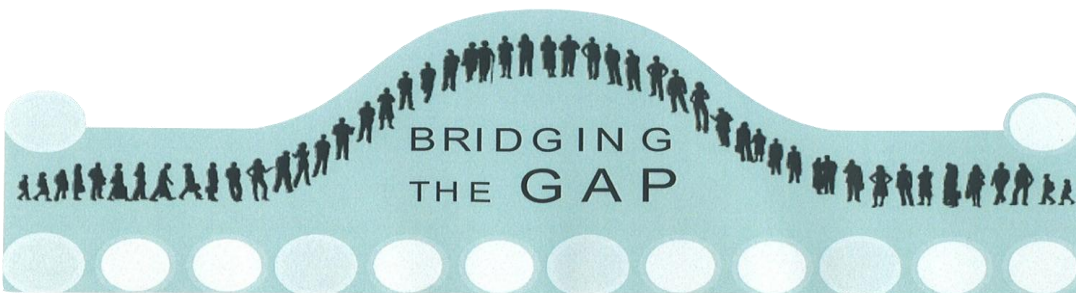




CHANGING THE FOCUS:

**A RECOVERY BASED
MENTAL HEALTH SYSTEM**

2011 NSW STATE ELECTION



“NSW CAG: Bridging the gap between mental health consumers and the NSW Government”

The NSW Consumer Advisory Group – Mental Health Inc.
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About NSW CAG

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak statewide body in NSW representing the views of mental health consumers (people who use mental health services) at a policy level, working to achieve and support systemic change.

Our vision is for all mental health consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery services that reflect their needs

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INTRODUCTION: CHANGING THE FOCUS

NSW CAG hears regularly from people living with mental illness that they want to remain in the community, connected to friends and family and other informal social networks. In order to do this, they want to be supported by a range of services which assist them to live stable and fulfilling lives in their homes or in home-like environments within their local community. They also want an environment that supports their individual journey of recovery¹.

It is an unfortunate reality that people living with mental illness in NSW still do not enjoy the opportunities for support and wellbeing in the community that they need to sustain an optimum level of wellbeing.

Instead, many people who experience mental illness cannot get access to services they need unless they are considered to be acutely unwell and in a state of crisis. Our current system is not designed to intervene early and prevent the need for crisis services in the first place.

Poor funding of public and non-government mental health services which provide community-based psychosocial and support services such as employment, housing, education and training, and access to peers and support networks means that many miss out on the care they need. Instead, acute services such as Emergency Departments and inpatient

“I had a bad attack of depression and suicide, and I couldn’t work out how to get help. A member of this group encouraged me to go to hospital, and they told me to walk [to the service]. I nearly stepped in front of a truck... I was terribly distressed. When I got there, they asked me if I was suicidal, and I said ‘no’ as I was just distressed. They then said they couldn’t help me. Where is the help for people who aren’t suicidal? I was surprised the service couldn’t help me because I didn’t want to commit suicide”

Consumer, NSW CAG Consultation 2009

facilities are often the only option available, which means that many people are forced to

¹ Recovery for people living with a mental illness is often described as a journey that is unique for each individual. It involves living a meaningful life, having hope for the future, managing the illness, fostering self determination, being able to participate in the community and sustain meaningful relationships. Recovery in this sense is not necessarily about cure of symptoms; rather it is about people living meaningful lives in the presence or absence of symptoms.

wait until they reach a point of crisis before they can receive appropriate care, treatment and support to manage their mental illness.

As a state, we can do more for people who experience mental illness by providing support in the community before they reach the point of crisis. For too long, Governments have pledged commitment to the strengthening of strong community mental health services, yet the reality is a continued funding focus on beds. NSW CAG believes that now is the act on this promise.

There must be a change in focus from crisis to recovery if the system is to significantly reduce the burden of mental illness on both the individuals who experience it, their carers and the wider community. This paper outlines some aspects of the system that need to be addressed in order to move forward. NSW CAG calls on the Government to commit to:

- The expansion of public community mental health services to support people to stay well in the community;
- Expansion of non-clinical programs delivered by the non-government (community managed) sector;
- A strong and sustainable workforce able to meet consumers' needs, operating from a philosophy of recovery based practice;
- A recovery oriented forensic mental health system, which adopts a strong focus on health needs, rather than punishment; and
- The development of mental health information and individual advocacy centres in local regions which enable people to get the right information and individual support.

NSW CAG is calling for state leadership which supports:

- **The expansion of public community mental health services;**
- **Expansion of non-clinical programs delivered by the non-government (community managed) sector;**
- **The building of a strong and sustainable workforce which meets the needs of mental health consumers;**
- **A recovery oriented forensic mental health system; and**
- **The development of mental health information and individual advocacy centres in local regions**

1. EXPANDING NSW PUBLIC COMMUNITY MENTAL HEALTH SERVICES

NSW CAG strongly believes that public community mental health services are the cornerstone of ensuring that the people of NSW experience good mental health. A system oriented around strong public community mental health services ensures that consumers are not experiencing:

- Admissions to hospital which could have been avoided;
- Readmissions to hospital which could have been avoided;
- High rates of homelessness;
- High rates of unemployment; and
- Preventable suicides.

“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.”

Consumer, NSW CAG
Consultation 2009

The State Government has already made significant commitments to building strong public community mental health services through the establishment of the *NSW Community Mental Health Strategy 2007-2012*, which aligns with other state and national mental health policies to:

- Promote mental health and wellbeing;
- Embed a recovery approach within service delivery;
- Prevent and/or intervene early in the onset or recurrence of mental illness;
- Improve evidence based practice in community and support services; and
- Enhance community responses to mental health emergencies and acute care needs (NSW Community Mental Health Strategy, 2008).

Despite these commitments, NSW community mental health services have experienced significant shortcomings over the past few decades. Consumers consistently voice concern that there are insufficient supports for them to remain well in the community which prevent the need for crisis services. Their concerns include that:

- Many case management services, when available, are not resourced to perform the role they should;
- Many consumers in rural and remote areas are left without services and have to travel excessively long distances to receive appropriate mental health care;
- Consumers have limited or no options for support unless they are in hospital; and
- Many services fail to meet consumers' needs across their life spectrum and their recovery journey.

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 for individuals in the community.

The delivery of strong community mental health 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 on offering these services to people in their own homes, however, part of this model must include the option of stable, short term and long term accommodation, and step up and step down services, with the mix of services described above, when they are required.

What needs to be done?

1. Quarantine of mental health and community mental health funding

Mental health receives only a small proportion of the health budget which bears no relation to the proportion of the disease burden attributable to mental illness (Senate Select Committee on Mental Health 2006, p. 15). Instead, procedure-focused priorities absorb a large component of this budget, which is a major contributing factor to NSW's significantly under resourced mental health system. Funding for mental health must be a quarantined component of the health budget to ensure decades of under-spending on infrastructure, the mental health workforce and services are addressed.

Further, the only way to maintain any real investment in the prevention, early intervention and post-discharge support in mental health for consumers is to also ensure that community mental health funding is a quarantined component of the mental health budget. The absorption of a large portion of mental health allocated funding on crisis care must cease, with separate quarantined funding focusing on providing community based support to consumers so they can remain well in the community and avoid hospitalisation in the first place.

2. Community mental health services as first step services

The NSW mental health system must reorient its emphasis to be about community health as first step services, with hospitals and specialists backing up as second tier services. This will reorient the focus from crisis to community care and provide early intervention support to people before they become acutely unwell. This in itself demands a complete reorientation in the way mental health services are currently provided.

3. Enhancing case management services to meet community need

Case management services are highly valued by consumers across NSW.

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.

Consumers across NSW tell us that caseworkers and managers often have case loads often of 40 to 60 people. This severely limits their contact with each consumer. Research evidence is also available suggesting that larger case loads equal lower efficacy from case managers' perspectives too (King et al, 2000). When people do have a case manager, the high case loads mean consumers' needs are not being adequately addressed: many consumers who are allocated case management are not actually receiving a service that constitutes case management.

"People like myself may appear to be okay, but I wake up with depression and I face a battle every morning to get up - they still won't give me a case manager."

Consumer, NSW CAG consultation 2009

For mental health consumers, case managers are seen as vital in:

- Assisting with navigating the mental health system and accessing the services and resources they need to support their recovery journey;
- Ensuring a consistent approach is taken to the treatment and care of a person with a mental illness;
- Coordinating services amongst a variety of professionals and systems;
- Providing ongoing support; and
- Developing a recovery plan that is based on the consumer's needs and wants

Many consumers in consultation tell us they do not have access to a case manager at all. As a result, these people experience difficulties in locating and accessing the appropriate support and services to maintain their wellness and manage their symptoms.

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; and
- Create better outcomes for mental health outcomes by assisting consumers, in individualised ways, to engage and pursue a meaningful life within their community.

Expanding the provision of case management services in NSW must be a priority.

4. Provision of flexible non-hospital supports: step up and step down services

A significant gap in the NSW mental health system is community based services which 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.

Implementing 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; and
- Demonstrate the NSW Government’s commitment to delivering world class mental health services

5. Expand the Housing and Accommodation Support Initiative (HASI)

Affordable housing and access to assistance programs such as the Housing and Accommodation Support Initiative (HASI) are hard to attain. Consumers often experience extended stay in inpatient facilities due to a lack of appropriate housing made available to them. Preliminary results of the HASI evaluation indicate that the client outcomes include supporting people with a mental illness to access and maintain secure tenancies, improved mental and physical health, and improved social and community connection (McDermott et al 2010). For some, the outcomes also included economic participation and overall improved quality of life.

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 currently addressed by the HASI program.

NSW CAG urges the government to double the current level of HASI programs provided and implement a HASI package which provides 24 hour support to people use the program.

6. Develop a sustainable program for rural and remote communities

NSW CAG believes that there is an urgent need to address the gap in the availability of community-based services in rural and remote areas. The availability of publicly funded community mental health services should relate to a person's need, not where they live.

While there are significant needs for growth in community mental health services right across NSW, there is a critical issue of access for people in rural and remote areas. Not only are people in rural and remote NSW who experience mental illness missing out on the breadth of community mental health services advocated for in other parts of this document, access to Psychiatrists and even GPs can also be considerably difficult. There is a clear relationship here with workforce development and growth

NSW CAG believes the development of innovative measures to address these challenging issues is needed, including:

- Workforce initiatives specific for rural and remote areas, which may include expanding the Nurse Practitioner workforce, and increasing and expanding incentives for staff to work and stay in rural and remote areas;
- Commitment to supporting local social activities and initiatives which address isolation;
- Stronger models for service allocation that take into account issues of remoteness; and
- Models to provide travel support for people needing to access services when these services remain at a distance.

2. EXPAND NON-CLINICAL PROGRAMS DELIVERED BY THE NON-GOVERNMENT (COMMUNITY MANAGED) SECTOR

It is well recognised that the impacts of living with a mental illness are broader than the narrow medical focus of our current mental health system. Non-clinical programs delivered by the non-government (community managed) sector are essential to meeting a range of people's needs. These include psychosocial programs, accommodation and respite services, education and training opportunities and vocational support services.

Offering a range of psychosocial and vocational support services is vital in achieving

"You need someone to visit you, in your house, a shoulder to cry on. Someone to help you with your housework during the day, shopping and exercise."

Consumer, NSW CAG consultation 2009

better outcomes in mental health (Anthony, 2009) and to genuinely supporting people on their journeys of recovery.

These non-clinical services must complement strong community public

mental health services across NSW. Well supported and funded public and community-sector services together will build an integrated well resourced community mental health system that can be considered world class.

What needs to be done?

- 1. Ensure continuity and expansion of existing programs focusing on the psychosocial needs of people living with a mental illness, including services offering leisure and recreation activities, and support to attain or return to independent living within the context of personal supports, communities and respite services.**

In recent years, non-clinical programs delivered by the non-government sector have received an important boost from the Commonwealth and State governments. NSW

CAG welcomed programs like the *Personal Helpers and Mentors* scheme, the *Recovery and Resources Services Program*, and *Support for Day to Day Living in the Community*.

In NSW CAG's consultations, consumers continue to voice that:

- There remains a high need for further programs that address people's need for social connectedness in all of its forms.
- Activity centres and group outings are an essential support to people who face the challenges associated with mental health problems. For some people this may be the only time they have the opportunity for social interaction and social participation.
- People want greater support for connecting with existing community groups and activities, including education and employment.
- For some consumers, attainment or return to independent living is a primary goal that needs support.

"The Centre is great because they provide support. The staff are caring, they will bend over backwards to make sure that you are not stuck in the house doing nothing. They provide a lot of groups and events to get you out of the house."

Consumer, NSW CAG Consultation 2009

2. Lead the way in exploring improved pathways to employment by committing to a review of international best practice, conducting locally relevant research and funding a greater range of suitable vocational support options.

Poor access to employment opportunities not only represents the stigma endured by so many people who experience mental illness, but it also manifests as real discrimination. Combined with stable housing and access to good health services, employment is a crucial factor in ensuring that people with mental illness remain well and connected to their community. For many employment is a core component to their recovery.

Despite evidence that up to 90% of people with mental illness want to work, and that a range of relevant support services are provided across jurisdictions to support this, mental health consumers continue to experience difficulties in securing and maintaining employment (Mental Health Council of Australia 2007). The unemployment rate of

people who experience mental illness is estimated between 75-78% across Australia, which is higher than any other disability group. Engagement in employment opportunities for people who experience mental illness can result in better symptom control, higher levels of self esteem, increased levels of satisfaction and greater financial security – this assists with recovery and enhancing people’s social, economic and personal wellbeing.

It is NSW CAG’s belief that NSW has significant work to do to develop vocational support services that match international best practice (Commonwealth of Australia 2008) and that meet the needs of people living with mental illness in our state. Through the revision of the NSW State Plan, the current NSW Government retreated on its commitment to increase the employment and community participation for people with disabilities by closing the gap in the unemployment rate between people with a disability and the overall community by 50% by 2016, equivalent to around 6,000 jobs; and increasing the out of home participation rate of people with severe and profound disability to at least 85% (Priority F2 in the original State Plan). A commitment to improving outcomes in mental health which aimed to increase the community participation rates of people with a mental illness by 40% by 2016 was also removed. NSW CAG strongly advocates that the restoration of these initial commitments must be on the agenda for the next state government to ensure that NSW is supporting adequate pathways to employment opportunities for people who experience mental illness.

3. Support a comprehensive program of peer support services

Mental health consumers in NSW consistently report the benefits of peer support. While there are various models of peer support both within Australia and internationally, the key aspects revolve around:

- Feeling understood;
- Being connected by a common experience;
- Sharing of experiences, hope, knowledge, and coping strategies;
- Feeling supported and encouraged; and

“My peer group and people with mental health issues – they understand. I get more support from people with similar situations because they know what is going on inside me.”
NSW Consumer Consultation, 2009

- Social interaction and human connection.

Such peer connection has been demonstrated to positively impact on people's mental health (Kawachi & Berkman, 2001).

Currently there is a lack of peer support options for people living with mental illness in NSW.

3. BUILDING A STRONG AND SUSTAINABLE WORKFORCE ABLE TO MEET CONSUMERS' NEEDS

Building a strong workforce has been an ongoing priority area and challenge for the NSW mental health sector over recent decades. This work is fundamental to building a good community-based support system, as the mental health system will always have people at its core.

A number of issues relating to the mental health workforce are apparent from those who have the experience of using mental health services:

- Staff attitudes are central to consumers' experiences of services, and instrumental to supporting people in their recovery and development of wellbeing. Many consumers we talk to attribute many of the most powerful transitional and transformational moments in their journey of recovery and wellbeing to their interactions with members of the mental health workforce. At the same time it is this same setting, interactions with the workforce, where some of the most hurtful and damaging experiences are had by people living with mental illness.
- Workforce knowledge of recovery, both in understanding the concepts underpinning a recovery approach and in practical application of working from a recovery orientation, remains in strong need of development.
- Rural and remote areas have critical shortages of community mental health staff.
- Consumers experience difficulties in accessing a range of professional skill sets to meet their needs, including Psychologists, Social Workers, and Occupational Therapists.

"What we need is a consistency in the staff that look after us. You see a different doctor every time, no-one is based here, they come from Sydney once a month, we have to retell the story again, one psychiatrist has one idea and one has another, and you just have no idea of what's going on."

Consumer, NSW CAG Consultation 2009

- There needs to be a greater commitment to developing a sustainable consumer workforce. The peer 'consumer' workforce is seen as a valuable aspect of service provision by consumers. Consumers report often feeling more comfortable in talking with someone who understands the experience of mental illness from first hand experience. Peer or consumer workers are seen to provide a sense of hope for recovery, are able to share their knowledge of the service, system and illness from a lived experience perspective, and to share ideas about ways to cope and manage symptoms and to continue on the recovery journey. The consumer workforce is also seen as an important strategy in ensuring consumer participation within mental health services (Mental Health Commission, 2000).
- GPs continue to be a vital resource, particularly as a first point of contact for people with mental health problems. Further work is needed, however, as consumers tell NSW CAG of recent experiences of interactions with GPs where awareness and knowledge about mental health problems is lacking. There must be a strong commitment to building and strengthening relationships between GPs and the mental health sector to aid communication channels, continuity of care and referral pathways.

"I found someone who had the lived experience and I enjoyed that because she wasn't telling me how it was in the textbook, but how it is in reality."

Consumer, NSW CAG Consultation 2009

What needs to be done?

1. Enhancement of holistic, multidisciplinary teams

NSW CAG hears from our consultations and Network that people living with mental illness need to access a holistic range of services including those that address physical health, social networks and support, and housing and employment needs.

In order to provide care in the community which meets consumer's needs, there needs to be a collaborative approach to treatment planning and ongoing care throughout the

treatment pathway. This is about adopting a holistic approach which is able to meet the needs of the whole person, and not just their mental illness.

Multidisciplinary teams ensure that mental health professionals who are involved in the care of consumers discuss all relevant aspects of a consumer's needs, as well as other factors which impact upon the consumer's care. They are fundamental in providing coordinated and comprehensive mental health care to consumers, particularly in rural and remote areas, and ensure that consumers are involved in their care planning and support. Multidisciplinary care is an integral part of care for all consumers, from diagnosis through to recovery.

Multidisciplinary teams ensure:

- Continuity of care;
- A development of pathways and protocols which support treatment and care; and
- Appropriate referral networks, including referral pathways which meet a consumer's psychosocial needs.

2. Ensure that there are initiatives at the state level which address workforce issues in the specific context of community-based services

To build the capacity of the NSW workforce, a number of issues must be addressed:

- Culture of staff attitudes, enhancing attitudes based on recognition of people's strengths and a consumer focus;
- Understanding of recovery orientation across the entire workforce;
- Attraction and retention in rural and remote areas;
- Workforce beyond Primary Care ensuring a range of professional backgrounds make up the whole workforce; and
- GP knowledge and awareness relating to mental health problems.

4. A RECOVERY ORIENTED FORENSIC MENTAL HEALTH SYSTEM

It is a sad reality that approximately one in six people who were found not guilty due to mental illness in NSW were detained in correctional facilities between the 2007-2008 financial year (NSWLRC 2010, p.199). Although exonerated from criminal responsibility, these people are held in punitive institutions because there are insufficient resources in the forensic mental health system. Many who are eventually found not guilty because of their illness are left hollowing in remand centres across the state

"You are told you're not guilty because you weren't well but you are kept in jail until there is a bed available in the forensic system. You are in a situation where you are trying to get better and process through the system but you are not able to in gaol."

Forensic consumer, NSW CAG
Consultation 2010

awaiting trial, which are inappropriate and stressful environments for someone who is unwell. The experience of being held in a facility which does not meet individual's health needs often further exacerbates their symptoms and prolongs the consumer's recovery from the acute stage of their illness.

In NSW CAG's view, it is important that NSW has a forensic mental health system which is distinguished from the penal system. What is needed is a system underpinned by the philosophy of recovery, with a strong focus on the health needs of each individual.

This would require increasing the availability of forensic community and inpatient facilities so that forensic consumers can have services which meet their needs. Adequate resourcing of forensic facilities is essential to providing recovery oriented services to meet the needs of mental health consumers.

What needs to be done?

1. Address bed shortages

Movement of consumers through and out of the forensic system is limited, which creates a demand for beds which exceeds supply. As a result, those waiting for beds are kept in correctional facilities or held in more restrictive care than is necessary until a bed

becomes available. This fails to meet the consumer's needs, provide a service that is recovery oriented, and meet the principles of least restrictive care.

2. Adopt a stronger health focus

The NSW forensic mental health system must adopt a stronger health focus in providing care, support and treatment for people who have been found not guilty of criminal offences due to underlying mental health issues. In practice, this would include:

- In the community, the provision of accessible service options for people who are diverted from a custodial setting. There must be separate and direct clinical services for forensic consumers in the community, to ensure focused and centralised care;
- In the prison setting, ensuring that there are appropriate and adequate screening process for all people entering the criminal justice system, ensuring that those who have been identified with mental illness are transferred to an appropriate mental health facility; and
- In the forensic setting, providing opportunities for each person to progress through the system in accordance with their progress in recovery. Opportunities for recovery must be available in the forensic setting, including the option to participate in activities and groups that contribute to living a meaningful life and provide hope for the future. It is important that care in this environment also reflects the notion of least restrictive care. Accessible options for movement through the forensic system will ensure that the system is more recovery oriented by providing avenues of hope for the future.

3. Removing involuntary consumers with high needs from the same mental health services as forensic consumers

NSW CAG is aware that in some forensic hospitals in NSW, forensic consumers are placed in the same services as involuntary consumers with high and complex needs. NSW CAG's consultations with forensic consumers in these settings have identified several issues with this, including:

- The groups have competing needs which draws away resources and fails to meet the unique needs of each by placing them together; and
- Staff attention is continually diverted to the needs of involuntary consumers at the expense of the health care needs of forensic consumers.

NSW CAG calls for the allocation of resources to be provided for civilian involuntary patients who require high level treatment and a maximum secure setting to be provided with care, treatment and support in separate inpatient facilities which more adequately meets their needs. This would free up the forensic mental health system to address bed blockages which currently prevent movement of forensic consumers to a level of care and restriction which supports their personal needs.

4. Support for forensic consumers re-entering the community

On discharge from the forensic mental health system, many consumers experience inadequate housing options; problems in reconnecting with family and friends; poor access to employment and difficulties in reintegrating back into the community. Adequate community forensic mental health services ensure that forensic mental health consumers are supported to restore their life in the community. This requires designated, specialist community forensic mental health teams operating throughout NSW. It also requires the development of supported housing options in the community for forensic mental health consumers.

5. Prevention and early intervention

When speaking to forensic consumers, many speak of similar stories prior to committing an offence: they are turned away from mental health facilities because they are not considered to be 'acutely unwell', and as a consequence, become unwell and commit an index offence.

A well resourced and recovery focussed community and inpatient mental health system is essential in preventing people from entering the forensic mental health system in the first place.

"There should be more prevention – if they did that right then none of us would be here in the first place."

Forensic consumer, NSW CAG
Consultation 2010

6. Not guilty, proceed to gaol: removing forensic patients from correctional facilities

NSW is one of only a few jurisdictions in the western world that places forensic patients within the precincts of a correctional facility, and under the authority of correctional staff (NSW Legislative Council Select Committee on Mental Health 2002, p. 250). As a result, many people housed in the prison system are receiving care by custodial officers who are not trained mental health professionals to meet the needs of those who experience mental illness. In 1993 the Burdekin Report recommended that anyone found to be unfit to plea or not guilty due to mental illness should be detained in a health facility not a prison.

Correctional facilities can be the most harmful and non-therapeutic environments to send someone who experiences mental illness. They are inappropriate environments for many reasons, including:

- The fact that it is a criminal response to a health matter;
- Mental health care needs such as case management and health plans are not available;
- Detention in correctional settings does not provide a stable environment for treatment, care and recovery for people who experience mental illness;
- Lack of mental health knowledge among custodial staff;
- Recovery and rehabilitation programs are limited; and
- Stigma and discrimination towards people living with mental illness is prevalent in prisons.

Correctional facilities are punitive in nature, and should only be used to hold people who have received a conviction of guilty following a fair trial.

5. DEVELOP MENTAL HEALTH INFORMATION AND ADVOCACY CENTRES IN LOCAL REGIONS

NSW CAG regularly hears that consumers want and need access to more information about mental illness, services that are available, treatment options, alternative treatments, mental health legislation, and supporting services beyond the mental health system.

Consumers tell us about the challenges they face in accessing information. These challenges relate to:

- Gaining access to good information. Many consumers we speak to do not have access to the internet on a regular and private basis;
- Assessing the reliability of information;
- Navigating the overwhelming amount of information that can be found, particularly via the internet;
- Accessing information from alternative sources or perspectives to the dominant medical model; and
- Obtaining information in accessible formats and languages.

Without access to adequate information, many people feel less equipped to make decisions about their own lives.

“Information provides insight and you recognise symptoms and develop better ways of dealing with mental illness.”

Consumer, NSW CAG
Consultation 2010

Related closely to the issue of access to adequate information is that of advocacy. Currently no independent mental health advocacy service exists within NSW to support people to ensure their rights are not only heard but met in the variety of settings and situations with which they engage. We are aware of this occurs in other states as well. NSW CAG considers this to be a considerable gap within the current system.

A person living with a mental illness may have to negotiate with an array of complex systems including the mental health system, the legal system, employment services,

education, housing and accommodation, social and community services, child welfare and protection to name a possible few.

Any person may find negotiating for their own rights a significant challenge with any of

“What’s needed is someone to steer you through the services.”

Consumer, NSW CAG
Consultation 2010

these services. People experiencing mental illness may be particularly vulnerable because of their mental distress, discriminatory and stigmatising attitudes, their access to private financial resources and other socioeconomic factors. While advocacy services exist within the broad disability sector, mental health consumers report the need for more such services and services that understand the specific needs and challenges facing people with a mental illness.

Various models for advocacy services exist particularly within the disability sector. One effective international model, currently operating in the UK is advocacy support and resourcing agencies. Such agencies provide support, information and training to organisations delivering advocacy services. They also provide a centralised place for people to access information about advocacy services (<http://www.actionforadvocacy.org.uk>). However, different formats of service delivery are required for people who live in regional areas. The funding of a network of individual advocates who are able to work within an outreach framework is recognised as an effective way to provide services to people in large regions (Robinson, 2005).

What needs to be done?

1. A state program to develop and implement mental health information and advocacy centres in collaboration with mental health consumers

This would include:

- A program to provide the community with information about mental health services, treatment options including alternative treatments, mental health legislation and non-mental health supporting services, and

- The resourcing of individual advocacy services, including centralised and outreach models.

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