



NSW Consumer Advisory Group – Mental Health Inc
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NSW CAG Position Statement

Community Mental Health Services the cornerstone of better outcomes for mental health

Introduction: Community Mental Health Services

NSW CAG continues to hear regularly from people living with mental illness about the significant gaps in community mental health services across the state.

The last five years have seen a tightening focus in Australia on the inadequate balancing of our mental health system, with overemphasis on a hospital based acute care system and systemic failure to develop and invest in a sound community-based system.

A series of commendable national and state level initiatives aimed at supporting and developing community-based mental health services have occurred since 2006. Despite this, evidence from consumers' experiences of NSW public mental health services indicates that a serious need remains for ongoing development and funding of the community sector to adequately support people living with mental illness.

Momentum must be maintained

Community mental health services are the cornerstone to better outcomes for mental health. Without strong community mental health services, consumers are experiencing:

- Admissions to hospital that could be avoided
- Readmissions to hospital that could be avoided
- High rates of homelessness
- High rates of unemployment
- Preventable suicides

It is vitally important that the shift towards stronger community-based mental health services continues, and that funding be dedicated to building on the work achieved in recent years to commence establishment of a strong community-based service.

The majority of people living with mental illness, if given a choice, will seek appropriate support within the community when they require assistance to manage the symptoms of their mental illness. While many consumers see the benefits of hospital based care when it is required, in NSW CAG's experience, few people would choose to be admitted to hospital if suitable alternative supports were available to them in the community.

“The first time I was released it took eight months to get a case worker and then only because I pushed for it.”

It is widely acknowledged by current policy that, whenever possible, providing mental health care in the community is the most appropriate place to deliver the support people experiencing mental illness need (Australian Health Ministers, 2009; Mental Health Council of Australia, 2006; NSW Health, 2006; NSW Health, 2008). This policy is based on evidence of both the cost and clinical effectiveness of community based care (NSW Health, 2008).

NSW Health's Commitment

In 2006, NSW Health detailed a strong community focus in outlining a five year plan for mental health services, stating that: “additional investment ... will be made to significantly expand the capacity of our services so that the right care can be provided at the right time.” (p. xiii)

This was followed by the NSW Community Mental Health Strategy released in 2008, reinforcing the NSW Government's commitment to developing strong community based mental health services.

Action is needed now

The NSW Government must act now if it is to build on the foundations laid by the work already done in NSW under these strategies. This work is essential too to meet the targets of the three key priority areas that impact on people who experience mental illness outlined in the NSW State Plan released in 2009:

- ▼ Improve and maintain access to quality health care in the face of increasing demand
- ▼ Reduce potentially preventable hospital admissions
- ▼ Improve outcomes in mental health.

To build on the work already achieved in NSW, and ensure our state does have a “world class health system”, NSW CAG urges the NSW Government to focus funding in the following service development areas over the next 5 years:

- ▼ Develop flexible non-hospital supports: step up, step down services
- ▼ Significantly boost case management services, also simplifying the referral and access pathways
- ▼ Increase and sustain funding to build a system of community participation and social inclusion options.

Flexible non-hospital supports: step up, step down services

Develop flexible service models that enable people who experience mental illness to increase and decrease the levels of clinical and non-clinical supports provided to them within the community as needed.

“There is a need for an in-between place, so that before you end up in hospital very unwell, you have a place to go to and escape. A respite centre for time out.”

A significant gap in the NSW mental health system is community based services that enable people who experience mental illness to increase and decrease the levels of clinical and non-clinical supports provided to them.

These services are essential to a mental health system that is recovery oriented. Without options that assist people to stay in their communities, and avoid hospitalisation unless truly required, our mental health system will remain focused on acute and crisis care and fail to deliver the best outcomes to individuals and the community.

“recovery oriented practices identify and incorporate a person’s own goals, interests and strengths in the effort to support the person’s own efforts to manage his or her condition while pursuing a meaningful life in the community” (Davidson et al, 2009. p. 326).

Programs like HASI have clearly demonstrated the benefits and success of providing innovative community based support to people. However, there is a strong need to expand the community based supports available beyond the target groups of the HASI program.

Delivering this set of services will require a mix of individually tailored and group support, with clinical and non-clinical components. An essential feature,

consistent with a recovery orientation to service delivery, will be to allow consumers' choice in the type of programs and delivery method that most suit their needs. The focus should be offering these services to people in their own homes, however, part of this model must include the option of stable, short term accommodation, with the mix of services described above, when it is required.

“There is a lack of community services for consumers as opposed to hospitals – we could do heaps of things and early intervention instead of ringing the crisis team, before people become unwell.”

In Victoria, Prevention and Recovery Care Services (PARCS) are an example of step up, step down services offering accommodation as well as clinical and non-clinical support. These services commenced in 2003 in that state. While the Victorian PARC model does not extend into the community beyond supported accommodation, evaluation has shown the PARC model:

- to be highly valued by consumers and clinicians.
- is considered to have made a significant contribution consumers' well-being and improved their outcomes (Forwood et al, 2008).

This Victorian model demonstrates the viability and contribution commitment to innovative community based service models can have on better outcomes for mental health. NSW CAG advocates that step up and step down services in NSW need to extend beyond residential services to providing additional support to people within their own environments as and when they need it.

Step up and Step down services in NSW will:

- Stop people falling through the gaps within the system
- Reduce the burden and focus on hospital care
- Reduce avoidable hospital admissions
- Reduce readmission rates by supporting people in successful transition back to their community when discharged from hospital
- Maintain people's social connections, essential to recovery
- Assist people to develop the skills and resilience required to maintain wellbeing with support
- Demonstrate the NSW Government's commitment to delivering world class mental health services

“When you get unwell there is no help. There is no help to prevent you from getting to this stage either.”

Case Management Services

Increase case management services, with an overhaul and simplification of referral and service access pathways.

“Having a case manager is really good, it helped me to realise my signs and symptoms.

Being sent to a community health service is great...”

In our consultations NSW CAG consistently hears about severe pressure on case management services. Consumers across the state tell us that caseworkers and managers have case loads often of 40 to 60 people which limits their contact with each consumer. Many consumers in consultation tell us they do not have access to a case manager at all. When people do have a case manager, the high case loads mean consumers' needs are not being adequately addressed, and that many consumers who are allocated case management are not actually receiving a service that constitutes case management.

Good case management plays a vital role in mental health prevention and early intervention, and in recovery. Case managers support consumers to identify and address their needs within the community, and to locate and access the appropriate support and services to maintain wellness and manage symptoms.

Case management services in NSW appear to be in crisis. In many regions consumers are only able to access case management within the community if they are under a Community Treatment Order under the Mental Health Act. Consumers have talked to NSW CAG of seeking to receive a Community Treatment Order so they may be able to receive case management services. This is clearly an unacceptable set of circumstances. Not only does it indicate the urgent need to increase and sustain funding, but that access pathways to these services must be overhauled, and the referral process simplified.

Good case management in NSW will:

- Prevent readmissions, by creating a clear responsibility for follow-up in the community when a consumer is discharged from hospital
- Prevent unnecessary hospital admissions by assisting consumers to identify and respond to symptoms early
- Create better outcomes for mental health by assisting consumers, in individualised ways, to engage and pursue a meaningful life within their community

Consumers in NSW highly value the role of genuine, well resourced case management services, however too many people currently do not receive these. Case management services need to be reinvigorated with a strong funding injection and sustained once they reach an adequate level where consumers who require this type of service have access to it.

“Availability of social workers and case workers is an issue; they are always busy.”

Community Participation and Social Inclusion

Increase and sustain funding for services to support people with a mental illness to engage in social and community activities, networks and employment, and enable broader community participation and social inclusion of mental health consumers.

Offering a range of psychosocial and vocational support services is vital to better outcomes in mental health (Anthony, 2009) and to genuinely delivering a recovery oriented mental health service in NSW.

These services have had an unsettled history in our state, regularly being changed and redeveloped with policy changes. This has had a significant impact on mental health consumers' lives and has led to a serious lack of continuity within the community setting.

In our consultations, the lack of these services in communities, and the frequent changing and redefining of what is available is raised when consumers are asked about the problems they face.

Experiencing mental illness can impact drastically on people's experiences of being part of the community in various ways, however, with individualised support people can and do develop strong community links and contribute in powerfully positive ways to the community. Research shows that people who have access to social networks cope better with the challenges they face in life (Brissette, Scheier & Carver, 2002).

These services intersect with step up/step down services, and case management services – the three are complimentary and will build an integrated, well resourced community mental health service that can be considered world class.

Community mental health services have an important role to play in connecting people through social activities and networks. Many consumers that NSW CAG have liaised with have found activity centres and group outings an essential support to the challenges associated with mental health problems. For some people these may be the only time they have the opportunity for social interaction

and social participation. Suggestions provided by consumers include the creation of clubhouses and camps as recreational facilities and activities. Additionally psychosocial support services need to support people living with mental illness to connect with existing community groups and activities, including education and employment.

Stronger psychosocial and vocational support services in NSW will:

- Assist in mental illness prevention by supporting people to pursue full and meaningful lives, and engage in social interaction
- Prevent hospital admissions through supporting wellness
- Maintain people's social connections, essential to recovery
- Assist people to develop the skills and resilience required to maintain wellness

About the NSW Consumer Advisory Group – Mental health Inc

The NSW Consumer Advisory Group – Mental Health Inc (NSW CAG) is the statewide, incorporated, non-government peak body that represents people who use mental health services (mental health consumers) to all levels of the NSW Government. In this way NSW CAG acts as a bridge between mental health consumers and the government.

An essential part of our role is to encourage mental health consumers to provide input into decision making at all levels concerning mental health service provision.

NSW CAG is funded by the Mental Health and Drug and Alcohol Office, NSW Department of Health.

Who is a mental health consumer?

A person who has the experience of using mental health services. NSW CAG also hears from people who do not have this experience, but who have the experience of mental illness.

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