

Supporting Document

Who will look after the person I care for when I am gone?

I am a carer in my 80s. I care for my daughter [REDACTED] and my main concern is who will look after [REDACTED] when I am no longer able to?

[REDACTED] is currently living in supported housing in [REDACTED] in [REDACTED]. I finally feel that she receives the required support in a supportive accommodation that suit her needs. She is also on the NDIS which took an immense effort on my part as [REDACTED] does not think she needs any supports.

Obtaining all these supports for [REDACTED] and getting her to a place where I can be somewhat assured that she has an adequate quality of life has taken an immense toll on both my physical and mental health. This cannot be underestimated

Carer involvement

Since at least 2011, I have been suggesting to the mental health service that [REDACTED] has lost her living skills because of her mental health and to become independent she needs help and support; she might have to be reassessed and perhaps needs more intensive care in a different way. The response of the service has generally been that I am an “interfering mom”. They do not seem to understand that some consumers like [REDACTED] need a bit more guidance especially if they seek them to become independent. Family members should not be put on the backburner but contacted to find a workable solution to enable the consumer to become independent.

In the past, services have tried to get me to take on all the care responsibilities for [REDACTED]. They tried to push her on me. I had an IVO at the time which I told them about and only then did they seek to find an alternative arrangement that did not involve me. I suggested they find her a CCU accommodation.

I have been trying to get the State Trustees to make some money available for [REDACTED] (maybe just \$50) to give to management of [REDACTED] which they can give to [REDACTED] in case of an emergency such as if she needs clothing or a haircut. [REDACTED] will need to be prompted to get these things done. She might even need management to go along to help [REDACTED] to buy her clothing for example.

My fear is that [REDACTED] will be pushed back into independent living and lose contact with society (which occurred in the past). [REDACTED] is not able to live independently and will need support for the rest of her live. I fear what would happen if I am no longer around to keep an eye on her.

CATT

At one stage, I had to call the CATT on a Sunday to check up on [REDACTED] in her flat. They send the police to check-up on her. The police told me her flat was flooded.

My worst fear would be if a young police officer turned up who was not sufficiently trained in mental health would pull a gun on [REDACTED]. A nurse or other mental health practitioner should attend rather than the Police.

Inaccurate information & the Mental Health Complaints Commissioner

I have complained in the past to the Mental Health Complaints Commissioner (MHCC) which responded by sending a letter stating that they couldn't help as they were under the impression that I was having regular family meetings with the mental health service.

Suggested improvements

- The State Trustees should consult with parents/families/carers in regards to finances etc when the primary carer passes or becomes unable to continue;
- There should be a separate pool of money for emergency expenses for the little things;
- It needs to be acknowledged that there is a difference between one adult and another when it comes to supported decision making;
- Parents need to be respected more especially parents that want to help. Parents are a hot spot for help;
- The carer doesn't hear from the doctors or psychiatrist when the carer could give them important information;
- The clinicians do not visit the consumer enough to check-up on them. If the clinicians don't feel they can visit clients then this would indicate the clinicians need more support;
- Mental Health training should be done on the ward not in a class;
- Many areas of Mental Health need an overhaul;
- Clients lose contact with society when they are pressured to keep a flat clean, budget, cook and buy food. This should be taught at the pace the client can learn;
- Carers should be involved and told how the client is progressing; and
- CATT calls should not involve the police but should involve a nurse and a clinician as part of the least restrictive treatment.