

To: Committee Secretary
Senate Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600 Australia

Secretary:

We, as parents of an adult with mental health issues, submit to you a short paper reinforcing the need to challenge and amend provisions of **Mental Health Services in Australia**. We feel a coordinated approach to mental illness which includes: the affected person, parents/families(directly and/or indirectly), real histories, inter- and intra- networking of public & private sectors, and proactive attitudes of Professionals, assists in the optimum outcome. We submit this paper, to be specific, to help us help our son. Thank you for your attention.

PREVENTATIVE OBSTACLES OF ENSURING OPTIMUM HEALTH, TREATMENT & PROGNOSIS FOR
INDIVIDUALS DIAGNOSED WITH A MENTAL ILLNESS

- a) Inability of systems, and people in systems, **to provide early, accurate diagnosis** From the beginning, system resources failed and/or impeded real assistance for our family. (education opinions/needs ranged from lazy, high-strung, P.E. remediation, school-year retention, intellectually gifted to mentally challenged; socially maladjusted to spoilt to "Foreign mother". General practitioner advised parent to stay away from psychiatric unit at local hospital. Another general practitioner advised that son was pretending to be anxious/fearful to avoid high school exams.
- b) Inability of system **to help family provide early treatment of son as an adult**. Only adult son could seek/ask for help despite significant quantity of valid research indicating adults with particular mental illnesses are unaware or unable to believe they are ill and in need of help.
- e) Inability of system **to provide parents and son/child with meaningful assistance** once child reaches chronological age of independence. Parents sought assistance through police and mental health services prior to son's departure from home. We were told as aberrant behaviour increased after son achieved chronological adult status **and yet** could appear to "survive" independently (police concluded this assessment); **although** still appearing to require psychiatric treatment, there was nothing anyone including parents could do. Parents were told son's behaviour would have to become worse before help could be given. Mental health services could not and would not provide any help but to counsel parents to accept this policy. Cultural values of a **family-beyond-childhood** appear to be non-existent.. Once traumatic behaviour-event did occur, parents/family were not informed at all.
- g) Inability of system **to allow parents/family to stay "in-the-loop"** once child/adult disassociates from all family relatives. If child/adult demands family be excluded from information, no matter how irrational that request is; parents/family are then immediately removed from giving or receiving any information, help, support, etc. about their child/adult. Child/adult can be hospitalised, etc. The only time parents may be informed is **after child/adult commits suicide**. Surely there is a better system!
- I) Public human resources generally accepted as the-people-to-go-to, appear uninformed, unmotivated, unaware. Parents have been waiting for weeks for a Federal "Parliamentary Friend of Schizophrenia" to respond.

CONCLUSIONS

- Caring parents **endeavour & continue to endeavour** to support an adult-son's independence whilst attempting to ensure appropriate medical care/treatment is provided
- Without any information, parents will naturally **conclude secrecy is suppressing more sinister/inappropriate actions/outcomes than may in-fact not be occurring**. Stress is created leading to more stress (poor mental health strategy). Son/adult may be receiving appropriate treatment, etc.. As,however, family is unaware due to **a lack of any information**; caring parents will continue to seek out information. Disaffected caring parents/family are left with no options but to seek all other

avenues of support for information outside a seemingly negative, archaic, mentally unhealthy system.

Such actions may delay or inhibit recovery and/or cause more stress.

➤ Criminality clauses **prevent mental health and other associated professionals from requesting or imparting acknowledgement, information, assistance and/or involvement of parents/relatives/guardian, etc, concerning their client, without client's consent.** This lack of valuable, inclusive real history at a critical time, such as hospitalization, at least to parents, connotes negligence. When the person acknowledged to have a mental illness which requires hospitalization **and** irrationally refuses to acknowledge the support/care/existence of parents/family/guardian, one must ask why are the next-of-kin not notified of, at least the hospitalization? With a "voluntary" admission, how did this person get to the hospital? Someone must have been involved.

➤ The **duty-of-care of an individual, to include cultural values, is in question** when the professional "team" can only react to one part of the total individual who may in fact be unable to deal with, or confuses his/her reality. Stress, in fact, may be intensifying, through lack of knowledge. A "here and now" treatment may be appropriate. How are parents, relatives, guardian to know, if they are **not** included? How do professionals know what are normally-accepted cultural behaviours for that person? What feedback does anyone have to know the client is recovering back to his/her normal behaviours? How is follow-up maintained once the person is discharged from one agency?

➤ Interpretations of the Mental Health & Privacy Acts which encourage **secrecy surrounding their client, lead to isolation of the individual.** This enforced direct and indirect isolation must be considered punitive as all family/loving ties are severed. This will result in "care" motivated through employment not personal, unquantitative care. As our son further withdraws emotionally, just who will ensure the optimum environment is provided? Would a normally intelligent, compassionate, humorous, well-read, well-travelled, articulate fun person want to have family isolation imposed on him while he recovered from an illness? Would a rational person want to hide in a basement forever? If you were thinking rationally, wouldn't you want your once-close-family-parents to try to help you? If you were thinking rationally, would you expect them to just "give up" and let you be as mentally ill as you choose? Would you want "others", who don't even know who you normally are, punish you by ensuring you cannot have your family help you, by hiding behind politically-imposed uninformed regulations?

RECOMMENDATIONS/SUGGESTIONS FOR CHANGE

- **Proactive, supportive changes need to occur which allow parents/families to:**
- at least **be informed** of what is happening to their loved one whilst under government care
 - know what is the **current diagnosis** of the mental illness
 - be able to **choose to be involved** in supporting the real needs of their loved one with a mental illness whether the mentally ill relative is aware or not aware of that help
 - to know how they, as family, **have come to be eliminated** from an information loop
 - know how they can realistically
 - **stay informed** of their loved one's treatment, care etc.
 - **be involved** whether directly or indirectly
 - **help** provide Mental Health and associated Professionals **with real holistic histories**, not rely on a potentially flawed "here & now" approach,
 - and have that **information acknowledged** as received by those same people.