**A submission to the Senate Select Committee on Mental Health.**

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I am currently working for a social recreation program for adults with a mental illness. For the past three years I have been an advocate for a community member who has a mental illness. I have also researched some issues surrounding mental health as part of my studies for a Diploma in Welfare. I would like to offer my opinion, based on my experiences through work, study and life, on the following Terms of Reference.

b) **The adequacy of various modes of care for people with a mental illness, in particular prevention, early intervention, acute care, community care, after hours crisis services and respite care.**

The services offered to people with mental illnesses are mostly clinical. That is, they are operated by medically trained staff and based on a clinical assessment and treatment. Programs, such as the social recreation one that I work for, are very difficult to find. More programs are required to address consumers' needs in a more holistic approach. The consumers not only have medical needs regarding their mental and physical health but they also need to develop social and living skills. They have emotional and spiritual needs such as the desire to belong to the community and to have acceptance for who they are. They want the opportunity to form friendships, to follow their faith, to be educated and to work where possible. More programs to address these areas of the consumers' lives are required so that their mental health can be strengthened and maintained.

I am also concerned that when a consumer is discharged from acute care neither they nor the carer are given any follow up service or care. The consumer is sent home after experiencing a period of acute illness and is not provided with any care package or program to be followed. They are given medications to sedate and dull them but no care to support them in regaining good mental health. It is necessary for services to recognise that consumers require follow up care to prevent the consumer from returning too soon to the acute care ward, or placing them at risk of self-harm or suicide.

e) **The extent to which unmet need in supported accommodation, employment, family and social support services is a barrier to mental health outcomes.**

The unmet need in supported accommodation will be telling in the next ten years when ageing parents, who are looking after middle-aged adult children with a mental illness, become incapable of doing so. Who is going to support and care for these consumers then? At present the shortage of supported accommodation makes it difficult, if not impossible, for ageing parents to put a contingency plan in place in the case of them becoming incapacitated or indeed, dying. Imagine the angst and stress that this is placing

on the parents; they are feeling fearful for their loved one and concerned for what will become of them when they are no longer able to care for them. The consumer is also feeling insecure and frightened when confronted with the likelihood that his/her parents will not always be able to care for him/her. Combine these emotions with the symptoms of their mental illness and it is understandable that their illness is heightened. Most of the consumers living with their ageing parents are unable to live independently due to chronic illness and the lack of necessary skills.

As stated previously in b) more social support programs are required to address consumers' needs in a more holistic manner. If the consumer is treated and cared for as a whole person with many and varied needs then their mental health will benefit and be improved. Research has shown that time in the sunlight, exercise, healthy eating and social relationships all improve a person's mental wellbeing. If there were more services incorporating programs that emphasised such things then perhaps the demand on clinical services would be reduced. Consumers would have the support to take greater care of their all-over health and wellbeing, resulting in longer periods of good mental health.

f) **The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence.**

The special needs of the consumers in these varying groups must be addressed by better integration and cohesiveness between different service providers. For example, the Mental Health service needs to work with the Drug and Alcohol service to provide optimal support and care for the mental health consumer who has an alcohol dependency. Better integration of services will assist to manage the consumer's illness by offering a more holistic approach to their wellbeing. It is unfair and unrealistic to think that treatment for one aspect of the consumer's health is going to also 'fix' all other aspects of their health. To assist recovery and to encourage better mental health then all their needs must be addressed and the appropriate care and support provided.

The integration of services requires staff to undertake training so that each service has a better understanding of the other. Intake forms need to have questions that will indicate any other areas of the consumer's life that may need expertise attention, so that appropriate referrals and assistance can be given. For example, a mental health consumer indicates on her intake form that she is the mother of two dependent school-aged children, then she not only gets care for her mental health but also supports for her children, greater assistance from the school, and help with her parenting skills. Integration would also involve joint case management between the involved services for that consumer. Other community agencies and services outside of the health sector would also be involved such as the Education Department, Support groups, HACC etc.

**g) The role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.**

Most carers require greater training and support throughout all phases of the mental illness. As mentioned above, the ageing parents are concerned with who is going to support their children when they are no longer able. In the mean time they would definitely benefit from respite care, which is very difficult to get at present. Many of these carers are exhausted, financially drained (as they survive on pensions), stressed and, more than likely have their own health concerns. They continue to care for their loved ones around the clock, mostly in isolation, without any relief or time-out. This is an extremely taxing position for anyone to be in.

Another group of carers that concerns me is the children of parents with a mental illness. There is very little recognition or awareness in the community of children who perform this role. These children are foregoing a normal childhood because in most cases they 'have' to be the carer as there is no one else available to be. They are given very little assistance with their education and mostly leave school early with a very limited and interrupted education. Many are unemployed as a consequence of limited education, poor employment skills and the time-consuming role of carer. They are ashamed of their situation and are often bullied and victimised by peers who have no understanding of their situation. The respite care that may be given is quite often restricted by OH&S laws, thus limiting what workers can do and resulting in the children still being responsible for the heavy workload. At other times the respite care is inappropriate, such as a worker sitting on the lounge with the consumer while the child is washing the dishes or making beds. The children are often excluded from any clinical consultations regarding the consumer even though they are the primary carers. This does not avail the necessary information to them that would assist their understanding of the parent's mental illness. This exclusion also undermines their role in the consumer's life. These children need immediate attention so they can receive their deserved care and support from the community.

**h) The role of the primary health care in promotion, prevention, early detection and chronic care management.**

When a consumer is assessed in the emergency department of a hospital it is only their mental health that is assessed. Their physical health is often neglected as treatment of the mental illness takes precedence at that time. The physical health of mental health consumers deteriorates due to the long-term use of the various medications prescribed to them. They are also at greater risk of self-injurious behaviour and often can have a dependency on drugs or alcohol. A directive for physical health assessments, as well as mental health assessments, needs to be made for all emergency departments.

It also appears that there is a shortage of case managers for consumers. The slack is being taken up by workers, from different services, acting outside of their designated positions. More funding and more case management positions are needed so that

consumers can receive coordinated support and attention that will be more effective in creating a holistic care program.

l) **The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.**

Education in the community needs to be increased and must be incorporated into established learning facilities. One in five people will be affected by mental illness! This is one-fifth of our population at any given time. Yet the ignorance and misinformation of mental illness is still so prevalent in our community that the consumers are discriminated against and stigmatised in all that they do. All primary and secondary school children need to be learning about mental health in their curriculums. How many of these children are being affected by mental illness, if one in five of the general population are? It needs to be included in the curriculums of TAFE and university courses too. Emergency service personnel, government departments such as Centrelink and Department of Housing, and other supporting services need to also be better educated about mental illnesses. The consumers are often discriminated against due to their illness, for example, when looking for housing, they are often seen as being incapable of maintaining a home and thus denied accommodation.

The media particularly require educating, as it is often them who fuel the stereotyping of people with mental illnesses. They regularly report on crimes or other socially unacceptable behaviour that is supposedly done by a person with a mental illness. This feeds on the community's fear and contributes to the stigma surrounding mental illness. The media also tend to give the message that all mental illnesses display the same symptoms and that people with a mental illness are dangerous and require incarceration. The media's portrayal of people with a mental illness must be changed for any real change in stigmatisation.

Another benefit of education is prevention and early intervention of mental illness. If a young person is aware of the symptoms of a mental illness, and recognises those in themselves, then they will be able to receive medical attention at the earliest onset. This will provide greater opportunity for appropriate and more effective management of the illness thus lessening the impact of the illness on that young person's life. Education will encourage people to take care of their mental health and provide them with better coping skills so that crises and stress has less impact on their wellbeing.

I appreciate this opportunity to contribute my opinion to the Senate Select Committee.

Janine Anderson.