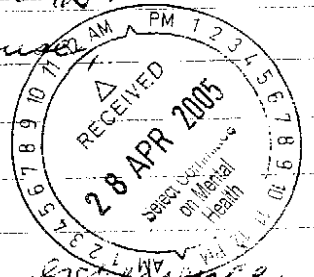


The Committee Secretary,
Senate Select Committee on Mental Health,
Dept. of the Senate, Parliament House,
Canberra ACT 2600, Australia



Dear Secretary,

I know from long personal experience that under our present mental health system there are enormous gaps in services, in critical areas of care.

Staff shortages + bed shortages in the Public Health system which reflect funding limits are present in all areas. These shortages lead to patients being discharged too early, with consequent relapses + subsequent re admissions. People who suffer the devastation of mental illness desperately need psychological + social rehabilitation + support to regain community living skills as they painfully struggle to rebuild their lives.

Experienced people with an overview of the present mental health system feel it is essential that the mental health budget be increased to 15% of the total health budget across all states, within five years. They consider it essential that psycho social rehabilitation funding should increase to

15% Of the Total Mental Health Budget

Psychiatrists, if you are lucky enough to see one + not just a medical officer, spend only 15 minutes with each patient, with time only to discuss medication. There is no time to deal with the many other worries a patient is likely to have. If it is not possible to employ more psychiatrists, then extra persons, either psychologists or social workers could be employed to help patients deal with worries. This extra help would increase patients wellbeing, ^{help} prevent a build up which can cause sufficient stress to create a relapse.

The national Health Budget accounts for 7% of the total Health Budget, but covers only 20% of the demand. 91% of government funding received is used for medical treatment, while 9% is left for use on social + psychological rehabilitation, a grossly inadequate proportion.

There has recently been a realization that many people develop mental illness at an early age, + fortunately more attention now is given to younger persons, which one hopes will promote better outcomes because of early intervention + support. There are, however, very significant numbers of people who have been ill for more extended periods + who are no longer in the 'young' category. These

sufferers continue to need vital ongoing support
 if they are to survive. Isolation + consequent
 decline in mental health leading to relapse is
 a frequent consequence of service providers
 with criteria which exclude the older person
 from participation in programs + support.

The stigmatisation of mental illness would enable
 people to have a realistic understanding + sympathy
 for patients. The recently quoted statistic is that
 one in every 5 people in Australia will suffer some
 form of mental illness at some time during their
 life. With de-institutionalisation (without substance
 increases in supported accommodation, without means
 of follow up + continued treatment, + with few
 community support services) there is increased
 fear + mistrust in the general population. Our
 prisons are crowded with people who do not belong.
 In the prison system, there is just nowhere
 appropriate for these unfortunate mentally ill
 people to be detained (+ treated I hope). Their
 offences are usually minor, or due to inappropriate
 behaviour. These people have no capacity to
 care for themselves. The institutional properties
 were sold, surely supported accommodation
 could be made available.

A report appeared today (26/4/05) in The Age
 newspaper of a 27 year old man who shot a
 policeman, + then shot himself, leaving both

his own + the Officer's family grieving + in shock. This event raises all those questions about effective services. This man said by neighbours to be a good person, who waved as he drove by. He was much loved by his family, who expressed shock + sorrow, + offered heartfelt sympathy to the Officer's family + friends.

Our police force needs more training in how to handle the difficult situations they sometimes need to meet. At present they have $3\frac{1}{2}$ hours on the subject in their initial 20 weeks program. Organisations like the Mental Illness Fellowship who work continually with the mentally ill (as well as the families + friends) would be able to help Officers understand that harm to others can frequently be avoided if adequate skills are developed.

I am not arguing that the mentally ill never commit serious crimes. (Mostly they are people who are vulnerable because they are not sufficiently assertive). Tragic events like the one reported in 'The Age' would be less frequent if care of such people were improved.

The mentally ill are mostly unable to lobby for changes in the system. It is only through others that they can hope for change + more appropriate services. I have only touched on a few points, but pray that your deliberations

will lead to increased and improved services & service delivery to these powerless, misunderstood & largely ignored people. Such change would make a real difference to their prospects for the future. The struggles of the mentally ill to make a 'new' life, since their pre-breakdown abilities are greatly altered, are truly heroic. They need to re-establish themselves in a largely unaccepting community & try to develop a "normal" existence. Ongoing help & support is critical to that process.

I pray for a multi-faceted upgrading of funding & services in the Mental Health System.

Yours sincerely,

Pearl Bruhn

(MRS P. BRUHN).