Committee Secretary
Senate Select Committee on Mental Health
Dept of the Senate
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Canberra ACT 2600

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Submission to the Senate Select Committee on Mental Health

Introduction

I am making this submission on the basis of my personal and professional experience over the past 20 years.

I have previously worked in the homelessness sector and gained a great deal of insight into the issues of homelessness and mental illness. I currently work one night a week at a youth refuge and have done so for 17 years, and hold a position as an electorate officer with a State MP.

On hearing of this inquiry I felt compelled to lodge a submission due to what I have observed and experienced in both a professional and personal capacity.

There is no doubt that the issues around mental illness are complex and diverse and that solutions cannot be isolated to "one –offs" or limited programs, there is a need to have multiple programs/solutions.

Mental Health Services

The mental health system in Geelong has failed to meet the needs of many young people, particularly those who are homeless. It is clear from my experience in working with homeless young people who display various levels of psychosis, depression and anxiety that in many cases they are homeless due to the state of their mental health.

Given that there is an Early Intervention Program operating in Geelong one would expect some level of appropriate service for these young people, however, in many situations this is not the case.

There are many examples of situations that I have dealt with within the youth refuge which raises questions about assessment, intervention and ongoing support to the young person and their family members.

I outline the follow recent cases as an example of the experiences I and co- workers have had at the refuge.

- 16 year old Mary came into the refuge via a referral from another youth agency because she said that her mother said she could not live at home. It was not long after Mary moved into the refuge that workers begun to notice some

strange behaviours and consequently so did other residents. The first signs were constantly making cups of coffee and leaving them all over the house and she would become distressed if the worker removed them, would do anything for a cigarette and would constantly harass other residents for cigarettes or money to buy them to the point that other residents would leave the house, poor hygiene and a lack of attention to what was happening around her. Advice was sort from the local mental health service, however there was a lack of interest in picking up on Mary and we were advised that she was too young for diagnosis.

Over a number of weeks Mary's behaviour deteriorated to the point where she believed that one of the workers was a devil, that there were monsters under the porch and that there were demons in the dishwasher. Mary also spoke constantly about a number of different people, by name, of which we could not make out who they were. We again contacted the mental health services seeking assistance and they reluctantly agreed to undertake an assessment and agreed to meet a worker and Mary at the refuge. Two mental health service people attended this assessment and asked Mary a series of questions which resulted in pretty much yes or no answers. After a brief time with Mary the two workers, to our amazement, concluded that Mary was ok.

It was becoming increasingly difficult to manage Mary's behaviour within the refuge given that there were 5 other residents who found Mary's behaviour frightening, harassing and confusing. Again Mary's behaviour deteriorated over the next 2 weeks and it had become a regular event for her to walk around in a circle talking to herself for long periods of time. The demons and devils became daily issues for her and it was almost impossible to communicate with her in a sensible conversation.

Mary was attacked by one of the male residents, it is not clear exactly what happened as Mary did not make any sense when asked and the young male involved said that she had attacked him first. We tried to engage Mary to ensure that she was ok and to establish what had happened however that day she left and did not return to the refuge that evening. The following morning she was found sleeping out front of a youth agency office in a very bad state. Workers delivered her to the mental health service within the hospital where she was admitted and stayed for a few months due to her poor mental state.

As it turned out Mary's mother out of desperation, frustration and fear felt that she could not have Mary living at home as she had no support from doctors or other professionals that she had gone to. Mary's mother just did not know what to do so the easiest thing for her was to not have her at home.

There are two very disturbing points in this situation. The first is that we were unable to get the local mental health services to apply early intervention processes and their inadequate assessment process was alarming. Secondly, Mary's homelessness was due to the fact that her mother could not cope with her on her own without support, so therefore it resulted in her allowing her daughter to leave without followup.

- Kim a 15year old female was referred to the refuge by her School Councillor on the basis that she was not getting on with her parents at home. Kim came into the refuge and appeared to isolate herself from workers and other residents. She remained in her bedroom and only had limited communication with others when approached.

  Kim spent 4 nights at the refuge and then did not return. Three days later Kim's mother contacted the refuge staff to let us know that her daughter had gone to the family home and attacked her with a knife; this was not an isolated incident, the police attended, however Kim has taken off by the time they arrived. Kim's mother explained that Kim had been assessed by the mental health service, had been medicated, and felt that little had been done to support Kim or the family.

  Three days later Kim's mother contacted to say that Kim had been admitted to the mental health Hospital. The following day Kim and her mother arrived at the refuge to collect her belongings as Kim had been discharged from the hospital, Kim's mother did not know what to do with her so she sent her off to Melbourne to stay with her grandparents. Kim did not want to go to Melbourne and leave her friends, family and School, however her family felt that there was no alternative.

  This young women's homelessness was due to the fact that her family could not deal with her mental health issues due to a lack of support. Kim was also sent away from her supports and networks.

- Ally is a 17 year old female who has been chronically homeless since the age of 14 years. Ally is often depressed and suicidal and states that she "self medicates with the use of marijuana as no one else can help".

  Ally refuses to attend any counselling or mental health services due to "bad past experience". Ally's parents now claim to have given up on her due to Ally not wanting to help herself.

There are many more young people's stories similar to these recent examples and it does appear that the number of young people with mental health issues experiencing homelessness is growing.

There is no argument that young people with mental illness should be able to access mainstream services such as the refuge, in fact we support this. The difficulty is when the young person's mental health is severely affected and they need the care of mental health professionals, this is where it fails. The refuge does not ask young people to leave and it is at this time we rely on mental health professionals for support.

The mental health of the young person then becomes an issue for everyone within the refuge because they are all affected by this person's behaviour. It is then that workers attempt to gain some support from mental health professionals and the process becomes a long drawn out saga until the young person reaches crisis and is admitted, leaves, or ends up with some other inappropriate outcome.

The response from the mental health services to after hours crisis is that the refuge phone an ambulance to take the young person to accident and emergency or call the police, this of course creates a scene in front of other young people and neighbours, not to mention the trauma for the young person involved. It is a rare occurrence for the refuge to take such action, it is usually only when violence or threats of violence is a real risk.

These response of ambulance or police are is in conflict with the way the refuge operates, therefore compromising the trust and respect of the young person. To successfully engage any one, including young people, trust and respect are critical to their support plan.

There is certainly an argument for more resources to be allocated to mental health services; however there is a strong argument for far better early intervention, after hour's crisis services and support for families/carers.

Responses by mental health services are adhoc and inconsistent. It appears that an adequate response depends on who you talk to on a particular day. Judgements about young people with mental health and drug and alcohol issues will often depend on whether they receive an adequate response.

For many young people adequate support and care at an early stage, including intensive support for the family or carer can prevent them becoming homeless and the inevitable downward spiral. These services must be accessible to both the young person and their family with specialised mental health workers.

These are common sense approaches that for whatever reason are not being put into action particularly in a City such as Geelong that has a number of mental health services such as Swanston Centre hospital facilities, early intervention programs, community mental health teams and child mental health services.

Christine Couzens