

**Submission
No 14**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Name: Mrs Maria Grasso
Date Received: 9 June 2017

Mrs. Maria Grasso

1st July 2015

Member for Holroyd
Mr.
Parramatta NSW 2144

Dear Member

Future Health Services – Holroyd and District

I would do anything which is right and proper to help my son. So very often, my son cannot help himself and there are many reasons for this.

The reason I am writing to you now is because John's life is likely to continue much as it has been in recent years, this is part of his condition. Although I wish his quality of life could be better, probably this may not improve all that much as he approaches older age. By writing to you I hope this will not be so.

For my son's future prospects to change, something more, something which is kind, humane and very specialised needs to be done. Not only for John but for so many other young men and women in similar health and social circumstances, living not far from all of us. I believe we all have the capacity to be thoughtful and generous in this community across NSW.

WHAT I DO

No one can replace me, nor the members of my family, nor John's siblings. We will always think about him when he is well, asking ourselves how long will it last, where will he be, will he sleep in his unit tonight, is there fresh food, does he have money, is he safe. So we will take care of that part of John's life and his relationships forever.

WHAT JOHN DOES FOR US

When unwell, sometimes John will visit us. He stays for a while saying very little. He appears anxious and then leaves quickly without telling us his whereabouts. When well, John is relaxed, loves the grandchildren, sits at the meal table, offers to help. I find on those good days "I have my son back".

EXPERIENCE

From experience and at our age that we know that these well periods are not long-lasting. There will come a time when our thoughts follow a prolonged absence of John from our lives. We don't know where he is. We can't contact him on his mobile. At these times we wait for a call from Police, his Case Manager or a Hospital. Often his brother drives around different neighbourhoods looking for John.

WHO WE WORK WITH

My son's current case manager is a very reliable mental health practitioner. We admire him because he includes us in his efforts to help my son. In this day and age it ought to be like this. Good families,

patients and mental health medical, nursing and allied health workers can do so much to assist John with this complex condition. It is a combination which works.

Working together like this is not something John always approves of. His trust, sense of security and self-belief disappear with the force and grasp of his false beliefs, paranoia and extra anxiety which goes with his worsening mental state.

These symptoms are as real as any of the illnesses and symptoms which have brought physical ill-health to myself, my husband or other family members. We are blessed with sympathy, well-wishes and plenty of excellent medical care to get us active, independent and well. All the time we know that John's condition is different, the patterns of his relapse take over and his life is frequently one of set-backs. People often don't know how to offer sympathy nor understand mental illness.

MENTAL HEALTH CONDITIONS IN YOUNG ADULTS

- YES - Sometimes he doesn't bathe and I know why.
- YES - John becomes very stable, well and warms to us again. He was like this at Christmas 2014 after a very good admission to Royal North Shore Hospital for 3 weeks.
- YES- Often this well period is short. It's over very slowly as John's unseen and intangible symptoms return.
We can see this happening in John. He cannot sense the change as his symptoms won't let him.
- YES- John can't really live with people in the community where we all enjoy our own space.
- YES- John certainly can't live alone as my letter has described. He can't always clean, shop, he can't give up smoking yet, nor make good judgements about what to do each day.
- YES- John's main mental state on a daily basis sees him making every effort to cope with his illness, the disabilities and to care for himself while living his adult life like this.

IN CLOSING

Therefore I write on behalf of my son and his future.

At a time when I can do much less in the future due to my age, when John's prospects look much as I've described to you in this letter, I would like to think society, State & Federal Parliaments and all levels of government in power could provide more specialised community care.

- FIRSTLY Workforce - Please build and support specialised mental health professionals who truly know how to work with our family members and who want to work with them.
- SECONDLY Please build and develop mental health designed special purpose shared dwellings located in safe areas. So many of these people are vulnerable in the Department of Housing areas.

What I cannot do for my son, I now ask for a reasonable government to provide in longer term services which substitute those things which many of us can provide for ourselves.

AN ACCOMMODATION FRAMEWORK –

- this provides food, safety and shelter.

My son could cook for himself if he was inclined to be with others, share a meal, feeling he is worth-while.

WITHIN THIS FRAMEWORK, SPECIALISED AND COMMITTED MENTAL HEALTH PROFESSIONALS -

- Specialised staff who understand the picture I have painted in this letter, who get to know John's personality and abilities, offer substitute care during that slow decline into yet another episode of serious complex symptoms.

I heard recently that it costs \$2000 to provide a mental health bed on a daily basis in New South Wales. Perhaps that's a hospital bed when people are very vulnerable, very unwell. \$2000 could provide much more I believe, if spent on people like John and so many like him whom I know, whom I have seen, and those unseen.

\$2000 spent on a well person could provide much better value for money. I know there are services like this in our area. Highly specialised mental health workers who are keeping people out of hospital is money well spent. There is less need for Police and Ambulance and families know their member is supported to do their personal best. Consistency is something which we all know suits the adult with a long term mental health condition. I know that Queensland Health provides mental health workers in Community Care Units for people like my son. These residences are provided so that the person can live according to their condition.

Please explore this issue of stable specialised accommodation with the expertise of mental health professionals working alongside their clients. Would you also make an appointment for me to meet at your Electorate Office to continue talking about this important development in the Holroyd community.

Yours faithfully

Maria GRASSO and Family.

