



# SAVE - Australia Inc

Specialist Assignment Volunteers Enterprise

*Steadfast for Justice and Equality*

(ABN: 98 214 050 131)

Aborigines for Refugees, Ausnews Global Network (AGN), AustHumanRightsNews (Email-List),  
United Against Racism (Email List), Australian Human Rights Newsletter, Coalition for Justice for Refugees

## FORUM ON MENTAL HEALTH AND HUMAN RIGHTS IN AUSTRALIA

NSW PARLIAMENT HOUSE  
SYDNEY

Thursday, 31 March 2005  
9:30 am – 1:00 pm

## PROCEEDINGS

**Phone:** (02) 9764 1330

**Email:** Media-Officer@SAVE-Australia.com.au

**Fax:** (02) 9764 1743

**Office:** \* 90 Underwood Road, Homebush NSW 2140 AUSTRALIA

**Web:** <http://www.SAVE-Australia.com.au>

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## ***Welcome message from Patrick Dodson***



*It is a great pleasure for me to welcome you all to this forum: "National Forum on Mental Health and Human Rights in Australia". The forum is being organised by SAVE - Australia Inc in cooperation with A Just Australia, ANTaR, Campaign for a Fairer Australia, Edmund Rice Centre, Journey of Healing, Mental Health Association NSW, and STARTTS.*

*I know that you are in good company and there is no doubt that it will be an interesting and important day.*

*Human Rights and Mental Health are intrinsically connected and very important for Indigenous and non-Indigenous Australians alike. I'm hopeful that this forum will bring to light the relevant issues, causes and concerns of our basic human rights with adequate focus on this timely issue in our society.*

*I would like to encourage all of you to be involved in opening a window of communication between the general public and the policy-makers.*

*I also would like to congratulate the organisers on their huge efforts and initiative in presenting this forum. There is a great need for dialogue about this hugely relevant and globally pressing issue.*

*Patrick Dodson  
20 March 2005*

## ***Why this forum?***

People whose human rights are severely challenged often have serious related mental health issues. Most Australians and our governments do not seem to recognise this problem. This is why SAVE Australia organised this forum in cooperation with:

■

This Forum on Mental Health and Human Rights in Australia, will help us all to:

- learn more about the problem, and
- identify what we can do,
- and then do that.

# Recommendations

## Recommendations -- Canberra forum of 21 June 2004

### Terminology

The terms “*mental health consumer*” and “*mental illness*” were seen by the forum participants as derogatory. Instead, we chose to use the terms “*people with emotional and social wellbeing issues*” and “*emotional and social wellbeing issues*”.

### Assumptions

- The healing and recovery processes are similar for all people with *emotional and social wellbeing issues*, regardless of their needs, issues, circumstances and background.
- Prevention is the best and most practical medicine.
- People experiencing social and emotional wellbeing issues should be in control of their own healing and recovery process.
- Human rights abuses and trauma affect all levels of the social system: individuals, families, and communities.

### A summary of what we need

Indigenous people, refugees, and those who depend on Social Security are sectors of Australian society whose members have a significantly higher rate of *emotional and social wellbeing issues* than other sectors of Australian society. For this reason, Australian society must find ways to help these sectors more effectively rather than contribute further to the difficulties they have:

- Because prevention is the best and most practical medicine, where possible, we must avoid creating *emotional and social wellbeing issues* by neglecting or abusing others’ human rights.
- While the healing and recovery processes are similar for all people with *emotional and social wellbeing issues*, those who help and support the healing and recovery of others must identify and then focus on each individual’s unique combination of issues.
- Because those who have social and emotional wellbeing issues should be in control of their own healing and recovery process, those who help and support the healing and recovery of others must encourage and support this self-empowerment process.
- Because human rights abuses and trauma affect all levels of social system: individuals, families, and communities, at all of these levels, proactive interventions should be explored, implemented and adequately resourced.

All people who have experienced human rights abuses and all people who have *emotional and social wellbeing issues*:

- need to have their experiences heard and acknowledged by significant and empathetic others,
- should receive appropriate encouragement to take control of their own healing and recovery journey as they move from being victims to survivors,
- often benefit from sharing their experiences and stories of survival with others who have similar experience and circumstances.

## What we can all readily do now

These are the most important recommendations because we can do these ourselves.

- **Set up Email List:** Establish an e-mail list to maintain contact, continue the collective approach to the issue of trauma, mental health, and human rights.

This could be managed by SAVE Australia (<http://www.save.org.au>) with support from others. Initial members would be the forum participants, and can later include interested others.

- **Publish accessible stories:** Establish a website of stories from those in Australia who had or have experienced serious emotional and social wellbeing issues. Initially these stories would be from indigenous people, refugees, and those who depend on the Social Security. Use of these stories will enhance understanding and connections between the different groups of people and help healing. Indigenous and refugee organisations already have much relevant information, experience and expertise.

This could be managed by SAVE Australia (<http://www.save.org.au>) with support from others. The audience includes all *people with emotional and social wellbeing issues* and those who want to help. This could become an educational resource for all organisations, professionals and people who help those in need.

- **Talk to your network of people:** Simply talk to other people about what you've learned and experienced. Identify what you can do now with and for those you already know. Lobby politicians, using the proceedings of this forum and the resources mentioned herein.

## What we ask of our governments

- **Respect Human rights:** If human rights were truly respected, the needs of *people with emotional and social wellbeing issues* would not be as high as they are now. This respect would reduce the demand on scarce public health and social security resources. On the other hand, *people with emotional and social wellbeing issues* should NOT have to compete for scarce resources to have their human rights met.
- **Abolish Temporary Protection Visas (TPVs):** These have a severe detrimental impact on the mental health of refugees particularly as they are unable to reunite with their families, and have to live in a limbo for a number of years. TPVs also impact on Australia's social fabric and actively reduce the social capital of our nation. Therefore we recommend that the Temporary Protection Visa Regime be abandoned and all affected people be recognised **now** as refugees regardless of their mode of arrival and be granted a Permanent Protection Visa.

- **Listen to HREOC:** Adopt and implement HREOC's recommendations about children in detention and their alternative approach to mandatory immigration detention.
- **Fund Safe Houses:** "When no safe place is available, where can one go?" Many traumatised people with *emotional and social wellbeing issues* are homeless or at risk of homelessness.
- **Increase funding:** Identify and focus on organisations which effectively help people with serious *emotional and social wellbeing issues*.

## What we ask of organisations

- **Respect your consumers:** There is a lack of consumer representation and involvement in the provided services. Consider ways of involving your consumers in assessing and improving the services provided.
- **Get adequate funding:** Most organisations in the *emotional and social wellbeing* sector are under-funded and under-resourced. Governments are not the only source of funds. Consider corporate, philanthropic, and other sponsorship.
- **Plan discharges:** Consumers deserve and need detailed and effectively managed and monitored discharge plans. Provide that.
- **Require informed consent:** Involuntary treatment is not humane. People with *emotional and social wellbeing issues* should have the right to refuse "treatment". Other groups who suffer from ailments have that choice.
- **Do not overmedicate:** It is inhumane to simply use drug therapies to manage people with illnesses in the absence of other forms of assistance. Avoid relying on drugs alone.
- **Educate the next generation:** We need ongoing human rights education within the schools system. Develop appropriate materials for high-schools.
- **Network with other organisations:** Organisations providing mental health services for refugees should continue to and increase their work in dissemination and sharing of knowledge and expertise with mainstream service providers and the wider community.

## What we ask of the wider community

- **Healing and recovery needs support:** Successful healing and recovery involves appropriate education, social and economic support. We must increase awareness.
- **Please do not discriminate:** The division created by our society between those who have serious *emotional and social wellbeing issues* and those who do not is detrimental to the healing and recovery process. Please do not make those who need to heal feel as if they are outcasts or lesser than those who do not share their experiences.
- **Appropriate treatment is cheaper:** Society is paying a high cost for the mistreatment and the lack of services provided to people with *emotional and social wellbeing issues*. This is not just a financial burden but also a spiritual (or emotional) one upon the individual and society.

## What we ask of people who provide support

- **LISTEN!**
- **Exchange information:** Workers and advocates within the mental health and human rights areas have the same objectives. The exchange of ideas and strategies between them should continue.
- **Consider holistic treatment:** Treat the whole person: mind, body, and soul. Recognise the value of spirituality and of other cultural factors relevant to both personal and social wellbeing.

## What we ask of people who need support

- **Learn from others:** Benefit by learning from others who experienced *emotional and social wellbeing issues*. Learn from what others experienced and how they coped.
- **Take charge:** Be involved in choosing all aspects of the help you receive. Remember: *Nothing about us without us*.
- **Participate in your community:** Your community is your most valuable resource. Others are often willing to help you. Helping others will help you to heal and recover.

## What we ask of forum participants

- **Continue to participate:** Forum participants will be members of the participants' email list. Use that list to maintain contact, to continue the collective approach to the issues of trauma, mental health, and human rights.
- **Suggestions for the next forum**
  - **More consumer input** would be desirable. Call for papers at least 4 months before the next forum. This would result in the inclusion of more diverse groups and more points of view.
  - **More consumer perspectives:** A greater variety of consumers' stories about their experiences with mental illness and human rights abuses from more and different backgrounds would provide a greater variety of raw information.
  - **Stick to the plan:** Do not make last minute changes simply to accommodate and placate those who demand attention.

## Recommendations -- Sydney forum of 08 March 2004

These are the actions and recommendations formulated and approved during the discussion in the final session of the Sydney forum, on 08 March 2004:

- 1) Call for an ACT OF MERCY by forum delegates and all the relevant social justice and human rights organizations to the Federal Government to take action on the treatment of people seeking asylum to Australia. This statement would refer to our need to unite rather than divide the nation; to value and respect differences, to acknowledge the contribution which migrants have made to this nation, and to rebuild in Australians our generosity of spirit and our sense of fairness, which help to nurture our national identity.
- 2) Release to the media a joint communiqué about the recommendations of this forum that will contribute to the community debate on Indigenous issues and the rights of asylum seekers.
- 3) Urge the State Government to take seriously its duty of care and responsibility for all children in NSW and take action through the relevant State agencies to release the children in our detention centres.
- 4) Urge all levels of Government to put true Reconciliation back on the national agenda as a fundamental process in healing the nation and in helping to define us as a nation.
- 5) Publish the recommendations and actions from the plenary session in the forum papers.

# Program

(Maqsood: I don't have a copy of the Agenda so I did not complete this section)

**8.30 am SECURITY CHECKS AND REGISTRATION**

**9.00 am PLENARY SESSION ONE:..... *Welcome & Introduction***  
Welcome to Country: ..... TBC  
Opening address: ..... XXXXX  
Keynote address: ..... XXXXX  
Keynote address: ..... XXXXX  
Keynote address: ..... XXXXXX  
**Chair:**..... XXXXXX

**10.30 am MORNING TEA**

**11.00 am PLENARY SESSION TWO:..... *Perspectives from the Experts***  
XXXXXXXX..... Prof xxxxx  
**Chair:**..... XXXXXX

# People

(Maqsood: I don't have a copy of the Agenda so I did not complete this section)

## Ms xxxx YYYY

## Mr Maqsood ALSHAMS

Maqsood Alshams is a former investigative journalist and foreign correspondent from Bangladesh currently seeking asylum in Australia. He spent 16 months in the Villawood Immigration Detention Centre before his release in April 2000. Since then, he has been campaigning for a human policy on asylum seekers. Maqsood was the Honorary National Coordinator of the *Coalition for Justice for Refugees* during 2001–2002. He is Honorary Consultant of *A Just Australia*, *Edmund Rice Centre*, *Catholic Mission* and many other respected advocacy organisations. Maqsood is currently writing a book titled *The Innocents are Imprisoned* and was nominated for the *National Human Rights Award* in 2002, and *National Human Rights Medal* in 2003.

In August 2003, Maqsood established the *Specialist Assignment Volunteers Enterprise: SAVE – Australia Inc* to consolidate all ongoing work for *Aborigines for Refugees*, *Ausnews Global Network* (AGN), *AustHumanRightsNews* (an internet based worldwide mass-email-list), *United Against Racism* (Email List), *Australian Human Rights Newsletter* (fortnightly electronic publication currently sponsored by *A Just Australia*) and the *Coalition for Justice for Refugees* under one group.

He has also supported a number of indigenous organisations in Australia including the *Australians for Native Title and Reconciliation* (ANTaR), *Lingiari Foundation* headed by Patrick Dodson, and *Aborigines for Refugees*, convened by Lillian Holt, who he has helped with publicity, campaigns and community education programs. Since his release from detention, he attended and spoke at hundreds of national and international conferences, seminars and public forums throughout the country.

Through his collaboration with other educational, arts initiatives that aim to increase the understanding of the Australian community about refugees and asylum seekers, Maqsood has extended the reach of these initiatives. He has contributed to the work of *Global Concerns Research Centre* and lectured at the Australian Catholic University on a voluntary basis. Over the course of 2002, he lived with the *Josephite Community Aid* organisation for four months and assisted them with the refugee resettlement from all over the world.

Since his release from detention, he has delivered hundreds of guest lectures in the different universities throughout the country. He is well known as a convincing speaker on the complex issue of immigration detention, refugee and human rights, and has won the hearts and swayed the opinion of thousands of Australians in support of these issues. He is a motivated community educator devoted to sustainable social change through education and information dissemination at all levels.

## **Dr. Ilan BUCHMAN**

Ilan is the Manager of the Children Family and Community Team of JewishCARE in NSW.

[Ilan: Please expand this brief bio to about 200 words](#)

## **Ms Gladys BEREJKLIAN, MP**

Gladys, a member of Liberal Party, represents Willoughby in the Legislative Assembly of NSW. Elected in March 2003, she was appointed Shadow Minister for Mental Health in March 2005. She is the first Australian parliamentarian whose only portfolio is Mental Health, signalling her party's recognition of the communal importance of Mental Health.

[Gladys: Please expand this brief bio to about 200 words](#)

## **Hon Dr Arthur CHESTERFIELD-EVANS MLC**

Arthur studied Medicine and Surgery and was horrified by the amount of disease caused by tobacco. He travelled widely, worked in the UK, and became convinced that a preventive approach was needed, that challenged the existing attitude that allowed tobacco advertising. He joined BUGA UP (Billboard Utilising Graffitiists Against Unhealthy Promotions), and was arrested making a cigarette billboard more truthful.

While his career progressed into Occupational Medicine, the telling of his preventive activities led to the production of a video by TAFE on his BUGA UP activities, called 'Confessions of a Simple Surgeon'. This won awards in Australia, the UK and the US, and was the top selling education video ever made in Australia. He was on the Board of NADA (Network of Alcohol and Drug Agencies) and was NSW President of the Doctors' Reform Society, arguing for the continuation of Medicare and the need for a strong public health system.

He joined the Australian Democrats in 1986 because he felt that it was the only political party which had a long-term vision and was not captive of either big business or unions. Arthur entered NSW State Parliament as an Australian Democrat MLC in 1998.

Since his re-election to the NSW Legislative Council in 1999, Arthur has been a strong and tireless campaigner for social justice, environmentally sustainable economic development, sensible law and order policies and the rights of people with physical and mental disabilities. He is a member of the Standing Committee on Social Issues, and in 2002 initiated the Parliamentary Inquiry into DoCS Child Protection Services. In December 2001, Arthur established the Select Committee on Mental Health, the first such inquiry since 1977. Most recently, he facilitated the creation of an inquiry into the problems between police and aboriginals in Redfern.

## **Mr Bruce CHILDS**

Now the President of the Evatt Foundation, Bruce was a Senator in the Parliament of the Commonwealth of Australia from 1981 until 1997. Previously, he was the Assistant General Secretary in the NSW Branch of the Australian Labor Party, an office he held from 1971 until 1980.

Bruce Childs began his life in public office when he was elected as a delegate to the Labor Council of New South Wales in 1954. Three years later, he was elected an organiser with the Printing Union, after which he became secretary of the union, and then an executive member of the Labor Council.

Bruce has been a delegate to the Australian Labor Party Annual Conference since 1954. During the 1980s he was convenor of the committee that organised the famous Palm Sunday Nuclear Disarmament Marches in Sydney. Recently, he was a co-convenor of the city's 2002 Palm Sunday March, the November 2002 Walk Against the War, and Sydney's historic February 2003 Peace March.

## **Ms. Amanda GORDON**

Amanda is the President of the Australian Psychological Society (APS), the largest professional association for psychologists in Australia, representing more than 14,000 members. The APS is committed to advancing psychology as a discipline and profession. It spreads the message that psychologists make a difference to peoples' lives, through improving scientific knowledge and community wellbeing

Amanda Gordon is a Sydney-based clinical psychologist who also works regularly in the media. After opening her private practice in the mid 1980s, she soon began promoting psychology through regular spots on radio and television programs. Amanda is a member of the APS College of Clinical Psychologists, where she has held roles in public relations and treasury.

She has lectured in psychology at the Queensland University of Technology and currently teaches in post-graduate programs at Sydney University. Amanda was the Treasurer of the State Reconciliation Council, Member of Sydney Leadership 2001 and was recently Vice President of the NSW Jewish Board of Deputies and Chair of its Social Justice Committee.

[Amanda: Please expand this brief bio to about 200 words](#)

## **Mr. David KNOLL**

David, a prominent Sydney barrister, is the President NSW Jewish Board of Deputies.

[David, Please expand this brief bio to about 200 words](#)

## ***Speakers' Formal Contributions***

### **Hon Dr Arthur CHESTERFIELD-EVANS MLC**

**Bruce CHILDS:** We'll begin the session and without any formality I'd like to introduce Arthur Chesterfield-Evans who is going to welcome you as our host today. Arthur.

#### **Arthur CHESTERFIELD EVANS:**

Thank you very much Bruce. Well, I don't want to make a formal speech but I think probably its almost ridiculous I should welcome people from Save Australia who've organised it, thanks Bruce for chairing, and the experts who have come, Amanda and Gladys Berejiklian, who's the first shadow minister for mental health in the country. And congratulations to the liberals for doing that. Sylvia Hale from the Greens is here, Paul, and thanks to everyone from the Jewish Board of Deputies for their support. We're going to have to do something about our marketing, I think that's a slight deficiency there, but we'll have to make up in quality for what we lack in quantity.

I was going to say a few words before I started if you don't mind; I'll abridge it but I'll just say a few things. I guess you know all know about the commonness of mental illness – 25% of people sometime in their lives. Some mental illness is present at any point in about 10% of the population and 20% of people seen by primary health care professionals have one or more mental disorders, one in four families is likely to have at least one member with a behavioural or mental disorder. The families provide that social support and also bear sometimes the negative stigma of discrimination and they struggle on, with perhaps less government help than they really need and deserve. Depressive disorders are already the fourth leading cause of global disease burden and are expected to rank second by 2020 behind ischaemic heart disease, according to the World Health Report 2001.

You will be aware that I initiated a report into mental health services in NSW in 2001 and took part in that and the NSW Government has claimed it's increased its Mental Health budget by \$1 billion over a 5year period. One of the things we found in that report though was that although the money was theoretically put in at the top end of the Health Department it was then given to the Area Health Services which actually distributed it, and it wasn't at all certain that the money that was theoretically earmarked for Mental Health actually was spent on Mental Health. It went missing in terms of - well we'll put the money into emergency departments because they do some mental health work. Ah, yes, but how much mental health facilities have they got? Oh, well, you know the doctors do a bit of that as well, in other words none, and so it was quite discouraging in terms of what was actually delivered on the ground.

Australia is well behind the rest of the world in terms of the percentage of the health budget spent on mental health, and that needs to be remembered. And NSW is at the back of the pack in Australia, but more significantly the key difference we found was that in the Victorian Mental Health services - which seems to be the state that does the best - the community based mental health NGO's; who seem best at delivering preventive services or community based services were funded at 11 times the level of the NSW services. And so in other words in terms of actually delivering services that stopped people going to hospital, NSW did particularly badly.

So when the Minister just jumps up and tells us how many beds we've got, it might be a good answer politically, but it's a very bad answer in terms of what's actually needed. Very bad when I think politicians are giving answers which sound OK politically but don't address the problem. You've then basically got a disparity between where your power is and what it's doing, and where it ought be and what it ought to be doing. And that is of course extremely, extremely dangerous and that was one of the things that I think needs to be addressed and I think we're still announcing better emergency departments, which does have that feeling of spin rather than substance.

Mental Health of course has recently grabbed the public consciousness with the case of Claudia Rau, Cornelia Rau, who suffered from schizophrenia and was taken to an immigration detention centre when she was found by Queensland police wandering around speaking German. In response to the public outcry a Senate Select Committee on Mental Health was established on the 8<sup>th</sup> of March which will enquire and report on the provision of Mental Health services in Australia. The leader of the Democrats Senator Lyn Allyson will chair the committee. The terms of reference are very comprehensive after some pressure indeed from the senate, which doesn't have a Liberal majority yet. The key points of interest are:

- **A:** The extent to which the National Mental Health Strategy, the resources committed to it and the provision of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress.
- **B:** The adequacy of various modes of care for people with a mental illness; in particular prevention, early intervention, acute care, community care, after-hours crisis services and respite care;
- **C:** Opportunities for improving coordination and delivery of funding and services at all levels of government;
- **D:** The level of unmet need;
- **E:** The special needs of groups such as children, adolescents, the aged, indigenous Australians and the socially and geographically isolated;
- **F:** The role and adequacy of training and support for primary carers in the treatment, recovery and support for people with a mental illness,
- **G:** The overrepresentation of people with mental illness in the criminal justice system and in custody;
- **H:** The practice of seclusion within Mental Health facilities and the extent to which this is compatible with human rights instruments, humane treatment and care standards and proven practice in promoting engagement and minimising treatment refusal and coercion.
- **I:** The adequacy of education in de-stigmatising mental illness and disorders and providing support services to people affected by mental illness and their carers;
- **J:** The proficiency and accountability of agencies in dealing appropriately with people affected by mental illness, and

- **K:** The current state of Mental Health research, the adequacy of its funding, and the adequacy of data collection, outcome measures and quality control.

So, the terms of reference of the Senate Inquiry are now I believe very good and very comprehensive, and I think we should all put in submissions to try and keep that going. There's no doubt that the catalyst for that was the detention of Cornelia Rau but the worry is that the Federal Government would rather investigate the Mental Health system than the immigration detention system, and this is in fact that they'd rather wring their hands about mental health than actually look at the other system. So we have to make sure that this isn't a sop to solve a political problem. Certainly one of the things we found in the NSW Enquiry into Mental Health was the need for a national enquiry, so in a way we've got that, but we mustn't rest on our laurels given the antecedents that led to its being set up.

And I think you must not say that it's all a federal problem It's still under the Constitution a matter for the states although the Government of course gives some tied grants and some other grants. In NSW in terms of Human Rights, as of November 2004 when I asked the question in the house there were 6 people within the NSW prisons that the Mental Health Tribunal has recommended for release yet their recommendation for release has to be considered and approved by the Minister for Health. The Mental Health Tribunal makes recommendations to the Minister for Health about the detention, care and treatment of forensic patients in NSW jails; under the Mental Health Act, the Minister for Health can determine when forensic patients can be released. There are 3 categories of forensic patients. Firstly people found not guilty by reason of mental illness. Second people found unfit to be tried, and thirdly, correctional centre inmates who become mentally ill and are transferred to hospital for treatment.

The Mental Health Tribunal has experts in psychiatry and is required by statute to review the care and treatment in detention of every forensic patient every 6 months. After assessment the tribunal may recommend the release of the forensic patient subject to conditions where they're satisfied the safety of the patient or any member of the public will not be seriously endangered by the person's release. Now there are at least 6 people who have been found not guilty by reason of mental illness and unfit for trial and they're still detained in the NSW prison system. So, effectively one could say if one were cynical that the Minister would rather have the people locked up than risk criticism by letting them out, and that is effectively a gross infringement of their civil rights.

I'm going to suggest some changes to the Mental Health Act where the ministerial discretion no longer applies. In other words, if the Mental Health Tribunal makes a recommendation, that should be what happens. The Minister should not be interfering in a process about which he or she fundamentally does not have any understanding. The minister will understand the political ramifications of letting someone out if they later commit a crime, and of course that's probably the key motivation, but that's not satisfactory from a human rights point of view. If you've got expert panels to do things, you have to let the expert panels do their work.

In terms of deaths in Mental Health facilities that's another area of great concern. I have pursued this in estimates, indeed, and I was very, very unhappy with the reply I got from the Minister and wanted to recall the Minister. I didn't have the numbers on the committee, but when I asked how many deaths there were of people in the NSW Mental Health facilities or recently discharged from them, I was advised that as of January 2001 the Centre for Mental Health advised that 320

forms were submitted during 2003 and 2004. Now I'm not quite sure what a form means. I said "how many people died" and obviously the clear question is how many of them were suicides, and of those suicides, what could have been done to prevent them. The fact that there's some forms doesn't mean anything to me. Does that mean that that includes all the people who are old and have heart attacks. If so the suicides are totally swamped in the numbers of other deaths which might have been from quite natural causes.

So on average, 26 people with a mental illness in the care of NSW health died every month. But it's not clear what they died of, and it does seem clear that the Government doesn't want us to know, which again, is very worrying. Now I'm very angry with this current government because of its secrecy and its information management. It also gives money for noisy and powerful groups so the problem from the mental health point of view is we don't know what's going on and we don't know where the resources are, and even if they're promised, we don't know whether they're delivered by the Area Health Services.

So there's a lot to be done at a state level, and I think we have to be vigilant at a federal level and indeed in terms of the High Court, which has been increasingly filled with more conservative judges. A decision in the Al-Khateb case which is referred to in the leader page of the Sydney Morning Herald today with an article by David Marr which is saying that the High Court effectively is saying that there's no impediment to keeping people locked up in detention centres forever, because they're not being "punished" - they're merely being detained. So since they've committed no crime and they're not actually being punished, the fact that they're segregated from the rest of the population in a detention centre in fact doesn't mean they're criminals. So once you've said that of course it means effectively you can lock anybody who hasn't committed a crime up forever because they're not being punished, and this is I believe an outrageous proposition in terms of human rights.

And it might be noted and I've talked to lawyers about this; that there's nothing really about Human Rights in the Constitution, and that the court when it was more progressive said that if we've signed international treaties, they become binding on all Australian courts despite the absence of that in Australian law. In other words, the international treaties become law with the force of the constitution, in a sense overriding, or being part of Australian law. If the High court takes the more conservative view that only Australian laws passed through our Parliament are important and these other treaties can be ignored, which would seem to be the case, then we're in real trouble because the High Court won't protect Human Rights either.

And I think that's a really serious problem at the moment, and the fact that it's the Christian backbenchers are the ones getting upset about it, and the High court is not, is really quite a source of worry as was pointed out very well today by David Marr. So I think all we could say and, I've probably said to much really, all we can say in terms of human rights and mental illness is we really have to kick up a big fuss.

## **Ms Gladys BEREJKLIAN, MP**

**Bruce CHILDS:** Thank you Arthur, now I'd like to introduce Gladys Berejiklian, the Shadow Minister for Mental Health, and people have already commented on that being such an important position - Gladys:

**Gladys BEREJKLIAN:...**

Thank you very much for that introduction. I am very proud to be the first politician who's ever had the stand-alone portfolio for Mental Health. And the reason I think John Brogden took the courageous and bold step and a much needed step is that in New South Wales, so long as Mental Health is regarded in the same breath as the NSW Health Department it will forever be a third or fourth order priority in the state.

Mental Health, given the magnitude of the problem, the crisis that services are in in this state and the fact that 40% of us will suffer mental illness at some stage in our lifetime, is more than enough reason to have a stand-alone portfolio. The state government in New South Wales sees fit, understandably to have a separate portfolio for cancer for example, yet mental illness is often the poor cousin of many other services and as Arthur mentioned, often funding for mental health is cut in order to provide services in other health areas. I've only been in this role for 6 weeks, and I have been absolutely overwhelmed by the number of community organisations, individuals, carers, clinicians, sufferers who've wanted to see me to talk about their position and their situation. And I think I always knew there was a problem in NSW but the extent of the problem has absolutely floored me, and I'll go through some of those things that have come to my attention and I think need attention.

We all know that 75% at least of the homeless in NSW are mentally ill. According to reports by the NSW Health Department themselves; 78% of men and 90% of women currently in our prisons experienced some kind of psychiatric disorder 12 months prior to entering prison. That's 78% of men and 90% of women; they are shocking statistics.

Much has been said about the failure of the Richmond Report and what the Richmond Report represented, but clearly it was a failure in the implementation of the Richmond Report. Why I mention the Richmond Report at this junction is that when you have such an alarming proportion of mentally ill homeless on the street and in prisons, clearly there's a lack of community based mental health facilities. And clearly when Richmond made his recommendations the intent was that de-institutionalisation would bring with it sufficient services in the community. But what we have in NSW is de-institutionalisation and no government provided services in the community and I'll get to that in a minute.

So for the mentally ill and their carers it is a cycle of despair. For example, somebody is diagnosed or has a psychotic episode, it is a battle for them to get admitted into a psych ward in hospital if they can get one, then their condition is stabilised and often they are let prematurely back out into the community with very little resources. And if they don't have a supportive family and if their parents aren't across all the treatment they're taking, chances are they will go off their treatment and end up back in hospital then be released, and then the cycle continues. And the cycle of despair is unfortunately an all too common one in NSW.

Essentially there aren't enough beds. NSW only has 14.1 mental health beds in public hospitals per 100,000; which is the worst ratio of all the mainland states. So whereas the national picture is quite appalling, NSW is the worst of all the mainland states in relation to providing beds in hospitals for psychiatric patients. And I really appreciate Arthur's comment that we cannot stress only the need for beds in public hospitals, the need for psych beds, but we need to get the balance right, we need to get all sections of the equation right. And what I want to demonstrate is that in NSW we're not getting any parts of the equation right, and that's why things are in such an appalling state.

You've probably all heard about the very distressing case about ...Kosovic last week. He was released from NSW psychiatric wards sixteen times. On the sixteenth occasion when he had an episode he murdered a 5-year old girl. And it was quite unprecedented in the way that the Judge who actually heard the case commented on the fact that this person should never have been released from psychiatric hospital because he was a danger to himself or someone else. And that's a very graphic and tragic way to demonstrate the issues facing those with mental illness not just themselves but obviously others in the community. We have a crisis in adolescent mental health beds in NSW hospitals to the extent that Mental Health nurses from all around the state are calling me.

One nurse who called me said they were responsible for looking after adolescents in Coffs Harbour Hospital. They were a qualified nurse but had no experience in dealing with psychiatric patients. This nurse couldn't sleep at night because they had to – and I'm saying they because I don't want to give away their gender because it might identify the person – but they couldn't sleep at night because they had to lock up a 16-year old girl with 5 adult males who had to be locked down, one of whom literally had to be restrained prior to having to lock them up. They were all scheduled patients in that they were all involuntary patients in a high security psychiatric ward and this nurse couldn't sleep at night because they had to continually leave this 16-year old girl who was in hospital for the first time.

And if you treat - what psychiatrists tell me if you get to a young person during their first episode there's a 70-80% chance of them leading as close to a normal life as possible, but if they do not have good treatment after the first episode, the chances of them having, lapsing into further episodes is much higher. So when you hear stories like that, and the other concerning thing was the nurse wrote me a letter to say that yes, they couldn't sleep at night because of this particular case but, this wasn't the first in the last 2 years that they'd experienced, and anecdotally I've heard this is happening all around NSW.

So when John Brogden announced me as Shadow Minister for Mental Health, another announcement we made was 60 additional adolescent beds in psych hospitals because that is an area which is really suffering. And those of you who are clinicians and who have dealt with young people in particular will know that increased cannabis use -.what do you say to sixfold - has increased by 6 times in the last 10 years. That's the number of young people between the ages of 16 and 25 who are developing early onset psychosis or psychiatric illnesses because of cannabis use. And that one statistic alone is impacting the rate of adolescents acquiring mental illness, which is again putting pressure on a system and which is again demonstrating there's no way to treat these people, we don't have the expertise and we certainly don't have the beds or the resources.

I just wanted to give an example. I indicated that there's a continual cycle of crisis in NSW. We don't have enough beds, but we also as I mentioned have failed in relation to community mental health services. In my electorate alone, the Chatswood Mental Health Clinic closed in October last year with only 3 weeks notice to the community and 300 families now are suffering because the patients and the families at that centre were told to go to Royal North Shore Hospital, that's where the services will be "relocated" in inverted commas. But to say to a mentally ill person, to go back to hospital for treatment is about the worst thing you can say from what I've learnt.

Mentally ill people associate hospital with the worst episodes of their illness and do not want to go to hospitals, and one father who came to see me told me that his son required treatment. They'd gone to the Chatswood Mental Health clinic for many years, but now had to go to North Shore So he drove his son to the North Shore Hospital site for treatment. He went to the counter to discuss the case with the doctor or psychiatrist on duty and whilst he was doing that his son got into a cab and went back home because he couldn't face getting treatment at the hospital site.

And our local police even, in the North Shore local area command, are even commenting on the increased incidence of needing to deal with mentally ill people because people aren't getting the treatment they need in a community based facility.

And what's the Government's response to what we have as a serious mental health crisis in NSW? Unfortunately it's been lip service. NSW only gives \$96 per capita per person in NSW for mental health, which again is below the states average and one of the worst performing states.

What really concerned me is shortly after my appointment at my first opportunity I raised a motion in the lower house regarding mental illness, and I commented that 40% of us suffer a mental illness at some stage in our lives, and I was literally howled down by the Government for exaggerating the figure and how dare I use that figure. But the figure actually comes from the Chairs Board and the Pezzutti Report (this is unclear) and Arthur was one of the people who was instrumental in actually establishing the Upper House enquiry into Mental Health services in NSW. That enquiry had substantial evidence and a huge array of witnesses, and that figure came from those deliberative discussions and research. And yet for the government not to accept the magnitude of the problem when they in fact care to use the Pezzutti report as the basis of what they're doing in terms of responding to Mental Health I think really demonstrates their lack of understanding.

What is the way forward, what is the Opposition planning to do in terms of Mental illness? I mean the first thing we're clearly doing is conveying to the broader public the extent of the problem but we don't need to convince people; I've just been overwhelmed that every time I go and speak to a group or meet with people there isn't someone who doesn't have a friend or relative who suffers mental illness or knows of somebody who's struggling to get services for the mentally ill. So the first thing is to highlight and expose the failings of the NSW Government in relation to mental health.

The second is to consult widely. Regrettably in NSW we've had a very top-down, bureaucratic approach and especially in relation to community based mental health centres. Chatswood was recently closed. Glebe was closed 10 months ago. Cremorne is on the chopping block, as is another one in North West Sydney which I'm going to look at next week. And yet whether it's the sufferers, or the consumers themselves, the carers, the clinicians and mental health workers; everybody agrees that such community based mental health services are absolutely necessary. The only people that don't agree are the Health Department bureaucrats. And so that demonstrates that it's been a very top-down approach in NSW.

So my aim is to consult widely to make sure that the policies that we build on and work on for the next election so that people have a choice and the more pressure we put on the government about mental health will hopefully cause them to react positively and stop providing lip service but actually provide resources. And we will definitely make further commitments in relation to resourcing because money is a problem; there simply isn't enough money in the system. We

accept that, and we're determined that mental health is a priority in NSW and so we will promise more money, but the extent of those promises and where we put that money and where we put our priority - we don't have a bottomless pit. So the extensive consultation will form a care unit platform.

And, the final thing I want to say is just from an ideological perspective we believe very strongly that every individual has the right to reach their full potential; every individual has the right to as best a quality of life as they can get. And that's why we are so passionate about helping those with a mental illness, because they deserve to try and have a quality of life which is good for them and their families and their carers. And that seriously is what motivates us, and what underpins the decision John Brogden made in establishing this stand-alone portfolio. And I was extremely concerned 3 weeks ago when I met with the Head of the Centre for Mental Health in NSW and a very high-ranking Dept of Health bureaucrat, and when I put to them what was their ideological position in closing down community-based mental health facilities and co-locating to hospital sites etc.; where were they coming from; whose advice were they relying on, they weren't able to tell me. I asked them to give me an example of what they regarded as a very good community-based mental health facility for me to go and visit and I still haven't had a response. So, that is of enormous concern.

And 2.4% of the Mental Health budget goes to the non-government sector in NSW, which is the second lowest of all the states. So the government services are inadequate, and yet we're not even helping those that are doing the best in the community to try and deal with the problem.

So, the magnitude of the problem is huge and we have taken the first step in trying to address it and thank you for your time this morning. I hope I've been able to encapsulate just where we're coming from and where we're going in terms of our policy direction. So thank you for your time.

## **Dr Amanda GORDON**

**Bruce CHILDS:** Thank you Gladys, our next speaker is Dr Amanda Gordon, and she is the President of the Australian Psychological Society. And in the brochure it says the Australian Psychological Society is the premier professional association of psychologists in Australia, representing over 14 thousand Psychologists so that's a significant organisation. So could I invite Amanda to speak to us.

### **Amanda GORDON:...**

Hello.

First of all I'd like to thank Arthur and Gladys for saying many of the things that I would otherwise have said, and I want to reiterate a couple of the important statistics to you. As was just said, I'm the President of the Australian Psychological Society but my personal background is one of extreme concern for social justice and human rights, and I guess its of no surprise to anyone who knows me that when I then studied psychology I became involved in the issues of social justice and human rights as they pertain to mental illness I guess.

One of my great concerns is the lack of education about mental illness and mental health in Australia today so that people become very frightened. People become frightened by statistics. One of the things that I think its important to talk about is the distinction between psychosis -

mental illness which demands medication, hospitalisation, sometimes protection from self and protection from others; protection for others I should say - and the sort of mental illness which can best be supported by non-medical intervention. So when the figure of 40% is raised I think we have to understand that it includes both the psychotic and the non-psychotic forms of mental illness.

It's not that 40% of us will one day need anti-depressant or anti-psychotic or anxiolytic medication. It's rather that 40% of us will be touched at some point by something that can be diagnosable as a mental illness, which includes anxiety, phobia; phobia is very high - about 1 in 6 people will suffer from a significant phobia. I think its 1% of the population is schizophrenic, and once schizophrenic I'm afraid it is something that continues. It can be entirely controlled and people with schizophrenia go on and live very effective lives if they are receiving the proper care, but those people are highly likely (tape ended. Change sides) (to have need of?) psychiatrists, medication and sometimes hospitalisation, whereas other people who suffer from mental illness may not need that sort of intervention at all.

So I come from the non-medical end of support for people with mental illness. That's the largest proportion of people who suffer from mental illness and often it's the relatively undiagnosed side. One of the important changes that has occurred for people with mental illness in the last decade has been talk about it. So it's actually much easier to talk about being depressed or being anxious than it was before. It's much less shameful. And that's largely due to organisations. I would like to say the Australian Psychological Society has played some part by people like me being involved on the media talking about mental illness, talking about depression, talking about anxiety, talking about phobia, talking about the impact of mental illness on people's functioning, but also organisations like Beyond Blue, which are collaborations of non-government and government mental bodies.

Then of course some government initiatives which have made an enormous difference in very recent times, so that better outcomes in mental health care, which has meant that GPs have received some basic training in mental health which they've never received before. So General Practitioners - 20% of whose patients are highly likely to be presenting with mental illness problems, as opposed to physical illness problems, at least 20%, it's probably much greater than that - have often gone into practice with a course during their psychiatric training in fifth year medicine, and that's about it. And they're not good at diagnosing, they're not good at talking to patients, they're not good at knowing what to do next. But now they're getting some basic training and the opportunity to refer on to psychologists for up to 6 sessions. It's only small but what it's doing is bringing psychology into the primary care of people. And we believe it's a great move forward because it means that people have access to the sort of treatment they need without embarrassment, without having to go to the hospital, without shame; and that's very important.

One of the things that talking about it does is that it makes it less shameful and therefore people do seek access to support differently than they did previously and that's been of great significance. Unfortunately I don't think that's happened with people who suffer from psychosis. People who suffer from severe mental illnesses are still stigmatised within the community significantly, and do find it very difficult to seek help. And as Gladys has so poignantly put it, it's very difficult to get help.

One of the things that I want to say – a cry from a primary caregiver, that’s me - is that I can’t refer someone to a psychiatrist or to a hospital. Within NSW psychologists don’t have rights to refer people on to other doctors, or they don’t Australia wide but nor to admit someone to hospital, which I was able to do when I lived in Queensland. And that was very significant because with the waiting lists for psychiatrists that can be absolutely daunting. I can tell you of a terrible story of a suicidal young man whom I was seeing some 12 years ago. He had an appointment with a psychiatrist in 8 weeks time, and his GP had said -“you need a psychiatrist not a psychologist” - so he stopped coming to see me, so he had no support. For some reason I thought of him and I rang him just to see how he was and discovered he wasn’t at work. At the time he’d stopped seeing me he wasn’t suicidal. He wasn’t at work and I rang him at home, and he had become quite psychotic. He was lying curled in the foetal position under the bathroom basin. I managed to connect with him and encourage him to come in and see me. I kept him in my office for 4 hours under the guise of - I need you to fill in this form, I need you to do this, have a cup of coffee with me now - and so in between patients I was seeing him, and rang psychiatrists around the state begging them to see him.

Finally the psychiatrist to whom he had been referred and who still had a waiting list of a couple of weeks agreed to meet with him at 8am the next morning. This was now 6 o’clock in the afternoon. I managed to convince him to go home with his brother and his brother agreed to look after him. His brother cared for him that evening, we had a deal that he’d agreed to see the psychiatrist the next day and our relationship was such that I knew he’d keep that contract. I couldn’t get him into hospital – he had to see a psychiatrist. He saw the psychiatrist the next day but was admitted to an open ward in a private hospital by a psychiatrist who had spent 20 minutes with him as opposed to the hours that I had spent, and who didn’t actually accept the psychological understanding of this man who’s not been seen since as he walked out of that open ward.

Now its only one case, but its something that happens because the system doesn’t work. The system doesn’t work because there aren’t enough psychiatrists, the system doesn’t work because psychologists are not seen as legitimate parts of the primary care team. And I want to tell you that we have a shortage of trained mental health workers in this state. We know that from the nurses, from the stories the nurses tell you. We know that from the papers when we hear about the lack of properly trained psychiatrists. My understanding is that one solution is to get untrained people who are untrained in mental health to go and work in that area; nurses and doctors with no training in mental health.

Do you know we have a fully trained mental health workforce in this state that is not being deployed or used by the state? There are 1200 to 1500 clinical and health psychologists in NSW. Now many of us are in private practice, but that means there is no access to us for those people who are unable to pay for that, because we’re in private practice. There isn’t government funding. As a result of Medicare Plus that came into play last year, people with a chronic, complex mental illness can be referred for 5 sessions to a psychologist and the rebate that is received is equivalent to the rebate that a physio, who sees someone for 20 minutes receives. So it’s a very small rebate. And there are some psychologists who are receiving referrals and are looking after some people but its inequitable and ridiculous. That instead of employing a fully trained mental health worker such as a clinical psychologist they’re choosing to go for someone who’s a nurse or a doctor, because they’re medically trained, rather than someone who is trained in mental health.

So that's a very significant issue for us. When we think about human rights and social justice I want to just reiterate some of the things that Gladys said, because there is no doubt that someone suffering from a mental illness does not have access to their own potential. If you're depressed or anxious you're unable to make relationships; you're unable to make choices in your life that could lead you to a more fulfilling life. If you're psychotic, if you suffer from a mental illness that needs treatment you're often completely segregated from the sorts of opportunities that would otherwise be available to you. Mental health is a human rights issue. I also need to mention as Arthur did the detention centres because there is good, clear psychological evidence that keeping people in detention, although not legally and technically a punishment, is punishment that causes mental illness.

There is clear psychological evidence that people who have suffered significant trauma - innumerable traumas - before they go into detention are still better off than those people who have suffered the trauma of being in detention, even if they hadn't suffered traumas beforehand. And the trauma that is caused by detention accumulates and makes people much less able to cope and my argument would be that as a significant proportion of people who are in detention eventually come and live - you are not detained forever, despite the government's perhaps ability to keep them detained forever - they come and live in our society and we're creating an enormous mental health, mental illness burden for this country by detaining people. Because they come out traumatised, they come out unable to cope in the way that they previously were able to cope. So detention is inhuman because it keeps people away from other people, but also because it actually creates mental illness, and that is a significant problem in terms of people's human rights. We have a responsibility to maintain the mental health of our population, not to create mental illness.

I can't agree more with the concerns that we have about adolescents, and the lack of budget spent on adolescents and hospitals. If adolescents are given good opportunities for change and for challenge and are treated with respect, they're going to recover much, much more healthily and go on and lead lives where they can achieve to their potential. If they're thrown into hospital where it's confusing - can you imagine even if you don't suffer from mental illness how confusing and frightening it is to be in hospital? To have control wrested from you, and then if you are ill and you actually believe that the world is against you because you're paranoid and you're treated disrespectfully or you're thrown into a place full of strangers, how hard that is at any age, but for a confused adolescent its just appalling.

And yes, cannabis has created a real problem. It's not just the increased use of cannabis; it's the changed cannabis. In my day it wasn't so bad. And it's actually true because it wasn't hydroponic. It really - but I remember when I started as a psychologist in a public hospital in the early 80's seeing a young man who'd been perfectly well the day before, had had his first use of cannabis at a party that night aged 17 - schizophrenic. When I stopped working at the hospital 2 years later he was still schizophrenic, he was still psychotic. Cannabis can create real problems for vulnerable people. And we don't know enough about it; we don't know enough about how to help people who need to experiment with substances as so many people do need to do. And we don't support within the community the people who need community support, and that's a real social justice issue.

So thank you for the opportunity that you've afforded me to today to talk and I hope our deliberations today are useful in moving things forward.

## Dr. Ilan BUCHMAN

**Bruce Childs:** Our next speaker is Dr. Ilan BUCHMAN from Jewish Care. He is a community talker on these issues, particularly the issue of the adequacy of government services. Ilan.

### Ilan BUCHMAN:...

Thank you first of all I would like to correct the perception that I am a community talker; with my accent it would be hardly the right path for me to choose. In fact then, I'm very much a community doer, I hope. I've been working in the field for many years, and actually prior to my current position with Jewish care, I acted as an official visitor to the Long Bay Prison hospital, and I visited the hospital, the Psychiatric section, for a number of years. And kind of it's sad to admit that many of the issues that people brought here were really very much part of the life of the inmates in the hospital. In fact for myself it was a great shock after arriving in Australia and very much being taken by the place itself and by the people and the openness generally of the community in terms of welcoming me as a migrant, of experiencing that sense of being in the prison hospital which was really very much a negative and a very sad experience.

Inasfar as my current work it really is in the area of working with families and also in the area of mental health, which is part of our portfolio. We have currently a Jewish population of about 40 thousand people in NSW and the same proportions as previous speakers spoke about really applies to our community. So the Jewish Care provides services for a large group of people with a history of mental illness and its really very unfortunate that for all the services and the programs that we run we have no subsidy at all. In other words we receive no government or other funding from the Government and so most of the programs that we have are run really from the funds collected by the Jewish community.

And even then we experience really great problems in terms of our work with the Government departments and with the hospitals. And many speakers before me spoke of some of the problems which really one could define as systemic or organic failure in terms of problems of primary care givers; lack of liaison, many of the psychiatrists who are burnt out by the experience, very little contact between the hospitals and the other caregivers in the community, and what happens generally, that if one compares a mental illness with a physical illness and one takes for example the experience of a person being diagnosed with disease, you have no services put in place in terms of follow-up or in terms of actually facilitating the flow of the illness. In other words, once the person has been diagnosed he is in the hospital.

Now what happens in the hospital is that he remains there until the bed is urgently needed for somebody else. So often the release does not happen in a very organised or thoughtful way but rather because there is a pressure on beds, so people are released and what happens despite our efforts and despite consultations which we had with various hospitals of involving us in managing the patients, in saying look, let us understand what is the nature of the difficulties that the people have, so once they are released we can monitor their progress; we can kind of work with them, and we can through our work see when the people are starting to re-experience difficulties that we can then refer them back to hospitals.

And unfortunately it doesn't happen, because what happens in reality is that people are released from the hospital, then they walk around, and they do not establish any contact with the community organisations until they experience another breakdown which severely incapacitates

them. And actually if one takes a physical illness, one really severe, the person experiences severe difficulty in as far as having another breakdown and then being admitted again, being released, experiencing breakdown, rather than being along the way helped by those community organisations.

So basically the point to which I was going to speak is that not only financially the system fails people with a history of mental illness, but also the current organisations especially the hospitals are not really integrating with community service providers even where the services are available. In other words what we say to the hospitals, look we have community workers, we have psychologists, we have social workers we have infrastructure in place to help our clients. And even in those instances where the offer is made it is very rarely taken up because the hospital has no time to meet with community based organisations and to discuss the progress of the patient. Because the whole system is really geared to attending and releasing the patient, and I think that that is really a tragedy in terms of the system because it fails to use even those community resources which are available to help people with a history of mental illness.

And each of the speakers before me spoke about various aspects of the care and as I mentioned especially as Amanda mentioned before, instead of using a system that can be flexible and can be used in the best possible way one has to kind of work around the system where the system is very inflexible and difficult.

So in other words, for myself as managing a community organisation, instead of making a referral to a psychologist as Amanda mentioned, and to say look, those are some of the difficulties, let us work together so that we can kind of immediately respond to the person we have to wait for the hospital to avail itself and the hospital generally avails itself not when it suits the patient but when it suits the hospital needs. So that is a serious problem in the community because it really does not provide those opportunities for responding to the patient in the shortest possible time. I think I'll leave it there because basically that was one point I wanted to stress, because others touched on other aspects of work with people with a history of mental illness. So I understand that there are questions that will be asked and will be happy to respond.

**Bruce CHILDS:** Thank you Ilan.

## ***Discussion and Questions***

**Bruce CHILDS:** Look that was excellent. If you look at it, all the speakers this morning have outlined very well the problems that we face. You couldn't ask for a better indication of the challenges ahead. Now we have got time for some questions, so I'll first of all ask if somebody would like to ask a question.

### **Maqsood ALSHAMS**

My name is Maqsood Alshams, I am one of the organisers of this forum today. Let me just explain to you a bit why we organised this. As you probably know by now, Australian Senate appointed a committee, the Senate select committee on Mental Health, and we are of the view, I have been approached by the committee chair to provide them the outcome of the two conferences we held last year, one at this place on mental health and human rights, and the subsequent conference at the Federal Parliament House in June. And both the conference was highly successful and the various issues, causes and concerns came to highlight that Mental health is an issue.

I think it's very sad and unfortunate to say that Australia being a developed country only now we have a shadow minister for mental health. I don't know when we will have a full minister for mental health. It is really sad and unfortunate. And the sad and unfortunate fact is that I was appalled although the mental health issue was injected on me by the mandatory detention, but that's another story. But 22% of the Australian people are suffering with mental health and need immediate clinical intervention and it's sad and unfortunate and that's why we organised this seminar, and today, although its a forum today, and we are discussing these things, all these proceedings will be recorded, we'll transcribe it and we'll definitely send it to speak in a public arena as soon as possible. And we are looking for the elements to vigorously argue our case with the senate committee and to ask the Federal Government, as with the State governments, to do something about this issue.

This is not the end; this is just the beginning. I'm going to Western Australia next week where Carmen Lawrence and many other politicians will come to speak at a Seminar on 6<sup>th</sup> of April and in states and territories we will conduct these things. And at the same time good news that I have been approached by SBS television as well as the BBC Asia Pacific to produce a documentary on the mental health of indigenous Australians, mental health of refugees and asylum seekers, as well as the mental health of adolescent Australians. And I am very serious with my project, and I need all of your support, means, information and I will approach to all of you one after another over the course of time to provide me with more support and help, information and whatever is the best way we can make this issue visible. So enjoy your day, and there will be a change of our program which I really hadn't planned before. Thankyou.

### [Tape 2](#)

### **Female speaker (Name not recorded):**

With those people, actually the incredible impact the extra funding that happened probably five years ago, has made on the people who were part of that service. They began with a very minimal

service called the Kites, they would come into the centre for a day a week and they'd be involved in activities. Once this money became available they were then able to be put through social appropriateness training, travel training, and that's made an incredible impact on their lives. The other thing that money did, though, was that a lot of it was there to just be spent on them and its amazing the difference it made for these people, to not be the people going through the bins looking for cigarette stubs that they could harvest to make their own cigarettes. To not be the person with the odd socks and the odd shoes but to be people who could sit in the café and drink coffee like everybody else. It's amazing what a difference that made to them.

So in a lot of respects that impacted, what that showed me is that a lot of this is not about illness in the way that a physical illness is. There's a lot of things about the way our society runs that marginalises these people, makes them act outside this norm, and that money made a real difference to that, and its really just been an eye-opener being involved with that project. Because I see these people, and I've been around them for ten years and they're out there on the bus doing all the stuff that regular people do, and it's amazing to see that that's all that was required. That someone directed some funding towards just providing a payphone in their boarding house, and the situation once you see that happening is you see Newtown Neighbourhood centre getting very very, you know, once they've made this kind of successful thing they start looking around to see all those people who didn't make it into a licenced boarding house. And that causes trouble further on.

**Bruce Childs:** I'll ask the speakers to reply to the question/statement, but I'll remind everybody who asks the question could you give your full name because everything you say is being recorded.

## **Amanda GORDON**

Right. Well it's Amanda Gordon again. I want to respond to a couple of those things. You're right; a lot of mental illness that leads to marginalisation is then compounded by the other things that happen. There's no doubt that one of the problems that faces schizophrenia is that people don't develop good social skills. In fact, even before they have a full-blown psychotic attack, they're likely to be people who didn't socialise well, whose personality development was not one that allowed them to communicate easily. So social skills training is one of the key things that we can do. And that's the thing that drops off when there's no money.

But just social skills training without proper medical, psychiatric intervention also doesn't work. So people with psychotic illnesses will not be treated by social skills training alone, but when they have the social skills training and the ongoing support, the reminder that they are part of the community you know, that's the other thing. When there's a community drop-in centre and they can come and be part of it, it means they are talking to people once a week or twice a week, that keeps those social skills lubricated and it means they're more likely to be able to ask for the right ticket on the bus, or ask for the cup of coffee.

So it's a vicious cycle. When those sorts of supports are dropped off, they become sicker and sicker and they're more likely to become psychotic. But we can't have one without the other, the money has to go into the psychiatric, the medical resources, as well as the psychological, the occupational therapy, the community centres, all those things that make a difference, make

people part of society. The worst thing we can do with people with mental illness is keep them separate from society. They'll just get sicker.

**Bruce Childs:** The way we'd composed the program we were going to identify all the problems, give you a cup of tea, and then come back and solve all the problems through the panel discussion. But David Noel has to leave if possible so what I'm going to do is ask David to speak now, and then we'll perhaps have our cup of tea and come back to finalising the solutions. David;

## David KNOLL

I was actually asked to come today for two reasons. One because as a Jewish community and as a relatively newly elected president of the Jewish community we have made a substantially renewed commitment to social justice issues, one of which as Ilan knows because we're beginning to work very closely on it, is the mental health area. And the theme that underlies that is a theme that the young lady from Newtown emphasised and I just want to frame it a little differently if I may. It's about human dignity.

One of the most significant issues that we as a community seem to forget - and it crosses mental health boundaries, it crosses areas where cross-cultural communication is often lacking; it affects the growing raft of prejudices that we're experiencing in particularly the outer suburbs of Sydney at the moment - is that we begin to think that someone who is in some way different in the way they behave doesn't deserve the dignity that you'd ask for yourself. And that fundamental principle which we like to think we share with all monotheistic and indeed multitheistic faiths, that you treat other people the way you would expect yourself to be treated, underpins that.

But what do you define as other people? Does "other people" include people who are different, and in particular, does it include people whose *behaviours* are different? And that requires a real stretch in a society that is under stress both economic and social. Now the reason for raising that is because the second topic I was asked to address is; what's it like living in a society where you're the descendant of a holocaust survivor - in my case my entire family - and I began to think about whether that had a direct relevance to mental health issues. It does for a number of clinical reasons, as Amanda no doubt could expound on for hours, but the real point I want to make is; here we have a small group of dedicated people - there's a somewhat larger group in Canberra which I was unable unfortunately to attend, but I know a number of colleagues in our community did attend - and you see in the area of mental health an amazing level of disproportionate contribution from the Jewish community.

We make up just under 1% of the population - a little less than that, it's about .6% - yet here we have a group of a dozen people and you've asked three senior members of our community to speak, two to help organise and I notice Paul Reti here is already active in the area. Why would a community that small contribute that greatly to an issue such as mental health? Why were we among the first to applaud each announcement whether from Government or Opposition in this field? The answer actually is a holocaust based answer; and the holocaust in that respect is truly unique. Our reaction as a community to having lived the experience and enjoyed liberation and now live in freedom - and for those who are interested on April the 3<sup>rd</sup> we actually are holding a huge communal celebration of the 60<sup>th</sup> anniversary of liberation from the death camps - is that we

want to put back in, so that whatever society we live in finishes up a lot healthier than the one that sought to exterminate us 60 plus years ago.

Now other communities have that experience in a different way. Many have come to Australia fleeing traumas of various sorts. The way Australia abominably treats applicants for refugee status – I will not use that euphemism “asylum seeker” because its purpose – this is an aside – the purpose of the term “asylum seeker” is to give you a name or a label that doesn’t entitle you to rights. Because the word “refugee” has rights attached to it; the words “asylum seeker” do not. It’s a linguistic exercise to remove human rights from people who otherwise deserve them. The problem fundamentally is that we have actually adopted in our society today the concept that there are categories from which you can deny dignity. “Refugees” is one such category, “the mentally ill” is another. And I wanted to draw that thread together, because if we begin to thematically think about it as a human dignity problem then we begin to address the underlying issues and we can begin addressing the social justice quotient. That is; in what ways can government thematically address human dignity in the areas of greatest need, and certainly the position of the Jewish community is that mental health is one of the areas of greatest need.

I apologise for jumping the schedule slightly and I didn’t know and I was given a schedule that was slightly different so please accept my apologies for departing before you finish your proceedings today, and thank you very much Arthur for letting me jump the queue a little bit.

**Bruce CHILDS:** And now would it be appropriate that we have a cup of tea now and come back for the rest of the program, is that suitable for everybody. (interjections, inaudible) OK well let’s have any more questions, how many questions have we got? We’ll have questions now then.

## **Kerry Di CARLO**

Good morning my name is Kerry Di Carlo, I’m the divisional educator in Mental Health at St George. I’m sorry that Gladys isn’t here, because I’d particularly like to address the question to her.

We’ve heard about the alarming statistics in mental health, and we’ve heard about the vulnerable population increasing in terms of being on the street, lack of support. My question is, in terms of the amendments to the Mental Health Act and particularly the increasing powers of the police to assist and give emergency medication, what is the forum’s opinion in terms of the amendments to the Mental Health Act 1990 of NSW in terms of human rights and how would this forum respond to that? Thankyou.

## **Arthur CHESTERFIELD-EVANS:**

I’ll have a go at that but I don’t pretend to have the knowledge that I ought to have. My understanding is that we’re still waiting for the Government’s green paper on the changes to the Mental Health Act. The Government – well there’ve been a number of forums, the Government’s put them on – about what changes are needed to the Mental Health Act. There is, suffice it to say, very active debate as to the extent to which people should be treated for their own good, as it were. It’s paternalism versus human rights, if you want to put it that way.

The paternalists would say that if someone were of sound mind they would approve of the paternalism. The relatives would say things like the right to jump under a train is not really a right, it's a mistake if you like and treatment should be given, and those people want more coercive things. The crunching part comes with things like community treatment orders and how they will be carried out. I don't think the government has taken a stand on that. I find it a very difficult area, and I don't think the Green Paper has yet come out to say what the government is thinking or even to outline the objectives.

I think the people in the know, know that that's a question that has to be addressed. The people who are very much in the human rights area would say that if you have really good community treatment facilities, the likelihood of people getting to the point where they want to jump under trains is much lessened, and so in practice the problem doesn't become quite as acute. So that while you're arguing about the power of the community treatment orders and the mental health tribunals as to whether in this extreme situation you should take one course or another, they say; well its just resources really. If you had more resources you wouldn't get that situation so often all these dilemmas you have become more academic than they are if you don't resource the system.

And I'm inclined to think that's true. I suppose one has to address the dilemma in the extreme case but one has to look at the funding so that the extreme case doesn't become the norm. And that's the answer; and I think a lot of these questions as to what one does in extreme situations only need addressing when the extreme situation has arisen, and I suppose that the best management is to avoid the extreme situation. In terms of what the legislative response is going to be, which is really your crunch question, not only do I not know what the government's going to do, I don't know what I'm going to do.

**Bruce CHILDS:** Any other questions? Otherwise I'll go to the other part of our program now. And as I understand it Jenny and Maqsood will be speaking first.

## **Maqsood ALSHAMS**

I think Jenny is a bit reluctant to speak today; me too. Nothing actually to speak as I said before, that we are trying to create a case to, I mean, highlight that the mental health is important. My background is that I came and ended up in the detention centre, seeking refuge in Australia. And the mental health service, which I knew from my experience as a journalist working in different countries, that when people end up in refugee camps they have existing mental health care program. And if the federal government do not provide those services state governments obviously do and in many countries like in America and many other countries, state and federal government have got a fight over this issue.

But I saw in Australia that when you talk about mental health, no-one wants to talk about that. Oh, you may be crazy, we don't want to talk to you. Simple as that, just shut up and go home. That's the attitude and my sad experience of being in the immigration detention centre, there was a psychologist appointed by Australasian Correctional Management. I tried to draw his attention a number of times that I do have painful experiences back in my country and being in a detention centre and suffering with the pains. Well I didn't see any time that he provided any kind of psychological or mental health support. Instead he confirmed a search to every detainee when they asked for mental health support that "can you find another place and go home?"

Imagine the situation, a man vulnerable, being traumatised, upset and disappointed with a lot of things and on top of that a mandatory detention, nobody knows when this detention will end, and at that time this psychologist provides what is called the therapy that "do you have another place to go home? They are very bad, they won't give you protection" - and this is the treatment I received. And every morning I woke up with the feeling that I'm being segregated and separated for committing no crime and I can't have any opportunity to address my mental health issues. Are human beings living in this country or this country is ruled by some animals?

Essentially he asked this question to me again and again. After my release from detention centre, I felt pain, I felt sorrow, I felt suffering. I was a Catholic. At the same time I became an alcoholic. I started drinking overly; that doesn't help me at all. I came out in the community. I been visited some psychologist. Prominent psychologist of this country but with the treatment and the therapy I was not happy at all. I tried to address my issues by myself. I recovered. I'm a survivor. I survived all these ugly things, and I thought that we have some responsibility about these things. And when I dig into the information; a friend of mine who is a clinical psychologist too provided me with information, the first information I got, that Australia has 22% of people, those who are suffering mental illness and they need immediate clinical intervention. It's staggering and somebody said, Amanda probably said that 40% of people need - who said that Gladys, yeah, 40% of people have some sort of mental health issues they faced in their lives.

Anyhow I was a journalist and foreign correspondent. I have some contacts and I decided to produce a series of documentaries on mental health and human rights in Australia. And the conferences we have organised over the course of last year and the rest of the year that we will try to extract elements from these conferences, valuable words from people like Amanda and many others, and your concerns, and we want to bring it to the public debate that mental health is the issue and governments - state and federal government - both have responsibility to do something about it.

So we will ask for your participation in the process of filming the documentary over the course of time. We will knock on your door again and again. And the other thing is the Senate Committee announced an enquiry. I think this is an opportunity for us to express our concern to the parliamentarians that this is what's happening in this country and we need to do something about it. Anybody who wants to help us, Save Australia as well as its affiliates such as Search foundation and others who came here to help us with this conference, we will ask for your help. If anyone wants to help us, please feel free to leave your contact details with us, there's a book outside and we will contact you and we need your help. That is important that we need your help, we believe in public power and your voice will make change.

The other thing in terms of organising the national conference I am at the moment organising state-based consultations with the people like you in all States and Territories. This is the first one of the series. The second one will be at the State Parliament House in Western Australia on the 6<sup>th</sup> of April, then I will go to Tasmania, then Queensland, and to all other states and territories. Well if you have contacts in those states I'm obviously contacting people in those states.

And finally at the end of this year, sometime during the time of August or September we will have the national conference or part national conference on Mental Health and Human Rights. We'll obviously ask some of you to come and speak and obviously all of you are invited to join

in the national conference which will be held in the federal parliament house in Canberra in August or September. I haven't got an exact date yet. And anybody who wants to help out with the national conference please feel free to contact us, or leave us your contact details and we'll contact you.

And those are the two basic things, and what we are trying to achieve. I think the right to mental health is a part of human rights, and it's a fundamental right. Unfortunately we do have professional bodies but we don't have the advocacy organizations to immediately intervene into this matter, like we have ACTU but we don't have Australian National Council for Mental Health Advocacy or something like that.

### **Male/Female? speaker (Name not recorded)**

We do? Well, we need a more effective one. We need a more effective one or the existing one needs to be more effective. We do have some working relationship with the Victorian Mental Health Advocacy Council – I haven't heard of one called the National Mental Health Advocacy Council...*(inaudible interjection)* yeah...I heard of them. Well *(inaudible, audience)*

### **Amanda GORDON:**

....the Mental Health Council of Australia and it comprises consumer groups, carers, some professionals; it's a very significant body and it has groups throughout Australia as well as in various states. So it is a very significant advocacy body for mental health care. That doesn't mean we don't need to do more work, and it doesn't mean we don't need to keep advocating and different sections should keep advocating, but we shouldn't dismiss the groups that are there that are very significant and do have the ear of government to some extent. They are a national body.

### **Maqsood ALSHAMS**

Well my reason for mentioning that there is no effective body is that my experience is that after the conference last year on mental health and human rights which was held here on 8<sup>th</sup> of March, soon after the conference I received about 20 emails and in the form of complaints and some written and faxed and mailed letters. Some people are thinking that I am a much more powerful and effective body than anybody else to advocate for them. Privacy Commission of NSW started referring people to me. They need legal assistance too, what is called, to pursue their case. I said to them "why don't you go to the Mental Health Association of NSW". Well the staggering information which I received which is they are funded by the Government, they speak for the Government, and they are not going to speak for me. This kind of allegation made me angry.

And from my experience when I suffered from my own issues, I tried to draw attention of the advocacy; I haven't found anyone. Well I was not very much aware of the system of Australia what we have and what we don't have. Well, if there is an advocacy body, we need to send a clear message to them. This is my personal view; I must take responsibility for that, that we need to send a clear message to them. Well, I need my rights to be respected, and if you are the advocacy body, you need to do something for me. So that's the message I want to send.

So these are the programs we have and obviously as I believe in public power we will ask for your help and support from time to time. Thank you very much for coming here. That's all I can say.

**Bruce Childs:** Are there any questions to Maqsood otherwise I think we've probably just reached the natural timing of the meeting. I think it was an excellent meeting and I'm sure there's a lot of information there that we can cull over later on to advance the cause. Thanks.

## ***More Information***

### **S A V E Australia Inc**

For more information about *S A V E Australia*, go to <http://www.SAVE-Australia.com.au>.

### **Sydney forum on 08 March 2004**

The proceedings of the Sydney forum held on 08 March 2004 are available at:

- <http://www.SAVE-Australia.com.au>, and
- <http://www.cpe.uts.edu.au>

# Feedback

Thank you for participating in the *National Forum on Mental Health and Human Rights in Australia*, held at PARLIAMENT HOUSE in Canberra, on Monday, 21 June 2004. We'd like to know whether and how well this forum met your needs and what could have been better.

The questions below are numbered. Circle your answer for each question. Please note that you can use the **Comments** table at the end for comments or attach another page. We all love praise. But that will not help us learn.

We held this forum because our view is that:

People whose human rights are severely challenged often have serious related mental health issues. Most Australians and our governments do not seem to recognise this problem. We need to learn more about the problem, and identify what **we** can do. **AND THEN DO IT...**

Q01: Is this a worthwhile aim? ..... (Yes/No) (Comment)

Q02: Did the forum meet its stated aims? ..... (Yes/No) (Comment)

Q03: Did the forum meet **your** needs? ..... (Yes/No) (Comment)

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## The Program

Q04: **Session One: WELCOME AND INTRODUCTION** ..... (Poor/OK/Good) (Comment)

Q05: Welcome to the Land: (TBC) ..... (Poor/OK/Good) (Comment)

Q06: Opening Address: XXXXXX ..... (Poor/OK/Good) (Comment)

Q07: Keynote Address: XXXXXX ..... (Poor/OK/Good) (Comment)

Q08: Keynote Address: XXXXXX..... (Poor/OK/Good) (Comment)

Q10: Session Chair: Mr Bruce CHILDS ..... (Poor/OK/Good) (Comment)

Q11: **Session Two: DISCUSSION AND QUESTIONS** ..... (Poor/OK/Good) (Comment)

Q12: Session Chair: Mr Bruce CHILDS ..... (Poor/OK/Good) (Comment)

## Optional

Your name: ..... Email: .....

## Thank you

Please hand this form in when you leave, or send it to **SAVE Australia**, 90 Underwood Road, Homebush NSW 2140 AUSTRALIA. .... The

