Submission to Select Committee on Mental Health

There are two issues I am addressing in this submission-

1. Postnatal depression and the treatment of the bystanders i.e.family, carers and spouses/partners by social workers, nursing staff in hospitals, professionals references (e), (g) and (m) and (l)

2. The effect on the mental health on mothers who were separated from their children by adoption. References (e), (f), (i), (m), (n)

Part 1.

Postnatal depression affected my family when in, March, 1999, a daughter in law, suffered it after the birth of her first child and in Sept. 2002,with her second child. The first instance was diagnosed and accepted by the mother when the baby was about three or so months old. What should have been a gradual recovery for the mother turned into a nightmare for her and the family. She was very ill and spent considerable time in and out hospital, over a period of eight months. While at home one day, she felt like walking in front of a truck with her daughter and contacted the police for help. The DHS of Victoria entered our lives. She was immediately separated from her child, who came into my care. Much later, after my son and daughter-in-law and Legal Aid had spent thousands of dollars fighting the Victorian DHS; the family was allowed to reunite in their home just before my granddaughter's first birthday.

Enormous amounts of energy were expended by me with my husband's support (housekeeper extraordinaire), trying to keep the family unit in one piece; supporting and visiting the young woman at their home and in hospitals; encouraging and enabling our son to bond with his daughter, at the same time providing our granddaughter with love and care in our home at different periods, over four/five months.

The mother was at the same time estranged from her mother and her father found it very hard to come to terms with the concept of postnatal depression. The DHS social worker marginalized him.

What gave me concern in the first instance was that we bystanders/carers were not included in the actual story of what was going on-often the excuse being privacy issues (see l). This is a ridiculous attitude. If the carers are not kept up to date and given information, if they are not told what is wrong with the person, how can one respond? Medication –what was it etc This in contrast to myself when my husband had pneumonia in 2003 .The doctor sat me down in the ward with my husband and gave me a blow-by-blow summary.

If we are to treat mental illness as an illness, secrecy will not help the bystanders and carers. My son had very little idea of what was happening –his sister and three sisters-in-law had not experienced this illness. As well, I suspect men do not have much knowledge of PND

He was often confused by the messages he was getting from hospital personnel {the first episode in a well known mother and baby unit at a major city hospital) and then later a psychiatric unit at our local major hospital. At times he felt he was being blamed. I make the point that I gradually realized that at no time could I trust my daughter in law to tell the whole truth or to give us the correct information needed to plan or help her in the situation. We had no one to talk to who maybe could have explained this to us. Because of her condition, she often forgot or didn't think it was important to inform us of such matters. Sometimes there was even a question of whether or not she was attending sessions with her psychiatrist. At no time were we given information or any offer of help, on how to live with this illness, care for her. I was never once included in discussions re her needs etc. After all she was in hospital for fourteen weeks and there would have been time for personnel to give us some idea of help available and /or print material, which I found out later by chance, was available. It would have been some help for me to know exactly what was available. Help and knowledge was there if we had only known how to access it.

Meanwhile there was a little girl in there who eventually spent a quarter of her first four years in hospitals, mother and baby units, day care, etc and with grandma and grandpa. Later, far too late, by chance I obtained an excellent booklet from our local federal member, which explained the different mental illnesses.

It seems to me no one in authority, i.e. the social workers, wants to know the relatives. I feel they have preconceived ideas e.g. that a mother in law is interfering or a control freak, that particularly with PND husbands are bad, a threat. The last thing I wanted at the age of 65 was to be a mother to another person's child and proxy mother to her mother... (I have five sons, one daughter, one stepdaughter and all up, fifteen grandchildren-for God's sake). As it was we had to put on hold our plans for our next trip. One adviser said last year, let the apron strings go, when, I was trying to get information for my son during working hours about fathers' rights. I felt like saying I have hung out more washing for my children than you have had hot dinners, and it is all I have ever wanted to do-yeah? Get real. When I did explain the situation, she backed off.

The social worker assigned to my daughter in law case seemed to have little idea of what was involved with PND and decided my daughter in law was bipolar, and this is the worst bit, therefore should not have care of her child. Even if her uneducated guess had been correct, that was not the point. The father seemed to be marginalized and as for her father, he was put right out of the picture. There seemed to be a culture of distrust of the male at our area's branch of the DHS. There was never at any time any question of her father treating her badly or of our son ditto.

If we hadn't protested as much as we did, that baby could very easily have disappeared in to the foster care system because of the social worker's attitude and that of her supervisor. We had to go the Children's Court and have testimony by her psychiatrist etc to get the child back from my custody, which originally the social worker had proposed twelve months and then permanent with me! Because of my experiences with adoption, there was no way I was going to allow this to happen and ditto my son and his siblings.

There was even talk of going interstate if necessary –not a good idea I will admit but that is how much pressure the family was experiencing.

The second time around, 2002, I was able to pick up the symptoms and was more confident in my diagnosis. Unbeknownst to my daughter in law, under the pretext that the baby was being stressed, which he was, I spoke to her doctor's surgery nurse of my concerns. The doctor who had been excellent in both cases organized her admittance next day her to a mother and baby unit and by the end of the week that unit sent her to a psychiatric unit at a major hospital. I was still the fill in carer, providing stability for our granddaughter again for about eight weeks. The baby boy went with his mother.

Both my little granddaughter and I hated visiting that place. On the way she always needed to stop off at a park and go to a toilet! The unit was so uninviting outside –littered with cigarette butts, dead pot plants etc. I tried to be cheerful for her sake. It was, however, better than the Psych. Unit at our local hospital, where my daughter in law had people coming through her room at any given time, stealing her cigarettes, etc. **Do psychiatric units have to be so uninviting?**

This time we got more information and actually had a tele conference with her mother joining in, but again I would make the point the one sheet of photocopied material offered doesn't make for enough support for the carers. Her father commented, "We've seen this before". Help was organized for her to come home, day care as before etc. I was not asked did I know etc. The case workers seemed to think she was going along all right and maybe she was, but both my son and I felt the lass was only telling them what they wanted to know. One night my son was at his wits end and rang me. I dashed up to their house and while he and I were talking, she slashed her wrists, which was scary, as she had found out the time before how to do it properly. We went to our local hospital outpatients. To my surprise she was sent home eventually that night –this was a woman who had tried to commit suicide. I already had my granddaughter at our home, so it wouldn't have mattered had the baby boy had to come to us. So there she was next day struggling along again. About this time I also found another publication (DHS this time) which gave the rights of the mentally ill and listed help which was available and a lot more helpful information The date of publication July 2002. The grandson was born in October 2002.

To sum up, **there seems to be a huge lack of communication between the various professionals concerning information available to help carers.** As long as the carers seem to be managing, it's all right; they will cope. While the second psychiatric hospital was better than the first mother and baby unit, by the fact of including the family in the overall picture, I was surprised that these highly qualified counselors seemed to be unaware of the DHS publication and the other one put out by the Federal Government. The information for families and carers of people with a mental illness DHS booklet cost nothing and was readily available. My daughter in law did not know it about or in her state didn't take it on board or want to share it. She is my daughter in law and as such I had to be very careful about how far I could go.

Much more assistance needs to be given to the carers.

I would recommend that there should be special training to educate the professionals on how to assist the carers and
a unit in the treatment of the patient where carers can ask questions without fear of being criticized by the patient or of upsetting them.

Secondly, the quality of social workers does not seem to have changed since the bad days of adoption. They cannot be trusted. In the first instance of PND, it was as though the mother was being punished-very odd indeed
I would recommend that the social workers, when confronted with such an illness such as PND, familiarize themselves with it, talk to organizations like PANDA at the time of the case, and try not to spend the time trying to trap all concerned into saying things which would be used against them in the future. This was the case in trying to prove my daughter-in-law should not have total care of her daughter. No doubt it could be asked why we didn't protest to relevant authorities after the first time. My son did but I was just too worn out. We got a letter, which said maybe there had been some misunderstandings! Again the blame on us. There seemed to be a mindset of blaming the husband and even the patient for the illness-weird.
The quality of visiting teams available when the patient goes home needs to be assessed. I felt that the help offered is often dependent on the knowledge of the professionals e.g.it was the young caseworker's first case of PND. Visitors were offered to my daughter in law. I happened to pop in one day and met the visitors. Sure they were nice but they were from a local fundamentalist group Talk about praying/preying on the vulnerable.

There would also seem to be a willingness to believe the mentally ill person before any one else, even when the evidence is right in front of their eyes. i.e. four brooms in the kitchen, each with its own sad little pile of dirt does not indicate to me that all is well and that the case workers should finish with the client. But that is what happened and I was made to feel I was interfering. There were two children involved and it was a very tense time for all.
In other words include the carers. Have faith in them and their judgment especially if they have experienced the situation before. If it weren't for the carers, the hospital system for the mentally ill would be chaotic.

The marriage is now finished –the mother's choice. My son has 45% of the children's care. My little granddaughter has survived but unlike her little brother lacks confidence .Luckily ,she is very bright, so will have choices when she grows up The children are much loved by both parents. I must point out that while it was a very stressful time for my husband and self, it was a privilege at all times to care for my granddaughter and she is very special

Part 2

In 1958, I lost my first-born son to adoption. I was older than many, 24 at the time. I had no idea of the long lasting effects this would have on my mental health. I was extremely ill after the birth. And for the next five years, I suffered severe Post Traumatic Stress by reliving the experience every night. One morning, I woke up and realized it had not occurred the night before. Instead, dreams took its place, dreams of running away from whom I don't know, and always with my faceless children. These dreams were always in one colour, the gray of paling fences. When I met my son, this haunting stopped, only to come back when we had care of my granddaughter.

I had never heard of PTS; and had no idea it applied to me, until I met other mothers, many years later and discussed matters pertaining to the effects of adoption on us. I just thought the nightmares were part of my punishment .As well I was haunted, felt guilty, full of shame, hated myself and was always trying to be better than others for 371/2 years until I finally met my son. I felt as though I was serving a life sentence for having a child in such circumstances. I was not as nice as I should have been to my stepdaughter and I feel this was because of my deep down hidden anger at what had happened to me. I was angry for all those years- not a good state to be in.

I feel I have been luckier than many. My secret is out after so many years.My marriage is still intact, all our children are alive and well, as are our grandchildren. I have a good relationship with my son. I am not on medication nor do I suffer from depression. However, I was also very lucky to be able to access a very understanding psychiatrist/counselor at the local Community Centre after I met my son .It cost me nothing and I was able to have as many sessions as he and I thought I needed.

Now this not the case with others. As recently as late last year, a mother consulted her doctor in Tasmania re seeing a counselor or whomever. His response was that there wasn't anyone suitable in Tasmania –after all she was rare in her need. She has plenty of money and can pay but it was his attitude, which stunned her. He wasn't interested in her plight. She now sees a spiritual healer, as does another mother I know. We continually hear reports of people wanting help but it costs money and there are not many doctors or counselors who are interested- out of sight, out of mind. There are far, far too many mentally ill women amongst us.

We need easily accessible counseling and it must be available free to all affected by adoption i.e. our children as well. My son has a gambling problem. He tries again and again to stop but loneliness and lack of belief in himself, defeats him even though he is a valued member in his workplace.

Health professionals need to be educated in the long-term effects of adoption on the mental health of the mother and child. There is a lot of literature available, some studies even in Australia. Any one studying psychology, medicine in Australian tertiary institutes needs to be aware of the true state of us mothers and children. How many of them think to ask their patients if there is any connection between their depression and adoption? There were approximately 200,000 adoptions in Australia during the boom times.

. Reunions often cause much anguish to the mothers. All the experiences of the adoption come back to haunt us. If the reunion does not go smoothly as we would like, depression etc can occur very quickly and the mother is mentally ill again. Unfortunately as stated before, the help needed is not available. Some of my friends cannot survive without medication.

I have attended two interstate conferences on the effects on families of separation by adoption etc and found them very useful in gaining more insight into our mental health. Governments need to support these and also consider supporting the same type of conference in smaller units in country districts where older women often cannot afford the fares etc to the big cities for such. All these happenings have proved to be very enlightening to those professionals who have attended them

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A National Inquiry into what really went on in the 50's-70's in the adoption industry would enable the mothers' voices. to be heard It would bring about some type of closure and enable healing to take place. Marginalized as we are, we will never heal.

I apologize for the length of my submission but I feel very strongly about these aspects of mental health and feel **money must be spent on these areas to provide training for professionals and all allied health workers**, so they may gain some insight into the needs of these two groups who are so often dismissed with the words "Just get on with it. You will manage."