

Thank you for allowing me to make this submission in regard to Australia's mental health crisis.

I have been a carer of a young person with mental health challenges for many years, mainly depression, social anxiety, eating disorders and personality disorders. Since my child was six years old I have been 'fighting' a challenging (and at times) non-existent system for children and adolescents. As a mother, I can only do so much, and I do class myself as intelligent, knowledgeable and diplomatic, however, at times, I have had to be a fighter for my child to try to access the help...any help, for her!

Children such as this are not catered for in schools. If we looked at implementing 'life skills' and coping mechanisms in regard to mental health into our education system, it could assist our young people with being able to manage some of the challenges we face in life including minor depressive states, anxiety and to help reduce stigma around these issues. Without these skills, coming into adolescence, our youth struggle to cope and to talk about their feelings and the issues they are facing. In secondary schools it would be beneficial to have qualified mental health nurses. In some states, we have nurses who work in the mental health area who are called mental health nurses but without specialist mental health training. To have mental health nurses engaging with students at school, we would see assistance in referrals and diagnosis (especially with eating disorders) as well as being at the initial step in early intervention. While my child was at school, there was little understanding and support. I was told that she was the problem, there was nothing wrong with her, she was a typical teenager, etc...even though I took the psychologist into school for discussions around strategies for support, nothing was implemented! The lack of understanding and support because your child is not showing 'classic' or physical symptoms and is accused of 'typical adolescent behaviour', having a 'bad attitude', or being 'withdrawn' from learning and education shows inability to understand mental health issues but also a total lack of education with our teachers around student mental health with many teachers fighting their own mental health challenges.

According to 2017 *Business Insider* article, Luxembourg has the top rated healthcare system in the entire world, with an average life expectancy of 82 years. In regards to mental health treatment, Luxembourg focuses on the "Positive Education" model, which "bridges the gap between the skills of wellbeing and the skills of achievement." Basically, Luxembourg teaches adolescents to discover their unique strengths — unlike traditional teaching methods that encourage conformity — effectively destigmatising mental illness and creating happier, more productive citizens.ⁱ

The lack of funding for crucial services and support for our young people such as this add to the constant growth in adolescent suicide and mental illness. It is education and health professionals working together 'at ground level' to deliver preventative measures for the long term. Many parents themselves, are struggling to cope with the pressures of life today and many also have little understanding in coping with these pressures. With appropriate intervention and education, we can better equip our generations coming through. ⁱⁱ

We have so many mental health services across the country but how do we assess their value? Are we addressing the needs of mental health in the right way or do we simply have lack of resources to cope with demand? As a business professional, I look at the viability of each area, the outcomes of delivery and the success of those who seek assistance. Everything is assessed with evidence based outcomes. I also look at collaboration and I can say with confidence, that while in an advocacy role in adolescent mental health, I was astounded with the fact that many NGO mental health services were hesitant to collaborate and share professional information with each other about their services and consumer need because of fear of losing funding. This mindset needs to change. We are stronger in creating success with collaboration and communication. The current system is fragmented and challenging to navigate with those who are less able to research or fund their own path, set to wait in line for 'their turn' for assistance and to be advised what to do next. Even the 'system' causes major anxiety and depression and can add to the already stressed state of the individual. I can refer to many scholarly articles in regard to mental health collaboration and recovery, looks great in theory but seems to not work in practice. More communication and collaboration with consumers and the community as well as having health professionals who are actually working on the ground with these illnesses should be the ones providing evidence-based issues and challenges that are faced across

all sectors and areas of mental health care. The best way for outcomes to become successful and for those utilising services to take ownership is to get them involved in the process development and to assist in strengthening the current structural weaknesses.

We also have the problem of mental health services being run differently state by state with some services not being offered and with consumers and carers needing to travel or relocate – such as myself. Some states also mismanage health funding and funding allocations that have been made specific for mental health services. An integrity commission should be the watch dog for all federal funding and expenditure to states however, health seems to be an area where many states in Australia are not getting it right so it should be considered in being a Federally managed component or overarching legislation of what it should look like for the states to manage.

In regard to early intervention, I struggled to get a clear diagnosis of an eating disorder from the GP. Many GP's do not seem to have the training and/or expertise in this area and at the other end of the spectrum, I could not get assistance in this area until my child was at a critical stage or suicidal! This is not early intervention or prevention. Again, education and appropriately trained mental health nurses that are accessible to young people would be a strong advantage in early intervention however, psychiatric assessment can be via a long waiting list for regional areas and smaller states. Cultural sensitivity, respectful communication and hope in mental health care is crucialⁱⁱⁱ.

Throughout my child's struggle, I have found little understanding and support for myself and my other children – who have also suffered through this time. I have had to race around from one health professional to another at high cost, with often feelings of blame and shame in regard to me, as a mother! This has not helped! Obtaining a clear assessment of mental illness is often rushed with a one-hour appointment with a psychiatrist and then sent to a psychologist, each time telling the same story, over and over again. Sometimes, you can have the psychologist disagreeing with the psychiatrist with their diagnosis and that does not help, then you are back questioning everything again and looking for further help to sort out what is really going on.

From six years old, and ongoing for another 14 years, I am still trying to find someone to assist, someone to understand, someone to listen and hear! My child is now an adult, who struggles with daily life, struggles to keep a job, who would be homeless under different circumstances. Centrelink has been a challenge for someone with high levels of social anxiety with having to sit in the waiting room with dozens of other people for long periods of time. The whole process is time consuming and costs me a great deal of time off work, and with ongoing expenses out of my pocket that are not covered for mental health services, no one can afford these on a disability pension. If I was not able to assist my child with these expenses, they would be unable to attend!

The inability to provide my child with early diagnosis (or any clear diagnosis) and total failure for any early intervention to assist development into adulthood has created a young person who struggles to cope with daily life or work. Our inability to understand mental health issues at an early age and to offer early intervention assistance has been an absolute failure with the system and to my child, and for many more! We explored numerous health professionals while being on a constant round-a-bout of story after story, high financial expense and further impact on family.

I have come across many experienced health professionals, some who simply lack resources or are fighting a non-existent system! Some who are trying their best under extreme circumstances. However, I have also experienced health professionals who do not have the understanding or empathy in their role and position in working with people experiencing mental health on a daily basis!

Mental health, when not dealing with early intervention^{iv}, has detrimental effects on the person as a whole. It goes from being mental illness to developing physical illness, and we know, that embedded thoughts and self-belief are hard to manage and change. We also know that we have a great deal of work to do to understand what the brain can do. Without early intervention, we embed behaviours and beliefs that become ongoing patterns, fears, and part of daily living that turns from mental illness that should have been managed, to health mismanagement and disease. Government systems are extremely difficult to manage, navigate and deal with and can be non-empathetic and at times, come across as judgemental.

No level of government 'owns' mental health, which in turn has made it difficult to ensure accountability for mental health outcomes. Services are poorly integrated, overseen by different parts of government and based on widely different organising principles that are not working towards a common goal. Cross-portfolio interactions are particularly complex. For example, disability, income support and employment services are all Commonwealth responsibilities and yet states incur costs if people need care in public hospitals, interact with the justice system, or become homeless.^v

Having ten mental health appointments on a mental health plan for a total of twelve months is not efficient or effective for anyone experiencing mental health imbalance. Without ongoing appointments, the work previously done with the health professional has been a waste of time and the issue escalates once again, to a point where it becomes an ongoing cycle of roundabout mental health challenges for the individual. Mental health is such a huge health problem at the moment that I don't think we have the solid foundations and experienced providers to handle the demand.

My experience, originally coming from Hobart, was limited resources to assist with adolescent mental health, to understand or provide support and care for eating disorders (although Tasmania does have an Eating Disorders Unit, intake into this unit is only at a stage of urgent healthcare need or suicidal tendencies. Outside of this, there was little assistance provided and, like always, you need to find a health professional who understands how to deal with the patient as not all are experienced in these areas efficiently. I moved to Victoria with my family to seek appropriate help for my child but not everyone has the ability to do so! Having to physically move states within Australia to get the mental health support services to help your child is not something that anyone should have to do! This causes stress and strain on the carer especially when you also lose family support. However, for me, it was a decision I was happy to make.

Stigma around mental health is embedded in our culture and all research shows that it can be difficult to remove stigma once established. Of course, ongoing education for our younger generations is one step in helping to improve this. If we were to implement programs as part of our education curriculum, you would possibly see an improvement in understanding mental health, confidence in asking for help and for early intervention, trust and openness within the school community and hopefully, coping strategies developed to assist with the challenges that are faced in adolescence and as adults. With qualified mental health nurses and professionals in the school environment, our young people would have access to support and referral systems. It would also be beneficial to the community as a whole.

Parents today have high stresses within our society. This causes stress, depression and anxiety (mental ill-health) which in turn, impacts on our physical health. Parents are unaware of the impact this plays on children, again, the health and mental health cycle continues. Early intervention in education from a young age is one way to stop this cyclonic, generation mutation from continuing to evolve. This would also assist in the reduction of stigma across society.

For someone with mental illness, we need care and support, for them to feel like they are a person not a number (so they don't give up). Sometimes it all becomes too hard and they simply walk away! For mental health in Australia, and this seems to be raising its head a bit...people before profit! We have put profit before people for far too long and now have an issue that we have lost control of! You can bring all sorts of professionals and experts in to assist in creating a better mental health structure but until you make it about the people and for the people, it's not going to work!

A few years ago, Australian Nursing and Midwifery Federation (ANMF) had a campaign running...'If you don't care, we can't care' and I believe that this slogan says it all! For carers and consumers of mental health challenges, 'if you don't care, then we give up because it all becomes too hard!' then the issue becomes bigger and more costly and a rollercoaster of illness.

My child (I believe) is one of the lucky ones. I have been the one to pick her up after suicide attempts, I have been the one to get her back after running away from a health practitioner session, I have been the one staying home making sure she ate, keeping the family together, dealing with outbursts and all the ups and downs that comes with it! I have been the one to research, fight and demand assistance for my child, to get people to listen and hear...many carers give up, end up with mental health illness themselves and never get off the cyclic demon of dealing with the impact of mental health.

I hope that this paper and the submissions are all taken into consideration and not just left up to experts to deliver their perceptions of the problems and issues with the overall system but actually remove the political gain from this hugely growing problem within our country and invest in its greatest asset...the people!

References

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ⁱⁱⁱ Helen Spandler & Theo Stickley - No hope without compassion: the importance of compassion in recovery-focused mental health services – School of Social Work, university of Central Lancashire, Preston, PR1 2HE, UK, and School of Nursing, Midwifery and Physiotherapy, University of Nottingham, UK

^{iv} Marc S. Atkins, Kimberly E. Hoagwood, Krista Kutash, Edward Seidman - Toward the Integration of Education and Mental Health in Schools - Administration and Policy in Mental Health and Mental Health Services Research

^v Rosemary Calder, Ruth Dunkin, Connor Ruchford, Tyler Nichols – Australian Health Policy Collaboration – Policy Issues Paper No 1-2019