

Submission to the Productivity Commission Inquiry into Mental Health

Thank you for the opportunity to provide a submission to this inquiry. I would like to provide insight into my experiences in navigating the mental health system, its workforce and programs in the hope that more accessible, affordable and outreach holistic services can be provided to the people that need them. I would also like to see that because of funding decisions and/or the introduction of new programs such as the NDIS, people do not fall through the gaps. This is just a snapshot of my experience and certainly does not address every barrier I have encountered in trying to get my son help so he can live his life again and participate constructively in society.

I am the carer of my 23 year old son who suffers extreme social phobia and generalised anxiety and depression, although he was only recently diagnosed. We are now going into the fourth year of my son having no social connectedness, being unemployed and very rarely leaving the house.

Previously my son worked as a concreter, lived out of home and had financial savings, a car and a social life. My son does not believe there was any particular incident that triggered his extreme change in behavior. He believes he always had anxiety, but in the last few years it has increased to an extreme and unmanageable level. Subsequently he moved back in with me, stopped working and basically confines himself to his room.

For the past four years I have been trying to access a range of different services to try and help him. Some time ago, he participated in the Access Program where he had one face to face consultation and the rest (6 sessions I believe) completed over the phone with a counsellor (free of charge). This was a total waste of time and waste of Government money.

I obtained a referral from a GP for him to attend the Gungahlin Mental Health Community Service. During the 18 month period he was attending, he saw 4 different psychiatrists and every time he had to retell his story. He also had trouble attending the appointments because of his severe anxiety (we have to take a bucket in the car), and once was required by GMHCS to undergo the original intake process he went through the first time as they considered the time between appointments too lengthy, despite the fact they had all his case notes. Again, another waste of precious time in the name of "this is the process". In the end, GMHCS decided he would not be offered anymore appointments and took him off the caseload. At no point was he offered outreach services which would have made all the difference given his condition. I found him being taken off their caseload to be unacceptable and yet another rejection from a publicly funded service but was too tired to argue with them.

I have also applied for the NDIS when it was first implemented. Despite having supporting evidence from his treating psychiatrist, his application was denied as it was determined his condition is not considered "lifelong". I can wholeheartedly say that if he doesn't get the help he needs, his condition will be "lifelong" and a further burden on me, his family, the community and the public purse.

At the moment I am trying to apply for NDIS again with help from Communities at Work. Unfortunately our support worker has such a huge case load, it's difficult to get appointments. I strongly get the impression that as my son has my support, he is considered a very low priority in the scheme of things.

My main frustration with trying to apply for NDIS is that health professionals (GPs, counsellors, psychiatrists, psychologists) are reluctant to provide any evidence either as a letter of treatment or completing the necessary sections in the NDIS application form. I do not know the reasons why, but I suspect they are also of the understanding that mental health conditions are not considered lifelong, thereby making their patients ineligible so a waste of their time. I also believe that health

professionals sometimes believe that people are trying to rot the system somehow which is ridiculous as I passionately want my son to be a contributing member of society again. If I am unable to obtain this evidence then I have nothing to support my son's NDIS application for assistance and making his road to recovery even more difficult.

In the meantime I am applying for the Community Assistance and Support Program (CASP) through CatholicCare for my son while I negotiate the barriers to obtaining supporting evidence for his NDIS application. Unfortunately CASP is a short term program (I've been told 3 months). Clearly nowhere near long enough to get someone who is totally disengaged back into being an independent and productive member of society. I've also observed there seems to be many providers playing in the mental health space, tripping over each other, yet I feel like a hamster on a wheel. It's been two years now that I've tried accessing services through community organisations and I have made no progress with getting any real support, despite the dedication of some of their case workers.

At the moment I feel like my son is one of those people falling through the gaps. So far he has been determined ineligible for NDIS but by the same hand, there are limited services, **ESPECIALLY OUTREACH SERVICES** that are available to him. Also, you don't know what you don't know, and it is often difficult to find information on support services that he may be eligible for.

I'd also like to see more availability for people not on NDIS to have access to affordable transport to attend medical appointments. Many people, like my son, are simply unable to catch public transport. However if you are not on the NDIS you have to pay your service provider 78 cents per kilometre. While that may not seem a lot, if I were to pay this for my son to get to his appointments 25 kilometres one way, it would cost me \$40 return each time. For me, as a single parent and on an extremely tight budget, this is not possible.

I would like the Commission to consider the following in developing its recommendations to improve our mental health system:

- Access to more holistic services for people who are determined ineligible for NDIS such as transport, support with life skills including re-engaging with community, support to improve health and wellbeing and promote independence, especially for our young people.
- Outreach services for those people who have extreme difficulty attending appointments
- Information on available services and eligibility for those services in a one-stop-shop
- Education for health providers (GPs etc) to remove the stigma of providing documentary evidence in order to support patient's application to NDIS or other services.
- Less confusion around who does what and is responsible for what when accessing community services.
- Examine what is working well and why and same for what is not working and applying those learning in the design of programs and services.
- Continue to support organisations like ACT Carers who I have found to be the most useful source of information and support, especially the educational workshops, access to counselling and respite care they provide to carers of loved ones with mental health issues.
- An ongoing mechanism for the community to provide feedback on their experiences (good and bad) into the mental health system.
- Funding for more psychologists in the public health system. In the whole 18 months of attending GMHCS there was NO psychologist employed at any time.
- Change the eligibility requirements for the NDIS when assessing people with mental illness.

And finally, to hear that there is a \$1.6 billion underspend on the NDIS is distressing. Why cannot that money be used to give support to people with mental illness?