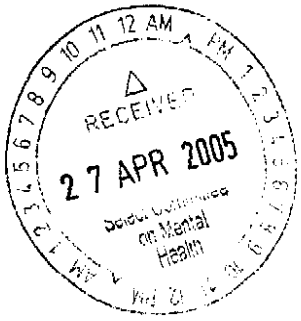


[redacted],

Committee Secretary,
Senate Select Committee on Mental Health Dept of the Senate,
Parliament House,
Canberra ACT. 2600
Australia

19th April 2005

INQUIRY INTO MENTAL HEALTH ISSUES

Dear Sir,

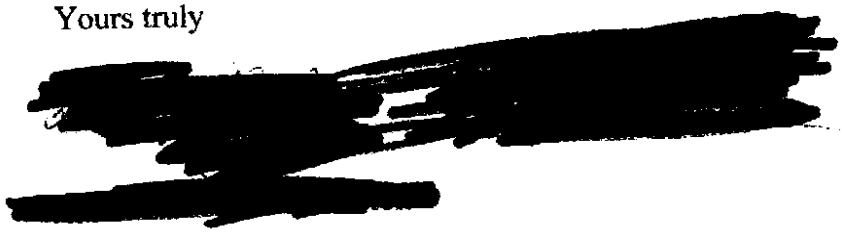
Thank you for the opportunity to submit our experiences and opinions to the inquiry into mental health issues.
We are the parents of a forty year-old, unmarried man who lives independently. He has had Major Depression since his early teens. This diagnosis was a retrospective one having been determined when he was approximately thirty-two years old. From the age of twenty-four he was being treated for environmental depression, in spite of presenting with panic attacks, anxiety, and chronic sleeplessness.
Our son has been admitted to The Melbounre Clinic twice for being considered "at risk". On both admissions issues concerning competency arose. Although the staff was reasonably accessible, there appeared to be a break down in communication as a secondary problem impacting on his condition was being ignored. Also, the new medication that he was prescribed caused an extreme and medically dangerous reaction. The staff was unaware of this until we contacted them. We are not sure what protocols are in place for the observation of emotionally ill patients, but from our experience they are inadequate and access to quality treatment becomes problematical, if when attending a quality facility the care is deficient. Other concerns relate to the extensive use of agency staff, with the inherent lack of continuity this causes, and bed shortages: Our son waited a week to be admitted before his second admission.
Although our son has a tertiary education, because of his depression he has never had a "normal job". Six years ago he managed to commence his own business with the help of his family. He needed to develop the business but because of his depression he was denied a bank loan. I can understand the reluctance of these institutions to furnish loans, but at the same time people like our son are discriminated against. Unfortunately, the business is now failing, and our son is coming to terms with the fact that he might be unemployable, adding to his depression.

From teen years until his diagnoses we mistook our son's behavior as being lazy, inconsiderate and lacking in motivation so inadvertently we were making his situation worse until we able to understand more about depression. It amazes us now to realize that all the classic signs of depression were obvious. Unfortunately neither we, nor his school teachers, recognized his behavior as signs of depression.. In spite all the publicity about mental illness, we know from talking to friends and relatives that this illness is still poorly understood even now despite the publicity of organizations like Beyond Blue. As with the road safety advertisements, public education should be a continuing process until, hopefully, we, as a society understand and respond appropriately to mental illness.

There has been little consideration for us as a family while negotiating our way around this dreadful illness to determine our role in our son's well being. Much of what the hospitals and medical practitioners say about inclusiveness is rhetoric. Without compromising client confidentiality we feel that there needs to be a more positive way of assisting the family in determining their role.

Thank you for this opportunity to partake in this inquiry.

Yours truly



cc. The Hon. Tony Abbott MP – Minister for Health
Ms Julia Gillard – Shadow Minister for Health
Mr. P. Barrassi – Federal Member for Deakin