Thursday, May 12, 2005

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

To the Committee Secretary,

Re: Integrated Mental Health with Drug and Alcohol Treatment:
Senate Inquiry Terms of Reference 1 (b), (f),

I have a brother now diagnosed with schizophrenia.

My brother's first psychosis was in 2001 and was attributed to his then recent experimentation with the amphetamine speed and his regular use of marijuana. Thus his preliminary diagnosis was for a drug-induced psychosis.

His recovery from that first psychosis was quick but within just a few months he was again acutely unwell with a second psychosis.

At the time of my brother's second psychosis I called Intake at the nearest city hospital. During this conversation I described my brother's condition as a drug induced psychosis, since this was the only information provided to us after his first episode and it had not occurred to us that he may actually have schizophrenia.

During that call I was rebuffed by Intake and promptly referred to ATODs (the Alcohol, Tobacco and Other Drugs Service). This was despite describing the aggressive and violent nature of my brother's delusions at the time, his acts of physical violence toward my father and our fears for both his and my parent's safety.

It was no more than a few weeks after my call to Intake that my brother was an involuntary patient at that same hospital. His admission came about because my parents sought emergency intervention from the Police after my brother discharged a firearm in an act of aggression toward my father.

Despite hearing that Intake services at the hospital have vastly improved since then, I still feel disappointed and angry when I remember our treatment and the events that followed which potentially could have had a tragic outcome.

On another note, my brother's psychotic episodes due to schizophrenia and his subsequent recovery are complicated by his long-term use of marijuana.

I am aware that he is just one of the 60% of people with mental illness who also have a drug problem. I know my brother very well, and I have no doubt that he is addicted to marijuana and to a certain extent uses it for self-medication, as he does with alcohol.

Mental Health Services are fully aware of my brother's drug use and it is in fact part of his current Community Treatment Order that he be randomly drug tested. This is seldom enforced and has never been acted upon for a positive result. Further, my brother has never been offered targeted assistance, other than some words of advice from his case manager, to break the addiction/s.

I feel certain that if part of his Treatment Order included attending an educational program about the use of drugs in relation to mental illness, as well as targeted information and support about breaking addiction, then his insight and recovery would be greatly improved.

He has certainly tried to break his addition on occasion in the past and I suspect that if the timing were right, some support along these lines would go along way for him being able to better manage his illness.

I have written this letter and shared our family experience because something desperately needs to be done to better integrate Mental Health Services and Drug and Alcohol Services. Sixty percent of people with mental illness also have drug problems.

Also, you must realize that most young people experiment with drugs these days, and given that psychiatrists prefer to wait six months or so after someone has their first psychosis before giving a final diagnosis, this means that many, many people are preliminarily diagnosed with drug induced psychosis. Like my brother this leaves them at risk of being refused treatment by Mental Health Services. In addition they are stigmatized and blamed for their illness for many years, even when the final diagnosis is actually schizophrenia.

Please use your enquiry to develop better integrated services for the treatment of both drug use and mental illness.

Kind Regards
Name and Address Withheld