As someone who has experience mental health problems since my mid twenties (I am now 65) I have seen a lot of the landscape of mental health over the last 40 years. I was able to live with family during my most acute depression. I was unable to work or study. I had a small income from a beguest from a great aunt. For those reasons I was able to afford to see a private psychologist, enjoy relative peace where I lived, didn't have expensive bills and was eventually able to buy my own home. I went on to have my own family. I am only describing my situation because it is a far cry from the circumstances I see around me in the homeless, those who have to go through the psychiatric system alone, who don't have peaceful surroundings, who don't have family supports, who suffer financially. I was able to afford to see the psychologist (even though I wasn't working) for several years. He was kind, compassionate, experienced and set a benchmark for

excellent therapy which I have barely found matched since.

Since the Mental Health Care Plans came in I have had various mental health care plans drawn up by my GP and the level of counselling from private psychiatrists has ranged from laughable to appalling.

The only helpful counsellors I have seen are ones I chose myself and then asked for a MHCP to be drawn up, or one I paid for myself with no MHCP.

I would like to make several points about the mental health care plans.

GPs have only rudimentary training in mental health and have no training in matching a client with a therapist. This is critical for several reasons:

Firstly, there is ample evidence to support the fact that it is the relationship between client and therapist that is critical to a good outcome for the client.

Secondly, there are many different therapists specialising in various aspects of mental health and a GP doesn't have the knowledge, time or experience to research these, to be up to date in these, in order to match a client with a therapist.

In my experience GPs recommend therapists from their own anecdotal evidence, practitioners they know personally, or those who happen to practice in the immediate area.

Matching someone for 6 sessions before they have even met is unrealistic. It takes a few sessions, up to 3, before one can really know whether this therapist will be helpful, whether we will be able to work together. After that there are only 3 sessions left. That would mean another trip to the GP to sign up for another therapist. Which is a hard thing to do when you might be feeling desperate, confused, hopeless, that your life is out of control.

I am not sure that most clients are aware that

- 1. They can change therapists
- 2. They can choose their own and ask a GP to make the MHC Plan with that therapist
- 3. That it takes time to know whether they will benefit from this client- therapist relationship.

There is an expectation in the community now that mental health issues will be solved in 10 sessions. I have heard friends say that they used up the allotted sessions for their teenage daughter so wouldn't be getting further help - their daughter hadn't been to school for four years due to anxiety. She continued to sit alone at home, socially isolated.

My own observation from hearing friends talk about their experiences is that therapists are offering band-aid solutions that fit into those 10 sessions, rather than opting for a longer term relationship. For example, a friend in her mid 50s who lives in a regional area, had suffered a stroke, undergone a hysterectomy that went wrong and had to be rushed into more surgery when the staff mistakenly gave her stroke-related blood-thinning medication while recovering from the first operation, had her mother (with whom she'd had a shocking relationship her entire life) die, had her closest male friend (once her partner) commit suicide, all in the space of 5 years. My friend was referred to a counsellor by her GP in the small town she lives in. There was no discussion about family, friends, her ex-partner and his sudden death, her mother, her traumatic experience in hospital. As a solution for her anxiety and fears my friend received the advice to "meditate" from her MHCP therapist. Unsurprisingly my friend didn't return for the full amount of sessions. But left feeling that she herself was inadequate.

I met her when she was still isolated, alone, anxious, without any understanding of what had led to her feeling so anxious and fearful.

There is also the expectation in the community that we shouldn't be paying for mental health - clients will only have therapy while the sessions are paid for in a MHC plan

My suggestion is that the mental health care plans need to be created by a qualified and experienced mental health practitioner who can spend a considerable amount of time with the client, assessing their support networks, family support, friendships, putting them in touch with other assistance to allay the isolation that so often accompanies mental illness. To put money into just therapy without treating the situation holistically is doomed to have poor results. And to place mental health in the hands of the medical profession to administer is also doomed to have poor results. Those of us with mental illness need much more than weekly therapy to bring us back to health and stability. We need an enormous amount of support, companionship, help connecting to community, help with friendships, support to study and work.

I personally feel there need to be **many** more group supports available for those with mental illness. If you are an alcoholic or a drug user you can find AA or NA, meetings every night of the week in large towns, but at least once a week in a lot of other areas. But if you have a mental illness you suffer alone.

We need to look at that model for helping people out of the crisis of their mental health. The support and encouragement from a group is inestimable. A lot of us with mental health problems have families that can't or won't help us; we have financial problems, we are isolated from friendship groups. We really need the

support that groups can provide. Groups are also low cost which is invaluable when you have mental health problems.

I had such a group in my 20s run by Cairnmillar Institute and it made a huge difference to my life, - to my ability to express myself to others, to know that there were others suffering like myself, to understand basics of human emotional development (short talks were part of the group), to receive and give encouragement, empathy, recognition from others. We can under-estimate the power of peer support and recognition. Someone who has been through the same trauma can offer a comfort and recognition that no professional can give. The Mental Health system still fails to recognise the healing and support that can be received from non-professionals.

I can understand that it's not financially attractive to counsellors to run groups. And it also takes particular skills. I really feel those skills need to be taught.

Thankyou for your time