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Action on Disability within Ethnic Communities Inc.

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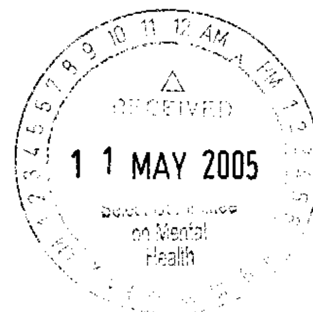

Sen. Lyn Allison
Leader of Australian Democrats
c/- Parliament House
Canberra, ACT, 2600

Dear Sen. Allison,

Attached for your information is a summary of the issues and case studies raised with you when you visited ADEC on 5 April to attend a forum on mental health issues as they impact on the lives of people from diverse cultural backgrounds.

Again, thank you for attending, and I hope that something more tangible comes from the Enquiry.

If you believe that ADEC can contribute further or you (or your fellow Senators) require any further clarification about issues, please do not hesitate to contact me.

Yours sincerely,

Licia Kokocinski
Executive Director

Enc.

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Senate Enquiry into Mental Health

The Co-ordinator of the Transcultural Mental Health Access program and the facilitators arranged for about 12 people with mental health disabilities and their carers to give Sen. Lyn Allison first-hand information about their experiences in the mental health system. This forum took place on 5 April, 2005. Interpreters attended to ensure that no one person was prevented from telling their stories.

The main issues raised:

- Lack of understanding or empathy from Centrelink;
- Issue of broken employment for people with mental illness, making return to Centrelink benefits very difficult;
- Appears that many decisions are made around the person with mental illness. Their primary carers are not part of the decision-making nor are they fully aware of why decisions are made, and for what purposes.
- Lack of language skills, even in their first languages, makes it very difficult to negotiate or communicate;
- Issue of younger people in nursing homes, because they have no where else to live;
- General and overall lack of community-based supports, and help is only provided at a time of crisis – lack of crisis management;
- Lack of bi-lingual crisis telephone lines;
- The issue of depression and illness in carers, especially women;
- Not enough material translated into different languages, nor is information available in different formats;
- Consultations with psychiatrists are very short – 30 minutes are not enough, particularly when using an interpreter;
- Bi-lingual mental health practitioners urgently required, and also a bi-lingual help line;
- Quality of interpreters is questionable – one person who had a mental illness had to stop the interpreter and tell him/her to interpret correctly.

Sen. Allison acknowledged the difficulty in integrating into Australian society, which was made much worse for people suffering from mental illness.

Case Study 1

One woman told how her son had been mentally ill for ten years and due to the stigma and problems in her own community, her son's illness had been kept a secret. Her husband did not know how to deal with mental illness in his family. They have no knowledge of services to assist them, apart from ADEC. The woman is the "carer" of her son.

Centrelink has been pressuring her to look for work, but she cares for her son and also her sick husband. Her son is not registered as disabled and he is a skilled professional (home designer), but his erratic behaviour means that he frequently is dismissed from his employment. Consequently, her son cannot stay in any job for long.

Case Study 2

A woman's son had surgery and suffered complications. The carer believes that her son's mental illness is a direct consequence of the complications from the surgery. Her son was admitted to a Parkville hospital and later provided with accommodation. He went into depression, and burnt the house down. He could not talk for two months. He was admitted to a nursing home where they spoke his language (he did not speak any English). He tried to commit suicide and was readmitted to hospital for one week, then was sent to another hospital. In his ill condition, he was sent home – back and forth. This carer also cares for a sick husband.

The issues raised by this case study were:
- Lack of language skills in English (both for family and her son)
- Inappropriate discharge and no support or referral as part of a discharge strategy (appears that there is may be no discharge strategy in place).
- Is a nursing home an appropriate place for someone with mental illness (even if carer is seeking this type of accommodation for her son)

Did she know what help she needed, and what would have been most useful in her situation? She replied that her son needed better independent accommodation because she cannot look after him. She requested taxi vouchers from the respite agency, but her request was always declined. Her son needs a proper assessment to go to a language-specific nursing home.

Sen. Allison said that the Commonwealth was trying to encourage the states to provide facilities for younger people – not nursing homes, which were for frail and aged people.

Case Study 3

Two sisters – one is a carer and the other has a mental illness. This woman participates in a rehabilitation group for people with mental illness. These services are useful for her. They have swimming groups, women's groups and excursions. She not only has a mental illness, but suffers from diabetes as well.

The person experiencing the mental illness said she did not have problems accessing services. The carer said that when her sister was suffering from a psychotic episode, she has to care for her 24 hours a day. When the sister absconds or wanders or when things get difficult, she is forced to contact the police for help. Her sister has suicidal thoughts and when she has discussions with the gp about hospitalization, the gp will not admit the ill sister. She was told by the gp that the sister needed certification by two psychiatrists and the doctor did not really help. Crisis intervention or management is not available for her.

The carer is also unwell and cannot go to hospital for her own treatment because she needs someone to care for her sister at home.

Issues raised by this case study:
- It is unusual from a person with limited English to say they have no problem accessing services – the question has to be asked – does she know what other

services are available? The reality is that people need to know the correct questions to ask!

- Who cares for the carers – many appear to be spiraling into depression themselves.

Case study 4

One person would really like to talk to someone when she was sad – particularly at night time.

One of the ADEC staff said that it was important to have material translated into Vietnamese, particularly for older people (55-65 year olds). However, it should be noted that older Vietnamese have difficulty in written Vietnamese. He also commented that services were concentrated in inner Melbourne, and could not be accessed easily by people living in the suburbs (particularly the outer suburbs). Another issue linked with availability of services was the issue of service-boundaries. Centrelink staff can exacerbate matters. A telephone crisis line in different languages does not exist.

He said what was needed was bi-lingual psychiatrists and telephone crisis lines. A 30 minute consultation was inadequate, especially if an interpreter was involved.

Case study 5

One woman told how at one stage, she had to stop an interpreter and tell her how to interpret and directing that the interpreter interpret accurately. The consultation, when using an interpreter, has to be longer and things go slowly. This puts her, as a patient, under lots of strain and pressure because she feels she is repeating herself.

Case study 6 – a Carer

A carer reported that a hospital (where her son was being treated) contacted her to tell her that her son was being transferred. The staff gave her short notice and did not explain anything, even through an interpreter. She did not know how to complain, but her daughter did.

Case study 7

This person said that she did not have any issues about accessing interpreters. The participants on this table knew about interpreters and importantly, knew how to request them.

However, this indicates that the use may be in clinical settings – in the community rehabilitation sector, interpreters are rarely used because they are not linked to any subsidized interpreting service. These services do not receive any financial support to use a language service.

Issue:

- People from different ethnic cultures and who need interpreters – if they say they do not have problems with accessing interpreters, usually indicates that they are

not accessing community based rehabilitation because these agencies DO NOT use interpreters (they are not attached to any credit line or government-sponsored interpreting facility). Also, their GP (if this is their main support) may be from their own ethnic group, because many do not contact telephone or onsite interpreters.

One man thanked the Senator for her attendance and listening patiently to their stories. He believed that legislation should be the same across all areas.