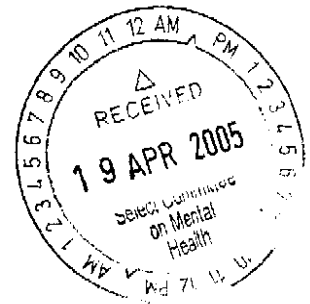


# Summary



**Better education of general public and general practitioners.**

**Rehabilitation units set up as part of the treatment plan, which would include treatments like cognitive behaviour therapy, help with living skills, and co-morbid conditions such as drug and alcohol dependence.**

**Observation: Our governments have failed to institute adequate care for the mentally ill following the closure of mental health hospitals.**

**Who employs the mentally ill? They have special needs and that includes dignity. Stigma is a big issue.**

**Supported accommodation that is appropriate, is almost non existent.**

**Families need better social interventions.**

**Co-ordination of health care services is essential.**

**Prisons for the mentally ill are not appropriate care and should not replace hospitals. Early intervention is essential and assessments should be made prior to imprisonment.**

## Regarding Senate Select Committee on Mental Health

**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.**

(i) *Early intervention*: This happens only if the sufferer of mental illness has insight. The rights of the sufferer are such that if the person does not wish to talk or consult with medical staff they will not always receive help until the psychosis is advanced and even then if the person is not presenting as a danger to themselves/others and (the rarely used) danger to their reputation, they may still not receive help. I believe that we are not able to get early intervention because it is the mind of the sufferer that initially dictates this lack of care. It seems to me that as the brain is an organ, when it is not functioning well the mouth and the actions of the person indicate this but they are not aware of it because the organ controlling that awareness is not functioning normally. How can the person possibly help themselves? Early intervention under these circumstances is difficult, if not impossible.

*I suggest that there be better education of doctors (GP); include families; encourage the person, when well to nominate someone who can seek help on their behalf. Health professionals need to listen to those who really care for the welfare of the person about whom they are concerned. (I used to work in an operating theatre as a scout nurse, all people in that work are aware that the client is unable, when unconscious, to care for his/her self; that care is the responsibility of the staff. This is no different, in my mind, to that of a mentally ill person who is unable to perceive their state of mind. Every care should be taken on their behalf).*

(ii) *Acute care*: is limited by the number of beds available and this ensures a revolving door as clients can be discharged still unwell. The person may have improved but may still be dependant upon others to a greater extent.

This is a gap that is not being met within mental health services. It is like a person suffering from quadriplegia, going from intensive care in the general hospital to the street, and being told to walk home and look after him/her self. I put this in an extreme way, but when are those who claim to care for our society going to understand that mental illness is not like recovering from an operation? This form of illness affects the person's entire life, from being able to work, converse with others, think, reason, make decisions meet obligations and generally care for themselves. My observations are that the treatment of mentally ill people is grossly incomplete. This system is creating a revolving door for the people suffering from mental illness.

*I suggest: Following acute care; rehabilitation units be put in place so that the person suffering from mental illness can receive longer care/psychotherapy, welfare assistance etc. These units could operate as day care units and could be considered as part of the treatment plan.*

*(iv) Community care* is limited by staffing levels. I believe that the community care system is inadequate and too much may be expected from the staff. It would be interesting to know how much paper work time each member has to complete on one client; how many meetings they have to attend; how much travel time is spent in rural areas and how all this all measures against the actual service to the client. It seems to me that everyone in this scenario loses! **The bottom line is that our governments failed to institute adequate care for the mentally ill following the closure of mental health hospitals.**

*(v) After hours:* I (as a carer), have found it to be very difficult to get a person to an outpatient service when it has been necessary. It is very stressful for the family to know that if they cannot get a mental health worker after hours (i.e. Monday to Friday after 5.00 p.m.) it falls to the police to provide this service. Is this appropriate?

*e. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes*

*(i) Employment:* Someone who has experienced a psychotic episode may not be able to continue for some time in employment following the episode, nor may their employers wish them to do so. It may also become apparent that the type of work previously done is no longer desirable because of the levels of stress that come with the work. It is also difficult to place someone who has not worked for many years. It certainly is a recipe for failure to expect that person to pick up a full time job. People such as my sons need extra assistance to find work that will help them to recover confidence, without causing further difficulties. **In my opinion CRS does not always fill this role.**

*(ii) Accommodation:* It is hard to find private accommodation for people with mental illness and government housing further marginalizes sufferers by placing them within ghettos of people with similar problems of unemployment, drug abuse and poor living skills. To this end and because of extreme stress within our family we put most of our savings into a small house for our sons. I do not accept that I should abandon my family members to a reduced level of living, which would be a further punishment for having a mental illness. I feel that social support networks do not exist that support people without degrading them by expecting them to live at levels well below what they have been accustomed to prior to their illness.

*(iii) Social support networks:* There are a number of problems confronting a carer in regards to helping with financial management and living skills. It is well known that people suffering from mental illness smoke cigarettes quite a lot, and consume alcohol and other substances. No assistance is given to help manage this! Financially this is a nightmare! Isolation is also another problem along with the negative aspects of the illness. Where is the support?

**There has to be better social interventions for families supporting and caring for family members suffering from mental illness.**

*f. the special needs of groups such as children, adolescents, the aged, Indigenous Australian, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence*

In my experience it is an uphill battle to obtain help with co-morbid conditions and drug and alcohol dependence. Two reasons are that the sufferers see no reason to seek this help and mental health does not have this under its “umbrella”. It is apparently not their problem.

*Please co-ordinate health care services so that the mentally ill have representation that fits more closely to their future need and ability to stay well.*

*g. the role and adequacy of training and support for primary carers in the treatment recovery and support of people with a mental illness*

Is there such training? Over ten years now and where is it?

*j. The overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people.*

From what I have read it seems that there is such an overrepresentation, indeed I have seen it referred to as “warehousing” the mentally ill. One has to ask why has the government allowed this to happen? Do we now have prisons to replace the mental institutions (hospitals)? Is mental illness a crime? There needs to be an inquiry into this matter!

Although I have no experience in this it seems to me that prisons have a duty of care towards those that are detained and this does not exclude their mental health.

*Once again it would seem that early intervention is non-existent as it is patent that if there are the huge numbers of mentally ill in prison, then no assessment was in place for them prior their placement in a prison.*

*m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness*

Accountability: When I was first seeking assistance for one of my sons I was treated badly by the GP who offered me no help whatsoever. It was unacceptable and traumatic. I am now very wary of trusting GPs with anything to do with mental health.

[REDACTED]