank all the volunteers and staff involved in mental health for their excellent work.

It is worth noting that there is a high turnover of staff involved in mental health. From my observations this is because of high work loads and stress involved. The situation is further exacerbated by the inequitable funding of mental health.

People suffering with mental illness do not have an adequate voice. Others must speak for them. It is time to recognise they deserve an equal chance. Please give them one.

Yours faithfully,