Submission to the Senate Select Committee on Mental Health

In this submission we are only commenting on the interface between the mental health systems as it affects people with physical disabilities plus the lack of appropriate services for people with disabilities within the current mental health system.

We would welcome the opportunity to give evidence to the committee at a public hearing.

Our submission makes the following points:

- The mental health needs of people with Spinal Cord Injury are often overlooked during the provision of both short and long term rehabilitation. Issues such as grief and loss and adjustment are not addressed at this early stage.

- Approximately 40% of this population suffer from a mental health problem. The preliminary results of our reseach have shown that the prevalence of depression is around 50% higher than the general population. Our services are reporting an increase in the number of people presenting who are acutely suicidal and have severe depression.

- There is a lack of availability of appropriate treatments for this population. Mental health services lack the knowledge of the issues surrounding people with disabilities and the disability sector lacks the expertise to treat these clients.

- There needs to be a better working relationship between the two sectors. Strategies need to be developed to prevent people's adjustment to spinal injury developing into a major mental health illness. This will include the involvement of GP's and family members of people with disabilities. There should also be one entry point for people with disabilities who are experiencing mental health issues.

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Background Information on ParaQuad Vic

ParaQuad provides a range of services to people with physical disabilities; the majority are people with spinal cord injuries or people who have had Polio. Of the 1656 members and subscribers, 30.6% are between 50-65 years and 29.8% are over 65 years. Of the 305 clients who received services last quarter 40% are currently between 50 – 56 years of age and 8.25% are over 65 years.

We are the largest provider of the Victorian state based Home First program which provides home based attendant care support to enable people to live active lives in their own homes. We also provide case management, information services, counselling, volunteers, support groups and supported accommodation.

ParaQuad provides a counselling service which is partially funded by the Robert Rose Foundation through a donation from the Pratt Foundation. We employ two psychologists to provide services to people with a disability and their families.

The Incidents of Spinal Cord Injury (SCI)

The Australian Institute of Health and Welfare reported that approximately 300-400 new cases of spinal cord injury (SCI) are added to the existing 10,000 cases each year (Cripps, 2004). In the 2002-03 financial years, 394 new cases of SCI, excluding paediatric cases, were registered in Australia, equating to 12.4 new cases per million populations (Cripps, 2004). The average duration of initial care (from date of injury to discharge to previous home, new home, nursing home or other accommodation) was 148 days, with a range of 65 to 265 days, in 2002-03 (Cripps, 2004).

The mental health needs of people with a SCI are often overlooked in the provision of routine acute and long-term rehabilitation. This represents a serious problem, contributing to poor quality of life in this population. Furthermore, failure to address the mental health needs in both the acute and post-acute phases following a SCI may potentially contribute to the development of a more serious mental illness.

Does a SCI result in mental illness?

Experiencing a trauma, such as a SCI, at the very least raises issues off loss and grief and adjustment. Personality influences how an individual adjusts to SCI. Other factors that influence psychological adjustment following SCI include: pain, medication, isolation, boredom, medical complications, body image, cognitive problems (due to brain injury) and social supports (Dezarnaulds et al., 2002).

However, the trauma of a SCI may also trigger the onset of a mental illness. The factors noted to increase the risk for post-SCI mental illness include:

- A history of psychiatric disorder (including substance abuse)
- Family history of psychiatric disorder
- A history of impulsiveness (which is over-represented in SCI populations)
- A history of family fragmentation

- Lack of and/or recent loss of an intimate relationship

(Dezarnaulds et al., 2002).

It is important to note that, "Major Depression is not a normal and necessary or essential part of the process of adjustment to SCI, but indicates that the person is distressed and not coping" (p., 4, Dezarnaulds et al., 2002). While the grieving reaction may appear to be similar to depression, the grieving reaction abates over time as the person adjusts to living with a SCI (Dezarnaulds et al., 2002). The significant difference between grieving and depression is that a grieving person focuses on the loss of limbs and independent function whereas the depressed person has a self-critical focus, with feelings of worthlessness, hopelessness, helplessness and withdrawal from others (Dezarnaulds et al., 2002).

What types of mental illness are people who suffer an SCI most at risk of?

Diagnosis of a mental illness can be made in approximately 40% of people with a recent onset of a SCI (Dezarnaulds et al., 2002). The most common types of mental illness likely to develop include:

- Depression (including a five-fold increased risk of suicide; Dezarnaulds et al., 2002)
- Substance Abuse Disorders
- Adjustment disorder
- Pain Disorder
- Acute Stress Reaction
- Post-traumatic Stress Disorder and
- Agoraphobia

There appears to be a lack of current knowledge of the mental health and emotional well-being within the Australian population with spinal cord injuries. This is surprising given the estimated sizable spinal cord injury population in Australia. - In excess of 12,000 by 2001with expected life spans the same or close to that of the general population –. To address this dearth of knowledge, ParaQuad Victoria and Monash University, are currently conducting an epidemiological study investigating quality of life and emotional well-being of those who have been living with a spinal cord injury in Victoria. Preliminary findings suggest –

- The prevalence of depression maybe around 50% more than in the general population
- More than 80% of people with spinal cord injuries seem to be heavily medicated; Of these individuals, 36%are using psychotropic medication and 83% using multiple medications

Overseas research suggests the risk of stress and distress to be higher within the initial adjustment phase, say the first 5 years or so, and again around 20years later (However, timelines are unclear due to lack of research and other methodological issues. This study hopes to address some of these discrepancies. Nonetheless, there is still a strong need for further research needs to be supported into pathways and consequences.

Present Demand for the Psychological Service at ParaQuad Victoria

Over the past 12 months the psychologists within the service have witnessed an increasing level of need within the clients referred and as such have had to dedicate increasingly higher number of hours per week to insuring the safety of clientele. Severe psychopathology is becoming more common with many clients being referred in crisis. As such, the psychological team is now managing acutely suicidal and severely depressed clients with drug and alcohol problems on a weekly basis. This management often requires consultation with Crisis Assessment Teams and is placing considerable strain on available resources.

The demanding nature of referrals to this organisation requires a considerably greater amount of the psychologists' time than may be spent with clients with less complex needs. For example, dual diagnosis (mental illness, substance abuse and physical disability) has been evidenced in at least 50% of the referrals to date. This complex presentation requires resources to not only manage the individual's psychological needs but also the practical case management needs and ongoing needs of families. Thus an individual referral can take up to 6 hours per week to manage effectively.

Who is responsible for treating mental illness in individuals with SCI or other physical disability?

- Mental health services, lacking the resources, understanding and expertise to assist individuals with physical disability, tend to refer clients back to disability services
- Disability services may lack specialist expertise, trained mental health professionals or resources to adequately treat mental illness
- Public mental health services tend to only accept referrals who have a serious mental illness, such as schizophrenia or personality disorders
- Crisis services, such as the Crisis Assessment and Treatment Team, are largely inaccessible and only become involved when the crisis is at climax point
- GP's, usually the first point of call, lack the time (and possibly the skill and expertise) to adequately treat mental illness in the context of SCI, beyond the prescription of medication
- Passing the buck fosters rejection and discrimination, which in turn, further compounds the problem
- Physical accessibility to the appropriate health service is yet an additional barrier

Recommendations

- The mental health sector needs to work in partnership with the disability sector to better understand disability issues.
- Akin with a preventative approach, it is imperative that the acute management phase routinely incorporates specialist mental health care.
- In line with an early intervention approach, the rehabilitation (post-acute phase) may be improved by the provision of education and training (by disability services) for primary mental health teams about the mental health issues pertinent to physical disability. Primary mental health teams, in turn, provide support to GP's in treating mental health problems. GP's, often the first point of regular contact for health care, may then be

better equipped to recognise and monitor the early warning signs of mental illness and to provide continuity of care.

- Awareness and recognition of mental illness issues needs to be raised, by way of targeted campaigns, among people with a SCI or other physical disability and their family members.
- Ideally, a single point of entry for people with a SCI or other physical disability who are experiencing mental illness is required.

References

Cripps, R, A. (2004), *Spinal Cord Injury, Australia, 2002-03.* Injury Research and Statistics Series Number 22. Adelaide:AIHW (AIHW cat no. INJCAT).

Dezarnaulds, A., et al. (2002). *Psychological Adjustment after Spinal Cord Injury.* Motor Accidents Authority of NSW.