

## Mental Health Submission

I am the long standing owner/manager of a staff agency (33 years) and have seen many applicants who are victims of mental health problems, Their illnesses are never discussed at interview, but are evident to experienced personnel people, by the gaps in the resumes, too frequent job changes, interview performance, and careful reference checking. One in five people requires prescriptions and medical treatment for a mental health condition during their lives. I have seen a number of people who are prepared to take regular prescribed medication and are able to manage a normal job. Others are usually not registering with job agencies, ie those people who do not take their prescribed medications, and who tend to be in a state of personal chaos. Unfortunately, they are the majority.

I was also a parent of a long time schizophrenia sufferer (14 years) who died when he was 34, in 1997. There are aspects of his life which would be common to most sufferers of that illness, and I make some suggestions.

### My observations

The Commonwealth Government should take more responsibility for Mental Health funding and co-ordination, and making sure that people are able to receive appropriate treatment, irrespective of whether they live in rural areas or in the main cities. Outside the main cities and larger provincial centres, there is a big problem.

For more than twenty years, de-institutionalization has been in favour as a more humane approach to managing mentally ill people in group housing (usually in groups of 4 people). While the quality of life may be better for these people than when they were in long term institutional care, it means greater risk to the community. eg the policeman who was shot at Yarra Junction on 24/4/05, not a isolated event. Taxi drivers in that area are aware how several of the locals are quite a problem with unpredictable behavior, a common situation in outer suburban/semi-rural zones. Eg the killings of a mother and daughter on the Peninsula last year, and the cyclist who was killed on an isolated path in the Merri Creek park area three or four years ago. Psychiatrists who say schizophrenics are not a significant safety risk when they are living without supervision in the community, need to have another look at the violence and deaths that occur.

When my son was alive I handed in three of his "rabbit shooting" rifles to police. Just one psychotic episode could become a Hoddle Street or Queen Street disaster. It may be a good idea to have more gun amnesties, perhaps every four years. We need to have state police support staff matching gun permits with people, including siblings or parents of victims of schizophrenia related disorders, and withdrawing those permits, and the police collecting the guns.

Many of the "domestic" killings would also be linked to mentally ill partners. We need to return to more third party supervision of mentally ill people, rather than inflicting them on their families and resulting chaos, after a committal period as an in-patient. A by-product would be a reduction in the level of domestic violence in the community.

I think purpose build managed residential units are better for out-patients and the community, with firm monitoring of compulsory Community Treatment Orders by injection. I envisage "wellness centres", probably less than half the size of Maroondah Hospital, which has still got that institution look about it. Perhaps some imaginative architects could try for something more welcoming.

Schizophrenics do not like taking Modicate type drugs, "makes them feel like zombies." They are also very resourceful at hiding their tablets, and in share housing, it is almost impossible to control. The spot housing programs, through ARAFEMI in Victoria and other similar State Health Department funded welfare organizations, worry the neighbours, often with good reason.

Tablet medication can be bypassed too easily. Houses may be visited by a community nurse or social worker once a fortnight. It probably needs to be more regular than that. Community safety (including other people sharing the houses) is more important than civil liberties or privacy issues. I believe ARAFEMI does a wonderful community service. They are not widely known in the community at large. Like the CAT teams who work at the coalface, in co-operation with the police.

Be tougher on marijuana usage. Latent schizophrenia is triggered by regular consumption of marijuana as demonstrated by the bias towards young males in hospitals with their first episodes, although my observations may be out of date. In earlier years, girls were much less inclined to be marijuana smokers. Some people say the jury is still out on any established link. Not anyone I know! Many parents would be more enthusiastic about discouraging their teenager's marijuana usage if a definite link to the illness was confirmed.

Better community education. Many parents of young people falling into irregular work patterns and drug usage, are not aware of the signals. Carefully directed education material may assist parents with 16-25 year olds.

Also, Commonwealth Health Department should more regularly inform GPs of latest drugs and treatments, rather than the doctors relying on the pharmaceutical company reps, and mailers. The GPs are the logical people to take on more of the treatment of people who are already their own patients, and well known to them. This could be done in consultation with mental health specialists.

My understanding is that schizophrenia is triggered when the dopamine (spelling?) level is too low in the brain. It may be possible to explore "pre-medications", a drug(s) that could rectify a dopamine imbalance, and head off that first psychotic episode. Families that have a genetic history of this type of illness would be very interested. They would be very co-operative with doctors, and keen to avoid being caught up in a chronic illness situation. 1 in 100 people potentially have the problem, much higher with families who have a genetic history with the disease. Some research could have an early payback, and save thousands from a miserable and troubled future.

Alcohol resistant prescribed drugs could be a good area to research noting that many patients ignore alcohol consumption guidelines when prescribed drugs.