

SUB.0002.0028.0613

After my son had been admitted to [REDACTED] for a longer period and was doing well under his medication regime, we met with the [REDACTED] ward staff who also were helpful but we had to push our case in terms of communication and treatment.

He was released with medication but within 2 days refused to take it and fell back to his previous condition quickly.

He was released into the police to upgrade his IVO to stay away from our home but had no case manager organized for him by the hospital. The police after interviewing him let him go on the basis he said he had somewhere to stay but at 5.30AM the following morning we got a call he was without a place to stay and could he come home.

We then took the initiative after finding accommodation away from home as the updated IVO required and contacted the mental health triage services in [REDACTED] to see what could be done about getting him to take a better medication regime such as an injection.

We have pushed and pushed to get treatment, but it was always very difficult. We have had to bear a great burden.

After his recent attendance at [REDACTED] ward we were advised that he had undertaken a urine test and we were eventually told that he had not taken any drugs, particularly ice for some weeks (the trace of ice remains for sometime). This was wonderful information they provided as by knowing this it allows us to understand his current wellbeing and provides an important basis for building trust.

My wife especially has been worn down, and it has huge impacts on your work.

What's needed:

- Dedicated drug rehabilitation services, particularly for those who aren't mentally well enough to voluntarily admit themselves. Involuntary admission is critical, since we have lost the institutions, parents are required to carry the burden.
- Better communication with families and friends of people who suffer mental illness issues. We need to be seen as a critical part of the care team.
- Better housing and accommodation for those that are not able to stay at a family home
- Mental health team who can be assigned, so they can develop a trusting relationship and support people through the system, follow up after episodes and keep people away from police (who have far more important things to do) and emergency departments.