

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

**Inquiry into the provision of supported accommodation for Victorians with a disability
or mental illness**

Melbourne — 22 October 2008

Members

Mr B. Finn
Mr J. Perera
Mr W. Noonan
Mrs E. J. Powell

Mr J. Scheffer
Mr A. Somyurek
Ms M. Wooldridge

Chair: Mr J. Perera
Deputy Chair: Mrs E. J. Powell

Staff

Acting Executive Officer: Mr M. Bromley

Witness

Mrs M. Shilton, parent carer.

Mrs SHILTON — I am Mary Margaret Shilton. I am a parent and an unpaid carer. I am aged 77, and my son is 41. On Friday, 5 September, my son, Thomas Frank Shilton, assaulted me and I called the police, who took him at my request to the Monash Medical Centre psychiatric ward, where he is still an involuntary patient. He is responding to treatment, and it is hoped that his medication will be finalised and he can leave the hospital very soon. Tom is very eager to return home; however, friends and staff members at the hospital have advised me that it is not wise to have him living at home. I had to call the police in October of last year, and they subdued him with capsicum spray, which is a horrible thing to do to someone who wears contact lenses. They took him to the police station and released him. In due course he was in court for having broken an intervention order that I had taken out against him that said he has to behave himself while he lives with me.

This time, on 5 September, I was one jump ahead. I said ‘Take him to the Monash Medical Centre psychiatric ward’, which is a wonderful place. The social worker at the Monash Medical Centre, who did not know about this inquiry until I told her, has suggested that Tom should live in a special accommodation dwelling, which caters for people of all ages and both sexes. I am concerned about the facilities for a man aged 41 in such a dwelling. Is there any occupational therapy, and what recreational facilities are there? I hope it is not just a TV set. At the Monash Medical Centre psych ward there are recreational facilities, a pool table, basketball facilities and so on.

Prior to coming to live with me in 2001 my son had lived by himself in a small flat, so he can cook meals for himself. A supported unit, possibly shared with one or two more people, would be ideal, rather than a special accommodation dwelling where meals are cooked for residents. Shopping for food and cooking are important therapies that help us to give life a purpose.

I saw in the discussion paper that I sent for that current government policy is directed towards placing people with a disability and/or mental illness into supported accommodation services in communities, or providing packages of in-home support. I have never received any in-home support when Tom has been living with me. I know of no case manager handling Tom’s affairs. I feel I have been left without help. A friend said to me, ‘Tom has slipped between the cracks’. No-one was in a position to give support to me, and this has led to the present situation. I just hope that he will be well soon and settled in some accommodation that is good for him.

The CHAIR — Thank you for sharing your story with us. It will be recorded in the Hansard transcript.

Witness withdrew.