

26 April 2005

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

By email: [mental.health@aph.gov.au](mailto:mental.health@aph.gov.au)

Dear Sir/Madam

I am forwarding this submission on behalf of Mrs Margaret Manno, Convenor of the Mill Park Family Support Group ("the Group"). Margaret is currently in Perth and has asked me to forward this submission on behalf of the Group in her absence. The issues and circumstances referred to are all related to real life occurrences affecting members of the Group and their families dealing with mental illness.

***Co-ordination and delivery of services – Senate Inquiry Terms of Reference 1 c)***

One family member had a son who was living in supported accommodation and was under a CTO. This client refused treatment and was allowed to walk out the door and get on a bus to Adelaide, despite his peers being well aware that his behaviour without medication could become both violent and desperate in a short period of time. From Adelaide he boarded a bus to Perth. When his behaviour became unbearable for the bus driver and his other passengers, he was put off the bus in Kalgoorlie, where he subsequently absconded and led the local police on a search for 12 hours. He was put in a holding cell. Fortunately, the wife of one of the police was a nurse and immediately recognised that there were delusional symptoms present. He eventually ended up in a Perth hospital after being flown there by the Flying Doctor service. Upon admittance, it was found that there was a record of his illness recorded on a national registry and his parents were eventually contacted. The expense of involving the police, the Flying Doctor Service and the Perth hospital, coupled with the unnecessary treatment this person endured, could have been avoided if he had been given the correct support in the first place.

***Appropriate role of the private and non-government sectors – Senate Inquiry Terms of Reference 1 d)***

Another member of the Group had a family member being treated by a private psychiatrist. That psychiatrist was going to London to practice and for 6 months before he left, the client kept asking to be referred to another local psychiatrist so he would be able to continue receiving treatment. Upon enquiring about a regular check-up, the client was informed that the psychiatrist had already left to go overseas. The client therefore asked whether a referral had been provided and, to his amazement, it had not! Imagine the confusion faced by this client dealing with a mental illness and finding out that his treating psychiatrist had left the country and not even bothered to refer him to

another psychiatrist. Imagine the family's outrage when they heard about this. What would have happened if a major relapse had occurred? They didn't have immediate access to the public system or a case manager because they were seeing a private psychiatrist. The client ended up having to go through his GP and get another referral, and then had to wait 6 weeks for the first available appointment. What sort of unprofessional behaviour is this from any doctor, let alone a psychiatrist dealing with people with a known mental illness?

***Employment - Senate Inquiry Terms of Reference 1 e) & m)***

The stigma attached to mental illness is wide-spread in the work force. A person may have ample qualifications and work experience to be able to successfully undertake a position, but if mention is made of suffering from a mental illness, you can almost guarantee that the job will go to someone else. The only instance where this doesn't occur is in consumer based employment where a "living knowledge" of mental illness is sought to assist others learning about or living with mental illness. There are not very many of these jobs out there and employers need to be made aware that they are often passing up the most appropriate people for the job. If it transpires that the person's illness does make it impossible to cope with the job, at least the employer has given them a chance. We know of people within the Group who have worked almost full time with a mental illness, and their contribution to the community and the workplace generally is immeasurable, to say nothing of the effect it has on the pension schemes. Their self-worth is given such a boost that when they do have bad times, the fact that they know they can work when they are well gives them hope.

***Drug and alcohol dependence - Senate Inquiry Terms of Reference 1 f)***

Many people suffering from a mental illness are also suffering from a drug or alcohol dependence. The Group has found that this is usually due to people attempting to self medicate and thinking that drugs or alcohol will help them with their symptoms. When they do seek help, the drug treatment centres tell them that they need to sort out their mental illness before they can give them any help. When they go to get help for their mental illness, they are then told to sort out their drug problem first. They are therefore left in limbo with nowhere to go and no-one to turn to, which in turn often makes their drug or alcohol problems only more severe because they feel so helpless. Stories of people "falling through the cracks" are so common that the government simply cannot ignore them any more. Centres need to be set up which deal with both aspects – drug or alcohol abuse due to a mental illness or, alternatively, a mental illness brought on by drug or alcohol abuse. The numbers and statistics are out there and should not be ignored any longer.

***Training and support for primary carers - Senate Inquiry Terms of Reference 1 g)***

Most primary carers are simply “thrown in at the deep end” and any knowledge they acquire is learned through the “school of hard knocks”. Upon the first admission or diagnosis, urgent and relevant information needs to be provided, preferably from someone who has been in the same situation. It is hard enough realising a family member has a mental illness without having to learn the “language” to use when speaking to the service providers and health professionals. Carers do what they can for their family member out of love but they quite often make mistakes. They are more often than not forced to leave their jobs in order to cope with their family member and the illness. They rarely receive a carer’s pension and, even if they do, it certainly does not replace the income they were previously earning. A lot of families disintegrate due to the strain of learning to cope with mental illness and still trying to hold a family unit together. They need urgent knowledge, realistic support and coping skills immediately in order that they can better deal with such a drastic change in their lives. Just knowing that someone else has lived through what you are going through can make such a huge difference – we know because we have all, at one stage or another, experienced the feeling of being totally alone and thoroughly confused.

***Criminal justice system/human rights - Senate Inquiry Terms of Reference 1 j)***

Many members of the Group have had loved ones imprisoned due to a total misunderstanding of their behaviour and actions. Police are often told that a person has a mental illness, but they still take them away and often hold them overnight. This is not only extremely frightening, but also a waste of police resources and community funding. We have a family within the Group whose son was using marijuana to “self medicate” his undiagnosed mental illness. He was caught in a criminal theft and held in a prison cell for a number of days while the family attempted to prove that he did actually have a mental illness, but it had yet to be properly diagnosed or “labelled”. The effect of this on the client was severe and only led to deepening depression and legal costs for his family in attempting to get him out of prison.

Imagine being a 12 year old girl and having 6 burly police officers come barging into you home, yelling and shouting and asking where her brother was. As it turned out, her brother had been home all evening and could not possibly have been involved in the incident the police were there to question him about. His sister was absolutely terrified, and had to undergo counselling for quite a while afterwards. She is still very fearful of any police officer. Her mother was outraged but was simply told that the officers involved had been misinformed. That’s hardly an excuse for a lack of training and information which caused ongoing trauma to a 12 year old girl from people in the community she is supposed to go to for help!

***Education in de-stigmatising mental illness - Senate Inquiry Terms of Reference 1 l)***

The stigma attached to mental illness still exists, largely due to the media and general ignorance in the community. Better education across all community sectors is urgently

needed. When people admit to having diabetes or depression for example, there is sympathy and support at almost every turn. However, mention that you suffer from schizophrenia and people literally take a step backwards, often as if they expect you to start ranting and raving at them. Most members of the Group have faced constant isolation, even from their own family members. Some relatives feel that the illness might be contagious, so they simply stay away in the hope that they won't "catch it" as well. It is amazing what a little bit of knowledge could do to alter this approach, which arises out of sheer ignorance.

The Committee needs to take all of the above into account in trying to bring about urgent and drastic changes to many areas of mental health. Change is slowly occurring between the health professionals and carers, but even this is too slow.

Yours truly

Sharon Di Pietro  
Honorary Secretary  
For and on behalf of Margaret Manno, Convenor,  
Mill Park Family Support Group