

Building FENCES

"It's better to have a fence at the top of the cliff, than an ambulance at the bottom."

There's wisdom in that old saying. A bit of investment in preventing some events from happening in the first place, may save both time and money compared to the cost of dealing with their consequences. It may also save lives.

Easier access to community support if you're using mental health services, is a possible example of one such "fence."

Having home visits and assistance from a key worker during your recovery from mental illness can have a significant, positive impact. This is especially true if you don't have a tight network of family and friends around to offer support.

Currently, the main way of arranging outpatient visits from mental health support workers is to ask your psychiatrist. This system works well the majority of the time, but there are some exceptions.

There may be long periods in between your scheduled appointments with your psychiatrist, during which unforeseen things can occur. You can't always see the proverbial cliff coming; in life there are many stressful events that can not be anticipated. Bereavement or illness in the family for instance, can weaken

otherwise strong support networks, and cause stress for yourself and those around you. Such events can occur at any time, without respect for when your next session with your psychiatrist has been scheduled.

Three months between visits can seem like a long time if you have concerns, such as reemerging symptoms, you'd like addressed as soon as possible. You may have been prescribed new medication which isn't working for you, and want to talk about it.

If you live in the community and are in distress, but are not seen to present a threat to yourself or those around you, the main way to get immediate attention would be to organize an appointment with your GP.

This is less than ideal as few GPs are adequately trained in mental health, and the expense of these visits may deter many from visiting them.

In the absence of other preventative measures, the health system has provided a fence in the form of the Mental Health Crisis Team. However, sometimes this intervention comes too late to arrest a fall into an episode of major mental illness, and avoid a hospital admission.

Understandably, the health system prioritizes its users according to their degree of need; those with more serious conditions will receive more attention sooner than others. More attention equates to greater

spending, and this money has to come from somewhere.

In many cases however, it may prove more cost effective to provide a more easily accessible service for those whose needs fall outside the definition of a crisis situation, but who are in distress.

Provision of a key worker visit that can be arranged over the phone when it is needed - rather than during an appointment with a psychiatrist which you may have to wait months for - could alleviate the need for a call to the crisis team further down the line. It may also mean fewer hospital admissions.

"A member of my family experienced serious health issues less than two weeks after I attended a psychiatric appointment in November last year. This put significant stress on both myself and my support network, and made my symptoms worse. I knew I didn't need the Crisis Team, but it would have been good to have access to some kind of help.

After waiting over two months, at my next appointment I finally saw my psychiatrist and had the opportunity to ask for a key worker."

It would be great to have a fence put in place for such situations...

Tony Spencer



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The April 2013 issue will be distributed in late March. Contributions by Wednesday 20h March 2013 please.