Expertise, Dedication, Humour and Passion

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Dear Senate Select Committee on Mental Health

I would like to make my submission to the senate select committee.
I apologize for the length of the submission.
There is this letter which is in two parts; The first being solution oriented and the second being some of my concerns.
I would request the opportunity to address the committee personally.

Introduction

I have my own consultancy business, Open Minds which consults in Mental Health in the workplace and educational environments, however previous to this I was the Director of Consumer, Carer and Community Affairs with Illawarra Mental Health. I wish it to be noted that the concerns I raise do not in any way pertain specifically to Illawarra Mental Health. I travel Australia advising and auditing Mental Health Services from a Consumer/Carer perspective and so my issues are nationally based.

I realize that you will have heard some of the concerns noted before, however I am confident that there are a few that you will not have heard.

The Way Forward
(Sustainable, Cost Effective, Solutions)

Without writing an entire thesis on what can be done to improve the situation, here are a few points. I have a vision for a much improved mental health service and community. We can and must be produce practical, affordable, sustainable, and creative solutions which will lead people, consumers, Carers, politicians, staff, doctors, media, teachers etc out of the present state of victim hood, blame and complacency towards much improved mental health services and communities.

We need to break down the barriers around mental health. It must not be seen as a silo of care by the government. I have included a document which very clearly

points out that the Ministers for Education, Immigration, Tourism, Employment, Health, Law, Housing, Media, Art, Sport etc must begin to work with the Minister for Health at both state and federal levels to ensure that a holistic approach is taken to mental health. (Please see attachment).

Partnerships in knowledge and funding will lead to a mental health community rather than a mentally ill community. For example the Minister for Health will make better use of funds for physical ill health if he helps in the prevention of mental illness because it has been proven that people with mental illness are represented highly in the illnesses of obesity, diabetes, cancer, coronary and respiratory disease and they may be difficult patients to mange when they are in generalist wards.

The sporting arena has been plagued of late by athletes behaving badly and blaming ADD, ADHD, depression, mania etc. Over the past ten years a number of athletes have taken their own lives, lost gold medals at the Olympics and have been forced to drop out of illustrious careers because of mental illness.

It is obvious with the cases such as Cornelia Rough that the Minister for Immigration needs to have their staff trained in Mental Health First Aid.

The Minister for Tourism would help the industry if policies, protocol and education were put in place which would prevent people booking into hotels to take their own lives, etc.

1. **We need to have a communications and media strategy which points out the value in holistic approach (as referred to above), destigmatises mental health, encourages early diagnosis and intervention, and encourages prevention and resiliency training from birth to the grave.**

I have designed a communications strategy around this; I have presented it before with great results. Encourages doctors, nurses and allied staff to enter the field of mental health.

2. **Consumers and Carers need to be used as educators within universities, hospitals etc. Education from the personal perspective brings about an emotional engagement via the nurses, doctors, teachers etc. once a person is emotionally engaged they will create a vision of what they can do to improve the situation and push towards that outcome. I have delivered lectures to trainee, graduate and postgraduate teachers, nurses, doctors, paramedics and police. The difference in attitude and interest in mental health after these lectures is nothing short of remarkable.**
3. **Increase numbers of nurses, doctors etc via the use of PDC and Carer educators and via a positive media and communications strategy.**
4. **Consumer run rehabilitation centers. (See attachment called My Place).**
5. **Day care centers which will free up many beds in hospital, give Carers a break, enable Carers to stay in employment, children to stay in school and families to stay together.**
6. **All patients to be given CBT either individually or in the community. Group CBT has a high success rate as does individual CBT. While it may be expensive to set this in motion initially it will save funds and lives in the long run.**
7. **Holistic health centers which deliver both physical and mental health screening and offer people alternative therapies either in partnership with**

their pharmaceutical medication i.e. weight lifting, CBT, exercise, meditation etc and or without pharmacological interventions. I believe you would have a much greater rate of compliance (engagement) if offered in this kind of environment. Volunteers can run many of these programs.

8. **Volunteer workers in the wards and in the community, releasing staff to deliver an increased percentage of therapeutic care. These volunteers need to be trained and accredited.**
9. **Standardized training for all consumer and Carer advocates. Standardized job descriptions and union support for this category of employees.**
10. **Increased numbers of consumer and Carer advocates. I am sure you would find that if you were to question my last employees about my involvement as an advocate they would tell you how useful these positions are.**
11. **Strong push into Aboriginal communities to educate about mental health and to support Aboriginal people into becoming clinical staff, however they also need to be enabled to educate clinicians into appropriate care for Aboriginal Consumers and Carers.**
12. **The mandatory inclusion of mental health and resiliency training across the school curriculum just as it was with the literacy and numeracy cross curriculum program. (I used to be a secondary teacher and this would not be a difficult task to achieve). I do not believe the voluntary use of Mind Matters or any other program is nearly enough. Our sons and daughters must do 54 hours of driver training before they get a license to drive. We loose more of our young men to suicide than to car accidents, yet where is their 54 hours of compulsory resiliency/mental health training.**
13. **The support of children who are Carers. This may ensure fewer of these children go on to have mental illness themselves. The day care centers listed in point 7 could also run as an education and prevention centre for Carers including education and support groups for children and teenagers. We must seas the domino effect.**
14. **Educating small communities such as remote, Aboriginal, aged care villages, NESB etc in Mental Health First Aide in combination with the model of education used in the Eyre peninsular in South Australia.**
15. **Education of Psychologically Diverse Citizens and Carers in the Mental Health First Aid program as I have seen first hand the improvement in individuals and families lives who have undergone this training. The number of recurrences of illness is greatly reduced when Carers also have this knowledge as often previous to this course, their behavior is in fact harming rather than helping rehabilitation and prevention.**
16. **Breaking down the whole victim hood mentality engaged in by PDCs, Carers, staff, community etc. This is a part of the communication strategy mentioned above. Individuals who feel empowered will find ways of improving their own lives, the lives of those around them and the community. I have proven that consumers are able to creatively and positively overcome victim hood, engage with the community and lead other consumers out of victim hood. Nursing staff have stigmatizing language and attitude towards PDCs and Carers and generalist nursing staff and doctors have negative attitudes towards mental health staff. This again is a part of the communications strategy.**
17. **The language of mental health must be changed from the stigmatizing language it is at the moment to an empowering language. It has been proven that if a language is destroyed that community and attitude will soon die out i.e. Aboriginal and Gaelic cultures (under Cromwell in Ireland). Conversely communities and attitudes are built around language. Therefore it is my opinion that the current stigmatizing of mental illness/health and the**

consequences of that i.e. belated seeking of help, lack of funding, aging and decreasing staff, poor media attention, dependence upon social welfare because of the inability to gain employment, victim hood etc can be overcome if a positive and humanizing language is adopted at all levels. For example we are not "the Mentally Ill", we are "people with mental illness", we are not "beds", we are not "schizophrenics" we are people with Schizophrenia. Imagine what it would be like if a patient who had cancer was called "a cancer", what would that do to their self image and illness, to the attitudes of others to the patient called "the cancer". I have many other examples and suggestions. I understand that this may in fact seem of little import in the whole scheme of things, however if you ask the opinion of linguists and historians you would find that my claims can be substantiated. For people to be able to lump and brand people into categories also enables them to remove themselves from those people.

18. **The morale of staff can be improved with education from positive PDCs and Carers. This can also be improved if staff are circulated around the levels of care e.g. community, day care, intensive care. I am constantly surprised when I deliver education to the intensive care mental health staff and to A&E staff they are actually surprised that people with mental illness can lead fulfilling lives after they have been unwell.**
19. **All hospitals which have a mental health service attached should have a separate intake section for people with Mental illness. This would free up generalist A&E staff, ambulance and police. This would have greater chance of happening with the relevant other ministers on board.**
20. **Community support such as the Housing Accomodation Support Initiative is extremely beneficial and cost effective for all concerned. This is an excellent program that the NSW gov. is trialing.**

Concerns

- **People who are kept in 'solitary confinement' have toileting needs. On a national level, I believe these needs are not being met, nor are these incidents being documented. People are being forced to urinate and defecate on the floor in solitary confinement rooms and the ensuing incidents around this are extremely damaging to patients. I would rather discuss this with you.**
- **Carers are being blocked out of the picture under the excuse of the privacy act.**
- **The mental health act needs to contain a section which only after in-depth consultation with Aboriginal people from the different tribal areas allows for the possibility of people being 'sung'. The decisions around how these people are treated must be cultural appropriate.**
- **The mental health act needs to recognize however that people being Aboriginal does not allow for excuses to not deliver care to Aboriginal people.**
- **Mental health should not be considered a law and order issue as it very often is at the moment, without the appropriate funding and support from the law and order sectors of government.**

  People with mental illness should be treated as such and not as criminals. It costs a great deal more to the community to keep a person in jail rather than in supported housing on treatment orders.

  I do not believe it is in the best interest of all concerned that the final judgment on whether a forensic patient is allowed to be released into the community or released from their community treatment order lays in the hands of the minister for health. This is fraught with danger for the patient as the outcome may become a political issue rather than a health issue. As mental health increases its profile in the media

and politics as it has done lately with Cornelia Rough and other cases, it may also not be in the best interest of the minister to make these decisions,

- **The needs of people with duel diagnosis of drug and alcohol and mental health and for those with duel diagnosis of intellectual disability and mental illness are not being addressed and will probably continue to fall through the nets until the mental health act is written in partnership with the relevant bodies from these two groups.**
- **The writes of a person, their legal status and their diagnosis and prognosis must be restated and given in written form to the patient each time they are transferred to another site or ward.**
- **The patients with special needs such as deaf patients who cannot read or patients in need of an interpreter must be given the information above and any other information needed in an equitable manner. To inform a patient in an equal manner is no where near adequate.**
- **Deaf patients should have access to a teletext phone. (There is usually a patient with profound hearing difficulties on wards.**
- **Patients who report sexual assault must be supported and encouraged to make complaints and be given counseling within 12-24 hrs of assault or of the report of the assault.**
- **I have worked closely with staff and believe the majority of them to be wonderful, compassionate people. The following is not judgment, rather concern for all mental health services which are under funded, and to loose precious funds via litigation would be a disaster. Changes to the mental health act need to be included to ensure that the following concerns are addressed both directly for the welfare of the individual patient and indirectly for the running and affordability of all Mental Health services. There will come a time when the health services will be held financially accountable for:**

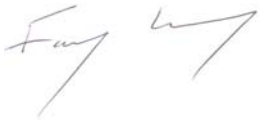
1. **The decisions made by people who are scheduled patients and maybe even for the people who are unscheduled. E.g... A person is scheduled, they have a credit card and pin number, they are unable to attain cigarettes, drugs, chocolate, clothes etc any other way than by giving a fellow patient or visitor their card and pin number. The 2nd party takes the card empties out the patient's bank account and is never seen again. I have tried to advocate about this very issue many times.**
2. **Carers with agendas arrive with legal documents to sign the patients half of their belongings, house, car etc, over to the Carer. The patient signs and days, weeks or months later realize their mistake. They signed while being in the care and protection of a service.**
3. **Taxi cab companies who are exposed to danger or calamity via a patient who was advised to take a cab to hospital rather than an ambulance or after a distressed patient has been discharged, a cab called and the person venting their distress, potential suicidality, or anger in the cab on the way home.**
4. **Patients who are "assaulted" as many patients tell me by staff members (I make no judgment about this. I am fully aware that there are times when a person needs to be restrained, I have been asked by staff to aid in some take downs, to ensure protection to both patients and staff). The patient claims an unlawful act took place.**
5. **Patients who are discharged who are unwell and then die via suicide within two weeks of leaving the service.**
6. **Patients who have Borderline Personality Disorder and are refused entry to hospital and then go on to die or commit calamity in some other ways e.g. involving the public, the police etc.**
7. **Patients who have been discharged yet not having left the property of the health services causing harm to self or others.**

8. **Physical damage caused by patients to other people or property during a period of time where they have been trying to access the service or whose community care has dropped off for one reason or another.**
9. **Carers becoming ill or taking their own lives because they feel unsupported by the health service.**
10. **Loss of income by patients and Carers whose service delivery does not run smoothly with precious time lost to the point where employment may be lost.**
11. **Harm caused whilst in hospital, i.e. sexual assault, distress, shock, young people beginning to smoke cigarettes, etc.**
12. **Aboriginal people who are being "sung", yet we lock them up as being psychotic.**
13. **Children being removed from patients care as a result of referrals and opinions of staff and doctors, who may later claim that" had the service done its job" they would not have been taken.**

I believe there is a great danger in the prediction the World Health Organization and World Bank has made in saying that by the year 2020; mental illness will be the leading cause of illness in the western world. It is as if once a prediction such as this is made, the powers that be and the community at large accept these predictions with complacency and ensure that they are brought to fruition. Visualize it and it will come to pass. We must change the vision!!!! While the problems may seem intense, I believe the solutions on many fronts are actually very simple. I can explain these solutions in more detail at a later date. If we continue to deliver reactive services rather than proactive services where precious funds are spent in prevention and rehabilitation, the funds that are allotted to mental health will continue to be used in a manner which is not sustainable. We are already aware that what we are doing is not sustainable with aging and depleting staff. More beds being added yet still more being demanded, forensic patients on the increase, an aging population, increased mental health issues in teenagers and children, etc. The question must be asked will we sustain decay in our services and community, or will we change the way our services are delivered and received and lead towards a creative and solution based sustainable future?

Enough with the doom and gloom! And on with the solutions. Please allow the community including Consumers and Carers to take our rightful place in delivering these solutions.!!!!

Thank you for your valuable time.
Sincerely



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