



NSW Consumer Advisory Group – Mental Health Inc
ABN 82 549 537 349

19th November 2008

NSW Community Health Review
Centre for Health Service Development
University of Wollongong NSW 2522
Email: info@nswchr.net
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To Whom It May Concern:

Re: The Community Health Review

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 NSW Health for initiating a review of community health services in NSW. We appreciate the opportunity to provide information on issues relevant to people living with mental illness so that they are considered in the review.

The information provided herein is based on NSW CAG's consultations with consumers of mental health services, and their families and carers who are living in NSW.

Please do not hesitate to contact me should you have any further queries.

Yours sincerely

Karen Oakley
A/Executive Officer



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Introduction

Although the Community Health Review seeks to consider all aspects of public community health services, our submission will be focusing on the area of community mental health services, in particular, areas where gaps exist. In addition to this submission, NSW CAG endorses the recommendations being made by NCOSS in their submission to the review. Specifically we support the recommendation to “reframe the NSW Health System” (NCOSS, 2008, p.5) so that acute care, inpatient services, community services and other aspects of the health care system, including allied health and general practitioners are considered jointly in any investigation, strategy, policy and structure of the health system in NSW. Furthermore, and as noted by NCOSS, this reframing needs to ensure that the NGO sector of health service provision is considered not separately from other community services but as an integral component of community health services. We further endorse the emphasis on ensuring both the right mix of services (NCOSS, 2008, p.9) and the coordination of services.

NSW CAG also supports NSW Health’s introduction of the *NSW Community Mental Health Strategy 2007-2012* that seeks to address some of the gaps identified within mental health services, and as addressed in this submission. However, without appropriate resourcing and staffing of community mental health services, many areas targeted in the strategy for improvement are unlikely to be realised. The strong Community Mental Health Strategy for NSW will only make a difference to mental health consumers’ lives if it is implemented.

Basis of this submission

The following submission to the Community Health Review is based on information obtained through NSW CAG’s core work and regular contact with people living with mental illness, and their families and carers, living in NSW. This includes people from our network, general consultations and daily interactions with people who use mental health services in NSW.

Between February and June 2008, NSW CAG also conducted five consultations regarding community mental health services in NSW, involving 55 participants in regional and metro New South Wales. The purpose of the consultations was to ascertain:

- Current experiences of community mental health services; and
- What people felt was needed to improve these services.

Whilst these consultations were not directly designed for the purposes of informing this submission they have provided valuable information relevant to community mental health services in NSW (refer to Appendix A for detailed findings).

Key areas identified by our constituents as gaps within community mental health services are as follows, and will be addressed herein:

- Lack of staff available to provide adequate support for people using the service;
- Consideration of the general health of people alongside their mental health treatment;
- Provision of information on mental illness, maintaining mental health and other support services available;
- Coordination of care between services;



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- Availability of services for people with complex needs;
- Enhancing social networks;
- Accessibility of services; and
- Providing 'Recovery' focused service provision.

Identified Gaps

STAFF

A key area that continues to be highlighted by mental health consumers as a barrier to effective community mental health service provision is the lack of availability and accessibility to staff. Staff in community mental health services (including clinicians and Case Managers/Care Coordinators) often hold unrealistic case loads, which limits their ability to provide adequate service and support to consumers who access the service. This is due to challenges associated with recruiting and retaining staff, particularly in rural areas, as well as limited resourcing to increase staff numbers. Low staff morale and negative attitudes of staff towards mental health consumers are also identified as a problem for those who access community mental health services.

NSW CAG has been informed of situations where consumers are being placed on Community Treatment Orders (CTOs) under the Mental Health Act just to ensure that they receive follow up from under-resourced community mental health service staff. Under the Act, services are required by law to follow up mental health consumers on CTOs, therefore making them a priority. NSW CAG has also received feedback from consumers that they are not receiving enough contact and follow up from their case managers, with some people not having any contact from the service for weeks. This can lead to people reaching a point of crisis before receiving the support they require.

Community mental health services in NSW have the potential to play a significant role in prevention and early intervention, however with limited resourcing and staff numbers, they are unable to provide this function adequately.

NSW CAG recommends greater investment in adequate provision of service staff.

MENTAL ILLNESS AND GENERAL HEALTH

People living with mental illness have high rates of morbidity due to many different factors including poor diet. The physical aspects of health care are often neglected during treatment for people who are diagnosed with a mental illness (Osborn, 2001). More investment needs to be made to enable physical needs of mental health consumers to be addressed alongside their mental health needs. NSW CAG has had input into and supports the development by the NSW Department of Health of Guidelines for the Physical Health Care of the Mentally Ill. The effective implementation of these guidelines is required to ensure that both the physical and mental health needs of mental health consumers are adequately addressed.

With the Australian Government currently prioritising health promotion and prevention around obesity, alcohol misuse and smoking, this is a prime opportunity for the integration of health promotion into community mental health services. The most recent Australian Bureau of Statistics data indicates that:



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- Of those who are classified as obese, 12 per cent of men and 16 per cent of women reported a mental or behavioural problem (ABS, 2008a);
- People with mental health problems are at a particular risk of experiencing problems relating to alcohol misuse (ABS, 2008b); and
- People who smoke had twice the prevalence of suffering from a mental illness within the last 12 months compared to people who had never smoked (ABS, 2008b).

Provision of access to either free or subsidised exercise equipment at community mental health services would be of benefit to the consumer population who are often unable to access gym memberships due to limited income. Alternately, exercise and sport programs offered by community services provide an opportunity for both improved health and social engagement. However, NSW CAG has been alerted that, owing to funding cuts, many community services have reduced or ceased to provide these programs.

NSW CAG recommends that health promotion and prevention are integrated into mental health services in NSW. Provision of access to fitness activities and equipment needs to also be made cost-free or subsidised for people who access mental health services.

PROVISION OF INFORMATION AND EDUCATION

Consultations conducted by NSW CAG identified that the information given to mental health consumers is not always adequate. People expressed that they had difficulty:

- Accessing information about mental health services and programs available; and
- Accessing information about how to maintain their mental health.

In ensuring equitable access to this information it is necessary for it to be provided in a variety of formats, including oral and visual formats.

NSW CAG recommends that information on choice of services, choice of treatment, programs and maintaining mental health be made known and available to all people accessing mental health services in NSW.

COORDINATION OF CARE BETWEEN SERVICES

There is an identified need for better coordination of mental health service provision. This is particularly the case where a consumer is, for example, seeing a GP at one service, accessing a private psychiatrist and accessing case coordination from a public community mental health service. Good communication and flow of information is fundamental to achieving continuity of care and a unified treatment plan and goals. It has been identified that:

- There needs to be stronger communication lines between community mental health services, private practitioners and GPs.
- There are gaps between the discharge of patients from inpatient services and the follow-up by community mental health services, increasing the potential for readmission.
- Sometimes people attending appointments are not able to access the same clinician, resulting in a lack of continuity of care.



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NSW CAG recommends processes and resources to ensure better coordination and dialogue between services, in both public, private and non-government community mental health services, and between community and inpatient services.

COMPLEX NEEDS

Our consultations have revealed that there are several gaps in service provision for people with complex needs. For example, people diagnosed with personality disorders are often turned away from accessing services due to the nature of their diagnosis and need for comprehensive support. Although people diagnosed with personality disorders are acknowledged within the *NSW Community Mental Health Strategy 2007-1012* as a particular group for treatment development and focus, there appears to be no immediate plans for implementing specific programs to support this population. This is an area that urgently needs to be addressed in the form of provision of service and specialised staff training.

There is also a need for services for people with comorbid issues, such as substance use and mental health issues, mental health issues and physical illnesses, as well as those with comorbid mental illnesses. The high incidence of comorbidity surrounding mental illness highlights the need for holistic, coordinated service provision, including broad communication between treating services. Further, these complex conditions highlight the need for comprehensive evidence-based treatments for the wide variety of conditions. To ensure this provision, a large staff base with adequate and specialised training is required.

NSW CAG recommends that community mental health services be resourced to provide broad, comprehensive treatments appropriate for the variety of complex conditions encountered, and/or that they provide referrals to the appropriate services.

NSW CAG recommends that resources are allocated to increase staff who are trained to manage patients who present with complex needs, including the training of staff in managing comorbid substance abuse and mental illness problems, and in providing Dialectical Behaviour Therapy.

SOCIAL NETWORKS

Consumers of community mental health services have also highlighted the need for stronger opportunities for social networking and activities. Research indicates that people who have access to social networks cope better with the challenges they face in life (Brissette, Scheier & Carver, 2002). This is in line with the *NSW Community Mental Health Strategy 2007-1012*, which aims to increase community participation rates of people with a mental illness by 40 per cent by 2016 (NSW Health, 2008). Many consumers experience isolation due to the stigma associated with living with mental illness. NSW CAG considers that community mental health services have a role to play in connecting people together 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.



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NSW CAG recommends that social networks and activities to support consumer participation in social engagement are fostered in community mental health settings, and that community mental health services are resourced to provide these opportunities.

ACCESSIBILITY OF SERVICES

A lack of accessible of community mental health services has been identified by consumers living in NSW as a barrier to crisis prevention. This is due to a lack of public transport that is available to the service, and the high cost of travel for consumers who are often living on a Disability Pension. This is of particular concern to people living in rural and remote areas, in some cases where people have to travel from as far as Coonabarrabran to Sydney in order to access appropriate services. People have expressed that frequently in isolated areas they are not able to get to their appointments, and that accessing services in a crisis is a serious problem. Suggestions provided by consumers include providing a shuttle bus service to access services, and also the provision of mobile response services.

NSW CAG recommends that accessibility to community mental health services be improved by increasing transport options for consumers and increasing the availability of services in rural and remote areas.

Another problem highlighted was that there are not adequate supports available in the community to assist people before they reach 'crisis'. Crisis teams, and after-hours services no longer exist in some parts of the state, and many participants spoke about not having support or case workers, or these workers rarely being in contact with them. Participants acknowledged that many workers in these roles are expected to work with many more consumers than is realistic. There is an urgent need for a full suite of community based options that can provide support to people and assist in avoiding and diverting crisis. A further gap remains a safe, non-hospital based environment for people to go when they feel overwhelmed by their mental health problems. This type of option, it is believed, would reduce the burden on acute, crisis oriented services.

NSW CAG recommends that support and crisis management services within the community for people with mental illness be increased in order to assist in preventing crisis situations, and to enable consumers to remain well within the community.

RECOVERY ORIENTED SERVICE PROVISION

Currently community mental health services are moving towards recovery oriented service provision, which is a central focus in the *NSW Community Mental Health Strategy 2007-2012* (NSW Health, 2008). This is where the focus is placed on the individual and the practitioner's role is to nurture the process of consumer choice. However despite the rhetoric of recovery and policies being put in place, this is rarely fully realised in practice. This is due to a combination of some staff attitudes towards people living with mental illness as well as the limitations of service policy and the Mental Health Act which limit staff ability to work under a recovery framework.

NSW CAG recommends that greater emphasis be placed on recovery orientation throughout mental health services in NSW both in policy and practice. This includes processes of cultural



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change around staff attitudes towards people living with mental illness, and the provision of education about providing recovery oriented services.

STIGMA AND DISCRIMINATION

At NSW CAG we know that people living with mental illness have the capacity to live rich and fulfilling lives and to contribute to their communities. It is an unfortunate reality that stigma and discrimination prevent many people from reaching their full potential as active citizens. Stigma and discrimination also prevents many people experiencing mental health issues from approaching community mental health services. This can sometimes lead to people reaching a point of crisis before they access appropriate support. More work needs to be done to address issues surrounding stigma and discrimination for people living with mental illness to reduce barriers for people in accessing community mental health services.

NSW CAG recommends that a statewide program be launched which addresses stigma and discrimination to improve the lives of people living with mental illness, and to increase the awareness and knowledge of mental illness.

ACCESS TO INDIVIDUAL ADVOCACY SERVICES

Advocacy services, particularly advocacy at an individual level for people using mental health services is extremely limited in availability within NSW. The limited working hours of Consumer Advocate roles within mental health services in NSW as well as the mental health service being their employer often restricts the ability of Consumer Advocates to provide effective advocacy. NSW CAG often receives requests for access to individual advocacy for people using mental health services. This is a clear gap within current service provision.

NSW CAG recommends that individual advocacy services be resourced and made known and available to people using mental health services.

CONSUMER PARTICIPATION

Consumer participation is endorsed at a National and state level in policies such as the *National Mental Health Plan 2003-2008*, and the *NSW Community Mental Health Strategy 2007-2012*.

However, the translation of consumer participation policy into practice has not been fully realised in many services (Gregory, 2008). Consumers regularly highlight the need for processes to be implemented in mental health services to facilitate consumer participation. Current practice limits the ability for people living with mental illness to have a say in how community mental health services are operated. This is a key ingredient for ensuring the services are effectively meeting the needs of the population it seeks to serve. This, and addressing staff attitudes towards valuing the opinions and participation of people living with mental illness, are areas that need improvement within current community mental health settings.

NSW CAG recommends that community mental health services develop and implement processes which enable consumers to have genuine opportunities to participate in decision making and policy development around community mental health service provision, and that these policies are made publicly available.



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ATSI, CALD, YOUTH, AGED AND PEOPLE IN RURAL AND REMOTE COMMUNITIES

More services are needed to address the needs of Indigenous Australians, culturally and linguistically diverse communities, youth, aged and people in rural and remote communities. Existing community mental health services need to ensure staff are able to provide culturally sensitive services. This includes the provision of information to all consumers accessing the service in an appropriate format, which may require the assistance of interpreters.

NSW CAG recommends there that all consumers be provided with access to culturally appropriate services, through the expansion of services to address the needs of Indigenous Australians, youth, aged, people living in rural and remote communities and CALD communities, and the provision of training in providing culturally appropriate services to all staff.

Limitations of the Community Health Review

NSW CAG is concerned that the Community Health Review is limited to considering public community mental health services. In order to effectively review what community services are being provided and where there are gaps, a comprehensive review needs to be undertaken which includes services provided through the NGO sector. Without inclusion of the NGO sector it is impossible to draw an accurate and complete picture of community mental health services existing within NSW.

There is also a clear need for further consultation to be held with local communities including people who currently access community services. For public community mental health services this means people living with mental illness, and their families and carers. Further, populations that have needs that are not currently met by community mental health services, including homeless people living with mental illness who are not accessing community mental health services, need to be explored to find out why and where the gaps are.

Recommendations:

In summary, NSW CAG recommends that:

- There is greater investment in adequate provision of service staff;
- Health promotion and prevention are integrated into mental health services in NSW.
- Information on choice of services, choice of treatment, programs and maintaining mental health be made known and available to all people accessing mental health services in NSW;
- processes and resources to ensure better coordination and dialogue between services, in both public, private and non-government community mental health services, and between community and inpatient services;
- community mental health services be resourced to provide broad, comprehensive treatments appropriate for the variety of complex conditions encountered, and/or that they provide referrals to the appropriate services;
- resources are allocated to increase staff who are trained to manage patients who present with complex needs, including the training of staff in managing comorbid substance abuse and mental illness problems, and in providing Dialectical Behaviour Therapy;

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- social networks and activities to support consumer participation in social engagement are fostered in community mental health settings, and that community mental health services are resourced to provide these opportunities;
- accessibility to community mental health services be improved by increasing transport options for consumers and increasing the availability of services in rural and remote areas;
- support and crisis management services within the community for people with mental illness be increased in order to assist in preventing crisis situations, and to enable consumers to remain well within the community;
- greater emphasis be placed on recovery orientation throughout mental health services in NSW both in policy and practice;
- a statewide program be launched which addresses stigma and discrimination to improve the lives of people living with mental illness, and to increase the awareness and knowledge of mental illness;
- individual advocacy services be resourced and made known and available to people using mental health services;
- community mental health services develop and implement processes which enable consumers to have genuine opportunities to participate in decision making and policy development around community mental health service provision, and that these policies are made publicly available;
- all consumers be provided with access to culturally appropriate services, through the expansion of services to address the needs of Indigenous Australians, youth, aged, people living in rural and remote communities and CALD communities, and the provision of training in providing culturally appropriate services to all staff.



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Appendix A

Recently NSW CAG conducted several consultations with mental health consumers across NSW in the regional areas of Dubbo, Tamworth, Wagga Wagga, Port Macquarie and the metropolitan area of Sydney City to gather feedback about Community Mental Health Services (CMHS). A total of 60 participants attended these consultations including consumers and carers, with 55 participants attending in regional areas, and five participants attending in Sydney.

The aim of these consultations was to find out what CMHS exist, what people thought of them, identify any gaps and highlight what is needed to improve them.

Participants provided feedback about aspects of CMHS. The most common sentiment expressed was that there was “much improvement” needed in CMHS. In two sites, at least 60 per cent of participants rated Public CMHS as “shocking”. Common areas which were identified across multiple regions of needing much improvement included:

Staffing issues:

- low staff morale
- a lack of staff and low retention levels
- limits on access to care workers
- “nasty” staff and “negative” staff attitudes

Funding and resourcing issues:

Private and NGO sector “grossly underfunded”, funding is not going where it is needed most, and that there would be more incentive to see a psychologist when it is free.

Barriers to accessing services:

- Location and lack of transport
- Lack of cultural sensitivity
- The clinical model of treatment being crisis-driven
- Lack of follow-up procedures and coordination between services.

There were many ideas that were proposed at consultations regarding the ideal CMHS. These ideas have been grouped into common themes, with the most frequently discussed themes emerging from consultations being that the ideal CMHS would have:



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- More staff
- Greater access to services
- More resources and information
- More services
- Better education to address stigma and discrimination
- Continuum of care
- Reduced cost
- Coordinated services
- More recreational facilities
- More opportunities for participation
- More choice
- More training
- Peer support
- Committed staff

Individual Region Data

Each region identified different CMHS, and within each region there was some variation in the areas in need of improvement. For this reason, each individual region's feedback has been presented below.

Dubbo

Nine people participated in the consultation in Dubbo. Various CMHS were identified, however the issue was raised that there was only the Triage at Dubbo Hospital which dealt with after-hours support. General feedback about CMHS in Dubbo included that:

- The morale in Dubbo in regards to existing services is extremely low;
- Staffing is inadequate: many staff have resigned and it has been difficult to replace them;
- More consumers have been attending appointments with private psychologists since the government enacted the scheme where six sessions are free of charge if certain criteria are met;



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- There is a problem with people seeing a different psychologist each time they attend an appointment;
- There are difficulties in being admitted to hospital when needed, and there is also no follow-up post discharge, increasing the potential for readmission;
- There is no mobile response and people frequently cannot get to their appointments; and
- Private psychologists have a six to eight week waiting time for appointments, with up front payment which means that many people cannot access these services.

Participants were asked to rate areas where CMHS are in need of “lots of improvement”, “some improvement” or “no improvement”. The main areas of concern in Dubbo were access to services in a crisis, how easy it is to see a psychiatrist when needed, accessing information about mental health services and programs, and respect shown by staff. The following areas were highlighted by the greatest percentage of responses:

Public CMHS

- “Lots of improvement”
 - How easy it is to get to the service in a crisis (100 per cent of respondents);
 - How easy it is to see a psychiatrist when needed (88 per cent of respondents); and
 - The amount of information given about different treatments available (71 per cent of respondents).
- “Some improvement”
 - Accessing information about mental health services and programs available (100 per cent of respondents);
 - The level of respect shown by case worker or psychiatrist (75 per cent of respondents); and
 - How well their case worker or psychiatrist listens (63 per cent of respondents).

Other CMHS

- “Lots of improvement”

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- The amount of information given about different types of treatments available (100 per cent of respondents);
 - How easy it is to see a private psychiatrist when needed (89 per cent of respondents); and
 - How easy it is to access the services and supports needed (67 per cent of respondents).
- “Some improvement”
 - The level of respect shown by staff and how well they listen (100 per cents of respondents);
 - Accessing information about mental health services and programs available, and the amount of information given about their mental illness and treatment (89 per cent of respondents); and
 - How well their GP listens (88 per cent of respondents).
 - “No improvement”
 - How easy it is to see a GP when needed (75 per cent of respondents); and
 - The level of respect shown by GP (50 per cent of respondents).

When participants at Dubbo were asked to create the ideal services needed for people to stay well and recover in the community, themes emerged from discussion. These ideal CMHS would include:

- More staff: Vacant positions to be filled quickly, and specific Aboriginal workers, adult workers, youth workers and more case managers and professionally trained staff;
- Greater access to services: A shuttle bus service to access services, a mobile crisis team that sends trained professionals out to the person in crisis, an after hours crisis line and the option to talk to people who have personal experience with mental illness;
- More services: Access to advocacy services, youth services such as “Headspace”;
- More resources and information: More community resources, electronic medical records, knowledge about what services are available, more treatment options by professionals



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rather than just medication, more informed GPs, and information being provided in waiting rooms;

- Better education: Increased public awareness and the eradication of stigma, school education, nutrition training for consumers, community education and outreach, understanding and tolerance;
- Continuum of care: Early intervention, ongoing assistance and comprehensive rehabilitation programs;
- More recreational facilities: A drop-in service with a pool table and computers for socialising and leisure; more leisure activities;
- More opportunities for participation: more input for consumers;
- Reduced cost: Bulk-billing and affordable services; and
- Coordinated services: Integrated drug and alcohol and mental health treatment, good communication lines between services and GPs.

Tamworth

Twenty seven people participated in the consultation in Tamworth, and only two Public CMHS were identified. Sixty percent of respondents indicated that they felt that Public CMHS were “shocking”.

General feedback about CMHS in Tamworth indicated that:

- The Inpatient Unit, Banksia, was the main focus for treatment because of the lack of community services;
- Some staff are good, while others are “nasty”;
- There are a lack of recreational activities in the area;
- The no smoking policy in hospitals has caused people to resist going to hospital; and
- Changes that have been made as to whom can become a case/care manager has meant that there are less case/care managers, which means that less people have access to these services.

Participants were asked to rate areas where CMHS are in need of “lots of improvement”, “some improvement” or “no improvement”. The main areas of concern in Tamworth were how easy it was



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to see a private psychiatrist when needed, the amount of information given about different types of treatments available, and accessing information about how to maintain consumers' mental health. The following areas were highlighted by the greatest percentage of responses:

Public CMHS

- “Lots of improvement”
 - The amount of information given about types of treatments available (70 per cent of respondents);
 - How easy it is to access the services and supports needed (64 per cent of respondents); and
 - Accessing information about mental health services and programs available (60 per cent of respondents).

- “Some improvement”
 - How easy it is to get to the service in a crisis (52 per cent of respondents).

Other CMHS

The areas most in need of improvement in Tamworth, was access to private practitioners.

- Needing “lots of improvement”
 - How easy it is to see a private psychiatrist when needed (79 per cent of respondents); and
 - How easy it is to see a GP when needed (47 per cent of respondents).

- Needing “some improvement”
 - Accessing information about how to maintain their mental health (80 per cent of respondents);
 - Accessing information about mental health services and programs available, and the amount of information given about different types of treatment available (68 per cent);
 - How easy it is to access the services and supports needed (68 per cent of respondents); and



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- The amount of information given about their mental illness and treatment (67 per cent of respondents).

When participants at Tamworth were asked to create the ideal services needed for people to stay well and recover in the community, themes emerged from discussion. These ideal CMHS would include:

- More staff/ nicer staff: The current staff are too busy to talk, hospitals need to have “nicer nurses”;
- Reduced cost: One on one, bulk billed psychiatry, free medications, free GPs;
- More resources and information: Creation of a mental health library, internet access for all consumers and the creation of a shelter for women;
- Greater access to services: The provision of transport for consumers, 24 hour on call support, immediate access to mental health workers to discuss stresses, and private hospital access for all mental health patients;
- More services: home visits, creation of Billabong FM;
- More funding: Increasing the funding of NGOs to provide information about different types of treatment available, more Housing and Accommodation Support Initiative funding;
- Better education;
- More recreational facilities: Clubhouses in every town, free holiday and “awareness” camps; and
- Continuum of care: Long term help with recovery, group therapy.

Port Macquarie

Ten people participated in the consultation in Port Macquarie. Various CMHS were identified, with 70 per cent of respondents indicating that they felt the Public CMHS to be “shocking”. General feedback about CMHS in Port Macquarie indicated that:

- Within the Other CMHS, NGOs and private services are “grossly underfunded”, and now many are unavailable; and



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- Each case manager should have a reasonable consumer load in order to meet consumer needs.

Participants were asked to rate areas where CMHS are in need of “lots of improvement”, “some improvement” or “no improvement”. Port Macquarie differed from other regions in this part of the consultation as the majority of responses did not fall within the category of needing “lots of improvement”. Responses were generally more positive than in other regions and many responses fell within the category of needing “no improvement”. The main area of concern in Port Macquarie was how well staff listened, while the areas of least concern were how easy it is to get help from a service in a crisis, how easy it is to see a psychiatrist when needed, and the amount of information given about different types of treatment available. The following areas were highlighted by the greatest percentage of responses:

Public CMHS

- “Lots of improvement”
 - Accessing information about mental health services and programs available (50 per cent of respondents).
- “Some improvement”
 - The level of respect shown by psychiatrist or GP (67 per cent of respondents); and
 - The amount of information given about their mental illness and treatment (57 per cent of respondents);
- “No improvement”
 - How easy it is to get help from the service in a crisis (100 per cent of respondents);
 - How easy it is to see a psychiatrist/GP when needed (83 per cent of respondents);
 - The amount of information given about different types of treatment available (75 per cent of respondents); and
 - How well their case worker listens (67 per cent of respondents).



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Other CMHS

- “Some improvement”
 - How well staff listen (83 per cent of respondents);
 - The amount of information given about their mental illness and treatment (71 per cent of respondents); and
 - The level of respect shown by staff (71 per cent of respondents).

- “No improvement”
 - The amount of information given about different types of treatment available (75 per cent of respondents);
 - How easy it is to access the services and supports needed (67 per cent of respondents); and
 - Accessing information about how to maintain their mental health (60 per cent of respondents).

When participants at Port Macquarie were asked to create the ideal services needed for people to stay well and recover in the community, themes emerged from discussion. These ideal CMHS would include:

- More staff: A case manager for all people diagnosed with mental illness, more psychiatrists, psychologists, counselors, case managers, GPs and community or consumer volunteers
- Greater access to services: Introduction of mobile community acute/crisis care services, so that there is never the opportunity for someone to be turned away, increased access to psychiatrists for people on Community Treatment Orders;
- More resources and information: Increased information on medication, early intervention, psychological treatment, social environment supports/factors, coping strategies, alternative treatments and natural therapies;
- Education: Within the community to reduce stigma, and also to the community in general;
- Continuum of care: Not just the medical model, a holistic approach, introduction of measures for prevention and early intervention, adequate follow up and career planning; and

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- More choice: To be able to have a choice of who a consumer's treating psychiatrist is, with a second opinion offered.

Wagga Wagga

Nine people participated in the consultation in Wagga Wagga. The consultation began with asking participants to rate areas where CMHS are in need of “lots of improvement”, “some improvement” or “no improvement”. In Wagga Wagga, the majority of responses in this part of the consultation fell within the categories of needing “lots of improvement” and “some improvement”. The main areas of concern in Wagga Wagga include the amount of information given about different types of treatments available, how well psychiatrists/GPs listen, accessing information about mental health services and programs available, how well psychiatrists listen, how easy it is to see a psychiatrist and accessing information about how to maintain mental health. The category of “no improvement” is not represented as there were minimal responses in this category. The following areas were highlighted by the greatest percentage of responses:

Public CMHS

- “Lots of improvement”
 - How easy it is to access the services and supports needed (63 per cent of respondents)
 - How easy it is to see a psychiatrist/GP when needed (63 per cent of respondents)
- “Some improvement”
 - The amount of information given about different types of treatments available (100 per cent of respondents)
 - How well their psychiatrist/GP listens (88 per cent of respondents)
 - Accessing information about mental health services and programs available (86 per cent of respondents)
 - How easy it is to get help from the service in a crisis (75 per cent of respondents)



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Other CMHS

- “Lots of improvement”
 - How well their psychiatrist/GP listens (89 per cent of respondents)
 - Accessing information about how to maintain their mental health (75 per cent of respondents)
 - How easy it is to see a private psychiatrist when needed (75 per cent of respondents)
 - The level of respect shown by psychiatrist/GP (63 per cent of respondents)

- “Some improvement”
 - The level of respect shown by staff (88 per cent of respondents)
 - Accessing information about mental health services and programs available (75 per cent of respondents)
 - How easy it is to get access the services and supports needed (75 per cent of respondents)

When participants at Wagga Wagga were asked to create the ideal services needed for people to stay well and recover in the community, themes emerged from discussion. These ideal CMHS would include:

- Reduced cost: Services at reduced cost, those that are available are expensive;
- Continuum of care: Early intervention and programs in recovery phase, focus to be on Recovery Model, staff to support a holistic framework;
- Greater access to services: Mobile assessment, respite services;
- More resources and information: Information given to people who move to NSW, increased accessibility of information about services available, increased promotion of Access line as it is currently obscure and hard to find;
- Coordinated services: More networking and partnerships (with CMHS) with government agencies such as Centrelink, Department of Housing, i.e. a “one stop shop”;
- More opportunities for participation: Using people’s experience in paid work;
- More training: More training for support staff in regional NSW, making training more accessible; and

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- More education: Community education for early intervention.

Sydney City

Five people participated in the consultation in Sydney City. A number of Public CMHS were identified, with various Other CMHS also identified. While more people were expected to participate, the small number of participants allowed for detailed discussion. The general feedback about CMHS in Sydney indicated that there is much improvement needed in CMHS. Included in feedback was that:

- CMHS are seen as crisis driven, and participants felt that this model was not working, and also that a lack of community services means that people will be driven to use crisis services;
- There is a need for greater support: people need to learn about their illness at their own pace, people should not be discharged prematurely with no access to supports;
- Stigma is a large problem;
- Services are short staffed, it is a problem to access resources including services, funding is not getting to where it is most needed;
- Recovery orientation lacking; and
- Cultural sensitivity is a problem: language and spirituality are not adequately addressed.

Participants were asked to rate areas where CMHS are in need of “lots of improvement”, “some improvement” or “no improvement”. The main areas of concern in Sydney include accessing information about how to maintain mental health, the amount of information given about consumers’ mental illnesses and different types of treatment available, and how easy it was to see a psychiatrist when needed. The area of least concern in Sydney was the respect shown by GPs, and how well they listened. The following areas were highlighted by the greatest number of responses:



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Public CMHS

- “Lots of improvement”
 - Accessing information about mental health services and programs available (three respondents)
 - How well their case worker listens (three respondents)

- “Some improvement”
 - Accessing information about how to maintain their mental health (all five respondents)
 - The amount of information given about different types of treatment available (four respondents)
 - How easy it was to see a psychiatrist when needed (four respondents)

- “No improvement”
 - The amount of information given about their mental illness and treatment (three respondents)

Other CMHS

Responses to “lots of improvement” in any category did not exceed two responses.

- “Some improvement”
 - Accessing information about how to maintain their mental health (four respondents)
 - The amount of information given about different types of treatments available (three respondents)
 - The amount of information given about their mental illness and treatment (three respondents)
 - How easy it is to see a GP when needed (three respondents)
 - The level of respect shown by staff (three respondents)
 - How easy it is to access the services and supports needed (three respondents)
 - Accessing information about mental health services and programs available (three respondents)



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- “No improvement”
 - The level of respect shown by GP (three respondents)
 - How well their GP listened (three respondents)

When participants at Sydney City were asked to create the ideal services needed for people to stay well and recover in the community, themes emerged from discussion. These ideal CMHS would include:

- Greater access to services: respite services, self help groups and somewhere where other consumers can share their stories;
- Continuum of care: follow up services, a holistic approach and Recovery Oriented Service;
- Coordinated services: networking, continuity of being able to stay with one organisation, communication between government departments, funders, services, NGOs and the community, a “one stop shop” where mental issues could be dealt with, a “halting program” to record early warning signs with actions to prevent escalation to full-blown illness;
- More services: Reminder phone calls about appointments, medications, consumer activities, services that are culturally sensitive incorporated into the therapeutic models, services to assist in seeking employment and volunteer opportunities;
- More training: Training for consumers in life skills;
- More recreational activities: Activity centres, clubhouses;
- Peer support: Having peer support valued and staff being accepting of that;
- More choice: Housing choices, the option to have contact with consumers working towards recovery;
- Better education: Stigma reduction programs; and
- Committed staff: Staff that are committed and will be held accountable, and also will spend time with consumers and be committed to their participation.



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Conclusions

The information compiled from these consultations indicates that there is vast room for improvement in CMHS in Dubbo, Tamworth, Port Macquarie, Wagga Wagga and Sydney City. While it is acknowledged that each region had specific areas of comment and recommendation, general feedback from those who participated in consultations identified that there were:

- Staffing issues: low morale, a lack of staff and retention levels, limits on access to care workers, “nasty” and “negative” staff attitudes;
- Funding and resourcing issues; and
- Barriers to accessing services, such as isolation and transport, cultural sensitivity and the clinical model of treatment.

The areas that were most frequently outlined for improvement include:

- How easy it is to access the services and supports needed;
- Accessing information about mental health services and programs available;
- Accessing information about how to maintain mental health;
- How well psychiatrists listen and show respect;
- How easy it is to see a private psychiatrist/GP when needed;
- The amount of information given about consumers’ mental illness and treatment; and
- The level of respect shown by staff.

At these consultations ideas for an ideal CMHS included:

- More staff
- Greater access to services
- More resources and information
- More services
- Better education to address stigma and discrimination
- Continuum of care



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- Reduced cost
- Coordinated services
- More recreational facilities
- More opportunities for participation
- More choice
- More training
- Peer support
- Committed staff

The Senate Standing Committee on Community Affairs *Towards recovery: mental health services in Australia* September 2008 found to date that:

- Consumers have not been given a priority voice in formulating policy and implementing programs;
- Support for consumer advocacy, training, peer support and consumer-run services is yet to translate into the resources and capacity building needed to assist consumers in these roles;
- People in some areas still receive more services than others;
- Some people with complex needs are not getting the kind of services that they need;
- There have been failures in coordination between different levels of government;
- Workforce shortages affect mental health services;
- Services are oversubscribed: people may be turned away in an emergency; and
- Stigmatisation and discrimination still occur.

These findings indicate that many issues raised during the NSW CAG consultations are congruent with the findings of the Senate Standing Committee, which recommended, amongst other things that measures are taken to:

- Advance community awareness of mental illness and stigmatisation;
- Monitor service adequacy and progress towards an effective community-based, recovery focused system of mental health care;

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- Strengthen mental health consumer representation through funding consumer-run organisations to provide independent advocacy at state, territory and commonwealth levels and to provide peer support, information and training to their members;
- Give priority to addressing the shortfalls that currently exist in community-based mental health services, housing, education and employment for people with mental illness, comorbidity services, acute care and workforce supply to the mental health sector; and
- Address the shortfalls for Indigenous Australians, culturally and linguistically diverse communities, youth, aged and people in the rural and remote communities.

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