Submission No 27

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

Name: Name suppressed

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INQUIRY INTO THE EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

My name is and I reside in regional Victoria. I live in a Border community that shares VIC/NSW Health Services.

For context, our 38-year-old son has Attention Deficit Disorder and has been diagnosed with Severe Schizophrenia since the age of 21. He has a Community Treatment Order (CTO) and his money is managed through Vic State Trustee administrators. Our son is a drug user and has been homeless.

He has a long history of being unwell, in and out of mental health facilities and is managed by the public health system, Wodonga Adult Mental Health (WAMH). It's difficult to know what to focus on in this submission as we have so many examples of where the health system has failed our son so I will keep my comments broad.

The most recent example. Our son became unwell and was admitted to Nolan House (Albury). Whist in Nolan House, my son was visited by one of his mates who gave him meth. Where is the duty of care? How does someone enter a facility where patients are very unwell and hand them drugs? There was no explanation as to why/how this occurred provided by Nolan House.

Our son has a Case Manager through WAMH. In my opinion, the Case Manager is grossly incompetent, so much so that I wrote a letter to our local member to have her replaced. I had to resort to this as round table discussions with WAMH had little effect. Ironically, she has now resumed the position again as our son's Case Manager.

To keep this brief, other areas of our dissatisfaction with the care provided by WAMH include:

- Our son has a CTO and is required to receive regular medication. When our son is unwell, WAMH are very slow to react, and this can lead to our son becoming unwell.
- From a case management perspective, there is very little contact between the case manager and our son.
- We are always aware of when our son is becoming unwell, a long time before it becomes apparent to WAMH. When we inform WAMH that our son is becoming unwell we are always initially ignored. Inevitably, our son becomes so unwell that the police become involved, and our son is involuntary admitted, leaving us to pick up the pieces. A quicker reaction by WAMH is warranted.
- When our son has become unwell and required Police intervention, we have had mixed outcomes. Whilst some police are very experienced in handling mentally unwell people, others have completely missed the mark and require additional training.
- Another example of poor care is where our son was admitted to Kerford (Wangaratta) low dependency ward when he was very unwell. He refused to take his medication and therefore became increasingly unwell. He was then transferred to a high dependency ward. We (NOK) were not informed until 4 days later.
- We are often informed by WAMH that we cannot be involved as advocates for our son for medical-in confidence reasons. Whenever our son becomes extremely unwell; we are the first ones that WAMH turn to for assistance and intervention. Our son keeps his head above water because he stands on our shoulders.
- When our son is unwell and he's admitted to hospital, he knows how to manipulate the system. He often discharged too early, when he is still unwell.

- Due to a Psychiatrist shortage, our son is often seen by locums through WAMH. The locum has no idea of our son's history so there is no effort to employ different strategies to address our son's mental health issues.
- Another example of where a locum has let our son down; the locum significantly reduced our son's medication because he thought our son had presented well. Our son had manipulated the situation yet again. This was the locum's first exposure to our son, and he knew little of his history. At the time, we and a previous case manager considered our son to be very unwell to the point where he should have been admitted to hospital. Our son has never really recovered from this.