I would like to make this submission to the Senate Select Committee on Mental Health with particular reference to these Terms of Reference:-

- g. the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;
- i. opportunities for reducing the effects of iatrogenesis and promoting recoveryfocussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;
- p. the potential for new modes of delivery of mental health care, including etechnology.

In 1968, I was diagnosed with Manic depression (Bi-polar). I was put on very effective medication (Lithium Carbonate), which I took for the next 15 years, with hardly any side-effects.

In 1983, I attempted to wean myself off the medication, as I had by then assumed a very stable life-style, and was coping well with a family, satisfying job & had recently bought my 1st house.

Despite my best efforts, I was unable to get any professional help to do this -i.e. I approached GPs, psychiatrists and a psychologist, all to no avail. The medical consensus at the time was that I should be on that medication for the rest of my life.

Eventually I was able to gradually reduce my level of medication to zero, mainly by reducing my stress levels, although I really had no idea of the risks that I was taking in doing this.

I think that my example (and also others I can think of - e.g. long-term HRT treatment) shows a big gap in the current system of patient recovery, and urgently needs some intensive research in order to find a remedy.

One way of possibly high-lighting the potential benefits of maintaining some overall monitoring of patients on long-term treatment would be to include them on an electronic database, and giving the patient an opportunity of submitting a progress report as a way of keeping the data up-to-date.

I am happy to appear before the Committee if that would help with your enquiry.

