Senate Mental Health Inquiry
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15th August, 2005

Dear Senators,

Re: Mental Health Inquiry

I write as a psychiatric patient – consumer, who has been involved in the mental health consumer movement for a number of years and in a variety of capacities.

In this submission I just wish to draw your attention to a few observations I have made over the years.

1. ***The importance of good psychiatrists with skills in psychotherapy***

For a number of years I ran a Depression and Mood Disorder Self-Help Support Group in my local area. Time and again I heard people bemoaning the fact that they could not talk to their psychiatrist, or that they only saw their psychiatrist for 15-20 minutes for a session. Everyone, but especially mental health patients need to feel understood. It can be that much more difficult to understand the mental health patient, but the time taken for some one to do that generally helps the mental health patient significantly.

Does this just make them feel good, or does it improve their state of health? I do not know, but it certainly makes the endurance of the depths of depression more tolerable.

Moreover, to what extent are psychiatrists trained to listen to people with a view to some form of therapy, as opposed to assessing whether the psychiatrist just needs to change the dosage of medication? Not all psychiatric patients are candidates for some form of psychotherapy but if patients could be assisted to obtain some insight into their condition and their behaviour, there would be some improvement achieved.

If patients felt that they could 'really' talk to their psychiatrist, where would this lead to? Maybe the patient would become dependent upon the psychiatrist and the psychiatrist needs to be trained in handling this, so that this is 'safe', non-sexual and with the potential for growth for the patient, as opposed to viewing such dependency as unacceptable – 'bad situation': to be avoided. The dependency on someone safe, such as a psychiatrist may be the long-term route out of, or relief from, the overall, or elements of the main mental illness affecting the person.

I am just saying here that perhaps the monster fear of 'DEPENDENCY' in psychotherapy seems to keep a lot of mental health patients suffering torment in isolation, without growth - worse than they might otherwise feel, because many

psychiatrists are not trained and available to give more time and listening, to individual patients (Aware as I am of the shortage of psychiatrists!!).

I have been fortunate that in the many years I have suffered from mental illness, that I have had three excellent private psychiatrists, as well as having had a variety of others along the way of varying degrees of value. For me, my mental illness has been a journey and I am changing and I am going to change more for the better, hopefully to the point where, hospitals, suicide, and even psychiatrists will become things of the past. But I am lucky that I have a psychiatrist who has concrete ideas of how to guide me gently to change for the better. That has been a very long, and very intense process which is not over yet. Perhaps not many people would be able, or willing to take that journey. But what a pity that there are not more psychiatrists around who have good psychotherapy skills. This is badly needed. There is increasing evidence that psychotherapy can actually change the brain for the better.

2. ***C.B.T.***

To me it seems:

- that psychiatry has realized that psychiatric patients are not achieving health just by taking pills with horrid side-effects; still recognizing that medication has a vital valuable role to play;
- that listening to someone moan and groan about his/her lot in life and the state of his/her mind is tedious and painful for anyone to endure, including a psychiatrist,
- so CBT was invented;
- rather like the various methods which were in vogue in relation to childbirth some twenty to thirty years ago, so that we were told that childbirth would not be a screaming horrific affair – "Keep taking deep breaths, dear.".

CBT is significantly based on the notion that because a person has negative thoughts about things, he/she becomes depressed. It is based on the notion that if the person ceased to perceive things all out of proportion as he/she does, than the depression would disappear.

As an intelligent, highly logical person I found all this to be rather an attack, or at least undermining, of my thinking capacity.

In my experience, when I am depressed my thinking is affected. I then see things in more bleak terms than I do otherwise. The whole process is around the other way, that is to say, that depression affects your outlook and thinking, giving rise to very negative thought patterns. I realize when I am depressed and just as a person has a rash with measles, I have negative thoughts when I am depressed and with time and medication it will pass. There are certain things I can do to help it pass less painfully and more quickly and more assuredly, but I need to be confident that the negative thoughts – the irritability – the argumentativeness, belong with the illness.

I have done a course, more than one course on CBT, and I find it excruciatingly irritating that it is seen as the saving grace for people who are depressed. It is not!

There are some people – suffering from depression – but not necessarily – for whom I would recommend CBT in several big doses, because these people have a very bleak –

'everything will go wrong' approach to life. We use to call these people 'whingers'. I have met many, many, many mental health patients over the years and speaking generally they are not a 'whingy' lot at all. Of those people, I have met very, very few who have undergone a course of CBT, maintain the use of CBT for any length of time after they have undergone a course in it.

There is enormous amounts of money now being put into CBT courses for those suffering from depression and I question the value of this. Patients may improve but how much is this because they have had some intensive one-on-one time with a professional?

3. ***Being positive***

This is more of the same. Promoting among mental health patients the process of 'being positive' is very regrettable. It is promoting dishonesty: that people cannot really say what they feel: that someone's feelings are unacceptable. If someone feels terrible is not to be put on the agenda – be positive! Of course, someone else has the right, and it is highly appropriate to say, "I'm sick of hearing you feel terrible. Can you please change the track or go for a walk else where?", but that is honest. To suggest to people that they should always look on the positive side is artificial – avoiding what is most present for the person. Mental health patients need to be encouraged to feel more fully the emotions that life presents for them and to be helped in coping with the fact that they get stuck in some of those emotions.

I mention this frustration with "Be positive", just be way of alerting this Senate Inquiry to look with some skepticism upon some of the fads in thinking which are about and which do not serve the mental health patient well.

The issues I have touched on here, would require more explanation. This submission is probably not the place to dig into the depths of the topics raised, but there is just time space here to raise flags of warning on different aspects of current thinking and practices in mental health.

All the best with your work.

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