

11 May 2005

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

To the Committee Secretary,

This letter is in regard to the following areas of your Senate Inquiry into Mental Health:

**Detention and Seclusion within Mental Health Facilities**

Senate Inquiry Terms of Reference 1(k)

**Resources and Community Care:**

Senate Inquiry Terms of Reference 1 (a), (b) and (c)

***Addressing the need for preventative or intermediary programs of care before hospitalization.***

My brother has schizophrenia and has been involuntarily hospitalized under the Mental Health Act on two occasions.

The second time my brother was involuntarily hospitalized, it was not because he was an immediate danger to himself or to those around him. In fact during this psychosis his delusions were very gentle, loving and generous in relation to helping others in the world around him.

However because his previous community treatment order had expired, he was no longer part of the Mental Health system so to speak. When we asked his ex-case management team for assistance we were told that they could do nothing until he had deteriorated to a point involving involuntary hospitalization. As a result the case management team postponed visiting my brother.

When case management did determine it necessary to visit my brother, he was immediately put under an order for a mental health review and

transported to the nearest hospital with a mental health facility, which is 100 km away from his rural home.

Not surprisingly this was traumatizing for my brother, he was gravely concerned for his personal safety and broke out of a window of the Mental Health Unit overnight. The police eventually, and rather brutally apprehended him. He was distressed, frightening to staff and as a result was held in seclusion for several days. The remainder of his stay at the hospital was in the Secure/Forensic Unit because he was considered an absconcion risk.

Being in seclusion was a terrifying, humiliating and very much a dehumanizing experience for him. He was kept in a cold room, where he huddled under the blanket on the bed and when food was bought in it was left at the door. Out of seclusion, and as a regular patient in the Forensic Unit, he still felt keenly that he was a prisoner of the hospital.

The original gentleness of his delusions was of course shattered by the series of traumatic events that he experienced, and remaining was a frightened young man who felt persecuted and absolutely betrayed by his family. As a result, we his family became a target for his ill feelings and the subject of his paranoid delusions.

When his Mental Health Review Tribunal rolled around it was determined inappropriate that he was held in the Forensic Unit of the hospital, as opposed to the regular Mental Health Unit. As a result, he was almost immediately discharged on a community treatment order, although his mental health was still not good and he was in a terrible emotional state. Upon release my brother was literally in a worse state of health than when he was admitted to hospital.

Within months his wrath at the family had manifested with multiple threats of physical violence to members of our family. Based on his actions during previous psychoses these threats were taken quite seriously by our family.

The family sought assistance, intervention and possible rehospitalization from my brother's case management. We were told that the decision in regard to rehospitalization would be left in my parents' hands, that if they felt unsafe they were to go to the courthouse to order an emergency review.

I am of the understanding that Mental Health were frightened to take him because they could not hold him in the normal part of the hospital and he was not suppose to be in the Forensic Unit. Regardless, you can imagine the devastating effect this had on our family. My parents chose to take a chance and not seek an emergency assessment, fearing that the retribution from such a course of action at that time would outweigh the possible benefits.

I reflect on this whole period and I think: if only there was a more appropriate, community based and gentle way of reintegrating my brother with Mental Health, then so much angst, fear and trauma could have been avoided.

I am also absolutely certain that his recovery would have been more swift and complete. Not to mention the fact that our family would not still be trying to reconstruct completely destroyed relationships and that we wouldn't have this legacy of fear and mistrust to face for the next psychotic episode.

I am certain the outcome of this psychosis would have been less traumatic for all parties involved, not least of all my brother, if:

- The Mental Health Act allowed his ex-case management team to provide some care, treatment, or even contact before he deteriorated to the point requiring hospitalization; or
- There were preventative programs available or systems in place that allow a person back into the Mental Health system without first 'dumping' them straight into hospital.

I am not a psychiatrist, but even I can see that this sort of dramatic intervention will only increase the stress felt by an already paranoid and vulnerable person.

With deinstitutionalization the government placed most of the responsibility for our loved ones care back into our hands. And yet virtually nothing has been done to assist us for integrating our loved ones back into the intuitional system when it is required. Or for that matter, reintegrating our loved ones back into our homes after they are deemed fit to leave the institutional system. No regard is given to our family relationships.

I know that the national mental health budget only accounts for 7% of the total health budget and yet 20% of the health demand. I also know that 91% of this funding goes to clinical treatment. So less than one tenth of an already pitiful 7% of the total health budget is allocated to community care and all other aspects of recovery. To me this implies not just a pittance in funding, but also zero consideration and zero concern for the vital resource we as family members make and the fragile level of trust that we draw on to provide care to our loved ones.

Regards,  
Name and Address Withheld