

# **We Are More Than What You See**



**When GPs look across the desk at us, how often would they realise they are only seeing the tip of an iceberg?**

**Do GPs realise how critical it is to see us in context?**

**Do GPs realise how reduced in effectiveness the GP's treatment will be unless they see the big picture for us?**

**In most cases,  
our life circumstances will be  
both a SYMPTOM and a CAUSE  
of our dual diagnosis.**

**These critical life circumstances may  
include one or more of the following:**

- **family or relationship breakdown,**
- **domestic violence  
(physical, sexual and/or emotional)**
- **illness-reinforcing friends,**
- **financial stress (often leading to crime or  
unhealthy lifestyle),**
- **unreliable shelter or homelessness,**
- **unrecognised or untreated physical illnesses,**

- **at-risk or already-damaged children who are dependent on those of us who are parents,**
- **prior bad experiences of the “health” system that may have left us fearful and distrusting,**
- **a history of abuse when we were little, which has been buried deep in shame and denial, and which unconsciously drives our current behaviour,**

- **low self-esteem that is appropriate for the amount of failure, criticism or labeling we have experienced throughout our lives,**
- **lack of any valuable role to play (never having the opportunity to develop or have recognition of our unique strengths or talents)**

**Imagine the likelihood  
of a prescription for medication  
being the answer  
to any of these problems.**

**Because GPs don't have the time or resources,  
they have had to ignore all the life-situation  
symptoms and causes surrounding dual diagnosis  
that prevent us from recovering from our illnesses.**

**GPs have been treating the medical symptoms  
and sending us back into the toxic situation  
that causes or reinforces the conditions.**

**We'd like GPs to understand that  
these critical life circumstances are  
not peripheral to treatment but are at the heart of it.**

**Will GPs ever be given access  
to enough effective resources  
to make a real difference?**

**If GPs collectively INSISTED on enough  
affordable resources to adequately  
address our total health needs,  
would their voices be heard?**

# **Suffering from Dual Diagnosis Isn't an Accident**

- **The vast majority of all cases of combined mental illness and addiction in Australia are not acts of fate but are predictable and preventable.**
- **Dual diagnosis is a largely unrecognised but major health care problem and major cause of related death and suicide for people of all ages. The deaths can come from self-injury, violence, accidents or neglect. Fatalities, however, are only a small part of the total damage picture.**

**For most of us suffering from combined mental illness and addiction, we have lost friends, families, homes, jobs, income, self-esteem and our chance to be seen as valuable people worthy of respect and love.**

**We've lost our sense of hope.**

**For each mental-illness-and-addiction-related hospitalisation or death, there are many hidden victims. These include:**

- the dependent children of those of us who are parents,**
- other family members,**
- neighbours and friends**
- victims of crime.**

**The whole community loses by the wasted resources that go into:**

- **the police and justice systems,**
- **disruptions in schools,**
- **vandalism,**
- **violence,**
- **increased public health costs,**
- **increased insurance costs,**
- **income support,**
- **family and children's services, and more.**

**There is also loss of our contribution to community well-being.**

**We who suffer from mental illness and addiction problems (even when undiagnosed) account for a large percentage of hospital emergency department visits.**

**When we are poorly treated for our dual-diagnosis, we unwillingly pose a significant drain on :**

- **the health care system,**
- **the justice system,**
- **education,**
- **housing**
- **social services**

**Medical people rely on scientific evidence.**

**We rely on our knowledge of how often people  
with mental illness and addiction  
are not being diagnosed.**

**Many of us avoid diagnosis,  
either because of stigma,  
fear of losing control,  
or denial of our situation.**

**Medical people see a heart attack or an injured child or a car accident.**

**We know that often these conditions are a direct result of mental illness and addiction, either because of violence, self-injury or self-neglect.**

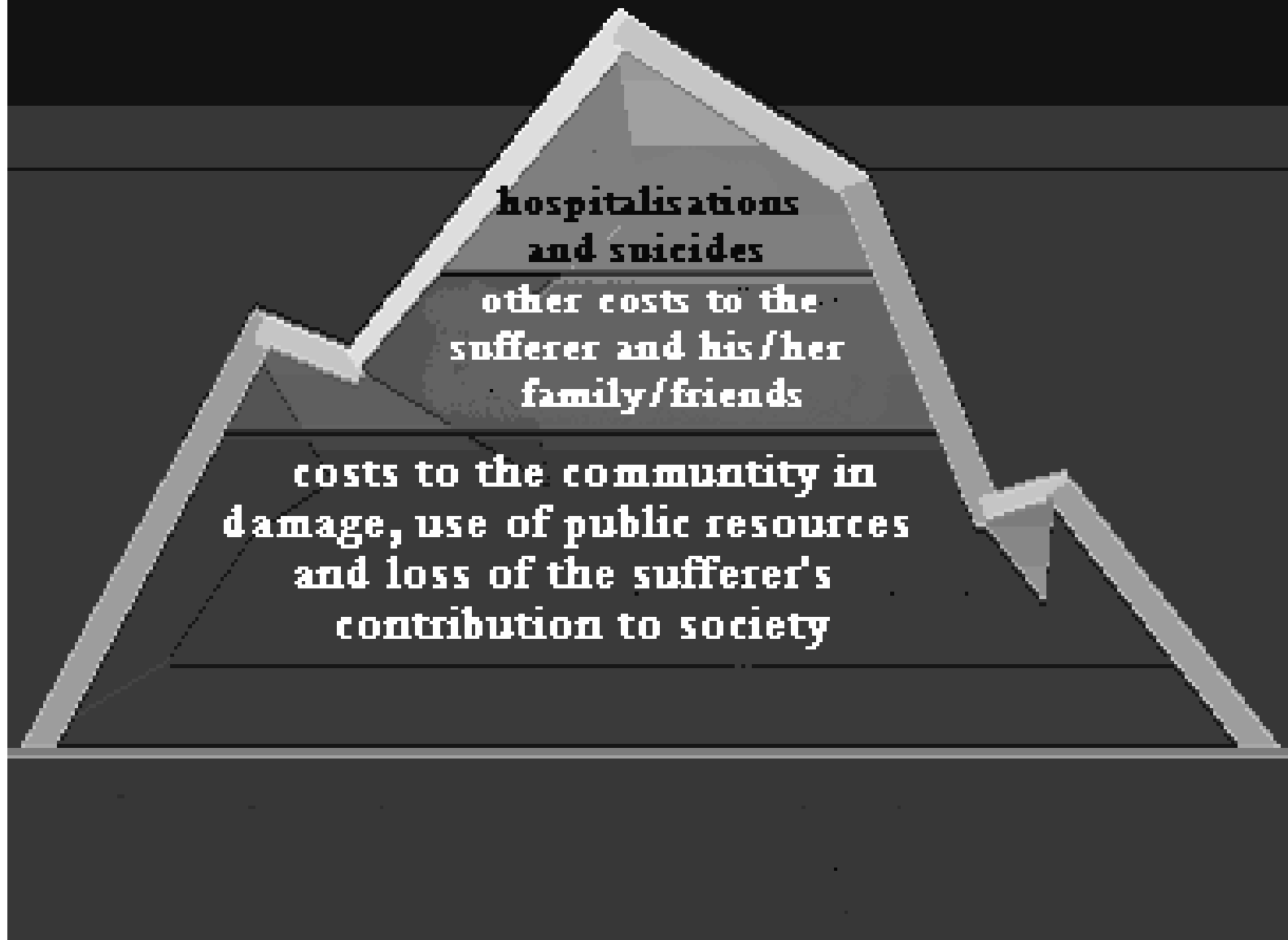
**And don't assume this is mainly a problem of young males and aboriginals.**

**It is rife among all kinds of people, including old white ladies like us.**

# Dual Diagnosis – The Tip of the Iceberg

unnecessary burden on individuals and the community

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**The present system is a LOSE – LOSE situation. We can change it to WIN - WIN by changing from crisis-driven to prevention-driven services.**

**Most of the factors that put us at risk of developing combined mental illness and addiction are known and can be addressed early before the damage is done.**

# **Building Partnerships**

**If GPs' voices were joined  
with those of mental health consumers,  
would the resources needed  
for prevention and early intervention  
be quickly forthcoming ?**

**Could we jointly create a “business plan” to show the  
short-term and long-term damage that is done to  
EVERYONE in our community by continuing to  
“treat” dual-diagnosis the way it’s always been done ?**

**It's about time funding for prevention and early intervention is fairly carried by all who are affected (i.e. all branches of government)**

**A commitment must come from all government departments that stand to gain by a reduction in this serious social and health situation.**

**Together we can get beyond the rhetoric and make things happen.**

# HealthRight

The recent Duty to Care research project, from UWA, identified the extremely poor general health outcomes of us as mental health consumers. In WA, the HealthRight Advisory Group, chaired by Prof. Geoff Riley, was set up to develop some recommendations that addressed the findings of the Duty To Care research. The report of the HealthRight Advisory Group was recently released by the WA Office of Mental Health and funding was promised to implement some of its recommendations. One of these is the:

**Peer Advocacy and Support Service (PASS)**

**The HealthRight Advisory Group identified a common problem with us not making full use of GP services.**

**GPs said that mental health consumers:**

- **often don't have a regular GP**
- **aren't getting regular check ups**
- **are often late for appointments or don't show**
- **don't always follow up with blood tests or other pathology appointments**
- **may not carry out the treatment prescribed.**

# **Peer Support**

**If there was a Peer Support service up and running, those GPs could link us up with another mental health consumer who has been trained and paid to be a Peer Supporter, who could find out from us what were the barriers getting in the way of our achieving good health outcomes.**

## **Maybe we are having trouble with:**

- **organising a babysitter**
- **transport**
- **affording the medical costs**
- **our fear of going to an appointment alone**
- **forgetting or being too disorganised,**
- **finding the whole process too overwhelming, so we procrastinate.**
- **our fear of seeing a doctor if we've had a history of sexual abuse**

**Whatever it is, the Peer Support service could arrange help, either through:**

- **contacting existing services and arranging for their help**
- **coming to see us at home (or wherever we feel comfortable meeting)**
- **helping us make appointments**
- **reminding us when the appointment comes up**
- **going with us to the appointment.**

**AND,  
most importantly,  
keep following up on us  
so that we are not forgotten.**

**Peer Support does not duplicate the services offered by nurses, social workers, psychologists or occupational therapists.**

**We would be able to offer a service that complements these professions and “fills in the gaps” so we don’t “fall through the cracks”,  
to use common phrases in health care.**

- **We consumers are specially qualified to help each other “recover” from our disabilities.**
- **As mental health consumers we are more likely to open up to other mental health consumers than to health professionals.**
- **There is not the “them and us”. Instead there is empathy and real understanding because we have been through those feelings and problems ourselves.**
- **We have also been on the receiving end of well-meaning (or maybe not so well-meaning) service providers not realising what we are going through.**

**With good training and support – which would come from the collective experience of many other consumers – a Peer Supporter can make a real difference to our lives.**

**By providing practical assistance, a Peer Supporter can help us cope with many of life's demands that we find so overwhelming.**

**Amazingly, as we have found from our own experiences as active consumer representatives, as a Peer Supporter we will also be making a real difference to our own life.**

**When we use our hard-life experiences to help others going through the same, our self-esteem gets a real boost. Our self-image, and the attitudes of others, changes.**

**We become part of the solution rather than part of the problem.**

**The Peer Support concept is the only service we know of where two sets of consumers are receiving therapeutic value – both those on the giving and the receiving end of Peer Support.**

**Now you'd think that governments would be falling over themselves to get the “double whammy” benefits of each healthcare dollar spent on Peer Support!**

**We need to jointly support this  
PEER SUPPORT initiative,  
ensure that its value is well documented,  
and lobby for its  
immediate implementation  
in every community.**

**We would like to see Peer Support programs springing up everywhere, so that ALL consumers (including such hard-to-reach consumers as the homeless) will have easy access to these services.**

**The benefits could be immediate  
and wide-reaching,  
like ripples in a pond.**



"Insanity is doing the same thing over and over again, expecting different results." -- Einstein

***"Justice will not be served until those who are unaffected are as outraged as those who are."*** -- Benjamin Franklin

**"If you truly want to understand something,  
try to change it."** -- Kurt Lewin

**"You laugh because I'm different, I laugh because you're all the same."  
-- unknown**

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