

When people don't fit into systems: problems in mental health and drug and alcohol services

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An important role of the Office of the Public Advocate is to provide advice to professionals and member of the community about guardianship and disability issues. Sometimes this advice is sought through the Advice Service of OPA; sometimes it comes through existing personal contacts.

Late in 2009, Dr Bruce Watson, Policy and Research Officer at the Royal Australian and New Zealand College of Psychiatry Victorian Branch, contacted me in relation to a question that had been raised with him. It concerned the situation of a young man who refused to seek or accept psychiatric treatment or assistance with drug and alcohol problems, despite desperate attempts by his mother to obtain help for him. Tragically, the young man committed suicide. The question was: "What could have been done to stop this happening?"

As I tried to set down an explanation of the legislation and policy covering the mental health system, the drug and alcohol system, the disability system and the guardianship system in Victoria, I realised more starkly than ever before how badly we, as a community, can fail those people and their families who most need help.

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The sharp end of policy, projects and research

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What can a family do?

If someone in a family has a problem of increasing alcohol consumption, withdrawal and other symptoms that might indicate a mentally related difficulty and refuses to go to the family General Practitioner or a Crisis Assessment Team (CAT), what can a family do or what options exist for them to help effectively and reduce the possibility of self harm? The Office of the Public Advocate (the co-author) has the following information:

1. If the person's problems were all related to drinking, excessive alcohol consumption is not seen as a disability and 'the system' requires the person to take the initiative, preferably during a period of sobriety.
2. If the person also had a mental illness such as depression, it might be argued that the Mental Health Act allows the mental health system to intervene if the person is a danger to themselves or others. A primary diagnosis is the determinant of whether

someone is eligible for service provision and the accepted interpretation in psychiatry requires the drinking to be an adjunct to the mental illness, rather than the cause of it.

3. There is a rarely used provision under the Alcohol and Drug-Dependent Persons Act 1968 that allows a person to be compulsorily admitted to detoxify by an application to be made to a Court (Supreme, County or Magistrates). Admittance is for 7 days but can be extended by the treating doctor. This provision is unpopular with hospitals because they have to find a bed. Then there is no provision for formal monitoring or follow up after the five days detoxification. Consequently, a lot still depends on whether the person decides to follow through with support services afterwards.

4. If the person had an alcohol related brain injury as a result of drinking, it may be possible for a guardian to have been appointed for them even if the person refused to be assessed. This involves an application to VCAT for the appointment of a guardian. If a person refuses to be assessed, VCAT can order that this be done. There needs to be a strong indication that the person is not competent by virtue of disability, either through mental illness or acquired brain injury, because the presumption of competence applies, this is where the drinking gets in the way.

5. Even if a guardian is appointed there are still difficulties. A person cannot be admitted to a psychiatric facility on the consent of their guardian, they still have to meet the mental health act criteria. If they have an alcohol related brain injury, there are services such as Acquired Brain Injury Assessment and Consulting (ARBIAS) that do support and case manage with the consent of a guardian, although it is very difficult if the person refuses to engage. Sometimes, however, it is a matter of getting a foot in the door and gradually the person is prepared to go along with it. What can be done is still very limited if the person continues to drink heavily.

Legal and professional frameworks are used as gatekeepers, with eligibility requirements often used to exclude those needing help. Being admitted to the system doesn't guarantee success but there is a greater likelihood of being able to help an ill person within a service than there is if the person is excluded from the service. It appears that 'the system' does not provide appropriate ways of intervention that could facilitate a family dealing with a difficult situation.

'Making policy up as we go along' or a systemic issue needing more formality?

Policy is not simply about the promulgation of formal statements but the processes of negotiation and influence; indeed, "it is concerned with relating the activities of different bodies to one another, with stabilising practice and expectations across organisations, and with responding to challenge, contest and uncertainty" (Considine, 1994).

Considine argues, "policy is the continuing work done by groups of policy actors who use available public institutions to articulate and express the things they value". It is the interplay of deals, alliances and attempts at finding solutions involving individuals and groups including elected officials, bureaucrats, political parties, the media, interest groups and social movements; each with values, assumptions, categories, stories and languages."

It could be argued that the dilemma described above resulted from fragmented, unaligned policies and systems in multiple, isolated organisations. Describing something as 'policy' gives it special significance. We can't expect the term to be absolute because it is a socially constructed concept used to express a general purpose or desired state of affairs. Colebatch (1998) said:

“We come to realise that to ask, ‘What is the policy on x?’ is to ask the wrong question, because it does not necessarily tell us the significance of the policy [if there is one, and preferably in writing for consistency]. What we want to know is, ‘What determines how things are done?’ and this means that we want the answers to a lot of other questions. If there is a policy, who enunciated it? What sort of people take notice of it, and in what contexts? Is it linked to the pattern of resource allocation? What other factors are at work? In what way, then, is the policy statement significant? The focus shifts from ‘Is there a policy, and if so, what is it?’ to, ‘In what sense is there policy, and what impact does it have?’

Therefore, we have to work with policy to determine how things should be done, perhaps using “projects” to do so.

As I remarked in the March 2009 Branch Newsletter, I don’t subscribe to the notion that ‘policy’ and ‘projects’ are on separate sides of a fence. It is an unhelpful yet common misunderstanding that tends to develop in the organisational world. It is like the ‘theory’ versus ‘practice/experience’ argument in academia; the reality is that both are needed and usually an integration of the two works best, because one is dependent on the other. In my mind, policy (i.e., guidance to decisions and outcomes) already informs the pursuit and support of projects. And vice versa, project outcomes can inform the development or redevelopment of policy. The balancing considerations might be: What policies need review or updating? What projects will help achieve this? What projects will address the development of new policy?” This is where the evidence-based approach to my policy and project work on behalf of the Victorian Branch fits.

What can be done?

With the above in mind, are there collaborative policy activities and projects that could lead towards development and acceptance of a communal responsibility of caring for each other? Therefore not leave mentally ill individuals, and their families, carers and mental health professionals feeling so hopeless and helpless at a time of crisis.

The Alcohol and Drug-Dependent Persons Act 1968 has been under review since 2005 and it has been acknowledged that there are significant deficiencies in the current legislation. In December 2009, the Severe Substance Dependence Treatment Bill 2009 was introduced to parliament. It will be debated by parliament this year.