
Mental Health

Submission to the Senate Select Committee



Brotherhood of St Laurence
April 2005

1 Introduction

The Brotherhood of St Laurence

The Brotherhood of St Laurence (BSL) is a Melbourne-based community organisation that has been working to reduce poverty in Australia since the 1930s. Our vision is ‘an Australia free of poverty’. Our work includes direct service provision to people in need, the development of social enterprises to address inequality, research to better understand the causes and effects of poverty in Australia and the development of policy solutions at both national and local levels. We aim to work with others to create:

- an inclusive society in which everyone is treated with dignity and respect
- a compassionate and just society which challenges inequity
- connected communities in which we share responsibility for each other
- a sustainable society for our generation and future generations.

Our services, generally targeted to people on low incomes, include employment services, family and children’s programs, community building initiatives, research and advocacy, and aged and community care services.

Breadth of submission

The BSL welcomes this opportunity to contribute to the Inquiry by the Senate Select Committee on Mental Health. Although not a mental health service provider, many of the people with whom the BSL works are living with mental health problems, contributing to the disadvantage they experience.

The Terms of Reference are broader than BSL experience or expertise. This submission, therefore, focuses on those Terms of Reference of greatest relevance to our work and to the lives of the people we support.

Our starting point is that many people living with a mental illness experience levels of exclusion and discrimination that are unacceptable—and addressing the complexity of issues that compound this exclusion requires concerted leadership and action by all levels of government.

2 Responses to selected Terms of Reference

The material in this section has been obtained from consultations that occurred with people living with a mental illness, their families and friends, and service providers, during 2004.

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

In consultations people spoke of the difficulties they had in accessing the mental health services they felt they needed, particularly in acute and community care. In acute care, consumers spoke of being refused hospital beds even though they were at a crisis point, only to be admitted a few days later in an acute psychotic state. They told stories of fronting at emergency departments of hospitals, only to be turned away without being properly assessed by a doctor and without being given any advice or assistance. They spoke of general practitioners refusing to believe they were hearing voices, and of CAT teams visiting and quickly leaving because they determined 'you're not going to hurt yourself or someone else'. At present, help is reserved for the most psychotic episodes only and that prevention or early intervention is of a low priority. Acute psychiatric services are under-funded, rationing access to a point where people have to beg for assistance.

Community-based services are also chronically under-funded. People seeking case management are often forced to wait for long periods before receiving assistance:

It's hard getting the treatment [case management] you need in the country. First we have to meet the very tight criteria and then you get put on a list and have to wait until someone else drops off and you can take the place. They don't look at the waiting list and say 'maybe we need another worker'.

Extra resources are needed to strengthen the commitment to both community-based services and to preventative care. Consumers in both Melbourne and regional areas also spoke of the need for increased access to drop-in and general support services:

My biggest frustration as a carer [in regional Victoria] is that there is no drop-in centre for the consumer—they need somewhere they can meet 4 or 5 days per week.

In this area there is only an outreach service...there is no place for people to just drop in—for day programs or groups or just to talk with friends.

Consumers who were able to access a drop-in centre spoke highly of the benefits they obtained. Easy contact with other people who had experienced a mental illness was part of what they valued, but having access to workers with whom they could speak or who could put them in touch with other services was also an important component. Funding to community-based mental health services is also inadequate, with rural and regional consumers being particularly disadvantaged.

Individuals who have a mental illness as well as a drug or alcohol problem are even more limited in their access to services. Drug and alcohol agencies are not set up to deal with issues of mental illness, and mental health agencies often declare their work sites to be drug and alcohol free. People with a dual disability find themselves in a bind. There are services available that cater for them, but like most other organisations, they are under resourced and over burdened.

Real monetary investment is needed to improve mental health services—in Victoria more of every type of mental health service is needed. Without this support, consumer's experiences of trying to access services will remain problematic, with many consumers being denied timely and appropriate treatment and support.

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

The consultations with consumers of mental health services and their families highlighted three main areas of concern beyond access to mental health services: inadequate housing, difficulty finding and retaining employment and inadequate income.

Inadequate housing

There is a serious shortage of both affordable housing in Victoria, leaving many people in ‘housing stress’: their housing costs so great that they are not left with a sufficient income to meet other basic needs. People with a mental illness form a significant part of this group who struggle, and often fail, to keep a roof over their head.

The first time I was in hospital—on the day I was to be discharged and I didn’t know it was going to be that day—I was given a sheet of paper with a list of boarding houses on it and told to find myself a place to stay because I was going to be discharged that afternoon. I lived under a train station for 2 weeks until I found somewhere to stay. I had just spent 8 weeks in hospital getting better and then they say you have to get out and they don’t care where you go. They told me I could come back on Monday if I needed to.

Consumers interviewed spoke of the difficulty they had in obtaining affordable housing, either in Melbourne or in rural cities and towns. Public housing waiting lists are currently measured in terms of years, not months, with some consumers being told that they are unlikely to ever obtain a public housing unit. Private rental is one of their few options, but the cost of it leaves very little income on which to survive, even in rural and regional areas. Two consumers from a town in central Victoria commented:

After rent I’ve got \$60 per week to live on—to pay for my food, electricity, transport, clothes—there just isn’t any money to go out. The stress of living this way compounds any mental health issues you have.

I rent a house privately—the public housing waiting list is about 5 years—but the place isn’t in very good condition. The floor sags and there is grass growing between the floor and walls and in the window ledges but I can’t afford anything better. My kids live with me and help me with the rent—I pay \$160 per week.

Supported housing, where available, is useful to some consumers but again there is an insufficient supply. Consumers who would benefit from this form of housing are, therefore, missing out on the support that would be beneficial to their wellbeing.

Rooming houses and Supported Residential Services (SRS) have become home to many people with a mental illness but such facilities are often ill equipped to provide the support many residents require. The Victorian Homeless Strategy (VHS) 2002 reported research which had found that 47 per cent of people living in crisis accommodation, SRS or boarding houses had significant mental health problem (VHS 2002, p6).

In the inner suburbs of Melbourne some ‘unofficial’ rooming houses operate, offering sub-standard accommodation to vulnerable people living with a mental illness. The BSL has provided services to some consumers who do not have access to reasonable bathroom or kitchen facilities, a situation that should not continue to exist today.

Without access to stable, safe and affordable housing it is extremely difficult to treat people for their psychiatric illness. The Victorian Homeless Strategy 2002 reported that long term housing and support for people with a mental illness drastically reduces inpatient stays (VHS 2002, p.7)—providing this housing must be a government priority.

Employment

The majority of consumers spoken to during the consultation were not working, but many had in the past and wished to do so again in the future. They, however, acknowledged the great barriers that would have to be overcome if they were ever to achieve their aims.

The only way I could keep a job in the long term was if I was left alone and no one bothered me—if I knew what I had to do and I was left alone to do it.

I started having problems with depression and I didn't understand that anxiety was part of it—I didn't understand how it was affecting me. It is hard to get the right help and the right medication and to keep functioning at the same time. I ended up losing 12 jobs in a row—falling in a heap and not being able to concentrate. It's like the last 20 years of my life has been just one big nightmare—I've lost family, I've lost friends, I've lost property, I've lost just about everything I've owned. I've lost a lot of hope and it has taken me a long time to get that back. And I still don't know if I've got the wherewithal to work. I still have problems with concentration and memory—am I employable? And is an employer going to understand if I have a relapse? I'd like to work but I'm not sure I would trust myself or the workplace.

The job market is now more skilled—if your skills are low, like mine, you are out of the ball game.

What I've found is that if your boss knows you have a mental illness he'll play on it. He thinks he is doing you a favour by hiring you and will expect you to do the things he won't ask other people—or he'll start picking on the quality of your work.

Do you tell people that you have a mental illness? If you tell them when you are applying for the job you won't get it. They won't say that's why they didn't give it to you though.

Many of the consumers had been working when they became unwell but had often lost their job, usually due to their illness, before they obtained a diagnosis. Getting back into work after a major illness was difficult for those who wanted to work. The exceptions to this were some people who said they had received good employment assistance from disability employment agencies.

I'm with...and they got me a job. They are very supportive. I made a decision to tell them about my illness and they told my employer who is understanding and asks how I am going? Do I need any time off?

Working can be tough sometimes but my job is like organising my own business. That's how it's been organised for me. There's really no supervision; I really just plan my own days; I'm quite able to leave when I want to which takes the pressure off. Working part time means I can keep working.

Programs that support consumers to re-enter the workplace can be successful, and given the desire of many people to work, need to be well-funded. But such programs must be supported by a commitment to address the widespread stigma and discrimination that exists within the community (see 1. below).

Inadequate income

The majority of consumers with whom we consulted had been living on the Disability Support Pension, and spoke of the difficulties of getting through each fortnight, until the next payment arrived. Housing costs, as discussed earlier, 'eat a large hole' into what they get, leaving little to survive. Consumers report:

There is just not enough money to live on, so what you do is rob Peter to pay Paul. Your electricity is going to be cut off so you go into a cycle of debt—you borrow from friends and family and then you borrow from someone else to pay it back. It ends up borrowing and borrowing and borrowing, and you are a burden on the people you know and they start avoiding you because you always need something...you start feeling like a leech. And then you don't want to be seen in the supermarket buying food because you still owe someone money. You wear out your family, you wear out your friends, and you start avoiding people and they start avoiding you. It adds to your exclusion and the other awful thing that follows quickly is that it is very hard to fight the bitterness and the resentment that you start to feel about everything.

I'm quite lucky as my mum helps me out with money and groceries when I really need it (but it's every second week before I get my pension)—if you don't have the support of family you really are in trouble because you can't live on the Centrelink payment.

The rental housing market has gone crazy. You get your money on pension day and go pay some bills, get some cigarettes and get some groceries—and before you know it you have no money left and end up getting food vouchers to get by.

Living like this is hard and would put a strain on most people's mental health and wellbeing. Unfortunately, meeting the expenses of basic necessities results in many people having no money to participate in leisure and social activities, a situation that isolates them further:

It's awful when you look at someone else and start to resent their happiness—resent it.

Providing people with a sufficient income to allow them to live with some dignity must be a priority in a wealthy and civilised society.

1. the adequacy of education in de-stigmatising mental illness and their families and carers

In every discussion held with consumers and their families stigma and discrimination were been raised as issues of concern. Unfortunately, the experience of stigma and discrimination is endemic, ranging from the common media portrayal of people with a psychiatric illness being violent and aggressive to discrimination in employment and even to how people are treated in mainstream medical services.

At a public level, the association of violence and aggression with mental illness must be challenged whenever it appears. The public must be made aware that such violence is an exception, and that people who do have a psychiatric illness are much more likely to be on the receiving end of it rather than to be the perpetrators. All people with a mental illness suffer at some level by the misconception that is created by sensationalist media reporting.

Employment is where many consumers feel they are particularly vulnerable to discrimination. Broader issues of employment have been discussed but it is useful to quote a young man's personal experience here to highlight how hard your work life can be if you are perceived to be different:

I haven't disclosed anything about my illness to my employer, though I'm sure they know there is something going on. Initially, I had a shared office, which was really hard—I avoided going in to the office whenever I could (I work part time and have a fair bit of flexibility). We just didn't get on very well—but my employer was accommodating and found me another place where I could be by myself. But they have gone to the extreme—I have a whole level to myself and there is no one else around. I don't get to see anyone—it's weird but I get a sense that I'm there because they think I'm weird. Work is now very lonely.

Living with a mental illness is made more difficult by the stigma and discrimination that remains rife today. The BSL would like governments to reform anti-discrimination legislation to make it unlawful to vilify and incite contempt or ridicule people with a disability, including those with a mental illness. It would also like governments to undertake a concerted campaign to improve community understanding and acceptance of a broad range of mental health conditions. Over the past few years, enormous gains have been made in de-stigmatising depression—a commitment must be made to achieve similar results with the low prevalence mental health illnesses.

3 Conclusion

People living with a mental illness face enormous challenges, not just in dealing with their illness but with accessing the treatment they require, finding affordable and safe housing, obtaining and retaining employment and possibly the most difficult of all, coping with the stigma and discrimination they may face daily.

Governments are in a position to make a difference. They can increase the funding for mental health services, they can take action to increase the supply of affordable housing, they can strengthen anti-discrimination legislation, and importantly, they can educate the community to improve levels of acceptance and understanding.