

**Submission to the
Australian Senate Community Affairs Committee
Inquiry into Mental Health Services in Australia**



31st July 2007

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31st July 2007

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

To Whom It May Concern:

Regarding: Submission to the Community Affairs Committee inquiry into Mental Health Services in Australia.

Please find in the following pages our submission to the Community Affairs Committee's inquiry.

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, statewide organisation representing the views of mental health consumers and carers at a policy level, working to achieve and support systemic change. Our vision is empowered mental health consumers and carers who experience their rights to respect, dignity and self-determination every day.

This submission broadly addresses the Community Affairs Committee's Terms of Reference, however is presented in the following format:

- ◆ The National Action Plan: comment on the plan and its implementation
- ◆ Gaps in the action plan
- ◆ Practical problems with some of the initiatives
- ◆ Gaps in mental health services in NSW

NSW CAG's aim in this submission is to provide input from the perspectives of mental health consumers and carers to build on the foundation of the National Action Plan and the recommendations of the Select Committee on Mental Health, as outlined in its report *A national approach to mental health – from crisis to community* which preceded it. Our hope is that this submission can contribute to the development of better mental health services, which are truly responsive to the needs of consumers and carers.

Yours sincerely

Dr Gillian Malins
Executive Officer

Introduction

During June and July 2007, the NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) held four consultations in NSW to hear from people linked to mental health services around the state about their:

- ♦ current experiences with services, and
- ♦ knowledge and views in relation to the implementation of the National Action Plan.

Two forums were held in Sydney and the other two were held in rural areas of the state. Fifty four people attended the four consultations. Over 85% of people who attended had personal experience of using mental health services. The remaining participants were either carers or mental health workers.

This submission reflects the input of these individuals, as well as experience gained through NSW CAG's other networks and activities. The submission is presented in the following sections:

- ♦ The National Action Plan: comment on the plan and its implementation
- ♦ Gaps in the action plan
- ♦ Practical problems with some of the initiatives
- ♦ Gaps in mental health services in NSW

The National Action Plan: comment on the plan and its implementation

Consumers and carers who attended the consultations, or who provided input by telephone to NSW CAG, indicated their general support for the aims and intentions of the National Action Plan. Predominantly, the commitments made at the Commonwealth and NSW state level are seen as important from the perspective of consumers and carers.

A major challenge, however, is that overall, almost all the people we spoke to had very little information about the initiatives within the action plan, and had seen little or no evidence of change or improvement in most areas targeted by the plan. There are a number of possible reasons for this. One is that because the inquiry is being held at an early stage of implementation of the plan and many initiatives are still in planning phases, general community awareness of the progress of the initiatives has not been reached. Unless people have been directly involved in planning or pilot projects, they may be unaware, as yet, of many of the initiatives. Another possibility, however, is that implementation of the action plan itself is not addressing the gaps and needs experienced on the ground. That is, it is possible that the work being done to implement the action plan is not making a visible difference in the day to day lives of people using mental health services in NSW.

Individual actions and commitments documented within the plan were seen as important and positive by the people we spoke to. Some were seen as being of higher importance and priority than others. For example, a number of people who took part considered the Commonwealth funding for Mental Health Nurses (\$191.6 million) as of lower priority than other commitments. Participants were concerned that this initiative poses a risk of reducing the services available in "front line" services like public community mental health settings, and thus having the effect of decreasing services available to people with higher need. This funding, however, was still considered an important and positive initiative with participants indicating that in 'an ideal' world there would be enough of everything to go around. There is an ongoing tension between implementing services that are accessible to all people experiencing mental health problems at any level of severity, and the visible limitations of the services available currently to people with higher levels of need and distress. This tension will impact on views of the action plan while services are in a state of transition.

Strengths of the plan, identified by the people attending our consultations, are:

- ♦ The plan's focus beyond medical treatments, seen in the inclusion of actions that promote greater access to allied health professionals, and the plan's consideration of issues relating to education and employment; and
- ♦ The plan's emphasis on services delivered within the community.

While broadly, the action plan is considered a positive contribution to the mental health sector, it is also considered to have a number of weaknesses. Specifically, the plan is considered to:

- ♦ Be a quick fix solution, without evidence of strong, comprehensive plans for action;
- ♦ Make a major omission in failing to address the area of consumer and carer participation; and
- ♦ Lack adequate detail to be fully assessed by consumers and carers.

A major criticism of the implementation of the action plan lies in the limited communication experienced to date with consumers, carers, mental health workers and the broader community of the progress of implementation and achievements made. It is NSW CAG's experience, and that of participants in our consultations, that considerable effort must be made to locate information about the various projects being implemented, and their status or progress. No coordinated summary of the action plans with status information from either the Commonwealth's Implementation Plan or NSW Implementation Plan could be located. Rather information about a selection of the activities and commitments can be found in diverse and scattered locations.

Accurate information describing the action plans in detail is essential to:

- ♦ creating opportunities for consumers and carers to participate
- ♦ accountability
- ♦ informing consumers, carers and the mental health workforce of what is available now, and in building hope and a vision of the future of mental health services.

Gaps in the action plan:

Consumer and carer participation, peer support, advocacy and peer led services.

From the perspective of consumers, carers and the NSW CAG a major gap in the action plan is in addressing areas of participation, peer support and advocacy. The Senate, Select Committee on Mental Health's first report in 2006 clearly outlines the history and intentions of policy relating to genuine consumer participation, and the follow-on of peer support, peer advocacy and peer led services. That report details evidence of the limited extent to which the National Mental Health Strategy's aims in relation to consumer participation have been implemented. In both their first and final reports, the Select Committee on Mental Health made recommendations relating to addressing the needs of consumer and carer participation. Some of the most relevant recommendations include:

First report

- Recommendation 7, 17.15 on p. 479.

Final report

- Recommendation 7, 2.11 p. 9
- Recommendation 13, 2.19 p. 11
- Recommendation 19, 3.10 p. 14
- Recommendation 47, 3.38 p. 19
- Recommendation 66, 3.57 p. 21.

While the Select Committee's reports include significant discussion about the importance of genuine support and opportunity for consumer and carer participation, and the limitations of achievements so far in this area, no commitment to addressing participation, in either the Commonwealth Implementation Plan or New South Wales Implementation plan, is made in the action plan. In considering the extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy, and in its contribution to progress towards implementing the recommendations of the Select Committee on Mental Health, this gap is of major concern to consumers and carers in NSW.

To our knowledge, the development of the action plan itself did not include robust consumer and carer input. In NSW, implementation and detailed planning, to our knowledge, and that of participants in our consultations, has not adequately included the perspective and input of consumers and carers.

Addressing the broader system.

While the National Action Plan is applauded for its relatively holistic approach, a gap in the plan is its neglect to tackle the impacts that other aspects of the greater system may have on people who use mental health services, their families and carers. For example, changes to public housing in NSW, and the Welfare to Work laws are creating more pressure and stress for consumers.

Practical problems with some initiatives

From our discussions with consumers and carers, as well as mental health workers, it is apparent that there are a number of practical problems with some of the initiatives implemented. An example is the Commonwealth's initiative of "Better access to Psychiatrists, Psychologists and General Practitioners (GPs) through the Medical Benefits Schedule".

People who participated in our consultations who were aware of this initiative indicated that there are a range of problems to practical implementation and real accessibility of the initiative. In most instances, people were relating knowledge or experience in accessing psychologists. The problems identified relate to:

- ◆ Up front payments are expected by many clinicians, making this assistance out of reach of many people's financial capability;
- ◆ The gap between Medicare reimbursement and payment may still make access financially prohibitive (ie. the gap could be \$70- or more);
- ◆ Some General Practitioner's attitude is not conducive to helping people access the support of allied health professionals. Many participants in our consultations indicated that there has not been evidence of better partnership between GPs and allied health professionals since the commencement of this initiative;
- ◆ In the experience of those people consulted who have been involved in the initiative, there is not good evidence of collaborative care planning and review occurring; and
- ◆ The limited number of sessions per calendar year, while understood from financial perspectives, from a consumer perspective can be setting vulnerable people up, and not meeting the complex needs of some people who need ongoing assistance.

Gaps in mental health services in NSW

Throughout our consultations, a number of issues were raised that remain gaps in the services consumers have available. It is possible that a number of these gaps will be addressed by the implementation of the National Action Plan over the coming years; however, this list indicates the current situation for consumers and carers in NSW. These gaps remain of major concern.

- ◆ Participants indicated that they do not have adequate choice of the clinicians they work with, particularly choice of Psychiatrist.
- ◆ Access remains a major and related issue. For example, in two of the locations where NSW CAG held consultations, Psychiatrists fly in and out to provide services. This means there are significantly limited hours offered by these providers. Distance, the way service provision occurs and the general challenges and strains of transport issues and limited funds mean not only that that consumers' choice of clinician becomes severely limited, but access is highly restricted.
- ◆ Information sharing, linkages and good communication are not witnessed. Good communication and flow of information is fundamental to issues like achieving continuity of care. Yet the action plan itself is another example to consumers, of how little information is disseminated adequately.
- ◆ Care planning is still not well understood by services and consumers are not well educated about their care plan and the role it can play for them.
- ◆ There is a real need for greater support for families, to assist better understanding and build relationships that are supportive. It remains a huge challenge for families to get the support and information they need from mental health services.

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- ◆ Mental Health Services are not able to deal with crises often, and others in the community are bearing the brunt of this inadequacy – both small non-government organisations that are not resourced to provide crisis support, and family and carers. Participants spoke of the situation of accessing public mental health services as remaining restricted to people in extreme crisis. This excludes access to many people who need and are seeking assistance.
 - ◆ Related to the above issue, there are not adequate supports available in the community to assist people before they reach ‘crisis’. Crisis teams, and after-hours services no longer exist in some parts of the state, and many participants spoke about not having support or case workers, or these workers rarely being in contact with them. Participants acknowledged that many workers in these roles are expected to work with many more consumers than is realistic. There is an urgent need for a full suite of community based options that can provide support to people and assist in avoiding and diverting crisis. A ‘shop-front’ type approach was suggested as a useful solution in metropolitan areas. A gap remains a safe, non-hospital based environment for people to go when they feel overwhelmed by their mental health problems. This type of option, it is believed, would reduce the burden on acute, crisis oriented services.
 - ◆ Follow-up is still inadequate. Participants spoke of waits of around three-weeks post hospital discharge before initial follow-up occurs.
 - ◆ Medications and side effects are still not dealt with well. People are not given options, or taken seriously all of the time.
 - ◆ The atmosphere of hospital wards remains extremely negative.
 - ◆ Advocacy services, particularly advocacy at an individual level for people using mental health services is extremely limited in availability. Consumer advocate roles in NSW are within mental health services, and so, are restricted.
 - ◆ There is a gap in services and service provision addressing the dual role as carer that many people who also have mental health problems play. There is a need for greater support for consumers who are also carers – caring for people from children, to other family members with physical or mental health problems, or their own parents as they become frail.

Summary

The issues raised and comments made in this submission reflect the input of fifty-four people who took part in consultation forums with the NSW CAG, and the input and experience of others in our network. Overall, the National Action Plan is seen as a positive commitment to addressing many of the issues faced by mental health services across Australia. A major gap in the action plan is its omission to address areas of consumer and carer participation, advocacy, and peer led services. Continued experiences of inadequate mental health services, expressed in this submission as gaps in services, demonstrate a need to ongoing commitment to reform.