

**THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON MENTAL HEALTH
LEGISLATIVE MEASURES MET IN COMMITTEE ROOM 2, PARLIAMENT
HOUSE, HOBART, ON FRIDAY 13 FEBRUARY 2009.**

Mr JAMES GRAHAM, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - We have read through your submission and would like you to give your point of view, particularly if you have any comments related to the legislation and how it affects people with mental illness.

Mr GRAHAM - I have an opening statement. Today I would hope that my communication is articulate and embodied in a component of leadership. In the 1997-2010 forum a speech entitled 'Tasmania's Future – the Role of Small Business and the Human Element' was delivered by Terry Martin. He referred to the same speech in his inaugural speech in the Legislative Council on Tuesday 18 May 2004.

He quoted, 'For if we consider reform and change to better Tasmania, we are assuming the responsibility of action on behalf of all Tasmanians not just those closest to our field of interest. The determination as to whether or not Tasmania's legislation meets world's best practice may be best described as some lead and the others catch up.' The recommended legislative measures by this select committee will contribute to 'Making it work: civil society participation in the implementation of the Convention on the Rights of Persons with Disability', an expert group meeting held in Madrid on 27 November 2007.

Tasmanians have a right to an adequately funded and resourced mental health system. People with a mental illness have a right to proper treatment and support. Staff have a right to have the resources to do the job properly in a safe and secure work environment. Work force shortages are negatively impacting on service delivery and quality outcomes for people with mental illness. Improving staffing in patient and community support care would mean better service for Tasmanians.

While my submission was short and to the point it was framed up in three questions that I tend to use in my life. I am 60 years old so I have been around a bit. I get involved in this because this is the sector I am in. I am a disability support worker. Why is it going on? Because you folk and the Government have felt the need to review some of this stuff that is already in concrete. What can I do about it? I never expected to be sitting here. I have written many submissions and this is the first time I have been invited so I would like to thank you for doing that. I see it as a privilege and an honour to be able to sit here and talk about this.

I think the most important thing is the legislation needs to reflect what the work force really needs in the workplace. It is one thing to have levels and terms of how a person gets paid, but it seems more important to me that that same person needs to be certified at some level as competent. You guys have to go to the poll and hope that people tick your box. By doing that they accredit you in a way to say that you are guys for the job. I suspect that the way the new reforms are going, not only in mental health, but I am looking at the health and wellbeing of all Tasmanians, there is a need for a sense that

everybody is on the same page when it comes to who is responsible for implementing. The best example I can give you is if you are the professionals and I am the support worker at the coalface. You have all stayed up all night to come up with an individual support plan for a patient. You guys did all that hard work to come up with the goods and there is the plan. Then you turn it over to a guy like me to try to implement it all. That is a big responsibility, for me to absorb all your stuff and then say you guys, 'Here is the plan'. I am expected to implement that with the rest of the team that we are supporting. It is one thing for that team if it is being implemented by somebody at level 3, but at the other end of the scale you may have a certificate 4 disability support worker. In terms of best practice on that scale from 1 to 10 you would hope that the certified best practice is eight-plus, hoping to get better, obviously trying to aim for 10. But when I get home and take a personal inventory: 'Geez, I could have done that better', so I give myself my nine. 'I know better', I give myself a seven on that one - tomorrow will be different. That is built in to the way I have been certified to deliver a service.

At the other end, if you have someone coming up through the ranks in terms of pay, not necessarily in terms of competency, the level of best practice is slightly lower. If we are aiming for best practice across the whole sector, it has to be the same page for everyone. We create a career path for the level 3s, knowing that at the end of the day if they want employment in this sector they have to be certified so that the OT or the psychologist will know that you are dealing with professionals on the coalface. We are part and parcel of this individual's support plan to deliver the best way we can.

CHAIR - Do you work with people with mental health disabilities?

Mr GRAHAM - Yes.

CHAIR - You mentioned that there needs to be mandatory training requirement, skill mix, knowledge and certification. How have you found the staff that you have to interact with, such as the mental health nursing staff, the psychiatrists, the psychologists, the people that your clients interact with? How have you found their level of understanding of the acts they work under and the needs of their clients?

Mr GRAHAM - There is a sense of professionalism at the tier that you are talking about. They have to make sure they have their insurances as they know that they can be sued. They feel that if they are not doing the right thing somebody might tap them on the shoulder or they will get a letter in the mail and stuff like that. If that filters back down to the coalface, it is not until you find out that somebody in a senior citizens home or somebody with a mental illness in an aged care home and it becomes a media issue, that all of a sudden people realise that something is going on. It seems to me that we also, at my level need to get up to speed. I think by doing that, if everybody is on that same page then, at the end of the day, if we know about our legislation, about freedom of information, the privacy act as well as the Mental Health Act our best practice should reflect that.

CHAIR - Do you think that is the case? Is that the way it is or is that where it should be heading?

Mr GRAHAM - Let us put it this way, it would be nice to be able to say that 70 per cent of the time that was happening. But I suspect, from my own experience, that 50 per cent of

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the time would probably be more accurate and I suspect if everybody was at least ticked off it would have to be better than 50 per cent because people would know better.

Mr DEAN - Where is the breakdown then? Where has it gone wrong?

Mr GRAHAM - I do not think it is wrong. I think we have a sector where we are doing the best we can with the people that put their hand up.

Mr MARTIN - Is there any training and qualifications to become a support worker?

Mr GRAHAM - Yes, you can get a certificate 3 in a disability support worker, at which level you will be informed of all the legislation that you are supposed to be doing, which is expected of you, on behalf of whoever you are supporting. But, again, it gives you an opportunity to make your informed decisions.

Mr MARTIN - Is that mandatory?

Mr GRAHAM - That is what I am trying to say. I am saying I think it should be mandatory.

Mr MARTIN - It is not at the moment? So anyone can be a support worker without any training?

Mr GRAHAM - Because I guess in the past you have had people that are already in the sector who would do on-the-job training, you will see it. I mean, how would you feel, you read an advertisement in the paper and it might be organisation B, and you know your loved one is going into organisation B and you read in that ad that it is on-the-job training. Well, my loved one is going into a place where I am hoping that the on-the-job training is up to scratch around their personal care and so on.

Mr MARTIN - You would hope so.

Mr GRAHAM - You would hope so. I am saying if you knew that your loved one was going in and everybody was a certified support worker, whether it is in mental health or disability or aged care, at level 3 everybody would at least have that basic knowledge at a level 3 and then you can get your level 4 or you can get your certificate 4. If you decide, you can go on and get your diploma. So there is a whole pathway.

Mr MARTIN - What do you think is the minimum standard; is level 3 good enough to be looking after someone?

Mr GRAHAM - I think certificate 3 should be the basis from which we start to springboard from. I think organisations would be wise to, within their organisations, create those clear paths for someone that has already been in the organisation. It is now time to give them the opportunity to get their certificate 3 and that is when the hard decisions get made.

Mr MARTIN - So what percentage of support workers would be level 3 at the moment?

Mr GRAHAM - I would not know.

Mr MARTIN - Or more? You do not know.

Mr GRAHAM - I would not know.

Mr MARTIN - It would be interesting to find out.

Mr GRAHAM - Certificate 3 is where we get into trouble sometimes. Level 3 and level 4 are always connected to the award rate so if you put in *x* amount of hours you move up through. It is not necessarily competency based.

Mr WILKINSON - What is the situation, James, where you have a person that you are caring for and you know that person is about to have a manic episode? What do you do? Do you have the ability to contact the person's psychiatrist to say you know this fellow is about to have a manic episode and that you think he should be seen straightaway? There seems to be a number of people who are caring for that person but there does not appear to be the help out there for them when they need that help.

Mr GRAHAM - You are talking about two different types of care there. If it is mum and dad at home they are not paid support workers to do that. They probably get a token or whatever they get from the Government for doing that but if you are a paid certified support worker and it is your individual support plan, there will already be a plan of action and there will already be steps and protocols for me to follow in that instance. And that would be individual to you only, but under legislation it would still, under the act, have to conform to all the requirements under the act.

Mr WILKINSON - Have you ever had a situation where a person is in that state that I am talking about and you have not been able to get the assistance that is in the plan?

Mr GRAHAM - Well that is a different hat now. I will wear my Lifeline hat, which means you are on the telephone with someone; it is actually happening on the telephone and it is an immediate fix that needs to happen. So while you are talking and doing that it is 3 a.m. so there are not many places - you know, it is a different situation. Folk that would be in the mental health stream of things are often not 9-5 people, so a lot of the stuff is going on at 3 a.m. when the voices kick in or whatever. It has to be 24/7, and the same type and quality of support you are getting at 9 a.m. when the door opens, should be available at 3 in the morning, if we are talking best practice. You should not just be able to turn it on 9-5.

CHAIR - You are saying those services are not available. If you were in that situation would you say that they need to go to the hospital? As a Lifeline counsellor you do not actually get to follow up those people? You do not actually know what happens to them once they hang up the phone, do you?

Mr GRAHAM - In certain instances such as suicide and stuff like that then you have already set things in motion where people are either on their way or there is other stuff happening. We have referral lines that we can use, too, but if a person is that manic at that point in time and you are listening to them, sometimes it is just a case of having someone to talk to. You are talking that person through that. Every individual person is different but they need to be able to go to that one spot, whether it is calling in the CAT team or taking them down to wherever.

Mr WILKINSON - But that person may not believe they are manic and therefore they would ring up Lifeline; they think they are not manic and that they do not need assistance but it is obvious to any outsider that they do need assistance. Have you struck that before?

Mr GRAHAM - Well, they don't only have to be manic not to think that they do not have a problem. Within the whole disability sector there will be human beings who do not think they are disabled, period, whether it is a mental health issue or any sort of disability such as acquired brain injury.

Mr WILKINSON - That is right.

Mr GRAHAM - Again, if that same person we are talking about has bought into that individual support plan and they know what it takes even in that situation to know what they need to do to help them stay well, they will buy into that process, too. But a lot of other things are going on, you have effective listening going on here, you have other interventions that I, while it is happening, will be going through. I will have protocols that I will already have gone through because if I am really doing my job we probably do not need to get you to the next level.

Mr WILKINSON - It is that early intervention.

Mr GRAHAM - It is that early intervention, if we are already making sure that a lot of those things along the way in your life at any given time will get you to where you need to be. It is an interesting thing, and it is hard to frame it up in words, but there are folk that can actually perform the behaviours that are necessary to get you to that next level. If I am cruising really well in my life and the support that I get is the kind of support that I need, I am cruising to a point where I think in my own mind, and the committee is telling me, that if I keep going down this path I am going to lose all the credits I have in the bank at this level, I could perform a behaviour which would kick me back two or three steps instead of advance me through.

CHAIR - To maintain the support.

Mr GRAHAM - To maintain the support, because I know and you would know that I get pretty good support at this level. If this one gets stripped away, that one gets stripped away, now I have to start to rely on my own resources, and the brain is pretty good at doing that sort of stuff. Once we create pathways where everybody is going to do stuff for me it is very hard to get the brain to do a u-turn.

CHAIR - So we need greater support in that transition phase?

Mr GRAHAM - Money upfront in the packages - well, money upfront was just a street way of saying it - but get the support up front, early intervention, work with the resources that that human being already has, tease them out as best you can, put the support team in around them to get them to realise that there is a better something outside of all this great care they are getting now when everybody does stuff for them and they can always fall back on them knowing that they are out there already because they are connected. They love to be connected but they still need to connect to who they are so that they can cut it once they need to.

Mr DEAN - The position you are putting forward, James, has been discussed previously. Are you really saying to us that the senior people in these organisations are not listening to that and/or they are not adequately financed to be able to do and to put into place what you are saying should be there? I do not think anybody could disagree with your comment in relation to properly trained staff, adequate staff and early intervention. So are they listening or not listening?

Mr GRAHAM - That is an interesting one. I probably will not comment on who is listening and who is not listening but I can personalise this. I am 60 years old. That means that I came through the generation. Everything that is on the agenda now is what we fought for back then. It took all those years. It is not so much that people are not listening. It just takes time to get the political will and our decision-makers to catch the vibe. It often takes something closer to that individual decision-maker to get the passion, to get the buzz, to see that there is something that needs to be -

CHAIR - Personal exposure.

Mr GRAHAM - Personal exposure. It would be great if all you folk could come and just do a shift with me. Just come and out and get amongst the stuff. It is not that difficult when you get the permission. I have a friend I am bringing along with me on a shift. How difficult would that be? It is time-consuming, yes, but it really gives you that one little step of something.

Mr MARTIN - It is worthwhile.

Mr GRAHAM - Yes, so that you can just get a feel for it. Look at those fires that are raging through the country. All of those people, 20 minutes before those fires had hit them, were just casual Joe and Mary cruising through life, everything is hunky-dory, everything is cool. Within 20 minutes, everything is gone. All of a sudden a person who has never had a suicidal thought in her life says, 'I know how to get out of this. I cannot face it. I am gone'. Acquired brain injury: I am the cat's meow and then I am in a car accident, and now I just do not want to be here any more.

CHAIR - Your life can change in an instant.

Mr GRAHAM - In an instant. Every time I am invited into somebody's individual support plan I take a personal inventory and I say to myself, 'Am I the kind of support worker that I would want if I were sitting in their chair'. If I am not then I had better start changing some stuff. I think one of the things that we could start changing is making sure, somehow or another, that everybody that is in the mix at that level has been ticked off to say they can do what they can do. That means some sort of certification. I am not sure how you would frame it up.

Mr MARTIN - What happens now? You need police checks or something? You need some sort of certification, do you?

Mr GRAHAM - I should have cut out a bunch of ads. That is a good place to start. Just read the ads on Saturday. That will give you a handle. It is only recently, because of the new reforms coming in - and the minister has accepted them all - from the review of

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disability services that people are starting to use the language that is necessary to recruit the type of folk that will need to be in place to make those recommendations a reality. For those recommendations to be implemented properly you will need people who are ticked off to be able to deliver on those. That will be a big responsibility. It is easy for the decision-makers to tick off on them but at the implementation level it would be nice to know that everybody is ready. It costs money; I realise that. I am speaking with passion from the coalface.

CHAIR - You have been very succinct and very helpful. Thanks for making yourself available to come and speak with us.

THE WITNESS WITHDREW.