SUBMISSION TO
the Senate Committee on Mental Health
May 2005

Personal Submission

Addressing No 5 and 7 of the Terms of Reference

5. *The extent to which unmet need in supported accommodation, employment, family and social support services is a barrier to better mental health outcomes.*

We have a 33 year old son whose first admission to Hospital was in 1987 when he was only 15. Since then he has been readmitted many times, twice after attempting suicide.

His initial diagnosis was Manic Depression (now Bipolar), brought on by smoking Marijuana at High School. This progressed to include Schizophrenia symptoms as well.

He lived away from home a number of times between 1990 and 1998, mostly in unsupported accommodation and each time he ended up in hospital when he was lax in taking his medication.. We were left to rescue his belongings and bring them home again.

He has lived at home with us since then because there is no where we can find that would give him the support he needs to keep him out of hospital. His last admission was in 2001 and he is now fine as long as he takes the medication.

This is not a major problem to us as we are in our early 60's and in reasonable health. (though I have had Polymyalgea Rheumatica for the last 3 and half years, and that slows me down), but as we get older this will become a bigger problem. It does mean we cannot leave our home for more than 48 hours unless we organise respite care. This is possible once a year at Jerandean - Camp Hill - Brisbane

I belong to a couple of ARAFMI groups and there is an increasing number of elderly women who are still caring for their adult children with no idea of what will happen to their dependant when they die, or are unable to care for them any longer. This at a time when they should be able to expect some support themselves.

There is a great need for supported accommodation, close to public transport, and in many diverse locations, both within Brisbane and around Queensland, so that those needing accommodation can live near their families, both for their convenience and that of their ageing families.

It would also be wonderful if he had some employment, but I can't get him interested in doing anything. He did work as a Computer Operator from 1996-1998, but he spent part of each year in hospital, and much of 1998. His contract ran out at the end of 1998 and he has not tried to find another job. He would be so far out of date now, that he would have to train again, and he has neither the money or the enthusiasm.

7. *the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.*

There is very little support for primary carers for any of the above.

When your relative first becomes sick, you have nowhere to turn, and it is often groups like ARAFMI who provide the initial information and support. Some hospitals run information sessions, but not everyone hears about them.

No one ever contacts us now, to ask if we need any help. I can contact his Mental Health Doctor if I am worried, but he can't do much. In fact 18 months ago when Andrew announced to his doctor that he wasn't going to take the medication any longer, he rang me and I was left to convince Andrew that cold turkey was not the way to go. We reduced it gradually to a level that still keeps him well, but not enough to make him feel drugged, and wanting to get off it. For the last six months he has actually looked after his own medication, but still misses every now and then, and therefor still needs support.

The last time I called for help from the Mental Health system, I was told there was nothing wrong with him, when there clearly was. (he has just decided that I wasn't his mother after all)

One of our ARAFMI members called the mobile team for help, as her daughter (45) was walking up and down the street shouting obscenities about her mother.
Answer:- We can't come unless your daughter requests us to. What sort of Support is that?