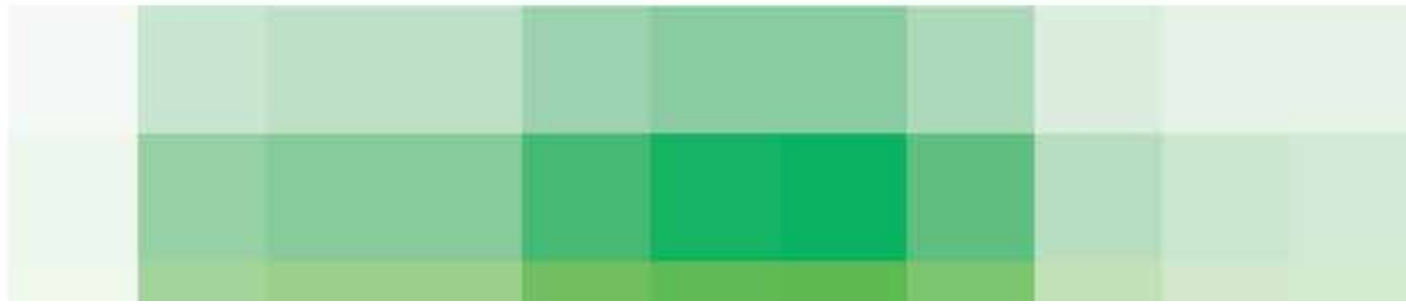




**THOUSAND
PEOPLE MISSING
OUT ON MENTAL
HEALTH SERVICES**



MENTAL ILLNESS
FELLOWSHIP
of Australia Inc
the lived experience



WHAT AUSTRALIA NEEDS:

HOUSING AND SUPPORT

Halve homelessness of people with a mental illness by 2020.

Increase investment in the housing options preferred by consumers and supported by evidence.

Support a range of housing options as part of a comprehensive approach to psycho-social rehabilitation

CONSUMER AND CARER SUPPORT

Consumer and carer education and support be included in the Department of Health and Ageing as a priority in the National Mental Health Plan

Access to best practice peer-based educational programs

become available nationally to increase mental health literacy and improve self-management.

Ongoing de-stigmatisation campaigns should be funded nationally, that take consumers and carers directly to the community as trained public speakers.

SOCIAL SECURITY

Ensure that processes that have commenced in 2010 continue to deliver a fair and reasonable income to people with mental illness and their carers.

EMPLOYMENT AND EMPLOYMENT SUPPORT

Further develop the focus on people with mental illness in

the National Mental Health and Disability Employment Strategy.

MENTAL HEALTH RESEARCH

Audit all mental health related research, including that carried out by the National Health and Medical Research Council.

Lift the level of investment in mental health research to a level commensurate with the burden of disease imposed by the illness.

Establish a national centre of mental health research excellence.

Establish an evidence-based, research-driven approach to mental health policy and program funding.



The Mental Illness Fellowship of Australia (MIFA) is a not-for-profit coalition of mental health organisations that supports people with serious mental illnesses, their families and friends. Such illnesses include schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorders and anxiety disorders. MIFA is committed to maximising opportunities for recovery through hope, choice and improved capacity for decision making for all people affected by serious mental illness.

MIFA is the largest grass-roots organisation in mental health in Australia with in excess of 15,000 members within its eight member organisations. The majority of members are consumers and carers with approximately 20% of membership being organisations, mental health services, health professionals and others.

The role of community based service providers is to work with and support people with mental illness to self manage their illness and to be active in their own recovery, acknowledging that each person's journey of recovery is a personal process.

In 2007, MIFA undertook the "Australians Talk Mental Illness" survey. We received more than 2,000 responses from people with mental illness, family members and carers, other members of the State and Territory organisations and medical professionals.

The responses presented a compelling snapshot of the experiences, opinions and feelings that a variety of Australians have towards mental health issues. The key Federal issues identified included:

- Appropriate housing and support;
- Consumer and carer education and support;
- Social security impacts on consumers and carers;

- Employment opportunities; and
- Research to develop evidence based service models delivered in the community.

In 2010 MIFA has commissioned research to provide an update of the issues identified in the survey of 2007.

The result is a series of 5 position papers which are available on the MIFA website. This summary of those position papers provides an overview of the policy issues that need to be addressed in 2010.

The papers also seek to identify progress in these priority areas since the last federal election and those matters that require urgent action, some outstanding for many years.

We need fundamental reforms and increased investment across all sectors involved in supporting people with mental illness if we are to better meet the needs of Australians with a mental illness, their family members, friends and carers.

The Governments own estimates are that more than 50,000 Australians with severe and persistent mental illness urgently require support from community mental health services. In the last three years, new funds obtained through the COAG initiatives appear to have reached 10,000 people, 40,000 Australians are still waiting.



ROB KNOWLES
CHAIRPERSON MIFA

HOUSING AND SUPPORT



It's nearly impossible to recover from mental illness without a home. Dangerous, temporary, overcrowded and expensive accommodation places people at risk of homelessness, increasing the risk of relapse and expensive hospital based treatment.

Affordable, secure housing and the support they need to maintain their housing should be viewed as a fundamental right of every person with a mental illness. It must be part of the services aimed at recovery. We know that people with a mental illness can live successfully when they have access to appropriate housing and support that is tailored to their specific needs and aspirations.

Decent housing is "building the foundation for managing their psychiatric disability and consequently their ability to cope with day to day life".

The barriers to stable accommodation for people with a mental illness include, housing affordability, a limited private rental market, discrimination faced

in obtaining rental properties, long public housing waiting lists and insufficient ongoing support.

Individually tailored ongoing support helps individuals maintain their housing.

Many adults with a mental illness prefer to live independently rather than in a group home, with the least preferred housing options being shelters, crisis accommodation and hospitalisation.

There are other options which people have indicated as reasonable, including some types of boarding houses or group accommodation. While it is recognised that group housing may be cheaper for government, cost should not be the driver for the

development of housing options.

Housing support should include access to well coordinated psychosocial rehabilitation, and clinical support services all aimed at regaining life skills, a return to study and work, and improved social, health and recreational outcomes.

WHAT AUSTRALIA NEEDS

Halve homelessness of people with a mental illness by 2020.

Increase investment in the housing options preferred by consumers and supported by evidence.

Support a range of housing options as part of a comprehensive approach to psycho-social rehabilitation.



THE FACTS

Mental Illness is bad for your physical health. People living with a mental illness live for years with disability resulting directly from their mental illness plus associated physical disabilities arising from lack of physical activity, poor diet and tobacco use.

CONSUMER & CARER SUPPORT



We know that education and support for carers and consumers enables them to self-manage their illness and their caring roles better.

Peer-based programs for consumers and carers works on the premise that people are more likely to respond to someone that they can relate to because they have had similar experiences – especially on an issue as stigmatised as mental illness. Peer models let consumers and carers share the wisdom and experience of trained Peer Educators working in effective partnership with clinical services where ever possible.

One proven example is the Well Ways Program, which is available through member organisations of MIFA.

Peer Educators also provide of education directly to the community – a proven stigma-beater.

We need an increased commitment from governments to provide adequate funding for these successful models to be more broadly available on a secure and ongoing basis.

WHAT AUSTRALIA NEEDS

Consumer and carer education and support be included in the Department of Health and Ageing as a priority in the National Mental Health Plan

Access to best practice peer-based educational programs become available nationally to increase mental health literacy and improve self-management.

Ongoing de-stigmatisation campaigns should be funded nationally, that take consumers and carers directly to the community as trained public speakers.



THE FACTS

Australians who have mental disorders are dramatically over-represented amongst people who have experienced homelessness, unemployment and imprisonment.

SOCIAL SECURITY



Many Australians with mental illness and those who care for them are at risk of unemployment and poverty. The social security system plays an important role in providing people with at least a minimum income.

The key form of income support for people with a disability, including those with a mental illness, is the Disability Support Pension (DSP), and for carers, the Carers Payment (CP).

ABS data in 2003 showed that over the preceding decade, Australia had a 35% increase in the numbers of DSP recipients and a 395% increase in Carer Payment recipients. Since the social security system also represents a considerable expense for the Federal Government, these figures were perceived as untenable. For welfare advocacy groups, the increases served to highlight inefficiencies in the social security system in serving at risk people.

To reduce the number of welfare recipients, the Howard Liberal Coalition Government introduced Welfare to Work reforms which tightened the eligibility criteria for

various types of welfare payments. These changes have meant that many people with a mental illness, who were eligible for the Disability Support Pension or Parenting Payment (Single) pension prior to 1 July 2006, are now on Newstart Allowance with job-search requirements.

The reforms have had a number of inadvertent consequences for people with a mental illness and people who provide care; incomes of some people have dropped (Newstart and Youth Allowance are less generous than the DSP); some face disruptions to the income stream; the desire to seek work has been dampened; some people are missing out on the services they need.

MIFA notes that with the change of government in 2007 greater attention and funding has been directed towards mental

health reform. In particular, MIFA welcomes the Secure and Sustainable Pension Reform Package and the National Mental Health and Disability Employment Strategy as steps in the right direction.

WHAT AUSTRALIA NEEDS

Ensure that processes that have commenced in 2010 continue to deliver a fair and reasonable income to people with mental illness and their carers.



THE FACTS

People with a mental illness are very frequent users of hospital services and are often caught in a cycle of illness, admission, partial recovery, discharge, relapse and readmission.

EMPLOYMENT & EMPLOYMENT SUPPORT



Employment means a lot of things – money, independence, identity, routine and responsibility.

People with mental illness experience higher rates of unemployment and lower rates of labour force participation than any other disability group. As a result, people with mental illness are among our most socially and economically marginalised.

There are two major factors contributing to the employment outcomes for people with a mental illness. They are access to appropriate assistance and support to obtain employment and assistance and support to maintain employment.

A range of research shows that people with a mental illness want work, see employment as feasible,

and important. Despite this most people with mental illness are unable to secure competitive employment or sustain it once there.

This represents a substantial waste of the nation's economic potential. Estimates of the annual costs of the productivity losses attributable to joblessness among people with a mental illness range from \$10 to \$15 billion. The figure reinforces the need for governments to invest in services and measures to improve economic outcomes for people with mental illness.

Increased workforce participation among people with mental illness

not only improves social and economic standing, but will also reduce government expenditure on social assistance, increase tax revenues and increase the supply of labour offsetting some of the impacts of population ageing.

WHAT AUSTRALIA NEEDS

Further develop the focus on people with mental illness in the National Mental Health and Disability Employment Strategy.



THE FACTS

Caring for someone with a mental illness puts your own mental health at risk. The prevalence of mental disorders is higher in people who care for relatives with a mental disorder (35.1%), than people who provide care to relatives with a chronic physical condition (19.3%).

MENTAL HEALTH RESEARCH



Despite the intent in the National Mental Health Policy back in 1992 and commitments made in subsequent national mental health plans, Australia lacks the infrastructure to support quality mental health research.

The types of research questions to be asked of all services are:

- Is the service delivering a positive outcome as judged by the person using the service and their carers?
- Does the service represent good value for money?
- Can the service demonstrate new ways of helping people with mental illness more effectively or efficiently than existing services?

While data is available with regards

to simplistic measures such as patient numbers or occupied bed days, key elements reflecting the quality of Australia's mental health service system go unmeasured. Research and evaluation can play a critical role in sponsoring service reform and quality improvement.

WHAT AUSTRALIA NEEDS

Audit all mental health related research, including that carried out by the National Health and Medical Research Council.

Lift the level of investment in mental health research to a

level commensurate with the burden of disease imposed by the illness.

Establish a national centre of mental health research excellence.

Establish an evidence-based, research-driven approach to mental health policy and program funding.



THE FACTS

Research Australia's 2008 poll indicated that the Australian public judged mental illness as their second most likely disease risk (39%), after arthritis (43%) .

LIST OF MEMBERS

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**MENTAL ILLNESS
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