**SUBMISSION to the**
**SENATE SELECT COMMITTEE**
**On MENTAL HEALTH**

**Introduction:**
Thank you for the opportunity to have input into this enquiry. Opinions expressed in this paper are based upon experiences of people with a mental illness that I have known and my own experiences. It covers only a few of the issues that the Committee is addressing.

## a) Resources:

**Treatment:**
More resources need to go into understanding mental illnesses. The poorer the resources, the slower the research, the lesser the understanding, the more inadequate the treatment and the more people suffer. Unless there is real commitment by Governments towards supporting research diagnosis and treatment for mental illnesses will always be too slow.

Having a background of Anorexia Nervosa I have been put through treatments in the past that have been less than adequate. (There was up to 18% death toll of those who were treated on what was or is known as the 'Bed Program'. Having been through the Program I can understand why so many died – it was hell and certainly destroyed any confidence I had in the mental health system). Over the years since, while treatments have progressed there is still little understanding of the illness for the sufferer as well as those treating the illness.

The other major problem with less understanding of mental illness is that the same person can be diagnosed with different disorders. To date I have been 'given' a different diagnoses for each episode I have experienced. All I really have to go on is that the symptoms and signs of Anorexia Nervosa are present during those episodes.

**Counselling - Support Services:**
Most public funded counselling services are governed by a standard rule that each person gets 6 weeks worth of support. I don't know where the figure of 6 weeks came from but it is ludicrous to think that people can overcome crisis points and be well and independent after 6 weeks.

There is a desperate need to have more public funded counselling positions made available where people can receive clinical support for as long as they need it or until long term support systems are well established, particularly for those with chronic illnesses.

Anorexia Nervosa is long term. Since my teens I have suffered several 'bouts'. The only long term support I have been able to secure has been through a private practitioner. To cover the cost of this support I have had to sell what assets I've got. There may well be others in the same position. It is not acceptable that I have had to pursue private counselling in order to secure long term support, but I know the public system does not provide this level of support thereby leaving people like myself vulnerable to experiencing further bouts with the effects of those bouts creating absolute havoc in our lives.

**Accommodation - Support Services:**
Like many other people who experience bouts/crisis/re-occurrence of their illness everything in our lives can 'go down' i.e. loosing jobs, income, housing, people loose their children, families and people can end up with nothing. Where people start to recover it is a matter of starting all over again.

When people are not well quite often housing is one of the first needs they loose. From my own experiences of not being well maintaining housing has proven to be quite a task. I have been lucky enough to keep a roof over my head during those times due to a supportive network of friends. For many others the roof disappears. Thus many find themselves reliant on crisis accommodation services to provide that roof.

Many crisis accommodation services are not geared towards supporting people with mental illness, particularly when the person is not well. This has caused at times horrendous situations in the crisis service where the police have been called, the person has reacted and violence ensues thus traumatising the person even further still. Calling the police should not be the sole response for services. It is far better to have an outreach mental health team who can be called alongside the police so that the mental health workers can be the ones to engage the person while the police can fulfil their role of keeping the peace. The police should only be called in where there is a possibility of violence occurring.

Crisis accommodation workers need to be trained in assessing a situation and in immediate response strategies. They should not be expected to fulfil the role of mental health workers.

There is also simply not enough crisis accommodation for people with mental health issues, nor is there anywhere near enough medium to long term housing. It can take quite a while (beyond the magical 6 weeks) for someone to begin the road of putting their lives together and for many being well enough to secure permanent housing.

Permanent housing should be just that. Why is it that for people with mental illnesses once gaining say public housing that a system does not exist where if the person becomes unwell again their housing remains secure while the person receives the required support and treatment. Too often people loose their housing and thus have to go through the long process of regaining housing.

**b) Employment**

It is not only an effort to find a job, but keeping one can be just as difficult.

Gaining employment requires not talking about any mental health history you might have. Essentially you are forced to hide it as exposure could mean unemployment. From my experiences this makes it hard as you constantly live with the fear that someone might find out and if they do will questions be asked as to your ability to do the job. The other problem that exists is if you do become unwell no one understands what is occurring and you don't feel you can expose it at that time. This does lead to job loss.

De-stigmatising mental illness is essential to ensure people can not only gain employment but keep their jobs. People need to be able to be employed with the full knowledge of the employer regarding the person's mental health status. There needs to be an organised support system that would enable the person to state or indicate they are not well or where employers are made aware of the symptoms and signs of the illness so the employee can obtain treatment and/or time off from their jobs without running the risk of loosing their jobs. Education campaigns geared to de-mystifying and de-stigmatising mental illness

need to be undertaken to ensure people can openly state their illness and workplaces supported in establishing a support system for them. Work health authorities could collaborate with the mental health services and organisations in delivering such a campaign.

**Conclusion:**
Putting more funds into mental health for all the purposes outlined in the Committee's Terms of Reference should never been seen as an expenditure by Governments, but an investment. It would lead to people being able to live more productive, healthier and happier lives.

The Committee needs to think about people with mental illnesses not as broken down people who appear to be a drain on the public purse, but to remember that some of our most brilliant artists, scientists and others are people with mental illnesses. They have made great contributions to the world and to humanity. There is a great deal more to be gained from investing in resources and support – that should never be forgotten. Nor should the horrendous experiences of Cornelia Rau and others who like her. Let us not forget this horrible incident – but always remember it as an incident to never be repeated.