Submission to Senate Mental Health Inquiry

I am writing this submission with relation to the experience of my son in the mental health system and using the terms of reference for the Inquiry. At the time of these experiences we were all living in a large town on the northern tablelands of New South Wales, a town which no longer has a resident psychiatrist despite the town's size and the drug problems which exist there.

b. From my experience both mental health workers and doctors don't seem to be adequately trained to recognise early signs and symptoms of mental illness. My son was severely depressed for years from the age of 16. I persuaded my son to see a school counsellor, the local GP, a psychiatrist and none of them recognised the severity of the situation despite my telling them how bad things were and that he was smoking marijuana to ease his symptoms. I subsequently tried to organise the local mental health team to visit my son after an experience I had of walking down the railway track with him and persuading him not to throw himself under a train. The mental health team did not keep the appointment as they had a brief conversation with my son and were convinced that everything was okay. Later I had a conversation with one of the mental health team and mentioned that he had previously heard the radio talking to him. At that time I thought he seemed to be better and not smoking marijuana. I didn't understand how significant it was at that time to have some strategy of early intervention. I would have thought that the person in the mental health team should have been able to advise me but they didn't.

   When my son first became seriously ill we tried to handle the situation ourselves and give him his medication. We didn't understand the situation and he was non compliant. He became worse and worse and we could not get him scheduled into hospital as the mental health workers told us he had to be a danger to himself or others before we could do anything. It is clear from all the information I have since read that the earlier something is done the better. Eventually we got a copy of the NSW Mental Health Act and made statements in relation to the act and persuaded a GP to schedule him. He told us not to be surprised if the hospital would not admit him. However, he was admitted. After reading the Act it was clear to us that this act is open to interpretation and that there are avenues to have a person scheduled without a life threatening situation. At that time, as there were no beds for psychiatric patients at the hospital nearest to us he was taken by the police to the nearest city.

   He received treatment there but was released in a month although his condition had not greatly improved. The patients were given quite a lot of freedom and I was told by a doctor that there was no guarantee that he would not be able to smoke marijuana whilst in hospital. I later found out that he had been smoking marijuana whilst in hospital.

When he was discharged and came back to Armidale he was under a community treatment order and was given a case worker. We were not told how to handle the situation and didn't fully understand what to do. He was non compliant with his medication so for some time we were responsible for administering his medication and at no stage did he take it regularly. The case worker was not much help.

We resisted having him receive a Disability Support Pension as we felt this would hinder his recovery. However, the mental health team sent one of their members to visit him. This man had been appointed specifically to help with rehabilitation but the only thing he did was bring out the papers for him to sign so that he would receive the pension. This has been a disaster as he has had money to buy drugs and we have had no control at all. Even though, five years on, he has recovered to an extent, he sees no reason to make any effort to do anything for himself as he receives this pension.

A couple of years after his initial hospitalisation and diagnosis with schizophrenia he recovered to a degree and his community treatment order was dropped. This was followed by total non compliance and deterioration. Once again we were in the hideous situation of having to handle him in this extremely ill state. Once again the mental health workers were no help at all and once again we got a copy of the mental health act and made statements. We managed to get a visiting psychiatrist to schedule him. I asked the doctor when he came to our home to try to be as sensitive as possible as we were his carers and had to try to maintain a reasonable relationship with out son. However, after the psychiatrist told my son that he was being scheduled he then told us that he was leaving with the mental health worker and that the police would come in an hour or two to pick him up. When I said to him that he was leaving us in a very difficult situation he said to me that he and the mental health worker could not possibly take him and we would just have to wait. I had to leave my home and my husband waited with our very upset and agitated son until the police finally came. He was taken to a hospital in a nearby town by the police and admitted for one week, a grossly inadequate period of time. He was released on a community treatment order and on his last day in hospital he was given an injection and his order required him to have injections every three weeks. I believe it was grossly negligent to give him an injection on the day he was released without monitoring any side effects or seeing any improvement in his condition. The hospital also organised that he went back to Armidale with another patient who was released that day and was a known drug user. I wrote letters to the local member and the hospital but, of course, there was no admission of liability. The mental health worker believed that the reason he was released was that they needed his bed for the weekend.

Since then we have been responsible for him having his injections. My relationship with my son has deteriorated to such a degree and he

is so abusive that I have moved to Brisbane. I believed that our relationship was having a destructive effect on both of us. My husband is handling the situation as his relationship with him is not so bad. I believe that the reason our relationship deteriorated is that I have had no support from anyone and have been the main instigator of medical intervention. Naturally enough my son resents me for this.

I firmly believe that with community education, education of family and carers, adequate medical intervention including hospitalisation for as long as necessary to see some recovery, rehabilitation and opportunities for supported work and education these situations could have a positive outcome and save a person's life not to mention the destruction of families and other people associated with the mentally ill person.

I find it hard to believe that human rights issues specifically relate to hospitalisation when people's lives are being destroyed through lack of intervention and hospitalisation. Surely it is a human right to have the opportunity to live life fully. I am sure you can see from this account what an extremely hostile, uncaring, uncompassionate and difficult environment we have been in with devastating consequences.

I am sure this account relates to other items in the terms of reference and only hope that something can be done to change the system so that other lives are not damaged and lost through appallingly inadequate systems and treatment.