

# Submission for the Qld Parliament Mental Health Select Committee

- I am a father of three children – two of my children were admitted separately to the Queensland Children’s hospital – Children’s MH Ward in 2020.
- I have worked as mental health worker, psychologist, manager and senior manager over the past two decades in the Queensland mental health and non-government mental health service systems.
- In order to get the support required for my youngest daughter I had to know how to get my daughter admitted to hospital. My daughter’s mental health was causing harm to herself and to others around her. **I don’t know how people/families get their loved ones admitted to hospital when they desperately need it..... when there are particular words or terms that need to be stated in order to have your loved one assessed and provided with hospital and clinical support.**
- **The impact of one sibling’s mental health issues can cause other siblings to become unwell too.** This occurred for us when our youngest child’s mental health and behaviour caused one older sibling to become unwell and led to a hospital admission as well.
- I resigned from full-time work to provide support as a carer to my youngest child following discharge from hospital in 2020. Both my wife and I share support and caring responsibilities for our youngest child. **The financial impact on families who have loved ones with mental health issues is often hidden in society but can be astronomical.**
- Whilst there are a range of very good psychiatrists, nurses, psychologists, social workers, consumer and carer consultants peer workers the mental health service system **is not geared towards prevention and early intervention.**
- There **are significant gaps** in support throughout the system that severely impact children, their siblings, their parents and carers and families.
- We have **waited approximately 12mths for various types of therapeutic support** including OT and Speech Therapy. Whilst we were fortunate to be connected with a psychiatrist, I know many families wait times for this type of specialist to be 12mths or more.
- The **education system and schools** in general seem to be poorly resourced and, in some instances, unprepared for supporting children with mental health issues.

A targeted service for parents, carers and family siblings, of children in Queensland with complex mental health issues from the ages of 4-17yrs of age is required.

### Why?

- Half (50%) of all mental illness starts before the age of 14 and many disorders continue into adulthood if untreated.
- 75% of all mental illnesses emerge before the age of 25 (Qld Mental Health Commission, 2022).

The Mental Health of Children and Adolescents (2015) indicates that over the previous 12months in **Queensland**:-

- one in seven, 4 to 17 yr old were assessed as having a mental disorder or approximately **112,000** children.
- Approximately **6.2% or 6944** of children with a mental disorder were either admitted to hospital, presented at ED or hospital outpatient dept.
- Almost **one third (29.5%)** of parents and carers of children and adolescents with mental disorders reported that they or other family members had used mental health services in the past 12mths.
- Parents and carers of **over 65% or 72,912** children with mental disorders, perceived that their child's needs were **either not met or only partially met**.
- Anecdotal evidence suggests there has been a **significant increase** in the numbers of children and young people being diagnosed with **eating disorders** who have required a **hospital admission or child and youth community mental health support** since the start of the COVID 19 pandemic in Queensland and Australia.
- **Office of the Chief Psychiatrist (Western Australia, 2020)** report into the death of a young person who was accessing Child and Adolescent Mental Health Services, highlights the need for parents and carers:-
  - to have better options during a crisis and
  - greater support when their child leaves the ED or is discharged from the inpatient unit.

Through intervening **early in age, illness or vulnerability** (Qld MH Commissioner, 2022) there is the best chance for children, young people and their families to flourish. The impact of not intervening early or providing the right support at the right time can be profound.

Timely emotional and practical support for parents and carers of children with complex mental health issues 4-17yrs of age, facilitated via knowledgeable experienced Carer Peers (via Lived Experience roles within Government (Public) or NGO services) could provide the following to **address unmet or partially met needs identified by parents and/or carers**:

- ❖ Early intervention including **emotional & practical support** for parents and/or carers;

- ❖ Assistance for parents and/or carers in **communication and engagement of clinical and psychosocial supports regarding assessment and treatment, particularly in relation to hospital stay and the approval (or otherwise) of an NDIS support package;**
- ❖ Early intervention and prevention **in reducing stressors for siblings** within the family structure;
- ❖ Support and assistance to parents and/or carers for children's educational needs including **school selection, school transition and school support and attendance;** and
- ❖ Support parents and siblings in **maintaining employment/education** or other valued roles, whilst dealing with child's complex health needs.

It is anticipated that targeted support that better meets the needs of parent and carers who have children hospitalised or children at risk of hospitalisation, will have a number of desired outcomes:

- ✓ Reduced hospital admissions for the child or young person;
  - ✓ Successful school transitions and support for child or young person who has become unwell;
  - ✓ Increased support for the education system and family during important school transitions;
  - ✓ Reduced distress for parents and/or carers and better support for their mental health and wellbeing;
  - ✓ Increased likelihood of ongoing employment for parents and carers of children who have become unwell; and
  - ✓ Decrease likelihood of related health issues impacting on siblings.
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- ❖ References can be supplied on request.