

The South Australian Country Women's Association Incorporated

Non Profit, Non-Party Political, Non Secturian

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Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600
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Senate Select Committee on Montal Health

The following submission is presented on behalf of the South Australian Country Women's Association Incorporated Social Issues Fact Finding Team (SIFFT).

We would appreciate an opportunity to speak with the Committee if it is deemed necessary.

Yours faithfully,

Betty J Tothill OAM State President

Detty Loutill

Member of Honour.

Women Walk for Well-being

Submission from SIFFT (Social Issues Fact Finding Team) of the South Australian Country Women's Association Inc to the Senate Select Committee on **Mental Health**

We present our submission on selected points in the Terms of Reference for the Inquiry.

В

Fax sent by : 61 8 83643050

ASIS After Hours Crisis Services

- Don't attend tell caller to call Police.
- Service is said to be available, but there is no staff to man it.

E

Mental Health Services

- Don't make use of Community resources as alternative or adjusts to meet needs.
- Supported residential care people are moved into residential housing with supposed 24 hrs services which don't happen or in many cases don't even exist.
- Ageing parents disability carers get no support.
- Few respite facilities.
- · Geographical isolation further increases unmet needs as patients must travel to obtain any service. Lack of transport compounds this problem.

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- · People are doubly marginalised by combine mental health, societal and drub problems.
- · Huge suicide problems.
- · Children forced to cope/care for parents with mental health problems, miss their schooling and can be abused in many ways not necessarily physical.
- Inappropriate placement of aged persons in community and residential care places.
- Poor medication administration accidents.
- Self medication none, too much, too little.
- Ethnicity, cultural attitudes, and more act to marginalise/isolate.
- · Co-morbidity result of children involved in drug and alcohol abuse prior to age 12 - schizophrenia.
- Indigenous people culture and attitudes to mental health.
- There appears to be no non clinical support.

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- Minimal/no support for primary carers.
- No respite care available.
- Lack of trained support network to support carers.

H

- Broadest definition of mental health must include depression in all its types.
- Damage caused by "mental health" label.

K

- If presenting symptoms cannot be given a "name" no treatment is given.
- To access preventative programmes person must already have a mental health problem.
- No funding for early intervention support programmes.
- Community intervention pre-post episode has no community care and case management is non existent.
- G.P.s issue "green prescriptions" advising patients to utilize community houses, craft groups and other forms of social interaction in an effort to support people with depression.
- Community capacity intra structure should be organised and utilised.
- Care when available is clinically/medically/medication focused other holistic aspects of care are neglected.
- Closure of services that contribute to the social capital of a community, especially in rural areas is contributing to these problems.
- People with mental illnesses are preyed upon.
 - Use of purported mental health problems by prisoners to ensure their removal from the prison system to outside mental health facilities.
 - Privatisation of mental health beds gives little control or audit of performance particularly in smaller facilities and those classed as boarding houses. Residents can be locked out all day with no food, water or medication, and just left to wander the streets.

It is suggested that the Senate Panel should read pages 133-139 of *Future Ageing* – House of Representatives Inquiry into Long Term Strategies to Assess Ageing in the Australian Population over the next 40 years.