



ATTENTION: Select Committee on Mental Health

REFERENCE: REVISED TERMS OF REFERENCE FOR
SENATE MENTAL HEALTH INQUIRY

I enclose my submission to this Inquiry, as follows:

* **In the Wodonga area, where is the early intervention for consumers – there is nothing.** They need to put something in place at an early stage.

* **Acute care:** There are times consumers ring Wodonga Adult Mental Health Centre to speak with the crisis team because their case manager is not there. The case team response to that is: “we can’t talk with you because you are case managed and need to wait till your case manager comes in”. For people starting to get to that acute stage and sometimes can’t hold on for a few hours, it should be the right of a customer to speak to the crisis team.

* **After hours crisis services:** After hours, people in Wodonga need to ring Kerford Clinic in Wangaratta. The nurse on the other end might say: “we haven’t heard from you in 6 months – you must be doing OK”. If these people were really hearing me, I am in crisis, extreme crisis, when I am not sure what is real, when I am afraid, when I desperately hate living and want to die. These nurses tell me to go and have a bath. Or second option is to go to the Emergency Department at Wodonga Hospital. Time after time I need to be treated for an overdose. Wanting to talk with Adult Mental Health – they won’t come out at night to the Hospital to see you.

* **Respite care:** There are no beds at the best of times. When it comes to respite, Kerford Clinic puts respite at the bottom of the list and you can’t get a bed, and for some people that’s what is needed to get away. It not only helps the person with a mental illness but also gives the family a break.

*** Opportunities for improving co-ordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care:**

Firstly I notice that the committee consists of all government departments. I do not see consumer reps on this committee. If there are no consumer reps on this committee, how do you know what people need e.g. have you been to some of the hospitals? I know that when you go to Kerford Clinic, if nurses want to lock you in seclusion, it can be up to 24 hours in the back – no toilet – a person can be yelling out for hours and no one will come. These people are human beings with an illness and they need to be treated with respect.

*** Supported accommodation for people with a mental illness** is a growing issue in Wodonga – people are homeless – waiting lists for Department of Housing are very long.

*** Family and social support services:** Family do the best they can – there is no support from Wodonga Adult Mental Health. Carers do it on their own. There needs to be support services put in place where people can share and learn. People might not get to crisis point if they can get help before they get to that point.

*** There needs to be training and support for primary carers in the treatment, recovery, and support of people with a mental illness.** Carers don't know what to do for their partners – they feel alone – don't know who to ring. Most partners need to work fulltime. On school holidays, there needs to be funding to support the carer in the care and management of their family. The carers are aware of the increase in stress levels for their partners when all their children are at home during holiday period, and historically this has impacted on his partner's mental health. We need to find stability in the family. You seek help time and time again – this time around it goes only to end up where you started.

*** The role of Primary Health Care in promotion, prevention, early detection, and chronic care management.** What I can't understand or accept is the way some medical professionals treat us. At Wodonga Adult Mental Health, the person behind the counter doesn't want to know it's me again "seeking attention", taking up her valuable time. To them I am nothing more than the word "borderline" that seems to mean a form of illness that can be treated with disdain.

*** Data collection and outcomes measurement, quality control monitoring, and evaluation of mental health services at Wodonga Adult Mental Health.** There is a survey done with the existing service – what does that do? We need one at the start, middle, and at the end. Not at random – every consumer should have the right to fill them out.

*** Staff at Wodonga Adult Mental Health should be more accountable.** I know only too well that they are busy. I know they don't need me showing up again having a crisis, but I am not my behaviour. My behaviour is but a reflection of my inner turmoil, hurt, fear, pain. Yet they've seen me before so I've been "put in a box". I've been labelled and of course in everyone's way – they are too busy to even think about looking past that label to see the real person hurting. Perhaps staff at higher levels are simply burnt out with no time or energy left over for their more difficult patients.

Again I was in crisis, staff at Mental Health were busy – when you're frightened, hearing this only makes you feel worse – why didn't someone talk to me? It seems being a woman with a mental illness that involves self-harm and crisis equates to becoming a non-person to some medical people. When you are faced with a woman with self-harming, suicidal behaviours, who may be screaming, who may not seem to be particularly lovable, something in her must be treated with respect.

She is not simply "seeking attention" -- her behaviours in all probability will be unconscious involuntary reactions to her pain – her great distress. Don't treat her or him as less worthy than your other patients – remember this woman is hurting and frightened.

Yours faithfully,

[Redacted signature]

Date 20/4/05

[Redacted text]

C:\mental_health\submission_1.doc