

To the Productivity Commission.

What works and what doesn't

Introduction

I have been hospitalised four times for Schizoaffective disorder living with episodes of psychosis at periodic times of my life.

I have also accessed services where I have gotten to know hundreds of peers over the decades with various conditions and outcomes.

My I.Q. is measured in the top two percent which has helped live with the condition, navigate the system and learn from what I have seen around me.

Most of my adult life was dependent on a carer living with my mother for many years.

Background

Medication for me commenced at age twenty and after hospitalisation I accessed the service of a clubhouse. Psychosocial rehabilitation alongside staff and consumers. This service worked as it exposed me to mental health conditions and developed insight and self efficacy. There was mutual support amongst all the people with a mental illness attending and this would also improve the ability of the professional staff that learnt from us as well. While I had a low prevalence disorder I also was exposed to the high prevalence complaints as well and what best helped people manage. I became a bit of a peer advisor to others during those times. Sadly clubhouses closed in this state and they ceased to exist, and drop in or group service past the step down accommodation of CCU and PARCS. Employment was an area of skill building at clubhouse and later I would learn how rehabilitative a vocation can be with mental illness. During these years I attended University part time until my graduation.

Misadventure

I had actually been discharged and was without medication for a while when I noticed the reoccurrence of symptoms. I sought a Psychiatrist for medication and was given experimentally one type of medicine that I had never tried. I was naive that it would be stopped like before when not needed and that I had to remain compliant to avoid depot. I began to have pain which exponentially increased over time contorting and having fits with it. It was dismissed by the psychiatrist. My mother in desperation took me to a GP who found I was one of four percent that had this reaction - it had been many years. The pain ran me down and lead to more symptoms and hospitalisation. I only just finished my studies and had to introduce to my regime of having the best mental health I can have some pain management too.

Working life

I would not recommend disclosure of an illness on a job or applying for one. If the "inherent requirements of the job" can be met there is no obligation to do so. I also have been subject to workplace bullying but bore it out and it resolved over time.

My first few jobs after graduation were simple ones. I would take anything the DES or my own search offered. While tenure was an issue for these years also, I could only do part time work due to the illness and the time I had to spend on a regime to manage it. One of these jobs was as a peer worker in running groups in health and getting back to work which I have to say made as much difference in peoples' lives as having a clubhouse to go to. The graded path of employment experience (alongside health management to do it.) led to

secure long term work I found rewarding and kept the job going. In time it financed home ownership and independence a true discharge from the system that it should do. Now I have two part time jobs where my second is back in peer work running groups for people with a mental illness prepare to return to work.

The system

How someone survives the system depends on their capacity or the capacity of a carer, or carers around them, that they can maintain a relationship with. Hospitalisations have now become a last resort crisis intervention where it is stabilisation on medication and no interaction with staff hiding in a fishbowl. Many remain quite sick in the community on CTO's, case managed from a front line clinic or stepping down in some accommodation for the short term. Then there is nothing more, the burden of care on the general community and principle carers if any. The goal should to become "Mainstream" to end up independent of services and manage in life as anybody else with limits oneself is aware of. Not to present a having a mental illness to new people in life or a job interviews. But there is no bridge between. This is why I support the clubhouse model and drop in day programs for peers and staff to meet and develop and have somewhere to go after the hospitalisation.

Conclusion

A society of characters presenting to mental health services will result in diverse outcomes as much as the variety of characters providing care. I have seen two similar cases with two similar variables in service delivery and one will do well while the other will fall through the cracks. It's a lottery when you hear the stories of conditions and results. For me I now see a GP with the authority to dictate my medicines and dose. I had been discharged from my Consultant Psychiatrist but have sought another as do need one for long term health. The system is behind me mostly now and family can tell me how I am doing at any point where a nurse or doctor cannot.

If unwell people are pushed back onto the community from services then perhaps the community can be helped better to take on this shift of burden of care. I also advocate drop in clubhouse models and vocational preparation.