

Submission to
Senate select committee on mental health

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This submission is in three parts: *Early diagnosis of schizophrenia onset*; *The criminalisation of mental illness*; and *The lack of housing and support*

Early diagnosis of schizophrenia onset

Terms of reference:

1b early intervention

1h early detection

1k promoting engagement and minimising treatment refusal and coercion.

1n the current state of research and best practice

These four terms of reference are significant in relation to early diagnosis of schizophrenia. The information supplied by family members needs to be confirmed using gas chromatography and/or the smell test. Gas chromatography reveals a 1:1 relationship between high levels of ethane in exhaled breath and the onset of schizophrenia. The smell test (still undergoing refinement) shows a 1:1 correlation between the inability to correctly identify smells and pre or post onset of schizophrenia.

It is unfortunate that successful interventions with early psychosis carry with them the stigma of 'well they probably weren't candidates for schizophrenia anyway'. It is an unacceptable gamble to ignore family members and opt for a wait-and-see approach.

The use of diagnostic tools, careful monitoring and counseling are vital. Hopefully the patient will still be sufficiently well enough and able to recognise the benefit of such steps as reducing life stressors and of trialing low doses of antipsychotic medications.

To date the lack of diagnostic tools and an overly cautious approach has meant:

The early warning signs noted by family members are repeatedly ignored.

Months or years go by until severe psychosis sets in.

The sufferer is cognitively impaired.

Treatment resistance is common.

Relationships suffer.

The police are often involved.

There is no longer any excuse for this ugly pattern to continue:

Listen to the family members.

Confirm using one or more tests or a monitoring program.

Provide counseling and support that eases the transition to a different lifestyle.

If candidates for cardiac arrest can learn to redesign their lives, then there is every chance that candidates for schizophrenia can too; but early diagnosis and early responses are the keys to radically improved outcomes.

The criminalisation of mental illness

Terms of reference: 1j

The criminalisation of mental illness is a disgrace. Parallel housing, as recommended in *Incorrections* (Tamara Walsh, Faculty of Law, QUT, 2004) would go a long way to reduce the ugly culture of shaming, blaming, punishing and brutalising people with a serious mental illness.

The lack of housing and support

Terms of reference: 1e; 1j

The lack of housing and support is related to the reinstitutionalisation of mental health patients as prisoners (there are 400 prisoners with serious mental disorders in SE Queensland) and to high levels of homelessness among sufferers of mental illness.

Members of NCWQ and SFQ have provided hundreds of hours of voluntary service in 2004 and 2005 to advocate and forward proposals for housing and support designed to meet the needs of people with psychiatric disability. Despite this, little actual progress has been made with bricks and mortar. One problem has been that 'purists' with little understanding of mental illness have been doggedly defending their precious 'model' that was not designed for people with an episodic illness. Meanwhile many thousands of Queenslanders with a psychiatric disability are suffering homelessness or incarceration, and the health of many carers is failing.

An appropriate model for support that is readily available when needed and requested has been trialed successfully. Training for psychiatric support workers is being promoted.

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