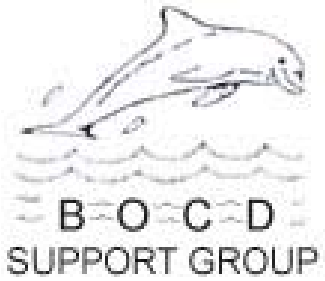

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Ian Holland
Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

24 April 2005

Dear Mr Holland,

My name is Patricia Minnaar and I am the coordinator of the Brisbane Obsessive Compulsive Disorder Support Group (BOCDSG). I am also a consumer of Mental Health Services and a carer of a young adult with psychiatric disability.
On behalf of the BOCDSG, I would like to highlight a range of concerns faced on a daily basis by this state-wide mental health support group:

- The lack of substantial recurrent funding
- The administration of the group is virtually "a one-man show" with the Co-ordinator reliant on the capacity of **unwell** volunteers. Groups such as ours need reliable volunteers who are **able-bodied** and **able-minded** from the community i.e. a "buddy/mentor" relationship. I understand that Volunteering Queensland ran such a successful project years ago until funding ceased. Without community support, groups do not survive.
- Lack of respite services like ARAFMI's Family Support Programme – Jerendine & Coolibah. OCD sufferers outside Brisbane cannot access these cost-effective services which potentially creates more consumers/dysfunction for the system to subsidise.

- OCD sufferers without families/carers may face rejection from funding bodies eg. Disability Services Queensland, despite given the highest rating of need, and therefore **fall through the cracks.** Unfortunately, Anxiety and OCD also appear to **fall through the cracks** because these disorders are not considered to be as serious and debilitating as the psychotic disorders. A huge concern is our young people at 15-25 years of age. They **do fall through the cracks.** It's not COOL to be sick and isolated from your peers. More vocational rehabilitation/employment programmes are needed to keep them on track and from suiciding. "Stepping Stones Clubhouse" is not for everyone. Support groups can only pick up so many pieces.
- Lack of training for service providers and support workers working with OCD sufferers. With all good intentions, support agencies could unwittingly sabotage the recovery process by aiding and abetting, rescuing and accommodating the disorder, re-enforcing dependency on a service rather than facilitating effective self-management. Effective listening and communication skills are essential here as time and funding is of the essence. For example, an articulate, tertiary–educated client of a service, already living independently, desperately needing alternative accommodation, will not benefit from weeks of mere "Life-coaching" offered by that service. Needless to say, the outcome is negative.
- Lack of understanding and compassion from mental health professionals. It is a concern when a mental health professional calls OCD a "middle-class syndrome that occurs only in affluent suburbs".
- Lack of affordable resources. The same mental health professional stated that " if they opened their doors to OCD sufferers, they would be inundated". OCD sufferers on pensions cannot afford private psychologists. Therefore, CBT for many is not an option.
- There needs to be a two-way commitment/true partnership between services and clients/consumers/carers. Clients of services need to be **encouraged to take responsibility** for their recovery from day one. Otherwise, a victim mentality/professional patient attitude could develop. The ultimate goal is to help people **HELP THEMSELVES.**

Yours faithfully,

Patricia Minnaar