

Office of the Chief Psychiatrist

Phone: 9222 4462

Fax: 9222 4244

e-mail: [doris.remse@health.wa.gov.au](mailto:doris.remse@health.wa.gov.au)

-----Original Message-----

**From:** Bruss, Ines  
**Sent:** Tuesday, 19 November 2002 1:49 PM  
**To:** Remse, Doris  
**Subject:** Review of Mental Health Act 1996

Dear Doris,  
could you please pass my concerns on to the correct person who is dealing with the Review of the Mental Health Act 1996? Thank you very much, Ines

Dear Sir/ Madam,

Just a few comments regarding the Review of MHA 1996:

I have concerns that the MHA does not adequately deal with people with a diagnosis of "Borderline Personality Disorder". Although both ICD-10 and DSM-IV classify BPD within their manuals, people with such a diagnosis are often refused treatment within the Mental Health system on the grounds that they "have BPD" (and therefore not a Psychiatric disorder). This sub-population is at extremely high risk of suicide, and I do not believe our community and mental health medical and counselling resources are adequately equipped, nor willing to work with this population.

I have noticed that there appears to be rather extreme OVERMEDICATION of patients of some patients within the Mental Health System. There appear to be no controls placed on doctors to limit over-prescription. Most people that self harm/ attempt suicide do so on their prescribed Psychiatric medications. There needs to be greater legislative control over why certain meds are prescribed and how they are dispensed (i.e. at most weekly rather than monthly with high risk patients)

There does not appear to be any reference to people with cognitive impairments and their relationship to the MHA and Psychiatric system in general. Especially patients with severe alcohol misuse issues and dementia (i.e. Korsakoff's), and those with frontal lobe syndrome appear to be afforded no support/ protection from the mental health system.

Another example are those patients with extreme inappropriate behaviours who put their own and/ or others safety at risk - and Psychiatry are refusing to provide a service on the basis of the patient lacking a psychiatric diagnosis (i.e. it is a "behavioural" issue):

i.e. a man with dementia who attempts to sexually assault other patients: also assessed as not fitting psychiatric/ psychogeriatric criteria.

Thank you for considering my submission

Ines BRUSS  
Deliberate Self harm Social Worker  
Fremantle Hospital and Health Service  
9431 2477