

The Crisis with Crisis-Driven Care

The Sorry State of Affairs that is our Mental Health System.

The Select Committee on Mental Health

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1.1 - Introduction

My name is Kieran Wicks and I am writing this submission out of pure interest on the subject. My opinion is one of disgust at the current state of play. I am not directly or indirectly affected by mental illness nor am I an expert in the field, so my unbiased views have been based on the factual information that has been available to the government and public for some time.

The fundamental policy matter that needs to be addressed is the funding of appropriate treatment institutions. A problem that has existed for an intolerable period of time. This can be greater achieved with the disintegration of stigma.

2.1 - The Bottom-Line

Governments are always focused on the bottom-line. It's all about facts and figures. So lets talk numbers. When it comes to mental health, the numbers don't look good for Australia. Here are the facts -

“The Mental Health Council of Australia estimates that over one million Australians suffer from mental illness. Furthermore, mental health is likely to become an increasingly significant health issue in the coming decades. According to global figures, in 1990, five of the ten leading causes of disability were psychiatric conditions, and projections show that psychiatric and neurological conditions could increase their share of the total global burden by almost half by 2020” (Online resource 1).

“One in five Australians will be affected by mental illness in some form – depression, schizophrenia, bipolar disorder, anxiety or other disorders. The symptoms and disability experienced cause profound distress for those affected and their families. Untreated, or ineffectively treated, it is a major contributor to the high suicide rate in our country” (SANE, 2004:2).

This is clearly a big problem and mental health services are not coping. They are “in crisis to varying degrees all around Australia, barely able to cope with people experiencing acute episodes of illness, let alone provide ongoing treatment and support” (SANE, 2004:3). How has this been allowed to happen? Why do politicians need physical evidence to act upon anything? The sad reality is that the so called ‘physical’ proof that they require often comes in the form of suicide, assault and death, or worse still, a murder suicide as happened AGAIN recently in the Hunter Valley. This is obviously too late to act; there can be no later.

This, is the bottom-line we SHOULD all be concerned about.

2.2 - Where We Are Going Wrong

Prevention is always better than cure and the only cures that the government seem to be interested in are inadequate bandaid measures. The professionals in the field keep telling the parliament that their methods for dealing with the problem are archaic at the least, and inadequate at the best.

“Old-style psychiatric institutions are still in place, community-based services are being drawn back into hospitals, prison psychiatric units are being built instead of discrete forensic hospitals, and prisons have become de facto psychiatric institutions” (SANE, 2004:3). The promised 135 bed ‘forensic hospital’ eventuated as a part of a new prison hospital at Long Bay gaol, the system preferring to regard people as ‘mentally ill prisoners’ rather than forensic patients (SANE, 2004:10) Why is it that the states largest mental institution is at Long-bay gaol?

It’s like shutting the gate after the horse has bolted!

Why are prisons also becoming de facto psychiatric institutions? “In NSW, for example, 46% of inmates at reception have a mental disorder, and the prevalence of psychosis is 30 times greater than the norm” (SANE, 2004:4). The Chair of the SA Parole Board has even been quoted as saying that the government was using prisons

as a 'sump' for people who should be cared for by mental health services (SANE, 2004:16).

This begs the question of why are mentally ill people being imprisoned in our gaol system at all, if it is the lack of treatment for their mental illness that is the catalyst for their 'illegal' behaviour. Sure a lot of these people would have committed the crime they did regardless, but it would be interesting to see the crime rate statistics if mental illness was treated adequately within society, before things became so dire.

A great example of our societies willingness to incarcerate the mentally ill, and not totally unrelated, is that of Claudia Rowe the schizophrenic, Australian woman mistaken for being German and put into detention instead of receiving the appropriate care.

2.3 - Blatantly Inadequate Funding

Ultimately the government is punishing the ill for their own failures. Failure in the adequate funding of mental health facilities, and failure in their disregard for a problem that ultimately affects more Australians, either directly or indirectly, than nearly any other health problem.

A problem that effects 20% of Australians directly, receives only 8% of the health budget (SANE, 2004:3). It doesn't take a mathematical genius to see that this is proportionately illogical. The costs to the wider community, such as law enforcement would have to far out weigh a substantial increase to the mental health budget.

2.4 - Inappropriate Care and Its Implications

Mental health professionals are exactly that – professionals. They know how to deal with a patient on a 'rampage', because they have undertaken expert training. Families of the ill though are left to their own devices. Why should a young teenage child be forced to look after a single mother with acute schizophrenia, when they can barely look after themselves let alone a younger sibling as well. Surely the government could

be viewed as advocating child abuse, through neglect. In a lot of cases the mental health system knows that there is a problem with certain children being left in the so called 'care' of mentally ill parents, yet due to lack of funding and infrastructure, they cannot do anything to place these mentally ill people in state care.

Are DOCS aware of this? And if so, why do they not act? Isn't their role to protect innocent children, by removing them from harmful situations? Does a mentally ill person not have more potential to be harmful towards those around them, loved ones or complete strangers alike, than a mentally stable person?

2.5 - The Crisis with Crisis-Driven Care

“Because mental health services are crisis-driven, their focus is on people when acutely ill. The remainder of the time they are largely ignored – yet this is exactly when rehabilitation and support are most needed to help prevent further episodes and promote recovery – an optimum level of dealing with symptoms and disability” (SANE, 2004:6).

It's a cyclical affair. If the money was spent on rehabilitation and support then logic points to less money needing to be spent on people that are acutely sick as there would be less of them. Aren't our hospital systems stretched to the hilt as it is?

The fact that in the Hunter region the local mental health service treats people on a crisis basis only is deplorable, despicable and downright unacceptable. According to David McCloud, Nurse Manager of Psychiatric Emergency Services at James Fletcher Hospital, there are a grand total of 88 acute care adult beds, and 101 rehabilitation beds in the Hunter region mental health system. That's 189 beds to treat a population of well over 500,000 people where at least 20% of them will be affected by mental illness at some stage of their lives. It doesn't take a genius to figure out that this is grossly inadequate, hell a kindergarten student can see that there is just not enough to go around.

And what is even worse, a source that wishes to remain anonymous informed me, that when all the beds are full, and they always are, and a new patient needs to be admitted, someone has to be discharged back into a society that they are clearly not ready to function within. This is a fact that Mr McCloud confirmed.

This would not be accepted within the mainstream health system. For instance, if a person suffers from a heart attack or stroke they will not be discharged before treatment is complete just because someone else has suffered from the same affliction at a later date than them and needs the bed. The wider community would be in such an uproar that it could be heard from the moon. So why isn't the community up in arms about the same thing happening within our mental health system?

I believe that it comes down to education and awareness of the problem.

2.6 - Stigma

The widespread prevalence of stigma often leads to self-stigma, leading to reluctance to seek treatment. This untreated illness, in turn, contributes to suicidal thinking and behaviour (SANE, 2004:6). There is a large public stigma in Australia towards health in general. Unless they have lost a limb it is hard to get any young Australian male to a doctor. It is viewed as a sign of weakness to seek help and the fact that there are few physical symptoms with mental illness, the adage of 'It's all in your head', couldn't be anymore relevant.

3.1 - Recommendations

- A prevention is better than cure philosophy needs to be adopted across the board.
- Better education and awareness of services is fundamental in breaking down stigma. A campaign needs to be devised that has the impact of the grim reaper Aids campaign of the 1980's. Acceptance of mental health problems being a prevalent public affair must be attained.

- Build discrete forensic hospitals instead of using prisons which have become de facto psychiatric institutions
 - Community-based services need to be re-established.
 - Establish a National Mental Health Commission to monitor and report on the effectiveness of whatever provisions are made to mental health services.
 - Re-establish the branch dedicated to mental health in the health portfolio.
 - Appoint a minister that shows concern for this genuine problem, rather than Tony Abbott who has largely ignored the crisis.
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4.1 - Conclusion

I don't pretend to be an expert in this field, but I am not a stupid man and from what I have read and what I have heard from numerous sources about the state of Australia's mental health system, it just seems ludicrous to me

The government knows what to do, the experts have been telling them for years how to best remedy the situation, or in the very least alleviate the problem. This dilemma just goes to show that common sense isn't very common!

The answers are right in front of you.

5.1 - Bibliography

SANE Mental Health Report 2004

http://www.sane.org/images/assets/Research_reports_and_images/MHR2004text.pdf

Online resources

1. www.aph.gov.au/Senate/committee/medicare_ctte/fairer_medicare/report/c10.doc) Date viewed - 25/04/05

Interviews conducted

- Anonymous social worker, conducted on the 23/04/05
- David McCloud, Nurse Manager of Psychiatric Emergency Services - James Fletcher Hospital, conducted on the 28/04/05.