
Productivity Commission Inquiry into Mental Health

This document includes comments received after the Inquiry draft report was released, up until 27 March 2020, for which the submitter gave their approval for use of their comment by the Commission. Comment numbers follow on from those comments received prior to the draft report, which are available separately on the Inquiry website.

Some comments have been edited to remove information which the Commission considered could enable identification of the submitter or a non-public third party individual.

Comments from Carers or family members

35.	<p>The bulk of misuse of mental health funding comes from the mistreatment of patients creating a “revolving door” syndrome for majority of people suffering a serious mental illness. Most people who suffer a serious mental illness have a dual comorbid diagnosis with drug addiction. In other words, drugs are part of the mental illness. And drugs are often the catalyst for a major “episode” requiring hospitalisation. Because the patients are so sick when they arrive at hospital their stay can often range from 3 weeks to 3 months. All the hospital can do is treat the mental illness, not the drug addiction so a “revolving door” system is created. Remembering here, patients with a severe mental illness have impaired capacity to make decisions in their own best interests and limited understanding that the thing that “makes them feel better” causes great harm. These patients return again and again to hospital. My son has had over 28 schedules in 30 years. The gross negative impact on our son, his family, the community services and the hospital system is enormous. For those with a serious mental illness with comorbid drug addiction who have endured multiple schedules must be treated for drug addiction as well as the mental illness. It can’t just be on a voluntary basis because seriously mentally ill patients would never agree. Currently, there is only one facility in NSW that treats the comorbid mental illness/drug addiction involuntarily and that’s the Henley Ward at the Macquarie Hospital in Sydney. If you want to keep people well in the community and out of hospital year after year change the legislation to enable proper treatment and help these people. Just visit any mental ward in any public hospital at any time to see the scope of this problem. Thankyou...</p>
36.	<p>The draft report stipulates some changes to the eligibility constraints of Carers income support to better align with the role of Carers for people experiencing persistent psychosocial disability. I welcome these changes but urge the wording of these changes be urgent and for further consideration to be given to the sacrifices made by Carers to achieve the role successfully whilst forgoing income generating potential . Carers do not need to jump any more hoops , don’t need to meet any more requirements, these burdens are already having detrimental impacts on Carers . I hope that Carers will be seen as valuable and courageous partners in preventing the worsening of mental illness & tackling the issues presented by significant mental illness costs , lifespan deterioration , isolation & hospitalisation.</p>

	<p>Carers can only achieve their full potential to offer personalised & enduring support through the maximisation of income certainty , informed decision-making, quality & flexible respite , and an ability to pursue changes that enable them to better undertake their caring role or increase the wellbeing of the care recipient.</p>
37.	<p>I took my son aged 25 to Nepean hospital mental unit. They were excellent and the care was followed up by the mental health team for a few months. Then my son moved from Penrith the Newtown. He became unwell, psychotic, and I called the mental health line. Because my son had moved districts, the mental health team had no access to my sons files and we had to start over. It was still in NSW and I was shocked . I think all mental health records should be open and available to hospitals and the mental health team always and immediately</p> <p>My son aged 25 was having a psychotic episode where he was running through the house with a knife as he heard people at the door. This was at 3am. I called the mental health team who said to call 000 but to get an ambulance you must have the police onsite. Being that my son had been in prison his psychotic behaviour would escalate if he saw police.</p> <p>All I could go was call a home doctor service who gave 1 Valium tablet and my son calmed down and slept, then in the morning I drove him to the hospital.</p>
38.	<p>School counsellors are 'frontline' and should be the best qualified to ensure best practice fully focused on the student. School management /head master should never be able to override qualified mental advice nor be allowed to inflict punishment on the mentally unwell causing catastrophic loss of trust. Do ensure involvement of whole family in mental health treatment, holistic, all work together approach, do not isolate the patient which also creates fear and mistrust. Mental health worker to monitor/contact ex patients at known high stress times such as before HSC. Do offer mental health support more than once and follow up with family when family member attempts or has died by suicide. Do not allow suicide survivors to wait in traumatic, noisy, emergency wards for hours on end without seeing anyone. Do ask families of suicides to help identify the system failures. We didn't know our son never had a mental health diagnosis, neither did he as he died eight months after being discharged believing he had must have a personality disorder. Our 18 year old son died by suicide a year ago and nobody has asked us anything. Let us help save lives.</p>
39.	<p>Upon taking my 22 year old daughter to headspace Frankston she was informed that there was no psychiatrist to see anyone in the age group 18-26. They can only provide psychiatric help to those 16-18 leaving a huge gap in their client base. We have now been waiting four months to see a private psychiatrist suggested by them. The experience of actually going into headspace in Frankston promoted anxiety because of long wait times (my daughter was forgotten about)</p>
40.	<p>Watching your live stream today, of hearing undertaken in Sydney, I note that a consumer was rushed to finish his Submission and instructed to make a submission with all of the details of his experience. When he stated that he was not a very good writer and would struggle to do this, this accessibility issue was ignored and he was ushered from the stand. I urge you to consider what processes and supports you have in place to capture the voice of consumers who may not be adequately literate to make a formal submission as this is a critical voice that will not be captured if sufficient considerations are not in place. Secondly, I would like to</p>

	<p>relay the experience of a family member who was experiencing a psychotic episode and presented at a GP for help as he did not know where else to go. He had not showered for weeks due to paranoid delusions and was clearly unwell. Yet, this GP ushered my family member in and out of his appointment with no alert to the appropriate acute supports. Not long after this experience, an ambulance was called and my family member was taken into acute care, dramatically more distressed than he was when he presented at the GP as he had essentially be told that there was nothing wrong with him, and his symptoms had escalated substantially. What this illustrates is a health system that does not understand mental illness, nor the substantial risk of trauma and harm to a person who seeks help from primary care and is turned away when experiencing crisis. My family member was a risk to himself and society and there is no formal mechanism to report this GP for malpractice, nor any form of recourse to prevent another person in mental crisis from experiencing such a poor standard of care. Something must be done to improve out GP service in the space of mental health, and to hold them accountable when they blatantly dismiss cries for help</p>
41.	<p>I live in a large regional centre in NSW, and my daughter has been diagnosed with bipolar disorder after hospitalization in 2015. She was 25 years old. We were fortunate to be involved with a free followup support STEPS at HNELHD with psychiatric, allied health input weekly with group and individual sessions and carer education. Without this we would have been completely lost. Finding employment is critical for any younger person but especially those with mental illness as it is very isolating and they need purpose and income to support themselves and aid their recovery. Employment agencies, even those with a disability focus, often were ignorant of mental illness. It has been a very long road to find work, my daughter has persevered for years to try and get work. One on one support in the actual workplace would have been very beneficial especially in the recovery phase of her illness. Employment agency staff educated in mental illness would have assisted us. Having face to face followup after an acute hospital admission to make sure both she and the family were coping would have been fantastic. Despite having to live with her parents after hospitalization and having to cease employment and independent living the information given to carers was poor. The staff were very caring and professional but no information was given to her carers, we did not know what medication she was on when discharged. Having a clear pathway on discharge would have been fantastic, we were fortunate she engaged with STEPS and they followed her for 2 years. We were not a priority for other supports as she did not have a drug history and was not homeless. We do not have private health insurance and the public systems cater to people in crisis.</p>
42.	<p>Is the aim to cure those with mental health issues so that we will have greater economic benefits? While Govt concentrates on building an economy that must keep growing and growing we are going to have people with MH issues .People want to live in a society not an economy. Stop asking “will we make more money and become richer.” And ask how the economy will benefit the health and well being of our world’s people..</p>
43.	<p>The current tests, for supposed mental illnesses are all subjective. The criteria are based on the DSM (Diagnostic Statistical Manual of Mental Disorders) which fails to provide any legitimate causes for any mental illness and theorizes only. There's no pathological tests for any mental illness. The mainline treatments are mostly medications which are mostly listed as Schedule 8 (highly addictive) drugs</p>

	<p>alongside cocaine and heroine. The very drugs which are being slammed as harmful to the elderly by the recent Royal Commission into aged care, are the very same type of drugs (i.e. antidepressants and antipsychotics) which are a standard part of modern mental health treatments. Doctors who profit from this are the main proponents of these modalities. Vested interests are written in the senior strata of the industry. Patrick McGorry, the originator of main teen screening ideas in Australia, has direct financial ties to massive drug companies; same with Ian Hickie and nearly all other main players. Thus we have harmful addictive drugs (per MIMS and the TGA) being given to little children for illnesses that can't be physically tested for and are invented by those who profit from drug sales. Those who profit from this have zero scientific or medical tests to validate mental illness as a proven medical/physical disorder. So we have an entire industry which is dealing narcotic-like drugs, claiming that their methods of diagnosis, their criteria for mental illness and their treatments are workable and legitimate when they don't get any results and can't be backed up with any proof. All of this is supported by massive funding from the pharmaceutical industry who profits from this entire structure.</p>
44.	<p>Dr. Peter Breggin, psychiatrist of 47 years states that "Psychiatric drugs are more harmful than you can imagine" Natural, non invasive therapies should be embraced for all ages. Its time governments and drug companies were held to account for force drugging. This is taking the victim's brain to a chemical prison without his or her permission or the permission of their family. "The brain is continually attempting to overcome these unnatural chemicals every second" - Dr. Peter Breggin. This is a human rights abuse.</p>
45.	<p>I care for four adult men who all have severe mental illness. Two have schizophrenia. Everything about the system is a nightmare. I had to leave full time work to be a carer. I don't care how support services are accessed while I cannot access basic financial support from Centrelink. The questionnaire is totally inappropriate and does not address the disabilities of my family at all. The mental health questions are stereotypes and plain insulting. Imagine how I feel that the support worker provided by NDIS gets paid at ten times the rate that I get paid by Centrelink for doing the same job. Or what a nightmare it is when my son needs inpatient care and has to wait ten days in ER because the psyche ward is only operating at 50% capacity. And then ends up in a respite facility. For many months I have been of the opinion that the Australian government is deliberately trying to increase the suicide rate by making it as difficult as possible to get basic financial support. Two of my sons get DSP, one of those was rejected twice. My husband who is also psychotic was rejected three times and ended up on Newstart. And I am supposed to support a family of five adults on just Carer's Payment. We had to downsize and move interstate to cope with me leaving the workforce. If it was just my husband and I and we'd bought a place for under 400K, we would have been entitled to a 50% rebate on our stamp duty. But the cheapest house I could find to accommodate five adults, four disabled by severe mental illness, cost 485K. No sliding scale on the rebate, just the flat limit. NO special considerations for families with multiple disabilities such as ours, no rebate on the stamp duty for us. One more comment, and that is that two of my sons have tried employment with disability employment services. In both cases they were exploited and never paid. My caring demands are such that Si don't get time to chase up legal aid. Subsidies</p>

	provided for employment of people with mental health disabilities need much greater control.
46.	<p>I am a mother of a daughter who is 20 and has suffered Anorexia for the last year. Our experience with the health care system started in September 2019. Our family were left feeling disempowered and not listened to. My daughter attended our local GP after making the decision to seek treatment. I attended with her and the decision was made to admit her as a voluntary patient to a privately run Eating Disorder Clinic, the only one available in Western Australia. What followed was horrific. Our daughter was left in her admission clothes for 3 days after she was transferred to another ward at the hospital. Nurses didn't know how to use the feeding pump. Our daughter was told that she could only socialise once her BMI had been increased, and was not allowed to mix with other inpatients in the facility. She was confined to her room 24 hours per day and only allowed to the dining room for meals for 20 minutes at a time. There was no outside time allowed. Our daughter became increasingly distressed and traumatised. After contacting the mental health advocacy service we were advised that she could leave the facility as our daughter was a voluntary patient in a privately run facility. I picked up my daughter from the hospital and we went home to look at admission to alternative facilities. 9pm at night, we had 6 police officers search our home as a transport order had been issued by a training registrar. We were treated as criminals and my 5 year old daughter and 15 year old boys had their rooms searched. I was refused travel in the ambulance with my daughter as I was accused of helping her abscond. I raised my concern over this and was handcuffed, arrested and thrown in the back of a police vehicle whilst my daughter was crying and calling out for me. We were completely disempowered and nobody wanted to listen. Our choice in health care and treatment was taken away from us and there was no communication from the privately run clinic as to why this was happening. As my daughter's carer, I was left out of any communication and did not receive any correspondence by phone at any stage from the treating team. An involuntary order was placed at the hospital she was transferred to. We were denied any choice in treatment. My daughter ended up in a hospital room for 5 weeks, and during this time was only allowed a maximum of 3 x 30 minute supervised visits outside in her final week. I was not allowed to be left alone with my daughter. There was no privacy. There was no dignity. The current health care system does not take an individualised approach to treatment of people with mental health disorders. There needs to be a system in place that prevents further traumatisation by inexperienced police and health care professionals with a caretaker approach who are disempowering members of the community experiencing mental health issues and their families by implementing clinical driven policies that are not patient and family focused.</p>
47.	<p>My son died in care in Royal Darwin Hospital while acutely psychotic on 19th October 2017. My son's death was tragic and totally preventable; he was only 37 years old. Myself and his sister are still suffering and still find it unfathomable that he was allowed to die, and that he did not get the chance for appropriate treatment and care. Nothing can bring my son back but as health professionals as well as family, we feel we need to strongly advocate for change to ensure that this does not happen to other patients. My son's inquest [hyperlink removed] highlighted the inadequacies in Top End Mental Health Services (TEMHS), from his forewarned arrival at the Emergency Department (ED) to his death. The summing</p>

	<p>up at the end of his inquest and the expert report of Professor Pat McGorry highlighted that this was a preventable death.</p> <p>Change is urgently needed in mental health care and the approach to and standards of care in acute presentations must change. Mental health care in Australia must measure up to the practice and care we expect from other medical disciplines such as multi-trauma presentations, heart attacks, strokes. Acute mental illness presentations deserve best practice; rapid triage in areas dedicated to mentally unwell patients in Emergency Departments with sufficient highly trained staff, rapid assessment, stabilisation and treatment. To do otherwise increases the likelihood of poor outcomes for that patient with the resulting adverse consequences for this patient, their family and community. There are unfortunately many examples to show that this is the case in NT and in other States in Australia. Primary care for those with mental health illness also needs to focus more on early professional assessment and early intervention programmes, ensuring care before people become desperate and despairing and are acutely unwell and are suicidal. We ask that the Federal and State Governments strive for improvement in all levels of mental health care, whereby best practice and consistent treatment for all patients when receiving care, both inpatients (voluntary and involuntary) as well as outpatients. Good clinical leadership and governance is essential to this along with adequate funding and resources.</p>
48.	<p>A person with severe mental health issues in unable to navigate the current system to access services. E.g.: being asked to book an appointment to seek a review of medication. Then facing lengthy waits. Reviews should be booked and followed up if the person doesn't attend - it might mean they are in no state to do so. Carers are often people who have to educate themselves, are facing a strain on their mental health - it should go alongside the treatment of the person. Much more support is needed for them. Income support is a key issue - the hurdle to get Centrelink support for a person who is incapacitated by mental health issues is much to high and complex to navigate. Someone can be driven to suicide by the stress and despair it causes. Carers bear the brunt of it, having to house or feed a family member who needs a lot of care, it inevitably also impacts their ability to work. Lengthy delays for income support are causing extreme hardship - which in return make it harder to access costly healthcare services like psychiatrists. Mental health care patients often have trust and anxiety issues, they need a more constant care.</p>
49.	<p>I have struggled with my son. He was diagnosed with bipolar and adhd as a young boy. Then turned to drugs to make him feel better. He had been, on life support, in hospitals ,but can leave when he wants. most hospitals turn him away because he takes drugs. even though he has underlying medical . Rehab isn't the answer coz he leaves. He is going to die on the streets.</p>
50.	<p>Schools need to have improved support services in place, including training for ALL staff to ensure that they have an awareness of mental health and the different symptoms that children present with. More access to trained counsellors is imperative. The entire mental health system in NSW needs immediate attention. In particular the western Sydney services are appalling and need urgent attention. The link between mental health, substance abuse and criminal behaviour needs to be overhauled. Too many people try to get help through the mental health system only to receive NO help and end up self medicating and a lot of the time committing crimes. The follow up service through the access team once a person</p>

	<p>has presented to hospital is the most PATHETIC and POINTLESS service available in western Sydney. It offers no real support or guidance to young people. To reduce suicide rates it is vital that more readily available services are put in place immediately. There needs to be realistic support for the high risk youth, not just the "band-aid" services that are available at the moment. Support for the families also needs a massive overhaul. The system needs to change so that the at risk youth can access the appropriate services and participate at school. The current system only allows people with financial security to access the necessary support and adds to the burden that the at risk youth already carry.</p>
51.	<p>My son presented at the age of 18yrs old with thoughts of suicide he was placed on antipsychotics and this induced psychosis although I continually voiced my opinion to hospital treating Dr's they ignored my concerns his now 35yrs old and severely deteriorated today the 7/1/20 he again has been admitted into hospital Ian going to go on national TV if they increase hiseds again from this day forward.</p>
52.	<p>What responsibilities and accountability does the psychologist of a mental health person have? My brother was allowed to get off his medication by his psychiatrist, we all meet with him and his psychiatrist agreeing that if he gets unwell he was to go back on his medication. When my brother became unwell we wrote to his psychiatrist advising of our concerns. When we did not receive a response we called advising we would all attend his office to raise our concerns. We were then advised by his psychiatrist that he can't do anything further to assist us. He also advised there was client confidentiality and he couldn't disclose anything else (he had never mentioned these issues to us earlier). Had we known his psychiatrist would wash his hands of my brother we would have never allowed his to reduce or get off his medication. We were left with no alternative but to call mental health to assist us. They also tried to contact my brother with no response. Advising that he has to contact them before they could assist him. Why does everyone think that a person who is mentally unwell will actually admit it and ask for help! It's the family members who ask for help with no power to enforce anything. All people with mental health issues should have a nominated career with these powers!</p>
53.	<p>Would prefer to offer a submission but personal circumstance prevents. My daughter now 16 has been in the mental health system for 4 years both private and public when we ran out of money. It would be fair to say she has received very little if any benefit from the association. Her condition anxiety, depression, self harm and suicide attempt. She has utilised CAMHS both in patient and outpatient, headspace, eating disorder clinics, psychiatrist counsellors and medication with no benefit. I currently have a complaint lodged with HCCC. I am a health care worker and am staggered that predominantly we have been left to our own resources and left to work things out for ourselves with inconsistencies in provision of treatment especially medication and currently we are back in holding pattern waiting for services and hoping for the best.</p>
54.	<p>I have had 4 members of my family commit suicide, perhaps 5, as my sister had a drug overdose which may have been suicide. The current system of mental health people is not working. Remote people don't even have regular, if any access to mental health help. The system is completely broken and there doesn't look like any real solution any time soon</p>

55.	Consideration should be given to the mandatory formation of access & inclusion plans for Services Australia programs to better support people experiencing persistent mental health decline in their intersections with income support , child support , Medicare , myGov , and ATO. These plans should work towards stigma reduction and assertive enabling that values people’s experiences & insights rather than manages them as emotionally challenged.
56.	I am a woman who thinks family first & next. Often no support available as a mother of autistic child. Daughter & sister of very sick people. I have cried often & felt alone. Not enough money to get private help, too long on waiting list with my son on suicide watch. I slipped through any safety net too often.
57.	Thank you for your consideration. I am the carer and sole income earner for my family (husband has bipolar) we must carry premium health insurance as his medications and psychology visits or only partially covered by Medicare and the PBS. It costs us \$400 a month on top of expenses. He is unable to work and is not eligible for Centrelink as he was denied DSP and cannot “look for work” on Newstart due to his illness. We receive NO financial assistance. How about a special consideration for families in our circumstance and there is many of us. A break for us at tax time for floating the healthcare and financial burden of our loved ones. Psychology under MHCP needs to be increased to 20 sessions a year not 10. Medications need to be added to the PBS for mental health purposes because currently it’s a joke. NDIS is not suited for mental health and a better assessment for DSP under Centrelink based specifically on mental health needs to be introduced
58.	PLEASE DO NOT FUND MENTAL HEALTH FOR CHILDREN. There are no scientific tests which can prove any chemical imbalance in the brain will cause mental health issues and thus any chemical drugs administered to any child is poisoning the child and will cause irreversible harm.
59.	From long experience looking after and observing children, especially from young ages, the simple basics of good nutrition and sleep , especially sleep fix many things I now find parents wishing to send children to “experts”. I do believe and have observed there is a need for an expert in a particular field on the rare occasion a child has some obscure and often physical undetected problem but the “diagnosis” of attention deficit and the subsequent need to be on drugs has become nearly accepted as being “normal” which I find alarming... mental health seems to have become blurred with the idea of life skills a person needs to be able to observe and have skills to be responsible and engage in life, no system or pill or “diagnosis” will achieve this.
60.	Many situations arise in families/guilt, anxiety with trauma/ grief/ and parents unable to cope. Resort to alcohol/drugs/medication. Families disintegrate. As a mother, I see the results of long term meds and the dreadful side effects. Medication is NOT the answer. I get very angry about the way Medical doctors over prescribe. Many have proved ineffective. The young need security and wholesome food and love, and relationship. Son been on antipsychotic meds for 20 years. He is a sensitive man. Hates it. Over seas, in Open Door , incidence reduced when whole community involved. We are all too isolated. Young mothers need proper health support for them, not be overloaded with drugs which are

	<p>ineffective. My heroes are Dr Peter Breggin and Dr Kelly Brogan who have written books and have healing websites. We all need to look at alternatives, NOT more medication! Where is connection and empathy? Proper investigations can help to understand underlying lack of nutrients which may effect health. Helping in Community is a good starting point to build connection. Helping those who have had medication to find 'self worth' is important. Giving and understanding are the most important qualities to develop. They need to keep growing, as do we all.</p>
61.	<p>In mental health people need to start by looking at nutrition and lifestyle rather than the pharmaceutical based system that we have at the moment because the drugs only last for so long and then side effects become a problem. My son saw 5 different physiologists/psychiatrists and they all had a different diagnosis. How do you start drug when different people in the mental health field have different ideas about what is wrong. With him drugs weren't the answer but they did become part of the problem as the effects only lasted for so long. I have found that alternative therapies work so much better than the drug handed out by GP'S and psychiatrists. Pharmaceutical companies are only interested in the profit they can make and not the peoples lives they are destroying when the drugs stop working. Natural therapies such as the listening program, chiropractor, kinesiology and natropathy worked much better for my children that the cheaper drugs funded by medicare. If it weren't for these natural therapies my son would be in foster care. Stop medicating children as it is not the answer. There is no quick fix for these problems but I do believe that we need to become more connected rather than the disconnected society that we have become by living our lives through social media. Nutrition is part of the key to fixing the problem but people in health aren't interested in making this the first thing to be looked at as it does not win them votes.</p>
62.	<p>Thank you for the opportunity to comment on this issue. I have been observing the dramatic increase of children on stimulant and other psychiatric drugs over more than twenty years now. The numbers keep increasing every year. What disturbs me most is that these drugs do not cure the condition or solve the underlying causation, yet they have some very dangerous side effects. (Drug companies do not put black-box warning labels on drugs without very good reason.) At best the drugs help manage the symptoms, but not solving the underlying issue create a tremendous long-term problem. Take stimulant drugs for example, the effect tends to wear off over time and then higher doses are needed, with many users then eventually reaching for main line drugs. Why not solve the source of the problem. Why do kids get ADD and ADHD and so many other conditions? We have typically been told that the cause is all too hard to fathom. I have come to believe with total certainty that this is just not true. I have seen many parents totally CURE their child's ADHD by correcting nutrition, minimizing certain environmental toxins, and in some cases addressing allergies. What I have seen with my own eyes was a huge wake-up call for me to realise that we are approaching this problem from the wrong end. Drugs are not a broad-based answer. In acute situations drugs may well have their place, but for Doctors to dish them out to kids who are restless for example is a total travesty. And unfortunately, as things are structured at the moment more screening leads to more drugs being used. The solution is not more screening and drugging, but the solution is educating parents, teachers, health workers and society in general that there are NATURAL CURES THAT DO WORK. Drugs should be a last resort NOT a first resort. Please do not take it from me though - do your own research, cure a few kids, you will then understand this</p>

	<p>for yourself. There is much literature and very credible studies out there, but one needs to reach out for them. Take for example the book "Staying Focused in a Hyper World" Book 1 by John Gray PH.D. or the book "Finally Focused" by James Greenblatt M.D or the chapter on ADHD in the book "Iodine, Why You Need It, Why You Can't Live Without It" 5th Edition by David Brownstein M.D. The problem is not that there aren't solutions that work, the problem is getting the information, on the real solutions, to the general public. More screening leads to more drugging, this is not a solution. Drugs do not cure the condition and typically have harsh side-effects. There are natural solutions that do work, that do cure/solve the underlying issue. The solution is for these to become widely known. Thank you for taking the time to read this comment. Do some research, you may be surprised</p>
63.	<p>Re: 1 It is of great concern that very small children are "diagnosed" as with an emerging mental illness. The implications of leaving it in the hands of psychiatric practitioners could be devastating for small children who have no say over their health care and possibly over their parents. Privacy issues, undeserved labelling and vulnerability in the sector are just a few big concerns. Re: 4 My concern is simple. More Mental Health care facilities, beds, experts and outreach for young people needing mental health care in small towns. Consideration for the young with drug AND mental health care must be high on the working agenda of this commission. Care for individuals with both problems must be treated holistically</p>
64.	<p>Re submission 910 by Anne Barbara. I heartily agree with Ms Barbara's suggestion of the creation of a position for a Lived Experience mental health professional to to be a one-point contact and connection for carers/consumers to be known as be Family Liaison Officers (FLO's). As Ms Barbara points out, services are fractured & it sometimes adds to the trauma of carers & consumers as we attempt to navigate our way through the services.</p>
65.	<p>Please improve the education system. When I went to school in the 50's, I was given a good solid education including learning about money. When my son grew up, it seemed less about learning skills for the world of work and now my nephews and nieces seem more interested in computer games and seem less able to communicate and interact as well as write and spell. My son was a drug addict and a lot of his friends were too. Some of these used antidepressants and they told me that these made them feel like using other drugs. They could not say why, it was just a feeling and that the medical drugs didn't really handle their problem, just put a mask over it. My wife was given medication and I saw her deteriorate terribly, becoming more and more anxious. She stopped taking them and is a lot better mentally and physically. Why is it that there are no real means to prove the existence of these illnesses. Medicine usually finds evidence physically in order to give answers to the condition. This area doesn't. In looking at their results, they don't seem to have much success for the amount of taxpayer money handed to them. I know our public utilities were sold off because they were losing money. With young children - why? Give them a chance to grow up and find their way in life. Giving them mind altering drugs from infancy is a terrible idea. Please look at this yourself 0 - 3 years of age given a mind altering drug for something they "might get". Give them a chance to grow. There is a risk they may become addicts in the future or never fully develop to be the next leader of this country. Do we</p>

	<p>really have that say over someones life? I know it is a complex issue, but do we really have the best people over this area. Look at the products they have produced - are their any?? I only see lots of nice buildings and money being given to them and along side of this, an ever increasing rate of mental illness that keeps getting more and more money. It's time to take a look at what's really going on!</p>
66.	<p>I am a retired health care worker with a child who was diagnosed at 17 with schizophrenia. When first diagnosed he was encouraged to see a private psychiatrist rather than go into the public system. I pay for his appointments with a psychiatrist (\$600 per hour every month) as this amount is beyond his means (he is on a disability pension). In the last two years he has been hospitalised almost continuously. Despite being unwell, he was discharged numerous times once the medication was stabilised and was expected to reintegrated into the community with minimal help. He was not allocated a case manager until I asked for one, and then he was given someone who barely had time to see him, visiting less than once a week for the first month and then not at all. The hospitalisations over the past two years have been traumatic and harmful. He is more unwell now than when he first went in. He seems to have lost hope and is compliant for the sake of being compliant, not because he believes life can get better. The hospital staff have preconceived expectations around his prognosis that do not include any hopes for a full recovery, despite this being possible for patients with schizophrenia and he is deserving of that hope and encouragement. Many services and support are difficult to find and were inaccessible to him early on in his illness because he was being treated by a private psychiatrist. As a result he missed out on valuable support that might have helped him find work, make friends and establish his own life. The number of subsidised sessions with psychologists is laughable. Fifteen sessions a year is a far cry from anything useful for people with complex diagnoses such as schizophrenia and more affordable care should be available. The treatment for schizophrenia is heavily focussed on medication with limited resources for other kinds of therapy, or even research into other kinds of therapy that could drastically improve a patient's life. Also, the rules around accessing different kinds of help are too rigid and do not take into consideration the grey areas prevalent in all kinds of mental illness. It would be useful to have services available for patients who are well enough to not be in hospital, but not well enough to be functioning alone in the community. Services such as half way houses, respite centres for clients and increased one on one treatment with trained psychologists, psychiatrists and social workers, would be beneficial until the person felt comfortable functioning on their own. Health care workers should also not have to deal with too many clients and have optimal resources available, not minimal. The current services are stretched which at best results in inadequate treatment and at worst is damaging to people who are already in a vulnerable position and are deserving of care, help and respect.</p>
67.	<p>Use allied services without using medication first deal with family members abuse</p>
68.	<p>No issues are ever addressed only drugs given for profits</p>

69.	The abuse of the elderly follows a pattern of labeling and drugging rather than real treatment. The term “warehousing “ whereby the elderly are given heavy sedatives and left is appalling and cannot be allowed in a system that calls itself “care” for this abuse is as far from care as could be conceived. Rather than provide real care, our practitioners proscribe mind altering drugs in a lazy method of cleaning up after the elderly. It does not care! Only when pharmaceutical methods are abandoned for real compassion and real attention will be have a system that actually cares! Labelling and drugging serves only profiteering drug companies and insurance sucking careless institutions. That is real elder abuse!
70.	I've done my own research into the results of psychiatry due to a close friend suffering brain damage due to psychiatric treatment. The drugs used have been linked to almost every mass shooting in the US and recently in Australia to the taxi driver in Melbourne ploughing into a group of people with his car. I expect the commission has read all of these studies of course, so I can't understand how the commission can propose the advocacy and implementation of more psychiatric programs when they clearly cause horrifying results. And even worse, proposing that they are implemented for our children.
71.	I am a mother of a 5yo who has just started Prep in Central Queensland. In reading the "issues" that apparently determine a predisposition to "Mental Illness" - she fits the bill. In saying that, 98% of the subject group fit - they are babies, and I believe that expectations for our babies are ridiculous. As far as prevention and early intervention - mandatory counselling for parents, pre natal, post natal and inpreparation for starting school. My daughter does have mental health issues, for me, knowledge, understanding and acceptance is my preferred method in dealing with these issues. Incorporating different methods and tools, with assistance from her Day Care teacher and more recently the medical profession, so that she can become the best person she can be. For me, the biggest hurdles are these: 1. The NDIS only assist where the child has developmental deficits. There is no assistance for emotional/psychological issues. Options for counselling and education for parents would greatly improve outcomes across the board for the child 2. The education sysyem requires an update in methods to incorporate a different approach to dealing with a childs behaviour. A teachers reaction to a childs behaviour is immediate and lasting. It is an undeniable fact that our children are different now to even 10 yrs ago. The rate of children requiring "drugs" perhaps warrants adjusting what is considered "normal", maybe even accepting that the high rate indicates this is the new "normal".
72.	As a carer of a person with a real psychosis, which came about in their mid 30's I have observed the use of drugs to be only of any use when the person is in a serious state of unrest & cannot of their own volition after time calm their rages or psychotic episodes. They are absolutely heavy mind altering drugs which create a definite state of “drugged” or an “in cotton wool” feeling or a “drunk feeling” ... so these should never be prescribed to children under any circumstances circumstances. At best they create an unnatural “calming” or numbing of the

persons emotional state. They generally cause the person to care less about themselves such as neglecting to eat properly or to wash their hair in this case. They certainly do not “add” any beneficial changes. If anything I have observed these drugs to be quite toxic to the body & upset the normal balances within the body, often affecting weight gain, lessening in activity, with various impacts on the internal organs such as liver, kidneys etc, & would be interesting to see what other impacts perhaps hormonally they create too. Meanwhile the person with the psychosis reported that they were still living with the same bad thoughts & feelings, now just quietened by the medications, often afraid they would be more heavily medicated if they explain they still feel the same on the inside. There is no science & no testing possible that proves any of the claims that these drugs assist in any “chemical imbalances of the brain” There is no way that these drugs could ever be considered as preventative & to claim so would be an utter fraud. These drugs should definitely never be given to children or under 18’s. Even then it should be very carefully monitored for side affects & if there is really any necessity for the person to be medicated. There are so many better ways to aid mental health & enhance mood & general well being by diet, exercise, checking whether the person may have any pathologies, virus or other illnesses that can cause a psychosis too. This is the area where all this research finds & care should be going, not into further medicating & treating all these supposed mental illnesses. First heal the body & do no harm.