Submission
No 85

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

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Partially
Confidential

Rachael MORRIS

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Dear Parliamentary Commission

I would like to introduce you to my daughter's story

She is one of the lucky ones, and I am hoping that you can consider the model of care that has received and how this can be available to more young people throughout NSW.

At age 14 mental health began to significantly decline and she experienced psychotic symptoms with failed suicide attempts.

We fell under the care of the acute mental health and child and adolescent mental health service (CAMHS) team in

They worked hard to stabilise mental health by providing working diagnoses and varying medications. There was an emphasis on family meetings during acute hospital admissions, but in reality we infrequently felt heard or validated when our ability to care for safely at home was our genuine concern. Inpatient stays at Nexus were traumatic and we observed a very sad revolving door of young people bouncing through the 'system' that were labelled as troubled/ traumatised and often detoxing from alcohol or other drugs.

The inpatient team have no capacity within the current model of care to support the young person or family to recover, they occupy the young person's time, maintain safety with supervision by nursing teams until the person is discharged into the care of others.

As we reflect on our journey of supporting navigating the mental health system, the education system and the NDIS there is an overwhelming sense that there is no cohesion and communication between acute / community and NDIS stakeholders. There is an overwhelming emphasis on the family to find a safe way forward to recovery or healing.

Prior to mental health deterioration had been a good student, achieving good grades and well regarded by her peers. Her mental health has now resulted in internalising behaviours and the department of education schools are overwhelmed with young people that exhibit externalising behaviours. The department of education panel have made an assessment that is not appropriate for a special ED classroom placements due to their vulnerability. We were a little shocked to discover that finding a school for would not be easy and ultimately has spent several years away from learning.

Despite the challenges of navigating health and education systems, has a family that have shown up to every appointment, a family that has followed every recommendation and never given up advocating. The stark reality is that as a family we were not enough. It wasn't until was admitted to the Walker unit, Concord Hospital that has been provided with specialist mental health rehabilitation, a diagnosis and medications to improve quality of life and function.

We needed expertise and input from an inpatient mental health team that were able to observe overtime with no rush to discharge. The CAMHS teams have tried there absolute best to help, but in reality once a week appointments for young people with complex mental health needs is not the best model of care. This is particularly evident when communication is challenging and the clinicians are not able to observe events in real time. It leads to difficulty diagnosing, difficulty understanding the young person's function and support need for making robust NDIS applications.

This submission is to advocate for changing the current model of mental health care that is available to young people in regional / rural health districts.

Mental Health long stay rehabilitation beds need to be made more broadly available across NSW.

This will lead to better diagnoses, better medications, more stable mental health for young people, better educational outcomes, less strain on community mental health teams that are trying hard to support young people and families to move forward.

is currently an inpatient at the Walker Unit, Child and Adolescent Mental Health Unit Concord Hospital, Sydney. They have now turned 17 years of age and have been diagnosed with Bipolar Disorder and ADHD. Having a diagnosis has enabled to actively participate in psychoeducation and understand the 'why' without feeling shame and guilt.

We are working closely with the inpatient team to transition home with adequate, community mental health supports, NDIS social supports and hopefully a place in school that will support to complete year 12.

As I mentioned is one of the lucky ones, I pray that the Walker Unit model of care can be considered more widely across the state as the current Acute Care (Nexus) and CAMHS model does not work for young people with complex mental health needs.

Kind regards,

Rachael Morris