

Committee Secretary
 Inquiry into Better Support for Carers
 House of Representatives Standing Committee on Family,
 Community, Housing and Youth
 PO Box 6021
 Parliament House
 CANBERRA ACT 2600

(Inq into better support for carers)

Dear Secretary

I wish to make a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth's Inquiry into Better Support for Carers.

I am submitting to the Inquiry because...

I believe there is a forgotten group of carers in our services and in particular our mental health services. The group of carers that is constantly overlooked or forgotten about is the parent/carers of children with mental health issues. The parent/carer role is often seen as obligatory and it is taken for granted that parent/carers are able to provide the security, love and affection, learning environment and basic needs of a child which indeed they usually do. However when a child has mental health issues it impacts on the entire family and social structures. These parents/carers need assistance to cope with the impact whether it be emotional, financially, access to and provision of services. Too often the services provided are 'adult' focused with adult criterias and simply don't meet the needs of carers of children with mental illness (mi) which is frequently different to that of the needs of carers of adults with mi.

More information is attached on a separate sheet

1. The role and contribution of carers in society

As a carer, I feel that my role is...

To ensure my child is provided with every opportunity to participate to his full potential in our family and community life. Apart from providing him with the love and care he needs my role is also to protect him from harm whatever that may be, encourage him to become as independent as he can be and to support him to move forward in the challenges he will face. My role is also to advocate for him as he doesn't have an 'adult' voice, skills or age to advocate on his own. I need to ensure that he gets the treatment necessary for recovery. This may mean accessing services, getting to appointments, participating in therapy. As his carer my role is also to ensure he gets an education that is suitable for him. He has special needs and it is not always possible for him to fit into main stream schooling. It is my role to provide for him financially which is not always easy given the special needs and supports required.

More information is attached on a separate sheet

2. The barriers to social and economic participation for carers

As a carer, I face the following problems ...

1. As a parent/carer I have other children without mi who are also dependent on me to care for them. Often their needs are neglected because of my need to care for my son who demands more of my time. This can then become an issue for them leaving them feeling isolated. They are also then at risk of developing behavioural or mental health issues themselves.

2. Caring for a child with mi means extra expenses for services and special programs or in our case, special educations courses. A lot of children are able to obtain part time employment when they attain the age of 15. Often a child with MI wont be able to sustain employment so funds must be provided by the parent/carer. I am a single parent, working limited hours because of my son's problems and because he has just reach 16yo unable to claim centrelink benefits. He doesn't meet the criteria for disability pension. I try to pay rent and other rising costs of living as well as keeping my son linked in with activities in order to minimise his social isolation. I am unable to finance family holidays, school camps, social activities that require extra funds. With peers playing such an important part of adolescent development, not participating or being 'the odd one out' leads to even more isolation and stigma.

3. Isolation and stigma play a large part in whether or not carers participate. Society has been quick to judge parents/carers as 'bad ' or 'neglectful' if they have a child that appears not to be conforming with so called 'normal' development. It is hard for parents to sit back and watch as their child is not invited to play or to parties with the other kids because of their behaviour or illness. Parents/carers feel blamed by other community members for behaviours and illness. Having to contantly defend or apologise to other people for their child who hasn't acted in a way they expected is exhausting and so often it is just easier to withdraw from the community altogether.

4. The lack of information on services and accessing services together with the lack of education about mental health issues for children plays a significant part in carers not participating. When I need assistance, a lot of the time the information I get only pertains to adults with mental health issues or adult programs. Understanding the mental health system and how to access the appropriate services is difficult. Because of the age and developmental stage of the child, diagnosis often changes and therefore information regarding the diagnosis becomes more difficult to obtain. There are many psycho-educational programs relating to mental illness in adults but very few for children. How can we support our child's recovery if we don't understand or know how ?

5. "Sometimes I am just too tired". Carers tend to neglect their own needs or 'burn out' when caring. They are juggling a child with mental health issues, other dependent children, work, home life, finances (young families with new and high mortgages), school homework, meetings and constant phone calls 'come and pick your child up as they've done....". Caring can be an extremely stressfull, busy and thankless job. It is exhausting and carers own health (emotional and physical) needs are neglected.

More information is attached on a separate sheet

3. The practical measures required to better support carers

As a carer, I need help with ...

Assessing my own health and well being in order to keep caring

Finding and accessing the right services to support my child and myself (including rest of the family)

Financial assistance to help with added expenditure of special programs and activities

Respite. Carers need to have a break from the stressful environment but this is not always easy given that there are children that need to be cared for. If I do manage to get respsite, who is able to care for my child with mi? I need help to find suitable activities with suitably qualified mental health workers for my child.

Obtaining information of mental health problems not just the high prevalence adult illnesses.
Information on where and how to get the help and support for all the family.

More information is attached on a separate sheet

4. Strategies to assist carers to access opportunities and choices

I think the Government can better help carers by ...

Providing more suitable respite options for parents/carers and families.

Planned respite for children – somewhere the child with mi can go for a weekend to give the rest of the family a break

Sibling and/or family programs and activities

Including parents/carers of children with mi, in systemic policy and program development

Peer support groups

Including the perspectives of parents/carers in child & adolescent mental health services in new initiatives

Increasing awareness and education in our communities and schools to address stigma and isolation

Medical fee relief and/or more than 12 visits per year to a psychologist. Easier pathways from the GP to specialist services.

Greater GP education in child & adolescent mental health

Greater integration of mental health services and drug and alcohol services

More information is attached on a separate sheet

Thank you for taking my views into consideration as part of the Committee's Inquiry. I look forward to reviewing any recommendations you make to improve life for carers in Australia.

Yours sincerely

Print your name

Lynne

Date

28 June 2008
