SUBMISSION TO THE

SENATE SELECT COMMITTEE

ON MENTAL HEALTH

NSW Nurses' Association

May 2005

Introductory comments

The New South Wales Nurses' Association (NSWNA) is the industrial and professional body that represents over 50,000 nurses in New South Wales. The membership of the Association comprises all those who perform nursing work, including Assistants in Nursing (who are unregulated), Enrolled Nurses and Registered Nurses at all levels, including management and education. With the exception of Assistants in Nursing, the members of the NSWNA are also members of the Australian Nursing Federation (ANF), a federally registered industrial organisation, and form the NSW Branch of the ANF.

The NSWNA welcomes the appointment of the Select Committee on Mental Health to examine the current factors that undermine Australia's capacity to provide a humane and decent standard of care to those members of our community who suffer from a mental illness. We are of the view that this is no longer a public health issue - after decades of neglect we now face a major human rights issue. A situation all the more shameful given that the Burdekin Report alerted us to the serious human rights violations occurring in relation to the care of people with mental illness twelve years ago.

We would also make the point immediately that it is our view that the scale of the problems in the sector is not due to circumstances beyond policy-makers' control and it is certainly not because we as a nation cannot afford to do better. For decades our society has failed to appreciate that people with mental illness deserve our compassion and respect and that they are as entitled as any other member of the community to expect that the state will ensure that the assistance they need is available.

On behalf of our members working in the sector we would take this opportunity to assure Senators that it would be difficult to overestimate the depth of suffering for so many Australian families due to the difficulties associated with accessing even the most rudimentary of evidence based treatments; to urge Senators to consider carefully the advice of the range of clinical, consumer and carer experts who will provide testimony to this Committee; and, most importantly, to ensure that the opportunity presented by this Federal Inquiry is not wasted. We must move forward with bipartisan political support to implement real and practical improvements in services to ensure that people with mental illness and their families are able to access the support and assistance they need.

Rather than respond to all the terms of reference, the Association has elected to focus our response on two major areas: service deficits and workforce issues.

Funding issues and service gaps

The membership of the NSW Nurses' Association is keenly aware of the problems and issues that plague mental health services and interrupt the delivery of an acceptable standard of care and treatment. It is clear that there has been long term under funding of the sector and a subsequent decline in the attractiveness of mental health as a career option. Most disturbing however, is the almost unanimous opinion among our members working in the sector that standards are continuing to decline. Our members report that the constant pressure to "do more with less" is undermining their capacity to provide a service and their commitment to their work.

The NSW Nurses' Association supports the concept of a national mental health strategy to coordinate nationwide reform of the sector. However, its implementation has not been without difficulty. It is clear that funding is inadequate to meet demand and that while there have been increases in funding over the period of the strategy, these merely reflect overall health spending increases. This funding shortfall has resulted in a trend where resources are rationed according to crisis need, and there are not enough resources to implement effective early intervention strategies.

Resource restrictions translate to mental health nurses and other workers only being able to provide crisis intervention and ongoing maintenance to people with chronic mental illness. People with dual diagnosis or multiple and chronic disabilities are disadvantaged and are not receiving adequate service in the community. People in boarding houses, homeless people, and people with mental illness and/or an intellectual disability are often left without any intervention at all from health professionals.

In the area of early intervention our members report that they are only able to make token gestures because not enough resources are dedicated to it:

> *"There is no specialized early intervention team - the facade of early intervention is propped up by staff willing to take on the role of coordinator, on top of their existing case/work loads. The lives of young people are supposed to be a priority, as is long term prevention through education and this is not able to happen at present.*
>
> *"The overall coordination of early intervention is a guessing game in our service it seems. Basic elements which would assist staff are missing. There needs to much*

> *more input for staff in terms of education on the area, funding to attend conferences, setting up separate distinct multidisciplinary teams."*[1]

Despite health promotion and prevention being the focus of the Second National Mental Health Plan, we contend that there are insufficient staff and resources to provide recovery strategies for many in the community with a mental illness. Community mental health nurses also report a dearth of community programs. If community based care for mental health consumers is to succeed, there must be a range of support services available to promote rehabilitation and recovery.

> *"There are only 10 respite beds in our area and these are most often used as a bandaid solution for the accommodation crisis. Occupancy is completely bottlenecked by long staying clients waiting for priority Department of Housing accommodation. The hospital uses this place to discharge clients to in order to free its beds up, and this was never the intended use for respite."*[2]

The issue of beds was raised in a 2004 survey of our members in order to establish a 'snapshot' of the views of our members in regard to problems in the sector. 80% estimated the occupancy rates of their beds dedicated for mental health patients was 100% or more (17% said 100% and 63% said more than 100%). Prematurely discharging patients was the number one way of dealing with the problem, with 29% indicating this method. Next highest scoring method was keeping them in emergency departments (23%) or general wards (6%), refrain from admitting them (13%), manage them in the community (11%), or transfer them around the state (8%). About 8% also indicated they routinely had mental health patients sleeping on couches or on mattresses on the floor.

The gaps in mental health service provision are no more starkly illustrated than in emergency departments across this state. Our members report to us that it is not uncommon for extremely unwell mental health patients to wait in the department for up to 5 days before a suitable bed becomes available.

Our members also report that during these extended waits the clinically indicated ongoing treatment or therapy is not routinely available and that patients are merely maintained on regular medications or sedated when their behaviour becomes unmanageable. They also report neglect of these patients by Visiting Medical Officers during these periods.

[1] NSWNA member (2005) personal communication, 10th May 2005

[2] NSWNA member (2005) personal communication, 10th May 2005.

We are alarmed, as Senators would be, by reports that mental health patients are frequently sedated, not on the basis of therapeutic indicators, but for the purposes of chemical restraint, thereby reducing their exposure to the numerous environmental hazardous that are inevitable features of emergency departments.

As would be expected given the circumstances, restraint and sedation is often the result of escalating behaviour precipitated by excessive stimulus generated by the chaos and pressured atmosphere in the department. It is impossible for emergency staff to establish the important therapeutic rapport and to initiate the preventative interventions that could effectively reduce the incidence of violence. Given that security personnel are engaged to provide supervision for such volatile patients, it is clear that restraint and sedation are the likely and foreseeable outcomes.

This is an untenable situation for all concerned. Our members are frustrated by the lack of action on the part of the government, department and hospital management; they are fearful for their own and their patients' safety; and, their dedication to their work undermined by these organisational deficiencies.

Workforce

The Association remains extremely concerned about the mental health nursing workforce crisis that continues to impact so negatively on the safety of our members in the sector. Mental health remains the nursing speciality most actively being recruited in metropolitan NSW and given the growing demand for mental health services, the shortage of qualified mental health nurses is becoming ever more critical.

Therefore, it is important to draw Senator's attention to the findings of the *Final Report Into Australian Mental Health Nurse Supply, Recruitment and Retention*[3] published by the Australian Health Workforce Advisory Committee. This study and its recommendations are based on a comprehensive consultation process with targeted stakeholder consultations and focus groups involving mental health nurses, ex-mental health nurses and undergraduate students, among others.

[3] Australian Health Workforce Advisory Committee (2003) *Australian Mental Health Nurse Supply, Recruitment and Retention*, AHWAC Report 2003, Sydney.

This latest study follows a number of recent Australian reports that have considered the mental health workforce dilemma and made recommendations, including:

- *Scoping Study of the Australian mental health nursing workforce. Final Report.*[4]*;*
- *National Review of Nursing Education*[5]*;*
- *The Patient Profession: Time for Action*[6]*;*
- *Learning Together: Education and Training Partnerships in Mental Health* (1999)[7];
- *Enhancing Relationships Between Health Professionals and Consumers and Carers* (2000)[8]; and
- *Review of Mental Health/Psychiatric Nursing Component of the Undergraduate Nursing Program Discussion Paper* (2002)[9].

The fact that the issues identified in this most recent study are entirely consistent with the findings of similar studies conducted over the last five years, gives rise to some concern. It is clear from the intensifying mental health workforce crisis that the recommendations of these studies are not being implemented effectively.

Fifteen years ago the World Health Organisation Global Burden of Disease Study[10] predicted that depression alone will be one of the greatest health problems world-wide by the year 2020. The enormity of the problem both in terms of the numbers of Australians affected by a psychiatric illness and the burden these illnesses impose on our health care system cannot be underestimated.

---

[4] Clinton, M. and Hazelton, M. (2000) *Scoping study of the Australian mental health nursing workforce. Final Report.* Report of the Australian and New Zealand College of Mental Health Nurses Incorporated to the Mental Health Branch of the Commonwealth Department of Health and Aged Care, January.

[5] Commonwealth of Australia (2002) *National Review of Nursing Education 2002: Our duty of care*, Department of Health and Ageing and the Department of Education, Science and Training, Canberra.

[6] Senate Community Affairs References Committee (2002) *The patient profession: Time for Action. Report on the inquiry into nursing.* Senate Community Affairs References Committee, Canberra

[7] Deakin Human Services Australia (1999) *Learning together: Education and training partnerships in mental health. Final Report.* Prepared by the Deakin Human Services Australia with funding for the Commonwealth Department of Health and Aged Care under the National Mental Health Strategy.

[8] Mental Health Council of Australia (2000) *Enhancing Relationships Between Mental Health Professionals and Consumers and Carers. Final Report.*

[9] Nurses Board of Victoria (2002) *Review of mental health/psychiatric nursing component of the undergraduate nursing program: Discussion Paper*. Nurses Board of Victoria

[10] Murray CJL, Lopez AD, eds. *The global burden of disease and injury series, volume 1: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA: Published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Harvard University Press, 1996.

Mental health services in NSW are already dangerously understaffed and the appeal of the sector to new graduates is diminishing. The NSWNA urges this Senate Select Committee on Mental Health to consider carefully the recommendations contained in the *Final Report into Australian Mental Health Nurse Supply, Recruitment and Retention* and to initiate meaningful strategies to arrest the crisis in mental health.

Similarly, we would recommend that this Committee consider the benefits of the recently introduced *Mental Health Re-connect* in NSW. This initiative, aimed at recruiting and maintaining mental health nursing staff, offers scholarships for further study (to enhance the skills of the existing workforce), orientation programs, mentoring, clinical skills updates and ongoing clinical professional development. Early reports indicate that within two weeks in excess of 500 calls had been received. It is an example of the success that can be achieved if simple but practical measures are implemented to enhance mental health as a career option for nurses.

The NSWNA will also take this opportunity to draw to this Committee's attention the opportunities for service improvement presented by mental health Nurse Practitioners. This advanced scope of practise demands application of sophisticated, evidence-based clinical judgments and includes authority to prescribe, initiate diagnostic investigations and make limited referrals. It represents a logical workforce innovation that, if implemented widely, would clearly address some of the most critical issues that are undermining the system's diminishing capacity for optimal performance, such as GP workloads, rising costs, workforce shortages and maldistribution, unmet need and the need to strengthen early intervention and preventative approaches.

However, the impact of this role innovation has been limited by an anomaly with regard to the eligibility criteria for allied health professionals providing new Medicare services. The Health Insurance Commission advises that mental health nurses in NSW require credentialling from the Australian and New Zealand College of Mental Health Nurses (ANZCMHN) in order to be eligible to provide mental health services for the purposes of the new allied health Medicare items.

This arrangement excludes a number of mental health nurse practitioners currently authorised to practise in NSW who have, for quite valid reasons, elected not to become members of the ANZCMHN. (Membership of the ANZCMHN is compulsory for any nurse seeking the credential offered by the College.)

The Nurses and Midwives Board of NSW[11] defines the role of the nurse practitioner in the following terms:

> *Nurse practitioners are registered nurses who practise at an advanced level and who are authorised to use the title. Advanced level practice incorporates the ability to provide care to a range of clients at a level, which demands:*
>
> - *a repertoire of therapeutic responses;*
> - *insightful sophisticated clinical judgements;*
> - *clinical decision-making justified by application of advanced knowledge.*
>
> *Under the provisions of the Poisons and Therapeutic Goods Act, the Director-General, NSW Health Department may, by means of a written authorisation, authorise a nurse practitioner or class of nurse practitioners to possess, use, prescribe or supply any poison or restricted substance, other than a drug of addiction. Such an authority is to be given only if the Director- General approves guidelines in accordance with Section 78A of the Nurses and Midwives Act. Registered nurses authorised to practise as nurse practitioners must not possess, use, prescribe or supply any poison or restricted substance unless they are operating within guidelines approved by the Director-General.*
>
> *Nurse practitioners may be able to initiate diagnostic investigations and make limited referrals, as may other registered nurses with adequate knowledge and experience. All registered nurses are required to operate within approved policies and protocols of employing institutions.*
>
> *Additionally, nurse practitioners must practise within specific guidelines approved by the Director-General. The approval of guidelines is separate from the authorisation process and is the responsibility of the Director-General.*
>
> *The Nurses and Midwives Act provides for the Nurses and Midwives Board to recognise areas of practice for nurse practitioners. Under the related provisions of the Act, nurse practitioners are not limited to one area of practice nor prohibited from specific areas of practice. However, like other registered nurses, nurse practitioners must demonstrate adequate knowledge,*

[11] Nurses and Midwives Board of NSW South Wales, *Nurse Practitioners in NSW Information Brochure, http://www.nursesreg.nsw.gov.au/np_options.htm,* accessed 10 May 2005.

experience, skill, judgement and care in the practice of nursing. Failure to do so may lead to allegations of unsatisfactory professional conduct, or if conduct is sufficiently serious, professional misconduct.

The authorisation process reflects the applicant's nominated area of practice. To make a further application for authorisation to practise as a nurse practitioner, applicants will be required to satisfy the Board that they continue to have the qualifications and experience to practise as a nurse practitioner. Applicants are invited to submit evidence that they have sufficient qualifications and experience to be authorised for a further period. Applicants will be required to demonstrate their continued clinical competence through the evidence they provide. Examples of evidence may include peer reviews and assessments.

The mental health nurse practitioners whom we are fortunate enough to have practising here in NSW have undergone a stringent authorisation and re-certification process overseen by the Nurses and Midwives Board and the Director-General of Health. In light of these issues, this exclusion is clearly not in keeping with the spirit of the new Medicare arrangements for allied health. Further, it is not appropriate to compel these highly qualified and stringently assessed professionals to seek further credentials from the ANZCMHN.

The introduction of the new allied health items under Medicare is a great initiative which the Association supports and we look forward to working with the Government to ensure that people with mental illness benefit from greater access to skilled nursing interventions.

We recommend that the Government examine more closely the role of the mental health nurse practitioner with a view to making the benefits and advantages of wider implementation more widely available to the public.

Concluding remarks

The NSW Nurses' Association is of the view that the Australian public has at last come to the conclusion that people with mental illness are entitled to a decent standard of care and treatment available though the public system. While there is a role for private treatment, there should not be a financial barrier to anyone needing to access mental health care and treatment.

The NSW Nurses' Association supports the concept of a policy to coordinate mental health care reform at the national level. However, after 13 years of the *National Mental Health Strategy* our members at the 'coalface' report a continuing decline in their capacity to meet the demand for their services.

We are of the view that every Australian is entitled to a decent standard of health care and that Australia has the capacity to ensure that it is available in a cost effective and efficient manner. We believe that the poor outcomes achieved in the area of mental health are the result of choices and it is now time for all Australian governments to fund mental health services appropriately and ensure that we have a skilled workforce capable of delivering high quality care.