

Otago Regional Family Whanau Network Meeting

28th September 2011 – 12:30pm

Present: Joan Paget, Helen Ward, Patricia Perkins, Nola Poulter, Colleen Howard, Nadine Goodall, Sharyn McGlynn, Jenny Burberry, Pat Harrax(SF Waitaki), Maria Hamelink (SF Otago), Fiona Panirau(SF Otago), Rebecca Shaw(SF Otago),

Chair: Jackie McKenzie (SF Otago),

Apologies: Leueen Tohill, Karen Winklemann, Phyllis Lee, Fergus and Audrey Meehan, Anne Parker, Alva Sheehan, Chas Forsyth, Graham Donaldson

Minutes from the last meeting – Read and accepted as a true and correct record.

Issues raised from the last minutes:

What is happening with the minutes from the previous meetings?

SF Manager replied that she is looking at what has happened in the past with the minutes etc... but has been unable to find anything definitive. Manager has undertaken to look at these issues and will let people know by the end of October. If this information hasn't gone anywhere she will ensure that it does.

What happened to the letter that was to come out of the minutes?

This letter has been drafted and will be passed around at this meeting for everybody to read and take home. People have until next Wednesday (5 October) to feedback and it will be sent by next Friday 7/10 to SDHB and sent to those in the Regional Family Whanau Network.

One point that could be added to the letter is regarding the Family Code of Rights. What family members say to the doctors should be kept confidential, to keep the family safe. This has been an issue for over 10 years and these things keep happening.

EPS: Lets people down time and time again. It is a very stressful time for families. Maybe there is a need for the head of EPS to come to one of these meetings to see where the families are coming from and find some common ground. This dialogue could create an agreed process of how people are admitted (or not) that meets the needs of both families and EPS. A meeting will be organized by SF Otago to get a response to issues and to hear from EPS as to their system and processes.

Levels of action: Make the reality of what it is like to be a family member known to those at the different levels.

- * Political Level: Meet with the MP's – SF Otago to organize.

Lack of beds this has been created on a political level. We want more beds – more care for those people who need it

- * Managers of Mental Health Services in Dunedin are another level that needs to be focused on for education.

Media:

Depression is ok to look at a glossy level and everyone will get better on the TV but they won't talk about Schizophrenia. Need to get it out there at the right time in the media so that people will publish it and it will be seen. This maybe an option at a later date.

Complaints Process:

Making complaints: What is the process for making complaints via the hospital and Health and Disability commissioner? To be sourced and circulated.

People with Chronic Mental Health Conditions:

The belief is that everybody can recover and live in the community. This isn't true. Not every one does. There is a group of chronically unwell people who will not recover and these people are less likely to be able to advocate for them selves (i.e. any feedback forms don't get completed).

Consumers have been taken over by 'worried well' temporary mental illness. This is different to those who are long-term patients, wandering around being a nuisance, eating out of rubbish bins etc... These are the people that need on-going support.

Homes for Life:

Homes for life – a model wanted for long term care since Cherry Farm closed. This has been an ongoing issue. There are many advantaged of supported accommodation, including supervision of medication and supervision at night. Need to keep asking for it. Families don't want Cherry Farm back; they want something between hospital and prison. In prison they don't get support and don't even have to take medication. Without their medication they are unmanageable.

Homes for life, provided on a basis that is economical. The community is not the optimum place for everybody and they do not want to acknowledge it. Most family members do not want to abandon their loved ones and the worse humiliation is for them to end up in prison.

Waitaki:

Two complaints about families waiting for a bed, one member was in prison for over a week waiting for a forensic bed getting sicker and sicker.

Needs assessment:

Assessors have a lot of power. Do they do their job properly?

Records:

EPS keep separate records from CMHT's – EPS should keep their own records and should be able to find them when patients are admitted.

Discharge Planning/Meetings not adequate:

The hospital can ring up and tell you that your family member will be discharged and you have no say in the matter. The discharge meeting doesn't always happen with the families being present. This is unfair to the families as sometimes they are scared.

There have been many examples where people have been discharged and sent home to Oamaru without the meeting.

Meeting closed at 1:44pm