

A.O.C. 18/9/08

From: Judi
Sent: Friday, 4 July 2008 6:20 AM
To: Committee, FCHY (REPS)
Subject: To: House Standing Committee on Family, Community, Housing and Youth: Inquiry into better support for carers

My submission, which also appears below, is also attached as a Word document.

In addition, I have copied into the body of this message, a copy of an article written by Dr.Sue Oliver, which appeared in The Australian newspaper on June 17, 2008. As the basic tenet of Caring for Carers is providing better opportunities for the mentally ill, Dr Oliver's article needs to be included in the material provided to your committee.

Please acknowledge receipt of my submission.

I would also be grateful if, in due course, you would advise me of the outcome of the committee hearings in this matter.

Sincerely,
Judi

Submission to House Standing Committee on Family, Housing and Youth:

Inquiry into better support for carers

Upto one quarter of Australia's population will suffer from serious mental disability at one time in their lives. Of these, many suffer more than one illness and many will continue to be afflicted throughout their lives, some becoming so disabled that their lives will be shattered forever. For example, in 2001, approximately 1.8 million Australian residents reported having a long-term mental or behavioural problem that had lasted, or was expected to last, for six months or more[i]. Of these, 5% reported their life to be 'terrible'ⁱ. Mental illness frequently commences in young adulthood. In many cases, these young individuals could contribute to society and to live fulfilled lives, were they given the opportunity to do so. The problem will continue to increase because each year a further 20,000 Australians are found to have a mental illness[ii]

However because of the lack of services available to them and to those around them, they are likely to end up socio-economically disadvantaged¹, with many ending up on the streets, unemployed, in prisons or 'at best' suffering the indignity of the revolving door of hospital admissions, early discharge due to shortage of beds, with the shortage of unsuitable accommodation leading them into poor company, drugs and often to prisons.

Thus today we frequently lock our mentally ill into prisons or homeless shelters, which offer them much the same outcome as asylums did in the dark ages and which deny them and society the benefits of their potential contribution and creativity.

● **THE ROLE AND CONTRIBUTION OF CARERS IN SOCIETY AND HOW THIS SHOULD BE RECOGNISED;**

The lucky ones have carers, who lift the burden of care from society. In the process, carers become victims. They are forced to provide 24 hour care seven days a week for individuals who suffer from illnesses which by their diagnostic definitions cause severe physical and mental disturbances at unexpected and unpredictable times.

Imagine that one of your promising teenage children who has been doing well at school, sport and socially suddenly starts to behave oddly. At first one puts it down to adolescence, but as the symptoms become more bizarre and after many visits to doctors and psychologists, most of whom misdiagnose the symptoms, after possibly years of agonizing as to what is wrong, it finally becomes apparent that your loved one will require support and care for the rest of their life. Or the disaster that faces you if your spouse, be it the breadwinner or home-maker, suffers in a similar fashion.

Caring for the mental ill reduces one's ability to care for the needs of the rest of one's family and to pursue normal employment, with the cost of therapy being a further burden on the ill and their carers.

Hence, mental illness not only shatters the lives of the ill but also inflicts a huge burden on all those around them.

In other words, when a family member becomes mentally ill, carers are confronted with an overwhelming emotional burden and, because of the severe demands of caring for a person with a mental illness, reduced opportunity for employment at a time when they are faced with the soaring costs of care for their loved ones. All of these have repercussions for other family members.

Because there is a genetic vulnerability to many mental illnesses, in some families there is a need to provide care for more than one person. The financial and emotional resources to do this are enormous.

It is not possible to bear the emotional, physical and financial strain without any repercussion on carers' health.

In summary, it needs to be recognized that our society pays a high price by not providing better support for the mentally ill and their carers. This includes:

1. lost productivity due to limited resources for individuals suffering with a mental illness for rehabilitation,
2. lost productivity due to the strain on carers causing them to drop out of employment, or to reduce their work-load,
3. family breakdown¹, with divorce more common among carers than in the general community,
4. reduced parenting for siblings of the mentally ill due to parents' need to care for the ill child,
5. reduced parenting for children of the mentally ill,
6. when a carer has elderly parents to look after in addition to a person with a mental illness, the reduced resources may force the elderly to rely on our already overburdened aged care system.

• THE BARRIERS TO SOCIAL AND ECONOMIC PARTICIPATION FOR CARERS, WITH A PARTICULAR FOCUS ON HELPING CARERS TO FIND AND/OR RETAIN EMPLOYMENT;

A. The barriers to social and economic participation for carers

The mentally ill have not sinned, but are people whose potential has been stolen from them by illness. They need emotional support to keep going, as well as financial assistance and assistance with everyday needs – frequently including assistance with tasks such as grooming, nutrition, cleaning, shopping, budgeting. The time required to provide this assistance is a barrier to carers obtaining employment, particularly employment providing adequate remuneration to deal with the cost of care.

Further, because the symptoms of mental illness can be unpredictable, carers find it difficult, and in some cases impossible, to plan ahead, restricting employment opportunities even further.

B. Strategies to helping carers to find and/or retain employment

The focus on assistance to carers needs to include:

1. Better support for the mentally ill would do much to improve not only their plight, but also that of carers, thus providing both the ill and their carers with better opportunity for employment,
2. Increased financial support for carers, would increase their ability to obtain professional help in caring for their loved ones. This help would include therapy for their loved ones and help with the everyday needs of caring as discussed above,
3. Incentives for employers to offer work to the disadvantaged

• THE PRACTICAL MEASURES REQUIRED TO BETTER SUPPORT CARERS, INCLUDING KEY PRIORITIES FOR ACTION;

Key priorities for action include:

1. Congenial, affordable housing for the mentally ill, appropriate to the level of care required at various degrees of illness. I
 - a. Individuals who are unwell, or just over a severe episode, perhaps recently discharged from hospital need to be housed with emotional support and supervision in a caring environment. They need therapy, encouragement, a reason to go on living and professional care from individuals who provide positive outlooks and assist with rehabilitation and recovery,
 - b. Individuals who are 'in remission' should not be housed with those in the above group as it provides a negative view of their future, rather than pointing to their recovery and employment, ie impedes their recovery. This group needs congenial, partly supervised affordable housing, without which they often slip into homelessness, drugs, bad company and criminality. The high proportion of mentally ill in our prisons is evidence of this. It cannot be stressed highly enough that providing suitable care for our mentally ill would not only benefit them, but our society in general.

2. Increasing the ability of the mentally ill to obtain appropriate care, including:
 - a. increasing hospital beds to avoid premature discharges,
 - b. improving the quality and quantity of psychiatrists in the public system,
 - c. providing psychological and emotional assistance,
 - d. improving their chances of early diagnosis by forcing medical general practitioners, teachers, and others who are likely to be in a position to diagnose early illness to learn to recognize symptoms so that early intervention, which has been shown to improve recovery, can be instituted.

3. Financial assistance to carers to:
 - a. enable them to obtain assistance with the care of their loved ones,
 - b. to enable them to obtain the additional emotional counseling required to overcome the additional stress imposed by caring,
 - c. compensate them for their financial difficulties caused by their reduced employment opportunities as outlined above.

• STRATEGIES TO ASSIST CARERS TO ACCESS THE SAME RANGE OF OPPORTUNITIES AND CHOICES AS THE WIDER COMMUNITY, INCLUDING STRATEGIES TO INCREASE THE CAPACITY FOR CARERS TO MAKE CHOICES WITHIN THEIR CARING ROLES, TRANSITION INTO AND OUT OF CARING, AND EFFECTIVELY PLAN FOR THE FUTURE.

An effective strategy for planning for the future is to provide adequate care for the mentally ill, so that their carers can die in the knowledge that their loved ones will continue to live in dignity.

[i] Aust. Bureau of Statistics National Health Survey
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/productsbyCatalogue/9FF78528B74F5AC5CA2561OpenDocument>

[ii] 2005 Aust. Govt Dept. of Health and Aging, Hunter Institute:
<http://www.responseability.org/site/index.cfm?display=25857>

Judith



The Australian

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thought you might find this article from interesting:

| June 17, 2008

From: [The Australian](#)

Back to dark ages

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Sue Oliver | *June 17, 2008*

LAST month, Kevin Rudd announced the public release of the final report of the 2020 Summit. Nowhere in the report's health stream was there any mention of the mentally ill although it was raised several times. In the "strengthening communities, supporting families and social inclusion" stream, there was mention of reducing poverty, strengthening families, eliminating violence and providing housing for the homeless but no mention of mental illness. Why the silence?

It was only in the 18th century that mental illness was recognised as a health issue, but in the late 1970s, with growing confidence in the new chemical straitjackets, asylums began a 20-year process of emptying. The old buildings set in pastoral landscapes were sold off in the '90s for housing developments or as arts centres. In Australia, as elsewhere, the motivation for decanting the vulnerable was partly confidence in the new medications, partly economic rationalism and partly an exaggerated faith in the capacities of communities to care.

It seems that we are coming full circle, where mental illness is disappearing as a health issue and becoming a social issue.

Yet it is dangerous to conflate mental illness and social exclusion. Medical treatment is at risk of disappearing. Research shows that up to one in four young people in Australia is likely to be suffering from a mental health problem. A small number will be suffering a psychotic illness whose prognosis will be determined in part by how early the illness is diagnosed and treated.

In a 1998 study by T. Hodder, M. Teeson and N. Burich of 210 homeless people in Sydney aged 17 to 87, 75 per cent had at least one mental illness, with 23 per cent of men and 46 per cent of women having schizophrenia. British academic Anthony Giddens coined the term social inclusion in *The Third Way*, his influential 1998 book, on which Tony Blair relied, as part of a larger ideological turn to neo-liberalism with a social democratic facade. Rudd, a longstanding Blair fan, even before his election, vowed to commit Australia to a social inclusion agenda.

He and Julia Gillard, then shadow minister for social inclusion, stated that social exclusion was the "outcome of people or communities suffering from a range of problems such as unemployment, low incomes, poor housing, crime, poor health, disability and family breakdown". But where is the acknowledgment that the homeless and disadvantaged may suffer from a mental illness?

The Howard government allocated funding for an advertising campaign linking illicit drug use and mental illness. The Rudd Government scrapped this project in the 2008 budget. Indeed, the 2008-09 budget included \$2.6 billion in cuts from mental illness, dental health and nursing training. Yet according to a report on mental health in Australia in 2004-05, mental illness is the country's greatest cause of ill health and of lost productivity, ahead of cancer and cardiovascular disease.

Will the new buzz phrase social inclusion help the Rudd Government turn a blind eye to mental illness and the mentally ill, thereby placing the responsibility for these disadvantaged members of our community in the frail, tired hands of their family and friends; that is, if they have any family and friends still able to help them?

Sue Oliver is a psychiatrist and psychotherapist in private practice.

□ **[Click here to read the full article on the website](#)**

Alternatively, you can copy and paste this link into your browser:

<http://www.theaustralian.news.com.au/story/0,25197,23874573-7583,00.html>