

Submission  
No 92

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

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## Community Mental Health Group 29/8/23

### Feedback to Parliamentary Enquiry

#### Community Mental Health Services experiences

I am a peer worker who has a lived experience of mental health issues for over 20 years. These responses are from a group of people living in the Penrith area. We got together specifically to talk about shared experiences of the community mental health services

- Support after being hospitalised for mental health issues
  - ✚ People were in agreeance that there is very little / no follow up after being in hospital. A 10 minute p/c after 1 month after being discharged were some people's experiences.
  - ✚ Access team – was agreeance that they are not great and that they can be very judgemental, blaming and not compassionate. One young woman (A) was told that if she needed to use the service more than 3 times post hospital then 'she should be in hospital permanently'.
- Seeing psychiatrists in the community
  - ✚ Agreeance that it is really hard to access bulk billing psychiatrists, and there are long W/L's, people are encouraged to seek private psychiatrists which is extremely difficult for people on benefits. People said that it can be very hard to get appointments with private psychiatrists as well (can have books closed or long W/L's). Some people had experienced judgement by psychiatrists and had been told that they were 'too hard' or 'too complex' which contribute to feelings of being 'devalued', 'more mental' and feeling like they are the 'problem' personally.
  - ✚ It was agreed however that psychiatrists in the community communicate better than the psychiatrists within the hospital system. For example, looking at you and showing more interest.
  - ✚ Someone (E) spoke about her experiences of being laughed at by a psychiatrist when speaking about her symptoms of OCD (although this was many years ago – approx. 10 years ago)
- Medications
  - ✚ It can be hard to find someone to prescribe medicinal cannabis (and there is evidence that it is good for autism, ADHD, PTSD, chronic pain, cancer)
  - ✚ Many people had experienced being misdiagnosed and were often forced initially to take medication which was not appropriate. It was talked about that these labels and misdiagnoses's easily pass on to different services and this contributes to this practice continuing long term without any independent reviews or assessments.
  - ✚ People also talked about 'paying the price of dependence' when they were misdiagnosed and given inappropriate medication...leading to being labelled as 'drug seeking' and it is very appropriate
  - ✚ A young woman spoke about being diagnosed and medicated too early (started on anti-depressants from 15yo) and said that she would have benefited from being offered therapies and alternatives first
  - ✚ It was agreed by everyone that there is a need for better and more consistent follow-up in regards to managing medication, tapering off medication and

withdrawal management & also that side effects need to be explained to people better

- Physical health issues

- People spoke about physical health issues not being taken seriously when they have mental health labels attached to health files. One woman spoke about having to advocate strongly for herself within the health system to have her physical health issues assessed and she was eventually diagnosed with serious cancer issues.

- General Issues

- As the mental health industry has become more 'competitive' in nature, services are suffering from not working together and learning from one another which means that service provision suffers

- A lack of affordable and social housing means that housing issues impact alongside mental health issues which can mean that it is hard for people to access their health services when they are struggling to obtain secure and appropriate accommodation.

- Not having enough community mental health services in general means that more people are reaching crisis point instead of having their mental health managed successfully before things get to this stage

- When police respond to mental health crisis situations there is a need for an independent mental health assessment

- The continued stigma and labels that are attached to mental health still leads to how responses are determined. This can often lead to 'real' experiences being dismissed and practitioners still attribute what is happening to being as a result of someone's mental health condition.

- Longer term programs are needed, for example rehab programs for eating disorders.