

30 May 2005

Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600

Dear Committee Members,

Thank you for the opportunity to make a submission to this very important inquiry.

Just on three months ago I was appointed by my Parliamentary Leader John Brogden MP to the NSW Shadow Cabinet as the Shadow Minister for Mental Health. As far as I understand this is the first time in Australia that the portfolio of Mental Health has been brought directly to the Shadow Cabinet or Cabinet table as distinct from within the Health portfolio.

In the intervening period I have been absolutely shocked and appalled at the lack of adequate Mental Health services in NSW. The Productivity Commission Report released in February 2005 revealed that NSW is consistently at or near the bottom of the list in inter-state comparisons regarding funding and available services. My observations and research during the past three months validate this dire situation. I have been overwhelmed with the cries of help from patients/consumers, carers, families, community organisations, clinicians and even professional staff from within the NSW Health Department - desperate for the State Government to give mental health the priority it deserves in NSW.

In NSW at very senior State Government and Departmental levels there exists a culture of attempting to deny the magnitude of the problem in Mental Health. Critical issues regarding the provision of Mental Health services are conveniently swept under the carpet or just ignored.

There is no doubt that New South Wales is in the midst of a mental health crisis. At this very moment patients are being turned away from community-based mental health clinics, and hospital emergency wards are unable to admit mental health patients due to lack of beds. Community organisations are struggling to meet increasing demand for mental health services without adequate support from the State Government, and our prisons and homeless shelters are full of the mentally ill.

Whilst in relative terms resources in mental health are declining, the demand for services is increasing. One in five people in New South Wales will require treatment for mental illness this year alone and 40 per cent will suffer a form of mental illness during the course of their lives¹.

I have outlined below some of the major problems specific to NSW in the hope that it will give the Committee an appreciation of the ad hoc and inadequate nature of service delivery by the NSW Government.

This current situation cannot be sustained.

Cycle of despair

Much has been said about the large-scale deinstitutionalisation of mental health care following the Richmond report. Regrettably, the deinstitutionalisation occurred before sufficient mental health support services were provided in the community. NSW faces both a deficiency in acute psychiatric beds and an enormous deficiency in community-based mental health facilities.

I have been overwhelmed with cases presented by families of patients and hospital staff who are concerned about the lack of voluntary and scheduled beds for the mentally ill. In NSW it is commonplace for mental health patients to be prematurely released following presentation to hospital emergency wards because of a lack of beds. This can be verified by the recently released Auditor-General's report which found that up to 9% of mental health patients who present to Emergency Departments leave prior to seeing a doctor². If we were to then consider the percentage who see a doctor but due to shortages are unable to receive adequate treatment or admission, the figure would be much higher.

Only a few days ago a mother told me of the tragic circumstances surrounding her son, who suffers from schizophrenia. Following his release from an emergency ward 10 minutes after he was examined, his condition deteriorated and he now awaits trial for assault.

Regrettably in NSW we have a cycle of despair in that access to hospital beds for the treatment of mental illness is really only available for the most severe cases. Due to the demand for beds, it is not unusual for patients to be released prematurely. Following release unless some of these patients have access to 24 hour supervision and assistance through family and other carers, they are at high risk of ending up in prison or on the streets. There are diminishing community based services and those caseworkers that are community based already have very heavy workloads. Regrettably the condition of these patients deteriorates, they may become severely ill, require hospitalisation and the cycle starts again.

Compounding the problem of declining resources and greater caseloads, New South Wales has only 81 full-time equivalent direct care staff employed in specialised

¹ Legislative Council Report "Mental Health Services in NSW" December 2002, Chair's forward

² Auditor General's Report, Emergency Mental Health Services: NSW Department of Health pg 20

mental health services per 100,000 people³. That is the worst ratio of all the mainland States. The State Government is not getting either end of the equation right. According to 2005 Productivity Commission figures, New South Wales has 14.3 mental health beds in public hospitals per 100,000 people, the worst ratio of any Australian State or Territory bar one⁴.

In country New South Wales it is commonplace for police and hospital staff to transport mental health patients hundreds of kilometres because of a lack of scheduled beds. It is also disturbing that there are insufficient beds for adolescents and children, who are often inappropriately placed in the same wards as adults. The head of the NSW Department of Health recently admitted to more than 540 reported cases last year of children with mental illness being placed in the same wards as mentally ill adults⁵. That is why the New South Wales Opposition has already made a commitment to provide 60 additional adolescent beds when in government⁶.

Shortly after my appointment I was contacted by a nurse in Coffs Harbour Hospital who explained the stress they were under because on consecutive nights they had to lock up a 16 year old adolescent female with 5 volatile adult males as there were no alternative arrangements available. The nurse commented that in their view the adolescent's treatment was hampered by what she witnessed as a teenager whilst being in that scheduled ward.

The reality is that every day mentally ill patients/consumers who present to hospital wards or seek access to community-based facilities, whether in the city or the country, struggle to obtain the services. Not only must families and carers cope with the trauma of mental illness and the associated stigma, they must fight their way through the bureaucratic red tape to access the services they desperately need.

Closure of Community based Mental Health facilities

It is of great concern that in New South Wales the State Government is in the process of ripping out many community-based mental health facilities. That action is contrary to the advice of leading clinicians and to the cries of help from families and carers.

In the past 12 months the State Government has closed down the Glebe Community Mental Health Centre, the Chatswood Community Mental Health Centre. Bridgeway House in Parramatta and Cremorne Community Mental Health Centres remain on the chopping block.

For example, when the doors of the Chatswood Community Mental Health Centre in my own electorate were slammed shut in November last year, I witnessed first-hand the devastating impact the closure had and continues to have on sufferers, their families and the dedicated staff.

³ Productivity Commission Report into Government Services, February 2005

⁴ Productivity Commission Report into Government Services, February 2005

⁵ Estimates Committee Process 04-05 and subsequent correspondence

⁶ Opposition State of the State Report March 2005

It is not acceptable that the State Government is turning its back on what is regarded as best practice care and reverting to outdated models. It is taking our mental health system in NSW back to the dark ages, rather than providing an environment conducive to compassionate treatment and care.

Ironically, the community-based model that existed in Chatswood and Cremorne had been used as an example of world's best practice in many overseas jurisdictions. There is strong evidence to suggest that the relocation of community-based mental health services back to co-location with hospital sites is a retrograde step and to the detriment of mental health patients.

Recently I had an opportunity to speak to two mothers who have children with a mental illness and who utilised the services at Chatswood. They both explained that the community-based facility enabled their children to seek treatment and assistance in non-intimidating surroundings without the stress of having to attend a hospital site.

I have tried to ascertain on many occasions what the State Government's rationale is in relation to closure of these community based facilities. What is of enormous concern is that following the closure of Chatswood and the threat to Cremorne – I asked the NSW Minister's Office to indicate what they regard as best practice community based care in NSW so that I could go to observe these facilities. Those nominated facilities actually provide less services than the Cremorne clinic does.

It is a sad indictment of the State Government, but unfortunately a reality, that it is putting financial gain ahead of patient care. For instance it is a publicly known fact that the site of the mental health clinic at Chatswood is worth in the vicinity of \$12 million. The centre has been transferred to the foyer of the old paediatrics unit at Royal North Shore Hospital and after 7 months the community is still being told the decision about the permanent location of the facility is yet to be made.

Sentinel Committee Reports

The State Government has remained silent regarding the recommendations outlined in the Sentinel Events Review Committee Report⁷ looking at suicide and homicide by mental health patients recently discharged from inpatient units, This is notwithstanding the Committee's finding that *'a substantial number of deaths was preventable'*⁸.

Conclusions that can be drawn from this report are that either patients are being released from hospital prematurely, there is insufficient support in the community for services or as many believe, a tragic combination of both.

The Committee also concluded that:

- data provided some evidence for a link between reduced access to inpatient care and higher rates of post-discharge suicide death.⁹

⁷ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report, April 2005

⁸ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg 36

⁹ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg viii

- people dying of suicide within one month of discharge had a shorter length of stay on average.¹⁰
- analysis of systemic issues was more difficult because of the Committee's lack of access to incident reports, the poor quality of reports and the exclusion of a clear account of events and timeline.¹¹
- number of deaths recorded may be an under-estimate.¹²

Other concerning findings included:

- Clinicians report that emergency access to mental health beds is a constant challenge.¹³
- difficulty in access include increases in transfers of people to units distant from their communities where a bed may be available.¹⁴
- Increased numbers of people waiting for longer periods in emergency departments or receiving their entire inpatient care in an Emergency department.¹⁵
- Some patients are not being admitted, or are being discharged prematurely or without comprehensive follow up, due to pressures on access to available inpatient beds¹⁶.

Prison System and Homelessness

The proportion of the homeless in NSW who suffer a mental illness is truly alarming.

*“A 1998 study *Down and Out in Sydney:Prevalence of mental disorders, disability and health service use among homeless people in Inner Sydney* found that 75% of homeless people have at least one mental disorder”.*

With a severe lack of community based mental health facilities in NSW, many with a mental illness fall into the vicious cycle of hospitalization, homelessness and prison.

I have met with many charitable and other non-government organisations who work with the homeless and have listened to their concerns about the increasing rate of the mentally ill seeking their assistance.

I have even been advised that clinicians, desperately seeking accommodation for some of their patients are increasingly turning to homeless shelters. Those running the shelters have advised me that their volunteers are simply not equipped to deal with the volume and severity of mental health cases coming through their doors.

The SAAP National Data Collection Agency (NDCA) Annual Report for 2002-2003 showed that 24.7% of requests for specialist psychological services and 24.4% of

¹⁰ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg viii

¹¹ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg ix

¹² NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg v

¹³ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg vii

¹⁴ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg vii

¹⁵ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg vii

¹⁶ NSW Mental Health Sentinel Events Review Committee, Tracking Tragedy 2nd Report pg vii

requests for specialist psychiatric services from homeless people in NSW were neither provided nor referred.

The story within NSW prisons is similarly staggering. According to a 2003 study over 78% of men and 90% of women entering prison have had some form of psychiatric disorder in the 12 months prior to incarceration¹⁷. Of these 42% of men and 62% of women had a mental disorder.¹⁸

In addition to these alarming statistics, many parents have approached me to share their stories about their children in solitary confinement or in a forensic hospital awaiting trial who are first and foremost mentally ill. It is their strong view that their children would not be in prison had they had access to adequate mental health services and secondly that they are not receiving adequate treatment from within prison.

Community organisations

The non-government sector in New South Wales does an outstanding job in providing essential community-based mental health facilities. The State Government does not give them enough support. I pay tribute to all those who give of their time unstintingly, often on a voluntary basis, to assist community organisations provide services for people with a mentally illness. Their work, which is often difficult and heart-wrenching, is necessary because the State government services only go so far. It is outrageous that funding to non-government organisations providing critical Mental Health services are taking a huge hit. Last year Community organisations only received 2.4%¹⁹ of the total NSW Mental Health Budget. This year the figure has dropped to 1.9%²⁰ giving NSW the worst level of assistance to community organisations in the country²¹.

In real terms this is a cut of half a million dollars on last year²². For many organizations who could double their activity with a fax machine or some administrative support, this is a cruel blow.

This level of funding is also well below the national average of 5.5 per cent as recorded in the National Mental Health Report 2004.

By way of example Lifeline, a non-government organisation that offers a 24-hours-a-day, 7-days-a-week counselling service at 16 centres across New South Wales, takes more than 180,000 calls per year. Whilst Telstra has backed down and committed to continue its support for the essential services provided by Lifeline, the State Government refuses to match the New South Wales Opposition's guarantee of \$1.5 million annual recurrent funding for the Lifeline counselling service.

¹⁷ NSW Corrections Health Service, Mental Illness Among NSW Prisoners, August 2003

¹⁸ NSW Corrections Health Service, Mental Illness Among NSW Prisoners, August 2003

¹⁹ 05-06 NSW Budget Paper No 3 Volume 1 8-31

²⁰ 05-06 NSW Budget Paper No 3 Volume 1 8-31

²¹ Productivity Commission Report into Government Services, February 2005

²² 05-06 NSW Budget Paper No 3 Volume 1 8-31

The greatest irony is that NSW Health and other State Government agencies refer thousands of patients to Lifeline each year and formally list Lifeline in their information brochures. Lifeline is but one example of a community organisation that carries out essential work because the State Government services simply do not go far enough.

Much more care and assistance needs to be dedicated to non-Government organisations specialising in support services for carers. A deficiency in community based facilities has resulted in families and carers bearing the burden of treatment and access to services. They often have no or little respite.

Much of the community awareness programmes and education to de-stigmatise mental illness is generated by the non-government sector, with little or no State Government support.

Funding – current Budget position

Despite the Mental Health crisis in NSW the State Government has not even spent the money it had allocated in last years budget.

Last year the State Government announced a \$241 million²³ Mental Health package over four years and forecast to spend \$48.5million²⁴ this financial year but last weeks Budget Papers reveal that now only \$23.9²⁵ million is forecast to be spent.

By the end of the first two years since that announcement, assuming that the State Government will spend what is allocated for this year – less than 20% of this total amount will have been spent.

Patients seeking Mental Health services comprise 14%²⁶ of patients within the NSW Health Department yet Mental Health this year will only receive 7.7%²⁷ of the total health budget.

As already mentioned, last financial year Community organisations only received 2.4%²⁸ of the total NSW Mental Health Budget. This year the figure has dropped to 1.9%²⁹ giving NSW the worst level of assistance to community organisations in the country³⁰.

Structural and Cultural issues

From a State public policy perspective, mental health issues cut across many

²³ 04-05 Budget Paper No. 3 Volume 1 pg 9-8

²⁴ 04-05 Budget Paper No 2 pg 2-8

²⁵ 05-06 Budget Paper No 2 pg 2-8

²⁶ 04-05 Budget Paper No 3 Volume 1 pg 9-7

²⁷ 05-06 Budget Paper No 3 Volume 1 8-31

²⁸ 05-06 NSW Budget Paper No 3 Volume 1 8-31

²⁹ 05-06 NSW Budget Paper No 3 Volume 1 8-31

³⁰ Productivity Commission Report into Government Services, February 2005

portfolio areas, including Housing, Community Services, Ageing, Youth Affairs, Disability Services, Corrective Services, Juvenile Justice and, of course, Health. NSW lacks a much needed holistic approach to this critical policy area. The residents of NSW have every reason to ask why NSW is consistently at or near the bottom of the list in interstate comparisons on funding and services in mental health.

In NSW Mental Health issues are lost within the monolith that is the NSW Health Department. There is also insufficient co-ordination within the various State Government agencies responsible for the delivery of services.

Internally within the Health Department itself there is a lack of co-ordination between the Centre for Mental Health and the Area Health Services which are responsible for the implementation of the policy.

With the recent amalgamations of Area Health Services, there is uncertainty as to reporting lines with respect to mental health care.

In the midst of increasing demand and diminishing resources, there is a lack of acknowledgement of the magnitude of the problem.

The NSW Opposition has taken a critical step forward in making Mental Health a stand alone portfolio. The NSW Government needs to give Mental Health the priority it deserves – it can no longer rely on lip service as an appropriate policy response.

Thank you for your consideration of these issues. I would be pleased to provide any further information or comment on request.

Yours faithfully,

Gladys Berejiklian MP
NSW Shadow Minister for Mental Health