
From: Graham Brereton
Sent: Wednesday, 29 November 2023 11:05 AM
To: Portfolio Committee 2
Cc: Holly Rivas Perdomo
Subject: CM: Re: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales – Post-hearing responses – 16 October 2023

To the inquiry into the equity and accessibility of community mental health care.

My apologies for this late response.

There are no corrections that I can note in the transcript.

I would, however like to add an observation from my experiences.

That is the extent to which clinicians, teams, managers and area services act as gate keepers to client's service access.

This goes directly to the issue of equity but at a day to day level this is not something that clinicians generally discuss between themselves or within teams.

The result from the client's/patient's view is uncertainty about when and what they can access.

This in turn contributes to decreased trust and families frustration with accessing services.

On the whole services are doing the best they can within a limited resource environment but without an overt service acknowledgement of this issue there is also limited accountability.

Over many years I've seen an overt resistance to and sometimes complete denial of waiting lists.

Instead patients access can require repeated crises and and representation from family members to gain consistent access to a local service.

This in turn can result in patients and families being seen by frontline clinicians and teams as a "problem".

This in turn creates increasing mistrust between the parties.

In my experience there is little if any attempt by the health service to check the outcome for patients that are turned away . . .

Referral to another service such as a GP or a NGO helpline is completely hit and miss, and reliant on the patient's resilience in following through.

The client's most distrustful of people are of course most likely to miss out in terms of successful referral and continuity of care.

The process also results in burnout for those clinicians and teams most determined to ensure equity of access and good clinical outcomes.

This general issue runs very deep within community mental health services (particularly the local culture and morale) and I think requires constant attention.

Thank you again to the enquiry and parliament for the opportunity to make a contribution.

Yours faithfully
Graham Brereton