

MENTAL ILLNESS

by

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We hear so much these days about Mental Illness.

It's always a mystery to me that the media seem to refer to people suffering this illness as "The mentally ill". Interestingly, we do not hear about "the arthritics" or "the diabetics" or "the cardiacs".

We do, however hear about "the alcoholics" and "the drug addicts".

Whatever medical condition a person may happen to be living with, he or she does not suddenly become just a diagnosis.

At all times the sufferer is a person worthy of respect and consideration.

If the statisticians are correct, then 1 in 5 people will at some stage of their life experience an episode of mental illness.

Based on that figure, there would be very few families or individuals who have no experience of this, either personally, or within family and friends.

Medical science has made great progress over the last fifty years or so, and now relief, if not cure, is possible for many sufferers.

The frightening "asylums" of bygone years, are thankfully a thing of the past.

Inmates of these institutions, in the absence of appropriate medical help, were simply incarcerated there and looked after in the best available fashion.

With the advent of medications, things began to change.

Many people no longer required long term hospitalisation, and could be admitted and discharged within reasonable time frames.

That's when the word **de-institutionalisation** became the in word.

I have no dispute with the concept.

I have much criticism of the outcome and the method used to achieve it.

People who have spent many years without having to make any decisions for themselves - when to get up in the morning - when to go to bed - what to eat for breakfast - let alone how to buy it or prepare it - what clothes to wear - and the list can go on forever, do not automatically and suddenly become able to be self sufficient.

These people simply had lost their living skills or possibly never ever acquired them, and suddenly, they are being asked to leave the only place they know and the people who shared their lives and go and live in an alien environment with companions who have been selected for them often quite arbitrarily, and try to live a "normal" existence.

Additionally, the support systems were inadequate, staff were not always properly equipped for the task, and the neighbours and even family members were unprepared for the transition

In Australia, we're great at setting up enquiries, calling for reports, and rearranging the system.

The Richmond Report, The Burdekin Report, the revised Mental Health Act, to name just a few, and most recently, the meeting of the Prime Minister and the State Premiers to discuss the state of Mental Health in the country, are all prime examples of good intentions.

What we're not good at is getting on with the solutions.

Crisis accommodation for the homeless is full of mentally ill people who lead itinerant lives with no fixed place of abode, and no ongoing medical supervision.

The Corrective Services system has become de facto psychiatric hospital without the appropriate staff and treatment.

People locked up in detention centres for excessive time are all reputed to be suffering long term effects of mental illness.

People who sleep in laneways and on park benches, dependent on the charity of volunteers who bring food and a kind word are mostly mentally ill.

It is often said that these people make their choice.

I dispute that. I prefer to think that their rights have got in the way of their responsibilities.

They have the same rights as the rest of the population. But sometimes this right allows them to refuse appropriate medication or treatment or advice and plunges them into a downward spiral from which it is difficult to climb back until a crisis happens.

If, because of illness, mental or physical, my capacity to make informed choice is impaired, then that will affect my ability to act responsibly.

The law can only intervene when it can be established that because of mental illness, the person is a danger to him/her self or to others.

Sadly, the headlines often carry tragic stories of people who commit violent acts when suffering uncontrolled and undiagnosed mental illness.

If we could somehow reduce the stigma and allow ourselves to seek help for a mental or emotional problem before it gets out of hand, some of these tragedies could be avoided.

Early intervention and healthy lifestyle can often ward off the onset of a chronic disorder.

Both drugs and alcohol have a bearing on our mental health.

Experimentation can sometimes have devastating results.

Sharing a marijuana joint can leave one person totally unaffected, and another projected into a florid bout of psychotic illness which sometimes is the beginning of a lifetime of suffering.

Most people with mental illness live in the community, not in the residential psychiatric hospitals.

It follows, therefore, that we need trained and competent staff and facilities in the community to offer supervision, oversee medication regimes, provide a place to redevelop skills and learn new ones, and to discover ways and means of leading a full and productive life accepting the limitations that the illness imposes.

As with any chronic condition, the level of impairment will differ from person to person. Some people will need greater support and supervision than others. Some will function really well in between episodes. Some people will rarely have a relapse, while others will relapse more often.

Some sufferers will have excellent insight into their symptoms, and notice the danger signals, while others will cease their medication when they begin to feel well and be completely oblivious to the insidious decline in their well being.

Treatment and care for mentally ill people will be as varied as the people themselves, in the same way as sufferers of other conditions will vary in the way they handle their limitations and manage their conditions.

Can we offer all the people around us, handicapped, or disabled or apparently "whole" the respect, friendship and dignity that they deserve?