## ***My personal history.***

I have been involved with mental illness for pretty much my whole life. My grandfather suffered schizophrenia and alcoholism, my sister is severely affected by ongoing psychosis and is in and out of hospital, my brother suffers extreme bouts of depression and I myself have been variously diagnosed with bipolar disorder and psycho-affective disorder, severe anxiety and (wrongly) schizophrenia. I am in no doubt as to the debilitating and in many cases life-threatening effects of these conditions and the strain they place on individuals, bewildered families, and therefore the wider community.

I am now 34 and after 20 or so years (my first onset was about 14) struggling to find solutions and indeed receive proper treatment for my various conditions, I have reached a point where I would consider myself significantly recovered .It has been a great relief to move from constant and ongoing crisis, and gradually improve the quality of my thoughts, my behavior and my life. In other words, it is not all bleak. I am greatly heartened by the steps that we as a community are beginning to take to try to understand these issues and I believe that government at all levels has a significant role to play. It’s great that the broad discussion topic “mental illness” is on the agenda both in the media and at government level. Developing viable and useful strategies that genuinely help people, who, without being too dramatic, can seem beyond help, is a vital and necessary next step. Over the years I have seen 8 different psychiatrists, both private and public, 9 or 10 counselors/ psychologists, had 2 brief hospital stays (voluntary) and been prescribed at least 12 different medications, with varied amounts of success.

With this in mind I feel I might be able to help. Obviously, I can relate personal experience to the problems here, including access to psychiatry, medications, and the hospital system, possible effects on families, support options for careers and sufferers, to name a few. For the purpose of this submission, I have chosen to explore a couple of topics that I know a little about. I would be happy to follow this up in person, give evidence or whatever is needed or appropriate. I think that forums and discussion serve the topics well and can only be useful.

As I see it the most difficult thing about mental illness is that generally it plays out behaviorally. This is the fundamental difference between “Physical” Health and Mental health and in my view policies and funding need to reflect this. If a person’s capacity to think is affected, then they’re ability to recover or “fix them” will almost certainly be hindered. There are literally as many outcomes as there are personalities. Some people seem to be able to recover unscarred from prolonged periods of mental stress whilst others end up with permanent damage. Recovery times between individuals vary greatly and sufferers can easily dismissed as acting stupid, behaving inappropriately, aggressively or just plain weird, making it difficult for genuinely affected people to be recognized and provided for. The normal cycle of ups and downs in a persons life may not actually involve mental illness.

I think the reason that levels of compassion for mentally ill people have risen is almost certainly because we can recognize common human elements in “sufferers” behaviour. This is a fundamental change in attitudes from twenty years ago and I believe it stems from this kind of “acquired” empathy. This is my main reason for optimism. The trick now is to transfer this intangible shift into government policy.

One of the main problems facing mentally ill people is access to psychiatry. My personal experience is that psychiatry is an inexact science. Diagnosis occurs on a trial and error basis, with little attention paid to an individual's ability to absorb the trauma of diagnosis, new medications, emotional state etc. This combined with long waiting times between appointments generally will exacerbate the problem rather than solve it. I f the diagnosis, medication or dosage is wrong then the period between the appointments (say a month) is crucial. Because psychiatric drugs affect behaviour and mood, it is often difficult to tell if a particular drug is "working", or whether the side affects outweigh the improvement in mood etc.

A doctor who sees a patient twice in a month for an hour may not recognize the ups and downs that have happened in between. In more severe cases the drugs may completely suppress or fundamentally change your personality. This outcome may satisfy doctor's criteria for an "improvement" but leaves the "sufferer" stranded and potentially unrecognizable to friends and family. So-called bedside manner and an ability to engage with vulnerable patients are vital to establishing long-term trust and encouraging self-management. My experience is that seeing a physiatrist is an intimidating and fairly clinical exercise. Extremely personal and sensitive information is divulged and the potential for misdiagnosis and misunderstanding is always present. The role of the psychiatrist is two fold, part counselor part doctor. A good psychiatrist will generally be able to fulfill both roles and compassionately facilitate fast and accurate diagnosis and recommendations for treatment. When you "like" your doctor and your drugs are right, you feel supported and better able to manage the problems yourself, surely the ultimate aim of any treatment.

The reality is that if you require a psychiatrist then generally your ability to hold down a job, study, maintain commitments etc is greatly reduced. Psychiatrists who know they're stuff are (justifiably) expensive and often out of reach of the average psychiatrically challenged punter. Quite possibly 3 initial visits are required to adjust dosage, chop and change medication etc. The upfront cost is about $500 for 3 consultations, certainly a little beyond the reach of someone on benefits for example (even though some will come back through Medicare) In Sydney, for example the waiting time for most good psychiatrists is about 3 months on average, certainly enough time for a vulnerable person to move from manageable problem to major crisis. This in turn causes a rise in hospitalizations and dependence on crisis style care, often because there is no other alternative. GP s and casualty wards are seeing many more cases of patients presenting with psychiatric symptoms. This places extra pressure on the health system and ensures that the first point of contact is not a specifically trained psychiatric professional.

I think the private health system needs to distinguish between mental and physical health. When I have been sick, I was able to get my health fund (MBF) to pay for membership to the gym, but not my appointment with a psychiatrist. This is a little out of balance.

***With this in mind, I would love to see a private health fund that specialized in pshyciatric illness and catered for the specific needs of sufferers .*** The key here is that most people are not in constant crisis. I t is something to be managed, like asthma or diabetes, and the great desire for most, is to live as normal a life as possible. I think the allocation of resources should reflect this. I would much rather know that my back up network is in place if I need to call on it, than receive unlimited sickness benefits for example. Improving quality of life for mentally ill people i.e. assisting them to deal with it themselves, is good for everyone. I would happily make monthly contributions to a fund that catered for my particular issues. Obviously there are degrees of severity here, but the ongoing benefit to the sufferer would probably be ensuring access to quality care and advice and therefore allowing better quality of life.

The second part of the equation is education. My experience is that generally people want to understand, and try to sympathize with these issues. People who suffer these illness s are great sources of knowledge and experience. With this in mind, I am working on developing a program/presentation that could assist schools in formulating strategies to deal with such things as early onset depression, the role of drugs, as well as how to support sufferers amongst they're family and friends. This would be done in a non-threatening, engaging, even humourous way to help demystify the idea of mental illness. I am also working on an idea for an interactive DVD that shows possible scenarios such as what a visit to a psychiatrist feels like, what do they ask etc. In my view, there is little actual information for parents, carers and sufferers about the nuts and bolts of these conditions. Most parents, (mine included) were and are completely bewildered by the behavioral changes they see in they're children. It would be useful, I think to be able to hand someone a resource pack, that details possible outcomes, simple information about the various conditions, side affects of medications, interviews with sufferers (success stories) and generally allowing those concerned to prepare for the potential roller coaster that is mental illness. I think it is important that this could be viewed in private and people who have been there, rather than academic "experts" present also that it. I think this applies generally to the way we as a community approach these issues because the way the treatment is delivered can make all the difference. I am sure that I would have started successful treatment sooner had I known more about my condition, and was less afraid of the process. As a teenager at a boarding school I was not about to announce to my mates that I was hearing voices and was off to see the psychiatrist. I had no idea that I might have early onset bipolar disorder and I would not have known where to start looking for solutions or treatment (nor did my GP at the time for that matter). I am heartened though by the steps we have taken to improve the flow of information and the resources available. I think that, generally, teachers, doctors and even the police know a lot more about these problems and can therefore respond more compassionately. Obviously the further we can extend this the better, and my great desire is to see people, particularly teenagers benefit from mine and other's cumulative experience.

It is important to remember the complexities involved here and that there are no easy solutions. There are issues of personal responsibility that are crucial in evaluating these problems both for the individual and for society as a whole. Because behaviour is affected by mental illness, at what point do we stop blaming the individual and start blaming the illness, and vice versa. This becomes a circular argument. For example, it is easy to dismiss as stupidity someone who ends up in hospital with drug induced psychosis especially if the person is knowingly predisposed to mental illness, but what is the illness here: the resulting psychosis, or the compulsive drug taking that caused it. Is the behaviour more to do with a desire to be self destructive, possibly related to trauma or abuse suffered earlier for example. This also raises the question: Is addiction an illness? and if not, how do we define and quantify this huge resources draining problem. The filter down effect is two fold. First, much needed psychiatric beds are taken up, and secondly, existing resources are stretched because two problems have to be treated con currently, one illness related and the other drug related. (This is where I believe harm minimization and educational drug programs are so important. They treat a cause not a symptom and I think relieve pressure on the police and the health system.) The same applies I think to conditions like Alzheimer's. As the population ages, this illness will (justifiably) take more and more resources from the mental health budget. Of possible concern is that earlier onset conditions like bipolar and schizophrenia will take a funding backseat.

I think that funding allocation needs to distinguish between the two broad groups of "sufferers". Those in crisis, and those who are managing their illness on an ongoing, day-to-day basis. Within this there is a subcategory of those who are suffering symptoms for the first, and ultimately most traumatic time. As with any illness and perhaps more so, families and friends will be affected dramatically and this cost has to be factored in somewhere.

Perhaps we need to focus more on helping those who are managing their conditions, because there are many quiet success stories here. Managing a crisis successfully is a good outcome but preventing one happening is a better one both personally and from a funding viewpoint  Exploring alternative means of treatment that combine conventional medications with say complimentary medicine is worthwhile as an example. Of great importance here is increasing access to good affordable, counselling.

It is traumatic after all to lose your mind.