

Sent: Sunday, 1 May 2005 11:56 AM  
To: Committee, Mental Health (SEN)  
Subject: Submission to senate select committee on mental health

I am a mental health support worker, having worked in the field for approximately five years. I work for two organisations, one providing lifestyle support and community access, the other carer respite and some community access.

I would like to share some of the experiences I have had personally, and some of those that people I work with or have known one way or another have experienced.

First of all, I had a girlfriend about six years ago, who had a mental illness, and was receiving support for her illness from various services including a private hospital. After we broke up we had occasional contact, and she seemed to be going reasonably well, on the path to recovery. However, in 2002 it came as a shock to me to hear that she had committed suicide. Apparently she had started to get unwell again, and she felt that she couldn't face another lengthy stay in hospital, because she found the experience very demeaning. This says a lot about how mental illness is treated.

I have worked with various people who have mental illnesses and are in receipt of a disability pension, and the majority of them are feeling quite threatened at present, because there has been a threat to their income. Although John Howard has now backed down from trying to get people currently receiving a DSP to go off it and get jobs, the damage done by suggestions of using "coercion and incentive" is still being felt. These are unwell people who often experience paranoia and anxiety as part of their illness, and to be threatened with loss of income is only going to make things harder for them.

One client I work with has stopped seeing his psychiatrist, because in spite of the fact that the client is doing quite well in terms of linking with the community and surviving with schizophrenia (with the help of a lot of medication), the psychiatrist threatened him with "a long stay in hospital". He has been so affected by this that he hasn't been able to bring himself to see another psychiatrist.

Another client I work with who is also very independent and high-function in spite of his schizophrenia and OCD, was recently given a case manager from the Royal Brisbane Hospital who sought to

restrict his independence, and wanted his family to start looking after his medication, even though he has successfully looked after his own medication for the past ten years and more, without ever having overdosed.

On the other side of the coin, one of the services I work for was employed to administer an adult lifestyle package for a mental health client who also had Aspergers. The package was provided by DSQ, and was for sixty-five hours of support per week. This was apparently because his mother knew some politicians, including the governor-general at the time, and pressure was brought to bear in order for him to have such a large package of hours. After he has had this package for five years now, I would have to say it hasn't helped him. He has deteriorated, and developed a strong mentality that it is his personal package, and that support workers are his servants, who he can hire and fire at will. He is a lot more arrogant and demanding than the mild-mannered person he was when we first started working with him, and his behaviour towards his elderly mother has been so aggressive that she has had to retire interstate to get away from the abuse.

A little closer to home, my fiancé has a seventeen-year-old daughter who clearly has some kind of mental illness. Her psychiatrist has suggested that she has borderline personality disorder, possibly schizophrenia, a learning disability, severe anxiety and problems with impulse control. We are currently investigating whether she might also have an intellectual impairment. These problems were always there incipiently when she was a child, but since we have had twin babies of our own, my fiancé's daughter has become a lot worse. We have had to call the police on many occasions, because if we say no to her she becomes violent and aggressive, banging walls, yelling and even screaming, and threatening to kill us or the babies, or herself. She has made to get knives on occasion. However, the police have been dismissive, even callous about the situation. Occasionally they have taken her up to Redlands mental health, but that organisation has sent her back, saying there is nothing wrong with her. They suggest that it is all in our minds, and she is just being a teenager.

Since then, she has developed such anxiety that apparently the only thing she can do is stay in the city, where all the things going on distract her. This might be viewed as successful self-therapy, except that she often stays on the streets for weeks on end, during which her possessions are stolen, and on at least one occasion she was raped. Recently her mother organised for her to live in a boarding house at Spring Hill, because she seems unable to stay at home with us without having to go back to the city. But

in spite of our buying groceries for her, the other people on the street come and stay with her, eating all her food and taking her money, because apparently she can't say no to them. It was quite a battle for my fiancé to get Centrelink to pay the money to herself, so that she can give it to her daughter in small amounts, and avoid having it all squandered in one go - they even took her rent money on one occasion. Her daughter was in entire agreement with this, however last night she rang up and demanded all her money, saying she and her street friends were going to come over and get the money back - apparently this was because her street-friends needed the money, not her. Even if she doesn't get asked for money, she ends up wasting it all on alcohol or drugs, or shouting everyone else food, and seems unable to see the consequences of her own actions, in terms of having to do without for the rest of the fortnight.

Centrelink has blocked us all the way in terms of getting a disability payment for her, and when the psychiatrist was pressed to make a diagnosis, he backed down, apparently because he was scared of the repercussions of diagnosing someone under the age of eighteen. When the application went through for disability payment, it wasn't given to the disability section of Centrelink to assess, but instead a psychologist dismissed it. On another occasion, the Centrelink personal adviser and social worker wanted to rush through an application because they claimed they had a "duty of care" to our daughter, but in fact it turned out to be for some political reason, because the manager who was more lenient was still on leave, and they wanted to get it through before that manager returned. They have consistently tried to force her onto search-for-work programmes, even though they have been given medical certificates to say that she is mentally unwell, and unable to work.

From what we can gather, our daughter is not alone in being someone with a mental illness who lives on the street, and is unable to claim her entitlements from Centrelink. One of the strict policies of Centrelink is that you can't claim social security without a residential address, which means if you live on the street, you can't get money, and that means that you have no chance of getting accommodation! Many of the people on the street seem to have mental illnesses, and without support they can't access any of their benefits or get proper treatment, because they don't understand the system, in fact the system almost seems to be designed to hinder people from getting benefits or support. Apparently the incidence of mental illness in prisons is very high, and this reflects the fact that people with mental illnesses are being penalised instead of supported and rehabilitated.

As a mental health worker, I am aware of huge areas of unmet need in mental health. There are thousands of people who do not get support who need it, simply because the funds are not available. Only seven per cent of the budget is spent on mental health, whereas mental illness is a very widespread phenomenon today, and will only increase with drug and alcohol abuse by teenagers, and the rise of broken homes and domestic violence. Money is always scarce, and the bigger services seem to always be able to get the lion's share of it, leaving smaller, innovative services to survive on a disproportionately small budget.

It is clear that non-government agencies with adequate government funding are the best way to provide support to people with mental illnesses, and the greater the diversity, the more choice and access there is for the individual consumer. Disability Services Queensland has recently released its quality assurance standards, and they are to be commended for instituting what will become a high standard of quality in Queensland mental health organisations. But more funds need to be available for non-government organisations, especially small ones, so that they can provide a more personal, individualised service to people with mental illnesses.