

29.4.04

The Hon John Howard MP Prime Minister Parliament House Canberra ACT 2600

Dear Mr Prime Minister,

I am writing to you as the Director of the peak consumer organisation for people who have experience with a mental illness or emotional problems.

The Victorian Mental Illness Awareness Council (VMIAC) receives funding from both the Commonwealth and State governments. The services we provide include individual, group and system advocacy, mutual support and self-help and education services for consumers, service providers and the general community.

Currently in our group advocacy role we have some 82-consumer groups spread throughout the State and we meet with these groups mostly on a monthly basis.

The purpose of the groups and the meetings are to provide support and two-way information about mental health issues.

For some years now we have not only received constant feedback from consumers about their inability to receive the services they need, when they need them, but we have also observed the consequences of it.

By way of example, our forensic health care system is full of patients who would simply not be there if they had received the treatment and care they needed in a timely manner.

The VMIAC has also provided individual advocacy to the parents of consumers who have suicided either because no service was available; they were discharged from the service too early because of pressures on beds and services, or they suicided while in hospital. In examining the possible reasons for the high rate of suicides there appears to be a theme coming through. Not only is there a lack of services, but there is an acute lack of service providers to do the professional activities necessary to help people who are in a mental health crisis, in particular those with a low prevalent mental illness.

In order that I may reach you, I would like to provide the following anecdotal example.

A young woman in her twenties was willingly admitted for the first time to a public psychiatric hospital. As she wrote in her diary, she needed support. She was subsequently diagnosed as having schizophrenia. Even though she had been receiving treatment from a

private psychiatrist on and off for years, no contact or consultation occurred between clinicians until the 5<sup>th</sup> day of her admission, although the entry was not documented until the 9<sup>th</sup> day that is, after her death. The consultant psychiatrist who conducted a psychiatric assessment while she was in hospital wrote approximately four complete lines in her medical file and confirmed a diagnosis of schizophrenia. When the young women discovered that she was only going to receive medications and no support she decided she should leave the hospital. She was told if she did this, she would be made an involuntary patient. She hung herself 8 days later. There is nothing written in the medical file to demonstrate any emotional or empathetic support for this young women who was not only experiencing her first psychiatric admission (according to consumers; a terrifying experience), but learning that the clinical staff had decided to give her a diagnosis of schizophrenia and what that might have meant to her.

Regarding her parents, I am sure you understand that they are prostate with grief.

Will the service be made accountable? No. Will any government be made accountable for failing to provide the resources needed to ensure people receive treatment and care when they need it and receive more than just medication? No.

As a consumer told me last week, "Being a patient of the public mental health system is like being a cow. You go in one gate, (door) get a cattle prod (needle) and are turned out through the other gate (door)." If we believe the government propaganda, this is world's best practice.

In reality it should be very simple to understand that it is the feeling side of mental illness that drives people to take their life and yet it is the most neglected area of mental health. It will remain neglected and life will continue to be unnecessarily lost until all governments including yours, stop playing party politics, recognise mental health as a social issue, provide the funding necessary to stop the "cattle prod" scenario and produce policies to ensure the feeling side of mental illness can be taken eare of.

In closing, I need to stress that I am not in any way criticising clinical staff, most of them are doing the best they can with the resources they've got. The reality of day to day practice should not leave any one wondering why it is so difficult to recruit and keep psychiatrists and nurses.

I would be more than happy to meet with you to discuss the issues further and look forward to hearing of any solutions you may have to resolve this tragic social problem and how to get adequate mental health services and resources for our most disabled and disadvantaged.

Yours truly,

Ms Isabell Collins

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Director



## Office of the Prime Minister Canberra

Ms Isabell Collins Director Victorian Mental Illness Awareness Council 23 Weston Street BRUNSWICK VIC 3056

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Dear Ms Collins

Thank you for your correspondence of 29 April 2004 to the Prime Minister regarding funding for mental health services. The Prime Minister has asked me to reply on his behalf. I apologise for the delay in responding.

I note your concerns about the provision of mental health services in Victoria. While the Australian Government does not have a direct role in providing mental health services, it has provided funding of about \$80.5 million over four years under the Australian Health Care Agreements for the provision of mental health services in Victoria.

In addition, state and territory ministers have indicated a commitment to improving service responsiveness, strengthening the quality of service provision, fostering research, and developing strategies for the prevention of mental health problems through the *National Mental Health Plan 2003-2008*.

The Australian Government is committed to improving the mental health care of all Australians and is concerned to hear about the experiences of some of your clients. I would encourage you to raise these specific concerns with the Department of Human Services in Victoria, which is responsible for the delivery of these services.

Thank you again for taking the time to write to the Prime Minister.

Yours sincerely

John R Perrin Senior Adviser (Social Policy)