

My submission is from the perspective of a mother of a now 36 year-old man who has had difficulty fitting in to the world since the age of 4, despite being intelligent, physically capable and articulate.

The Commission is seeking suggestions for improving the health outcomes and participation in society of people who have mental health issues. By briefly describing my son's history, I hope it can inform the Inquiry of the need for early, well-resourced intervention, and ongoing easily accessible support when needed, so that people like my son have a greater chance of enjoying the benefits of a mentally healthy life, including being able to reach their full potential, academically, socially and aspirationally.

My son's symptoms began with daycare and school refusals. Socially he did not mix well and academically did not want to participate. He was diagnosed at age 8 as being mildly dyslexic but by this stage he was unwilling to participate meaningfully in any type of treatment. He saw it as more school, hence more negativity and refusal.

For a parent there was no one to advise. Some said he'd grow out of it; and I wondered if going to a psychologist would reinforce his difference by labelling him as having a mental health problem. We tried a psychologist for a few sessions but our son was very wary. It was also expensive and not something to continue over a long period. We tried a smaller school with a strong focus on the individual, but that was probably worse (bullying, less progress academically).

We took him out of high school at end of Year 10 (15yrs).

He worked for many years as a repairer, but mentally he struggled. He had a breakdown at 24 (attempted suicide), and has not worked fully since. Despite huge amounts of medical, pharmacological, hospital and psychological treatment, he is on a Federal Disability Support Pension, and works part-time with an outreach program through the local mental health team. This work and the team behind it have been his saviour, and ours too, as parents. Sadly this wonderful program has been left to rundown over the last decade through lack of support by the State government (I understand it wants to sell it to the private sector). Now with only one staff member and one vehicle this landscaping work program is unable to help many people who might benefit. I worry about how long more our son will be able to work there.

However I strongly believe that the outcome for our son should have been better if better processes had been in place.

PROBLEMS FROM EXPERIENCE

- Parents are usually not well-equipped to deal with the mental health of young people.
- It can be difficult for MH patients to find a therapist who suits them, and hence outcomes will vary.
- Difficult to find the right help and advice.
- Social disadvantage usually means higher chances of mental health issues. It is important that access is readily available for those without the means to pay.

- Our son spent 6 months in his room. We didn't know how to help.

SUGGESTED IMPROVEMENTS TO OUTCOMES FOR MENTAL HEALTH ISSUES, BASED ON PERSONAL EXPERIENCES

- ✓ High level, highly qualified Mental Health Panel to set out a framework to oversee all aspects of MH nationally. Base it on the best proven research available globally.
- ✓ Advisory team of highly experienced professionals to advise on issues in a timely fashion. Time is of the essence, as without prompt, expert help people can give up (suicide, walk away from help, continue bad habits etc). The right pathways for treatment can then be applied. Review and adaptive management as need indicates. This should include support for a pathway to return to a way of life that is appropriate, whether work, study or other. Ongoing support should be available if necessary.
- ✓ Provide accessible team-based support by those experienced in child development to parents, children, adults etc for help in parenting issues which go beyond the normal. Provide assessment if appropriate. Intervention in these early years could save untold costs and increase productive lives later.
- ✓ Set up a mentoring scheme for all those involved in providing mental health support such as psychologists, psychiatrists, social workers, counsellors etc. Those who have had a lifetime of experience in these fields often retire without passing on their knowledge and skills to the next generation of professionals. Mentors should include teachers who have developed a special skill in understanding the needs and stages of development of young minds.
- ✓ Use many different approaches, explore innovative ways such as Narrative Therapy (Dulwich Clinic, SA)
- ✓ Allow trials of (or access to) other treatments such as psychedelic drugs, ketamine, electronic stimulation etc.
- ✓ More resources into prevention, especially in children.
- ✓ Need help with family and friends involved in the process

(name withheld)