Mental Health Carers NSW

LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEE NO. 2 – HEALTH

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

Response to Supplementary Questions

Mental Health Carers NSW

1. Is there a centralised pathway that is integrated with both State and federally funded services that enables people to access the care they need at the time they want it?

Mental Health Carers NSW (MHCN) is not aware of any formal pathway that serves to integrate hospital and community-based NSW State funded mental healthcare services with primary and community-based Commonwealth funded mental health services.

We are aware that the referral pathways between community mental health services within NSW Health and mental health services provided through the Primary Health Networks (funded by the Commonwealth Government) in many locations across NSW are poorly developed or non-existent. This is despite a potential for duplication of services and shared patients. Community mental health services report that Primary Health Networks are often reluctant to interact with the local services.

Community mental health services also struggle to develop effective referral relationships with local general practitioners – funded through Medicare by the Commonwealth Government. This is because the scheduled Medicare rebates for general practitioners fail to take into consideration the additional time and effort required by general practitioners to manage patients with chronic mental illness. Community mental health services regularly complain that they need to transfer care to general practitioners of consumers whose mental health issues are stable and only require regular review. However, there are no centralised pathways or agreed referral mechanisms to enable community mental health services to transfer care to many general practitioners and this needs to be negotiated on a case-by-case basis.

Relationship between local NDIS (National Disability Insurance Scheme) services (funded by the Commonwealth Government) and Community Mental Health provided by NSW Health rely on local arrangements and relationships between individuals. We are not aware of any centralised pathways between these two services although they share the same clients.

2. How would the people you represent e.g consumers and mental health carers describe their ability to navigate the system and its varied pathways to service access?

Carers have described their experience of service navigation in both positive and extremely negative terms, which MHCN recognises as a significant lack of consistency. The stories carers have shared with MHCN shows that positive experiences of service navigation are reliant upon individual staff of mental health services extending themselves beyond the responsibilities of their role to share informal knowledge of other local services which may be available to consumers.

However most carer experiences represent the dire lack of formal pathways between services. Instead, they find themselves being bounced between services, each seeking to shift the responsibility of providing healthcare onto another service. For example, a carer living in regional NSW shared the following experience:

> "Community mental health immediately say 'go to the hospital'. Hospital say 'hospital isn't the place for you, go home and see your community team'. **It's a big sad game of ping pong**, all the while my young person has lost confidence in the system contributing to her distress."

MHCNs previous submission to the Committee contains other comments from carers wherein they describe the inconsistency with which consumers and carers receive staff support for service navigation. Carers tell us the roles responsible for service navigation in Community Mental Health teams are often vacant, or, when these roles are filled, staff are not resourced or available to provide navigation for their loved ones. For example, one carer shared the following experience:

> "Actually, the social workers are supposed to give you that information, but we didn't receive anything, again with the case manager, they're useless. When we asked why, I was told 'the person I was caring for didn't look like he needed any help'."

As a result, carers are required to complete the work of navigating the mental health systems for their loved one that NSW Health Community Mental Health teams fail to provide without the 'training, time, money, or legitimacy to complete this work', as outlined in MHCNs submission to the Committee.

Carers tell MHCN they and their loved ones are more likely to receive support to navigate mental health systems from NSW Government funded community managed organisations (CMOs) who hire peer workers and social workers to provide this support. However, these peer and social workers at CMOs face the same barriers to service navigation as those faced by carers, which include:

- a lack of information about appropriate services
- a lack of formal integration between state, primary and community services; and
- a significant lack of funding and resources in services to accept referrals.

As a peak body we are aware of significant differences across the state in the way that community mental health services are provided by different Local Health Districts (LHDs). Some LHDs have centralised their community mental health services into a small number of large services (e.g., Northern Sydney LHD) while others continue to provide community mental health services from multiple outlets spread across a wide geographical area (e.g., Hunter New England LHD). These individual variations suggest there is no shared view of 'best practice' in the organisation and delivery of community mental health services within NSW Health. These differences make it challenging for an organisation like MHCN to provide advice to carers and consumers on how to access community mental health services as there is no consistency across the state. A brief review of the websites of different LHDs reveals substantial inconsistencies in the way that community mental health services are described on their websites. Some LHDs do not provide the address or phone numbers of community mental health services on their websites making it difficult for carers and consumers to access services.

There is concern in the peer reviewed literature that in some locations services recommend that the Mental Health Review Tribunal orders a Community Treatment Order (CTO) for a consumer because that is the only way to ensure that the local community health service will follow-up the consumer. This is a matter of concern as it suggests this restrictive practice is being used when this is not necessary. A statewide review of the use of CTOs by LHDs to evaluate this concern is urgently needed.

3. Do any of these challenges or enablers extend to when a carer or consumer is wanting to escalate their concerns when health is deteriorating in the community?

All the aforementioned barriers contribute to the overall challenge of escalating mental health concerns in the community. The limited access and availability of NSW Health Community Mental Health teams, including the operating hours of these teams, means that consumers and carers often have no option but to call 000 or present to the Emergency Department to escalate concerns.

Another significant and common challenge to receiving mental health care is that of disabling or discriminatory comments and behaviours exhibited by clinical and allied health staff in many NSW Health services.

a. Can you tell us about their experience of this?

MHCNs prior submission reflects many stories from carers about their experiences of barriers to service use. Carers describe their negative experiences as sometimes devastating to the lives and livelihoods of their loved ones. For example, one carer shared the following experience:

> "A family member died in 2016 trying to get help from public and private psychiatry. There were a number of times she was admitted (to hospital) for one night, or not admitted at all, and she didn't get further access to the help that she needed, and she passed way as a result."

Similar stories have been reported across NSW in the past few months where carers recount stories of loved ones who died at the hands of police while in mental health crisis, following extended periods of help seeking wherein consumers were unable to receive appropriate or adequate mental healthcare.

4. Does your organisation have a direct line of contact to the NSW Department of Health?

MHCN receives core funding from the NSW Ministry of Health and has a direct line of contact with the managers of the funding contract.

MHCN also represents carers in a number of state-wide steering and project committees. Through these committees, MHCN regularly meets with the Executive Director and Chief Psychiatrist of the Mental Health Branch of the NSW Ministry of Health, as well as LHD directors from across NSW.

a. If so, what division/section is your direct line of contact?

MHCN's core funding is delivered by the NSW Ministry of Health's Mental Health Branch. MHCN meets quarterly to discuss this core funding with the Director of Community Partnerships at the Mental Health Branch.

5. How many people (measured as full-time equivalents) work for your organisation on either a paid or voluntary basis?

MHCN is funded by the NSW Ministry of Health to deliver 4.0 FTE and has been required to seek additional funding contracts from other NSW Government areas to undertake additional and separate advocacy work which allows for a further 3.4 FTE.

Additionally, MHCN regularly engages contractors who provide specialised expertise, such as facilitation or research, as required, totalling no more than 1FTE.

6. Does your organisation receive any funding or support, in any form, from the Commonwealth Government?

MHCN received no funding from the Commonwealth Government in the 2021/2022 and 2022/2023 financial years.

   a. If so, what was the amount in the 2021/2022 financial year?
   b. If so, what was the amount in the 2022/2023 financial year