



## Dr James Morton

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Enquiry into the opportunities to improve the mental health outcomes for Queenslanders

Submission: A/Prof James Morton

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Committee Secretary  
Mental Health Select Committee  
Parliament House  
George Street  
Brisbane Qld 4000

I wish to raise the issue of people with intellectual impairment and mental illness, briefly detailing the last 2 years for our son, Andrew, aged 22, and provide some thoughts to improve services for this group of people.

Andrew was diagnosed with autistic disorder in 2002 aged 2. He was classified as severe, with an estimated IQ of 44. Speech was delayed and remains limited. Social anxiety has been pronounced. He participated in various early intervention programs with these experiences resulting in the creation of the AEIOU Foundation. He has been supported by a Paediatric Psychiatrist, Professor James Scott, from the age of 4 and James remains integral to his ongoing care. He attended a mainstream school and subsequently Mackenzie Special School from Grade 7 where he flourished. He is independent with self-care, very organised and forward thinking with respect to daily planning, and on leaving school functioned above his IQ.

Our family has a history of mental illness. On entering the "Adult" world Andrew became increasingly distressed with marked weight loss, withdrawal, at times catatonia, and bursts of agitation and aggression. He was rejected from several NDIS funded programs due to these outbursts. Police were called to the family home on 4 occasions due to violence directed at family members, culminating in 2 attendances to the Princess Alexander Hospital following administration of sedation (ultimately required ketamine and armed restraint by 6 policeman) and on the second occasion tasering with a police person being injured when Andy struck out. We would like to emphasise the admiration for the duty of care, restraint and professionalism displayed by the police on each occasion.

I note that:

1. PAH had no resources or expertise to offer admission or care or advice in Andy's management. No such place currently exists.
2. The Ambulance offices commented on the frequency of such transfers of people with intellectual impairment and mental illness under similar circumstance from the community.
3. Despite substantial resources not generally available it was profoundly difficult to safely care and support Andy.
4. Key resources were:  
Long standing care provided by Professor Scott.  
Consultative expertise provided by Dr Cathy Franklin of the MIDAS unit at the Mater Hospital.

In general, the care of people with mental illness presenting with severe behavioural disturbances is very problematic with the underfunded public mental health system not resourced to follow protocols to provide best care with these people repeatedly discharged without management and ultimately ending in incarceration due to the consequence of their untreated mental illness.

More specifically there is a substantial unmet need in the community and very limited expertise to provide care for people with an intellectual impairment and mental illness. The challenges that we, as a well-resourced, knowledgeable, medical family was profound.

In going forward we would propose that the committee consider a substantial investment in a centralised facility of excellence (eg the MIDAS unit at the Mater Hospital) providing for

1. A specialised Intellectual Impairment Unit located at a Brisbane teaching hospital providing adolescent and adult services.
2. The unit foster hospital-wide ability, expertise, and a supportive culture around the psychiatric and broader medical management of people with Intellectual Impairment.
3. The unit provide an outreach community-based service to monitor and support people with intellectual impairment in the community.
4. The unit lead a state-wide network facilitating medical and psychiatric care for people with intellectual impairment
5. The unit have an academic component to collect data and foster research around the Psychiatric and Medical needs of people with intellectual impairment in the community.
6. The unit train next generation health professional and community support workers to work with and care for people with intellectual impairment in the community.

Andy remains on weekly ECT and Lithium. After 2 years he is better. He has successfully returned to his previous programs. He is happy, talkative, funny, busy, organised and engaged. We are extremely appreciative for all that has been done for Andy to become well again and conscious of the challenges other families and carers have supporting people with intellectual impairment in the community, especially with the additional burden of mental illness. We hope our experience may lead to a discussion around services models to improve mental health and overall health outcomes for people with intellectual impairment in Queensland.

Thank you



A/Prof James Morton, AM

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