



**Private Mental Health
Consumer Carer Network (Australia)**

engage, empower, enable choice in private mental health

National Secretariat

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The Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse

Introduction

We thank the Prime Minister for the establishment of the Royal Commission. This is long overdue within Australia.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who receive treatment for their mental illness or disorders within the private mental health sector, and their carers. As our name implies, the Network is the authoritative voice for private sector mental health consumers and their carers.

While we are primarily focussed on mental health services delivered by the private sector, such as private hospitals and psychiatrists and psychologists in their own practices, we consider this an opportunity to comment on issues that are applicable for consumers and carers across the private and public mental health sectors.

We know that child sexual abuse had a very close association for many of the people we represent with the development of their mental illness in later life. We know that the mental health system struggles to provide 'trauma informed care' - care that acknowledges and responds to this trauma. We would like to raise the following critical issues.

Issues relating to the Terms of Reference

There are a number of issues relating to the relevant Terms of Reference to which we are responding.

We acknowledge that the focus of the Royal Commission is on abuse experienced within institutions and organisations. We are concerned to ensure that the large number of people who have experienced child sexual abuse in other situations do not feel unacknowledged and their experiences seemingly ignored. We urge the Royal Commission to be mindful of this sensitivity and to ensure that the sadly widespread experience of child sexual abuse outside of these institutions is clearly acknowledged.

The Royal Commission will give people affected by child sexual abuse in institutions an opportunity to share their experiences. This is admirable and a necessary part of the process, but practical support, debriefing and possible counselling must be offered as part of the process. We urge the Australian Government to provide the necessary supports for the people giving evidence to the Royal Commission, if at all possible from a dedicated entity focussed specifically on this task.

In determining the skill set of the Commissioners, if at all possible, someone with a good understanding of mental health issues and illness would be of great benefit as many of the people who will be providing evidence to the Royal Commission will be affected by mental illness.

We agree that there exists a large body of work which the Royal Commission can access. We raised the issue of childhood sexual abuse, the often resulting mental illness of Borderline Personality Disorder and the lack of appropriate treatments for this disorder in a joint Submission to the Australian Senate Standing Committee on Community Affairs Inquiry into Mental Health of May 2008. Our submission to the Inquiry is attached for your information, and our evidence resulted in Recommendation 24 and Recommendation 25 in the Report.

Report: 'Towards recovery: mental health services in Australia' tabled in the Australian Senate: 25 September 2008

Recommendation 24

9.67 The committee recommends that the National Advisory Council on Mental Health be funded to convene a taskforce on childhood sexual abuse and mental illness, to assess the public awareness, prevention and intervention initiatives needed in light of the link between childhood sexual abuse and mental illness and to guide government in the implementation of programs for adult survivors. The committee recommends that the taskforce report its findings by July 2009 and that COAG be tasked with implementing the necessary programs and reforms.

Recommendation 25

9.68 The committee recommends that the Australian, state and territory governments, through COAG, jointly fund a nation-wide Borderline Personality Disorder initiative. The committee recommends that the initiative include:

- *designated Borderline Personality Disorder outpatient care units in selected trial sites in every jurisdiction, to provide assessment, therapy, teaching, research and clinical supervision;*
- *awareness raising programs, one to be targeted at adolescents and young adults in conjunction with the program in Recommendation 19 (Chapter 8) aimed at improving recognition of the disorder, and another to be targeted at primary health care and mental health care providers, aimed at changing attitudes and behaviours toward people with Borderline Personality Disorder; and*
- *a training program for mental health services and community-based organisations in the effective care of people with Borderline Personality Disorder.*

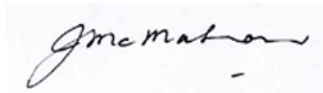
The committee recommends that a taskforce including specialist clinicians, consumers, community organisations, public and private mental health services and government representatives be convened to progress and oversight the initiative.

The reason why we are including these Recommendations is because a known factor in the development of Borderline Personality Disorder, is child sexual abuse. Around 1 - 4% of all Australians, that is 192,000 - 770,000 Australians are affected by BPD at a cost of around \$4.145 billion and \$16,579 billion per year. At this date, there has been no improvements in access to or the development of high quality mental health services for this specific diagnosis.

They are relevant to this Royal Commission because BPD is but one of a number of mental illnesses people who have experiences child sexual abuse suffer.

Thank you for giving us the opportunity to raise these issues.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'J McMahon', is centered on a light blue rectangular background.

Ms Janne McMahon OAM
Independent Chair
22nd November, 2012