

## TERMS OF REFERENCE

A The 1996 National Mental Health Strategy states two major trends in Mental Health Policy and service delivery. 1. Combine mental health services within general health services

2. To provide community-based care in an integrated model.

Under the strategy, the delivery of specialist public mental health services remains the responsibility of State and Territory governments.

State/Territory projects include: the establishment of extended hours community crisis services;

: Additional mental health workers in rural areas;

: The development of community-based respite care services;

: Child and adolescent pilot projects, to develop various;

: Approaches to delivering services; and supported accommodation projects.

Comment on A. 1.

This has been accomplished leaving the local general health services over-run and unable to cope. The consumers/ carers suffer leaving the community stressed.

Within the North Coast Area Health Service Draft Health Care services Plan 2005-2008 indicates that Coffs Harbour has been earmarked to become the large Key Service point for the area, extending the current Mental Health Unit to 50 beds. On the 14.03.05, at 6.30 and 7.30 am. Nick O'Calahan announced on Star FM., Coffs Harbour will have a 100 bed Mental Health Ward. This indicates the policy is being reversed.

Comment on A. 2.

None of these specialist mental health services exist here in Port Macquarie/ Kempsey.

For example, there has never been a community crisis service. Now the new Mental Health Access Line has been introduced it has found the need was underestimated, and is now referring consumers to "Lifeline" even though it is stated in the North Coast Area Health Service DRAFT Health Care Service Plan 2005-2008, " Page 116

" The Mental Health Clinical Care and Prevention Model ( MH-CCP), when applied to NCAH indicate that there is a large gap between service demand and service provision."

Page 117. Goes on to state "The current workforce does not meet the 2001 requirements " when applying the MH-CCP Model. The consumers/carers suffer.

Area Health has cut respite care back so there is now no 24 hour supported accommodation or respite places in this area.

The latest announcement of 40 supported accommodation places being made available across the North Coast, covering 82,897 identified Mental Health consumers, consisting of

1 hr / Day support is an insult. I do realise this is only the first step in the process but the consumers/carers are suffering.

Barriers to progress: Politics - the goals are constantly being changed, restructuring only to save money. Port used to be the biggest sector in the area with the least funding; this has been a major issue for ten years. Now it has been made into the smallest sector in the area therefore little if any funding increase from the North Coast Area Health.

: Culture of power, control, frustration, stress and fear throughout the service from top to bottom, as a defence mechanism to everyone's job/security being threatened through this last restructuring. Resulting in staff, consumers/carers and the community suffering. For example: When Rotary was approached by the members of Karawa Cottage to possibly address the decay to the building after 20 years of neglect by Area Health, the Area Manager Of Mental Health and his superior refused access to Rotary to assess the problem and accused them of interfering rather than accepting their generous offer to assist. This occurred when Rotary had assisted with other living skills centres across the area and every other living skills centre had been refurbished by Area Health during this time.

#### B. Comment

In Port Macquarie there are only 2 modes of care. One of which is a 10 bed acute voluntary unit, where the water temperature has been turned down contrary to best practice to relieve stress. This has also occurred in Kempsey Mental Health Unit. 1.5 WORKERS ONLY GIVE THE CASE MANAGEMENT IN PORT MACQUARIE TO PEOPLE WHO ARE ON COMMUNITY TREATMENT ORDERS.

The private management of Port Base Hospital utilised what it could in 1996 to supply a service this resulted in "Karawa Cottage". This service was created quite successfully to support approximately 75 consumers, with 2.5 workers at the moment. Karawa Cottage is the key service point, promoting collaborative care and recovery goals by offering

Bio psychosocial program. This service was announced to be closed in 2004, the consumers had to defend the only resource we had through a media campaign, successfully. There has been an ongoing issue with Area Health concerning the neglect of this building, owned by Area Health, since before 1995.

#### C. Comment.

Opportunities to influence all levels of government has recently been denied to this area as there are now no specified ELECTED Area Mental Health Consumer Coordinator

And one other paid consumer advocate position was not renewed in Jan 2005 when federal funding ceased and NCAH refused to fund these positions. Both of these positions were female leaving two Male Mental Health Advocates total hours of 18/week for an estimated 470,908 residents. Also there is no designated elected Mental Health position on the new as yet unformed, Area Health Council.

These executive decisions are contrary to the National Mental Health Standard 3.1, 3.2, 3.3, 3.4 and 3.6.

D. Comment.

The appropriate role of the private and non-government sectors. Within this area, there is not much. In the NSW Ministerial Advisory Committee on Health Services in Smaller Towns, Report to the Minister For Health, "A Framework For Change" 2000. Page 6. "More importantly Area Health Services need to fully involve local communities in identifying their needs and in planning services." The example I can give is the public Mental Health Forum held on 04.04.05. Where the North Coast Area Health Service announced they had already put forward a submission with preferences to the State Government for the future of the Mental Health Service in Port Macquarie. The problem was that the community identified the greatest need to be for more community services immediately.

There has been no indication of any support from Area Health for the community initiative of forming The Endeavour Clubhouse Management Committee and fund raising to develop this world recognised option for consumers.

Page 6. In the "Framework For Change", "It is also the Committee's view that in small rural communities changed service demands require greater fluidity in the provision of health services with more emphasis on community based care and aged care and less dependence on traditional acute beds." The proposal submitted by NCAH to State Government recommended to build a 20 bed gazetted unit in Port Macquarie, but this proposal is not in the NCAHS Draft Services Plan 2005-2008.

E. Comment.

Currently the Department Of Housing can not offer accommodation due to criteria for support not being available from the Local Mental Health Service for applicants to move closer to their families for support. There is a Carer Advocate employed by NSW Schizophrenia Fellowship on a part time basis. The closure of the 24-hour respite service is distressing. Carers and consumers are suffering.

F. Comment.

The issue of Dual Diagnosis has still not been addressed. If a consumer presents to Accident and Emergency who might have had an alcoholic drink, they will not be treated. This is the only life- threatening illness, where patients are neglected. There is no referral service. Most people on the DSP are disadvantaged socially and financially. The result is lack of choice due to the fact that you cannot afford private therapy.

This is contrary to the National Mental Health Standard 11.

There is also \$240,000 bequeath from Mr. James Don which was ear-marked for mental health accommodation and drug and alcohol, by the CEO, which has not reached these services.

G. Comment.

Support for carers has been mentioned, which is inadequate as the average age of our local carers is 75 years. They are distressed at there being no security for their adult children, when they die.

Please allow me to summarize my personal experiences as a result of continually asking the same questions, such as where is the Rehabilitation Development Group? Required in the NSW Government Action Plan for Health " Framework For

Rehabilitation For Mental Health", Mental Health Implementation Group, NSW Health, 2003, Page 17.

Equitable funding across the area? Increase in staff, Port Macquarie has not increased its staffing levels in real terms since 1995, But has employed a lot of Enrolled Nurses, in training, therefore they are not experienced mental health clinicians also meaning less Registered, experienced staff. There seems to be a lot of people doing jobs for which they have not been trained , E.G. Port Macquarie Mental Health Inpatient Unit has never had the pleasure of access to an occupational therapist to conduct a ward program in contrast to the National Mental Health Standard 11.4, Treatment and support. There is now a ward program operating after 5 years of lobbying but not with an Occupational Therapist.

H. Comment.

There is no chronic case management, except through Karawa Cottage where 2.4 workers support 70+ consumers at different stages of recovery. It is impossible for all consumers to be personally/ independently supported with this workload on the staff. Kempsey M. H. Service has cut down on the number of female case managers available to consumers.

I. Comment.

Services are not being offered or encouraged to be consumer-operated. The belief is that consumers are not capable of running their own lives so how can they do this. The power, stigma culture is very strong. Area Health refuses to fund Elected Consumer Advocacy, either through refunding expenses or payment for consultation.

J. Comment.

The criminal justice system dealing with the mental health issue has been another hurdle to overcome in this area. The Position of Court Liaison Officer has been under constant threat of restructuring this vital part time service to other sources again to save Area Health money.

This position has saved many lives from even more trauma, as well as saving millions of dollars.

K. Comment.

One of the best practice tools I believe is communication, human and in person. Currently there are not enough staff and not enough time to genuinely encourage consumers toward recovery.

L. Comment.

I have recently had bereavement and the " After suicide, care and support pack " for family and friends was not given to me by anyone in Area Health. Even when I presented to A & E a copy was not given to me. Area Health is now addressing this issue. Unfortunately the past position of Area Mental Health Consumer Coordinator use to do this job.

M. Comment.

This State of NSW has under funded every aspect of this community. Housing can not supply housing without the Health Department fulfilling the memorandum of understanding to support mental health consumers in their own homes, this is the case here.

This last year two- caravan parks have closed leaving a huge gap in the housing market. In the city this might not be an issue but in the country it is one of the biggest issues.

N. Comment.

The National Mental Health Plan 2003-2008 Australian Health Ministers, July 2003, Page 8 explains how the National Mental Health Strategy evolved, it then continues with more 'should's it looks so encouraging but it is not reaching the staff, consumers, carers and the community.

I have become confused with the different focuses recommended. Page 11. " A recovery orientation should drive service delivery". Page 12 under the title 'Resources for mental health must recognise the impacts of mental health problems and mental illness'

"Mental health warrants a resource base that reflects the impacts of mental health problems and mental illness on individuals, their families and carers, and the community. Resources are necessary to support the reduction of these impacts, and should be related to defined need.....Strategies to manage demand". The strategies I see, involve stopping services before alternatives exist. Is this what happened with the Richmond Report, the talk was true but the actions were not followed up with the resources being supplied to the community.

The last Select Committee Inquiry into Mental Health Services in NSW in 2002 had 120 recommendations. Please forgive my scepticism as I also made a submission to this enquiry.

I would like to focus on Recommendation 6. 'Ensure additional resources' Even this latest restructuring has had to come out of the existing budget.

Recommendation 7. NSW Health has rejected this recommendation of assertive case management, instead giving this responsibility to Non Government Organisations, IF THEY EXIST with little or no funding.

SUMMARY.

The Wolfenden Report recommended consumer involvement through

- : An independent advocacy service (1a.2)
- : Employment of consumer consultants (1a.2)
- : Funding support for CCC (1a.4)

The MH-Copes initiative supported by the Centre For Mental Health is addressing part of this issue. The focus is for a consumer- operated system. This is not possible here in Port Macquarie/ Kempsey due to they 're being no Area Mental Health Consumer Coordinator to support this important initiative.

As a result of my passion to improve Mental Health services in this area I have been called a ' Rottweiler with lipstick' in a public forum. It took me 12 months to get an apology. Since then I have also been refused access to acute care, resulting in a medical admission shortly after. These are just some of the tactics I have experienced in the last 15 months.

Dr. A Virgona Clinical Director of Mental Health, is trying his best to understand the local issues and is very nice, is currently addressing all of these issues. This position is not permanent therefore I will have to start negotiations again with a new Clinical Director within weeks.

Please stop this soul- destroying cycle of avoidance through beauracratc talk throughout this service, with tokenistic actions and funding.

Thank you for this opportunity to express the events concerning mental health issues within this area. Hopefully the recommendations that you make will be implemented.

Yours sincerely