

Response to the National Health and Hospitals Reform Commission Interim Report



March 2009

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NSW Consumer Advisory Group – Mental Health Inc.
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16th March 2009

Christine Bennett
Chair
The National Health and Hospitals Reform Commission
PO Box 685
Woden ACT 2606

Dear Christine,

Regarding: Response to the National Health and Hospitals Reform Commission Interim Report

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services, which reflect their needs.

NSW CAG commends the Australian Government for producing the National health and Hospitals Reform Commission report, *A Healthy Future for All Australians, Interim Report December 2008*, and we are pleased to have the opportunity to provide comment. Please find to follow our advice in response to the interim report.

Please do not hesitate to contact me regarding any queries you may have.

Yours sincerely,

Karen Oakley
Executive Officer

Basis of this advice

NSW CAG exists to ensure that policy makers hear the perspectives of mental health consumers across NSW. To enable our representation of mental health consumers and to advocate for systemic change, NSW CAG conducts a range of consultations with consumers, carers, service providers and other stakeholders throughout NSW.

NSW CAG's comments and recommendations regarding the interim report are based on information elicited from our core work and hearing from consumers of mental health services in NSW.

NSW CAG's recommendations below are in order of the 12 key reform directions for mental health outlined in the Interim Report:

NSW CAG supports the directions outlined in this Report that aim to re-orientate and re-focus the health care system towards prevention and primary health care, as well as focusing on providing treatment and supports for people living with mental illness in the community, rather than the previous concentration on acute services in hospitals.

Reform Direction 10.1

Screening for mental disorders in young people needs to include a comprehensive screening and ongoing monitoring of physical health, traditionally neglected in people living with mental illness. In addition, clearly defined and strong connections between these youth based centres, the proposed Comprehensive Primary Care Centres, and community based stepped care centres are essential.

Reform Direction 10.2

The Early Prevention and Intervention models proposed need to be broadened to all mental illnesses including depression, anxiety and substance use disorders. Early intervention plans need to also include people with a current or prior diagnosis to prevent relapse or future episodes of psychosis.

Reform Direction 10.3

It is recommended that this reform direction be broadened to include all acute crisis episodes of mental illness, and to strengthen crisis prevention and management planning for those living with mental illness within community based services. This broadened scope may prevent the escalation of acute episodes and further assist in relieving the burden on emergency and acute inpatient services while allowing the consumer access to treatment in their own environment.

Reform Direction 10.4

Investment in community mental health services needs to be a priority. There also needs to be an expansion in sub-acute and longer-term recovery services that support people in their own homes.

Processes for discharge planning that occur in partnership with consumers during their stay in hospital need to be incorporated into this reform direction to ensure a smooth transfer from hospital into step down care.

Step down care as well as inpatient care needs to incorporate the physical health needs of people living with mental illness in conjunction with their mental health.

Reform Direction 10.5

NSW CAG supports this direction. Such education is needed to ensure appropriate use of care plans, and achievement of coordinated care.

Reform Direction 10.6

NSW CAG strongly supports this recommendation.

Reform Direction 10.7

The report needs to acknowledge and support the National Mental Health and Disability Employment Strategy. For this reform direction to be achieved accompanying anti-discrimination and stigma reduction campaigns aimed at the general public and employers in particular are also essential.

Reform Direction 10.8

NSW CAG strongly supports this reform direction.

Reform Direction 10.9

NSW CAG supports this direction.

Reform Direction 10.10

This direction highlights the need for adequate discharge planning from acute services. NSW CAG regularly hears about the need for stronger discharge planning, and we recommend this be the focus of this reform direction. Adequate discharge planning needs to extend beyond the minimum of making sure the person has somewhere to live and/or that someone has been informed. Discharge planning needs to be undertaken in partnership with consumers, and where requested, carers and family members. Discharge from hospital should ideally be coordinated with a step-down or comprehensive primary care support service.

NSW CAG further recommends that the recommendation under discharge planning for general health issues (p. 132) for financial incentives for hospitals to provide adequate information and a referral for future management be incorporated as a strategy within the reform directions for mental health.

Reform Direction 10.11

In addition to mental health promotion and literacy there is a need for the inclusion of strategies to address attitude change among the general public towards people living with mental illness.

Research has ascertained that the most successful strategies to overcome stigma are multi-faceted and include those which increase people's contact with people living with mental illness (Cheverton, 2008; Corrigan, 2004). Programs where mental health consumers spend time educating people in schools, universities, workplaces including health and mental health workplaces, the media and other key institutions need to be funded. Stronger monitoring of media representations of mental illness and suicide and lobbying for accurate representations of people with a mental illness is also needed. We refer the Commission to the recommendations of the Australian Senate Inquiry (Commonwealth of Australia, 2006, p.15) and to the *Like Minds Like Mine* Program implemented in New Zealand.

Reform Direction 10.12

NSW CAG strongly supports this reform direction, advising the need to ensure consumer participation throughout all aspects of health system reforms at policy development implementation, and service delivery. Consumer worker roles need to be developed both in Comprehensive Primary Care Centres and stepped care mental health services. Indeed, it is recommended that Consumer Participation & Partnership be made a core, underlying principle to both the National Health and Hospital Reform Commission and to services throughout Australia. Consumer participation in mental health needs clear policy and cultural change to support this direction.

General comments:

Crucial for Mental Health reform is a change in culture of mental health services and the system to one that is consumer centred, values consumer participation, and is recovery oriented. Recovery oriented service provision means incorporating philosophies of hope, empowerment, and partnership into practice. Services must empower consumers, assure their rights, get the best possible outcomes for them, increase their control over their mental health and well-being, and enable them to fully participate in society, with the same rights and responsibilities as other people. (Mental Health Commission, NZ, 1998; Queensland Government, 2005). Programs needed are those promoting self-determination and empowerment; relearning and skill development; striving and growth; and coping and resilience (Government of Western Australia, 2004). The report fails to address this essential reform area, and NSW CAG recommends its inclusion.

Within the section regarding mental health, the report would benefit from clarification and consistency in referring to substance use disorders as one type of mental illness, and one that often exists comorbidly with other mental illnesses. This clarification would assist in reading the statistics presented.

NSW CAG supports the recommendations for social support, assisted housing, and education and training services.

The Interim Report also does not provide reform directions for meeting the needs of those living with mental living in the community, other than by vocational programs and post – employment support programs. If it is envisaged that the Comprehensive Primary Care Centres are to meet these needs, these centres need to provide or link to community based non-residential support programs incorporating rehabilitation, social inclusion activity programs, crisis prevention and crisis management planning. Crisis prevention and management needs to engage the person living with mental illness in treatment planning in the form of advanced directives, to avoid conflict and confusion at times of psychosis, and to allow the person to have maximum say in how they are treated.

Although sub-acute services are described as important in Chapter 5, they are not adequately highlighted in the chapter on mental health, and mental health is not discussed in regard to sub-acute services in Chapter 5. There is a need for mental health based rehabilitation and recovery services to be addressed specifically in the

reform directions of chapter 5, as well as in the chapter on mental health. The recommendations for residential stepped care models such as the PARC model in Victoria do not address the need for community based recovery and rehabilitation services that are provided in peoples homes.

Another area in the report that needs strengthening is direction regarding the needs of culturally and linguistically diverse (CALD) communities. CALD communities have needs in the mental health area beyond just language barriers, including cultural interpretations of mental illness and the need to address the perceived stigma and shame of families with a member living with mental illness.

References:

- Cheverton, J. (2008). GLOBAL MADNESS: A Journey of Policy Influence, Fundraising and Social Inclusion in New Zealand, USA, Canada, and the UK. *Churchill Fellowship 2007 Report*
- Commonwealth of Australia. (2006). A national approach to mental health – from crisis to community, First report. *Senate Select Committee on Mental Health*. Canberra: Senate Printing Unit, Parliament House.
- Corrigan, P.W. (2004) Target-specific stigma change: a strategy for impacting mental illness stigma. *Psychiatric Rehabilitation Journal*, 28(2) 113-121.
- Government of New Zealand. The Mental Health Commission. (1998) Blueprint for Mental Health Services in New Zealand How Things Need to Be.
- Government of Western Australia (2004). Strategy for Mental Health in Western Australia 2004-2007.