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The Senator Members
c/ Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

SOCIAL SERVICES LEGISLATION AMENDMENT BILL 2015

Dear Senators,

I am writing to you on behalf of the Forensicare Recovery Committee, of which I am the chairperson. We, the committee, are extremely concerned about the proposed ceasing of social security benefits for psychiatric patients who are in hospital because they have been charged with a serious criminal offence. Here at Thomas Embling Hospital such a loss of income for our patients would have an extreme impact on their immediate life situation and ability to rehabilitate, in the strict sense of the word, let alone grow and flourish personally as hoped for in Recovery terms. For reasons I shall outline below we are of the opinion that the *Social Services Legislation Amendment Bill* 2015 has not considered in a fair, humane and holistic way the circumstances of our patients, and should therefore not go ahead.

A key underlining point I would initially like to make is that even though many forensic patients have been charged with a serious criminal offence, due to their defence of being not guilty by reason of mental impairment as stipulated in the *Crimes (Mental Impairment and Unfitness to be Tried) Act* 1997, they have not actually been found guilty of the crime. The very fact that there is specific legislation allowing for the diversion of mentally ill offenders into a medical and hospital system, instead of directly into the justice and prison system, seems to me to indicate society's acceptance that mental illness is a mitigating factor when assessing culpability. As one patient stated: "We are not in jail, we are in a hospital because of mental health issues, so should be eligible (for a pension) as we've got a disability…not in a prison."

Further as our patients have not been tried by jury and convicted of the crime they often have an indefinite sentence. This means they do not have the luxury of a set timeline when they will be set free, but rather must prove themselves to the court and medical authorities to have fully rehabilitated before being considered suitable for discharge. As one patient put it: "You have to be an angel and sprout wings to get out of this place". Progressing through the hospital is not the same as "doing time" in a prison sense, it requires hard work over many years and a commitment to recovery by the patients. A high level of treatment and support is needed in order for patients to

successfully return to the community in a way that is sustainable for the individual and safe for the community. The discharge process is very gradual, with accommodation, training, employment and other community links being put in place whilst an inpatient to ensure a successful transition at the time of discharge. Access to income support is crucial to establishing these links.

Specifically the Disability Support Pension is essential in giving patients the means by which they can engage in the many rehabilitative programs in the community. Patients self-fund their external rehabilitation activities, modes of transport to attend the activities, and any supplies required to carry them out. Removing the financial structures and therefore opportunity to engage with the community will slow down recovery in a practical sense of not being able to acquire the skills to tackle being outside of the hospital environment, but also have a personal impact on patients feelings of self-worth, autonomy, and ability to achieve meaningful goals. Continued institutionalization will be the daily reality faced by many as a patient commented: "You become so institutionalized, rock up, get feed, not learning shopping, cooking and budgeting."

Just having the prospect of the DSP cancelled for forensic patients is already creating general anxiety on the units and resulting in an undermining of the therapeutic environment. Patients have described there now being: "a generalised air of fear of the future…. with an increase in vulnerability, safety and security concerns." Some patients are experiencing a relapse of their conditions. As rehabilitation Consultant Psychiatrist noted: "Losing access to the DSP would have huge ramifications for our forensic patients. Adequate funds are essential in enabling patients to put protective supports around them including appropriate accommodation, pursuits essential to their rehabilitation and basic needs such as food and personal items. Having this thrown into doubt has been disclosed by patients and observed objectively to have a destabilising effect on behaviour as well as mental state on the units of Thomas Embling Hospital."

Should the actual DSP cuts come into force the very rehabilitative structure of how the hospital operates will be affected. At the moment patients describe their progress through the system as relying on a leave base model which leads to integration back into the community. This is a stepped program that starts with escorted leave to local areas and builds up to eventual unescorted leave to meaningfully rehabilitation orientated destinations incorporating a recovery focus to the leave. Any leave destination requires a minimum monetary amount for transport, food and drink, etc. More advanced leaves require greater monetary input from the patient to facilitate, as several patients commented: "With no income it is not possible to have meaningful leaves", "What will be the point of going on leave? We will have nothing to do." If patients are denied income they will not even have suitable civilian clothing to wear on leaves to blend into the community, as they may be dependent on prison style issue: "not in line with Recovery model and therapy… trying to rehabilitate someone then put them back in prison greens." How can we encourage citizenship, individuality, and a non-institutionalized outlook and identity under these conditions?

Aside from destroying patient motivation to aim for leaves, there will not be the process of building gradually on leaves to eventually get overnight leave and then extended leave back into the community full-time. To achieve any of this patients need a discharge destination: "In order to be discharged we need to have housing, many of us rent houses prior to discharge and would not be able to fund renting a home without the pension." In order to qualify for social security benefits the government is requiring a minimum of 3 overnight leaves per week; to achieve this patients need to have accommodation already in place. How can they possibly achieve this requirement of the Forensic Leave Panel with no prior income? Some patients already have established accommodation with mortgages or rental property which they will have to forgo if they do not have sufficient overnight leaves.

Applying for the DSP takes time, public prioritized housing has to be taken up within 5 days of offer. Housing is already a real barrier to forensic patients getting discharge, crippling the leave system as it now stands will only lead to more blockages in an already overtaxed system and creates a culture of despair and dependence amongst our patients: “These changes leave us feeling helpless and hopeless, depressed and low in morale”. The flow on effect could be an increased risk of reoffending both in the hospital and in the community due to a loss of rights, hope and independence. The rehabilitation program offered to patients would go backwards in effectiveness, especially considering the success of the current system in low rates of recidivism amongst our forensic patients.

Another important aspect of rehabilitation and successful reintegration into the community is the social supports surrounding patients; family can be a key component in this. Some patients even support their family unit from within hospital with their social security payments. They may have children or elderly parents they wish to help. Many carers are also on a pension and not financially well off themselves causing concern that the added financial burden of their loved one in hospital maybe enough to cause a rift in the relationship, at the very least put pressure on it. As one concerned carer commented: “How this will impact me is that I worry my daughter (in Daintree Rehabilitation Unit) won’t eat properly because she won’t have the money to buy the ingredients. I will feel I have to come and visit more often so I can take her shopping. I believe that money is a tool for getting back into life. It’s their way of recovering.”

Each year the carer support fund is also reduced resulting in patients needing to fund accommodation, flights, petrol vouchers, taxi vouchers, etc. for their family to visit them. The proposed cuts will affect the whole family system not just the patient. On a personal level many patients will no longer have the dignity of being able to purchase presents as a functioning member of the family unit: “Being not recognised as deserving of income support would mean I could not buy mother’s day, birthday or Christmas presents.” Many patients also have family some distance away and will not be able to stay in contact with regular calls with no access to money: “I call STD and spend $40 dollars a week on telephone calls. That is my main connection with the real world.”

In summing up there are many positive reasons why patients should continue to receive social security benefits. To stop this practice of income support would be of great detriment to patients personally, their families, and also to the wider community. The proposed policy creates structural change that will financially cost the Federal and State governments more to implement. Due to consumer concerns about loss of rights, recovery and hope there will be a negative impact on the health and mental health of patients at Forensicare locally, with a flow on affect to the broader community and welfare systems.

We believe that the social, economic, and human costs of this proposed legislation far out ways any benefits of applying culpability considerations to patients who have not even been found guilty of a crime. Patients do not come under the scope of prison considerations as aptly put by a Forensicare patient: “It is a move from being a therapeutic environment to a punitive environment; we will go from being here for rehabilitation to being here for punishment.” Or as another patient said: “The place will be like a concentration camp.” Is this really the world view we want to encourage in the patients we are aiming to rehabilitate back into the community in a positive and constructive way?

It is not only a basic human right and expectation to have unfettered access to a secure source of income in a modern first world country but a matter of dignity and respect.

"The pension is meant to see us through, it is already not enough in itself, and it is the string that binds everything together."

Recovery cannot be expected to grow from the soil of despair and destitution, we as a service and the government need to encourage the growth of our patients with the application of hope, social justice, and a maturity to do what is right, even if that means a cost in financial terms.

Yours Sincerely,

Julie Dempsey

Consumer Consultant

This letter was written on behalf of the Forensicare Recovery Committee.

Discipline Membership displayed below:

Chairperson/Consumer Consultant
Co-Chair/Executive Director, Inpatient Operations
Carer Representative
Family and Carer Advocate
Director of Nursing
Chief Social Worker
Clinical Director
Assistant Clinical Director, Inpatient Operations
Consultant Psychiatrist
Psychiatric Nurse RPN 3
Community Service Operations Manager
Unit Manager, Daintree Unit
Inpatient Service Operations Manager
Occupational Therapist
Social Worker, TEH
Nurse Unit Manager
Psychologist,
Consumer Consultant Assistant
Consumer Representative
Chaplain