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Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

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Dear Committee Secretary,

**Re: Inquiry into the Social Services Legislation Amendment Bill 2015**

VMIAC (Victorian Mental Illness Awareness Council) is the peak representative body for people living with mental health issues (consumers) in Victoria. As part of our role we provide advocacy for consumers. I am writing this submission as Acting Director at VMIAC on behalf of the forensic consumers who would be affected by the changes outlined in the Social Services Legislation Amendment Bill 2015.

VMIAC has frequently provided individual advocacy to people resident in the Thomas Embling Hospital in Melbourne. This small group of consumers has greater vulnerabilities and more to overcome in their lives than most other people living with mental illness. In recognition of this, we have at times supported people throughout their journey through forensic services, from a time early in their psychiatric admission until they are successfully reintegrated into their community. We have come to understand, as have many others who work within or closely alongside forensic mental health services, that the group of people who are judged as unfit to plead or not guilty due to mental impairment did not intend to do harm. These people are in hospital, not jail, because it is totally appropriate that they are treated for the illness that has been deemed to be the cause of the (alleged) offence rather than punished for something that they had no capacity to understand.

Other submissions have already raised the myriad of effects this change in status would have, so I will be brief.

- It will force an already vulnerable group (surely one of the most vulnerable in our community) into abject poverty, unable to buy toiletries, clothing, to cover dental or other allied health costs, and totally dependent on the forensic hospital where they reside.
- It will mean that this group of people becomes totally institutionalised, with no capacity to make decisions for themselves and reliant on the service for all their needs.
- People's ability to undertake rehabilitation activities such as buying and preparing their own food, taking leave to practice social skills, learning budgeting skills, and setting and achieving meaningful goals will be severely curtailed.
- It will set back the rehabilitation and recovery of the consumers for a substantial amount of time for multiple reasons, including the effects of institutionalisation; the incapacity of people to be able to make, or maintain, links with their community; the inability of people to have overnight leave or organise accommodation when the time is right to start supporting their reintegration; and the additional feelings of worthlessness, anxiety, frustration, etc. that this move would most certainly cause.
- For many people, they will no longer be able to support their family, and in fact they will become a financial burden when in many instances the family is already experiencing financial hardship. Placing this additional burden on a family that is also most likely grief-stricken and experiencing multiple hardships is very unfair.
- Without the concessions afforded by a pension, people won't be able to afford to undertake, or in many instances continue, a course of study. This denial of people's ability to look to the future, plan for employment, and try to establish a post-hospital life for themselves is totally counterproductive.

The majority of consumers who will be affected by the Bill will eventually be discharged from hospital. It is in the interests of the community, as well as the individual and their family, that people are afforded the best rehabilitation possible to enable a successful reintegration.

I have personally witnessed the results of the excellent work performed by Forensicare Victoria, including the Thomas Embling Hospital, in supporting people's rehabilitation and recovery. The critically important and often delicate work of providing support and treatment to a person and their family from admission to discharge should be guided by the person's treatment and rehabilitation needs. Imposing stringent financial considerations that put even basic expenses and basic decisions out of reach of the consumer and that create total dependency on others is just not conducive to achieving the positive outcomes that are currently achieved.

Other submissions have already discussed the multiple human rights implications of this proposed law, and I don't need to repeat them all here. However, I will add to the chorus by briefly discussing Article 25 of the United Nations Convention on the Rights of People with Disabilities (CRPD). Article 25, Health, says in part, "... States Parties shall ... Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons ..."

This Bill is predicated on the assumption that the affected consumers are guilty of an offence, despite this not having been tested in a court. However, it is undeniable that the affected consumers have a serious psychiatric condition that requires treatment. We know that all people living with serious mental illnesses such as schizophrenia need both recovery-focused clinical treatments and psychosocial support to enable as complete a rehabilitation as possible. To deny this small group of people access to the best possible treatment and rehabilitation for their mental illness, by denying them the capacity to pay for rehabilitation activities, is discriminatory. The health outcomes, including the effective rehabilitation of this group of consumers, would be very negatively impacted should this Bill pass into law.

I look forward to hearing the outcome of the enquiry.

Sincerely,

**Liz Carr**  
**A/Director, VMIAC**