Submission No 3

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

Name: Name suppressed

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Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Submission

I have worked in the mental health and alcohol and other drugs (AOD) sectors for over 40 years. I have clinical experience as a Registered Nurse (general and mental health) and an AOD counsellor in community settings. I have worked as a senior policy analyst in NSW Health; a health services planner in regional NSW; an educator in the tertiary, health, and TAFE sectors, and a consultant at a National level. I have experience working within all mental health systems including PHNs, Local Health Districts, Not for Profits and the community sector.

In short, the mental health and AOD system in NSW (and Australia) is broken. Increasing levels of demand are not matched by supply. Access is based on acuity rather than need, resulting in many people not getting help, especially early in their distress, thus kicking the can down the road until their condition worsens. Early intervention in mental health distress is essential but rare.

From my perspective, the top issues are:

1. Inequity of access in regional/rural/remote NSW. There are less psychiatrists in rural areas compared to Metro areas. Waiting lists can be up to one year – this is unacceptable. There are fewer psychologists and the gap fee after the GP MH Care Plan is prohibitive for many (up to $100 gap). Most GPs in rural areas do not bulk bill, so even getting a referral costs $38. If you are on a Centrelink payment these fees act as a deterrent to seeking help. It is not surprising that people on low earnings have poorer mental health.

2. Over reliance on the not for profit (NFP) sector to provide clinical MH services – especially in rural areas. While this is not a bad thing per se, some issues of concern are:
    - Wages are lower in the NFP sector thus making recruitment and retention of skilled staff difficult. Rural areas are more reliant on the NFP sector thus creating inequity for people living in those areas. Generally speaking, the NFT sector attracts less skilled people due to the lower wages. An unintended consequence of this wage difference is that staff employed by the LHD tend to stay in their positions longer than and, from my experience dealing with them, appear to have higher levels of burnout and lower levels of interest.
    - The provision of significant public funding to faith-based MH services is problematic for a number of reasons including:
        - Many faith based organisations, like the churches they are governed by, see alcohol and other drug problems as moral failings rather than serious medical conditions. There tends to be an over reliance on 12 Step programs which, while useful or some, are limited and not evidence based.
        - When seeking employment with faith based organisations, one is required to fulfil the Vision and Mission of that organisation. Most (I have applied for 2 positions) require one to agree to “carry out the work of God”. This is not what people with mental health concerns need. They need skilled, evidence based programs, not programs steeped in religiosity.

- Faith based organisations are scary places for many people who have been treated poorly by churches in the past, thus they act as a deterrent to seeking treatment for:
    - LGBTIQ+ people
    - Stolen Generations, First Nations people
    - Those with a history of sexual abuse in churches
    - Non Christians
    - Single parents
    - People with disability
    - Others

3. Understanding of and screening/assessment for neurodiversity (ADHD, ASD) is lacking, resulting in many people attracting diagnoses of mood disorders, anxiety disorders, Obsessive-compulsive disorder, substance use disorders, antisocial personality disorder, borderline personality disorder, and developmental disabilities. If I could change one thing in the MH system it would be to screen everyone for ADHD/ASD. Once properly treated, prison populations and rates of substance misuse would literally be halved and the strain on the MH system would be significantly alleviated.

(b) navigation of outpatient and community mental health services from the perspectives of patients and carers

Unless one has a competent and patient family member/carer to help navigate the system and advocate for you, entry into the system can be difficult. It can depend on who picks up the phone and how they are feeling on the day. There are many gatekeepers and access to mental health care should not be dependent on those with poor or no clinical skills.

People with MH concerns are often not functioning well enough to navigate a complex system. Many give up, sometimes with disastrous consequences.

(c) capacity of State and other community mental health services, including in rural, regional and remote New South Wales

I live in regional NSW, having left Sydney 20 years ago, so I am familiar with the availability of services in metro, regional and rural NSW. MH service distribution is inequitable, with regional/rural/remote populations unable to access services that are freely available to metro dwellers. There is a critical shortage of psychiatrists and skilled MH workers. Recruitment outside of NSW Health LHD services is difficult.

(g) benefits and risks of online and telehealth services

One of the most important therapeutic tools available to people struggling with their mental health is a therapeutic relationship – face to face and in real time. Research has proven this time and time again.

While online/telehealth services are better than no services at all, it is not a panacea for low service levels in regional/rural/remote areas. Telehealth is preferrable to online.

Self directed online MH services are good for people who are highly motivated and can navigate the online environment. Not everyone has access to the internet in rural and remote areas. Older people may have difficulty navigating the online environment.

Thank you for the opportunity to provide this submission.