

Submission
No 4

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

Name: Mr Christopher Jaeger

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Mental health care in NSW often creates more trauma and adds to people's mental health distress. I've experienced this as a consumer when I have presented to emergency in distress and also seen it first-hand working with clients who have contact with community mental health services.

Wait times in emergency are often many hours, which adds to a person's distress. The acute care team can be dismissive of a client's distress when they do get seen. I have heard client's referred to as 'frequent flyers' and 'difficult' by multiple members of the acute care team (particularly clients who have a diagnosis of borderline personality disorder). I have worked with clients who have understandably internalised these attitudes and this stigma from members of the acute care team and who worry that they are 'bothering people' and don't feel safe seeking support from the acute care team as a result. These attitudes make it feel like a client's mental health distress is their fault.

Working in community mental health, I have also heard a client's suicidality dismissed and minimised on a number of occasions. I have also heard members of the community mental health team joking about suicide methods and describing these in-depth. As someone who has lost two close friends to mental health distress, including one to suicide, this was extremely distressing and not recovery focused.

It is difficult for a client in distress to be accepted by a community mental health team, meaning they either don't access support or they have to go to the private sector which is hugely expensive.