

**Submission
Special Commission of Inquiry
Acute Care Services in NSW Public Hospitals**



March 2008

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG)
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NSW Consumer Advisory Group – Mental Health Inc
ABN 82 549 537 349

26th March 2008

The Executive Officer
Special Commission of Inquiry
Acute Care Services in NSW Public Hospitals
PO Box A4 Sydney South 1235 NSW
Email: acutecare.inquiry@agd.nsw.gov

To Whom It May Concern:

Regarding: Special Commission of Inquiry, Acute Care Services in NSW Public Hospitals.

The NSW Consumer Advisory Group – Mental Health Inc (NSW CAG) is pleased to have the opportunity to contribute to the Special Commission of Inquiry, Acute Care Services in NSW Public Hospitals.

Please find in the following pages our submission in relation to the inquiry.

NSW CAG is the independent, statewide organisation representing the views of mental health consumers and carers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers and carers to experience fair access to quality services which reflect their needs.

Our submission raises particular issues relevant to our constituents, mental health consumers and carers in NSW. Because of our specific focus, this submission makes general comments that broadly fall under the first Term of Reference, rather than addressing all of the inquiry's Terms of Reference.

Yours sincerely

Karen Oakley
A/Executive Officer

Response & Recommendations

Special Commission Inquiry, Acute Care Services in NSW Public Hospitals

Terms of Reference

1. Any systemic or institutional issues in the delivery of acute care services in NSW public hospitals recommended changes to address them:

While NSW CAG understands the focus of the Special Commission Inquiry to be on acute care services in NSW Public Hospitals, a fundamental systemic issue for mental health service provision is the need for stronger investment in community mental health services. Often, the focus of discussions within the broader community, and indeed within the mental health sector, focuses on the need for more hospital beds to meet the apparent needs for care. It is NSW CAG's position that consideration of acute care services relevant to mental health consumers cannot occur without reflection and consideration of the community mental health sector. NSW CAG considers that the community context is vital to address the increasing needs being placed on acute mental health services, and the 'revolving door' challenge that is well known by consumers, carers, and the mental health workforce.

Pressure on the mental health system exists, and as the Mental Health Council of Australia (MHCA) in their report "*Time for Service*" acknowledge, particularly access to acute care beds and access block in hospital emergency departments" (June 2006; p. 1). However, the MHCA report goes on to note that "the traditional and completely inadequate response of governments to the mental health crisis has been further investment in hospital beds. However, according to a number of unpublished data, up to 40% of patients in acute care mental health facilities could be discharged from these facilities if suitable services and supports were available." (p. 2).

Recovery and positive, meaningful outcomes, from the perspective of people who live with mental illness and their families and carers, are most often best supported within the community. Admission to hospital for someone experiencing mental illness should not be a first resort, although frequently, because of the lack of options within the community, this is not the case.

The first National Mental Health plan set the agenda clearly for expanding community based mental health services, acknowledging the need to move from institutional care to a community model. As highlighted by the Senate Select Committee on Mental Health (March 2006) the first plan failed to provide adequate detail in relation to how this could occur. Following plans have also strongly focused on community services; however, development of appropriate services to meet the community's needs have not followed from these policies.

NSW CAG hears regularly through our consultations with mental health consumers and carers about how limited the community mental health services are across NSW. People tell us that hospital and the emergency department are frequently their only option for assistance, although often not their preference.

Our constituents also tell us that the fundamental aspect of continuity and coordination of care between acute care options and those within the community is often non-existent or very poorly executed. Continuity and coordination of services and care, however, is critical to mental health consumers staying well within the community. Without adequate consideration of how the acute services relate to the community context in terms of providing continuity and coordination, the revolving door, experienced by so many consumers, and, we argue, a feature of the pressure on acute mental health services, will not be addressed.

Consumers and carers in our consultations have also spoken of the extreme pressure on case management services. Again, many people living with mental illness in communities in NSW do not have access to case management services at all. Those that do tell us they are often one of between forty and sixty clients to whom their case manager is expected to provide services. The outcome of this type of pressure is that case management does not perform the support it should,

and becomes tokenistic, again leading often to hospital based care as the option available when someone experiences an increased need for support.

Other elements of adequate community services are also extremely limited, contributing to the pressure that exists on acute services. Our consultations with consumers and carers indicate that after hours, outreach and home visit community services have become increasingly limited over the past ten years, and often no longer exist in parts of NSW. The Mental Health Council of Australia (June 2006) and well as the Senate Select Committee on Mental Health (March 2006) reports highlight the need for appropriate services in the community to support mental health consumers when they need it. Both reports provide considered discussion of step-up step-down services. These types of services address not only the issues of continuity and coordination between acute, hospital based care and return to the community, but provide the important buffer between a consumer's need for increased support and acute care services as a first resort.

Recommendations

That the inquiry takes into account the need for investment in community mental health services to address the gaps faced within NSW, as a critical part of consideration of the needs for acute care services in NSW Public Hospitals.

References

Mental Health Council of Australia. (June 2006). *Time for Service*. Solving Australia's Mental Health crisis. Mental Health Council of Australia, ACT.
<http://www.mhca.org.au/timeforservice/TimeForService.pdf>

Senate Select Committee on Mental Health. (March 2006). *A national approach to mental health – from crisis to community*. Commonwealth of Australia.
http://www.aph.gov.au/senate/committee/mentalhealth_ctte/

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