



ARAFMI HUNTER

Submission to the Australian Senate Select
Committee on Mental Health

on

THE PROVISION OF MENTAL HEALTH SERVICES IN AUSTRALIA

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1.0 INTRODUCTION

1.1 About ARAFMI Hunter

ARAFMI Hunter is a branch of the national Association of Relatives and Friends of the Mentally Ill. ARAFMI Hunter was established in 1979 and is run by staff and volunteers who have personal experience with mental illness (ARAFMI NSW, 2005).

ARAFMI Hunter's vision is for a community that understands and responds to the impact of mental illness on families, friends and carers. ARAFMI Hunter's main objective is to provide services for the family, friends and most particularly the carers of the mentally ill. ARAFMI Hunter provides a wide range of services from an information line and library to carer's workshops and an annual carer's retreat (ARAFMI Hunter Annual Report, 2004).

ARAFMI Hunter is a non-profit organisation, which receives funding from a non-government organisation grant, the Hunter New England Area Health Service and the generosity of members of the community.

1.2 ARAFMI Hunter's Interest in this Inquiry

As ARAFMI Hunter is an organisation focussed on carers, it sees this inquiry as an opportunity to comment on the need for an increase in support for carers and to raise some issues of concern for carers. It follows then that the terms of reference ARAFMI Hunter will examine in this submission are those which relate directly to carers or deal with issues of concern for carers. These are:

- g. the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;
- 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;
- m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness.

This submission was compiled through extensive consultation with ARAFMI Hunter's Director, Joanne Sinclair, who provided a wealth of information, experience and ideas.

1.3 Background on Carers

Carers of the mentally ill are usually family members or friends who provide care and support for a loved one with a mental illness. They can be parents, siblings or even children of a mentally ill person and can come from all walks of life (Carers Australia, 2004).

Caring for a person with a mental illness can affect carers physically, emotionally, mentally and spiritually. Many carers are put into a position where they must give up work, their social lives and even time to themselves in order to take care of a mentally ill loved one.

2.0 Terms of Reference

2.1 - the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness.

ARAFMI Hunter believes that the training and support for primary carers in the **support** of people with a mental illness is adequate. However, ARAFMI Hunter believes that the training and support for primary carers in the **treatment** and **recovery** of a person with a mental illness is largely inadequate.

2.1.1 The adequacy of training and support for primary carers in the support of a person with a mental illness.

It is ARAFMI Hunter's belief that the training and support for primary carers in the **support** of people with a mental illness is adequate, because of the services provided by ARAFMI and other carer based organisations. ARAFMI Hunter provide a range of services which help primary carers to better support their mentally ill loved ones, such as workshops which aim to support carers physically, emotionally, mentally and spiritually, an annual carers retreat, supportive counselling and access to educational materials. Although ARAFMI Hunter believe the training and support they provide is adequate they also believe that this training and support is limited by a lack of funding. ARAFMI Hunter believe that if funding was increased they could provide an even higher level of support for primary carers in the support of their mentally ill loved ones and in many other areas as well.

2.1.2 The inadequacy of training and support for primary carers in the treatment and recovery of people with a mental illness.

ARAFMI Hunter believes that mental health professionals provide inadequate support for primary carers in the **treatment** and **recovery** of a person with a mental illness. ARAFMI Hunter believe that mental health professionals do not give primary carers enough information about the mentally ill person in their care, due to restrictions placed

on them by the Privacy Act, and that this limits the level of assistance primary carers can provide in the treatment and recovery process. ARAFMI Hunter believes that the support for primary carers in the treatment and recovery of a person with a mental illness could be more adequate if some changes were made. ARAFMI Hunter believes that the Privacy Act should be amended to take into account the need for primary carers to have as much information as possible about the person in their care. ARAFMI Hunter also believes that all mental health professionals should be trained in Family Sensitive Practices so that they can better cooperate with primary carers in the treatment and recovery process.

2.2 - the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by a mental illness and their families and carers.

ARAFMI Hunter believes that education has been inadequate in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers. ARAFMI Hunter believes that education has been inadequate because of the lack of funding for education on mental illness and for organisations like ARAFMI. For example, ARAFMI Hunter aims to provide education which de-stigmatises mental illness and to provide support service information for families and carers. ARAFMI Hunter offer workshops on stigma, educational materials on mental illness, group programs on family sensitive practices for mental health professionals and they distribute information on mental illness throughout local shopping centres and at community functions. However due to a lack of funding ARAFMI Hunter

can only educate on a small scale and this means that they cannot greatly impact upon negative attitudes about mental illness as much as they would like to.

ARAFMI Hunter have a number of recommendations to increase the adequacy of education in de-stigmatising mental illness and in providing support service information for families and carers, these are:

- That the funding for ARAFMI and organisations like ARAFMI be increased so that they can put in place more effective and widespread campaigns to de-stigmatise mental illness and provide an even greater amount of support service information.
- That there be an increase in the education about mental illness provided in schools, among mental health professionals, law enforcement and general health services.
- That funding should be provided for an advertising campaign which educates and brings greater awareness to the general public on common mental illnesses such as Schizophrenia, Bi-Polar Disorder, Anxiety Disorders and Obsessive Compulsive Disorder.

2.3 - the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by a mental illness.

It is ARAFMI Hunter's belief that agencies such as housing, employment, law enforcement and general health services are mostly proficient and accountable in dealing appropriately with people affected by mental illness. Nevertheless ARAFMI Hunter believe that there are still some problems in the way these agencies deal with people affected by mental illness. All too often ARAFMI Hunter's staff members and volunteers hear carers tell of how their mentally ill loved ones have been shunned by employment agencies or have been imprisoned when they should have been given treatment.

ARAFMI Hunter recommends that these agencies abide by the National Practice Standards for the Mental Health Workforce. In addition to this, ARAFMI Hunter recommend that a specialised employment service should be established for the mentally ill with staff who are trained to be empathetic to people with mental illness. ARAFMI Hunter also recommend that law enforcement agencies receive better education about mental illness so that they can recognise the difference between a person with a mental illness and a person with behavioural problems and deal with them accordingly. This would mean that people with a mental illness could be treated more humanely and given

appropriate treatment rather than being imprisoned which invariably leads to deterioration and this may lead to suicide or extreme behaviour.

3.0 Conclusion

ARAFMI Hunter believes that there is a need for increased support for carers by the government and a need for the government to address the issues that concern carers. ARAFMI Hunter does as much as they possibly can to support carers and address their needs but believe that increased funding is needed so that they can provide an even higher level of service.

ARAFMI Hunter believe that the federal and state governments should work together with ARAFMI and other carer oriented organisations to support carers and address the issues that concern them in areas such as those mentioned in this submission:

- The lack of training and support for primary carers in the treatment and recovery of a person with a mental illness.
- The inadequacy of education in de-stigmatising mental illness and providing support service information
- The problems that still remain in agencies such as housing, employment, law enforcement and general health services.

ARAFMI Hunter believes the government should address the needs of carers as they play an extremely important role in the lives of people affected by mental illness. If carers are not supported and are unable to look after their mentally ill loved ones then who will?

4.0 Recommendations

1. That funding be increased so that carers of the mentally ill can receive all the support, training and education they require.
2. That the Privacy Act should be amended to take into account the need for primary carers to have as much information as possible about the person in their care so they can receive more adequate training and support in the treatment and recovery of their mentally ill loved ones.
3. That there be better education about mental illness in schools, among mental health professionals, the general public and agencies such as law enforcement, housing, employment, general health services.
4. That there should be greater incentive for the media to cover mental illness and a push for an advertising campaign to raise community awareness and understanding of mental illness.

5. That there be a review of the way in which agencies such as housing, employment, law enforcement and general health services treat the mentally ill and an implementation of practices which are consistent with the National Practice Standards for the Mental Health Workforce.

5.0 Bibliography

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