

A.O.C. 3/6/08

Parliamentary Enquiry into Carers for the Mentally Ill.

1. The role and Contribution of Carers and how Recognised.

The main problems associated with the caring role have been that carers are traumatised and very often without exception, depressed and stigmatised. From this unenviable situation they have been required to administer care of a kind that is rarely straightforward. For example,

they deal with difficult if not bizarre behaviours;

illnesses that may respond to varying degrees to medications but still present as problematical;

provide therapy of the kind that professionally trained and paid people are expected to administer;

be constant companions and by being so modify their own behaviour so that it is not perceived as obstructive by their mentally ill charges, for example, the opportunities for misunderstanding when dealing with a person afflicted with mental illness are ever present;

to administer and maintain medication regimes that are often rejected;

To be the constant and eternal parent and mentor.

These are only certain aspects of being a carer for a mentally ill person.

Their contribution can be measured against what was in place during institutionalisation, these were staffed across 24 four hours by highly trained nursing staff doing three eight hour shifts. They then left the job and went home. Carers in many cases cannot do this as they care in the family home.

Carers save the state millions of dollars in that if they downed tools tomorrow and said no more, the state would struggle to care and maintain the mentally ill. There is a strong feeling in the caring fraternity that the government knows that carers would never abandon their charges and this is preyed on!

They contribute countless hours of nursing and educational care to those for whom they care saving again countless millions of dollars.

They contribute to the fabric of the nation by setting examples in courage that are rarely glimpsed by the public. They have a faceless and invisible identity!

We need to recognise by providing health care up to and including psychiatric counselling and treatment; indeed in all areas of health, carers should be accommodated just as our war veterans are.

We need to recognise by providing paid for respite leave in the same way as we are gearing up for paid maternity leave. But by doing so we need to recognise that carers must leave their mentally ill family member with someone or some auspice that will provide care, stimulation, accommodation and security so that a carer can have respite leave with peace of mind.

We need to recognise carers not as pensioners which adds to the stigma but as public servants and pay them a salary for the work they do!

Carers need to be recognised in the school curriculum and children (future cares) should be instructed in the role of carer. This will help to reduce the stigma associated with the role, provide valuable training that many may need in the future and equip students with skills they can pass on.

2. Barriers to social, economic participation, emphasis on employment of carers.

Carers are employed! 24 hours per day seven days per week!

The barriers are that this is not being recognised nor considered worthy.

We need to get rid of the word pension when dealing with carers and replace it with words such as salary and paid employment. On the last consensus form carers were referred to as unpaid workers!

Barriers include that most carers are depressed and that this largely goes untreated because carers can not afford treatment at psychiatric level or that to take medication may impede their abilities as carers.

Carers must have emotional support that is paid for and recognised by the government of the day. This will help lift the stigma associated with the words, carer and pension.

Carers must be included as public servants who perform tasks that are highly skilled and valued. They should be paid salaries!

Social barriers will break down if carers are provided with the aspects as outlined above.

3. Practical Measures to support carers.

See above.

4. Strategies to assist carers to access the same range of opportunities and choices as the wider community.

Strategies to help carers achieve the same range of opportunities as the wider community have been outlined above.

I would however, point out that a carer will never have the same range of opportunities as the wider community because of the very nature of the role of carer. It is naïve and indeed ignorant to even write such a proposition, no matter how well intended.

With all people, if they have;

Health support including emotional health support measures in place;

Financial support gained from providing meaningful employment and are appropriately paid;

They have status and are appreciated and valued by the general community, you will have a community that is largely happy. Carers can approach this if our governments are only prepared to make major social shifts in their approach to the support of carers. To further support carers is to ensure that those of us who are mentally ill will stand a better chance of, not cure, but recovery. Carers drive recovery! This in turn will save the community millions of dollars.