

From: Dawn
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To: Committee, FCHY (REPS)

Submission No. 258

(Inq into better support for carers)

A.O.C. 30/6/08

Subject: submission

20 June 2008

Secretary
Inquiry into better support for carers
Standing Committee on Family, Community, Housing and Youth
PO Box 6021
House of Representatives
Parliament House
Canberra ACT 2600

Dear secretary

InPsight community reference and advisory group is pleased to have this opportunity to make a submission to the House of Representatives Standing Committee on Family, Community, Housing and Youth inquiry into better support for carers. This submission has been compiled by three carers. Should any point be unclear, we would be pleased to liaise further.

Our InPsight team comprises professional mental health workers, researchers, carers and people living with schizophrenia and allied disorders. We are currently working with Foresters ANA and Wesley Mission Brisbane to launch a Community Economic Development Corporation (CEDC) to provide housing and support for people living with mental illness. This is a well developed field in the UK and the USA due to supporting government legislation, however as yet there is no supporting legislation or tax incentives in Australia. **Introducing support for CEDCs and CDFIs (community development finance institutions) would be a monumental step forward.**

However this CEDC initiative is only part of the solution. Unfortunately, even when programs like 4 Corners presume to take the message of marginalised carers to the general community, carers of people with a mental illness scarcely rate a mention. We are left scratching our heads; **forgotten yet again.**

We are battling stigma, which arises from a high level of ignorance about mental illness in the medical and in the general community. We have linked with the Bridge Network efforts to promote *more mental health services fewer prisons*. We are pleased that plans to build a mega prison at Gatton have been postponed. However the sad fact is that people with severe mental illness are 13 to 15 times more likely to be incarcerated. (People with minor mental illness are 2 to 3 times more likely to be in prison than in the community.) **While the population of Australia grew by 15 per cent, its prison population grew by 45 per cent: a classic indictment of so-called deinstitutionalisation.**

The prevalence of dual diagnosis is a result of a system in disarray. **There is an urgent need for dual diagnosis therapy and healing centres.** It is criminal that suitable facilities on crown land

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stand vacant while whole families suffer because of a family member with complex unmet needs.

When a son/daughter/partner begins to become mentally unwell, some people are not in a position to help them as this is foreign territory to them. However even those who know the signs of psychosis face an uphill battle getting recognition and assistance. One carer said she thought that all she had to do was mention it discreetly to their GP and a first class mental health system would take care of her son. The reality is that early intervention is a joke. **Education of the public is sorely needed.**

The toll on families is huge. Many families fragment and the principal carer, often the mother, will struggle to keep a paid job and simultaneously carry out this new and frightening role. Even when a diagnosis has been achieved, hospitals are overcrowded and often people in crisis are turned away. **The purchase of ex-motels as step-up/step-down facilities could help in achieving a system that is based in the community.**

Even when an admission is achieved, people are often discharged too early because of overcrowding and a lack of understanding of good practice. Deaths by cop and by suicide are all too frequent. Carers live with the knowledge that when a crisis occurs, they are often on their own. **It is therefore not surprising that most principal carers suffer poor or indifferent health.**

One carer has sent letters dating back to 1999 that request actual systems reform measures. Some reforms have been achieved with the funding of Richmond Fellowship to provide transition assistance for mental health clients exiting prison. The Crowther Report, commissioned by the Schizophrenia Fellowship of Queensland, has revealed gross inequity in Disability Services Queensland funding. **Group funding (and banked hours) is a better approach for the mental health/disability sector.**

Meanwhile, the rollout of the federal PHaMS personal helpers and mentors scheme is a huge step forward. This is the first time that eligibility criteria have been framed to include our sons/daughters/partners. Sadly, **DSQ persists with forms that bear no relation at all to our situation, based as they are on steady-state physical or intellectual disability. Getting a carers pension – and hence access to housing and support for ageing sons and ongoing respite for their decrepit carers – is therefore not possible for most mental health carers who deal with an episodic illness.** This is discriminatory. Many families struggle under the radar, undetectable by screens that readily filter them out.

On a final note, mental health carers find to their dismay that there are many instances of inappropriate application of confidentiality or privacy policies. We trust that **a culture of good judgment and respect for the best interests of all persons will be encouraged in the future.**

We look forward to better understanding, to recognition of our stated concerns, to supportive legislation for CEDCs and CDFIs, and to reforms that reduce discrimination and inequity for mental health carers.

Yours sincerely

Dawn Joyce BA BSc(Hons1) convenor for InPsight
 Pat Burgess BSc DipT COGE, president National Council of Women of Queensland
 Michael Artlett BAgSc, president Northside branch Schizophrenia Fellowship of Qld