

Basic needs

I would like to initiate a discussion with regard to how social and economic systems contribute to the worsening of mental health within our community.

The only way I know how to do this is to share my experiences and to shine a spotlight on irrational behaviours of people within systems who have the means to make a difference and propose solutions to make a real difference.

It seems to me that most of the barriers to getting the assistance that people need, in a timely manner to lessen the impact of the mental health episode, relate to predictable irrational behaviour caused by social stigma within the system which was initially introduced to help and assist people.

For example: the inefficient systems of Centrelink to provide financial relief to a person suffering with mental health. The burden of proof is exhaustive, gruelling and punitive to such an extent that it can take months for an applicant to receive payments to maintain a standard of health and wellbeing which would allow recovery. Instead applicants are further traumatised and forced to use their energy to justify their claims and fight just to gain the financial means to survive. Some do not even have the capacity to fight. There are many people suffering in our community that choose not to engage with the existing systems and therefore are not accessing the assistance they need simply because the process is too daunting or even above their level of skill. It is my view a kinder and more efficient system would be to have a specialised Mental Health/ Medical Centrelink Section separate from Commonwealth Employment Services model. It is my opinion that separating employment and medical social security systems will assist in reducing stigma and give people access to services they require. I also propose that the staff be skilled in the area of mental health to reduce the likelihood of applicants being traumatised. Slowed cognitive processing, lack of confidence, anxiety, lack of sleep are just some of the reasons to offer extra assistance. Giving someone a form and expecting them to complete it on their own is not realistic or empathic and indeed feels like a punishment.

The current model of the provision of Social Security Services requires staff to multi-task and assist people who have vastly different needs and circumstances. This generalised system inherently cultivates work behaviours which dilutes the focus required to attend to a person's individual needs. Instead what people get is a one size fits all approach to service.

Dealing with Centrelink has taken a huge toll on our family. I was already an informal carer of my husband who was medically retired and now needed to readjust my life to cope with navigating the mental health system when my daughter became unwell. The stresses and strains directly relating to Centrelink applications saw my husband admitted to hospital as well. I also had to give up my job because it was all too much.

Respite

I too was definitely at risk of becoming mentally unwell but was thankful to be given the opportunity for Respite. I have participated in this program three times and it is amazing. This kind of program is very beneficial as it links carers to other carers and allows for networking and conversations about

personal experiences. The activities and education also assists carers to live more positively and sustainably. I can attest to people helping me and I have also been able to assist others with the information I have learned while being in the system.

Unfortunately as my daughter has just been given an NDIS application this now makes me ineligible to attend future respite retreats. I am still a Carer and still need time out. I also look forward to assisting others. I'm sure that some of the information I have given others has been helpful and has potentially saved the government money by connecting people to services rather than their loved one going to hospital.

Programs and Services

People with a mental health diagnosis need to be referred to professional early intervention services in the community. Keeping people connected to the community and out of hospitals is good for everyone provided the support is delivered professionally. I suggest some kind of accreditation process for staff as well as organisations to maintain a high standard of service delivery and discourage people entering the sector to make money. For example, I came into contact with an elderly couple who proudly showed me their purpose built Supported Independent Living premises for people recovering from mental health issues. I was horrified that they had no specific experience regarding how to support people who had suffered trauma and openly declared that they entered the market because they were looking for a good investment for their retirement. The person I was supporting had shared some personal experiences which they had found difficult and damaging to their recovery. I witnessed firsthand this behaviour and recommended that the person I was supporting seek alternative accommodation. This helped the person I was supporting but not the other people living at this facility.

Stigma

I would like to see a series of educational commercials to enlighten the public about the challenges that people recovering from a mental health episode face each day. Not enough of the public have personal experience with people with a mental health disability and therefore have not thought about their responses if and when they are confronted by someone who needs assistance, not condemnation. Visual social media, particularly television, is seen by the majority of Australians and would be the ideal platform to educate and challenge people to think about the plight of those recovering from a mental health diagnosis.

Education

I would also like to suggest peer worker/advocates and mental health teams to be employed in state high schools. My daughter was the subject of bullying because of her Autism Spectrum Disorder (ASD) and unwilling to see the school counsellor because she considered that this would make the bullying worse. Our GP wrote a Mental Health Plan for our daughter to attend a psychologist. This was helpful but only to a point. We advocated for our daughter as much as we could but this was not taken seriously. I believe that early intervention for young people by a specialist team made up of Young Peer Worker Advocates could save millions of dollars, millions of tears and even save lives and reduce the incidence of suicide amongst the young and vulnerable. The pressure on our young

people at school is enormous and unfair considering a school environment should be a place where our young people should be safe and supported.

Years after leaving school our daughter told us new information regarding the way she was treated at school. We now know that our daughter had 'disassociated' from these painful experiences as a way of coping in a situation that could not be changed. This is an example of the failure of the system to protect children in an environment where they have little control. We had encouraged our daughter to be open with us but still there were things she felt she didn't want to talk to us about. It pains me now knowing the suffering our girl went through and that I did not protect her enough.

A Youth Peer Worker/ Advocate Program could have enormous potential by assisting young people to gain advice and maybe learn skills to help them during their time at school. I was employed by the National Disability Scheme (NDS) as a casual presenter for Project ABLE sharing my experience of working in a career with a mental health condition. So many young people came up to me afterwards seeking advice. I was there to encourage people to consider a job in the Community Services Sector but saw firsthand the willingness to seek information from someone safe and experientially knowledgeable.

Protection for women with a disability from sexual abuse and domestic violence

This is a huge problem fraught with dilemmas that call into question our values and moral standing. I am passionate about freedom and liberty but have seen firsthand the predator-like behaviour of men towards women when they are at their most vulnerable. This needs to be addressed. When our daughter at eighteen was discharged from hospital where she was being supported by our family she was allowed to be taken home to her boyfriend's parent's home despite this being against her best interests and our protests. I appealed to the boy's parents and explained our daughter's diagnosis and vulnerabilities to no avail. Their decision-making process was all about supporting their son to be happy. My daughter had no prior sexual experiences and had led what may be considered as a sheltered life in our family home. She now says she was not ready but felt compelled and had no other option. We now know there was domestic emotional violence occurring – which was generational. The son was enabled by his family to perpetuate abusive behaviour and label it as love. The hospital system, social workers, should have the power and accountability to check where the discharged patient is going to recover and have the ability to deny the release of patients to unsuitable care. The abuse of women with a mental health diagnosis is very sad and there are not enough alternative housing options to allow women to recover in safety. This is a failure of omission by our community to turn a blind eye and blame the person with the mental health disability because they are an adult and are entitled to make their own decisions and choices. People with a mental health disability have impaired decision making processes and need to be supported to make good decisions that will not potentially cause trauma. Fortunately we were able to support our daughter out of this relationship but unfortunately the damage is done. It has been a challenging and heart breaking experience to counteract the lies embedded in her psyche about healthy male to female relationships. She is safe today but not without scars; including being denied her Disability Pension because she was honest and told Centrelink that she had moved in with her boyfriend.

Centrelink immediately deemed that she was in a defacto relationship and stopped her pension making her totally dependent on her abusive partner. I supported our daughter to appeal this decision and told them about her vulnerabilities. We were initially treated with contempt and it seemed like it was assumed that my daughter was lying and rorting the system. It took months to overturn this decision and a trip to hospital to be treated for strangulation and concussion.

Conclusion

I have seen, first hand, the positive difference that support can make for people learning to navigate the effects of a psychosocial disability. As a Mental Health Peer Worker I have been able to share my personal insights as appropriate to the people I support who have been fortunate enough to be given an NDIS package. There are many more real people who are desperate for support but still waiting. For our family the whole application process took three years and several appeals for our daughter to receive a package. We now feel our daughter has a real chance of being a productive member of society with the chance of accessing further education and employment. This is what everyone needs and deserves.

Healing from trauma is immense and society's has a role to play in the successful reintegration of people with a mental health diagnosis back into the community.

I am very grateful that I have the skills to be able to articulate the experiences of our family and to be given this opportunity to share this information as an opportunity to bring about change. This information is deeply personal but needs to be shared if there is to be any hope of improving the plight of people with a mental health disability.