

17 April 2005

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Dear Senator Allison,

Thank you for your invitation to submit my concerns and experience with Mental Health Services to assist your committee in assessing the inadequacies of the current Mental Health System.

My name is Nicci Wall. For the past 6 years I have held the position of Office Manager and recently established my own business. I was diagnosed with Bipolar Affective Disorder in November 2001; 21 years after my first major episode. I am a very active community member and established the Melton Depression & Bipolar Support Group in July 2004, of which I currently hold the position of President. In addition to the above, I am called upon as a guest speaker for local secondary school Psychology classes, community organizations and shire council management meetings. Certainly not least, I am a mother and a wife.

I would be grateful if you would take into consideration the following, when making decisions relating to the funding, provision of services and level of care in relation to Mental Health Consumers and Services: -

1. Melton Shire has over 70,000 residents and currently does not have a full time Psychiatrist, private or public;
2. Midwest Psych Services only attend Melton 2 days per week. This in turn requires the local Shire Family Services to be inundated with Mental Health Consumers trying to seek the services they desperately need. However family services personnel are not sufficiently qualified to provide the necessary treatment to those diagnosed with a Mental Illness.
3. Through my involvement with the support group, it is highlighted time and time again that the area CAT Team's workload is such that they seldom make it out as far as Melton, leaving the consumer and their family in a precarious and potentially fatal position.
4. Follow up care and contact following release from hospital is rare and episode relapse high.
5. Use of detention/seclusion has adverse effects on the consumer, in that one does not lose total insight/perception and is therefore left feeling humiliated, degraded and fearful of returning to hospital. This also applies to being removed from your home in handcuffs by police in full view of neighbours, because you do not wish to go to hospital.
6. Consumers are the best source of information regarding what they require when experiencing an episode. Utilising the insight of consumers in recovery to provide this information is paramount to introducing satisfactory care/services.
7. Many carers have told me of their torture following the suicide of their loved one. When interviewed their realisation that there were many preceding signs of suicidal ideation prior to the act, leaves them with so much guilt at a time when their pain is already overwhelming. Provision of Applied Suicide Intervention Skills Training (ASIST) offered by an arm of Lifeline, should be offered as a free service to the family/carer of a Mental Illness sufferer. It would also benefit Teachers, sports coaches, welfare officers and the list could go on.

8. De-stigmatisation starts with the Government. If the government pays little attention to the plight of those with a Mental Illness, it sends a negative message to all. Advertising campaigns such as “Mental Illness Doesn’t Discriminate. Do You?” t-shirts that our support group designed and sells has had a big impact locally. This in turn could be the catch line for a television advertisement, depicting people in their community, place of employment, with their family, etc, to show that we are not always experiencing an episode and are a integral part of society. However, please do not belittle us by using actors!
There is also a play being run at the moment in conjunction with the Butterfly Foundation called “ReadMyLips” which would be fantastic as part of the VCE and clinician training curriculum to raise awareness of Anorexia, Bulimia and other Mental Illnesses.
9. The implementation of Consumer Consultants is a good start. Yet smacks of tokenism when these consultants are employed for only 15 hours per week per MHS area and they are limited greatly by what they are allowed to be involved in. If ‘concern’ for their wellbeing is the reason for limiting the hours of employment, why not employ 2, 3, or 4 Consumer Consultants per MHS area and be proactive through utilising the wealth of insight into the needs of the consumers using the area MHS.
10. Last but not least. At all times remember, the majority of the time for a large percentage of those who have a mental illness they live fairly normal lives, work, socialise, are active members of their local community, but whose brains occasionally malfunction. We endure and overcome more than most people could ever imagine.

I thank you for taking the time to read my submission. Should you wish to discuss the contents at any time, please do not hesitate to contact me.

Yours sincerely,

Nicci Wall