

**SUBMISSION TO THE SENATE INQUIRY INTO MENTAL HEALTH
SERVICES
FROM THE NATIONAL COUNCIL OF WOMEN OF QUEENSLAND
MAY, 2005**

The National Council of Women of Queensland is a Council of women's organisations and individual members, first established in 1905, and operating continuously since then, for the betterment of conditions for women and children and for the community generally. It has 52 affiliated organisations and 50 individual associate members in Queensland. Permanent standing committees operate in twenty different fields, one of which is Health. It is a Constituent Council of the National Council of Women of Australia and, through that body, is affiliated with the International Council of Women.

Impact of Deinstitutionalisation

Moving mental health patients out of institutions and into the general community some thirty years ago had tragic consequences for many of them. Most of them still needed a high level of supervision and were ill-equipped to cope with day to day living on their own. Over those thirty years, the number of psychiatric beds in Australia has dropped from about 30,000 to 8,000 while the population has doubled, according to an article in the Medical Journal of Australia, published on 18th April, 2005 (page 396). Community services were woefully inadequate to cater for them at the time and are only slightly better today. It must have saved governments a great deal of money but was high in costs to these vulnerable members of society.

Lack of Support Services

The breakdown in families, particularly noticeable where a family member is handicapped in any way, usually leaves the mother as main carer. Mothers age and eventually die. Siblings, who often have their own younger family by then, only rarely undertake the same responsibilities. The adult patient may have no-one to look to and then needs government intervention or a sympathetic landlord. Landlords tend to have a bad reputation for exploiting weaker tenants. Those who have a mental health problem often have difficulty maintaining friendships and it is a very special friend who will look after someone whose behaviour may be very erratic.

A much higher level of community services than that available at present is an urgent requirement. Frequent contact is essential to ensure continuity of treatment as denial of need is very common in mental illness as well as a general carelessness in self-care.

There is more mental illness among the homeless than in the general community. Some will be found in our gaols and it is uncertain whether they receive appropriate recognition and treatment there.

Community Facilities

Supervised community care should be available to all those who need it. Mental illness is an episodic condition. Quite often the patient is aware that an acute phase is developing and will seek attention himself. The casualty department of a busy general hospital is probably not the best place to seek such help. There are many anecdotes in Queensland of patients being refused a bed, sometimes because there are no beds available but sometimes because the junior medical staff member may not recognise

the seriousness or urgency of the condition, especially if this happens during the night and there is no-one else for the medical officer to consult.

In larger cities, a case can be made for special hospitals and special clinics open 24 hours a day, rather than using general hospital beds for these patients. In all areas, there should be a 24-hour telephone service where a suitably qualified person can assess by questioning just how serious is the situation and be able to arrange appropriate advice or treatment.

Respite for Carers

Carers get inadequate recognition and inadequate funding. Those who look after violent, very obstructive or destructive patients cannot arrange respite care in the usual institutions because of the disturbance to other patients. Respite beds, perhaps in a special facility, are needed for those patients who are so noisy, destructive or violent that they cannot be accepted into ordinary hostels or nursing homes. It may not be a profitable undertaking so that governments may need to provide them. Every long-term carer should be entitled to three weeks respite each year. Occasional day care should also be available.

Housing

Institutions need more beds for those who cannot cope with life in the general community. Some mental institutions were shown to have a history of patient abuse so this must not be allowed to happen again. Whistleblowers who are acting in the interests of patients should be protected instead of being victimised by management as happens at present. Therapy and recreational programmes should be professionally managed for all patients. Relatives should be kept informed of events relating to the patients. Emergency beds should always be available.

Cottage style housing for 6 to 8 people with a suitably qualified resident supervisor would suit others better. The supervisor should have some training in mental illness and should only oversee the cooking and domestic chores, which should be performed by the residents. During an acute episode, a supervisor could be at some risk of violence, so that a couple living in, only one of whom would be employed for the purpose, would be a safer option. The partner might be employed elsewhere but be available in an emergency, especially at night.

Carelessness or refusal to take prescribed medication is common and especially so during acute episodes when the patient may maintain there is nothing wrong with him. Often it is necessary for a carer to actually watch the patient swallow the tablet. Hygiene and nutrition may also need to be supervised but the more freedom that can safely be allowed the better.

Unit accommodation in a block of twenty or more, with only limited supervision could be sufficient for others. As most will be living on a government pension, housing needs to be cheap. Again, the supervisor should live in one of the units and have some training in mental illness. Supervision of hygiene and medication may be necessary and there should be telephone access to a panel of psychiatrists on call 24 hours a day.

Regular home checks by a community nurse or social worker specialising in the area should be given to all patients to ensure that they keep appointments and get prescriptions filled and that they are actually taking their prescribed medication and coping well enough.

Sheltered Workshops

The closure of sheltered workshops was a tragedy for some of the people employed there. Apart from making them feel part of the workforce and so useful contributors to the community, socialisation was perhaps the most important feature of the workshops. Most of these people did not succeed in getting jobs in the open market and just remained at home feeling useless and unwanted. We need sheltered workshops again. .

Co-ordination of Services

Better communication between all mental health service providers is crucial. This includes public and private health professionals and the welfare organisations that have contact with their patients. Patients over years may seek help from many different service providers, sometimes with duplication of services. Liaison between hospitals, general practitioners and community services could be greatly improved.

Drug-taking

It is accepted that recreational drug-taking, specifically marijuana, unmask or perhaps induces mental illness in the form of schizophrenia and bipolar disease. Children start using drugs at an early age. This is one area where early intervention could help. Many psychoses start in early adulthood and those affected are also prone to turn to drugs so that it is important that serious drug-takers have proper assessment to ensure it is not an early sign of mental illness.

Prevention

An education in drugs should be mandatory, starting in primary school as part of the general curriculum and reinforced by visiting experts from such bodies as Drug Arm. Parental guidance is useful but peer pressure often influences a child more. From watching children in discussion groups on TV the fear of “going mad” seemed to weigh more heavily than the possibility of death. Advertisements on TV and pop music radio stations should try to make drugs seem socially unacceptable as well as dangerous. A reward system for naming dealers may be effective at school level.

Guardianship

A parent retains guardianship of an adult person, who is so disabled that he is not entitled to the ordinary rights of citizens under the law, while that person resides at home. With age or increasing frailty of parents or increasing behavioural problems or even the weight of older patients who need lifting, a parent may be unable to cope any longer. If the disabled person is put into any institution, after the age of eighteen years, the parent immediately forfeits all right to make any decision on behalf of that person. In Queensland, they are put into the protection of the State-appointed office of the Adult Guardian.

This is a source of great anguish in a caring family and some struggle on to provide care at home under very difficult circumstances to avoid being totally excluded from all decisions relating to their adult child.

We would like to see legislation to allow a parent to apply to a Court for permission to become the adult guardian of their own child, provided that they can prove to the Court that it is in the adult child's best interest.

Media

The media in general are responsible for much misunderstanding about mental illness. An advertising campaign to provide a better picture of mental illness presented in an interesting and entertaining way may engender greater understanding and sympathy in the general community. Bureaucracy has made some very unfortunate decisions over the years from lack of appreciation of the realities of life for patients and carers.

Budget

All the above equates to increased spending. As it is estimated that over 10% of the population will have a mental illness at some time in their lives, this is not unreasonable. With an ageing population and increasing longevity, the incidence of various forms of senile dementia will increase markedly in the near future.

Mental health has never had the priority in public or government consciousness that it deserves. The stigma attached to it and the wish of families to keep it secret has downplayed its importance for too long.

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