

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Melbourne — 5 November 2008

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Ms A. McGuinness, carer.

Ms McGUINNESS — My 27-year-old son has suffered from schizophrenia for the past eight years and is treatment resistive. He lived at home until recently when he became too ill for the family to cope with, as his illness is getting worse. During his recent admission to the Royal Melbourne, the doctors informed us that our son needed to go into a supported accommodation facility and that if we took him home he would not be taken back into hospital for more than an overnight stay due to a lack of acute beds.

Finding alternative accommodation proved to be extremely difficult, as vacancies are now almost non-existent. My son is considered too ill for community care units, as residents need to be able to cook and clean for themselves. Supported accommodation facilities cater mostly for aged residents. They do not employ psych-trained staff on a 24/7 basis and therefore do not meet the needs of acute mental illness. Lack of age-appropriate specialist accommodation places a burden on families who do not receive financial assistance from the government and frequently lose their unemployment benefits due to the additional stress or inability to attend their place of employment on a regular basis. Added to this, it has become impossible for my husband and myself to socialise together when one of us has to be at home at all times. My son's behaviour also makes any visiting by family or friends and family contact very difficult, and our grandchildren cannot stay with us.

There is a critical need for facilities which can provide appropriate care and emotional support for people in this position. Case workers are also rotated six monthly with no chance to develop rapport or trust with the person.

In the supported accommodation where he is currently staying — has had to change to a different service, which has also proven to be a very stressful thing — he comes home for all meals as he will not eat the food they provide. They do not have any arranged activities through the day, so he comes home at 8.30 in the morning, and he is there all day. He basically only sleeps there, and at times we find him on the couch at home because he has left there to come home. He is still paying the \$270 a week out of his pension, which is basically all his pension. I asked if he could have a single room, but that would be \$400 a week, which we just cannot afford. That would also be with an older person, because with the age range of the special accommodation he would probably be the youngest there, and the oldest would be 60, 70, maybe 80, with walking frames. He would have no social activities there because he is too young.

The financial burden on the family is becoming unmanageable and stressful. Unless appropriate specialist facilities are built or funded by the government I dread to think what will happen to him when we are no longer alive to care and provide additional money and essential daily living expenses.

Ms WOOLDRIDGE — Thank you very much, Andrea. He has ended up in an SRS, but he is not well enough to go into CCU?

Ms McGUINNESS — Yes.

Ms WOOLDRIDGE — But the level of care in the SRS, I would have thought, would have actually been significantly lower than in a CCU in terms of the staffing and the specialist staff and training. It seems like he was not well enough to go into a specialist treatment option and he has ended up in a lower order treatment option, where you need something higher.

Ms McGUINNESS — The CCUs require them to participate in activities of daily living and to be able to help prepare meals and clean their own rooms and units, whereas at the special accommodation the cleaning is done for him and all the cooking is done for him. But there is no one-on-one for him, so he is basically left to his own devices, because their staffing level is 1 to 30, and their staffing is not psych trained.

Ms WOOLDRIDGE — Not at all?

Ms McGUINNESS — They are PCs. I am a PC with the aged. There are no regulations or standards that need to be met. In aged care they have got to be met or the place closes down. Where he is is a good facility, no doubt, but with the age difference between my son and the other residents — there are 80 residents there — when you put a 27-year-old with a 70-year-old, they have got nothing in common. He never has a logical thought. He is always delusional, 24/7. He hears voices 24/7. He is on 30 milligrams of olanzapine, 900 of Seroquel and 2 grams of sodium valproate a day. He is treatment resistive, so he wanders off and will go in the city and wander around the gardens, and we will not know where he is. Twice we have had the police looking for him. But the hospital has said that because this is just Phil, this is just the way he is, they will not accept him back. They will have him overnight, and then if we say we will have him home and we will look after him, they will not accept him back for more than an overnight stay because we have said we will have him home. So he is paying to be somewhere else, but he is not there because it does not meet his needs.

Ms WOOLDRIDGE — So can you describe what you think would?

Ms McGUINNESS — Somewhere that houses people of his age group and provides activities for them to go to. There is a place in Footscray, Footscray House, which is funded by the government, but the waiting list is atrociously long. The meals are beautiful, the house is just so clean, and the woman who runs it is a lovely lady. They provide activities daily at no cost. They have free dental and free podiatry; everything is free for those people that live there, and it is government funded.

They are looked after extremely well, but as I said, try and get in there; you have got to wait for someone to die. There are no facilities to cater for the young people. There are young people living in nursing homes. It is just so wrong. I get up every morning and he rings me, 'Come and get me'. If I do not go and get him, he gets angry with me, and he will wander off and we will not know where he is, so we will have the police looking for him. So I do not know what the answer is, but there has got to be some solution to this problem, because he is not the only young person in the situation.

There are hundreds of them. So age-specific specialist units need to be found. The Olympic village that was built is now privately sold units. How much money did the government make from that? I drive past there and I think, 'Why did you do it?'. Kew Cottages is another one. I work in Kew. I drive past there every day and think, 'How much money did the government get from that land?'. Now it is privately sold units, but it could be units to house these young people. It is getting to be an epidemic, and it is only going to get worse with the drugs and the stressfulness of life, because it is not only drugs that cause mental illness, it is stress. Thank you for listening.

The CHAIR — Thank you very much.

Witness withdrew.

