



2005 Senate Select Committee - Mental Health **Submission by the Network for Carers of People with a Mental Illness**

Introduction:

The Network for Carers of People with a Mental Illness welcomes this opportunity to respond to the Senate inquiry into mental health. As the peak body representing mental health carers and carer organisations in Victoria, we are in a position to make some comments about the state of mental health in Victoria according to the information we receive through our member representatives, funded research, working groups, participation on local and state committees, and from our biannual conferences for carers.

Following are some key points from the Network, which roughly follow the order of terms of reference offered by the committee.

- There is an urgent need for a range of rehabilitation programs for people with a mental illness, including Prevention and Recovery Care services to be rolled out across all areas of Victoria. Currently only two are operational, and are reported to have initial success. Longer-term residential rehabilitation programs lasting up to 6 or 7 years are also needed to properly address the issues of clients with complex and chronic issues.
- There remains a great deal of uncertainty among health professionals about the interpretation and application of the privacy requirements under the Mental Health Act 1986 and Privacy Act. As expressed by the Chief Psychiatrist of Victoria in his recent guidelines for working together with families and carers, this lack of understanding works against both carers and consumers. Much more work is needed to ensure that private sector professionals also have easy access to some form of training in family sensitive practice.
- State-based initiatives such as the guidelines for working with families and amendments to the Mental Health Act do not make headway into private sector practices. The National Mental Health Strategy should address this issue with greater emphasis on coordination of private psychiatrists, GPs and other allied health professionals. Further funding for Carer Resource and Support Workers is also needed to adequately meet the demand from carers outside the public system.
- Supported accommodation is a massive unmet need with Network member organisations in some cases not even being able to place people on waiting lists for Supported Accommodation. Homelessness leads to a deterioration of psychological functioning and general health, raises the risk of substance abuse, and increases the likelihood that the person affected will need to return to emergency services for intensive treatment. The tragedy of insufficient funding is that many people who do not receive adequate treatment have suicide as an outcome in a number of cases.
- Intensive Home-Based Outreach Services providing support to people with a mental illness at risk of homelessness need to be extended.
- The recent National Young Carers Summit highlighted the invisible plight of young carers in the community. The Network supports the continued funding for programs for children of parents with a mental illness (CHAMPS), adolescent carers (Paying

Attention To Self or PATS) and other similar programs to be delivered in a coordinated manner across all regions so that young carers can experience continuity of support.

- There is an urgent need for designated Crisis Assessment Teams and more after-hours services in all areas of rural Victoria. The need for a greater range of psychiatrists and specialised services remains a big issue for rural Victoria.
- We have become aware of how severely under-resourced the Child and Adolescent Mental Health Service system is, with families being forced to wait for their children's symptoms to worsen before being considered for assistance. The current state-wide inpatient service at the Austin Hospital for children with extreme behavioural issues is nowhere near adequately resourced to meet the demands of children and familiesⁱ.
- The Culturally And Linguistically Diverse (CALD) communities remain significantly disadvantaged in accessing treatment and care due to differences in understanding of mental illness, limited knowledge of specialist services available, stigma and language barriers. Apart from during acute episodes, CALD families seem to rely heavily on GPs or, where available, on private psychiatrists from their own language group. This means that many people from CALD backgrounds cannot access the range of programs offered in the public system to support recovery and an even greater burden is placed on CALD families. More resources are urgently needed to implement the aims of the Multicultural Mental Health Planⁱⁱ.
- There is growing recognition in government that services need to be better prepared to deal with people with complex care issues. While more opportunities have been created for training of health service staff in dual diagnosis and complex needs, there are still relatively few residential places that can effectively support people with complex needs.
- Families and individuals suffering from the high prevalence disorders of anxiety, depression and eating disorders have been a low priority for Victoria's public mental health services, and despite better nominal recognition in the 3rd National Mental Health Plan, continue to experience great difficulty accessing appropriate treatment. Recent research by the Network and beyondblueⁱⁱⁱ has indicated that while the severity of these disorders is frequently minimized by the community and many mental health professionals, the disabling and life threatening aspects of these conditions are clear and exacerbated by the systemic lack of treatment and support^{iv}. A range of policies are needed to begin to address this issue including a greater resourcing of early intervention services and the mutual support and self-help sector, targeted education of professionals in the private and public sectors, and more affordable treatment.
- More supports are needed for carers themselves who continue to suffer from the impacts of caring for their relative with little adjustment to carers' needs from other sectors. More resources for respite that is tailored to carer needs, with flexible funding criteria, are urgently needed to restore and protect carers' wellbeing.
- A significant positive development in the promotion of early detection and intervention has been the recognition of the frontline position of GPs as the health professionals most likely to come into contact with people with mental health issues. The training of primary mental health care teams and the Better Outcomes in Mental Health Initiative is a welcome development, which nonetheless needs much greater funding and evaluation in order to meet the demand.
- A recent survey found that 60% of prison admissions have an active mental illness^v. The factors – including lack of treatment options, problems with community treatment orders, lack of supported accommodation, self-medication - leading to so many people

with a mental health problem being incarcerated need to be comprehensively addressed. The upsetting case of Cornelia Rau has at least served to bring public attention to this terrible state of affairs, which consumers and families have been complaining about for many years. At the other end, factors contributing to people with mental health issues returning to jail need to be dealt with. Our understanding is that a small pilot of the Office of Housing and the Office of the Correctional Services Commissioner provides 61 transitional places for ex-prisoners in Victoria^{vi}. This is a good start but in no way represents an adequate level of support for this population. The fact that Victoria is viewed as a leading model in this regard raises grave concerns about the level of services in other states.

- The Network is aware of a rise in education campaigns aimed at de-stigmatising mental illness in the community. Mindmatters and programs which focus on educating media representatives in sensitive reporting of mental health matters are also to be applauded.
- Stigma towards people with mental health issues continues in the employment sector, not only in the business community but also in Centrelink and other supported employment agencies. In addition, many of these agencies have no protocol for including carers in their service provision. No overarching national or state policy exists that relates to carers of people with mental health problems in the workplace. It is important that policies which encourage greater workplace flexibility for carers to manage episodes of intense care without disadvantage are considered.
- The lack of accountability in services for following guidelines for carer-sensitive practice through funding and service agreements continues to be a point of dissatisfaction for carers involved in public mental health services. The Victorian Mental Health Branch has produced some commendable policies including the Carer Action Plan, increased numbers of carer consultants, and the amendment to the Mental Health Act (Ss120A)^{vii}. Promoting carer sensitive practice through education of public mental health service providers (the Family Sensitive Training program) and the forthcoming publication of guidelines relating to discharge practices in the public system are further good examples. However, the inconsistent uptake of these guidelines across catchment areas has left carers appalled and frustrated.

Conclusion:

The need to recognise carers in their overwhelming and often enduring role has been acknowledged by the National Mental Health Strategy and the 3rd National Mental Health Plan. In Victoria at least, a number of significant policy developments have brought about more information and referral services for carers and assisted in the greater participation of families in treatment and service provision in parts of the public sector. Nonetheless, the total expenditure directed to carer services amounts to a mere 2% of the mental health budget, an alarmingly small figure, given the vital role of carers in mental health and the serious impact that caring has upon their wellbeing^{viii}. While the National Action Plan for the Promotion, Prevention and Early Intervention for Mental Health (2000) has developed the right policy focus, its vision is still far from realised, with carers continuing to describe the system as an experience of lurching from one crisis to another. Strategies at the national level which involve primary health, the private sector, employment and housing sectors are needed. The many issues raised in this document serve to highlight the fact that funding which is commensurate with the impact of mental illness on the community is long overdue.

Network Awards for Best Practice in Mental Health for Support Given to Carers 2005:

This year at our 6th State conference for Mental Health carers, the Network instituted the presentation of awards for best practice in support given to carers. These awards were designed to draw public attention to positive examples in the community and acknowledge the skill and commitment that many service providers have demonstrated in their inclusion of family carers in treatment and care. Nominations were received from carers themselves and were voted on by the Conference Committee. Listed below are the winners in the five categories:

(1) For best practice in support given to carers by mental health professionals and other associated health service providers:

Mental Illness Carer Advisory Link (MICAL) - a collaborative partnership between the Southern Health Mental Health Program, Southern Mental Health Association and the Carer Respite Centre - Southern Region. Ph: (03) 9556 5243.

A successful partnership of community resources and carer volunteers.

(2) For best practice in support given to carers by an Area Mental Health Service (inpatient unit or community based service) - individual staff member or team:

Sean Duffy, Ballarat Health Service – Ph: (03) 5320 4100.

For his work in promoting, support and education of carers and families on the Adult Acute Unit

(3) For best practice in support given to carers by a Psychiatric Disability Rehabilitation Support Service

Sally Bilbao, Richmond Fellowship Victoria – Ph: (03) 9819 3981.

For working with a family/carer inclusive approach

(4) For best practice in support given to carers by an individual practitioner or a service that demonstrates excellent culturally sensitive practice.

Jill Mancini, North West Area Mental Health Service, Continuing Care Team – Ph: (03) 9355 9700.

For her ability to communicate clearly and with compassion to carers who have cultural and language differences.

(5) For a carer who has provided support and advocacy and highlighted issues for carers.

Kali Paxinos – for her outstanding support to carers over many years

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ⁱ The Association for Children with a Disability (2005). *The Behaviour Challenge: Issues and Solutions for Children and Young Adults with Difficult Behaviour*. Association for Children with a Disability: Melbourne.

ⁱⁱ CarersVictoria (2004). *HREOC and MHCA Mental Health Community Consultation Submission*. Carers Victoria: Melbourne

ⁱⁱⁱ The Network for Carers of People with a Mental Illness & beyondblue series (2005). *The Experiences and Needs of Carers and Families Living with Depression. The Experiences and Needs of Carers and Families Living with an Eating Disorder. The Experiences and Needs of Carers and Families Living with an Anxiety Disorder*. Retrieved from <http://www.carersnetwork.org/publications/network-papers.php>.

^{iv} CarersVictoria (2004). *HREOC and MHCA Mental Health Community Consultation Submission*. Carers Victoria: Melbourne

^v Mental Health Coordinating Council 'Criminal Justice and Mental Health' Fact sheet 1. Retrieved from http://www.mhcc.org.au/factsheets/factsheet1_Criminal_justice.htm

^{vi} Hinton, T. (2004). 'The housing and support needs of ex-prisoners: The role of the Supported Accommodation Assistance Program', Department of Family and Community Services.

^{vii} CarersVictoria (2004). *HREOC and MHCA Mental Health Community Consultation Submission*. Carers Victoria: Melbourne.

^{viii} *Ibid.*