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ARAFMI Hunter

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The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

8th June 2007

Dear Secretary,

Please find attached a submission on behalf of ARAFMI Hunter into the Inquiry into Mental Health Services in Australia.

ARAFMI Hunter is a voice for carers within the local community and provides assistance to the family and friends of the mentally ill through education, support, workshops and advocacy.

This submission covers two of the Terms of reference as outlined by the Senate committee: 2 (b) and 2 (d).

ARAFMI Hunter's aim in writing this submission is to have input into the way the Action Plan is carried out, in the hope that it will best serve the needs of Carers and Families looking after the mentally ill.

We would appreciate any information about the outcome of the inquiry's consideration of this submission.

Yours Sincerely

Rebekah Zaia
On behalf of ARAFMI Hunter.

ARAFMI HUNTER



Submission to the Australian Senate Community Affairs Committee
On

INQUIRY INTO MENTAL HEALTH SERVICES IN AUSTRALIA

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1.0 Introduction

1.1 ARAFMI Hunter

ARAFMI Hunter is a branch of the National Association of Relatives and Friends of the mentally ill. ARAFMI was established in 1979 and is a voluntary organisation managed by a committee of family members, carers, mental health care professionals and interested local people. They are a non-profit organisation which receives funding from N.S.W Health and donations from the community and fundraising ventures.

The primary purpose and core business of ARAFMI Hunter is to assist the relatives and carers of people who have a mental illness, not only to understand mental illness but to understand the impact of mental illness on the individuals and families.

ARAFMI Hunter has a vision for a community that understands and responds to the impact of mental illness on families, relatives and friends. ARAFMI Hunter's mission is to provide mutual support services for families and carers of people with a mental illness, such as information, education, counselling and support (ARAFMI, *Our mission*, 2006)

The organisation provides a voice for carers through a wide range of services including counselling, education programs, workshops, support groups, young carers groups, relaxation weekends (carer respite) a library and newsletter.

1.2 ARAFMI Hunter's Interest in this Inquiry.

ARAFMI Hunter exists to provide support and services to the relatives and friends of those with mental illness. It is therefore in the interest of this organisation and the many families and carers that access the service, to be informed about National Health strategies and to be a part of the making of policy in this area.

This inquiry is an opportunity for ARAFMI Hunter to comment on the rights and responsibilities of carers and also identify areas where carers needs have been overlooked. As a non-government organisation, ARAFMI view this inquiry as an opportunity to promote the work of non-government organisations and community based groups which offer a wide variety of 'hand's on' support for the mentally ill and their families.

The importance of voicing the concerns on behalf of the many carers that access the service is a core value. ARAFMI Hunter is a major contributor to voicing family issues and concerns. The level of support and compassionate care for individuals and families is a contributing factor in the wellbeing and recovery process for those whom are struggling physically, mentally, emotionally, spiritually and financially.

The Terms of Reference addressed in this submission are closely linked to the issues of carer's rights and the rights and responsibilities of non-government organisations in the health care system.

Terms of Reference:

2 (b) The overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care.

2 (d) Identifying any remaining possible gaps or shortfalls in funding and in the range of services available for people with a mental illness.

1.1 Role of carers and families in mental health services

A carer is a person who, at time of need provides regular or intermittent support to someone who has a mental illness or disorder. The carer may not necessarily be a family member, or live full-time with the ill person, but is one who has assumed the close, non-institutional caring role as friend or advocate and provides financial and/or emotional and/or practical support (ARAFMI, *Carer Services Mapping Project*, 2005).

ARAFMI strongly believes in the interdependence of consumer and carer needs. When the carer is adequately supported and has enough information to enable them to fulfil their role as best they can, there are proven longer term gains to the consumer's health, recovery and well-being. Therefore when a family member or friend takes on the role of carer for someone they love, they will be playing a critical part in that person's road to recovery (ARAFMI, *Carer Services Mapping Project*, 2005).

The service supports the idea that the family are the main therapeutic agent for someone dealing with a mental illness and therefore all family members need to be supported and informed in order to best help their loved one (ARAFMI, *Carers Services Mapping Project*, 2005).

2.0 Terms of Reference

2 (b) The overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care.

2.1 Raising the profile of Non-Government Organisations and building stronger partnerships:

The National Action Plan on Mental Health recognising the role of Non-Government Organisations in implementing many of its strategies has been a major step in the process of change. The implementation of the Commonwealth's plan to assist families to manage and cope with mental illness through partnerships and networking allows a shift to building stronger links and bridging gaps in order for service referral and to value the contribution of Non Government organisations. If the Action Plan is to make a significant contribution towards a coordinated infrastructure in supporting community based care, then these Non Government organisations would need to be valued for the skills and experience they offer the community and promoted for the important outcomes they achieve. For many NGOs these outcomes cannot be measured with quantitative data. The outcomes are seen in terms of the distress and burden that is lifted off families and individuals through their work (Jolly, 2006).

Stronger partnerships are important based on respect and acknowledgment of the contribution and diverse and valuable skills NGOs offer. ARAFMI perceives that non government organisations can augment the support provided by professional clinical services

Non Government organisations;

- Work on a model of care with an emphasis on empathy and compassion.
- Believe in building strong community links which allow the consumer and carers to access a wide variety of services aimed at recovery
- Offer a wide range of personal and professional expertise through the diversity of volunteers and professionals employed by the service
- Provide a high level of support and empathy for the consumer and carers based on the life experience of it's member
- Offer a variety of information, education and therapeutic techniques to assist with recovery and self empowerment
- Assist carers and family members to be a part of the decision making process

In view of this, ARAFMI Hunter believes Non Government Organisations input into the infrastructure of the Action Plan is an indication that these important strategies have already begun a process of change. When implemented, the Action Plan's future focus will need to further support community based care to promote, enhance and build important partnerships to achieve a holistic approach to care and recovery.

2.2 Provision of adequate Respite Care:

In relation to community based care, the new respite services funded by the Commonwealth Government through the Action Plan is an exciting improvement in providing adequate support for consumers and families, however ARAFMI Hunter

believes a variety of respite will need to be made available to meet the needs of a diverse range of consumers, carers and family members

In the experience of ARAFMI Hunter the respite services often involves another carer coming in and looking after the mentally ill person while the family or carers go away. They believe there needs to be a choice for some families due to the fact that carers are sometimes reluctant to have someone else access to their home. The ill person may also have moments of frustration and behavioural problems that could put the respite carer in a difficult situation.

While the overnight and day respite services the Commonwealth is providing to over 15 000 families, is welcomed. ARAFMI Hunter would like to see that this is provided in a way that best serves the family unit as a whole

2.3 Family Sensitive Infrastructure:

The issue of family sensitive services is an important practice which involves education and training, not only in hospital settings but in academic settings. The Action Plan needs to support and implement family sensitive practice of utmost importance as it meets with the National standards and the duty of care. The family is the most therapeutic agent for someone recovering from a mental illness and services therefore need to address family needs. Currently the infrastructure of mental health services only allows this to a certain extent

ARAFMI Hunter is a voice for carers and believes in the importance of a family visiting room in psychiatric hospital. When families, carers and on occasions children are visiting their family member in a psychiatric inpatient unit, it is necessary that there are suitable room for these visits with a comfortable environment, tea and coffee making facilities, toys for children and a little privacy for families

2 (d) Identifying any remaining possible gaps or shortfalls in funding and in the range of services available for people with a mental illness

2.4 Shortfalls in Funding:

ARAFMI Hunter has identified that there is a lack of consistent funding for Community based groups and NGOs. As a service who have been providing counselling, education and support for families and carers in the Hunter region since 1979 and have achieved excellent results. We need extra staff to provide the

specialised services we offer to a wider community also to travel to other areas to offer these programs for instance the Hunter New England region. ARAFMI Hunter urgently needs to establish a specific postvention service to adequately support carers and families of those bereaved by suicide, at present this does not exist.

ARAFMI believe that community groups which have been functioning well for a long period of time should not have to battle every few years for funding. ARAFMI identify that there needs to be a distribution of resources among organisations and each organisation should be valued for the work it is already doing. Why create a new service, instead of supporting the one that's already established?

2.5 From Hospital to Home-The Gap in community care for the transition period:

ARAFMI Hunter and its supporters have often been exposed to the difficulty families and carers have when their loved one is omitted from hospital. More often than not, patients being treated for mental illness are released from hospital earlier than their needs permit them to be which eventuates in many patients returning to hospital.

One of the major concerns for families is the need for more clinical supported accommodation, even though respite is time out, in the long term families want to see their loved ones receiving adequate care.

Family members and carers believe their loved ones need specialised skilled workers to assist them in their transition back home. As a result of this, extra stress is put on

families and carers to try and meet the demands of the patient. Families and carers are often not adequately trained and equipped to deal with this 'transition period.'

At this time experiential learning programs and workshops could be facilitated on hygiene, living skills, creative pursuits and the importance of diet and exercise.

It is of utmost importance that clinical supported accommodation be made available to those patients leaving hospital in the early stages of their treatment, as this can lead to homelessness, family breakdown, long term financial costs, negative relationships between families and health professionals, behavioural problems-in some cases aggression and violence.

3.0 Conclusion

ARAFMI Hunter advocates the need for families and carers to be acknowledged as critical to the Mental Health System. Therefore it is belief of this organisation that while the Government is offering greater financial support; action needs to be taken in some areas for it to be truly beneficial to carers.

The National Action Plan is doing a lot for the mentally ill, but there are still gaps remaining in the services for their carers.

Carers and the families' interests are best served by supporting the organisations supporting them, through the creation of a coordinated infrastructure that gives these organisations adequate resources to cope with the demand.

ARAFMI Hunter does as much as it possible to address the needs of families and careers, but believe additional, consistent funding is appropriate to recruit skilled staff to achieve a higher level of service, without huge expectations placed upon them.

Through a coordinated partnership of NGO's, the State and Federal Governments and health services, the needs of carers and their patients, which have been mentioned in this submission could be better met:

- A Coordinated infrastructure which support community based care and NGO's

- Adequate Respite care
- Family sensitive infrastructure and referral processes
- Funding for community organisations and NGO's
- Accommodation options for patients when coming out of hospital
- A fully developed Postvention system to support the specific needs of carers and families suffering suicide bereavement. (National suicide bereavement strategy 2006~2009).

word count: 2181

4.0 Recommendations

1. That the Government is committed to raising the profile of NGO's, the skills and services they provide and include them in important decision-making.
2. That families and carers needs are addressed by referral to important services in the early stages of a family member becoming unwell.
3. That Government organisations and health services be educated on the benefits of using the family as a healing agent for the consumer. Also that family sensitive practise is implemented into the infrastructure of the Mental Health system, through education and training of staff in these services.
4. That a revision of how resources are divided between organisations and groups be done by the Commonwealth Government. This would help assess what services are working and what will be of most value to consumers and families
5. That the Government needs to improve the need for clinical supported accommodation for patients leaving hospital.

5.0 Bibliography

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