Submission
No 13

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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Partially
Confidential

I have been a mental health professional for over 20 years in many settings including acute inpatient, community and within the corrections environment. I also have been a carer for a family member who has a serious mental health condition and I would like to make the following submissions

1. I feel personally scarred by the experiences I have encountered working in inpatient settings. I feel there are a lot of occasions in which the hospital setting further traumatises people who have serious mental illness by attempting to care for them in an environment that is high stimulus, at times dangerous and does not provide psychological safety. A key factor in this is the fact in NSW public system there are no single sex wards such as in the UK and other countries, I have provided care to women who have been sectioned following an acute crisis after being sexually assaulted who then are further exposed to trauma by being in a ward with antisocial male patients who are threatening and aggressive. Due to this factor, lack of funding to ensure adequate staffing (including skill mix) and lack of funding to provide therapy (most inpatient units within WSLHD have little access to clinical psychology) I feel female patients in particular come out of hospital more unwell then when they entered.

2. As a community MH professional I feel community MHTs are grossly understaffed. My CMHT has the same number of staff since its inception in the late 80's/early 90s even though the area has moved from a semi-rural LGA to one with a train corridor and high rise apartments. Most CMHT within WSLHD do not have an OT, SW or clin Psych attached to the team and very few Psychiatry hours available

3. As a carer I feel its extremely difficult to navigate the system, it almost seems like certain 'buzz words' have to be said for a referral to be accepted, on occasions myself and colleagues have 'coached' carers into what to say to the intake team so the referral is accepted. There should be an 'open door' policy in which there is an initial service that accepts all referrals and completes an assessment and there refers to appropriate services or provides psych-ed to family and other supports for a number of weeks.

4. a lot of services that were originally funded and provided by health have now been taken away by the gov and given to NGOs, also there are ongoing issues with NDIS services. The main issues with both MH funding to NGOs and NDIS services are

-The removal of residential support homes that were run by health agencies

-Contracts come and go so it is very difficult for health agencies and carers to navigate which NGO is providing care

-NGOs seem to have the right to refuse to provide care and will use the veto also that clients have to consent to their service. In MH this can make it very difficult to ensure appropriate services are in place as very unwell clients will often refuse care due to paranoia or lack of motivation. At times these NGOs will often not tell the health agencies that the client is no longer being provided services