

SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH

This submission has been prepared by Noel Trevaskis.

General information.

Just over twenty years ago I suffered from severe depression and spent over 5 months in hospital as a result. I found the hardest thing for me to do was to go back to a small rural area to live with my wife and three small children because of the stigma that is attached to mental illness.

During that time I had attempted to take my life on three separate occasions, these were a call for help in a rural community where there was no professional help at that time.

The experience of my depression was life changing for me and my family. Our family eventually broke up, due to partly to my depression.

I have continued to work full time since I recovered from my depression which was 18 years ago.

The hardest thing for me to overcome was the stigma that is attached to mental illness.

Over the last six years I have spoken in a voluntary role to over 15,000 people at over 180 public forums, seminars and conferences across all states of Australia except for the Northern Territory. These have been as varied and include organisations such as the DPP and NSW Bar Association, NSW Farmers, Landcare, farmer drought meetings, Vincent Fairfax Foundation, Women in Agriculture, NSW Agriculture, Rotary Clubs, Community Mental Health Awareness Forums, Area Health Services, Road Transport Association and many others.

My reason for doing this has been to try and help reduce the stigma that is attached to mental illness and to offer hope to those people who do suffer from mental illness. This has been done by telling my story of mental illness and how it affected me and my family. I have been able to do this through the Australian Rotary Health Research Fund Community Mental Health Awareness Forums and I am also associated with beyondblue the national depression initiative.

I think the people it affects the most are the people who have to live with or care for someone who suffers from mental illness. The cost emotionally, mentally and physically to those people is incredible.

I have a real concern for people living in rural and remote areas of Australia and the lack of professional help available to them. The suicide rate amongst males in those areas is out of proportion when compared to the same age brackets in metropolitan areas.

Rural males are reluctant to seek help or to admit that they need help; this is evidenced by the way some men speak to me after I have spoken about my experience. Most males will talk about a neighbor, a brother or brother in law when in reality it is themselves that they are talking about.

What I would like to see for the future is:

That rural and remote areas be able to have easier access to professional help, waiting for up to six weeks is not good enough. People when they are depressed need to see someone straight away. This is one thing that people who have not suffered from depression fail to understand, that people who are depressed need someone to talk to immediately.

In rural and remote areas we need more people trained in Mental Health First Aid so that people will know what to do when someone is suicidal or depressed.

Respite care is needed in rural and remote areas for those people who have to live and care for someone who suffers from a mental illness.

Programmes such as the Community Mental Health Awareness Forums need to continue to help with reducing the stigma that is attached to mental illness.

Programmes to help males in rural and remote areas to understand and accept that it is okay to admit that you suffer from depression and the importance of seeking help quickly.

The facilities to be able to help people who do seek help in rural and remote areas.

That all health staff in rural and remote areas be trained to recognise the symptoms of depression and the right questions to ask people.

Continual public promotion of mental illness to help with taking the stigma out of it.

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