

Background

Our son was hospitalized and diagnosed with schizophrenia in 2004. He was admitted to hospital a second time in 2005 as he was not responding to the prescribed medication. In 2009 he was admitted to a newly established rehabilitation unit for a period of 4 months. During the stay in the rehabilitation unit, his medication was changed. The recovery-focused unit was a positive experience and he continued to improve with his mental health for the following 6 years. He engaged in various programs which were organized by NGOs (not for profit organizations) and worked part time for a disability employer. He lived in group housing through the week, which was run by an NGO, and stayed with us on weekends and holidays.

In February, 2016 our son moved into a community housing unit and commenced living independently. We lived nearby and he also had the support of care workers. He commenced part time work with a local disability employer, however in December 2016 he resigned from the position. He was unwell and said that the resignation was due to an OH&S issue.

Our son was staying with us for the Christmas period when he died suddenly on 30 December, 2016 at the age of 34 years. The Forensic Pathologist's Report indicated that the direct cause of death was unascertained. There were however a number of contributing factors which include obesity related cardiomegaly and the side effects of treatment for schizophrenia.

Issues

1. Side effects of medication

The psychiatrist explained to us on our son's discharge in 2009 from the rehabilitation unit, that the prescribed medication required regular blood tests to monitor the level of white blood cells. However, although we were his parents and medical guardians, we were not informed by any psychiatrist, or medical practitioner, of the serious nature of other side effects of the medication such as myocarditis, cardiomyopathy, orthostatic hypotension, bradycardia, seizures and QT interval prolongation.¹ We only learned about these effects after meeting with the Forensic Pathologist.

We were also unaware that both the anti psychotic medication and antidepressant medication that were prescribed for our son are known to affect the QT Interval. It is documented in medical papers that they are 'best avoided' as a combination.¹

His weight increased by 60 kilograms between 2009 and 2016. The community mental health psychiatrist subsequently informed us that he had advised our son to see a dietician. Poor organization was part of our son's illness and he had great difficulty managing appointments (in this case a dietician) and comprehending the ramifications of weight gain. We were very concerned about his weight gain and at every opportunity, discussed the subject with his medical practitioners.

Our son did ask us to make an appointment with a respiratory and sleep disorder physician for sleep apnoea. The appointment was scheduled for January 2017.

2. Community mental health inadequate staffing levels

Staffing changed frequently at the mental health centre which our son attended. The mobility in staffing had an impact on our son's medical regime. For example, a psychiatrist informed us that he would not make a change to the medicine because he was leaving the centre and would leave the decision for the new person. It is our understanding that the priority was with the mental health of the client, which was going well, and the physical health was not acted upon with the urgency that it required.

3. Deteriorating Physical Health

Our son's mental health improved during the 6 years following his stay in the rehabilitation unit and, with the assistance of care workers, he was living independently, working part time, managing his affairs, exercising and maintaining good social relationships with family and friends. However, he was being hindered in his attainment of normality by increasing obesity issues, tiredness and other physical manifestations of his combined medications. This resulted in him tendering his resignation from employment in December 2016, 2 weeks before he died.

Conclusion

We write this submission with a view that improvements will be made within the mental health care system.

- A holistic approach should be adopted to encompass the physical and mental health of an individual. There is a need to include adequate staffing to work within this holistic framework so that the client receives assistance with arranging and attending all medical appointments.
- There needs to be regular physical and mental health reviews of the client. Where there are debilitating side effects evident from medication, these need to be acted upon with early intervention.
- The parents (where there is parental involvement) and care workers should be included in all medical consultations – including mental health and physical health.
- In order to be productive in the workplace and within the community, individuals with mental health issues require their physical and mental health to be addressed by empathetic medical professionals.