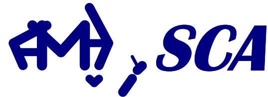

Bringing about "SPERANZA"

"The first Australian suicide consumer-alliance."

Club SPERANZA

Established 1994.

SUPPLEMENTARY SUBMISSION

TO

SENATE SELECT COMMITTEE ON MENTAL HEALTH

AUSTRALIAN SENATE

MAY 2005

Reviewing Mental Health Services in the Community

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Reviewing Mental Health Services in the Community

TOR (n) *the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.*
TOR (p) *the potential for new modes of delivery of mental health care, including e-technology.*

Reviewing Mental Health Services in the Community

Community Mental Health Service. The Philosphy.
In NSW following the Richmond and Barclay Reports, mental health community services (Extended Hours Teams, "crisis teams"), were developed in the late 80's under a charter of service philosophy to attend to the needs of people with a mental illness in the community and especially when they developed a crisis (hence "crisis" teams) or became seriously unwell in an emergency situation.

Some teams worked closely with the acute wards (the hospital stream) and others were kept at a distance and simply delivered the person in crisis or emergency to the hospital. The community stream worked reasonably well for around 10 years until the declining bed numbers began to affect the quality of service in both streams.

1991 Review of Mental Health Community Teams.
In 1990/91 the first and it would seem the only state-wide survey, was conducted into the operations of mental health teams, authored by team leaders Kevin Berry and Peter Gianfrancesco located at Ryde. They were surprised to learn that some 60 - 70% of their work was with suicidal people and responding to suicide crises. They began to develop appropriate techniques. In addition they established the Extended Hours (crisis) Teams Forum, a structured but informal body made up of the community teams, which sent delegates to regular bi monthly meetings dispersed around the state to confer and compare and redesign on-the-ground operating methods and conditions. The forum brought in outside experts of all kinds as presenters and also conducted some very professional annual conferences. Club SPERANZA was privileged to be accepted as the only NGO non-service member for 6 years until it was disbanded when workload pressures increased substantially in the late nineties and delegates could not get releases to attend.

Overcensus Beds and Bed Management.
Despite imaginative and efficient bed management systems and dedicated bed managers who move people around the Area, in and out of the Area and around the state, the system is often saturated with clients but no beds and is forced to manage people out of the hospital and into a starved for resources community service to make way for someone who is worse.
There is very little propensity therefore either in hospital or in the community for proper time out and healing in a caring environment with appropriate and tapering supports.

New terminology has been introduced to describe this situation "overcensus" beds i.e. when over 100% of capacity. The view expressed by the hospital directors around 1999/2000 when this happened occasionally and individually was that when occupancy exceeded 85% it meant that the hospital was virtually full because it had to allow for people on leave and emergencies. On one occasion when an Area overcapacity of 110% was reached it was said to be "only seasonal".

The current situation is that overcensus can persist for around 20 days or more in the month and frequently there is not a bed available in the entire state.

Other states of course have other problems but in general terms the lot of people with a mental illness is not a happy one in this country of great opportunity and richness.

An Overall Review.
There is no doubt that people have a better chance of recovery or being productive while still being service users if they are maintained and serviced in the community.

Although the Select Committee will be able to assemble a beneficial picture of the services from the submissions, I believe that a special project is required to examine specifically and critically the entire community service ethos and practice.

In order to appreciate the problems and those specific and unique to this country and generate the most effective solutions including the extent and distribution of funding required we need a concerted approach based on a complete and systematic examination of community services across Australia.

1. Recommendation.
The government to conduct a research study of models of community service delivery including metropolitan, urban, regional and rural models across jurisdictions to assess best practice in the different settings and recommend most effective methods of operation and make up of service teams, taking into account the problems of topography, population density, rural distances, avenues of access and rapid response, communication, transport and the nature of material, human, and funding resources needed to support the desired models.

2. Recommendation.
For the purpose of linking community services and integrating the philosophy of community mental health services on the ground with the service personnel, government to establish and fund a body and a forum mechanism to facilitate the interaction of the extended hours and community teams and their relationship with each other and the acute services.