Submission to:
Senate Select Committee on Mental Health
By Consumers and Carers from the NSW Far South Coast

a. Funding remains grossly inadequate despite recent enhancements. As consumers and carers we are perturbed by numerous occasions on which enhancement funding intended for mental health is diverted to other areas of health. We can point to a recent amount of several hundred thousand dollars which apparently no longer exists in the mental health system in our (old) Southern Area. We assume this has gone to other health sections in the Area. We feel that there needs to always be a mental health director at the Area level who retains responsibility for budgets in Mental Health**.**

   We also believe that local government could play an important part in community support in general. The recent initiatives under the heading of "affordable housing" are one area where the needs of people with a mental illness could be addressed better. The initiative involves councils and developers and community housing organizations coming together to agree to set aside a small proportion of new housing developments as affordable housing to be managed by the local community housing organization. Local councils could also provide direct support for consumer and carer groups, including transport facilities (particularly necessary in rural areas)

b. There is no crisis service after 10 pm in our area, and people are forced to utilize the emergency departments at local hospitals without adequate expertise or training for the nurses who deal with these problems. We have an emergency department Clinical Nurse Consultant however he must cover 7 hospitals over Monaro, Bega Valley and Eurobodalla shires. The shortage of acute care hospital beds in the Southern Area causes many problems. The only resource for this purpose is at Chisolm Ross Centre at Goulburn, which is up to 7 hours travel by road for patients and carers, and contains only 15 beds available to people from the old Southern Area. On a per capita basis we should have 45 acute care beds to cater for this population according to present policy.

   This situation undermines the principle of community care. Thus patients are separated from their family at the time when they need them most, and due to the pressure on beds people are routinely discharged early and still unwell, unstable and non-compliant. This puts unacceptable pressure on families and the community who are forced to deal with people when they are still mentally unwell.

   Some of these people end up in trouble with the Police, and because of the lack of resources for community care end up in gaol. To quote from Chris Puplick's talk on Ockhams razor (ABC Radio National): "**A 2003 study published by the New South Wales Corrections Health revealed that among prisoners:**

The twelve-month prevalence of psychosis was 30, I repeat 30, times higher than in the Australian community;

78% of male and 90% of female reception prisoners were classified as having had a psychiatric disorder in the previous twelve months, while 1 in 20 had attempted suicide;
46% of reception and 38% of sentenced inmates had suffered a mental illness in the previous year, and
between 4% and 7% of reception inmates suffer a functional psychotic mental illness."
Increased resources are needed in community mental health teams to provide more workers to deal more effectively with people such as these - i.e., more consistent monitoring and maintenance and post-discharge follow-up - and we need a more local acute care hospital unit in the Far South Coast Area (eg located in Bega).

Our area needs more effective and better trained and resourced respite care services.

There is a severe shortage of all mental health professionals but we particularly feel the shortage of psychiatrists in our area. At present our sector (including Bega Valley and Eurobodalla Shires which stretch for more than 250 kms in 6 major centres along the coast and includes about 70,000 people) has funding for 38 hours per week of visiting psychiatrists' time (including aged, child and adolescent and adult), however 4 to 5 hours of this time is taken in travel. There is no substitute for a psychiatrist living in the area and we believe more could be done to attract psychiatrists to rural areas. It is essential that funding and appropriate incentives be provided for a psychiatrist to reside in the area

c. There are major problems in our area with co-ordination of services when employment agency services are involved. Workability is an organisation which does quality work as an employment agency specialising in people with disabilities in SE NSW, however they are finding it very difficult to fill gaps relating to work readiness of mental health clients who are referred to them by the MHS. Rehabilitation policy in NSW Health/Mental Health is being used to deny Workability access to funding for programs it is willing to collaboratively develop to fill these gaps. More cooperation is needed from Mental Health Services to recognise and work to fill these gaps in services, as the current story seems to be about why the MHS cannot do things in partnership rather than how they could do them.

d. The rehabilitation and disability support framework in NSW Health assumes the presence of a range of NGO's in all areas. In our area there is however a lack of NGO's able to provide these services. We are referring to the kind of residential support services provided by such organizations as the Richmond Fellowship and NEAMI that are not available in this area. In the private sector there are no resident

psychiatrists and very few counsellors or other mental health professionals.

e. We experience severe shortages of supported accommodation, employment opportunities and family and social support services. Adequate services in this area would undoubtedly lead to better mental health outcomes.

f. In the area of drug and alcohol services we still find that people with a dual diagnosis involving mental illness and drug dependence, almost invariably fall “between the two stools”. People who get referred to Drug & Alcohol services often get told that their mental health problem must be dealt with first, while people with a drug or alcohol problem and a mental illness who are referred to mental health get told the opposite ie that their drug or alcohol problem needs to be dealt with first. This often results in neither disorder being adequately treated.

The access to mental health services in our area for aboriginals is usually problematic, although attempts are regularly made to recruit and train indigenous workers, retention of these workers has been a problem.

Also we have noticed that local indigenous people from within the geographic area have been difficult to attract into positions and retain.

g. Apart from the tenuous existence of a local ARAFMI group in Bega Valley, training and support for carers is virtually non existent, although the Family and Carers Support Program is helping in Bega

h. We feel there is a dire need for education of GP’s in mental health matters, especially given that research indicates that 66% of people seeing a GP have some mental health problem. There are occasionally efforts to involve GP’s in training. however it is found that the doctors who do attend are less in need of the training than those who express no interest.

There is an excellent handbook specially prepared for GP’s titled "A Manual of Mental Health Care in General Practice" by John Davies BM, BS, FRANZCP,, published July 2000 under the National Mental Health Strategy by the Commonwealth Dept of Health and Aged Care - ISBN 0 642 41587 0 - obtainable from Publications Officer, Mental Health and Special Programs Branch of the Department. This manual should be in the hands of every GP in Australia.

i. We believe that consumer operated services may be not the best way to ensure safe and effective services, however we do believe that consumer and carer involvement at all levels of the Mental Health Service in an advocacy and advisory role is essential. We believe that

carer advocates need to be appointed as well as consumer advocates (of which we have one) and that the role of Consumer/Carer Consultative Committees needs to be strengthened. We also believe that more support is needed for consumer and carer groups to enable them to perform their role in the system effectively.

j. To quote Chris Puplick again: **"As long as people commit serious crimes which should be punished, and as long as some people need to be removed from the mainstream of society for the protection of others, there will always need to be places of imprisonment and their use will be appropriate. It is also true that people with various mental illnesses can and do commit serious and horrendous crimes, again requiring at least their separation from the rest of the community.**
However, unnecessarily confining people with mental illness in prisons is utterly self-defeating. In those institutions these people, especially those with developmental or intellectual problems, will be the bottom of the prison heap. They will, most likely, be subject to acts of physical violence as are up to 13% of all prisoners; they will be particularly vulnerable to sexual assault, the fate of up to one-quarter of young men in prison; and they will be drawn into networks of drug smuggling and substance abuse, being least able to protect themselves or understand the consequences of their actions." And further: **"another New South Wales parliamentary inquiry in 2002 analysed the consequences of deinstitutionalisation which, commencing in 1982 had resulted in a radical shift in the treatment of people with mental illness: transferring people from institutions back into the community. Twenty years on, the parliamentary committee stated:**
'The weight of evidence presented to the Committee highlights that mental health services in New South Wales need revolutionary improvement. Deinstitutionalisation, without adequate community care, has resulted in a new form of institutionalisation: homelessness and imprisonment.'
A former State Labor Minister, now Judge, Frank Walker told a conference:
'The truth that needs to be told is that our police lock-ups and jails are bulging with prisoners suffering mental illness, most of whom are either not being treated … or are being inadequately treated. There is no justice and definitely no dignity in this state of affairs.
At that conference psychiatrists reported on the treatment of mentally ill prisoners, some of whom were suffering so severely that they were kept in so-called 'safe cells', often just stripped to their underwear and locked in for 23 hours a day for a week or more."
One of our respondents, John Olsen, has been through this type of ignominy in prisons and can attest to the truth of the claims. Magistrates and Judges need to be appropriately educated in relation to mental health issues that inevitably impinge on their functions, in

order to know how best to deal with these problems. Whilst there are specialist facilities for dealing with mental illness in the prison system, all custodial staff need to be trained to identify and deal appropriately with mental illness when it appears. We also believe that the Police need ongoing training particularly from carers and consumers in how to approach and deal appropriately with people with mental illness without victimization, blame, or confrontation. Such a system has operated very effectively in Queensland for about the last 20 years and we feel there is a definite need for this type of education across Australia

k. Whilst we can accept the need to use seclusion when aggression occurs in a unit, the usage needs to be sensitive and appropriately monitored, in particular we do not believe rooms without toilet facilities should be used for this purpose as is the case at the Chisolm Ross Centre in Goulburn

l. We support the use of an ongoing publicity campaign directed towards destigmatising mental illness. Also a more adequate and accessible community services directory in each local area telephone book needs to be developed, particularly in rural areas where a local phone book may cover more than one health area (eg Eurobodalla shire on the south coast of NSW). The provision of information to GP's and local councils and other relevant community organizations is currently ineffective and needs to be addressed.

m. Education, Education Education! Police in our local area command have refused to conduct training sessions involving a consumer advocate.

n. In light of the fact that the proportion of disease burden accounted for by mental illness is currently 11% and expected to increase to 15% by 2020, if nothing effective is done to circumvent such an increase, we believe that at least 11% of the Health budget needs to be directed to mental health overall. This should include increased funding for research into more effectively treating mental illness, including research into innovative therapies other than drug therapies.

o. We believe that quality assurance in mental health treatment will only eventuate when consumers and carers have regular opportunities to feedback on questions of adequate treatment where the outcome of the feedback is tied to the case manager or practitioner by name. Provision for such feedback needs to be formally built into the mental health system to ensure accountability of actual practitioners "at the coal face" exists and services are improved. We say this because often the services delivered are inconsistent with best practice and with national mental health standards.

p. New technologies such as e-technology and video conferencing are essential in order to overcome the lack of resources and the tyranny of distance in rural and remote areas. Training for staff needs to be integrated into the system

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