

My wife & I have been married with marital illness for twenty years. A member of the family was diagnosed with schizophrenia. ①

For a period, while under a Child Mental Health order, a monthly injection did produce a result. It could not be called successful for two of the four weeks were bad and two reasonable. Efforts to get medication changed were unsuccessful. The order lapsed and the patient was free to do as she wished with dire results.

THIS HAS OCCURRED EVERY TIME AFTER HOSPITALISATION. NO CONSISTANT EDUCATION UNDER AN AUTHORITY HAS BEEN RECEIVED FOR A SUITABLE TIME SPAN, WHERE THE PATIENT MIGHT REALISE THAT THERE COULD BE A BETTER WAY OF LIFE THAN THE DESPERATE ONE SHE IS LEADING.

~~about her~~ The relationship with her partner has failed. It had to under the circumstances, particularly when a child was not receiving adequate attention. Living with us was tried but failed. A woman with exceptional abilities now lives in an inappropriate flat which was acquired by the hospital welfare personnel. The parents are in brief contact twice a week and often mother and son spend the weekend with us. As the child is growing up, ~~things~~ the visits are decreasing. The constant problems have drained our patience and resources. In a few more years we will not have the ability to offer our support at all. The only way to find out what can really be achieved is by constant supervision.

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If this procedure is tried and then fails, so be it! At least everything that can be done has been done. At the moment this is not happening. The patient leaves the hospital and goes back to the community under heavy sedation. They are still unaware of their problems. Medication ceases, for there is no authority control, and they are free!! Free to upset family and friends and be oblivious to the consequences.

Some Ideas for Compulsory Monitoring. a "HALFWAY HOUSE"

1. The hospital assesses and treats the initial critical stage.
2. The 'Halfway' house is really a rehabilitation centre.
3. Attendance would be compulsory. Daily, weekly (a five day week) or full time. The severity of the individual cases would dictate the number of times attendance would be necessary.
4. Rooms for full time + weekly patients.
5. A suitable venue where education, in the form of lectures and videos could be given. ~~short~~ lectures should be very short and may not be suitable for all clients. I

There are excellent videos around which promote success. Fred Fress comes to mind. Those which conclude with disaster would seem inappropriate.

6. Access to sporting facilities would be desirable. Swimming pool, basketball and tennis courts and a gymnasium.
7. A building on a University Campus could be ideal for the physical facilities are already there. Perhaps their usage may be so great that this would not be possible.
8. Support to Funding - Most patients would probably be on a pension. While being treated a proportion of their pension could go towards their accommodation. Full time keep may take 70% of same. If already renting a flat, this would have to be taken into consideration or abandoned. Undoubtedly, there would be different circumstances for each person.
9. Is staffing difficult? If so, a solution to the problem could be the employment, on a roster system, of the many educated, patient and experienced carers who are already in the community. They would be paid appropriately. Many would most likely be mature age persons who would appreciate the extra income.

Housing - This is an essential item and should be addressed immediately. There could be two or three units in every set of Government housing blocks for persons with a disability. The power should be electricity - NOT GAS.

Police - Our own experience with the police has been excellent on at least three occasions.

It would seem, however, that they are humans so we can expect some casualties within the ranks. But what are they trained for? Why cannot two policemen disarm a man with a knife? Don't they have extendable batons which would give at least a metre range? Don't they have capsaicum spray? Even stun guns?

Stun guns are used on animals. Humans - No! "Shoot 'em dead!" Not even in the lower body or legs. Target practise must be expensive. Cannot a house siege be controlled with gas grenades? Is "Happy Gas" colourless & odorless. Both sides would come out laughing!

The public do not get answers to these problems when there seems to be logical solutions.

The same applies to areas in mental health where information will not be disclosed because of "Human Rights!" Someone who is sick has more rights than the carer! Common sense would indicate that allowances should be made in the case of Mental Health.

We realise that to work full time with mental disorders must be a difficult and frustrating form of employment, even for those who chose it as their profession. We are aware of the complications, but it seems crucial that the problem of non-compliance be addressed with a logical approach.

When Mental Health Services allow patients to go off an order too quickly, they are actually aiding the deterioration of their own clients.

And PLEASE, would personell who are working directly with patients speak slowly and clearly so that their message may have some chance of being heard and understood.

Initial medication should be given in small doses to allow the body to adjust. It may take a few weeks to reach the appropriate dose.

Medication that turns a person into a "zombie" in a few days would put anyone off for life!

Surely it can be avoided.

It is stated that the committee for the forth-coming enquiry consists of seven senators. Are they on extra pay for this or is it part of their days work? Do the senators have any idea of the frustrations involved with mental health?

If they have, at least they have the benefit of a healthy income which would enable them to set up privileges.

If not, then there may well be others who are more suitable for this enquiry. The senators can learn of the recommendations and comment later.

I hope this is helpful in your deliberations.

Yours sincerely,