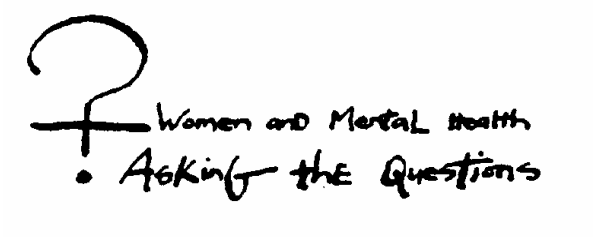

About Women and Mental Health Inc

Women and Mental Health Inc (WAMH) is a voluntary, non-government, non-profit organisation that commenced in 1993. It is made up of women who experience mental illness, carers, advocates, community members and service providers who have an interest in promoting women's mental health through community education, consultation and research. WAMH has organised a number of conferences on women's mental health, including the First National Conference on Women's Mental Health in partnership with the Institute of Psychiatry, Charmian Clift Cottages and the Mental Health Review Tribunal (1998).

WAMH received funding from the NSW Department for Women in 1995 for groundbreaking research in the area of sexual assault of women clients in in-patient psychiatric facilities. The research report Every Boundary Broken (Davidson) was launched in 1997. Members of WAMH wrote a Model of Best Practice Manual (McNamara & Wilson, unpublished draft 1998) which became the foundation document used to develop the *'Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services'* released by the Centre for Mental Health NSW Health (1999). The second edition was published in 2003.

WAMH also received funding to develop a training package for consumer support workers to enable them to facilitate information sessions on sexual assault and sexual safety. From this work, WAMH has won two major mental health initiative awards, Mental Health Matters from the NSW Association of Mental Health (1998) and from the National TheMHS Conference, gold award (1999), for research and innovation. Much of the work undertaken by WAMH is beneficial to all consumers, irrespective of gender.

Introduction

The Senate Select Committee on Mental Health is to inquire into the provision of mental health services. Of the sixteen terms of reference, we shall respond to number that relate to specific populations, systems and workforce issues.

The major point that WAMH wishes to convey to the Select Committee is that the mental health system in Australia is not in a position to manage the increasing demand for the spectrum of services that are required by people with a mental illness.

The World Health Organisation has identified that mental disorders account for 12% of the global burden of disease and will account for nearly 15% of disability-adjusted life-years lost to illness by 2020. It is therefore critical that available interventions are made accessible through reform of policy and legislation, service development, adequate financing and training of personnel. (WHO 2003).

Terms of Reference

a. the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress;

In 2001 the International Mid-term Review of the Second National Mental Health Plan reported that whilst the Plans were internationally respected and that much had been achieved, there was still a long way to go to complete implementation. There has been a significant focus on policy but often those policies have been released without provision of sufficient education, resourcing or training required to achieve the objectives.

For example, the Guidelines for the Promotion of Sexual Safety in NSW Mental Health Services were implemented in 1999. Statewide training supported these Guidelines for mental health workers for four years. There was some discussion of re-focusing of training to staff other than frontline mental health clinicians. However, the view of the Department was that as the policy clearly articulated the role of the clinician in regard to a disclosure of sexual assault, ongoing training was not required. This position missed two fundamental points: firstly, considerable skill is required to interpret disclosures presented by people who are experiencing a psychotic episode and ensuring that staff understand these disclosures, rather than interpreting them as part of the mental illness. Secondly, the high turnover of staff in mental health services requires that this is on ongoing strategy, not one-off. It was only as a result of extensive lobbying and a review of the training where mental health staff and consumers identified that the training was critical in their understanding and capacity to respond to disclosures of sexual assault that the program was re-funded for a further three years.

b. the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;

Children and adolescents

There are currently insufficient services for Children and Adolescents who have a mental illness. Many children and Adolescents are either unable to access services or are inappropriately treated and/or detained within adult services. This inappropriate treatment may further traumatise these young people and exacerbate their illness. Policies on prevention and early intervention are to be

lauded however, in the absence of services to implement them, they only raise hope and expectations that are unable to be realised within the current resources.

Recommendation
More funding and training is required if children and adolescences are to be provided with appropriate and timely interventions.

Sexual assault, sexual abuse and domestic violence.
It is well documented that experiences of sexual assault, domestic/family violence and child abuse impact significantly on the well-being of victims and can affect their life chances and opportunities. The unacceptably high level of prevalence of these abuses constitutes a major public health problem worldwide. The World Health Organisation recognised this in its 2002 report stating, “the evidence shows violence against women by intimate partners to be a serious and widespread problem in all parts of the world… there is also a growing documentation of the damaging impact of violence on the physical and mental health of women and their overall well-being” and “(it) is an important public health problem”.

Fishbach and Herbert (1997) found that domestic violence and sexual assault were the most significant factors affecting the mortality and morbidity of women aged 15 – 44 years across the world including a strong link to suicidality.

In the Australian context, Roberts, Lawrence and Raphael (1998), found that women reporting a history of lifetime abuse (child and adult) received more diagnoses of Post Traumatic Stress Disorder, depression, dysthymia, phobias, anxiety, psychoactive drug dependence and current harmful alcohol consumption. The Australian Bureau of Statistics (1996) found that 23% of women (who were or had been in a relationship) experienced violence by their partner at some time in the relationship and that 61% of these women had children in their care.

Children exposed to “man made violence” i.e. domestic violence, abuse or neglect or community violence are at great risk for profound emotional, behavioural, psychological, cognitive and social problems. Increasing evidence suggests that exposure to early trauma has a significant impact on brain development in children. "The brains of traumatised children develop as if the entire world is chaotic, unpredictable, violent, frightening and devoid of nurturance ".

An examination of sexual abuse and its links to mental health outcomes puts the figure of child sexual abuse for women with a mental health problem or disorder at about 50% - 55% (Bryer et al, 1987, Briere & Zaidi, 1989, Mullen et al, 1993). Particular diagnostic categories such as personality disorders and dissociative illnesses have prevalence rates as high as 70% - 80% of the client group

(Herman, 1992, Putnam, 1989, van der Kolk, 1996). A study by Wurr and Partridge (1996) of men and women in an acute adult in-patient population found that 52% of the women and 39% of the men had experienced sexual abuse as children. Over 85% had experienced abuse that involved genital contact.

Fergusson and Mullen (1999) found a strong link between a history of childhood sexual abuse and later psychiatric disorder. They concluded that individuals who have experienced childhood sexual abuse have a 2 to 7 times greater risk of developing depression, a 3.5 to 74 times greater risk of suicidal behaviour, up to 4 times greater risk of anxiety or phobias and 1.7 – 9.7 times greater risk of developing a psychiatric disorder in general. Fergusson and Mullen conclude that the review: '…suggest[s] the presence of pervasive associations between CSA and later risks of psychiatric disorders' (p78).

Comment

The links between sexual assault, domestic/family violence, child abuse and poor mental health outcomes are now irrefutable. The mental health sector in Australia has been slow, even resistant to addressing the trauma experiences of the adults and children using mental health services.

Despite the rhetoric of commitment to a bio-psycho-social model of care (Quadrio, 1999), Australian mental health services have become reliant on a medical, specifically, pharmacological approach to intervention.
This narrow, biological perspective has resulted in a system geared towards an acuity model, rather than one of early intervention focussing on the complexity of people's lives.

This has had a profoundly negative impact for women, who are significantly affected by intimate partner violence, and who also carry the overwhelming responsibility of parenting children or caring for others in the family, including those with mental health problems. Many women who have experienced abuse and who utilize mental health services are seriously disadvantaged in their role as parents. It continues to be the case that people with a psychiatric diagnosis are over represented in care proceedings (McConnell et al, 2000) and reports to the Department of Community Services (Child Protection Council, 1995).

Recommendations

A Trauma Informed Approach to Mental Health

The mental health sector must broaden its perspective to include a trauma-informed approach to service delivery. The mental health workforce requires quality education, which provides an evidence-based approach to identification of trauma symptomatology in the psychiatric setting, response to disclosures of abuse and efficacious interventions. Excellent programs are available in Australia but require the sector to integrate these models into undergraduate, postgraduate and professional development programs.

Promote an Interagency Model of Intervention
To ensure that mental health services respond to child protection concerns, mental health workers require specific training in identifying safety issues for children while ensuring that the rights of their adult clients are respected and maintained. This is difficult to achieve, but vital if outcomes are to be improved. One way to achieve this aim is for agencies to work in partnership for the benefit of the consumer. As the following quotation implies, unless organizations work together to understand each other's role, responsibilities and philosophies, different approaches used within a variety of interagency settings pose their own risk:

> *Unfortunately, workers are not well practiced in working in an interagency context and, when crises arise, are often unfamiliar with one another's philosophies and nuances. Too often we come together in a rather fragmented way at a time when families are in crisis and children may be at great risk of either injury or death (Child Protection Council, 1993, p1).*

Violence is a complex issue and an interagency approach to safety for women and children experiencing domestic/family violence is fundamental if outcomes for consumers are to be improved. This requires that the mental health sector at all levels of the mental health hierarchy, actively support and sustain collaborative engagement with other agencies. Resolution of violence issues takes time and this requires that mental health change its focus to sustained involvement with some families.

Develop Systems of Support Directly Targeted to Mothers and Children
Women with a mental illness need support systems to be put into place to support them in the mothering role. Too often the children are either removed or left to become carers themselves for their unwell mother. Several programs have been developed to provide support for Children of Parents with a Mental Illness however these are too few and not well resourced. There needs to be a radical rethink of how we can best serve both the mother and the child to provide for them to remain together in a supported environment. There are some models for this but more research, resources and training are required to meet this important unmet need.

Recommendation
Provide resources to research and develop systems that specifically target mothers with a mental illness and their children.

Aged Care
Demographic information demonstrates that the population is rapidly aging, and that the population is living longer thereby experiencing more aged related psychiatric illnesses. There are currently insufficient community and hospital services for this age group. They are therefore often inappropriately located in acute general hospital beds or in acute adult psychiatric inpatient units where

they are exposed to a high risk of harm because of the nature of their disorder, and that of the coexisting inpatient population.

Recommendation
Review and current service provision and conduct research to determine the level of future needs for older people with a mental illness.

Drug and alcohol
Most patients currently presenting to Mental Health and Drug Health Services have a dual disorder. While there are a few specialist programs that provide for this group they are now in the majority of patients and some realignment of services is required to adequately address their complex needs. This realignment will also require re-skilling and/or up-skilling of staff that have loss their knowledge base since the services were separated, or have commenced work since then.

Recommendation
Develop training, education and services to better provide for the growing number of clients who have both a mental illness and drug problem.

Workforce
The most critical issue facing all states and territories is the lack of appropriately qualified and skilled staff. This affects all geographical areas and all services across the life span. In NSW there are approximately 40 training positions for psychiatrists. In 2005 were only 19 applicants, 22 in 2004 and in 2004 around the same. NSW needs 41 new graduates each year to maintain current services. While there are sufficient psychologists being trained (in the 4 year program) these graduates are not appropriately trained to provide optimal clinical services and would not have been employed in a specialist mental health service 20 years ago. Only Clinical Psychologists with a higher degree have traditionally worked in Mental Health.

Mental Health Nursing has been affected by a number of events. These include the loss of direct entry courses into Mental Health Nursing and the closing of separate nursing registers. This has resulted in the majority of nurses currently employed in Mental Health Services in NSW having little or no formal education or training in the speciality. In 1997, according to NSW Health only 67% of nurses employed within mental health services were qualified in mental health (NSW Health 1997, 2000, 2001). Judith Meppem, the then Chief Nursing Officer in NSW, when giving evidence to the Select Committee into Mental Health in NSW, stated that this figure had fallen to 52%. This lack of skills and knowledge correlates directly with an increased level of violence being reported throughout acute inpatient settings.

The specialist nursing is aging (average age 47 yrs) and if this issue is not addressed immediately through the adoption of recommendations made

following the numerous review into nurse education and workforce then trends of using security guards and other "attendants" will continue and we will have a workforce that reflects that which existed prior to the Royal Commission into Callan Park. NSW Health Nursing Workforce data indicates that at anyone time there are 150 full time equivalent nursing vacancies across NSW mental health services and that this has persisted for a number of years.

Many services have failed to meet their obligation to nurses as mandated under the National Standards for Mental Health Services (1998) to provide clinical supervision, a strategy that would help retain and attract nurses to the speciality. Governments have also failed nurses because specific recommendations in relation to mental health nursing made following nursing reviews have not been implemented.

Recommendation

Recommendations contained in "The Report of the National Review of Nursing Education 2002", "Scoping Mental Health Nursing Workforce 1999" and the "International Mid-Term Review of the Second National Mental Health Plan for Australia 2001". by Betts and Thornicroft be implemented.

Legislation

There was much work undertaken to review the many different Mental Health and Cognate Acts with a view to having a single national Mental Health Act. This work appears to have come to nothing as each state and territory continue to have separate legislation. In NSW involuntary admissions have increased markedly under the 1990 Mental Health Act, from 5473 in 1993 to 8759 in 1998 and has continued to rise. The number of people treated involuntarily in the community under a Community Treatment Order has risen from 510 in 1992 to 4175 in 2001. The NSW Mental Health Act is currently under review, yet again. The Inebriates Act is also undergoing review in attempt to allow involuntarily detention of people who don't satisfy the criteria for admission under the Mental Health Act.

Recommendation

The feasibility of a National Mental Health Act be re-examined

Stigma and consumers of mental health services

According to the ABS *National Survey of Mental Health and Wellbeing* 1997 almost one in five people (18%) had a major mental disorder (defined as including anxiety disorders, affective disorders and substance use disorders) in the twelve-month period prior to the survey. This corresponds to more than 830,000 adults in NSW. *Only 38% of people with a mental disorder consulted a health service and 29% consulted a general practitioner.* It is not merely that services are not available to people, but there are issues of stigma and discrimination in our society that act as barriers to people trying to get help.

Some progress has been made in the last decade towards mental health literacy in the community. This has been as a result of campaigns by the Commonwealth (Community Awareness Campaign 1994-97) and the numerous NGO strategies such as National Mental Health Week, World Mental Health Day, and Schizophrenia Awareness Week etc. As well, organizations such as beyondblue and the Black Dog Institute are now raising awareness of depression in the community. However, entrenched attitudes are very hard to shift.

Service consumers have identified for many years that they experience the most significant discrimination from health and mental health workers themselves. The Commonwealth in 1997/8 "Attitudes of Health Workers" established a social research project to address this issue. However, once that project was completed, that appears to be the end of any strategic attempt to change staff attitudes to consumers.

Research done by the Mental Health Association NSW found that large-scale anti-stigma campaigns have not been shown to be effective, either in Australia or overseas. However, when backed up by local initiatives, the results are far stronger. The Mental Health Promotion Feasibility Study (Moore, Johnston & Blakeney, 2004) could find little evidence that broad-scale anti-stigma campaigns were effective. This was possibly because they had been poorly evaluated in the past. The research did show that the evidence for broader mental health promotion campaigns is much stronger, provided that they are supported by local initiatives.

Recommendation:
That the Commonwealth funds a new nationwide mental health promotion campaign, funding local initiatives to support it.

Stigma – health workers
As noted above, stigma continues to be a major issue affecting those with a mental illness or disorder. This is compounded if the person experiencing mental illness is also a health worker. Responsibilities to their client population fear of disclosure or lack of insight into their own support needs and the health worker's legal position may complicate an already stressful situation. Health workers do not operate in isolation. They are part of a complex interdisciplinary and interagency system. Therefore a single health worker's illness may have negative consequences at a number of levels within their own workplace and across interagency systems.

Mental illness and disorder experienced by a health worker is a crisis that often raises major dilemmas for

1. the affected worker
2. their colleagues

3. the clients with whom they work
4. line management, and
5. the system in which they work.

A worker may have insight into their illness but may feel constrained from disclosing their illness for fear of negative repercussions by work colleagues and management. On the other hand, a worker who is unwell and does not have insight into their illness may place enormous stress on work colleagues and management personnel. Fear, misunderstanding, anger, confusion and chaos may be the outcomes in a workplace where an employee has an on-going and unidentified mental health problem.

These issues may be exacerbated if the worker is employed in the mental health sector. Complex boundary issues may complicate referral and support. For example – what are the implications for a mental health worker who develops an illness, regarding referral to a mental health service or admission into a psychiatric facility where they are well known or where they work as a clinician? What does this mean for the worker, for the mental health clients using the service, for colleagues and management? What if there are few alternatives as is the case for rural and remote services?

Another consideration is the legal position for health workers if they disclose the existence/history of mental illness/disorder. At present the legal situation is unclear regarding indemnity insurance, work-place cover and litigation. These issues require clarification.

Recommendation
Serious consideration is given to this issue and appropriate policies developed.

Submitted of behalf of Women and Mental Health Inc.

Gillian Church
CEO
Mental Health Association
60-62 Victoria Road
Gladesville NSW 2111
Tel: (02) 9816 1611 ext 208
www.mentalhealth.asn.au

Lorna McNarama
Director
Education Centre Against Violence
Cumberland Hospital, Fleet Street
Paramatta NSW
Tel: (02) 9840 3757

Sandra Hoot OAM
Director of Mental Health
Liverpool Health Service
Liverpool NSW
Tel: (02) 9828 6156
email ; Sandra.hoot@swsahs.nsw.gov.au