



1 February 2009

The Hon. John Della Bosca BA MLC
Minister for Health
Governor Macquarie Tower
Level 30 Farrer Place
Sydney NSW 2000

Cc: The Hon. Minister Barbara Perry
David McGrath, Mental Health & Drug & Alcohol Offices

**Re: Final Report of the Special Commission of Inquiry –
Acute Care Services in NSW Public Hospitals.**

The Mental Health Coordinating Council (MHCC) and the NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) jointly respond to the *Final Report of the Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals* by Peter Garling SC (herein referred to as the Garling Report) to voice shared concerns regarding the inadequacy of the feedback process established to respond to the recommendations within the Report. We also include our broad concerns regarding the Inquiry, with particular reference to the Terms of Reference, and our consideration of the recommendations made in the Garling Report.

MHCC and NSW CAG specifically request that in regards to:

- 1. The Terms of Reference** – the Inquiry be considered only as part of a review of the entire health system on the basis that acute services cannot be evaluated meaningfully in isolation from the whole system which includes community and recovery and rehabilitation services.
- 2. The Consultative Process** – an accessible consultative process be initiated to ascertain broad community responses to the recommendations of the Garling Report and establish a context in which it may be evaluated as part of a whole system of service delivery.
- 3. Mental Health Service Delivery** - in following through with both with the *NSW 10 Year State Plan 2006*ⁱ and *A New Direction for Mental Health* (NSW Health, 2006), a broader inquiry incorporate findings of earlier reports (with particular reference to the *2008 Report Recommendations of the Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia*).ⁱⁱ

4. Meeting with the Minister – MHCC and NSW CAG request a meeting with The Minister to discuss our concerns directly.

The organisations

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.

The Mental Health Coordinating Council (MHCC) is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW, representing the views and interests of over 190 NGOs specialising in the provision of services and support for people with a disability due to mental illness. MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services to the community, facilitating effective linkages between government, non - government and private sectors. MHCC participate extensively in public policy development.

1. Terms of Reference

MHCC and NSW CAG were among the many community peak bodies and organisations that provided submissions to the Inquiry in which concerns were raised with regards to the Terms of Reference being limited to acute services. Peter Garling SC comments on this limitation but does not provide any detail as it was outside his brief.

As suggested in an earlier submission by MHCC: *it is necessary to review acute mental health inpatient care throughout NSW in the context of the entire spectrum of service delivery, which must include primary health and community services.* Likewise, in NSW CAG's submission it was noted that: *consideration of acute care services relevant to mental health consumers cannot occur without reflection and consideration of the community mental health sector, and that: the community context is vital to address the increasing needs being placed on acute mental health services, and the 'revolving door' challenge that is well known by consumers, carers, and the mental health workforce.* We propose that the approach taken for the Inquiry flies in the face of 'Recovery' principles, and the principle of 'least restrictive care' and that the recommendations outlined in the subsequent Garling Report will merely serve as short-term solutions for acute services in crisis to pacify community concerns fuelled by 'media hype'.

We strongly recommend this Report be considered only as part of an inquiry into the whole health system, with a view to understanding the importance of providing a holistic model of care to consumers requiring a complex mix of mental health acute, rehabilitation and recovery inpatient, and community services. Following on from the objectives of the *NSW 10 Year State Plan 2006*ⁱⁱⁱ and *A New Direction for Mental Health* (NSW Health, 2006) as mentioned earlier, studies have been extensively conducted through several state and Commonwealth inquiries including the detailed *Report Recommendations of the Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia* (September 2008).

Throughout this Senate Report, the important relationship between acute and community services is extensively referred to, and reference is made throughout the document to the specific issues for acute mental health service provision.

It should be noted, that during this Inquiry, NSW was the only state that failed to offer a submission from the Department of Health. We recommend recommendations surrounding both acute and rehabilitation and recovery services stemming from the Senate Report be carefully considered when considering reform for the mental health sector.

We are concerned that the focus of the Garling Report perpetuates a widespread perception that the crises in acute care are as a consequence of under-funding resulting in shortage of beds, and problems of workforce capacity resulting in sub standard care. In fact, the problem is inextricably linked to inadequate funding for the sustainability and enhancement of appropriate non-government and government community services that would reduce the need to access acute services and unplug system blockages. We acknowledge Peter Garling's comment in his Overview:

Deficiencies in present models of care in public hospitals

1.86 It would surprise many in the public to know that, as a rule, a person with an illness is often better off being treated outside rather than inside a hospital. Of course this does not apply to someone who suffered a serious accident or has taken the wrong medication or is suddenly struck with chest pains. But the bulk of chronic conditions are better dealt with in the home or in the community than in an acute care bed.

However, because of limiting the Terms of Reference for this Inquiry to acute services, the recommendations do not consider the services required for people to be “*treated outside rather than inside a hospital.*”

MHCC and NSW CAG have been consistent in promoting the positive impact of community interventions for consumers of all health services. Our position is that only by fully investing in community services that provide prevention, early intervention, relapse prevention and workforce development will there be a reduction to levels of acute care need.

As a result of the Terms of Reference, all recommendations made within the Report focus on acute care services within public hospitals. MHCC and NSW CAG are concerned to see that the implementation of any such recommendations is not to the detriment of and does not detract funding from other services, in particular community mental health and NGO mental health services.

Who conducts Inquiries?

The sector accept that in many instances concerning law reform and legislative matters it is entirely appropriate an inquiry be led by a SC. Our comment on this occasion is that this Report has not been conducted by a person with an in-depth understanding of the health system as a whole, of the relevant research, best practice and socially inclusive models of practice. It appears somewhat simplistic and refers to some out dated reports, material and data. We propose that such an inquiry might have been better conducted by a senior professional with experience at many levels of health service delivery, who had the ability to contextualise the anecdotal material and data gathered.

2. The Consultative Process for the Recommendations

The Minister for Health, the Hon John Della Bosca issued a media release 21 December 2008 on the NSW Health website, advising the community of a link through which they could respond to the Garling Report (a dense 3 volume document plus overview).

Whilst acknowledging the importance of community contributions to the gathering of information to compile the Garling Report, the timing of the media release date in addition to the absence of wide dissemination of this information was unfortunate. Many community organisations only recently became aware that a website was the process by which they might comment. If *they* did not know it is unlikely that consumers were aware that there was an opportunity to provide feedback.

From the media release, we gather that the website facilitates comment on implementation of recommendations and does not allow comment on the recommendations themselves. At no point does the website include an explanation as to processes for the Government's response to the recommendations in the Report (which we understand is expected in March 2009), or at what point the website will be closed for comment. The format of the website is narrow, limiting responses to particular recommendations by a maximum of 500 characters per topic, preventing other comments to be made. We suggest it is confusing, difficult to navigate and are unaware of how service users without internet access are expected to respond.

MHCC and NSW CAG therefore advocate for an open public consultation process to be held for discussion of the recommendations made within the Garling Report.

3. The Recommendations in Reference to Mental Health Service Delivery

Patient recommendations – Chapter 2

MHCC and NSW CAG do not support the implementation of Recommendation 1 suggesting for the purposes of community education that an itemised listing of the cost of the patient's care be provided on leaving an acute facility.

Such an initiative could be extremely confusing and distressing particularly to those exiting mental health acute facilities. Whilst a person may be discharged because no longer acutely unwell, they may well still be vulnerable from a physical, emotional or psychiatric perspective. There has not been consideration given to the practicalities of such a recommendation in terms of potential confusion for people assuming that they have to pay the amount documented, and the resultant distress of this assumption. On another practical issue, if the patient dies in an acute facility, would this then be handed to the grieving relatives? It is both an insensitive and inappropriate suggestion.

The recommendation seems to emanate from sentiments expressed by the workforce as to the lack of public appreciation of their skills and dedication, the cost constraints they endure, fostered by a critical press. Moreover, what has not been considered is that receiving a listing of the costs of care is not going to change people's perceptions of the care they receive. If unsatisfactory care has been provided, the receipt of this information is likely to result in additional frustration and resentment that the poor care they received has cost so much.

We see no reason for the information about the cost of care for the whole NSW population not to be made publicly available. However we assume that this data is already generally accessible through various existing means such as departmental accounts, burden of cost research, ABS data etc. If this is not the case, MHCC and NSW CAG recommend that this be a more appropriate mechanism for informing the community of the cost of acute care.

This recommendation also relates to an increasing public education and transparency about governmental funding. In such interest we ask the NSW Government at what point the cost of undertaking the review and delivering the Garling Report will become available for public scrutiny?

Mental Health Recommendations - Chapter 22

MHCC and NSW CAG note that there are only three principle recommendations specific to Mental Health in the Garling Report, which are all in reference to Psychiatric Emergency Care Centres (PECCs). The greater percentage of acute mental health care is provided in community mental health settings and via crisis teams, rather than the care received at PECCs and Emergency Departments. It is our view that even within the restricted Terms of Reference for the Inquiry that mental health services have been under acknowledged and considered. We therefore recommend that all considerations with regards to mental health acute service delivery refer to recommendations outlined within the *Report Recommendations of the Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia* (September 2008).

We support Recommendation 107, suggesting that a safe assessment room be made available at least proximate to each Emergency Department (ED). However, we consider that Recommendation 108 does not deal with the problem of access to appropriate emergency mental health care adequately. Although we endorse the implementation of the PECC model, and note its success in providing prompt and appropriate care, we consider that local needs may well be better served by enhancement to community services that may then provide a continuum of care.

We do not support Recommendation 109, advocating direct admission of people with mental illness re-presenting to a service without triage through the ED or a PECC. The problem of extensive delays for people presenting with what may or may not be psychiatric conditions in ED must come under extensive review, so as minimise delays and further distress for all persons in overstretched ED environments. However, Recommendation 109 is not an appropriate mechanism for reducing these delays. Rather, the recommendation does not ensure the appropriate assessment of physical conditions vital to the assessment process. We therefore recommend that alternative systems be considered to reduce waiting times, not just for people with mental illness re-presenting to a service, but for all mental health consumers and all health consumers more broadly.

Community Health Recommendations – Chapter 21

We support Recommendation 105, suggesting that NSW Health ensure community health services are accessible 24/7 to facilitate discharge, but also to *improve efficiency of the acute care system and patient care in both hospital and community settings.*

However, to improve and facilitate discharge from acute care services, the discharge planning process must be considered, revised and revitalised. As noted by MHCC, the Discharge Planning Policy Directive for Adult Mental Health Inpatient Services published in January 2008 presents a: *structured and standardised process for ensuring safe and successful transition of people with a mental illness from time of admission to hospital to post-discharge.*^{iv} It is imperative that this Directive which *recognises that effective discharge planning must prioritise engagement with other agencies, community service providers and carers, and most importantly actively involve a consumer in the decision making process regarding their ongoing treatment and care, possibly over extended periods of time and at different levels of need* be enforced in all inpatient settings.

We also support Recommendation 106, suggesting that NSW Health review and determine the most effective structure for governance in each Area Health Service of staff and programs delivering health to the community. We certainly advocate more extensive and transparent outcome measurement, evaluation and accountability for all health service providers.

“NSW Kids” – Chapter 5

MHCC and NSW CAG strongly support that improvements are urgently needed to the provision of care for young people with mental illness, including addressing the difficulties of transition to adult care and services, and the gap in services for people aged between 15 and 24. Indeed, the necessity of preventative services to young people aged 12 up to 24 years is well documented.^v Nevertheless, we have considerable concerns about the establishment of the Children and Young Peoples’ Health Authority, *NSW Kids* for people up to the age of 16, which include:

- That NSW Kids will lead to young people 16 years plus falling through service delivery gaps;
- The difficulty of ensuring smooth transition and continuity of care for people as they move out of the scope of NSW Kids into adult services
- The separation of treatment of infants from maternal care
- The separation of the treatment of young people with mental illness from the whole spectrum and continuum of care across all age groups.

We propose that improvements need to be made to ensure a smooth transition from youth to adult mental health services, but do not advocate the creation of yet more bureaucracies, and are alarmed if such an initiative leads to separating infant from maternal care. Establishing NSW Kids is merely creating another system for consumers to navigate.

We recommend that alternative means for addressing the current issues of the treatment and care of young people be considered through broad consultation around the specific issue. We further support the NSW Association for Adolescent Health (NAAH) which encourages all youth service providers to further their reach beyond to young people up to the age of 24 years.

Rural Recommendations – Chapter 6

We support Recommendation 13 advocating an amendment be made to the *NSW Mental Health Act 2007* to operate safe assessment rooms for mental health patients. However, we have concerns about the arbitrary specification that *3 hourly reviews can be conducted by a senior mental health nurse, or psychiatrist via a video link.*

It is imperative that each situation be assessed on an individual needs basis with regards to regularity of reviews and the clinicians involved.

Safety & Quality Recommendations – Chapter 16

We are concerned about a number of recommendations referring to ‘service review’ and ‘new models of care,’ without reference to a broad spectrum of consultation and involvement with consumers and community services in the development and review processes. This represents a regressive move from current National and State Policy Directives endorsing consumer participation in all aspects of service delivery including service planning, which we support.

Similarly we are concerned that the Report continually refers to ‘standardised care and treatment’ without consideration or mention of individualised care. Such broad and directive standardised care fails to recognise a recovery orientated approach through which service users may be informed, make choices about the care they receive and be part of developing a treatment plan designed to best suit their individual circumstances. It further contravenes National and State Policy which endorses consumer participation in their care, treatment, and recovery.

We reiterate comments from earlier submissions stating that we support a framework for consolidating and building on earlier plans emphasising the centrality of consumers, families and carers in reform processes; on achieving gains through a population health framework to improve the mental health and wellbeing of the Australian community; to improve the treatment, care and quality of life of people with mental health problems and mental illness across the lifespan.^{vi} This broad involvement is not evident in the Garling Report.

Beds Recommendations – Chapter 29

We support Recommendation 124, advocating that the use of inpatient wards to house men and women in the same room *cease forthwith*.

Administration and Management Recommendations – Chapter 31

MHCC and NSW CAG do not consider that Recommendation 131 is adequate in facilitating community, and in particular, consumer participation within the management and administration of the health services and health system. Although the recommendation considers community participation within “the affairs of hospitals”, the recommendation is not consistent with National and State Policy that advocate for mental health consumer participation in all levels of service delivery. The recommendation as it stands risks genuine consumer participation through its statement that the Charter should identify committees where representation would be appropriate and beneficial. The recommendation perpetuates the paternalistic nature of the current health system whereby administrators and clinicians maintain power over consumers by holding the decisions as to what to involve consumers in.

MHCC and NSW CAG recommend that consumers be directly involved in all aspects of service and policy planning, development, implementation, monitoring and evaluation, as well as reviews of the delivery of services and models of care and the development of any new departments or bureaucratic bodies such as the five referred to in the Garling Report. Furthermore, we recommend the involvement of consumers broadly and mental health consumers specifically in the development of any Charter that determines or “enables community participation in the affairs of hospitals.”

4. Meeting with the Minister

Whilst MHCC and NSW CAG do not feel that they can adequately comment on the Garling Report via the website consultative process on offer, we will nonetheless attempt to engage in the process. However, we sincerely hope that the Minister will consider our request for a meeting in order that we may present our concerns directly and that the Inquiry will take our concerns into consideration during future policy development.

When considering the findings of the Garling Report in relation particularly to mental health acute care, we strenuously advocate reflection on the *Report Recommendations of the Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia* (September 2008). The Senate Report has clearly researched and reflected on all matters concerning service provision across acute and non-acute mental health services, considering acute care as part of a whole system and network of service delivery in a way that reflects the model of care broadly supported by our membership and constituents - consumers, carers, mental health service providers and other interested stakeholders.

We thank the Minister and the Commission for their interest in this matter and look forward to the outcome of its deliberations, and will be contacting his office to arrange a meeting.

For further information please contact Senior Policy Officer, Corinne Henderson, MHCC corinne@mhcc.com.au or telephone (02) 9555 8388 ext 101, or Executive Officer, Karen Oakley NSW CAG, koakley@nswcag.org.au or telephone (02) 9332 0240.



Jenna Bateman
CEO
MHCC



Karen Oakley
Executive Officer
NSW CAG

ⁱ NSW Government Premier's Department. (2006). *State Plan: a new direction for NSW*. Sydney: NSW Government

ⁱⁱ *Report Recommendations of the Senate Standing Committee on Community Affairs. Towards recovery: mental health services in Australia* (September 2008). Available: [http://www.aph.gov.au/SENATE/COMMITTEE/CLAC CTTE/mental_health/report/report.pdf](http://www.aph.gov.au/SENATE/COMMITTEE/CLAC_CTTE/mental_health/report/report.pdf)

ⁱⁱⁱ NSW Government Premier's Department. (2006). *State Plan: a new direction for NSW*. Sydney: NSW Government

^{iv} NSW Health. (2008). *Discharge Planning for Adult Mental Health Inpatient Services: Policy Directive*. Doc No.: PD2008_005. Available: http://www.health.nsw.gov.au/policies/pd/2008/PD2008_005.html [Accessed 03.04.08].

^v NAAH. NSW Association for Adolescent Health.

^{vi} Commonwealth of Australia. *The National Mental Health Plan 2003 -2008*, p.16.

MHCC (2008). *Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals*.

NSW CAG (2008). *Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals*.

Biro, V.D. (2004). *Inpatient mental health professionals' perceptions of the discharge planning process*. University of Wollongong. Available: <http://www.library.uow.edu.au/adt-NWU/uploads/approved/adt-NWU20050215.132606/public/02Whole.pdf> [Accessed: 03.04.08].