

To the Productivity Commission :

I have been a carer for my mother, who suffers chronic acute low functioning bipolar depression for over two decades. She is a pensioner on aged care suffering physical and mental disabilities.

During that time I have had multiple dealings with the NSW Mental Health System including Prince of Wales Kiloh Centre and Euroa Centre, Sutherland Hospital Mental Health Unit, Prince Alfred Mental Health Unit in the Professor Marie Bashir Centre, and St Vincents Hospital - Caritas unit.

I have also explored alternate therapies for my mother, and taken her to ashrams, holistic healing centres, ayurvedic retreats, chinese medicine clinics, acupuncture etc.

I have seen both systems occasionally work, and both often fail.

Here's what I've noticed that I feel isn't addressed in your report :

1] you mention in the report overview [pg 3 - reform area 2] the need to provide "acute inpatient beds sufficient to meeting assessed regional needs".

But : **you don't address the environment that acute care patients are put into.** You know how jails are infamous for putting minor crooks with dangerous people ? Well acute mental health units seem to operate on the same notion. People whose behaviour can be aggressive or confronting are placed in the same unit as people whose depression is more internalised and introverted - to the distress of both parties.

Over ten years ago my mother had an acute depression episode. I put her into Sydney Clinic who transferred her into the Kiloh centre without telling me. They did it after a conversation where she was looking for understanding and help, and they passed judgement and got rid of her instead. I only found out when Kiloh staff contacted me. I would never let her go into Kiloh if I can avoid it. She'd been there several times before and it hadn't been a positive experience on any level.

This time, when she was in the Kiloh centre she was exposed to people whose disorders appeared more psychotic than hers. She was yelled at and screamed at and pissed on. She was medicated up to the gills, and given three courses of ECT to which she had an extreme adverse reaction on the third shock treatment. She was put in an environment that was sterile, with no positive activities I could see, where people wandered around aimlessly and sat outside in groups and smoked. It was like something out of a Stephen King novel. I sat down with a mental health tribunal and got her transferred to Euroa which was a much better environment and had a holistic program where they combined activities and therapy groups.

I know a hospital is supposed to be a sterile clean place but a mental health unit should be a soothing place where people feel safe. There's no point providing more beds if you don't fix the atmosphere and treatment of the place.

2] You also mention in the overview [pg 3 - reform area 2] the need for "access to moderate intensity care, face-to-face and through videoconference".

But : You don't address affordability of access, and simplicity of access to proper mental health care. Recently my mother had another deep depressive episode where I realised that she was overdue for a mental health care review. She hadn't been seen by a psychiatrist for over a year. Her medication may need adjustment, and there's only so much her GP can do. He referred her to several psychiatrists, most of whom couldn't see her as their books were full - their patient quota was full. Of the few that could, they were prohibitively expensive to the point where had to give them a miss. eg. To see any psychiatrist from Sydney Clinic, it costs \$400 - \$500 an hour - the bulk of which you do NOT get back from Medicare. People on low incomes would struggle to afford this, let alone my mother on her aged pension of \$400 per week.

In desperation, I called the Acute care team, who are supposed to look after mental health in the eastern suburbs, and I couldn't get a person on the phone, so I left a voicemail. When they finally got back to me, the earliest appointment I could get for my mother was three months away. In the meanwhile I have had to

cope and manage her condition as best as I could. I cancelled outings, I turned down job interviews which clashed with her medical schedule, my life was curtailed due to the severity of her condition being untreated and untended by the medical establishment. I have no other choice as that's the only psychiatrist available who bulk bills. In a first world country with plentiful funds to build a fancy new Neura building for Prince of Wales in 2014, it's disgraceful that mental health patients and their carers have to wait this long to get urgent help.

3] There are no long term programs that tackle loneliness, isolation and lack of social engagement. I know this would help my mother a lot and many other people as this is one of the root causes of depression, but the programs we've received or been involved in, such as Neame, Catholic Healthcare programs, Benevolent society - all are only funded for short term engagements eg. 3 months to 1 year. They have some great programs, but longer duration would be of more benefit to those who struggle to get out of bed in the morning.

I could list many more points but these are the chief ones that I think need addressing.

Sincerely,

Name Withheld