

**SUBMISSION TO SENATE COMMITTEE
MAIN POINTS ON MENTAL HEALTH ISSUES**

Australia spends only 6.6 % to 8% of its health budget on mental health services. Comparable countries such as New Zealand and UK spend 13% to 14%. It has been estimated that 23% of health services are required for mental health treatment. Queensland spends the lowest % on mental health of all the states, although it has caught up slightly in recent years. More of Queensland's services are delivered in hospital or from hospital and this can make it difficult to quantify what is being spent. There may be a tendency to overstate spending.

While having a National Mental Health Strategy is a necessary step it is not sufficient. It also needs proper policing/evaluation. One of the gains from the NMHS has been increased participation of "consumers" in the planning and the delivery of services. But not all standards are fully or significantly met. Setting standards is one thing implementing them is another. Queensland made some consumers like paid employees (co-opted them into the system) and in the recent past "consumers" in Qld. seem to have had less influence and autonomy than is the case in Victoria, S.A and the ACT.

Most recently in Queensland there seems to have been a deliberate policy of Hospital dominated or initiated services. This may have been influenced by the Gabriell case or might just be the general belief of Drs. that they know best and that medications are the answer. The Community Mental Health Workers program was closed down about 4 years ago. Including mental health budgets in the hospital spending tends to hide or make it less easy to discover the true level of spending.

No one knows the true extent of the population who have been diagnosed with a mental illness. Many inappropriately end up in prison, to a small extent prisons may also create or trigger mental illness. A significant percentage of the homeless are experiencing or have experienced mental illness. Closing the mental hospitals for the chronically mentally ill was the right policy but it got caught up in the era of economic rationalism or cost cutting. Only a little over 1/4 of the beds closed were replaced in the community. While you would not expect a strict one to one ratio it would seem a fair judgement that some of those who have experienced mental illness "don't have beds".

Stigma and Employment

Only the organisation SANE seems to be trying to do something about the stigma attached to mental illness. Maybe "Beyond Blue" has done something to assist with the awareness of depression in the community but it seems depression has become flavour of the month perhaps because there are a huge

number of antidepressants on the market. If you have a treatment, you have to find the disease.

Probably for historical reasons Stigma effects every aspect of the life of a person who has experienced Mental Illness. In Australia the most seriously effected area of life is employment. Only 12% of people diagnosed with schizophrena have employment. In other parts of the world employment rates are as high as 60% and in the UK are around 30%. The privatised Job Network does not cater as well for "hard to place" unemployed. Job focused rehabilitation services CRS etc to not appear to be adequate. The Stepping stone clubhouse model is one employment initiative, which works adequately, but it is only one program and approach and we need more varied initiatives to meet the needs of a population with very varied skills and interests.

People who have experienced mental illness are also discriminated against in housing, policing and often in the justice system.

Very little effective appears to me to have been done through schools and the media to overcome stigma. Most media outlets prefer sensational stories which paint people experiencing mental illness as a danger to the community which is a gross exaggeration.

The Rationing of Services

Anyone who knows anything about psychiatry, know it is more of an art than a science. Different psychiatrists will give you a different diagnosis for the same person. In thinking about mental illness it is wise to think of a continuum of behaviour. When there are not enough beds, in patient care or support services, diagnoses can change. So now we have a lot of "borderline personality disorder" which won't get you into hospital, on to medication, or access to much support. Another example of rationing is the problem of dual diagnosis. A person with a psychosis caused by speed (and still using) won't get help in the mental health system until he/she solves their drug problem and vicea/versa. No amount of negotiating between the services seems able to solve the problem. This is really rationing, neither services have enough resources so people are "locked out". One reason why Cornelia Rau was not diagnosed at PA Hospital was that she was already safely "contained" in prison.

Peer assisted Recovery and Consumer Operated Services

One of the most powerful myths about mental illness is that people who have experienced mental illness are incapable of constructively describing their experiences, designing treatment options of delivering services because they are "mad, irrational". Almost the exact opposite is the case. Most people who have

experienced mental illness are lucid most of the time. The main initiatives in mental health treatment should be focused on "peer assisted recovery", self help groups and true partnerships between medical, "consumer" and community groups to deliver a wide variety of services, such as safe houses as an alternative to hospital admissions. This is not happening in Queensland. It is happening to some degree in Victoria, S.A., ACT and perhaps NSW. But it appears to be operating full speed ahead in New Zealand. Lighthouse is a 24 hour safe house run by "consumers" for "comsumers". I have tried to work out why consumers are so accepted as partners in the delivery of services in New Zealand, some people tell me it is the Maori influence, while others suggest it may be the influence of the Janet Frame case. Janet Frame was held in a mental hospital diagnosed with Schizophrenia, only weeks away from a lobotomy when she won the top literary prize in N.Z. And became the greatest N.Z. Novelist of her era. How many Janet Frames are slipping through our fingers

Notes.

Too much emphasis is put on medication for treatment because it is quicker, cheaper(?), and driven by the drug companies. From an economic rationalist perspective if you can't work you are not worth the effort of rehabilitation.

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