



australian
mental
health
consumer
network



Private Mental Health Consumer
Carer Network (Australia)



Mental Health Carers

Arafmi Australia

Coalition of Australian Mental Health National Consumer and Carer Advocacy Peak Bodies

Senator Claire Moore,
Chair,
Senate Community Affairs Committee,
Department of the Senate,
PO Box 6100,
Parliament House,
CANBERRA. ACT. 2600

Dear Senator Moore,

Inquiry into Mental Health

In an unprecedented move in Australian mental health, all three Australian mental health national consumer advocacy peak bodies comprising the *Australian Mental Health Consumer Network*, the *Private Mental Health Consumer Carer Network (Australia)* and the *National Mental Health Consumer Carer Forum* together with the main Australian mental health national carer advocacy peak body the *Mental Health Carers ARAFMI Australia* (hereafter Coalition), have come together as a united voice, in our approach to the Senate Community Affairs Committee overseeing the Inquiry into Mental Health.

Whilst each of our Organisations individually advocate within specific and different areas for people with a mental illness and their carers, this is the first time we have come together as a Coalition. Such are our concerns around the specific issue raised herein. The Coalition does not wish to be seen as either emotive or radical about the issue or indeed the diagnosis we also talk about herein, rather this document comes from an informed and moderate basis, conveying the situation as reported to us by our members, the people we collectively represent, together with the damning reports mentioned later.

Statement

Any acts of violence against children are appalling; any acts of sexual abuse, trauma or neglect are sickening; any frequent or prolonged acts of this nature are totally abhorrent. Violence and coercion is not and should not, be tolerated in our society.

We know that children do what they need to do to survive such horror, often detaching themselves from the reality of what is happening to them. Medical professionals now know that the child's developing brain changes in the struggle to process what they are experiencing. Many of the lives of these children are changed forever. These children move into adulthood with part of themselves lost and broken.

Because of their experiences, untold numbers end up in the mental health system. What becomes of these shattered adults?

Call for Action

We are calling on the Senate Community Affairs Committee and providing herewith information for the impetus to recommend at the highest level of federal and state Governments through the COAG process, the establishment of a **Taskforce** as a matter of urgency comprising politicians, representatives of Commonwealth and State Governments and the private sector, expert mental health consumers and carers, expert psychiatrists and other professionals to inform Australian mental health services both public and private, as to the best way to treat and care for these people and how best to support their carers. The Taskforce must have the capabilities to mandate implementation of recommendations. There must also be components for accountability; conceptual, service-level, system-level. We have noted a number of historic Reports and initiatives later in this document, but the climate both politically and within the Australian community has never been more imperative, than to act now.

We believe this is possible under the Committee's Terms of Reference in relation to: *2.(d) identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with mental illness.*

We are aware that Ms. Janne McMahon, Independent Chair of the Private Mental Health Consumer Carer Network (Australia) raised at the meeting with the Committee held in Adelaide, on Thursday 8 May 2008 the issue relevant to mental health consumers, of the correlation between childhood sexual abuse and the development of mental illness in adulthood. The Coalition is also aware of a substantial written Submission and subsequent appearance before the Senate Select Committee on Mental Health in 2006 of Ms. Merinda Epstein on the same issue and that Committee's Report, in particular Recommendations 13 dot point 8, 36, 48 and 79. We also understand that the Committee's Secretariat would have facilitated by now, a discussion between the Committee's Chair Senator Moore and Dr. Martha Kent, a Clinical Psychiatrist in South Australia with considerable interest, clinical expertise and system experience around this issue.

As expressed by Ms. McMahon at her meeting with the Committee, the result of the trauma is often a diagnosable mental illness known as Borderline Personality Disorder with around 90% being women, and between 70-95% having histories of childhood sexual abuse, trauma and neglect. Apart from an identified association with depression, anxiety or mood disorders, obsessive behaviour and other mental illnesses, adult survivors often seen by psychiatrists are diagnosed with Borderline Personality Disorder. Many psychiatrists though, choose not to label their patients with this diagnosis knowing that attitudes held by many health professionals will be counterproductive to their care. Beliefs and attitudes of staff within mental health services toward these people must change. It is no longer acceptable that people with this diagnosis be singled out from others with mental illness and treated in the main, in a dismissive and disparaging manner. Attitudes must change for clinical care to be effective.

People with this mental illness often need extensive mental health services, and in some areas account for a high percentage of psychiatric admissions to both inpatient and medical units, and heavy use of community mental health services. We are also

aware of a very recent survey conducted by the Australian Psychological Society of their members that showed a number of GPs are referring people with this diagnosis under the COAG *Better Access* initiative to psychologists.

History

On the 8 August 2006 the Northern Territory Government established the *Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*. The purpose of the Inquiry was to find better ways to protect Aboriginal children from sexual abuse. The Chief Minister publicly released the report *'Little Children are Sacred'* on 15 June 2007. Also in 2007, we saw the Howard Government's vigorous involvement to address the issue of child sexual abuse in the remote indigenous communities of the Northern Territory.

A similar focus has just occurred in South Australia, with the release of former Supreme Court Justice, Commissioner Ted Mulligan's Report on the sexual abuse of children in state care. Within this Report Commissioner Mulligan stated that *'child sexual abuse is widespread, reporting rates are low and the effects can be devastating and last a lifetime'*. Of the people who gave evidence to this Inquiry, *'many said they had already experienced sexual, physical and emotional abuse in the family home, witnessed violence and alcoholism among adults, suffered the effects of poverty including transience or been neglected by their parents for various reasons, including mental illness'* The Premier of South Australia when tabling the report in state parliament said *'The report chronicles account after account of children robbed, not only of their innocence but of their past, their present and their future. The commission of inquiry has given people a chance to tell their stories, to have their truth about their lives acknowledged'*.

A second Report by Commissioner Mulligan focussed on the indigenous communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in far north South Australia with sexual abuse in the remote community being *'widespread, devastating and a national disgrace'*. *'In communities on the Lands, where petrol sniffing has destroyed a generation, and alcohol and drug abuse is prevalent, parents do not know how to care for and protect their children or have become unable to do so. These children are particularly vulnerable to sexual abuse.'* the Report found.

With this national focus of the extent and affect of child sexual abuse, trauma and neglect we believe that the timing has never been more compelling to put in place a number of national initiatives and the appropriate funding of those initiatives under the COAG process to address the issues around the correlation between childhood sexual abuse, trauma and neglect, the development in later life of mental illness most often known as Borderline Personality Disorder, and the treatment and care of people affected.

Facts

Borderline Personality Disorder is a complex and serious mental illness that is far too often misunderstood. Many people with this mental illness find it difficult relating to others and to the world around them. This can be very distressing for the person and those who are close to them. This instability often disrupts family and work life, long-term planning, and the person's sense of self-identity. Impulsivity can be a feature of this mental illness with the abuse of alcohol and other drugs, excessive spending and gambling.

Originally thought to be at the ‘borderline’ of psychosis, people with this mental illness suffer from an inability to regulate their emotions. While less well known than Schizophrenia or Bipolar Disorder, the rate of people suffering from Borderline Personality Disorder is considered to be as high as two and five per cent of the Australian population with the onset usually in mid to late teens or in early adulthood. There is a high rate of self-injury, as well as a significant rate of suicide attempts and a suicide rate similar to Schizophrenia. The important point to note is that people with Borderline Personality Disorder can get better. They can significantly improve with appropriate ongoing and often long-term treatment and support, which have been shown to work. It is important that people need choices in service delivery as to what best works for them with recovery often depending on what choices are available. Having Borderline Personality Disorder is not deliberate; people with this diagnosis do not choose to have it.

Rationale

The National Mental Health Strategy established in 1992, articulated a way forward to reform mental health in this country. There is no mention of this group of consumers in mental health policy or the National Mental Health Strategy and sixteen years on, this is still not on the national agenda. Reference to Borderline Personality Disorder simply does not exist in many national and state policy documents and many consumers report that this refusal at jurisdictional and national level mirrors their experience as abused or neglected children – invisible, ignored, alone. Consumers with this diagnosis tell our Organisations that they are often subject to discrimination and stigmatisation from a system designed to care for them with many health professionals perceiving them as having a ‘behavioural’ problem rather than a legitimate mental illness.

This coalition is calling for the Taskforce, within mental health to:

- 1) Tackle in adults, the effects of sexual abuse, trauma and neglect as children.
- 2) Develop trauma informed care, centred on the individual.
- 3) Address the diagnosis of Borderline Personality Disorder including:
 - a) The development of national research as to best, evidence-based practice including that being undertaken internationally, particularly in the United Kingdom.
 - b) Undertake national education and training of primary health and mental health professionals with the inclusion of expert consumers and carers as trainers.
 - c) Develop best practice protocols that are clear and inclusive.
 - d) Eliminate discrimination and stigmatisation within mental health services.
 - e) Establish state and territory-wide services with an emphasis on the diagnosis of Borderline Personality Disorder, that are

sensitive to and supportive of, adults who experienced childhood sexual abuse, trauma and neglect.

- f) Establish information and support services specific to carers across both public and private mental health services, to enable carers to adequately support their family member and care for themselves.
- 4) Develop culturally specific protocols taking into consideration in particular the indigenous, refugee and the culturally and linguistically diverse (CALD) communities.
- 5) Undertake an extensive media campaign to educate the Australian community on the vulnerability of children and the way in which paedophiles act and operate.
- 6) Develop an inclusive educational module to children in early childhood settings including schools, to build resilience, strengths and awareness.
- 7) Implement an education strategy to help children develop a concept of personal safety.

Further imperatives

- 1) We would like to see the membership of the Taskforce have as one of the members, Dr. Martha Kent, a Clinical Psychiatrist with considerable interest, clinical expertise and system experience. She has undertaken significant work within the public mental health sector in South Australia around this clinical issue and has a number of patients with this mental illness as part of her private clinical practice.
- 2) The membership of the Taskforce must also include Ms. Merinda Epstein a consumer and expert in this particular field with a number of published papers.
- 3) This Coalition calls for research, which has a broad scope including consumer perspective research.
- 4) Research must be trauma based to inform new practice.
- 5) We also call for strong consumer and carer participation, which we believe, is imperative if we are to see cultural changes in attitude, language and approach by health professionals and mental health services.
- 6) All service delivery, training and education must embrace recovery model principles.
- 7) The effects and demands on carers particularly of children, adolescents and adults suffering trauma caused by childhood experiences and presenting as Borderline Personality Disorder, must be acknowledged and investigated as to best practice to support them in their caring role.

Concerns

This Coalition holds concerns that if the Taskforce and the associated research, training, education and service delivery is not particularly sensitive to the issues relating to those who are the victims of childhood sexual abuse, trauma and neglect we fear that people with a mental illness resulting from these events could feel further

alienation and be re-traumatised by the experience with resultant issues for those close to them.

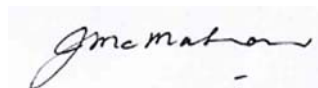
The coalition thanks the Senate Community Affairs Committee with the belief that action resulting from this united approach will be undertaken under the COAG processes and the Committee's Terms of Reference in relation to those processes, over which you preside.

Please direct all enquiries in the first instance to:

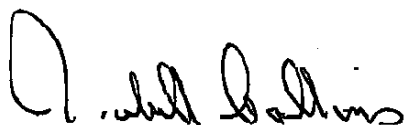
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Signed:
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23 May 2008