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

August 9th 2007

Dear Committee Members

Please find attached a short submission to the Australian Senate Community Affairs Committee's Inquiry into Mental Health Services in Australia.

Thank you for the opportunity to send a late submission. With the Women's Centre for Health Matters proposing to focus on mental health issues for women for the next 12 months, we expect to have more to contribute on women's issues in the mental health service system in the future.

Good luck with your Inquiry.

Yours sincerely

Robyn James
Senior Project Officer

Submission to the

**‘Senate Community
Affairs Committee
Inquiry into Mental
Health Services in
Australia’**

**From ‘Women’s Centre for
Health Matters Inc’.**

August 2007

A. Introduction

Women's Centre for Health Matters Inc (WCHM) works to improve the health and wellbeing of women in the ACT and region, with a focus on women who experience disadvantage.

The WCHM began a project to work on mental health issues impacting on women in July 2007. In order to respond to this Inquiry a focus group with 11 women (3 consumers and 8 service providers) was held 2nd August. This submission summarises the information and wisdom from that group.

As this is a short submission, responses to the first three terms of reference are merged in Section B, *What have been the gains and problems since February 2006 for women with mental health issues?*

B. What have been the gains and problems since February 2006 for women with mental health issues?

Information from the Mental Health Council of Australia is that it is mostly women who are accessing the new Medicare scheme.

Anecdotal evidence is that the most marginalised women with mental health issues (such as those who are living in poverty or who have drug and alcohol addictions) are not benefiting from the scheme. For example, the Management Plan has opened up counselling for people who could not pay before; however as bulk billing is rare, there is still a gap to pay - which means that still for many women this is out of reach.

Bulk billing is in fact a core issue. There are access issues for women in all parts of the ACT in seeing bulk billing doctors. While some GP's allow for bulk billing on a case by case basis, there needs to be a structure in place which does not rely on:

- a) the good will of GP's, or
- b) women feeling as if they must beg for assistance.

With the amount of resources going to the new Medicare scheme, there was a fear expressed about whether the previous *Access to allied psychiatric services scheme* will be maintained.

The PHAM program, which is a key part of the new package, has great potential; we are looking forward to the support that this program can provide to the most marginalised women with mental health issues.

C. What are the gaps or shortfalls in funding and in the range of services available for women with a mental health issues?

There are many gaps and/or shortfalls for women with mental health issues. The following alternatives for women that need addressing were highlighted in the August 2nd focus group:

- There must be women only services in the whole range of mental health services, from early intervention to crisis/hospital treatment and care. Many women with mental health issues are dealing with the results of abuse and/or violence from male perpetrators; it is not appropriate for these women to be receiving care and/or treatment in the same place as men.
- There needs to be a greater awareness of the holistic needs of women (for example homelessness, poverty). While there is greater acknowledgement by the service system, there is still much progress to be made in the support offered to women.
- Women need and want continuity of care and support. Unfortunately, mental health workers change frequently; the system must take steps to address the consistency of workers. This would involve investigating the reasons for such change, and we expect that issues such as levels of pay (particularly in the community sector), training needs and the end for system change would be highlighted.
- There is a need for greater resources being devoted to early intervention. Women need to be supported when they first express the need, and not have to wait until they are in crisis; a shift to strengths based and recovery approaches will support this.
- Women with children have additional stresses that need to be addressed. In particular the critical crisis of separation times, including hospitalisation, remand, detox, and/or children being removed.
- Amongst the services that would assist are parenting support groups, self help models of support, more community development initiatives, and services to assist with access and reconciliation of families.
- Cross border issues need to be addressed. For example, when ACT children are removed from their mothers with mental health issues, they may be fostered in NSW because of the shortage of foster carers in the ACT.
- The mandated use of advanced agreements was suggested, as a way for the woman to plan for herself and her children in times of being unwell.

D. Concluding remarks

This short submission is aimed to highlight some issues of major concern to women of the ACT. As a new stakeholder in mental health issues, the Women's Centre for Health Matters is currently meeting with consumer groups, women's organisations, key government officers and learning about the various National and Territory Mental Health Plans.

We look forward to the opportunity to comment with greater authority at the next stage of progress.