

MENTAL HEALTH SUMMIT: PERTH

Liz Haynes, Community Corrections Officer, Bunbury 2004
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On Monday 11th October 2004, a Mental Health Summit was held at the Perth Convention Centre. The morning began with storying: a consumer's perspective, a carer's perspective and a service provider's perspective. It was important that the stories were told, but sadly, for me, it was the same story, different names, that I've been hearing about time after time: the pain, the grief and the heartache; people seeking help and being turned away; repeating their stories to different workers and reliving their trauma, to no avail; and carers and consumers feeling isolated. Certain needs were highlighted through the stories; the need for early intervention, for family support, for continuity of care despite the movement of itinerant mental health consumers across catchment areas, for supported accommodation and for case managers. The stories told of consumers and carers crying out for assistance from service providers (NGOs particularly) who have too few resources and unstable work prospects, who are spending 50 per cent of their time maintaining their service rather than doing the work; recognizing that there are too few mental health workers (including psychiatrists); acknowledging the inadequate facilities available and that the process of engagement is itself causing trauma to the consumer and may take up to five weeks to be completed.

When the focus changed to facts and figures the statistics merely confirmed what I already knew or at least suspected. Social isolation, unemployment and substance use is far more prevalent amongst mental health consumers than amongst the general population. The death rate and the suicide rate of mental health consumers is greater than that of the general population and nearly half of the mental health consumers reported the need for a specific service that they were unable to access.

Dr Aaron Groves, from the Office of Mental Health, explained how the promised additional funds (announced in September 2004 by the Honourable Jim McGinty) would be used. We can expect more beds; supported accommodation, more workers and a myriad of other much needed services. It was acknowledged however that these measures would not be adequate to provide all that is needed in the mental health arena but will hopefully provide a good start.

The delegates were invited to form groups to discuss the following issues: the balance between hospital and community care; resource allocation; early intervention; co-morbidity; NGOs; and the status of mental health within the Department of Health. We were asked to develop a "wish list" backed up by good arguments, which would be fed through the correct channels to the Government.

Of course, so much more was discussed, mental health encompasses such a diverse number of issues, for instance the need for legislation to protect

mental health consumers, voluntary euthanasia for mental health consumers and the stigma of legitimacy for those who don't appear to be mentally ill, i.e. those suffering borderline personality disorder. The Summit was only a beginning. Everyone had so much to say with so little time to say it. The area of mental health affects so many Australians, more opportunities need to be made available to everyone to contribute to the discussion of mental health issues and solutions.