25th Anniversary Review

Reviewing 25 years of 7 day and night per week integrated mobile mental health services in NSW

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National Mental Health Report 2004

- "Of most concern is the frequent feedback emerging from consultations with consumer and carer representatives that the Strategy's vision of accessible, responsive and integrated mental health services has little resemblance to the current reality of many areas of Australia.[5] The dissatisfaction voiced by the community emphasizes the complex and long term nature of the challenges all governments face in improving mental health services."
  - [No. It illustrates that most Australian governments have dropped the ball.]

5. Groom G, Hickie I. and Davenport T. (2003) Out of Hospital Out of Mind, Canberra: Mental Health Council of Australia.

The Government Agenda for Mental Health Services

driven by

1. **<u>Finance and Bureaucratic excess</u>**
   - selling surplus properties
   - siphoning mental health budgets
   - building a top heavy bureaucracy
   - inflating hypothetical administrative contribution to per capita NSW mental health expenditure and clinical staffing

The Government Agenda for Mental Health Services

driven by

1. <u>Finance and Bureaucratic excess</u>

Indirect Expenditure (01-02)

NSW	Victoria	National
109 mill	51 mill	262 mill
20% of total recurrent	10%	14%

Represents most of growth in NSW from 1992 ($415 mill) to 2002 ($562 mill)

? = fudging of NSW per capital reporting of MHS funding?

? + top heavy MHS administrations in NSW?

The Government Agenda for Mental Health Services

driven by

1. <u>Finance and Bureaucratic misrepresentation</u>

All ambulatory clinical care Occasions of Service are counted as “community based care” when much of them are increasingly traditional hospital out-patient appointments

? = fudging of growth in community MHS spending?

The Government Agenda for Mental Health Services

driven by

1. <u>Finance and Bureaucratic misrepresentation</u>

Direct Care Staff/100,000 (01-02)

	NSW	Victoria
Inpatient	41.2	34.4
Ambulatory	35.2	37.2
Residential	4.8	22.1
Total ambulatory	40	59.3
Community %	48%	62%

Lower North Shore community +C-L (01-02) + child/adolescent ambulatory staff = 26.6/100,000

? = fudging of clinical staff levels?

The Government Agenda for Mental Health Services

driven by

2. <u>Law and Order</u>

- lock em up
- get em off the streets
- Reinstitutionalization push

3. Preoccupation with <u>hospital beds</u>, - while allowing core community services to be dismantled.

Crisis in NSW Mental Health Services

- **1. <u>Committed workforce becoming demoralized and leaving:</u>**
  - loss of medical directors/psychiatrists/registrars
  - loss and aging of mental health trained nursing staff
  - loss of rehabilitation/recovery staff
  - hospitals removing RMO's from working in Psychiatry – loss of replacement recruiting ground
  - Unreasonable and destructive bureaucratic pressures upon clinical practice and leadership – bullying, disciplining
  - Perceived media and government fuelled "blame" culture and "lock-em-up" mentality

Crisis in NSW Mental Health Services

- **2. <u>Increasing demand</u>**

  (Ref: R. Gurr, (2004) Drugs and Australian Government Policies have created a Crisis in Public Mental Health Services), The Mental Health Service Conference Summer Forum.

  - comorbidity
  - age demographics
  - longer admissions
  - increasing involuntary admission
  - pressure on Emergency Departments
  - increasing demand on Consultation-Liaison Services

Crisis in NSW Mental Health Services

- **3. <u>Dismantling and subsequent "imploding" of Working Services</u>**
  - South-Eastern Sydney
    St. Vincents/King's Cross: loss of virtually all psychiatrists, registrars, resident medical officer, crisis & ACT staff

    St. Georges: loss of psychiatrists
  - Illawarra: closing mobile crisis services after 9–5 M-F and w/ends
  - Liverpool: closing mobile crisis services after 7pm M-F and w/ends
  - Northern Sydney – amalgamation, merging and contracting of RNS and Ryde award-winning nationally renowned services - loss of community staff

Crisis in NSW Mental Health Services

- **3. <u>Dismantling and subsequent "imploding" of Working Services</u>**
  - Central Sydney, Far West, Northern Sydney, etc. – retreat from community sites to hospital sites.
  - Cumberland Hospital land Community Services
    - Staff shortages – working to clinical standards
    - Closed out-of-hours crisis services
  - Nepean Hospital and Community MHS
    - Demoralized and administratively harassed staff

Crisis in NSW Mental Health Services

- **4. <u>Loss of coherent vision and direction</u>**
  – an ambivalent non-model, going in every direction at once

- opposite direction to National Mental Health Strategy, Standards and evidence
- deinstitutionalization is incomplete and has stalled. Stand alone institutions being built up again, not integrated with local mental health services
- knee-jerk planning – eg. non-coherent PEC and HASI provision
- band-aiding of a failing system
- acute bed planning rather than MHS system planning
- lack of protection and dismantling of core services

Crisis in NSW Mental Health Services

- **5. <u>Loss of Clinical Leadership</u>**
- Loss of and difficulties replacing permanent psychiatrist/clinical director (f/t or substantial p/t) in many sectors/areas in recent months including:

1. Hornsby – Kuringai
2. St Vincents/Kings Cross and Prince of Wales MHS's
3. St Georges
4. Manly/Northern Beaches
5. Bankstown
6. Wollongong/Illawarra
7. Campbelltown
8. Albury
9. Gosford/Central Coast
10. Liverpool/South East Sydney

Other directors/clinical directors are being destabilized

Crisis in NSW Mental Health Services

- **6. <u>Building a top heavy MHS bureaucracy and largesse at expense of direct services</u>**
  - **Centre for Mental Health + "hidden" devolved positions**
  - **Area MHS's**
    - **growing administrations when amalgamations were meant to streamline them**
    - **Giving away Clozapine recoups and reimbursing "specialing" nurse costs to general hospitals**

Toppling Over

- The ultimate result will be an Area Mental Health Service Administrations of unsurpassed grandeur, the services on the ground shrunken to the point of being absolutely incapable of a practical evidence based response to the clinical needs of people with severe mental illnesses and their families

Chasing our own tails

- 24 hour crisis community-based continuity of care and rehabilitation services are rapidly becoming victims of this trend, as service directors feel they must at least bolster inpatient units in the face of these cuts. In the meantime, shrinking community and rehabilitation services put more pressure on the available inpatient beds.

*We end up chasing our own tails

- Finally, we will have a 1300 number call-line with no real clinical services to back it up.

- In Denmark, in the l980s, Mogens Glistrup, the national leader of Fremskrid Partiet (The Progress Party) proposed as his platform for election, that the Foreign Office and Defence Department would be replaced with an unattended answerphone.

- If anyone phoned, even with an aggressive ultimatum, it would merely repeat over and over

  “We surrender! We surrender! We surrender!”

- Local Mental Health Services in large parts of NSW will soon be in the same situation, or should we just resign ourselves to this erosive process, down tools and start intoning it now: “We surrender! We surrender! We surrender!”

Action needed for NSW Mental Health Services

1. **Reversing of regressive Area decisions which are destabilising and dismantling services**

- Action required to reverse downgrading or dismantling crisis services (Illawarra, Bankstown, Liverpool, St. Vincent's etc.)
- Urgent action required to cancel proposed amalgamation of Ryde and RNS Mental Health Services, which will inevitably decrease direct local clinical services.
- Urgent action required to prevent community mental health centres being reabsorbed into sedentary hospital-based services.

Action needed for NSW Mental Health Services

2. Targeted enhancements

- To restore depleted community crisis/acute and rehabilitation core services
- To allow services with temporary need to pay for VMO's and private security staff to function without further depleting multidisciplinary staff
- To ensure adequate 24 hour psychiatric support to Emergency Departments.

Action needed for NSW Mental Health Services

3. **Radically review mechanisms and funding for <u>recruiting</u> and <u>retaining key staff</u>**

- Medical/Non-medical Directors
- Psychiatrists/Registrars/RMO's
- Nurses with mental health skills and experience
- Experienced and supervising multidisciplinary staff

Action needed for NSW Mental Health Services

4. **NSW Government commitment to new funding (both capital and recurrent):**

- to meet new demand pressures
- to restore and enhance core components of service
- to meet benchmarks set by New Zealand and Victoria
- to rebuild all mental health facilities in the community and general hospital sites

Action needed for NSW Mental Health Services

5. Ministerial Working Group (including Director-General, Director CFMSH, RAMH representatives)

- to access the expertise of the broad constituency
- an audit of what is happening and needed now, not just focused on suicides and acute beds, but for whole episodes of care and ongoing care
- to restore a coherent vision and direction to NSW Mental Health services, consistent with the National Mental Health Strategy and Standards
- to complete deinstitutionalization, and integrate exisint stand-alone rehabilitation facilities with local services
- to accurately determine and cost gaps in services

Action needed for NSW Mental Health Services

6. **Review the levels of all staffing and training required to meet the demands of the new reality:**

- public service providers
- consumers, carers and NGO's as providers
- rebuild tolerable and supportive conditions of working
- new mechanisms for training staff in all aspects of an integrated community and hospital service

Action needed for NSW Mental Health Services

7. **All-of-government independent monitoring and input to service development for individuals with mental illness and their families**

- A Mental Health Commission
- Directly relating to Premier and Ministers
- Directly consulting with consumers, carers, providers, local communities

Action needed for NSW Mental Health Services

8. <u>Longterm strategies</u>

a) We need WORDS and MUSIC – not just going through the motions, nor sedentary passive response services

b) If we want individualized programmes and <u>choice</u>, we need a <u>range</u> of interventions in each service component

c) Relying on networks of people, not just edifices

d) Facilities which respect people and maximize local community access

e) Withstand pendulum swings – tenacity

f) We either grow or atrophy and die
- system building to counteract negative entropy