

Sent: Tuesday, 24 May 2005 2:54 PM

To: Committee, Mental Health (SEN)

Subject: Submission on Mental Health

24 May 2005

Secretary Senate Committee on Mental Health
Parliament House
CANBERRA ACT 2600

Dear Sir,

I am a retail Sydney pharmacist and also the parent of a paranoid schizophrenic son.

The current Mental Health Act in certain respects is clumsy, inefficient and expensive and needs drastic refining. The present system is frustrating for patients, families and hospital staff and the individual state jurisdiction makes it even more inefficient.

Under the current law in NSW a patient can have a community treatment order (CTO) placed on them by a magistrate and should they decide to move interstate this order is negated as there is no uniformity in the different state laws.

On moving interstate they lose their continuity of care and if non-compliant become a danger to themselves or the public and this eventually leads to involuntary care.

I am suggesting a similar scheme that exists with the Methadone programme which operates 'Australia wide', however with the refinement of a database facility controlled by the government, in addition to a photo, age, height, weight, tattoos, last address etc to supply a fingerprint recognition, hospital where last scheduled, medication, dosage, doctor and next of kin. This information would only be available to recognised hospitals capable of caring for involuntary patients. This is only intended for psychiatric patients who have been scheduled and are on a CTO.

The cost of a database, finger recognition and photographic equipment is negligible compared with the present enormous costs to state and federal governments. If these provisions had been in place the Cornelia Rau debacle would have been resolved in ten minutes.

From a personal view point my 32 year son who has been scheduled twice in NSW in the last six years is non-compliant and doesn't realise he has a mental health problem. (This happens in about 30% of patients).

He was placed on a CTO for a two weekly injection. He is now considering moving to Melbourne where upon the CTO will immediately lapse. He has a lifetime condition that requires continual monitoring and care and as a parent I am deeply concerned.

Hoping by considering these comments we will be able to improve the quality of care for patients and help the families in this area of mental health.

Yours faithfully,

