

# BEYOND GLENSIDE

How to care for members of our community living with a mental illness has been a longstanding challenge for society. With the redevelopment of Glenside imminent, **Louise Pascale** spoke to patients and policy makers in Adelaide and discovered that little progress has been made in de-stigmatising conditions such as schizophrenia and bi-polar disorder, while many mental health patients are still left on the fringes of society.

**C**arol knew she was schizophrenic well before she was diagnosed. Episodes referred to as “the pressure cooker” would overwhelm her and make daily tasks difficult. “I didn’t think I was in control but I had a level of control,” she recalls. “I could do things on the outside but inside things were really hectic.”

Her first and longest admission to a psychiatric ward was at 22 years old. It was a self-referral that lasted three weeks.

“I wanted to know if I was normal or not

because I knew something was not right with me,” she says.

It took more than 15 years of short stays at Glenside and public hospitals before she found a psychiatrist who understood her. Now she is on medication, has just completed a university bridging course and will study psychology.

Diagnosing mental illness is not always easy; the symptoms are not as recognisable as a temperature or a cough. Yet people with mental illness are often more aware of their state of mind than those considered well or normal.

Tara, who was diagnosed as bi-polar in 2001 believes her illness makes her a high achiever. She believes: “We expect so much from ourselves, we actually give over 100 percent to compensate for that day we might have to have off.” For others, their mental illness is complex and not easily defined.

Richard always suffered from depression but thought it was just his melancholy nature. It was not until he lost his job in 2005 that a full breakdown saw him diagnosed with severe depression, delusions, mild schizophrenia and obsessive-compulsive disorder.

“I went through seven psychologists and psychiatrists before I found the right one,” says Richard. “None of them could believe I had never tried suicide.”

Mental health consumers who spoke to *The Adelaide Review* detailed a complex and frustrating system. It was a system Monsignor David Cappo inherited in 2006 when he became Chair of the Social Inclusion Board.

Tasked with reforming the state’s outdated system the Board undertook an extensive consultation process, the result being *Stepping Up*, a five-year action plan for mental health reform.

Among its 41 recommendations is changing our approach to mental illness by creating individualised care. For this to happen, the Department of Health must undergo a philosophical change towards mental illness.

Currently they are constructing new beds and facilities across metropolitan Adelaide.

“It won’t work if we just have new buildings and new systems because if people still operate with the same mindset, we’ll go backwards,” says Monsignor Cappo.

It is not just the government sector affected by the changes. At the core of these reforms is the community sector’s role in the rehabilitation process. Monsignor Cappo believes their connection to society’s vulnerable makes them most qualified to assist those with mental illness.

Dorothy Belperio of Mind SA agrees and says that mental illness is just one part of a person’s life.

“The outcomes should not be that people are condemned to being in hospital or an institution for the rest of their life but instead they should be given the right support in the community so that they can live in a house with neighbours on a street just like the rest of us,” she believes.

While the reforms focus on changing our

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