

Friday, 29 April 2005

This submission addresses point (g) of the Appointment and Terms of Reference of the Senate Select Committee on Mental Health.

I am a Community Worker funded to provide support to the carers of adults with a physical, intellectual or psychiatric disability in the Blue Mountains, Penrith and Hawkesbury local government areas. Over the past six months I have been focussing on those caring for someone with a psychiatric disability

Caring for someone with a disability can be demanding emotionally and physically draining. There are community services available to carers to support them in their role such as respite, support groups, day programs, advocacy and counselling.

However, carers who historically have not used community-based services such as respite are the carers of people with a psychiatric disability. This is due to the social stigma which still surrounds the sufferers of mental illness and the difficulties of including carers in the client's treatment plans by mental health services (Carers NSW: 2004 – Review of the Mental Health Act 1990)

Mental health services and carer groups such as the Association of Relatives and Friends of the Mentally Ill have acknowledged the paucity of services to support carers.

'Specific services for families and carers of people with a mental illness are patchy and at best minimal across the state' (ARAFMI, NSW)

For example in the three local government areas under discussion, there is an ARAFMI support group in Penrith, a sub-group of ARAFMI in Katoomba and no support groups in the Hawkesbury region. The combined population is 307,788. If we use the usual indicator that 13% of the population are primary carers then 61,557 of this population are carers and if one in 5 of the population have experienced mental illness – a rough indication of mental health carers would be 12,311 in this region. This is only a rough indication as there is no collation of statistical data on this group.

There is one counselling course for carers being conducted in Katoomba, nothing at all in the Penrith and Hawkesbury regions.

Some documented benefits of providing support and education for families and carers are:

Reduction in distress (Sane Australia, 1999)

More effective support and understanding from family (Sane Australia, 1999)

From anecdotal evidence received during my work, it is my view that the carers of adults with mental illness (who are themselves difficult to identify and contact – the hidden carers) suffer themselves from mental distress, such as depression and anxiety. It is important to look at the needs of carers as individuals, as well as supporting them in their role of caring for an individual who is mentally unwell.

I would call for additional funding to be provided to Commonwealth Carer Respite Centres in order that they could provide respite for these carers and specific mental health training for the direct care workers.

In addition, I would suggest that Counselling Programs for carers be run in each local government area under the auspice of one organisation, so that services are delivered in a cohesive and effective manner.

I would appreciate the opportunity to expand on these views in person.

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