

Senate Select Committee on Mental Health

Dear sir/madam,

Re: the inquiry on the provision of mental health services in Australia. I will be raising some points related to my views which are based in a regional/rural environment close to the NSW/VIC border, but from a Victorian perspective.

The views in this document reflect my personal views and are in no way related to, or reflect the views of any other organisation or its' affiliates.

Working in the youth sector has highlighted some serious short comings in the child and adolescent mental health fields. In Victoria, child and adolescent mental health services do not operate an after hours service, so only persons aged 16yrs and above are eligible for the adult mental health system after hours intervention, young people are required to wait til 9am-5pm service delivery. Currently the wait list for service in this region is at least six weeks, hardly satisfactory.

The adult mental health service in Wodonga, is not a gazetted service, meaning services for the past years were technically undertaken illegally.

Child and adolescent mental health services are symptom focussed and rarely ask questions around housing and safety issues, as such, they are happy to deal with symptomatology but do not respond to the broader issues relating to housing and safety. This is not a holistic care model and jeopardises the potential outcomes for the client population.

People with unstable or poor housing options do NOT respond well to other forms of interventions. Basic safety needs of clients needs to be the first point of any intervention if realistic outcomes are to be achieved.

There is a vital and chronic shortage of emergency and short term accommodation options within rural Victoria for young people, Wodonga; population +/-40000 has 4 youth refuge beds with a cut off age of 19yrs. Wangaratta, population +/- 18000, has no youth refuge beds, Benalla, population +/-14000, has no youth refuge beds. This dire shortage of accommodation options for young people is a travesty.

Up to 50% of our current client group, who are aged 12-21yrs with serious alcohol and other drug issues, have significant psychiatric pathology, ranging from self harm to depression, anxiety and psychosis. These young people, I believe, are poorly serviced by the current mental health system. It is well known, that young people are one of the most difficult of client groups to engage in service delivery, long wait lists, lack of after hours services and the stigma often attached to mental health services are a constant barrier to service access for these young people.

The situation worsens when a client may live away from a regional centre where the service may be located. Transport issues are critical for young people and in the country, public transport is generally, very poor or non-existent. The whole issue of co-morbidity continues to create problems for clients, their care givers and the general community, with the level of service delivery and recognition of alcohol and other drug use being generally poor and under resourced.

Another issue relates to the lack of acute residential beds throughout Victoria. Having worked as a triage nurse in a metropolitan facility in the recent past, I was required to ring around all Victorian facilities to try and access a bed for an acutely ill client; on that day, there was not a vacant bed to be had in the state of Victoria. The client had to be either cared for in the emergency department or in a general nursing ward, away from specialist services. I have been informed that this scenario is a regular occurrence.

The continuing problems of state cross border anomalies is an on-going source of frustration that needs to be addressed with some urgency if effective and timely care is to be provided to clients.

Resourcing issues are paramount, within the rural setting it is difficult to recruit and retain qualified and experienced staff. The lack of psychiatrists is an on-going problematic issue as is the training and retention of qualified and experienced psychiatric nurses and other health care professionals. Psychiatric nurses in Victoria numbered over 4000 in the late 80's, today that figure is less than 2000 specialist nurses. This will have continuing impact on the level and quality of service delivery to clients.

Thank you for the opportunity to respond to the inquiry

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