

Royal Commission into Victoria's Mental health System

My Story

After my son's initial treatment, he was let go by the health system and I was left completely alone, without even a recommendation to a psychiatrist. That is one of the main problems: as a carer, first you bear 100 percent of the responsibility for looking after your relative and then you are shut out of the process once he is in the system. Carers need to be included and thought of as an important part of treatment. Carers should be in the front and centre of the mental health treatment process.

My son is now 33 years old. He had his first episode of mental illness when he was 19 and was admitted to [REDACTED] for intensive outpatient treatment. After this treatment finished, there was no further follow up, and over the years, he had several new episodes for which I contacted the Crisis Assessment and Treatment Team (CATT). The CAT team that saw him at home then was pretty good but then after the episode was managed, he was again not followed up. Even today I feel that if his health had been properly managed after his first crisis his long-term outcome would have been much better.

Getting the CAT teams to come out to see him has often been difficult. I have even had to fake an emergency to get them to come. After the last crisis, I had to give up work and take early retirement (60 years) to look after him. I had to sell my house to help finance this and get him into supported accommodation. Housing for my son has been a big issue. He is now in a peer recovery centre (PRC) which is pretty good. I really like the social interaction that he gets there. The trouble is, that it is only temporary. He can't stay there on a long-term basis. They also don't include me in his treatment plans.

There needs to be safe accommodation for people with acute mental conditions with the flexibility to allow longer term housing.

One of the problems that I see is a seeming lack of communication between various provider services. Often when different teams or different providers see my son, they repeat the same questionnaires and processes that he has been through before. There doesn't seem to be a good way to memorialize his treatment and to make sure that the new providers read the patient notes. I think that they often do not read them. In the Werribee area PRC, there was a Family Liaison Officer. This should be available in all the areas.

Family Liaison officers in every area/district would be a great help to patients and carers.

They could help with coordinating treatment and various provider activities and help to advocate on behalf of the patients and carers. They could also help make up for another problem: constant

change over of staff among providers. This puts a great strain on the patients and carers as they have to get used to new people all the time. For people who already have a difficult time coping, this is an additional burden. Some consistency in personnel is important if treatment for patients is to be effective.

I think better training on acute mental conditions at all levels of the provider services would be a big improvement. Even at the psychiatrist level. Often psychiatrists seem to just be there to prescribe medications. Most of my son's appointments have been for 15 minutes. How can that lead to longer term treatment and recovery?

As for the [REDACTED]. I think it seems OK, but it doesn't seem to have grown and developed to accommodate mental health. It is also hard to access. I had some help accessing it through Mind, but I wouldn't have known how to if I hadn't had help.

Immigrant families in particular must have a really hard time accessing the system and dealing with it.

One practical recommendation I would make would be some kind of mobile home-visit grooming service. Someone who could not only come out to cut people's hair and generally groom them but also educate them in self-grooming and personal hygiene, which is often a big problem for patients and their carers. Maybe the government could help somebody set this up as a private state subsidized business? The same could be done for food and nutrition. Often patients neglect good nutrition and their physical health in general. In the long term, it is probably more expensive to treat than prevent.