31 March 2005

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

Dear Sir

Enclosed is a submission for your Senate Select Committee on Mental Health.

I am hoping as it is put forward it may be of some help to you.

Yours faithfully

Appointment and Terms of Reference

A select committee, to be known as the Select Committee on Mental Health, was appointed on 8 March 2005 to inquire into and report by 6 October 2005 on the provision of mental health services in Australia, with particular reference to:

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;

As a consumer of mental health initiatives over the last 30 years, and more especially the last two years, I have found that there is a quantum leap in putting into practice what has been learnt. I was of the thankful recipients of a post traumatic stress syndrome course which lasted for four months and was run jointly by the Canberra Hospital and the University. Although I cannot say that I will never get to the stage of being suicidal again -because the tragedy is that the very thing, my brain, which is what I think with, is the very thing that is need of repair at times - I can say that that course gave me something that I needed. That was the awareness to **stop**, **take a deep breath**, **consider the options** and then **make a decision.**

I consider there are many barriers to progress. Adequate staffing in mental health facilities is becoming more and more a major problem. As a consumer I have found that staff have less and less time for nursing because of increased administrative procedures which they are required to perform. This is not hearsay but personal experience since 1975 when I was a patient in M Ward at the Canberra Hospital at Acton Peninsula and was in that facility for six weeks. At that time the most common form of treatment was injections to calm people down; electric shock and, in the most severe cases, lobotomy.

b.

the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care;

prevention, early intervention

Since 1980, the second time I was in hospital, this time at Woden Valley Hospital, although treatments have improved as in the form of tablets versus injections, the number of people in hospital has, on each occasion I have been there, increased until for me it came to a point where the staff were so overloaded with duties that did not seem to be patient-oriented that what was happening was overlooked. What happened is as follows:

In 1992 I drove my car to work and parked. I walked towards the road and as a car was approaching I walked right in front of it. The lady stopped on a pin-head and

yelled at me. I turned around and got back in the car and drove to the hospital and was assessed and admitted.

After several weeks I was able to go home and back to work. During the next year I suffered bout after bout of depression interspersed with feelings of suicide. In 1993 I was in hospital suffering with depression. I had been there several weeks when early one evening I walked into the common tv room and exchanged a greeting with a girl from my room. She turned on me and reviled me and spat all over my hair. I was stunned. One of the men said, "Go and have a shower" and still stunned I did just that. Shortly afterwards one the nurses came and asked me what happened. I told her and she said, "Some of the people here are very sick so just keep away from her". I knew it was good advice but it was a little late.

I was very scared and as soon as I saw my psychiatrist I told him I was all right and I was ready to go home. I wasn't all right but I was more scared of staying there.

I went home and saw my psychiatrist as an outpatient every week for quite a few weeks with the depression giving way to such a lack of motivation that the old suicidal tendancies came back. On October 12 1993 I tried to commit suicide by jumping off the Cotter Dam (31 metres high) and sustained a broken ankle (12 places); a fractured pelvis; a broken thumb and I took a large piece out of the top of my leg. Maybe I am still here to be a voice for those who can't speak any longer because they were successful, I don't know. I do know that the time given to patients in mental facilities in the form of personal counselling is minimal because of time constraints because of the burden of administrative requirements.

acute care

I have been in the acute care section of the mental health facility on three occasions with three different stays in hospital and have much admiration for the staff. On each of those occasions as soon as I showed signs of normality I was bundled back to the section which was not acute care. I would have much appreciated a small amount of more human contact in the form of conversation but the staff were just so busy.

community care

My friend and I were talking today about the fact that we have a 24-Hour Domestic Violence Crisis Service; a Men's Counselling Service; Lifeline; a Mental Health Crisis Team number for 24 hours but no number for Women's Counselling. I feel that so often during the day or night both Women and Men are looking for someone just to listen to some pressing problem – not a Lifeline type problem or life-threatening problem but just something that needs a friendly ear. I think that this could be just what the doctor ordered for many men and women and also coming under the heading of **prevention and early intervention.**

after hours crisis services

The Mental Health Crisis Service is excellent. It is caring and does a wonderful job. In the years I have had contact with the people who work there I have received first class treatment and have felt incredible compassion from everyone I have had dealings with. I do not take lightly the fact that we have this wonderful service and only when my situation has become unbearable and intolerable do I ask for help.

respite care

Respite care for me has never been an answer because the turning point has always been that I needed to go to hospital before I was able to draw breath and the respite for my husband was me being in hospital.

c.

opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care;

I believe that further research is required into what can be done within the educational system to allow for a class showing children about how precious they are and how to view themselves as special in the best possible way – as unique as a one daffodil is to another in a field of daffodils.

I also believe that there has to be the opportunity for one-to-one time given in hospital by staff to patients. I have found that much healing has happened with patient to patient contact and although this is a blessing and should continue to be a blessing that more staff to patient time ratio is required for recoveries.

d.

the appropriate role of the private and non-government sectors;

The floundering role of these sectors is evidenced in the plight of the homeless and unemployable. I had an inspiration one day in the middle of Civic. I thought "What if there were people who walked around looking for those of us unfortunates at the time in need of support and on finding them were able to offer them some of that support in the form of a cup of coffee and a chat or a handful of money or helping them find their way – in a literal sense – through the fog just like they do for those with drug dependence." This could be achieved by those in the community and funded in, at least part, by the governments.

I also feel there needs to be a more concentrated effort by both private, non-government and government sectors to build a bridge back to normality after hospital stays. I think it is a shame that we don't build those bridges by using the forms of communication we have at our disposal – the telephone and the email computer system.

e.

the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;

I could speak on this at length but I will suffice it to say that unmet needs in each of these areas are a barrier to better mental health outcomes. If I don't have a home to live which is supported by services which enable me to live in a decent manner I don't have a life. If I have a job that is made to suit me and I don't feel I am performing it well because I don't even feel it is a proper job how can I feel fulfilled and useful?

The extent to which unmet family needs is a barrier to better mental health outcomes will probably never be known but I feel very strongly that much of what we see on television is the one of the reasons we see an increase in the breakdown of the family unit and poor mental health outcomes. If you feed a child rubbish it will think rubbish; if you give a child a flower they will smile and smell it and thank you.

Please, if you have any influence on the things we watch on television, let's have some programming that reflects love, compassion, kindness and gentleness.

Have you ever been into a mental health ward where everyone was laughing? It doesn't happen.

The extent to which unmet need in social support services is a barrier to better mental health outcomes is shown when families have young children and there is a great strain on the parents; when children are sick and when parents are elderly and in need of care. Many people are unable to cope with the stress and without the support at the crucial time they topple over the edge and become mental health statistics.

f.
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;

The word that comes to mind here is 'protection'. I think there is a need for prayer and action. So aften we go along thinking God will bless us whatever. I think the reality is there is, as I read recently, "More things are wrought by prayer than what can be thought or imagined" To pray for those things we hope will happen is good sense and God wants us to pray. To pray into a situation we know of or just generally to pray for those in dire need who seem to be forgotten.

In church this morning people with mental health problems was specifically mentioned and several other problems people have to deal with. We can listen and accept those words or with all our hearts we can pray into those situations.

Quite often the ingredient that is lacking is "Hope". Without hope we are bereft but thankfully God does not leave us bereft: he sends people into our lives who can help us.

When we are hopeful we have the feeling we can almost conquor the world. Without hope we are like a ship with sails and no wind to make it sail.

One of the most important things is to listen to their concerns. I have been privileged to have been listened to by many people in many different circumstances. I pray that those who are experiencing difficulties may get the help they need. Almost all of us put a mask on and hope no one knows how much pain we are in. Even those who do not seem to have any problems are sometimes immersing themselves in good words.

As this is the International Year for the Disabled there may be a way to link in with them as they are trying to get the people experiencing the problems to come forward and help formulate the changes that are needed.

g.
the role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness;
In my case I have spent many years thinking in a bit distorted way. I suffer from bi-polar and sometimes I think the world is a great and wonderful place and sometimes I think it is the worst place anyone could be. I know my primary carer, my husband, battles with his needs and my needs and tries to be all things to me and to him and tries to help others. He has had no formal training and is currently trying to finish a course on anger management. This would, we hope, give us a way of working well together. Without some training the old habits will emerge and the old patterns will be continued.

The organisation which is endeavouring to help him is the Men's Group in the front of the new telephone book.

h.
role of primary health care in promotion, prevention, early detection and chronic care management;

Collaborative therapy, which is a course I have undertaken, gives me some insight into what those caring for me are trying to achieve. Part of my problem is the extreme highs and the extreme lows. When I am too high I try to get everything done before the end of the day because I have the feeling of impending doom and the feeling I might not be here tomorrow. When I am too low, in a dark place like the bottom of a well where you can't even see the daylight, the days drag and I look forward to death as an escape. At the moment I feel elated but not too high. I hope this continues.

I am very thankful of the many people involved in this collaborative therapy because I would be in hospital in a drugged stupor instead of sitting at the computer working on this submission.

I hope and pray that many more will get the chance I have to be well and stay well.

i.
opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated;

The most important thing is trust. That the people with the problem can trust in those who are looking after them. When a person goes to hospital and is very unwell they feel as if they are in prison. I know this is for their protection but it creates a feeling of us and them. It takes a long time to trust and realise that the staff are trying to help you.

Peer support is very important. Happily I am in a position of having a small core of very good friends and just as they are very good friends to me I try to be a good friend to them. Some have mental health problems and others don't but we stick by each other.

j
The overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people;

I think many of the people within the criminal justice system and in custody are suffering from a mental illness. I also think that one of the most important ways to help these people is to pray for them. The other day I read a saying in my prayer devotional. It said: "Pray as if everything depended on God and work as if everything depends on you".

At our church we quite often, but not every week, pray for those who are suffering from mental illness.

I believe very strongly in the forces of darkness. Just as when I think the world is a wonderful placed and feel very close to God there are times when the forces of evil are trying very hard to overwhelm me. I am very thankful for all those people who have prayed for me and thought good thoughts for me.

I pray that all those who need God's help – along with all those who want the world always to be a better place – are able to get that help. I pray for the mental health system and especially all the people who work in that system and also those who formulate the laws needed to help the people who need the help of the mental health system.

k.
the practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards, and proven practice in promoting engagement and minimising treatment refusal and coercion;

Most of the times I have suffered from a nervous (mental) breakdown I have not been hospitalised. I have had approximately a dozen episodes where I was not working in reality.

When I am ill I go high and that is for a few weeks usually and then low for months – quite a few months. I suffer from bi-polar. When I have been admitted to hospital it has first of all been with a feeling of relief because I have reached a safe haven. Within a short space of time, usually a couple of days, I start feeling like a prisoner and I realise that I have to behave in a certain way to be allowed to go home.

I have been very grateful for those periods of detention and seclusion because it enabled me to survive. I think that having more respite available would lessen the need for the stronger practice of detention and seclusion.

If it were possible respite with people who have some first-hand knowledge of mental illness and who may have had family with it but now do not have the problem there may be one answer.

i.
the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;

I think only the tip of the iceberg has been touched in relation to the information available to the general public on mental illness.

As a person with mental illness I try very hard not to pretend I don't have it. Early in the process I worked as a temporary secretary quite successfully. In a few seconds one of the agencies I worked for no longer required my services. I had worked for them for about four or five years and was asked a question. It just came out that I suffer from bi-polar.

People with mental illness are reluctant to tell people in general that they suffer and to what degree.

As so many people have said, "If you had a broken leg would you try to hide the fact?" It is the same with a broken mind and as I said to one of my case workers, "The strange thing is that the thing you are working with is the thing that is is broken."

I think everyone at some stage displays some signs of a "broken mind". Grief, trauma, tragedy, extreme happiness, extreme sadness (depression) are all experienced to some degree by everyone. Somehow there needs to get across to people that there isn't a me and them but an "us".

m.
the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness;

I think all these agencies try their best but I envisage a more integrated approach. I stood in Centrelink one day and was helped by a lady who was very proficient. As the interview progressed I came to realise that everyone knows what they need to know for their job but no one knows everything there is to know. I realise that everyone can't know everything about everybody but something like someone high in the organising explaining to those in the lower ranks so that an awareness of the bigger picture evolves for them.

I feel more education is always beneficial.

n.
the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated;

I think that the resources available are quite good but I also think that there are many people hiding indoors who do not access the mental health services available adequately.

It is good that case workers go to visit clients but I am sure there are those who do not access the services because they feel they aren't sick enough and in reality they aren't even participating in life and would benefit from help. I think an education campaign on television to draw these people out in a way that shows how much we (everybody) cares and want to help. I was just thinking of the song, "It's a small world after all. It's a small small world".

o.
the adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards; and

It is adequate as far as those people who are known and who are in the loop but I feel there are more people suffering mental illness and who do not have the ability or the desire or the knowledge to be part of any of the helping processes. As an example I was walking in the Civic Centre and saw a man who looked very down and out. He was obviously disabled and was getting along very slowly. Something made me go up to him and ask if there was anything I could do for him. He answered, "Give me some money." I gave him about $2.50 which was all I had in my pocket and he made his way to a small coffee lounge. I am sure this man and others escape the net of those trying to help.

p.
the potential for new modes of delivery of mental health care, including e-technology.

I think that computers could be very useful for the delivery of better mental health care. I am not sure but I think our local mental health centre is a little afraid that people would inundate them with emails if the email address were made public. I can access my case worker by telephone or by going to the health centre but the ability to

use email is not there yet and people have to have the funds to have a computer and the ability to use the internet to send emails.