

Submission
No 89

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

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When I heard that Parliament was conducting an inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales, I wanted to share my experience as a registered nurse employed in a community mental health team.

I have worked in a specialised adult community mental health team for the past year and a half. In my role I have supported some of the most complex and vulnerable consumers in my mental health service. In my opinion, the current mental health support being offered to consumers in an outpatient setting is not equitable or accessible.

The community mental health system is in crisis. Community mental health teams are experiencing severe staff shortages whilst trying to provide a high-quality service to record high numbers of outpatient mental health services uses.

The mental health clinicians who are employed are exhausted and burnt out, trying their best to provide a service with minimal resources. Staff are directing their resentment to other mental health teams, blaming each other for the dire situation. When the reality is that if the service was better resourced for the population it serves, the mental health service and it's consumers wouldn't be in this situation.

There is pressure on the community mental health teams to employ senior mental health clinicians with advanced clinical skills to provide outpatient support and minimise consumer representation to hospital. Despite this the salary of a community mental health clinician does not reflect the level of advance skill they are required to have. In turn the community mental health service cannot attract the specialist clinicians needed to appropriately support community mental health consumers.

In times of crisis and short staffing in inpatient mental health settings, mental health clinicians will be pulled into inpatient units to fill gaps in staffing needs, however this does not occur in severely short-staffed community mental health teams. Community mental health teams have been left short staffed for years, with the remaining clinicians struggling to provide a service to their consumers, families and carers.

There is insufficient access to psychiatrist in the community mental health setting, with some community mental health teams only having access to a psychiatrist one day a week. There is minimal psychology and therapy opportunities offered to consumers, as some teams have no employed psychologist. For the community mental health teams that employ psychologist, the wait list can be up to two years.

Consumers are being referred to community mental health teams for outpatient support, only to fall through gaps in the system as our service doesn't have the capacity to support these people in need.

To work in mental health nursing is my passion and dream. This passion was what drove me to complete a Bachelor of Nursing and subsequently a Master of Mental Health Nursing.

Now, when reflecting on my role in a community mental health team, I cannot say I'm proud to work for my service.

How can I be proud when my consumers cannot access a psychiatrist, cannot access sufficient supports from mental health clinicians due to lack of resources and cannot access psychology or therapies.

I firmly believe the community mental health service is failing its consumers and the staff working for it.

To improve this service the following needs to occur:

- improve available resources and funding to community mental health teams
- ensure community mental health clinicians are employed and paid as senior mental health clinicians
- improve access to community psychiatrist
- increase the number of nurse practitioners, clinical nurse consultants and clinical nurse specialist employed in the community mental health sector
- address the staff shortages in community mental health teams