Family and Community Development Committee
Parliament House, Spring Street, East Melbourne

Submission from Christine & Graham Paton
47 Nimmo Street, Middle Park 3206
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Background

Our experience with mental illness has been with our son Hamish, now 30 who was diagnosed with mental illness in 1999.

The family struggled with him at home until about seven years ago experiencing family tensions, dysfunction and disruptive behaviour towards other family members who were needing to study.

We attempted to source suitable supported accommodation and in the end, in order to resolve the serious home situation, we were forced to buy a flat with the assistance of family contributions. This followed a disastrous experience with private rental.

A. Experiences of supported accommodation in Victoria for people with a mental illness
   • Availability
   • Suitability
   • Adequacy of care

Availability
Extremely limited supported accommodation was available for people suffering from mental illness.

Suitability
The housing that was available was mostly Community Care Units with extremely long waiting lists or boarding house style with little supervision. He was offered a share flat with a cocaine addict – we considered that this would only aggravate his condition.

Adequacy of Care
No experience of care because supported accommodation was not available

B. Access to supported accommodation
   • Information
   • Planning
   • Decision making

Information
Our experience was that information is very difficult to obtain – almost a reluctance to impart what knowledge there was.

Planning
Despite being part of the Alfred Psychiatric Services our son has not been able to source appropriate accommodation – therefore planning has been non-existent.
Decision making
Promises have been made but nothing concrete has ever been fulfilled therefore decisions have not been a challenge.

In May 2008 Hamish was offered a place for 28 days at PARC (Prevention And Rehabilitation Centre) – a joint effort between The Alfred and the Mental Illness Fellowship of Victoria – set up as a halfway house between hospital and home. It is a ten bed facility with shared and single accommodation with 24 hour care. He flourished in this situation and realised that this form of accommodation on a permanent basis would suit him. On discharge to his flat he experienced the typical handicaps of the mentally ill: loneliness, isolation, lack of motivation, depression, and an inability to cope with the activities of daily living.

The experience at PARC was very successful, and we felt its model was very good to duplicate but on a permanent basis.

C. Funding
Given the history of accommodation for the mentally ill in Victoria in the past 150 years there is a strong tradition of the government providing facilities and this is the most appropriate method.

Another option is to implement a system similar to that which exists for aged care - where a contribution is made on behalf of the family member which is refunded in part on the death of the client, termination of the condition or surrender of the facility.

D. Planning & Delivery
Facilities should be planned and delivered by the communities in which the mentally ill call ‘home’. They could be in communities of up to 10 or 15 and be spread evenly throughout Victoria.

E. Implications for individuals who cannot get supported accommodation
The health of these people deteriorates and they usually end up living on the street or in unsuitable accommodation exposed to drug and alcohol use and experience more frequent hospitalisation.

F. View on private, government and community managed supported accommodation
We do not have a view on any of these sectors other than as mentioned above because we have not had the luxury of the experience in these facilities.

G. Positives and negatives of current approach to provision of supported accommodation on families and carers

Positives – cannot comment – no experience

Negatives
• Drastic shortage of suitable facilities
• The current approach appears to be managed on an ad hoc basis where factors outside the control of the sufferer appear to determine entry to these facilities
• Secretive criteria for selection
• Bias against candidates with dual diagnosis
• Our son has been days away from an expected admission and turned down at the last minute causing stress – this happened on three occasions making him feel further rejected
• Stress exacerbates mental condition

H. Issues to be considered for supported accommodation for people from rural/regional Victoria, culturally and linguistically diverse background; Indigenous Victorians

We are unable to comment on this topic as we do not understand the particular requirements for these groups however the following are some suggestions:
• short term accommodation either in the region or in the area where accommodation may exist for family members / carers to stay in close proximity, especially in case of family members who may live large distances from where the mentally ill person is accommodated

I. What other issues need to be considered

For 150 years Victorian Governments provided accommodation for the mentally ill through the institutions which have been successively closed down by governments of all persuasions without providing adequate alternatives.

At these institutions, regardless of other negative impacts that they may have caused the mentally ill were at least able to enjoy:
• Accommodation
• Meals
• Companionship
• Safety
• Entertainment

We do not condone a return to these archaic solutions however there is an opportunity to provide much of the benefit that they offered in a humane manner.

The sell-off of the vast estates that these institutions once owned, if invested in new facilities would have largely solved the problem that has now become enormous.

The families of the mentally ill have been left to pick up the pieces and provide the 24-hour care that successive governments have failed to provide.

The social impact of this on-going care is immense and has an incalculable impact on society.