

**Submission to Health Reform in NSW  
A Discussion Paper on Implementing the Federal  
Government's 'A National Health and Hospitals  
Network for Australia's Future' in NSW**



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To Whom It May Concern:

**Re: Health Reform in NSW – Discussion Paper**

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak, independent, state-wide 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 that reflect their needs.

Please find below our response to the discussion paper on implementing the Federal Governments health reform agenda in NSW. In particular we have provided comments on:

- The structure of mental health and drug and alcohol services
- Frameworks for consumer participation
- Consideration of the NGO sector in the proposed reforms
- The specialist forensic mental health network, and
- Strengthening cross state boarder agreements between mental health services.

We would like to thank you for this opportunity to have a say in the proposed development of Local Health Networks in NSW. We look forward to seeing the incorporation of our recommendations into the NSW Government's implementation of the National Health reforms.

Yours sincerely,

Karen Oakley  
Executive Officer

## **Structure for Mental Health under the LHNs**

NSW CAG strongly recommends that mental health and drug and alcohol services for the 17 geographic Local Health Networks be delivered by eight regional mental health and drug and alcohol clusters of LHNs, which would form functional mental health and drug and alcohol networks. Under such a structure, we recommend that one LHN (the lead) take responsibility and leadership for the provision of mental health and drug and alcohol services within the network which it provides mental health and drug and alcohol services. The lead LHN for mental health and drug and alcohol services would provide clinical, corporate and fiscal governance of mental health and drug and alcohol services within its network. This would require that all funding, resourcing and management of mental health and drug and alcohol services remains quarantined and separate to other health services provided within the Local Health Networks. We recommend that such networks include oversight of both inpatient and community mental health services to ensure continuity of care and encourage information sharing between services.

We also advocate that a similar mental health and drug and alcohol network is established within the specialist Sydney Children's Hospitals Network to manage the governance and resourcing of specialist mental health and drug and alcohol services for children.

NSW CAG is of the view that in order to ensure effective and adequate provision of mental health services, it is imperative that people with mental health knowledge and expertise are the decision makers regarding allocated resources, funding and policy making. NSW CAG is also concerned that should mental health fall under the general governance of the Local Health Networks it will continue to be compromised both financially and clinically due to other health priorities within the system.

In order to ensure consumers have access to mental health services that meet their needs it is also essential that each LHN has strong agreements in place with other LHNs for access to and coordinated care between mental health and drug and alcohol services in each LHNs. For example where a service is not available in one LHN it is essential that consumers experience a seamless access to services in other LHNs.

NSW CAG also advocates for continuation of a centralised statewide mental health and drug and alcohol office (MHDAO) within the NSW Department of Health for developing policy and programs specific to mental health and drug and alcohol services within the NSW. The purpose of this would be to provide statewide strategic oversight and guidance for mental health services in NSW. It would also have strong input into the management of the mental health and drug and alcohol LHN networks' service and performance agreements in relation to mental health and drug and alcohol. To ensure a cohesive service, it would be essential that the mental health and drug and alcohol office have clear communication channels with the broader NSW Department of Health.

## **Consumer Participation**

NSW CAG is deeply concerned about the lack of consumer consultation in the development of the proposed Local Health Networks. Despite several consultations being held across the state, they have been predominantly focused on hearing from clinicians and health professionals, with consumer views being significantly left out. In order to develop a health system that meets the needs of its recipients it is imperative to consult extensively this stakeholder group.



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NSW CAG recommends that prior to the implementation of proposed changes, mental health consumers at the local level are consulted with thoroughly to consider the impact the proposed changes will have for their local communities and health outcomes. The proposed changes need to be considered in terms of their impact on people living with mental illness and the accessibility of mental health services.

NSW CAG would also like to see within the LHNs (including the specialist networks for children and forensic consumers), strong frameworks for ensuring consumer participation in the planning, evaluation, development and delivery of mental health services. Consumer participation is an essential element to ensuring services are adequately meeting the needs of the people who access them.

### **Mental Health Community Managed Organisations Sector (Non Government Organisations)**

NSW CAG is concerned that the NGO sector has not been considered in terms of their links with the Local Health Networks and Primary Health Care Organisations. In undertaking such a significant health reform, we are of the view that a whole of health service approach needs to be taken. NSW CAG would like to see that the funding for mental health community managed organisations (NGOs) remain centrally coordinated, with the mental health clinical networks (see above) having strong input into allocation of funding according to local needs. The central mental health clinical network through MHDAO needs to provide overall oversight to ensure that consideration is given to service needs that can be shared or intersect across Local Health Networks. We also strongly advocate for consumer participation in decision making regarding funding for NGOs and the services that are provided.

### **The Specialist Forensic Mental Health Network**

NSW CAG is in full support of the establishment of a specialist forensic mental health network, as we see this as recognition of the health focus that needs to be taken with this population. We believe that the forensic system needs to be strengthened in order to enable the provision of adequate services for forensic consumers. The system needs to be greatly enhanced to make it easier for people to transition through care and increase or decrease their level of support according to their recovery. Forensic services also need to provide for consumers where drug and alcohol has been a contributing factor in their mental illness at the time of committing an offense.

In preparation for NSW CAG's recent submission to the NSW Law Reform Commission regarding people with mental illness and the criminal justice system, we conducted several face to face consultations with mental health consumers who have been in contact with the



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criminal justice system, and in particular the forensic mental health system (see [http://www.nswcag.org.au/page/lobbying\\_and\\_representation.html](http://www.nswcag.org.au/page/lobbying_and_representation.html)). The consultations comprised forensic consumers at Morisset and Cumberland Hospitals, and a public consultation held at St. Vincent's Hospital in Darlinghurst. A total of 48 people attended. NSW CAG also received 16 responses to a questionnaire sent to our network exploring this area of the system.

Through this process NSW CAG became acutely aware of significant issues that require addressing within the forensic system in NSW. In particular, the fact that many forensic consumers are being forced to stay in correctional services due to bed shortages within forensic services. The use of correctional facilities for holding people with mental illness is inappropriate for many reasons – including:

- that this is a criminal response to a health matter;
- mental health care needs such as case management and plans are not available;
- recovery and rehabilitation programs are limited; and
- stigma and discrimination towards people living with mental illness is prevalent in prisons.

The health reforms are a significant opportunity to review and enhance the forensic system to ensure it is adequately resourced to achieve a stronger health focus that meets the needs of consumers. NSW CAG therefore advocates that more resourcing is allocated to this specialist network and that the network be strongly underpinned by concepts of recovery.<sup>1</sup>

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<sup>1</sup> Concepts that underpin recovery are based on each individual's subjective experience of mental illness, and may include having hope for the future, choice in treatment and care, living a meaningful and dignified life, safety, stable accommodation, participation in the community, engaging in meaningful social activities, employment, physical health, self-defined goals, healing, wellbeing, and management of symptoms (Deegan, 2003; NSW CAG consumer consultations, 2009).

Recovery is not about “curing” a condition, it is about integrating, managing and accepting the experience of one's illness, and living a meaningful life.

With the personal view of mental illness in mind, treatment and support should not be limited to services aimed at “curing” a condition, as this, based on the consumer experience of mental illness, is not the nature or concept of the experience of their recovery. Rather, recovery is about maximising every opportunity for a consumer to experience recovery, including:

- through the mechanism of diversion from the criminal justice system into the community for appropriate treatment and follow up support; and
- in a forensic setting, where opportunities are given to each individual to progress through the system and live a meaningful life. 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.



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NSW CAG's consultations with consumers in forensic facilities also indicated that the movement of consumers through and out of forensic system is limited, creating a demand for beds that exceeds supply. As a result, people with a mental illness waiting for these beds to become available are either kept in correctional facilities, or held in more restrictive care than is necessary. This fails to meet the consumer's needs and aid their movement through the system. It further fails to meet the principle of least restrictive care and recovery oriented service provision.

NSW CAG hears regularly that a lack of adequate community mental health services also contribute to the high prevalence of people with mental illness in crisis (particularly in rural and remote areas). High case loads for staff, understaffing and inadequate discharge planning processes combined, create gaps in continuity of care in follow up and share care arrangements. The lack of resources also mean that many consumers who recognise that they are becoming unwell are turned away from services, and fail to receive early intervention support to avert potential offending behaviour. This is also an issue when consumers are placed on diversionary orders where services lack the capacity to provide the care, treatment and support required.

*"I went to the hospital shortly before my time, told them I was suicidal, but they wouldn't listen. Then I called up Lifeline, then they got the cops out – but I was released. Had they kept me in a bit longer I wouldn't be here today. I think they should have said 'since you're suicidal we'll keep you here for a bit longer against your will'. Not to keep you for three days and kick you out when you're unwell".*

(Forensic Consumer, 2010)

NSW CAG recommends that as part of the national reforms, investment be made to increase community mental health services and staff across NSW as a way to increase the system's capacity to provide adequate early intervention and to prevent people from entering the forensic system. Such investment will further support the capacity for post-discharge support.

We also recommend that funding be provided to increase the number of minimum security beds and to provide community recovery and rehabilitation places for forensic mental health consumers to support their movement through the system and to facilitate the transition from the forensic system to the community. For this to work it is essential that the specialist forensic mental health network has strong links with public community mental health services and support services in the NGO sector.



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### **Cross State Boarder Agreements**

NSW CAG is pleased to see that there will be opportunities for negotiating agreements with services from other states. This will be of significant benefit to people living in rural and remote locations so they can access services in other states that are more convenient to them. An example of this can be seen in Broken Hill where people are often sent to Orange rather than Adelaide to receive mental health support. Orange is approximately 904km (9.5hrs) from Broken Hill compared to Adelaide which is approximately 512kms (6hrs).

Having the flexibility to attend a service for both physical and mental health care needs in another state will significantly increase opportunities for people in rural and remote locations to choose which mental health service they will access. For example, people living in Broken Hill will have the opportunity to choose to either go to Orange or Adelaide according to their preferred service.

*“Mildura is in Victoria and Dareton is on the other side in NSW. People in Dareton are sent to Orange instead of Adelaide/Mildura or Broken Hill. Then you get animosity between the services” (Consumer, 2010).*

Support also needs to be provided to cover travel and accommodation costs associated with this to reduce the disadvantage of people living in rural and remote locations. A mental health consumer from one of NSW CAG’s consultations recently stated:

*“The Indian Pacific goes through once a week. You stay in Adelaide there for a week and you pay for accommodation while you are down there. You have to pay for the accommodation. We have to go to Adelaide. We do not have an oncologist in Broken Hill” (Consumer, 2010).*

### **General Comments on the discussion paper**

NSW CAG also advocates that the following be considered in implementing the Local Health Networks:

- Strengthen and continuation of mental health consumer workers and consumer networks.<sup>2</sup> NSW CAG is concerned that the new Local Health Network boundaries will result in consumer workers being cut off from the

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<sup>2</sup> Mental health consumer workers are people with the lived experience of mental illness, employed in consumer designated roles within mental health services in various capacities to provide peer support, and individual and systemic advocacy for public mental health consumers. The workforce is seen as vital in the support and advice they offer to Mental Health Services on a range of issues in NSW, nationally, and internationally (Bennetts, 2009).



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current networks of other consumer workers. Support structures such as these are important with many consumer workers reporting a sense of isolation in their role, either by working as a sole consumer worker within a mental health service or working in a rural/remote setting (Watson, 2007).

- The continuity of care between public inpatient and public community mental health services is maintained and enhanced. This can only be achieved through both streams of service provision falling under the same governance structures.
- The physical health care of mental health consumers is provided for through agreements between the mental health system and the upcoming Local Health Networks and Primary Health Care Organisations (Medicare Locals).
- Mental Health consumers throughout the state have access to the mental health services that they need when they need them; this is particularly relevant for services currently set up to provide a statewide service such as specialist child and adolescent services. This will require strong agreements between Local Health Networks and specialist services.
- The structure of the system enables the continuation of successful partnership programs such as the highly successful HASI (Housing Accommodation Support Initiative) program.
- NSW CAG is concerned that there are no level 4 & 5 mental health services provided within the Far West Local Health Network. It is imperative that adequate services are provided for mental health under each Local Health Network.



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