

Mentally ill, like others, deserve the opportunity to recover - 5 Oct 2009

Mr David Crosbie - 5 October 2009



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Would you allow someone with a mental illness to babysit your child? This is one of the questions regularly asked in New Zealand to measure the level of stigma attached to people with a mental illness. An anti-stigma campaign has increased the positive response to this question from about 25 per cent to 35 per cent not a huge shift, but certainly significant. In Australia we are increasingly reading about high profile people who have accepted that their struggle to cope with the demands of day to day life might be more than an attitude problem.

We talk more about mental illness, but beyond the footballers, politicians and celebrities coming to terms with relatively high prevalence mental health disorders, a continuing tragedy is unfolding.

It is the same story, reflected time and again by carers and mental health consumers a story of lost potential, confusion, false expectation and quiet desperation. All too frequently the sterile fluorescent blaze of a crowded hospital emergency department is the welcome door.

What lies behind is a journey demanding patience and courage in equal measure. Many make the journey and get where they need to go. Some never arrive. Some take carers on a journey with them; others leave them behind.

Like many of my fellow mental health and alcohol/drug workers, I have been to too many funerals. I find it is not the deaths that sting the most, tragic as they are. Sometimes they bring their own troubled release.

What hurts more is the loss of opportunity to recover, something we all own a part in. Mental illness ranks No3 in the top 10 diseases affecting Australians, behind cancer and cardiovascular disease. This ranking is achieved largely because it is the disease responsible for the most years of life lost to disability.

Mental illness is more likely to affect people when they are young. It is the leading cause of disability for people aged 15 to 44. In this context, disability is really about disconnection from work, school, housing, recreation, family and friends.

And this highlights our real challenge mental illness is the disease of isolation and disconnection. Given what we know, you would think our response to mental illness would focus on ensuring there was support to help keep people engaged in work, school, housing, families, relationships, meaningful activities. You would think we would try to orient our services to young people.

Unfortunately mental health treatment tends to be a series of episodic one-off interactions in specialist consulting rooms or hospitals wards. These places are often completely detached from where people live their lives, and are foreign to most young people. A limited number of under-resourced community mental health providers link people with social supports, housing or employment options, but the health system itself is almost invariably separated from these services.

People with a mental illness are not welcomed in housing (they often languish on public housing lists), employment agencies (only about 28 per cent of people with a mental illness are in employment compared to an OECD average of more than 50 per cent), in alcohol and drug agencies (despite the very common overlap) or in many parts of the health system itself. What reinforces the isolation is our attitude to people with a mental illness. We may no longer insist on locking people away in asylums but we still politely shun those living with a mental illness.

It is not just that we don't want people with a mental illness babysitting our children; we also do not really want them in our workplaces or living next door. If you had a mental illness, would you tell your boss, or try to cope? The caricature of the crazed, violent schizophrenic may be a long way from reality, but it seems to be alive and well in the psyche of many. There are many fine documents with wonderful sets of words about how these issues will be addressed repeated calls for anti-stigma campaigns, better linkages between health and social services, more support for carers and those providing community services.

The bottom line is that the words seem to evaporate into vacuous clouds, briefly casting a shadow before fading into irrelevance. Mental illness is still veiled in misconception, informed by ignorance and stigma. What emerges more and more clearly is that until people with a mental illness can have real hope, expectation, and the capacity to demand and receive the services they need, the system we have will continue to do what it has done for so long offer a set menu focused on containment of symptoms.

It is World Mental Health Day this Saturday. The theme is primary care and there are many events throughout this week that people can get involved in. The real message is that we need to change the way we respond to mental illness, and we can all play a part.

I hope this week will encourage some people to reflect on their own attitudes and to acknowledge one very important fact it is the way you and I respond to people with a mental illness that determines the level of disability they experience.

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