



22 April 2005

Committee Secretary  
Senate Select Committee on Mental Health  
Department of the Senate  
Parliament House  
CANBERRA ACT 2600

Dear Committee Secretary

This is a submission to the Senate Select Committee with regard to the state of Mental Health care in Australia. And Victoria in particular.

I am speaking as the mother of a young person who has suffered from mental illness since the age of fourteen. I am very aware of the inadequacies in the system in Melbourne, Victoria. That there is such a lack of services and so many discrepancies in this area is of great concern, because I know rural areas are even less well serviced. Some of the major problems that we have encountered in the past seven years are as follows:-

- **Very low priority given to services for those with a mental illness in the Federal and State Health budgets.**

This is obviously one of the most concerning areas as it is lack of money that causes so many of the problems for people with a mental illness and their families.

- **Very inadequate funding, far below what is needed to provide any sort of decent ongoing service.**

The funding debate is not helped by the buck shoving of this matter between State and Federal Governments. This needs to be sorted out so that the real issues can be addressed. At the moment not a lot gets done because each Minister for Health blames the other. It is so often heard spoken of by the Victorian Minister for Health, Bronwyn Pike when asked to do anything to improve services for those with a mental illness in Victoria. This has gone on too long and is not helping those in most need and distress.

- **Lack of early intervention services and support for families of people suffering from a mental illness.**

The common response seems to be that the matter is behavioural or is not serious, so don't bother us with your problems.

- **Lack of proper recognition by professional staff and Health Departments, that mental health problems and drug problems often exist side by side.**

It is often unclear what treatment is really the most appropriate. The major problem is that these two things are often treated as being totally unrelated, and each service will do its best to refer the person to the other service. It is true that all these services are overloaded, but surely a better result would be to work together to help the person with the problem. This habit of not treating you at a Drug and Alcohol Service if you have a mental illness, or not treating you for the mental illness if you have a drug problem is absurd in the circumstances. There is clear evidence that at least 60% of people with a mental illness will also have some drug issues. Both problems need to be addressed in a helpful way for the best outcome for the client.

- **Lack of suitable treatment along with educational and social opportunities for young people with a mental illness.**

The shortage of programmes such as Eppic in Parkville, (now known as Orygen) is a major concern. This type of programme is most useful for those diagnosed with the first stages of mental illness, especially psychosis. Because, once again, of funding shortfalls, this system is overloaded, and young people are dumped prematurely, and sometimes with tragic results, into the even more overloaded and inadequate adult mental health system.

There need to be more services for young people under twenty-five. The young person needs to be able to stay in this system till at least this age, despite the fact that they may have already been a client there for over three years.

My son was admitted to Eppic at the age of fifteen. He had to exit from there at the age of eighteen. This is totally wrong, but is the policy to deal with the demand of new clients coming in. This not only meant that my son had to cope in the adult system, but lost the support of his normal doctor and caseworker. He also lost contact with other young people he had come to know and feel comfortable with. He lost access to the groups and classes that were run by Eppic. From then on, if you are not well enough to work and engage in routine activities, the only options are groups that are often very inappropriate for young people, designed more for older people up to the age of sixty five. As you will be aware, it is not normally seen to be appropriate that young people will share the interests of those in their parents' age group, but that doesn't seem to be a consideration if you have a mental illness. And

even more so, if you have a mental illness compounded by a drug or alcohol problem.

### **CAT team problems and lack of appropriate if any response in a crisis**

It is the CAT team number clients and families are given to ring if after hours help is urgently needed. There seems to be big discrepancies in the attitude and response of the YAT team ( which we had access to when my son was a client at Eppic), and the CAT teams. There is also a difference of response between teams in different areas and depending on the staff member that answers the call. First of all it should be obvious to these supposedly properly trained people that if they are contacted it means that the client or family, or both, needs some help. Instead, you often get this indifferent response, trying to get you to go away as your crisis doesn't fit their criteria. I have even been told that I couldn't be helped because they were too busy with other more urgent matters. This was before I was even listened to. Another response, to save them making a trip out here, was to try to get me to bring my son to them, even when I described what was happening, and that he was in too agitated a state for me to safely drive him from Sunbury. In fact, they have never made a trip to us. The only times I have received help was if my son could be calmed down enough to let me drive him to the hospital. If all else failed, I had to call an ambulance.

It is very distressing to have such little support from the crisis team when you are in a crisis situation. It would appear that more funding and more appropriate training are needed to make the CAT team able to do the job it's created to do.

### **Severe shortage of hospital beds and respite care available.**

This results in clients not being admitted to hospital when there is a real need, or being sent home too soon, with no other options. I have been called on the day my son is to be discharged, and without prior warning, been told that I am to come and collect him. When I have shown reservations because I felt that he was not well enough, and that I couldn't ensure his safety, I have been given the only other option of having him sent to a homeless men's shelter in places such as St. Kilda.

Many families are faced with this same problem, and it is really a form of pressure. No caring parent would want their severely unwell son or daughter to be virtually put on the street, by being sent to one of these homeless shelters with no ongoing support. It is highly inappropriate and is an irresponsible suggestion coming from medical staff who surely have some duty of care to their clients.

### **In the adult Mental Health system, there is a reluctance to admit a client to hospital when medication is being changed.**

Often close monitoring is needed in these cases to ensure the safety of the client. For instance, my son had Juvenile Diabetes and some anti psychotic

medications were unsuitable for him. Also, medications such as clozapine need very close monitoring in the early stages as it can be very dangerous if it affects your white blood cells. Usually family members are untrained to either do this monitoring or gain co-operation from the person who is unwell, especially if he or she is in a very disturbed state.

### **Huge discrepancy with the availability and usefulness of Mental Health services across areas such as Victoria.**

For instance, clients in the inner and eastern Melbourne suburbs appear to be much better provided for than those in the northern/western areas such as Sunshine, Sunbury and Melton.

When my son was transferred from Eppic to the adult service at the Junction Clinic in inner Melbourne, that change was hard enough. It was even worse when he returned home to live in Sunbury and then came under the Sunshine area. He was first of all, refused service altogether, but then was accepted as a client after some intervention by his local G.P. Then at the Sunshine Clinic he was usually seen by a doctor who could barely make himself understood in the English language. This is not good enough.

And bad as it is in the Melbourne area, there is even less service available for those with a mental illness if you happen to live in rural Victoria.

- **Lack of suitable longterm accommodation, educational, employment and social opportunities for people suffering from a mental illness.**

There needs to be much more funding allocated for all of the above in order to give people suffering from mental illness some sort of equal opportunity to live safe, satisfying and independent lives. Why should you be denied a chance at having what most of the population take for granted. It is also a real concern for many parents of those with a mental illness that their son /daughter will be left homeless and without support when the family is no longer there. It is necessary to ensure that these people have a safe place to live and as good a quality of life as possible. This calls for far more accommodation options, offering different levels of support, depending on the requirements of the individual person. Also, more choices in the areas of education, employment and social groups are required. These need to take into account the special needs of those people with severe mental illness, while still giving them the opportunity to reach their full potential in a safe and supportive environment.

### **In Conclusion**

It is imperative that these concerns will be taken seriously, because they are matters requiring urgent attention. There has to be much more money put into providing services for people with a mental illness (estimated to be twenty per cent of the population). There also must be common sense and co-operation shown between all those involved in making decisions and providing the services to ensure that the money and resources available are

used in the best possible way for the benefit of people suffering a mental illness and their families

I am writing this in the hope that my input will in some way help others in a similar situation. Unfortunately, I lost my son in a tragic accident last year, before he had the chance to get well and enjoy his life. He was twenty years old. Let's hope that something can be done to help other young people and their families before it is too late for them too.

Yours faithfully

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