



**Response to the Inquiry
by the Senate Select Committee
on Mental Health**

*It is going to take more than
a pear a day
to reduce the need for doctors
Consumer quote*

Mary Gays
Executive Director
Phone 6230 7629
PO Box 78, Woden ACT 2606

About the Mental Health Foundation

The Mental Health Foundation (MHF) is a not for profit community organisation, established in 1984, with an innovative approach to the delivery of high quality services for people with a mental illness, an involvement in mental health promotion at the community level and a strong commitment to effective consumer and carer participation in all of its activities.

The vision for the Mental Health Foundation is '*working together for better mental health*'. This vision statement reflects the MHF commitment to working in partnership with government, community sector, consumers and carers alike. In addition staff are encouraged to share their skills, expertise and knowledge across all MHF programs, creating additional added value and synergies of service delivery. The Foundation works in good faith to implement creative partnerships with mental health consumers and carers, other mental health organisations, mental health professionals, community organisations and supportive individuals with a view to deliver quality services for people living with a mental illness.

The primary object of the Foundation is to alleviate the distress associated with living with a mental illness through the delivery of services including support, respite, housing and information. The services of the Foundation are open to all people in the ACT region with mental health issues.

*Healing is a matter of time
but it is sometimes also a matter of opportunity
- Hippocrates*

Response to Terms of Reference

The Mental Health Foundation welcomes the fact that the terms of reference touch upon wide ranging issues, as it is difficult to find where the mental health system is actually working well for consumer and carers alike. This submission is very brief – due to lack of adequate resources to respond fully. Consumers who are in receipt of our services have been consulted throughout our organisation and their comments are included in our response.

Short term/insufficient levels of funding generally address short term needs. The crisis in our mental health system is not a short term need, rather a long-term commitment is required, backed by sufficient resources – funding, people and a real desire to achieve change. We acknowledge that one cannot fully expect change in the mental health sector to happen overnight, however it is up to Government to ‘seize the day’ and provide role models for all Australians.

We must remember that medicine seeks not only to save lives but to relieve suffering. Mental ill health can be as acute as crucifixion or as subtle as a pinprick. A range of strategies addressing the problems encountered is what is required.

Consumers are incredibly creative – more exploration of their own creativity as a way of addressing needs.

One cannot take for granted common abilities and knowledge in a consumer environment. Basic principles of love and respect have to be affirmed over and over, until they become second nature. It is unusual to even use the concepts ‘love’ and ‘respect’ with consumers, who usually are spoken of in terms of ‘care’ and ‘treatment’. But reinforcing a learning environment, a culture of affirmation, carer and support does engender health. Often as not quality of life for the consumer comes from imbibing, repeating and practicing the care and respect they are shown.

We are often valued, and we define ourselves, for the work we do. It is not just about finding a job because for some this is not an option. The focus needs to be on skill development. Through work we learn many skills, develop friendships, which enable us to find our place in the world, and how to be in society. Life becomes be more manageable and fun. If society supports rehabilitation and the deinstitutionalisation movement we need more employment opportunities to match consumers’ strengths.

- (a) Mental Health Services are in disarray and operating in crisis mode. The main barrier to progress is funding, without a commitment to increase the mental health proportion of the health budget the capacity to achieve the aims and objectives of the Mental Health Strategy is severely restricted.

- (b) With services operating in crisis mode there is no capacity to address prevention, or early intervention and access to acute care and after hours crisis is restricted. Respite services in the ACT are extremely limited. Case management can't function effectively when there are not enough staff and case loads are too high.

We welcome the *“ACT Mental Health Strategy and Action Plan 2003-2008”* with prevention, early intervention and health promotion being recognised as essential to improving community mental health status. But the Strategy lacks concrete action and no funding to achieve its aims. Will this prove to be rhetoric?

- (c) Consumers need access to interventions which are proven to be effective such as cognitive behavioural therapy not just crisis management.

It is widely acknowledged that it is not good enough, morally or ethically to solely prescribe medication and hand over a few jargon written pamphlets. People need to be educated, and guided to seek ways of managing their own mental health that works for them. We need to empower these individuals to take control over their own lives, and access a range of relevant services to heighten their quality of life.

Professionals, especially medical people, still hold power and authority in our society. Psychiatrists are mainly educated in the medical model of prescribing medication, but are not necessarily clued into the importance of the relationship between themselves and their client, although this is changing. The bottom line is unless people feel at ease to access services there will always be problems.

- (d) Families and community organisations took on most of the day-to-day care when the stand-alone hospitals closed. Accommodation, rehabilitation, outreach are generally supplied by community organisations and the proportion of the mental health budget that they receive needs to increase to better reflect this load. Without adequate funding services have little capacity to provide a true rehabilitation service which has the capacity to address the cognitive and functional deficits associated with mental illness. In the ACT the community sector play a vital role in providing service.
- (e) There is a real shortage of accommodation options for people with a mental illness in the ACT. This has been documented over and over and over again.

More affordable, supported, long-term accommodation is needed. Mental illness may not be curable, but it is definitely manageable. Some individuals may experience one episode, and then never again. However, the majority will be managing their illness for the rest of their

lives. For some, their illness maybe so debilitating they may need assistance in all aspects of life. It is a basic human right to have shelter, and for people with mental illness even more so.

So what does good accommodation mean to someone with a mental illness? It means a safe and secure place they can call their own. Lack of appropriate accommodation leads to homelessness. People living with a mental illness are an over represented group amongst the homeless.

- (f) Services for people from a culturally and linguistically diverse background are very lacking in the ACT.
- (g) The role of carers is now formally acknowledged by governments and mental health services however the acknowledgements and consultations are little more than lip service without provision of support. Carers still do not have the right to be included as part of the treatment team and have relevant information shared. All too often family concerns are ignored and they are not referred for support. The family-sensitive training offered in the ACT is beginning to address some of these issues. Family group therapy barely exists although there is strong evidence of its effectiveness.
- (h) There is a pilot general health program run by Dr Les Drew of ACT City Mental Health Team. *'I have addressed my own health through this, and have found the basic health checks and input into diet etc invaluable. I am aware of consumers who have profound need of the bulk billing service it offers.'* Consumer Quote

The current access to psychiatrists through a bulk billing scheme is good, although whilst medication is available no therapy is as yet.

In the ACT there has been a shift from case management to clinical management- with two major consequences. One, there has been a shift of workloads from clinical managers to community workers, and secondly, treatment approach has shifted from addressing all aspects of a person's life to a central focus on the medical realm. In order to adequately support these changes, the government needs to provide additional appropriately resourced supports. These supports can then assist with the aspects of life clinical managers no longer manage but still have an impact on mental health. Holistic approaches to care and treatment are needed. A good model is with Queanbeyan Mental Health Services (QMHS), whereby MHF staff work closely with clinical managers to address all needs of their 'client'.

There are not enough beds for the numbers of "unwell" people in the ACT. Inpatient care/facilities are not well resourced- they are always experiencing staffing shortages. To add to this dilemma is the difficulty of accessing psychiatric hospitalisation when most needed. A treating

psychiatrist needs to have admittance rights. Alternative options are to go through the trauma of casualty or via the Crisis and Assessment Treatment Team (CATT), either of which can take up to or over eight hours of waiting.

- (i) Mental Health Services are currently a long way from providing recovery-focussed care although in the ACT the involvement of consumer consultants and the establishment of a Recovery Focus Group involving both government and community workers is a beginning.

However the question must be asked - recovery to what? If recovery means to skill level prior to diagnosis, most mental illnesses are onset or diagnosed in teenage years, and because of their illness, many consumers have not been provided with stable opportunities to find their own way in life.

- (j) Overrepresentation of people with a mental illness in the criminal justice system is a travesty. If we as a nation are judged on how we treat our sick and infirm, would you want to live here?
- (k) The government should change its “hardline” attitude to refugees held in detention and this filters down and results in an uncaring culture in Refugee Detention Centres (RDCs).

That a nationwide missing persons system is imperative as there are many situation in which individuals wander from state to state and cannot be found by loved ones and fall through the cracks in the system or end up in inappropriate situation such as happened to Cornelia Rau.

RDCs should be located in less isolated location so that detainees can access specialist services easily when this is required.

That all DRCs staff be given training or refreshment courses on Duty of Care.

- (l) There is little to no adequacy in current de-stigmatising/education campaigns, due to total lack of resources and commitment from top down.

Yet it appears that attitudes are improving slowly the strategy of addressing the reinforcement of stigma by the media though education and monitoring is essential. Education programs in schools are very important and are particularly valuable when they involve carers and consumers. Involving consumers and carers and in training for health professionals is also very effective.

- (m) Training needs to be provided for people working in agencies such as housing, employment, law enforcement and general health services in dealing appropriately with people affected by mental illness. Holding these agencies accountable would encourage them to see the need for training.

With the complexities of assisting people with mental health issues staff need to participate, and be supported to do so, in ongoing training. Training is imperative to client welfare and staff welfare alike. It addresses such needs as averting burnout, professional/personal development, and life long learning.

VYNE is a great training initiative supporting the community sector. The training they offer is relevant and affordable. This bridges half the gap. The other half is finding and paying for replacement staff in order to continue to provide services.

- (n) The research coming out is useful but without adequate funding putting in place best practice will always be difficult.
- (o) From a small community organisations perspective, reporting requirements are getting onerous, with no back up of IT, administration, or extra resources to achieve compliance.
- (p) To discover new modes of delivery a world-wide view needs to be taken. Great idea e-technology – yet how can consumers access when living in poverty?

Mary Gays
April 2005