

Submission to inquiry into the health impacts of alcohol and other drugs in Australia.

I make this submission as a parent and long time carer of a now deceased 35 year old male who suffered from drug induced psychosis.

His symptoms were severe during episodes of drug use but remained moderate even during prolonged periods of abstinence.

He often abused alcohol to calm the craving for methamphetamine which was his drug of choice.

As a long term user, he had experience with many facets of the mental health system with varying degrees of success.

Our joint journey through the chaotic current mental health system has led to my advocacy for a better outcome for others.

In summary, the system needs to be streamlined.

A psychiatric, drug or alcohol abuse episode is happening on that day, not in 2 weeks when a bed is available.

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I am addressing part A of the terms of reference.

The three avenues available for treatment are available through the public or private sector or long term facilities.

I will address each separately.

Public

A patient experiencing a severe mental health issue may call or have a friend or family member call an ambulance. Ambulance officers must wait for police attendance before entering the area due to safety concerns.

Depending on the severity and symptoms of the episode this can cause further anxiety or fear for the patient. In the case of psychosis or where the patient has had adverse dealings with the law previously this can cause severe anguish and escalate the symptoms.

A person may choose to walk in to an emergency department instead.

In either instance, the waiting room is a scary confronting place for a person in an already fragile mental state. Separate mental health waiting rooms where patients are seen by more specialized staff would be a preferable alternative.

Once admitted to emergency the person must wait, sometimes for hours, to be assessed by the psychiatric team. It is then decided whether the patient should be sectioned under the Mental Health Act. If this is necessary they then face another extended wait for a bed to become available in a psychiatric ward.

Patients are then held in that ward until symptoms subside at which time they are discharged.

The Acute Care Team make a follow up phone call but appear lacking in power to do anything else. They say that they can be called at any time but phones go to voice mail and when they are reached they advise going back to Emergency.

Follow up care is financially prohibitive.

After the 10 free visits to a psychologist per year covered by medicare there is considerable cost for further treatment.

Bulk billed Psychiatrists are rare and have lengthy waiting lists.

Private

There are several private clinics operating in the Sydney metropolitan area.

These clinics are covered by some health funds but immediate admission is usually not possible.

Clients, as they are called by these clinics, must obtain a referral from a GP then wait for a bed to become available.

There is anecdotal evidence that beds are kept vacant for celebrity clients whose solicitors arrange transport to the facility after court attendances.

One of the prominent eastern suburbs clinics allows unchaperoned day release. On one such release while my son was a client he met with a drug dealer at a local park nearby.

Most of these treatment stays are for 3 weeks which is not nearly enough time to fully address the issues. Clients are heavily medicated with Benzodiazapine and often discharged without being weaned off the medication.

On call psychiatrists have outpatient rooms nearby but clients seeking to follow up are often told the books are full.

Fees of between \$450 - \$600 for a private psychiatric consultation are beyond the scope of low income people given that more than one visit would be required.

Long Term Rehabilitation Facilities

These are scattered around New South Wales.

Bulk billed facilities have prolonged waiting lists and patients are in shared dormitories which is not ideal for someone suffering from paranoia.

Most private facilities are not covered by health funds. The waiting lists are sometimes up to a year and treatment fees are beyond the financial means of many.

Hopefully this inquiry will lead to better, more fluid practices which allow people to access the help needed.