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Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate, Parliament House
Canberra ACT 2600.

20th April 05



Dear Committee Secretary,

Re: Submission to the "Inquiry into Mental Health Issues"

I write to express my concern over the current inadequacies of the mental health system in Australia as I have personally experienced it.

I have been a carer for more than twenty years. My son, who is 46 years of age, has schizophrenia and is an alcoholic working hard at recovery. He has cirrhosis of the liver, hepatitis C, kidney problems and intermittent anxiety and depression (sometimes quite severe). He has on-going difficult side effects from the medication he takes for these problems and is very socially withdrawn. Throughout his life my son has experienced many of the inadequacies of a system which has let him down many times over the years.

At this point I wish to say that I have the utmost respect for the majority of hard working and dedicated employees in the current community mental health clinical services and community mental health rehabilitation/ support services. In my opinion these services receive

CONT... 2

inadequate funding and the staff work very long hours. I live in the south western area of Gyppsland in Victoria and I see constant "burn out" symptoms in the services I am familiar with.

I wish to comment on the urgent needs for accommodation amongst the mentally ill as I have personally experienced it. I believe this is a huge barrier to better mental health outcomes.

The only way that I could eventually find security of accommodation for my son was to use a small life insurance payout to put a deposit on a house for him eleven years ago, and to assist him since then with mortgage payments. Previous to that time he had lived with relatives, friends, a privately run sub-standard boarding house, and a small caravan in a caravan park from where he was evicted and sent to hospital on an involuntary order. He then began living in rental properties but all of these were eventually put up for sale and he had to move on.

The stress of continually moving and trying to find accommodation resulted in the deterioration of my son's mental health, often significantly.

Wonthaggi - near where I live - has a huge number of Office of Housing one bedroom units, but these are not available for anyone under fifty years of age, even if there is no-one on the waiting list. This is, apparently, Office of Housing policy. I believe this is wrong.

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It is also very difficult to get priority housing for a person over 50 with a serious psychiatric illness - especially if that illness is schizophrenia, in one of these units.

I have acted as an advocate for mentally ill people on a number of occasions. There is little understanding of mental illness amongst Office of Housing administration staff. There are no questions on the priority forms provided to cover the desperate needs of the mentally ill. How could I explain that my friend needing accommodation had to live close to the shopping centre and medical clinic because her paranoia prevented her travelling on a bus. She could not be in a confined space with a group of people. So this lady (the worst affected person with schizophrenia I have ever known) remains in a dilapidated house with outside toilet and bathroom on the outskirts of town. She has painful arthritis and confines herself to her house with a cat for company. When I am unable to take her shopping or to medical appointments she goes by taxi, at a cost not affordable for a single person on a pension and paying high rent.

I suggest that there should be extensive training provided for Office of Housing employees who have direct contact with mentally ill people. I also suggest that priority housing forms currently in use be reviewed and altered to better reflect the particular needs of the mentally ill.

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Private rental accommodation in Wonthaggi and most areas of South Gippsland, is approximately \$150 - \$175 p/w. When is the government going to recognise that rental assistance provided by Centrelink has not increased in line with sky-rocketing rental costs?

Short term accommodation for the mentally ill is non-existent in country areas (certainly in South Gippsland), especially for vulnerable patients being discharged from hospital. This has impacted on my son in previous years and on many other people I know. Adequate funding for crisis or short term accommodation appears to remain a distant dream. Will the Senate Select Committee on Mental Health address this urgent issue?

More supported accommodation would provide better mental health outcomes for the mentally ill. What happened to people being discharged from hospitals where they had been long term residents? Many remain homeless, living on the streets or drifting amongst the homes of friends. Few live at home with families. Carer assistance is very hard to obtain despite Peter Costello's empty words "we value carers". Besides, young people in their thirties and forties or older want to be independent and they should be given this chance.

I am also a carer. I had a short (much needed) holiday in December last year provided by Carers Respite. This was one really nice experience. I have had of government assistance provided for carers of the mentally ill.

The same week that I had this short carers respite break my carer payment (part only) was cancelled without warning, because - according to Centrelink - my son is no longer considered to be a disabled adult. Letters and comments from his long term psychiatrist and case manager appear to have been ignored. At 66 years of age I have been living on two days pay each week since late November 2004. I will attend a Social Security Appeals Tribunal in the near future, to try and overturn this decision.

I believe that the accountability and proficiency of agencies such as Centrelink needs to be urgently reviewed. Their treatment of persons with a psychiatric illness and carers is - in my opinion and experience - absolutely appalling.

I believe that Centrelink staff dealing with the mentally ill should have comprehensive training, that outdated claim forms should be replaced, and that it should be compulsory for Centrelink staff to liaise with health professionals when considering claims for and reviews of disability pensions, carer pensions and carer allowances.

Will Centrelink accountability and proficiency rate a mention in the Inquiry into Mental Health Issues?

I wish to comment on the adequacy (or otherwise) of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government, and opportunities to link funding with compliance with ~~met~~ national standards.

As a previous volunteer worker (in a community mental health

rehabilitation support service.) I can say that the enormous time currently spent in data collection is a huge burden for these underfunded services. Time with clients must be drastically cut to complete mountains of paperwork. When it is finally evaluated so much time has passed that much of it can be irrelevant. And then - who has time to read it?

Of course there must be this data collection, outcome measures etc., but more funding for additional administrative staff is needed to cope with this. And is it all necessary or relevant? The time should not be taken from clients desperate for support.

I wish to add that I believe the funding for community mental health rehabilitation support service workers is totally pathetic. Without volunteers it would be difficult for these services to keep going. The staff become emotionally and physically drained. I believe that the government must recognise that additional funding and resources are essential for progress to be made to increase the quality of life of the mentally ill who go to these services for help.

I am also interested to know why these community mental health rehabilitation support services are denied access to regular crisis funding. In my opinion these services are better situated to distribute crisis funds than the current recipients of these relatively small amounts, community mental health clinical services.

I sincerely trust that the Senate Select Committee on Mental Health will advocate for some constructive changes to the mental health system in Australia. Most importantly I believe it is important that:

1. There is an increase in the mental health budget across

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all states within five years to 15% of the total health budget.

2. Psycho-social rehabilitation funding is increased to 15% of the total mental health budget.

3. Funding is provided to replicate successful models of integrated service delivery, such as Mental Illness Fellowship Victoria's partnership with Goulburn Valley Area Mental Health Service.

Kind regards.

A thick black horizontal bar redacting the signature of the sender.