I am a 42-year-old single, male professional who has had episodes of mental illness from approx. age 16. Briefly this initially started with intermittent periods of suicidal ideation and panic/anxiety attacks and associated Irritable Bowel Syndrome. Over the years the panic attacks have been replaced by short but severe periods (1-2 weeks) of depression often accompanied by suicidal ideation and impulses. On one occasion I went as close as is probably possible to go to suicide from which no recovery would have been possible.

I would like to share my story and experiences in the hope that significant changes will be made to the current health system for the benefit of both the mentally ill and also the community at large. Whilst the committee members read this I hope they keep in mind some words I often say to myself - "Blame is what I do when I am not yet ready to own my responsibilities". Hopefully taking that motto onboard politics can be left aside and a better outcome will be achieved from this Senate inquiry.

In my experience there is still a significant sense of blame attached to the person with mental illness particularly from people who are involved in the front line of dealing with the mentally ill. This was brought home to me about 12 years ago when I had my first and only period of hospitalisation (a public government hospital) for depression and suicidal desires. At admission I actually was feeling relatively OK but agreed to it due to my families fears. Upon leaving 3-4 days later the psychiatric nurse in charge at the time told me "I was too intelligent to be in here and to make sure I didn't come back". I took that to mean he saw mental illness as something we had conscious control of at the time and that I was in some way responsible for my predicament-and this was from someone who was employed as a caregiver. To me it was akin to telling the high I.Q. epileptic he ought to be able to 'fix' his seizure attacks if he truly put his mind to it. I was saddened to experience this attitude but upon reflection it typified the many interactions I saw between the staff and the chronically hospitalised during my stay.

Whilst in the midst of this turbulent time I also had an encounter with the Victorian police as my family had involved them in a search for me knowing I had gone missing with suicidal intentions. I sensed no compassion or concern from the police members involved but more a feeling of contempt/nuisance for the time they seemed to see as being wasted on someone in my position- something I equated to as an attitude of blame towards the mentally ill. I sensed that they saw me as somebody who was out to waste others time rather than as someone who was ill. I am sure if I had had a different, more socially acceptable brain dysfunction, such as epilepsy, then I would have received a more caring and concerned attitude. Having a number of friends before and after that incident being in the force I still believe there is a strong culture of apathy/blaming amongst some, if not many, members. I think this tragic as in a lot of cases the police are the first people to be involved with a mentally ill person especially when they are going through a crisis situation. The use of the word "swingers" by some to denote someone found dead by self-hanging is probably a prime example of this apathy/blame culture. I applaud the submission to the Senate inquiry re the Mental health first aid kit and suggest that it be considered as an essential part of training for all emergency services personnel including police, paramedics, firemen, SES members etc. and I can only wonder at how different the outcomes would be for both the mentally ill and the 'first aid' giver in these situations. Randomised controlled trials have shown not only do positive changes

occur in attitudes, knowledge and behaviour towards the mentally ill by course participants, also the mental health of course participants improves [7]. This factor alone I believe has significant socio-economic implications for the community. I am quite confident there is a much bigger community need for training for 'mental first aid' than there is for 'physical first aid'. It is my understanding that Victorian police members are required to do an annual CPR refresher. If that was changed to bi-annual and the intervening years were spent on 'mental health first aid' I wonder what outcomes would be possible?

In all depressive or suicidal experiences since I have avoided any hospitalisation because of both my own experiences and those of people I know, many whom have felt dehumanised rather than cared for during their attempts at admission or during their hospitalisation stays. My only hospitalisation was a prime example. Apart from an initial exam, most of which from memory was only physical in nature, I cannot recall having one single session of therapy during my stay. Before release a psychiatrist did a brief interview to assess my risk of self-harm upon release and off I went. I equated the experience to having a heart attack and after initial assessment being put in a bed until I either died or got better without any medical intervention occurring. Things may have changed in the public system since then however I suspect there is probably a long way to go. Research published from Australian studies has tended to support my and, from reading through other submissions, the experiences of many others. [2]
I would hope all members of the Senate committee could at least read this research article, which I believe, will give them a valuable insight into the experiences of the many, who for various reasons, would not be making submissions.

Approximately 12 months ago I was in a period of moderate depression and went to a G.P. for a repeat script for anti-depressants as well as repeat asthma medication. During this consultation this doctor never once asked how I was feeling or whether my depression was being controlled (although I would have probably felt too uncomfortable sharing my experience with someone so off hand anyway). He continually avoided eye contact even at the point of handing me the scripts. Seeing a cluster of brochures entitled 'Depression' sitting on a shelf near his shoulder made the moment even more poignant for me. Even if only 1% of G.P.'s are handling their mental illness consults in such an impersonal way then I wonder how many people are avoiding further treatment/diagnosis for fear of being blamed/shamed by their primary care givers. As self-compassion (which in my experience grows from receiving the compassion of others) has been shown to correlate with positive mental health outcomes such as less depression and anxiety, then even minor gestures of concern during a consult with a G.P. may be of major significance to someone with mental illness [3]. This is especially important as G.P.'s in Australia encounter more mentally ill people that are actively seeking help than anyone else. [1]

I am saddened that in many cases optimal mental health outcomes are not achieved, not because the therapeutic know-how is not available but because it is often not applied to its maximum benefit. To me it's a bit akin to people dying from a certain disease because the cure is not administered in the way it is needed even though its available e.g. an asthmatic child in severe respiratory distress admitted to a hospital and not being administered a bronchodilator and pure oxygen and then dying as a result even though this treatment is known to save lives. A recent commentary in the

British Medical Journal about a study of approximately 17,300 people that was published in an American medical journal indicated that failure to widely disseminate evidence based treatments may be one explanation for why suicidality did not decline in response to treatment during the 1990s in the U.S.A.[4] I believe we have a similar situation here in Australia and this is supported by published Australian research which indicated the following barriers to optimal care-*" The burden of illness was exacerbated by difficulties experienced with obtaining an accurate diagnosis and optimal treatment. The healthcare system responses were described as inadequate and included inappropriate crisis management, difficulties accessing hospital care, inappropriate exclusion of carers and families from management decisions, and frequent discontinuities of medical and psychological care"* [5]. Other Australian research has indicated that suicidal individuals are likely to make use of services and a high proportion of suicides may be preventable through appropriate healthcare system responses [6].

Another important barrier to mental health care for me has been the stigma (which I believe goes hand-in-hand with blame) attached to mental illness and this has been found to be a widespread problem within Australia [7]. I see this as partly stemming from inadequate public education. Personally I have had close friends and family members, who through an inadequate knowledge, do or say things during my crisis times that have triggered a worsening of my inner turmoil. Even most recently when I was in turmoil I was told by a friend, "I was just attention seeking and trying to bring others down ", "I shouldn't be relying on friends for help and because I was an adult I needed to be more responsible", "You're a lot stronger than you think you are". Comments like these, although often well intended, can trigger a worsening spiral of someone's precarious position. I have seen this happen with others and published research would back this up [8]. To try to put things in some context, 500 years ago if a bat bit one of us whilst living in Europe and we subsequently ran around foaming at the mouth we would probably have been locked away because people's restricted knowledge at the time would have put us in the' possessed by demons' category. Today we would be diagnosed with a viral-induced brain inflammation-namely rabies- and hospitalised and treated with little likelihood of being stigmatised. As the first step in achieving improved mental being is usually the ability of someone to feel OK enough about seeking help then I see further public education to de-stigmatise mental illness as a crucial area that needs significantly attention. The widespread implementation of the first aid course is something I believe would be invaluable in this area as well.

My story has not been presented as well as I would have liked because of an incidence of depression/suicidal feelings before and during my writing this submission but I hope it has given some extra insight and helps in some way to trigger the significant changes still needed to our current system of mental health care.

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