

Parliament of Australia - Senate

Senate Community Affairs Committees for Inquiry and Report.

*The Government's funding and administration of Mental Health Services in Australia*

*Written Submission to the Committee –*

**Background**

Our son, (aged 8 years) has a diagnosed Autism Spectrum Disorder (ASD) and we have been using the mental health care plan (Medicare) to assist him with occupational therapy at school. Unfortunately he does not qualify for funding within the education system. However, we recognise that he still needs assistance, both in and out of school and all the reading we have done indicates the benefits of early intervention and how it can assist these children reach their maximum potential. This is also critical in preventing them from being a burden on society and the welfare system later in their life.

's condition affects every member of his family on a daily basis. Both our other two children and we have had to access support through the mental health plan to assist us through some very difficult times. Without this support we wouldn't be able to fund everything ourselves. Without the support of the mental health plan our family would be in severe crisis which goes against everything we are trying to do to support our children.

A complicating factor is that our eldest daughter (aged 10 years) is in the process of being assessed for ASD and she may need regular assistance through the mental health plan to help her understand and deal with herself and those around her. Additional pressures on the family also include being ill health retired from work (as a police officer) due to Post Traumatic Stress Disorder (PTSD), which has placed a significant emotional and financial pressure on the entire family.

Since 's diagnosis at age 4, we have been incredibly proactive in accessing whatever services and treatment / programs we could to assist his development and limit the impact of the ASD in how he progressed, both intellectually and socially. These interventions have included numerous programs before commencing school and currently include attending specialised drama classes on weekends and the use of an Occupational Therapist visiting the school each week.

**Situation**

The proposed changes to the Governments 2011 – 2012 Budget for Mental Health services, particularly in the sphere of reduced sessions under the BAMHC program, is the main area that impacts our family (as detailed under section (b) (iv) of the inquiry). We are also fully

supportive of this inquiry looking at the impact at reducing any of the listed mental health services that are currently proposed by the Federal Government.

The support we received, firstly through the FaHCSIA funding program, has been instrumental in the outstanding successes we have had with [redacted] to date. We were able to access psychological support and many different social programs, tools and resources which made a significant difference in how he developed, particularly on a social level. We have been very grateful for the level of financial and other support we have received to date, both from the Government and other agencies.

All of the early intervention we have undertaken with [redacted] has been a combination of Government assistance and our own resources and this combined effort has been significant in the progress we have made to date. We certainly do not advocate that we should be totally funded to support [redacted], but any reductions to current support programs only add to ever increasing cost of living stresses.

As previously mentioned, [redacted] receives no funding by the Education Department, despite having a clinically diagnosed ASD condition. Even though we have a fantastic relationship with [redacted]'s school and teachers and a very flexible approach to his education needs, it is still vital to have specialised treatment to ensure his continued progress.

The cost of a private Occupational Therapist to attend [redacted]'s school at a minimum of once a week is quite extensive. The current funding arrangements under the mental health plan of 18 sessions per year (under the Medicare scheme) at least enabled us to cover almost half of these sessions each year. We still will continue to fund the remainder of the year for these sessions ourselves, as well as the other programs we currently privately fund, but to reduce this service by almost 50% will have a significant impact on our family. With the prospect of a second child potentially being diagnosed with an ASD condition and one of the parents ill health retired from work, any reduction to much needed services is devastating to our family.

We recognise there are some support packages available but they are very difficult to qualify for. We are in the 'damned if you do and damned if you don't' scenario. At the moment our son is doing very well but if we were to reduce his current services we might find ourselves in a different situation as his anxiety increases so does his erratic and possible violent behaviour.

### **Treatment Regime**

Prior to [redacted] attending his current school, he attended another school where he had great difficulty socially and we felt as though his learning needs were not supported adequately. This was despite the fact that under the Catholic Education system he received some level of funding for limited access to a teachers aid. We then moved to a State Primary school and were unable to access any Education Department funding for a teachers aid or other support, due to his perceived high intellect. It was through our continued approach to providing as much support as possible that we organised an OT to come into the school to support [redacted]. It took [redacted] a long period to settle in at his new school, however with the

support of his teachers and weekly Occupational Therapy he is better managing his anxiety and coping with the grade 2 curriculum.

The following are areas in which                      experiences great difficulty:

- High levels of anxiety, which can be extreme sometimes causing him to throw furniture when he is angry (this can pose as a risk to his siblings or classmates)
- Towards the end of school terms                      becomes run down and anxiety can escalate if not managed appropriately
- Difficulty interpreting social skills and emotions of those around him
- Poor fine motor skills,                      exhibits a modified weak and awkward pencil grasp that impacts on his ability to write longer pieces and poor legibility makes it difficult for the teachers to assess his class work
- Ability to regulate his body, and seek out movement appropriately to calm his body down (                      has previously touched his penis in public to seek out his calming input)

                    has had weekly Occupational Therapy sessions with a therapist at                      for one year. Through therapy they have been able to develop and implement the following strategies in collaboration with                      's teachers to help manage his high levels of anxiety:

- Setting up a break spot, a safe place that he can go in the classroom to draw, drink water and / or have a crunchy snack to calm down
- Investigating emotions, the levels of anger and what to do at each level in order to make the anger smaller
- Discussion and role play on social situations and what appropriate play is e.g. what to do when someone else wants to play
- Scheduling days off at the end of term so that                      can participate in activities with lower levels of expectation to help alleviate some anxiety and prevent meltdowns from occurring
- Managing anxiety at home by implementing an afternoon schedule so that                      knows what is expected and has activities that will wind his body down before bedtime

Since                      's diagnosis he has been able to access funding through FaHCSIA, when this ran out he was entitled to just 18 OT sessions under the BAMHC program in extreme circumstances and he has exhausted all of these. Since May 2011 we have been funding his therapy privately each week; however we are not in a financial position to continue this on an ongoing basis if the mental health plan was continually cut.

's OT's and psychologist have both stated that if [redacted] does not receive Occupational Therapy on a weekly basis he is at risk of his anxiety escalating with a chance of more frequent meltdowns and potential for future school refusal.

### **Request**

Living with a family member who has a serious medical condition, whether that be a physical or mental issue, is a very difficult and challenging situation for everyone involved. The day to day issues can be trying enough, but as soon as these become entwined with financial hardship, the situation can almost become untenable.

We are very privileged to live in a country which provides significant support and assistance to its citizens and we are very appreciative of the support we have received (particularly financially) for our son in the management of his ASD condition. However, what is being proposed by the Government to reduce services and funding to help people with moderate mental health issues is unfair and likely to have a detrimental effect on ours and many other families.

We are constantly told by the media, Government and the health industry that early intervention and treatment of mental health issues, particularly in the ASD field is vital to these people leading a normal life. The small cost in early intervention is far less than the long term health costs if people aren't adequately treated and require extensive treatment or need to be institutionalised later in life (particularly when the parents age & need help themselves).

In our situation we have seen amazing improvement with our son because we have done everything possible to help him early in life. We have taken the responsibility to help him, not advocate responsibility back onto Doctor's or the education system. This has come at a cost to our family, but through Government support we have managed.

By now proposing to reduce this assistance by 50%, it will not only impact on [redacted] and the amount of treatment he can receive, but financially disadvantage our family and other children. At a time when another sibling may be diagnosed with ASD and a parent is ill health retired due to a work related mental illness injury, we will find it difficult to continue to support our children medically and educationally.

**We are not asking for anything extra or for the funding to this area to be significantly increased (although that would be welcome), we simply submit that you consider the plight of people who are trying to do the best for their families in difficult circumstances and keep the systems / resources offered as they are currently.**

Regards