Inquiry into Mental Health Issues

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
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Dear Secretary

I am writing to say how difficult it is as a carer to source appropriate and continuous support mechanisms within the public health system for the recovery of a mentally ill patient. That is to say that the medical and psychosocial models have to operate in parallel, not serially, and that the psychosocial and social rehabilitation infrastructure has to offer a level of service which provides continuity so that planned rehabilitation activities can be brought into action as soon as is required and then sustained instead of a scattergun approach.

My son has been seriously mentally ill since 1999, diagnosed with paranoid schizophrenia and exhibiting major psychosocial disabilities. The appropriate care for such a patient under the Victorian mental health service delivery framework is best delivered in a Community Care Unit.

My son has also been compliant and taken his medication. Delivery of medical services in the form of access to doctors and access to medication has not been a problem.

However, until as recently as May 2004, he has been living at home with insufficient support mechanisms for any psychosocial and social rehabilitation. His habit was to either wander around the local shopping precinct or city; or to play music very loudly at home while pacing up and down when not asleep. He was encouraged to attend the local psychosocial rehabilitation centre for our area, which is in the next suburb. However his condition did not lend itself to sustained attendance, and it was only as recently as February 2004 when he again was hospitalized, that the social worker in the psychiatric department of our regional hospital was able to arrange for his key worker at the local psychosocial rehabilitation centre to fetch him from the house regularly once a week to attend an activity, for a limited period of about 8 weeks.

Only with a change of case manager and psychiatrist was I made aware that his level of illness warranted a daily level of care that I was unable to provide as I work a 37.5 hour week. Even then, the recommendation to a Community Care Unit was only obtained when I asked a friend to accompany my son to his appointment and she spoke up on our behalf once again requesting that he be placed on the waiting list of an appropriate service. He was placed on the waiting list in **April 2003.**

We live in a suburb/region which does not have its own Community Care Unit. The Community Care Unit under which our suburb falls only has 10 beds. My son has only gained a place at such a unit as recently as the **September 2004.** This long wait time highlights the serious disadvantage to mentally ill patients in my suburb.

Prior to this, my son was accepted into a facility of the Richmond Fellowship and moved in on May 2004. This type of residential service is appropriate for someone who has a level of wellness that is better than my son's level. However, since it was more inappropriate for him to be home alone without any form of social interaction, I encouraged him to live there so that he had some form of appropriate social opportunities during the week, and arranged for him to come home at the weekends. He lived at this facility for 6 weeks, his level of wellness deteriorated and he was then admitted to a regional hospital outside of our region for 8 weeks.

I hope this highlights:

- How difficult it is for carers to identify which service within the mental health system are appropriate to a patients needs. In my son's case, I certainly did not realise how ill he actually was, even though we had been going to the clinic and describing the same behaviour for a little over a year. Interactions with his first case manager were limited to the short time at appointments with prescription of increasing dosages of medication the top priority (increasing levels of dosage only increasing his sleepiness), and referral to the local psychosocial rehabilitation centre for all other aspects. It was not until in desperation and in urgent need of respite from my home situation that I attended a carer support group where I learned how to better describe what was happening for my son; and also had the good fortune of a change of case manager, that I feel I was able to understand how much more support my son needed (than I was able to give), and how the mental health system is structured to meet this need. Referrals to the local psychosocial rehabilitation centre located in the next suburb did not help as my son did not feel motivated to get there by himself.

- That only with repeated and sustained requests are patients placed on appropriate waiting lists. While the second case manager certainly mentioned the possibility of obtaining a place in a community care unit, my son was only placed on the waiting list when my friend vigorously emphasized how important this was for my son's wellbeing.

- That the waiting lists are long. By the time my son gained a place at the most appropriate facility for his level of illness, my son had been ill for four years.

Another aspect which I want to touch on is the stigma of mental illness. My son had been noticeably ill for at least 6 months before I considered taking him to a psychiatrist. Immediate family who now do not live with us were not in favour of this course of action, and I also hesitated as it would then label my son with a very difficult and unattractive condition. Subsequently, it has been a long learning process to understand this illness so that I can empathise and adequately describe and relate in both clinical and layman's terms with whomever I come into contact with exactly what it is my son is experiencing. Grandparents, siblings and friends have to be educated that social withdrawal and unkemptness are not choices that the person would make if they were well and had the energy to interact. They have to educated that by avoiding the ill person, they are isolating the person socially, and that this strategy does not assist our loved one at all.