



14.4.05

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

Dear Secretary

I am writing in regard to some of my and my siblings' experiences in the areas of medication, employment and the criminal justice system.

1. My personal experience.

For myself, I had a psychotic episode when I was 22 years old, and have spent the rest of my life trying to live as normal a life as is possible when my mind is an unreliable filter for interpreting the world around me. I am now 56. I have used the private psychiatric system all my life, as I worked up until recently and could afford it (due to Medibank and Medicare) and so I fared probably better than my brothers, who also had schizophrenia, and mostly had experience with the public system.

I have heard that if a person is admitted to a psychiatric institution they are started on medication and kept for a minimal period only, which is nowhere near long enough to stabilize and tailor medication needs to the individual, from my personal experience.

From my experience it takes quite some time to get the right dose and type of medication that will work for a given individual, and even when you have the most effective type for you, there are the other effects of the illness (schizophrenia) that make life difficult such as difficulty in concentrating, inability

to think clearly (this varies with the medication you are on at the time), difficulty following complex topics such as occur in meetings, concepts and instructions, short term memory loss, inability to correctly 'read' people's motivations and all manner of communication difficulties. I am also unable to calculate money easily, and mental arithmetic is difficult.

I have been victimised in the workplace due to my illness also. All these and other symptoms make employment difficult and stressful. Life with people is difficult although I have made some good friends who have been understanding

This has been my experience and I have almost always taken medication since the first psychotic episode. One considers life as a hermit quite often!

2. My youngest brother's problems

One of my brothers, now deceased (at 37 years of age) suffered from schizophrenia and substance abuse. When he went to the agency to get off his substance abuse they did not want him to take his medication for schizophrenia.

When he saw people about his schizophrenia, they wanted him off his substance abuse. As a result, he remained addicted to codeine and self-medicating with other over-the-counter drugs and also took his schizophrenia medication.

Although he had been treated by several community agencies, none seemed to be really successful until the last few months of his life when he had an allocated carer who looked after him in a humane, caring and effective way. My brother had been disturbed most of his life and was unemployable we felt (my mother and I).

Actually, my mother cared for him for many years, to the detriment of her mental health (she used to wake up and cry in the morning), with very little help from her family (I think she tried to hide it from them, and they did not understand anyway – none of us did until he was diagnosed – we all thought he was lazy),

My mother had to arrange accommodation for him with the help of the Schizophrenia Fellowship of Victoria (now the Mental Illness Fellowship of Victoria)

He came into contact with the police due to an incident which I can't recall, but I remember picking him up from a police station at midnight, and he had a community crisis representative with him when I arrived (which was very nice of the gentleman).

He was terrified of going to jail – luckily he never did, but on his trips up north to Byron Bay he often was taken advantage of by other people who would steal his things or be moved out of the bush where he was camping by the police. Actually, mentally ill homeless people are an easy target for abusive people – this happens to my other brother who also has schizophrenia also.

3. Another brother's problems.

Another brother has schizophrenia with paranoia and does not stay in one place for long due to this. He works, but his judgment is so poor that he is frequently robbed of his pay, or other possessions, he drinks too much, buys old unregistered, unroadworthy cars and does them up, gets caught for driving them, and other offenses, and consequently comes into contact with the police every now and then, spending time in jail – where at least he has a place to sleep and regular meals. He is a very intelligent appealing person, and is always regretting his mistakes, but he will not accept conventional treatment. My mother is his 'fixed address', and often deals with his affairs, but she is eighty years old now.

From our experiences, I feel that some of the most important issues are:-

- ❖ access to decent affordable accommodation
- ❖ quality individual carers (for a meaningful relationship with another person who can negotiate the system with them to their advantage).
- ❖ a system for managing the dual disability-substance abuse problem
- ❖ continuing research into better treatment – at the moment, there is a sometimes irreversible side effect of some anti-psychotic medication called 'tardive dyskinesia' as well as other unpleasant side effects that diminish compliance
- ❖ education of the police and others in the criminal justice system
- ❖ employment opportunities in the REAL world
- ❖ public education to de-stigmatise schizophrenia and other mental illness – I heard that Martin Bryant the Port Arthur killer does not have schizophrenia, despite Steve Price on 3AW describing him as a 'mad schizophrenic' and putting the cause back 20 years – it is also NOT A SPLIT PERSONALITY – I don't know if a 'split personality' even exists -

❖ and a slice of the health budget equivalent to the need and demand (20%)

Thank you for taking the time to read my submission.

I hope the Committee leads to real change and improvements in the mental health system in Australia.

Yours sincerely

[REDACTED]

[REDACTED]