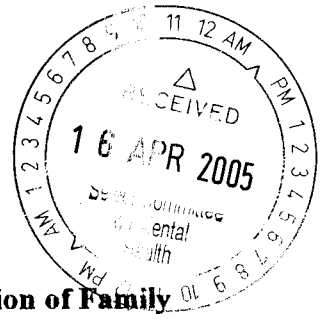
ARAFMI NATIONAL COUNCIL INC

(ARAFMI NSW, NT ARAFMI, ARAFMI Queensland, ARAFMI SA,
ARAFMI Tasmania, ARAFEMI Victoria and ARAFMI WA)
Patron Allan Fels AO



Please reply to:-
15 Longford Place,
Karrinyup,
Western Australia,
6018.

Submission to Senate Select Committee on Mental Health
Author: Tony Fowke a Mental Health Carer and President of the Association of Family and Friends of the Mentally Ill National Council [ARAFMINC]

Paragraph [e] of the Terms of Reference.

The actual level of mental health services need is not being met and this has been clearly evidenced by the recently well published problems that continue to exist. Mental health carers [in this submission carers are family members and others having a close personal relationship with a mental health consumer] often assume the burden of caring because of the lack of services in the community. There is a lack of accommodation options available to consumers to enable them to live independently following discharge from a mental health facility and carers are often expected to provide accommodation. Whilst they are more often than not willing to do this it does not provide the consumer with the option of living independently which must be part of their recovery process. A range of affordable supported housing accommodation options based on individual need as highlighted in numerous reports is lacking and in particular step down facilities.

Discharge from hospital is frequently too soon because of the pressure for beds and carers assume responsibility for the consumer in a state of unwellness. Programs are needed to provide support, information and skills development to enable carers to cope in this kind of situation.

Community support programs for consumers living independently or semi-independently are also lacking. These would enable consumers to be better equipped to live in the community and thereby reduce the burden that is placed upon carers. The accommodation and support programs could be provided in many instances by non government organisations [NGOs] working in liason with clinical services but the lack of funding currently available to them prevents this from happening.

Training is needed for mental health workers in family sensitive practice.

Carers can recognise the symptoms of a consumer becoming unwell but when they approach mental health services for help it is often not available because of the demand already placed upon those services. The consequence can be that the consumer becomes acutely unwell needing emergency treatment possibly through a hospital emergency service. If it is then accepted that the consumer needs psychiatric care in a psychiatric facility there are frequently no beds available and the consumer is kept in a "holding" situation pending a bed becoming available. This is not only detrimental to the consumer but also causes distress and anxiety to the carer. A similar situation can occur when a consumer is being looked after at home by the carer in the community. The local clinic can decide that the consumer needs treatment in a facility but there are no beds available which means that the carer has to continue to care the best they can until the bed is available. There are many unacceptable risks in doing this but there is no alternative. The lack of psychiatric beds is an acute problem in mental health services.

The above deficiencies and many others result from the lack of provision of adequate funding and are barriers to better mental health outcomes.

16 April 2005