Submission to Australian Government Senate Select Committee on Mental Health

Committee Secretary,
Senate Select Committee on Mental Health,
Department of the Senate,
Parliament House,
Canberra.
ACT 2600.

Dear Committee Secretary,

This is my submission based on the experiences of my family trying to cope with my son's mental illness, and my involvement with a Carers' Support Group (for carers of a person with a mental illness).

My son tried to commit suicide, and from that episode it took 6 months for him to receive a diagnosis. Our GP was unhelpful, we had no access to information or help, and we encountered a huge discrepancy between the attitudes and helpfulness of staff from one area of mental health service to another.

That time in our lives was traumatic. We were frightened, bewildered, and very lonely because there seemed no one who could or would help. Even when we discovered the area mental health service the communication skills of the clinicians employed by that service were appallingly inadequate.

As a family we are the primary carers for my son who is able to live independently because of the support he receives from us.

Re: Senate Inquiry Terms of Reference 1 a)

1

It is shameful in Australia that the national mental health budget accounts for only 7% of the total health budget. Mental health services require a much greater input to service the needs of the community.

There should be an increase to at least 15% of the total health budget to better reflect the burden mental illness places on this country's health services. Australian families are suffering terrible pain and trauma because of the under-resourcing of mental health.

Why is it that there are readily available resources for someone who requires rehabilitation from a knee reconstruction, and not the same for someone requiring psychosocial rehabilitation?

Resources must also be directed to better training for clinicians in communication skills when dealing with patients, families and friends.

"When our son received a diagnosis, no one from the area mental health service spoke with us about it. My son and I were in a meeting with a psychiatrist where the conversation was one-way only. He made lots of notes and we were told to go and get medication and there was no mention of a diagnosis.
Several weeks later we were presented with a form signed by the psychiatrist who we were told was to help my son apply to receive some social security benefits. Opening the form at home, we were confronted, without prior communication with the term 'schizophrenia' for the first time. It was shocking and unbelievably distressing for both my son and me. A poor way for clinicians of an area mental health service to treat a family."

Re: Senate Inquiry Terms of Reference 1 b)

1
The provision of various modes of care, such as early intervention, acute care, community care, respite and after hours crisis services comes nowhere near the level required.

" In my role with the Carers' Support Group I often heard stories of gross inadequacies in the mental health system, causing terrible heartbreak for families. Events such as inappropriate treatment by the police of loved ones affected by mental illness happen in desperate situations when there are no after hours crisis services and no available supported accommodation.
I heard of one woman's son who spent a week sleeping on the park bench in the middle of his small country town because of a deficiency in the service provided by the area mental health service. He was eventually bashed senseless by a group of highway patrol policemen who were not trained in handling a person with a mental illness."

2
When a loved one is ill, often the first point of contact is the local GP. It would, therefore, be really helpful for GP's to be well informed about mental illness and the resources and services available for patients, families and friends.

"It took 6 months for our son to receive a diagnosis following his attempted suicide. Following our attempts to gain advice about how best to support and help our son (while not knowing what was causing his extreme behaviour), our GP told us to 'back off and let him grow up and be an adult'. Because our son was over 21, the GP refused to communicate with us about our son because of patient confidentiality. This was despite the fact our son was living with us, I was his primary carer and responsible for doing everything for him while he was ill.
And this unhelpful attitude from the GP was also despite him having received some training from the area mental health service."

Re: Senate Inquiry Terms of Reference 1 e)

1

It is appalling that figures from the National Survey of Mental Health and Wellbeing Bulletin 5, National Mental Health Strategy 2002 show 80% of people suffering mental illness in Australia are unemployed.

People affected by mental illness have the same need to be recognized as productive members of the community as those not affected. Being able to work is critical for self-esteem and important in rehabilitation from illness, as well as for social connections.

"My son has always wanted to work. For him that is what helps to define who he is in the community. He wishes to be a productive person, and wants to be able to make his own life better by being able to earn a decent living. He has a very conscientious attitude.

Following my son's recovery from the debilitating effects of his illness, he was fortunate to be able to gain work gradually in a sheltered workshop situation, until he was working full time. He would have liked to do an apprenticeship, or learn a trade, but there was no funding available for him to pursue that dream in the supported work environment.

My son remained a diligent and conscientious worker, doing the same job after the sheltered workshop closed but worked in the mainstream workforce for the company under whose umbrella the sheltered workshop had operated.

Unfortunately, the company then used my son to work often during lunch times, making him wait for his break while others were having theirs', operating other workers' dangerous machinery for which he was not trained, and using him to fill in when other workers did not turn up for work. My son was doing work paid at a rate almost the same as the Disability Support Pension (without the benefits) for which others were being paid higher wages.

My son took the initiative and left that workplace, as it was impacting negatively on his health and moved closer to his family, He has not been able to find work for the past 20 months which he finds really distressing and lonely."

2

Often the only jobs available for people affected by mental illness are those that provide very low incomes. There should be support given to someone earning a very low income if they are able to find work and relinquish the Disability Support Pension.
For example, rent assistance or access to cheap accommodation would remove much stress and anxiety for someone affected by mental illness. This would surely be less cost to the community than the alternative costs if that person became ill again because of the stress of trying to make ends meet on very low wages.

"When my son was working full time the wages he was paid were not much above the value of the Disability Support Pension. Being ineligible for things such as rent

assistance made life on such a low income really stressful for him and not helpful to maintaining his health. It also meant he could not afford to pursue his only hobby of oil painting."

The unmet needs for terms of reference 1e) could be addressed with:
1) Greater numbers of supported work places and equity in provision of such work places for geographically isolated areas
2) Provision of more part time or job sharing employment opportunities
3) Increases in the basic wage, rent assistance or availability of cheaper accommodation in all areas for very low-income earners

Re: Senate Inquiry Terms of Reference 1 i)

1

Recovery focused care is a critical issue. While it is very important that opportunities exist for consumer involvement and peer support where they are needed, there should be enough flexibility in the system to allow support for those who do not wish to participate in consumer-operated programs. Despite their illness some would rather participate in activities and programs in the wider community.

"My son had been fortunate to be involved in activities with others affected by mental illness under the guidance of a wonderful outreach worker. However he did not continue participating as he felt stigmatized being in that group, and would have preferred to have support to join activities of other community or interest groups."

2

As mentioned above under Terms of Reference 1a) I again make the point about the need for better education of mental health workers.

Re: Senate Inquiry Terms of Reference 1 l)

1

The stigma associated with mental illness, particularly such as Schizophrenia, pervades the community, and is felt by people affected by the illness. Resources should be directed to these areas where the greatest stigma lies……..with psychotic illnesses such as Schizophrenia.

a)

"My son is very anxious and afraid that when he is driving, if he is involved in a car accident that even if he is not at fault he will be blamed because he has had a diagnosis of schizophrenia."

b)

"When I told my son's father of his diagnosis of a mental illness, the father's reaction was to get in his vehicle and drive away. There has been no communication on the matter from him since…a period of 7 years. My son's father does not ring or visit his son and provides no support or sharing in his care."

c)

"Some of my friends show an interest by asking politely how my son is going, but for most there is no comprehension of the ongoing difficulties and the cyclical nature of the symptoms of the illness, such as periods of deep depression. They seem to think that if there is a good moment in my son's life then it is all fixed and well again, and that he should be able to 'get over it'. "

Re: Senate Inquiry Terms of Reference 1 m)

1

There are huge deficiencies in the provision of adequate affordable housing and employment opportunities for people affected by mental illness that also impact on their families.

If more affordable housing and greater choices of housing were available our loved ones would not have to be so isolated from their families. The problem is not only with lack of supported accommodation; it is also a problem for people like my son who is able to live independently.

"My son is forced to live in a geographically isolated area because he cannot afford to pay more than a minimal amount of rent. He would like to live in the town nearby so he can access public transport, but as he receives a low income that is out of the question.

There are no mental health services in his area and he has to drive his car if he wishes to access any educational or other resources. My son is limited in his ability to drive, as he becomes very anxious in heavy traffic, and is also limited because of distances involved travelling for job interviews.

Due to my son's isolation and the limitations on his life caused by his illness, to attend his nearest Centrelink office, I or his brother have to drive two hours to collect him, another hour to the office, and following our attendance at Centrelink have to do the same in reverse. This is in our own time and at our own cost.

Because my son has to live in a geographically isolated place he is also isolated from opportunities to socialize with his family. We endeavour as a family to overcome this deficiency in his life, but it is just another burden."

Thank you for your consideration of my submission.

Yours faithfully,