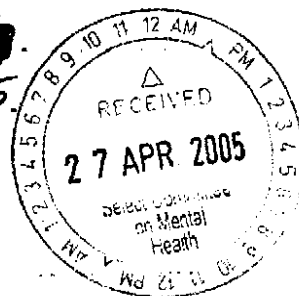


26th April, 2005

Committee Secretary,
Senate Select Committee on Mental Health,
Parliament House,
Canberra 2600.

Dear Sir, Madam,

My eldest child showed many disturbing behaviours in his school years. He was obsessive and aggressive.

Help was not forthcoming from the G.P.s I confided in. One suggested he needed more discipline and another advised cold showers. In high school his work began to suffer and with his agreement, I sent him to boarding school, partly as a change of environment and also as respite for the three younger children. This lasted nearly a year. After his several attempts to run away and an attempt to hang himself, I brought him home. But his problems escalated. He was expelled from school and got into alcohol and drugs. A family counsellor I saw at the time suggested "getting the power back" by showing him the door if his behaviour would not conform but I didn't want him to become another street kid. Finally he saw a psychologist who diagnosed schizoid personality disorder and sent him to his first "rehab". I knew nothing about mental illness and felt a failure. I'm sure he did too. He was eighteen.

By the time he was twenty-two he was on heroin. We had tried to employ him in our family business but his drug and behavioural problems kept getting the better of him. He was in and out of home and "rehab". He had become dangerous and frightening. The local

"psych" hospital would have nothing to do with him. When I asked what help there was for him I was told by a local "psych" nurse that the next help for him would be in the correctional facilities (Tuesday 5th January 1999)

Prophetic words. Three years later he ended up in the Melbourne Remand Centre with charges. Here at last he got treatment from a psychiatrist who diagnosed him as highly psychotic and medicated him.

He is now on medication and the methadone programme lives in a flat and visits every day. We are his only society. On his release from "psych" hospital post remand centre his "psych" case manager "discharged" him after a few weeks. He was poor at keeping appointments and was often asleep when the case manager called. I feel, as a mother, the burden of responsibility for his well-being, in fact for his very life.

A sad digression is my elder daughter's battle with schizophrenia. A bright student and lovely, gentle personality, she began to show signs of disturbance in her mid teens and had her first psychosis at twenty, repeated one year later. She has struggled to get her life together, suffering other psychotic episodes but she has managed to complete an art diploma at the local TAFE and is now well, living independently and happily with a friend, and working very competently in our family business. She has a lot of insight into her illness, takes medication and has a wonderful psychiatrist. The latter has made all the difference as he moves mountains to help her when she needs it. Prior to this it was very difficult to get her into hospital when she was ill even though she would present disturbed, fearful, even suicidal. She would be sent home closed up and we would be on night-watch for yet another night.

My two ill children are typical of the different "faces" of mental illness. Of course it is easier to get help for the "nice" ones, but even then it is difficult.

My other two children are doing tertiary studies in Melbourne and working.

LIFELINES:

POLICE I found generally helpful, in fact the only source of help on many occasions. But they have difficulty getting people accepted into "psych" wards. The excuse is usually no beds. Drug addiction doesn't help either.

EDUCATION on mental illness has saved me. I devoured any articles and T.V. programmes I came across. I have got much help from MIFV (Mental Illness Fellowship of Victoria) and ARAFEMI and am a paid-up member of both. Their information, seminars and magazines have been invaluable. I have attended many meetings and discovered I am not alone — far from it!

SUGGESTIONS — Please.

- ① Work with these organizations at the coal-face:
MIFV, ARAFEMI, SANE. They know the needs.
- ② Put monies into research and practical rather than theoretical help i.e. less meetings, organizational staff, expensive folders; more money for higher paid "psych" nurses; more money for structures — (1) more hospitals
(2) more beds
(3) accommodation for alienated and/or still ill folk. We have had to be pro-active in organizing accommodation for our son through a sympathetic real estate agent. People without this and with poor financial resources are desperate and often homeless.

- ③ Continuous counselling is important but often expensive. Perhaps psychologists could be covered by medicare.

CONGRATULATIONS:

- ① Congratulations to ROTARY on their forums on mental illness. However, not one doctor attended Wangaretta's forum.
- ② Congratulations on the fine T.V. advertising on mental illness and drug addiction — powerful!
- ③ Congratulations on this initiative to improve our society by confronting the issue of mental health which is so closely intertwined with the scourges of drug addiction, homelessness and crime.

POSTSCRIPT:

I did not want to tell this story. It is ugly and it is sad. As a mother I carry the guilt and stigma of our family's history. I send it with hesitation, hopeful only that many sufferers and families will have some of the pain alleviated because of the combined efforts of us all.

Yours faithfully,