

Supporting Document

One of the things we need most is day-time respite care to give carers a break and some time to themselves. We care for our 37 year-old son who is diagnosed as schizophrenic. Caring for mental health patients is very exhausting. We need some down time and rest time. Many carers including me are suffering from great stress and physical ailments associated with cumulative stress. This is also putting extra burden on the overall health care system.

One model that was very helpful and effective for us and that I think should be expanded and multiplied is the Mind Recovery College program. This facilitated open dialogue, helped us to make contacts with other carers and made the situation we were in with our son feel more normal. We met other people coping with many of the same problems we were facing. "Mind" also helped with education and expanded our insight into the whole issue of mental illness. The program was staffed with warm, encouraging professionals who made us and our son feel at home. But these kinds of programs need to be accessible and affordable. There should be a lot more of them.

Another program that was really good was PARC (Prevention and Recovery Centres). This is a good model because it allowed for social interaction for patients which is of real benefit to many. It helped my son by opening up communication with others about his condition. These kinds of programs have been cut in government funding over the last decade. NDIS has been closing Mind Recovery College campuses but they should be re-funded and more of them should be opened.

The state mental health care system is essentially being kept going by volunteers—the carers and other volunteers, who are keeping the whole thing functioning. But they are under strain, under-resourced and not recognized for their contributions. This must change. Where would the system be without the volunteers? Many volunteers and carers are now aging and tired. They may no longer be able to continue if the system doesn't do much more to support them. This would be a huge economic loss to the state. It is in the best interest of government to supply better funding, more support and better structural help for carers.

Patients need three things for themselves personally: Purpose, Structure, and Social Contact. Without these things, they will find it difficult to recover their mental and emotional balance. Carers help give patients these things but the system can do much more to provide them as well.

At the most fundamental level, NDIS is in urgent need of re-structuring to take into account the needs of mental health patients and their carers. NDIS has, in fact, been a step backwards for mental health care. It was not set up with the needs of mental health care in mind. It has replaced a community-centred system that was working fairly well. The state government needs to push hard to get the necessary changes to NDIS.

I hope that this Royal commission leads to real change in a fairly short amount of time and not just more paperwork and more talking. We need concrete and noticeable change and we need it within a few years, at most.

Above all, I hope that the huge contribution that carers make and the burdens that they bear are recognised and that help is provided both in terms of change and increased funding.