

Submission to the Senate Select Inquiry on Mental Health

Introduction

Many problems currently dealt with by the criminal justice system will in the future be dealt with by the mental health system as exponential advances in our knowledge of the workings of the brain force us to reevaluate the way we think about such problems. How to deal with this alteration in thinking will be one of the biggest issues facing government, mental health professionals and the community as a whole over the next two decades.

Overview

This submission addresses the implications for the application of mental health models to issues that are at the moment dealt with in the justice system. The author's interest in this inquiry pertains to only a small number of the terms of reference; however, this short submission should provide an important perspective on some of the issues involved in the provision of mental health services in Australia and possible challenges such provision will face in the future.

This submission takes a philosophical perspective. This means that when addressing this topic the way we think about mental health will be its main focus. Why is this important? Several of the terms of reference will be gone through to demonstrate this but firstly here is an overview of this paper's position.

In the future - and possibly in the very near future - at least some of the issues that are currently dealt with almost exclusively by the criminal justice system will come into the mental health field. Recent advances in neurology, psychiatry, evolutionary psychology, genetics and sociobiology - and, of course, philosophy - are starting to influence the way scientists, at least, are thinking about criminal behaviour, and particularly violent criminal activity.

As an example, Wolf Singer, the head of the Max Planck Institute for Brain Research in Frankfurt, has recently argued that criminal activity should be taken as evidence of brain abnormality.

His argument goes like this. Neurobiology tells us that there is no centre in the brain where actions are planned and decisions made. Decisions emerge from a collection of dynamic systems that run in parallel and are underpinned by nerve cells that talk to each other - the brain. If you look back in evolution to, say, the sea slug Aplysia you see that the building blocks of this brain have not changed. The amino acids, the nerve cells, the signalling pathways and, largely, the genes are the same. 'It's the same material, just more complex,' says Singer. 'So the same rules must govern what humans do. Unavoidable conclusion.'" (The Guardian, August 12 2004)

Singer's argument is that whatever a human does the cause for it is in the brain. Thus, any criminal act must be the result of something within the brain causing - from the point of view of society - the wrong decision to be made. If that is the case, it is impossible to treat the problem in any other way than a mental health problem.

This is obviously very controversial. It strikes at the heart of many of our long-cherished beliefs. Free will, for example, along with the whole concept of justice, becomes problematic. However, many scientists and philosophers are gradually - sometimes reluctantly - reaching very similar conclusions to Professor Singer, although many do not go so far as he does.

It is very likely that this new way of thinking about criminal activity will soon begin to have an influence on the way society deals with crime. And this will place increasing pressures on the mental health system, pressures with which at the moment it is ill equipped to deal. This submission is at the least an attempt to forewarn government and other stakeholders of some of the implications of this new thinking.

Terms of Reference

Term of reference 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.

One of the main implications of moving some of the behaviours currently dealt with in the criminal justice system into the mental health system is the obvious one: resourcing. However, there are also structural and training issues that will prove, in the author's view, just as significant.

For example, patterns of behaviour laid down in childhood and adolescence are clear indicators of future criminality. (Interestingly, our knowledge of the brain tells us that this recurring behaviour lays down neural pathways, dictating how the brain will operate in the future). Training educators in methods that can reduce the likelihood of these behaviours leading to crime will prove a major challenge. At a minimum, we need to ensure that they are on the lookout for such behaviours and know who to contact to garner assistance. What we are talking about here is a much closer integration between educators, law enforcement and mental health professionals - and, of course, parents. This also means that efforts under term of reference L become even more important than they are today - we will be dealing with young people in these situations and the attitudes of their peers and their parents will have a huge impact on the success or failure of any intervention.

There are significant benefits in this approach. A person who gains such assistance early will be more likely to lead a happy life. From the perspective of society, it will mean less crime. Prevention and early intervention are therefore incredibly important. It should be noted that, even if the mental health model of criminal behaviour is in the end rejected overall, the benefits of an approach similar to that outlined cannot be denied.

Term of reference 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.

The only comment to be made here is that crime and mental illness are clearly intertwined. Arguably, not enough research has been done here but if it were done it is possible we would discover that many of the people who commit crime are mentally troubled to begin with and that while incarceration may exacerbate their situations it is not a primary cause in most cases. Thinking about these things in a new way will reduce the numbers of people incarcerated. It will also make us question whether incarceration for some criminal activity is required at all and will also make us question the kinds of incarceration we use. Incarceration has a poor record in terms of rehabilitation. One of the reasons for this could be that we are placing already mentally troubled individuals in an abnormal and disturbing environment. Other solutions need to be found.

Term of reference l:

The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

Whatever the future for crime and mental health, far more education needs to be done in de-stigmatising mental illness and disorders. Approaching the issue from two angles could be an effective strategy: the first being scientific investigation by children of mental illness and disorders and the second being exposure to mental illness in living, breathing human beings. The scientific angle demystifies the issue, and thus reduces fear. The other angle increases the size of the empathy bubble - the bubble within which individuals include those whom they consider human beings. Using these two techniques from primary school age is the recommended approach. It should be noted here that in general direct integration within the school system has proved problematic. However, this is mainly due to inadequate resources – particularly lack of support for teachers in the classroom. There is also a significant lack of reporting and research in this area.

Term of reference n:

The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.

The author will always be of the opinion that research is underfunded. But, realistically speaking, it is understandable that there is a limited amount of money on which to draw. However, the dissemination of best practice is another issue. From reading the literature, it is clear that there are many ideological barriers to best practice. While these may not necessarily have a huge impact, they can certainly be significant. These ideological barriers include political and religious notions, an obvious one being religious ideology regarding homosexuality. The author is happy to discuss others if asked.

Conclusion

The services that society provide need to be based on the most current scientific data available. The ways we think about criminality and mental health need to be unclouded by extraneous factors. It is clear that new models are emerging which deserve close attention. If they are proven to be flawed then of course reject them. But if not then they should be adopted as swiftly - and as smoothly - as possible. Hopefully, this submission has alerted the committee to one certain model and has given them some ideas to investigate.

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