

12 May 2005

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

Dear Madam:

My name is Rachel Baugh and I have written a submission for my own personal interest and societal values. I am not a professional in the Mental Health Industry, but I have, like others, seen the effects that mental health can have on an individual and their loved ones .I am also writing in reference to current media, and the exploitation of human rights in some mental institutions. I have made recommendations throughout the submission, on what initiatives I see which could be used. There are many issues which affect this crisis, but I have focused on the failure of the Mental Health system in regards to staff shortage, lack of resources, and the need for on going treatment.

I understand the complexity of this issue, and just ask that you consider one opinion from the public.

Sincerely,

Rachel Baugh
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NSW

TABLE OF CONTENTS

<i>Introduction</i>	page 1
<i>1. Out of Hospital care</i>	page 1
<i>2. Mental Health Services</i>	page 2
2.1 Statistics	page 2
2.2 More services required	page 2
<i>3. Human Rights Abuse</i>	page 3
3.1 Sex with Patients	page 3
3.1.1 NSW Jail Abuse	page 4
3.1.2 Priority	page 4
<i>4. Lack of Resources</i>	page 5
4.1 Bed Shortage	page 5
4.2 Policy Failure	page 6
<i>5. Staff Shortage</i>	page 6
<i>Conclusion</i>	page 7
<i>Appendix 1</i>	page 8
<i>Appendix 2</i>	page 10
<i>Appendix 3</i>	page 11
<i>Appendix 4</i>	page 13

SENATE SELECT COMMITTEE ON MENTAL HEALTH



Inquiry into the Provision of Mental Health Services in Australia

Submission by: *Rachel Baugh*

Date: *Friday 13 May 2005*

INTRODUCTION

It is estimated that mental health problems and mental illness will affect more than 20% of the adult population in their lifetime and between 10-15% of young people in any one year. (Australian Government: Department of Health and Ageing, 2004)

Considering this statistic, it is obvious why government action must be taken now, to decrease these effects and target groups sensitive to mental illness throughout their life. In particular, young people and homosexual communities have been identified as key groups prone to mental illnesses, including depression. What is the Australian Government doing to target these groups and provide treatment and counselling?

Mental patients and their relatives lack financial, social and emotional support required to deal with their disability. In particular, The NSW government also fails to support patients after their hospital release, when rehabilitation support is most needed.

This submission identifies the National Mental Health Strategy as a failure of policy implementation, particularly in the state of NSW.

1. OUT OF HOSPITAL CARE

In 2003, Timothy Kosowicz, suffering from schizophrenia, strangled and sexually assaulted a five-year-old girl only weeks after being released from a Sydney psychiatric hospital. A NSW Supreme judge found him not guilty *on the grounds he was suffering from a mental illness*. **(Refer to Appendix 1)**

The patient was released, not because he was considered in recovery, but due to the fact the hospital had no room to accommodate him. This is major community concern, how many more people like this man have been released? The NSW health system must address the issue of lack of beds (which will be discussed later in the submission) and out of hospital care, such as counselling and follow up consultation. How can mental health patients be expected to be completely adjusted in society as soon as they are released from the hospital? Follow up treatment and counselling (compulsory and non compulsory) is necessary to prevent cases such as Timothy Kosowicz.

2. MENTAL HEALTH SERVICES

The National Mental Health Strategy was formed in 1993 by the Commonwealth and the State governments to improve the lives of people with a mental illness (NMHS ,1998). Intervention and ongoing support for people was the basis of this strategy. Basic mental health services have not been met by the health strategy, as the government has failed to implement the policies it guaranteed to the system.

2.1 Statistics

Currently, 62% of persons with mental disorders do not utilise mental health services (2003, 'Out of Hospital, Out of Mind, p 11). A reason for this is the lack of promotion by the state governments of the availability of services.

38% of persons with mental disorders access care, which is largely provided by general practitioners (GPs). (2003'Out of Hospital, Out of Mind', p 11). The decline in bulk-billing is placing further pressure on even this most basic form of mental and physical health care for persons with mental disorders. GP's can not offer the same support a specialised practitioner can in the field of mental health.

“Because mental health services are crisis-driven, their focus is on people when acutely ill. The remainder of the time they are largely ignored – yet this is exactly when rehabilitation and support are most needed to help prevent further episodes and promote recovery – an optimum level of dealing with symptoms and disability” (SANE, 2004)

Sane's reflection on the mental health system as crisis driven mirrors public perception. How can prevention and recovery be a priority when only the worst cases are considered for treatment?

2.2 More Services Required

Health services should be available to all people suffering from mental illness, in and out of the hospital, regardless of the severity of the suffering. Prevention is vital. If adequate services are not implemented, a minor illness could escalate without treatment. The state government must provide financial support to those who are in need of on going counselling and further treatment.

3. HUMAN RIGHTS ABUSE

Persons with mental illness report ongoing abuse within hospital forms of care and ongoing abuse and neglect in the wider community. Overt abuse is reported to occur within emergency departments and other acute care settings of general hospitals.

3.1 Sex with Patients

The Advertiser reported in April 2005 that prisoners are feigning mental illnesses to have sex with mental patients at James Nash House, taking advantage of those patients with genuine mental health problems. **(Refer to Appendix 2)** This is not a one off issue, and prisoners use their time at James Nash as a vacation, exploiting mental health patients.

3.1.1 NSW jail Abuse

In NSW it was reported that patient Mohamad Ayoub, who suffers from long term chronic schizophrenia and severe depression, has been kept sedated and in isolation in a NSW prison without proper medical care and personal support for 14 months. **(Refer to Appendix 3)**

3.1.2 Priority

These are two stories which indicate the negligence of the Australian government to address the needs of mental health patients. It is hard to point else where when the government seems to be promoting what it has done for the Public Health system, yet the mental health system has yet to be seen as a top priority. If this continues, 'damage control' in the future will be costly, to the tax payers and the Australian government.

This is an appalling result stemming from two factors. Firstly, a lack of trained staff to diagnose each case appropriately; and secondly, the failure of the mental health system to protect its patients. Human rights have been abused, and this abuse will prolong the effects and costs of treatment to the state government. This crisis is not one which can be amended easily. The NSW health government needs a long term plan which includes constant review and scrutiny in the system. This policy will ensure the protection of the mental health patients throughout hospitals in NSW. A committee must be formed to constantly review these critical issues.

4. LACK OF RESOURCES

4.1 Bed Shortage

As mentioned before, minimal resources such as lack of beds and lack of staff should be a priority to the government, as it has a major impact on the treatment given to patients. The NSW government has acknowledged this fact; however statistics do not show an improvement to these standards.

According to the NSW Health Annual Report 1999, there were 842 mental health beds in NSW. (1999, Centre for Mental Health) At the same time, in 2000 there were 789 mental health beds, a decrease of 53 beds, when there was a promise of an increase of beds. In 2001 the total number of beds (according to the Annual Report NSW Health) was 792 mental health beds; an increase of only three beds. **Refer to appendix 4.**

In 2002, a submission by the NSW Nurses Association reported the same problem: *“Virtually every mental health unit that the NSWNA has visited has reported regular difficulties in locating suitable beds for mental health patients; especially high security gazetted beds.”*(2002, NSWNA, p10)

Psychiatrist Dr. Rosalie Wilcox stated in an ABC news report that mental health professionals often feel pressured to discharge patients early because of lack of

beds: *“One of the main pressures is providing and finding enough beds for the patients.” (2005, ABC News)*

The Maitland Hospital was forced to turn away mental health patients after nurses imposed restrictions on patient numbers. (2005, AAP)

4.2 Policy Failure

This evidence shows the National Mental Health Strategy, which called for state and national reform, could not have achieved its purpose, especially if this most basic need can not be met. The NSW government must take immediate action to ensure these resources are available and distributed equally. Resources should not be a concern to those in the mental health industry, and those who require treatment from it. Treatment and rehabilitation should be their focus, not attempting to find those in need an available bed at other institutions.

5. Staff Shortage

According to the Centre for Mental Health, mental health nurses make up 52% of the workforce, however recruitment and retention remains a problem for the industry.(2002, NSWNA, p15) There is a current staff shortage, who make up such a large proportion of the mental health workforce, which obviously impacts on the quality of their care.

The NSW government must put initiatives in place to ensure a lack of trained staff is not a concern. Mental health nursing should be promoted with financial and government benefit incentives. The recruitment and promotion of mental health nursing should be a major priority to the NSW health system.

CONCLUSION

The Australian government has acknowledged the need for reform in the Mental Health System; however this has come too late at the expense of members of the public and mental health patients. Policy reform now must address the current issues of crisis which have been outlined above; lack of resources, staff shortages, and damage control to protect patients who are being treated. This process will be a long one, but it is vital to the improvement of the mental health system, and to the overall quality of life of mental health patients.

APPENDIX 1

Strangled Chloe failed by mental health system

March 24, 2005 - 3:34PM



Victim ... Chloe Hoson.

Photo: *Adam Hollingworth*

Schizophrenic Timothy Kosowicz was released from a Sydney psychiatric hospital only weeks before he killed a five-year-old girl and sexually assaulted her body.

Today, a NSW Supreme Court judge found him not guilty of the murder and sexual assault on the grounds he was suffering a mental illness when he suffocated and strangled Chloe Hoson in the Lansdowne Caravan Park at Lansvale, in Sydney's south west, on November 8, 2003.

The 23-year-old will be incarcerated in a prison psychiatric hospital where he will stay until the NSW Mental Health Review Tribunal deems him no longer a danger to himself or others.

Justice David Patten criticised the NSW Health Department for repeatedly discharging Kosowicz from mental hospitals, the last time only weeks before the killing, despite him suffering from psychotic episodes.

"I find it difficult to escape the conclusion that the community failed Chloe," he said.

"Practitioners in mental health had known for years that the accused was an habitual and heavy user of illegal drugs; that he was mentally ill; that he was subject to florid psychiatric episodes in which he was aggressive and dangerous to himself and others; and that he was recalcitrant when it came to following regiments of medication laid down for him."

The judge also said he believed Kosowicz's cannabis use triggered his psychotic episodes.

"This seems to be yet another example of the link between cannabis use and mental illness, a link which from my judicial experience and reading, I regard as well established," he said.

Outside the court, Chloe's father, Michael Hoson, said he believed Kosowicz was mentally ill but was still upset he would not be serving a prison sentence.

"Well they (should) change the system for starters regardless of whether you're sane, insane, whatever, you do the crime you do the time," he said.

Chloe followed Kosowicz home to his caravan about 1.30pm (AEDT) on November 8, 2003, to play with his cat.

In a video recorded police interview played to the court, Kosowicz admitted to the murder but said he was hearing voices during the crime.

"She spilt my pot on the ground and then I lost the plot," he said.

"Then I blacked out and next thing I was strangling her in my bedroom."

He said the little girl would not die so he then tied two plastic bags over her head until she stopped moving.

He then placed her on his bed and indecently assaulted her before tying her hands and feet up, placing her in a plastic bag and putting the body in his cupboard.

AAP

<http://www.smh.com.au/news/National/Strangled-Chloe-failed-by-mental-health-system/2005/03/24/1111525277596.html>

APPENDIX 2 "Prison sex scam revealed"

By DANIEL BRETTIG

14apr05

PRISONERS are feigning mental illnesses to have sex with patients at James Nash House, a mental health forum has heard.

Two members of staff, who asked not to be named, said yesterday manipulation of the system was growing in frequency as the state's correctional and mental health services became more overloaded.

They claimed at any time as many as 10 of the 30 patients at the state's high-security mental health facility were there under false pretences.

One, a woman staff member, said prisoners were not shy about the practice. "They come back after a couple of weeks and they clearly state, 'terrific there, plenty of sex there miss'. Funnily enough, they always come back perfectly sane, regardless of how sick they appeared before."

A man staff member said prisoners of both sexes engaged in the practice and viewed a stay at James Nash as a "trophy". "It's worsened in the past handful of years but it has long been like a trophy to go over there for the sex, then come back and brag about it," he said.

Parole Board chairman Frances Nelson, QC, who spoke at the PSA forum where the matter was raised on Monday, said the practice was possible because of a lack of psychiatric staff. "It is the worst thing that can happen in a correctional system – bad behaviour being rewarded," she said.

A spokesman for the Central Northern Adelaide Health Service, which is responsible for James Nash House, said any evidence should be forwarded to the service for investigation. "It's the first time such allegations have been made – it has never been brought to the attention of any official authority," he said.

A spokesman for acting Correctional Services Minister Michael Atkinson said prison management "had no evidence" that manipulation was occurring.

"The strict provisions of the Mental Health Act need to be followed for anyone to be admitted to James Nash house," he said.

http://www.theadvertiser.news.com.au/common/story_page/0,5936,12849735%255E2682,00.html

APPENDIX 3

April 18, 2005

“When Jail becomes a psychiatric ward”

Sue Ayoub, mother of Mohamad Ayoub (inset), who is fighting for her son to be sent to a mental hospital instead of being kept in prison.

A mentally ill man remains behind bars forgotten by the system, writes Stephen Gibbs.

Sue Ayoub wept with relief last August when she heard a judge had found her schizophrenic son mentally unfit to stand trial over a string of bizarre break and enter offences.

Eight months later, her 23-year-old son is still behind bars, in solitary confinement, and Mrs Ayoub weeps with despair. "Every night I cry," she says. "Every night, every night."

Mrs Ayoub's son, Mohamad, remains sedated and segregated in the maximum security Parklea jail - despite court rulings, advice from psychiatrists and Mrs Ayoub's pleas to politicians.

Instead of being considered for release into his mother's care, a transfer to hospital, or at least a move to less restrictive conditions in the prison system, Mohamad Ayoub has been left locked in a cell - all because the relevant mental health authority has not done its job.

"If he is an animal, they care more," Mrs Ayoub says. "When I think about him in a locked room, I feel very sad. When I see him, he is shaking. I never see him smile."

It has taken a Supreme Court judge's disgust, after hearing a bail application, to help prompt an inquiry into how a forensic patient could spend 14 months in jail without being assessed since he was found unfit to stand trial.

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"This is an appalling state of affairs," Justice John Dunford said in an April 7 judgement that he ensured was sent to government ministers. "To think that in the 21st century persons who are mentally ill are locked up in prisons in solitary confinement is a matter that must disgust any right-minded citizen.

"The man is obviously mentally ill, he has already been found unfit to be tried ... he is probably suitable for admission as an involuntary patient to a mental hospital but

nothing has been done. In almost 14 months he has not even been transferred to the hospital section of Long Bay corrective institution."

Mr Ayoub, from Riverwood, suffers chronic schizophrenia and severe depression, and has previously been committed into psychiatric care.

On the night of February 24 last year, police found Mr Ayoub trying to leave a closed city store. He explained that he entered the premises in the late afternoon feeling dizzy, vomited in its toilet and fell asleep.

At the time he was awaiting a hearing on whether he was fit to stand trial on 25 break and enter offences allegedly committed between April 2001 and June 2003. He then found himself in Parklea jail, segregated for his protection.

Lawyer John Hajje, who acted free of charge for Mr Ayoub, said the offences described as break and enters appeared to be cases of Mr Ayoub entering buildings in a confused state, rather than to steal.

"This is just indicative of a wider problem, whereby people who should be receiving medical treatment are being locked up in jail," Mr Hajje said. "I'm just sick of seeing jails being used as de facto psychiatric wards."

The NSW Justice Minister, John Hatzistergos, wrote to Mrs Ayoub on September 1 last year, saying her son's initial two weeks' segregation had been extended by three months after he assaulted three prison officers.

He had since been abusive to other staff and inmates, flooded his cell, and set fire to bedding.

Three weeks before that letter was written, Mr Ayoub had been found unfit to stand trial at Campbelltown District Court. The finding should have triggered an assessment by the Mental Health Review Tribunal, which is required to review all such cases as soon as possible to determine a prisoner's fate.

The tribunal is required by law to review, at least every six months, each forensic patient's fitness to face trial. Justice Dunford said neither action had taken place in Mr Ayoub's case.

A spokesman for the Health Minister, Morris Iemma, said the tribunal had been ordered to expedite an assessment of Mr Ayoub.

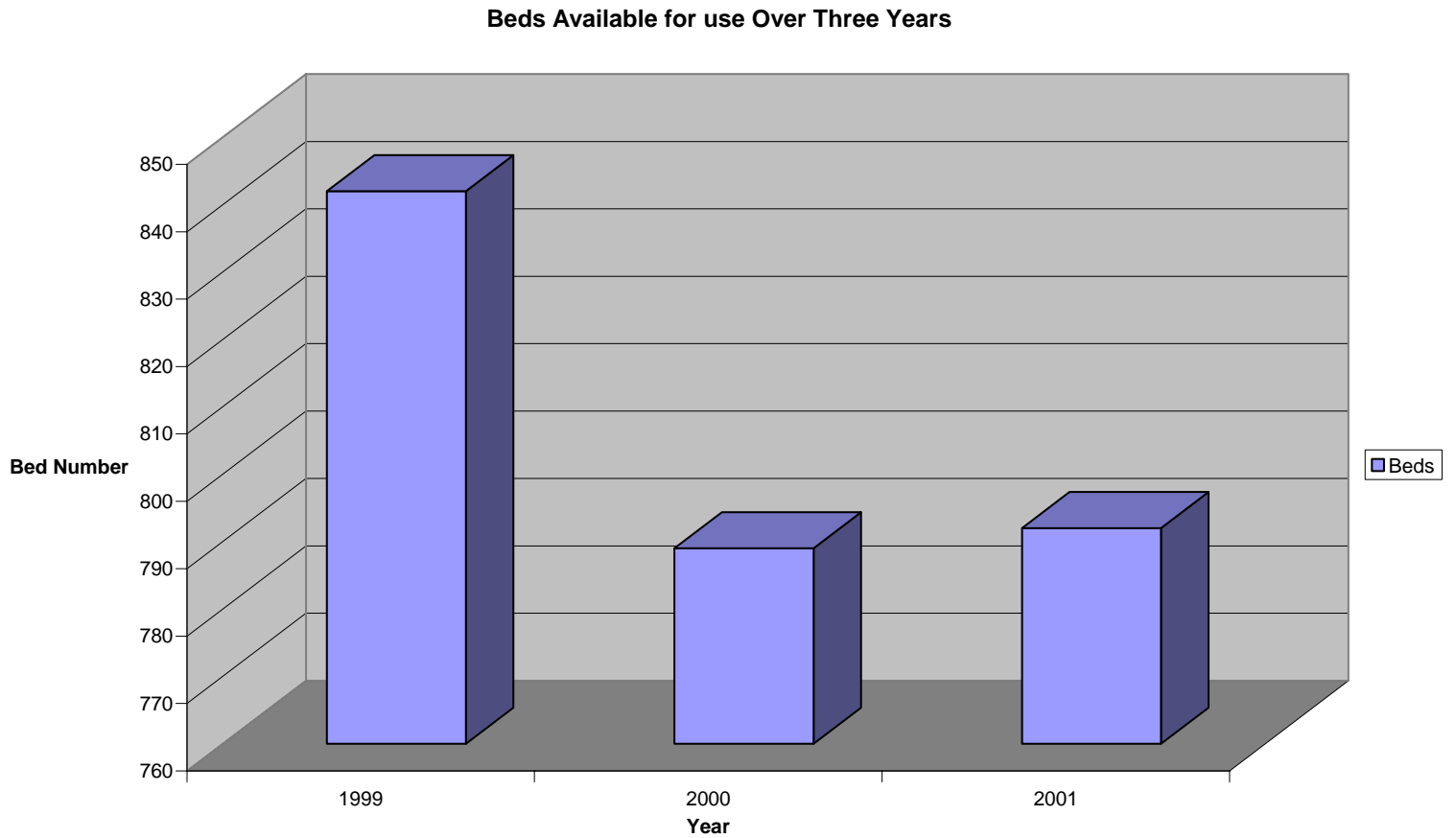
Since July 2 last year, Mr Ayoub had been seen by a psychiatrist 20 times, by mental health nurses 26 times, and by a risk and prevention team 38 times, he said.

An internal inquiry had been launched into why the Mental Health Review Tribunal's assessment had been neglected for eight months.

<http://www.smh.com.au/news/National/When-jail-becomes-a-psychiatric-ward/2005/04/17/1113676648233.html>

APPENDIX 4

This chart is a visual description of the decrease in beds for mental patients.



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