Hon. Senator Lyn Allison
Chair

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

Wednesday, 13 July 2005

Dear Senator Allison

I thank the Committee for the opportunity to make this brief personal submission so late in its deliberations.

Personal Background

I have experienced depression in one way or another for as long as I can remember. Most of the time this expresses itself in a "glass-half-empty" approach to life. However, on occasions the walls have closed in and the daily rising of the sun had the same effect on me as it would have had were I a vampire. At times like these, when my depression was acute, my usual coping strategies included total withdrawal and overindulgence in alcohol. None of these strategies sit comfortably within the context of a relationship. Shortly after getting married, I experienced an acute bout of depression and, thanks to an insightful and insistent partner, obtained a referral to a Psychiatrist. It transpires that I am one of the lucky ones - my depression responds well to medication. Since first taking anti-depressant medication I have come off it periodically, mainly due to weariness with some of the side effects. However, so far my experience has been that the condition eventually recurs. I recall first taking medication as I embarked on my PhD studies in Law. My most recent course coincided with the recent successful examination of my Thesis. Interestingly a surprising number of my age-peers, on learning that I take anti-depressant's, now come up to me surreptitiously from time to time and ask "What ones are you on?" I can't help chuckling after these exchanges as I reflect on the covert swapping of side-effect stories.

Thanks to the right medication, I discovered what it was like to wake up in the morning as an adult without so much as a silent curse. Most people know what depression is, but not everyone has clinical depression. I've been around depressed people and seen the burden they cause to their closest friends and family. That is harder to watch than the poor depressed bugger they are caring for. The depressed person often just crawls into bed and retreats into themselves. Those around are the ones who truly "suffer from depression" not the depressed person. And at some level the depressed person realises the misery their depression is inflicting on everyone. They can't do anything about the depression, but they know at times that they could end it and stop inflicting that on people they love. In that altered state of reality, ending it all is not always about saying "Up you!" to people who love them. Of course the reality is that it would do irreparable harm, the ultimate violence perhaps to those people, but such a reality is far from the mind of an acutely depressed person.

Need for Public Debate

One thing that public debate and dialogue about depression achieves is that it can provide a way for depressed people to start expressing where they are at in a more objective and less emotional way. Secrecy imbues topics with a power that they lack when out in the open.

Male Depression Epidemic & The NMHS

While depression is only one manifestation of mental ill-health, my belief is that it is at epidemic proportions in the male population. It would be difficult to determine the extent to which it is responsible for, or a significant causal contributor to social problems including suicide, illicit drug use, alcohol abuse, domestic violence, relationship breakdown, disproportionate male representation in crime and incarceration statistics, and homelessness. However, there is much lay and professional opinion to suggest that it plays a highly significant part. I draw the committee's attention to an excellent publication dealing exclusively with male depression; "I Don't Want to Talk About It" by Dr Terrence Real (1998) Newleaf, ISBN: 0717127109. One of the significant issues raised by this perspective to male depression is that it may not be addressed by the current National Mental Health Strategy. That strategy has acute care and the "episode of care" at its heart. If male depression is indeed both widespread and largely untreated, only its symptoms may be the focus of government policy to any great extent leading to a fundamentally flawed funding model.

Relational Impacts of Male Depression

It has become apparent in the United States that, as a result of the health care system, entire extended families can become financially ruined and trapped in poverty as a result of a serious illness being contracted by a single uninsured member of the family. This is a useful analogy for considering the impact of untreated chronic and intermittently acute depression in a single family member here in Australia. As I am particularly concerned to highlight the consequences of untreated male depression, I ask the Committee to consider the impact of this on the extended family. The depressed male who becomes caught in a cycle of anti-social behaviours and responses as a result of their depression is

likely to wreak havoc on their immediate and extended family and society at large. Treat the depression and there is a chance of breaking the cycle to the immense benefit of the entire extended family. Treat the extended family members for the fall-out from the male depression without addressing the causal male depression and the family member being treated may become caught in a hopeless revolving door of patch-up treatment.

Male Depression as a National Strategic Priority

I appreciate that there are limited Health-Care dollars and that the Mental Health budget is stretched beyond breaking point. I further realise that the most pressing problems facing the Mental Health services are in the area of relief of acutely psychotic patients and their carers. I would not wish the Committee to view my submission as anything other than supportive of those areas of urgent need. Instead of turning a blind eye to this type of health issue, we as a society have to own it, de-mythologise it, and accept those who suffer and their carers in the same way we embrace and support anyone unfortunate enough to suffer debilitating health problems.

My submission to the Committee is a plea for it to keep in mind the importance of developing, implementing and maintaining an ongoing and truly national focus on depression in general. Within that area of national priority I further submit that particular attention should be paid to the issues surrounding male depression. In terms of "bang for the buck" an effective strategy in combating an epidemic with so many direct and indirect negative outcomes must be seen as highly attractive. The costs associated with the current prevalence of untreated male depression are enormous and legion. The potential cost savings, in both financial and human terms, flowing from a targeted investment in addressing the root cause of these social ills are truly incalculable – just as the damage flowing from neglect cannot be measured.

Extension of Existing Programmes to Address Male Depression

I applaud the National Domestic Violence Strategy in its engagement with men over the consequences of their anti-social behaviour. I feel more is needed to engage with men over the causes of those behaviours including those who would not recognise the pathology of their own depression in the current advertising, educational and support materials.

Regards,