Submission No 22

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

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PORTFOLIO COMMITTEE NO. 2 – HEALTH

Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

I work as a Clinical Nurse Specialist grade 2 in a team of nurses and social worker, for a service under the Integrated Care NSW Ministry portfolio. It is a relatively new service delivered in a variety of ways across NSW health. We are tasked with reviewing clients who are attending Emergency Department and exploring the reasons they attend, and identifying unmet needs and care coordination plans that may support their health goals to be achieved, and reduce their risk of hospitalisation. Many of these patients have complex acute and chronic conditions, including mental health, substance use, disability and complex trauma.

Organisation: Planned Care for Better Health, NSW LHD

Terms of Reference Addressed: A,C,D,E :

(a) equity of access to outpatient mental health services

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

In this LHD mental health services, there is a number of clients with complex mental health and other complex chronic issues whom do not easily meet the criteria for referral acceptance for community case management. No doubt this is due to budget and funding limitations and capacity of the service. These clients are usually living with diagnosis of Borderline Personality Disorder or other Behavioural diagnosis. If the client has an NDIS plan it may or may not contain the funding for therapeutic interventions. Whilst there are a number of non-health mental health agencies that a client can be referred to, there appears to be a dearth of pathway for those clients experiencing a complex personality disorder. Many of these clients present to general Emergency Departments and mental health Emergency Departments frequently, with distress, suicidal ideation, self-harm or complex pain. They are often in significant emotional distress and the ED may have limited resources in place to support their management due to the nature of a busy ED.

Examples include: patients requiring Intensive longer term psychotherapy management for borderline personality disorder. The access to these therapy modalities such as DBT/CBT/EDMR and other emerging evidence-based therapies are difficult for patients without private health care of financial hardship to obtain. These clients are often recommended these treatments and pathways, but are unable to source or fund the quality of therapy required. This is further complicated when the person is vulnerable due to their social determinants of health and limited supports.

Highly recommended are Gold Care clinics – see Project Air Guidelines

Further education and training for ED clinicians would be a great investment

Appropriate space attached to EDs would be a great investment for presenting clients to have a safe space to de-escalate, once client is 'safe' follow-on recommended pathways could be designed, follow-up service provided.

Treatment Guidelines for (uow.edu.au)

(d) Integration between physical and mental health services, and between mental health services and provider:

- Who is responsible for the key principles (see below) being implemented and is there financial and organisational support in place to support staff and services to deliver?

- From the observations of the clients we are involved with care coordination, these principles are much needed not in the future but now. This will no doubt result in huge health costs reductions and improve quality of life and health for clients.

PHYSICAL HEALTH CARE FOR PEOPLE LIVING WITH MENTAL HEALTH ISSUES (April 2021):
Improving and sustaining the physical health care of people with lived experience is the Responsibility of all NSW Health mental health and non-mental health services.
All Services are to review their current policies, procedures and practices against the expectations stated in this Guideline. Local policies and protocols are to be developed to address any identified gaps.
The core expectations of this Guideline are;
- All services in contact with people with lived experience of mental health issues are to offer and support interventions to prevent physical illness and promote and sustain health.
- Mental health services are to complete routine physical health screening as an essential component of care.
- Mental health services are to deliver equitable and timely access to physical health assessment, intervention and review.
- Mental health services are to provide access to equitable, evidence-based interventions that target cardio metabolic and behavioural risk factors.
- Clinicians are to complete routine comprehensive assessment as part of an integrated physical and mental health care plan.
- Clinicians are to support, coordinate and document any additional assessments and/or investigations required.
- Clinicians are to offer routine medication assessment and optimisation to minimise risk and negative medication effects.
- Mental health services are to develop partnerships and pathways with key stakeholders to address identified physical health needs as part of an integrated care plan.

e) appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers:

- More psychiatrists for new assessments, re-assessments, and diagnostic criteria and management is clearly required within our health services across all areas

- NDIS/NDIA do not currently provide financial support for participants to access Psychiatric services

- The upskilling of more nurse practitioners to support this role would be helpful

- There is a dearth of highly trained, complex trauma focused Clinical Psychologists to provide the psychotherapy interventions required for clients with a complex trauma history who cannot source psychology via the non-public health system. More vulnerable clients cannot afford the gap between the Medicare rebate and the non-public psychologist fees.