Submission No 98

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

Organisation: Independent Community Living Australia (ICLA)

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Equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW
NSW Parliamentary Inquiry

My name is William (Bill) Campos. I am currently a registered clinical Psychologist and CEO of Independent Community Living Australia – ICLA. A medium sized housing & NDIS provider, specialising in complex mental health and psychosocial disability services in NSW, with a focus on lived experience workforce.

I am writing this submission with several perspectives associated with the inquiry agenda. As follows:

- As a **Clinician** (both working as state and private Clinical Psychologist)
- As a **Carer** of a parent and a loved one, both of whom experiences episodes of mental illness and have had numerous admissions to public and private mental health institutions.
- As an **Executive** of a community Managed organisation, with managing a workforce and compliance to contractual arrangement and service delivery targets.
- As a **Social researcher**, particularly in the areas of technology and mental health.

In this submission I will address the following terms of reference, as outlined by the committee, as follows:

1. Navigation of outpatient and community mental health services from the perspectives of patients and carers
2. Appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers.
3. The use of Community Treatment Orders under the Mental Health Act 2007
4. Benefits and risks of online and telehealth services
5. Accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

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1. Navigation of outpatient and community mental health services from the perspectives of patients and carers

In my experience this is the area that need the most attention.

The hospital-based intervention particularly for someone who is acutely unwell, provides critical treatment to reduce symptoms and assist with stabilising mood and cognitive functioning. Hospital provides appropriate treatment for the acute presentations people with a mental health condition presents with.

However, there is quite a variation between hospital services, as well as resources, staffing and hospital administration, with fluctuation in demands, based on various regional needs that impact on the ability for hospitals to manage.

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Importantly there is considerable variations and questionable timing decisions based on treatment process and discharging someone from hospital. I have often found that when someone is well enough is not the key factor in discharging, with additional administrative and resourcing factors impacting on decision made as to when a person is discharged from hospital.

Sadly, I have witnessed, that sometimes this extended period of hospital stays when someone is well, can result in someone becoming unwell again. I suggest that a person should be able to move forward towards greater autonomy and independence when they have demonstrated reasonable understanding about their illness and their ongoing need for treatment, this includes the ability to share information with family/ carers. Our experience is this happens all too infrequently.

A recommendation that transitions of care be supported with the option of a step-up and step-down services for people with complex and persistent mental health conditions. These services are known as Prevention and Recovery services (PARC) can support individuals in a more cohesive way, providing continuity to care, with support from people with lived experience peer workers, that can assist with connecting with family, employers, GP and coordinating local community services.

These PARC services have provided great outcomes for individuals who are better supported and there is good evidence that people who utilises the PARC services are less likely to be rescheduled to hospitals and less likely to use acute services. This is particularly true of younger cohort who are schdelued for the first time in hospitals. These outcomes also provide a ROI on the investment for government particularly as individuals significantly reduce their interaction with hospital, ambulance, and police services over their lifetime.

In Victoria these PARC services are commonplace with each Hospital network having a dedicated PARC service. This is something that is provided in many Australian States.

In my experience once a person is discharged from hospital, there is a significant variation on the continuity and transition of care to community, primary health services and home. Information is usually lost; advice and referrals are provided in summary sheets, taken at face value with little or no follow up. There are KPI's associated with community and outreach teams, which do work at times, however there are often inconsistencies as result of staff changes, and limited contact methods to engage with the family/ carers, as well as discharge summaries to referring agencies, GP, and Local Mental health services.

A strong recommendation will be to design and utilise a comprehensive NSW health app that allows the discharge and contact details of referring agents to seamlessly support transition of care. (This process can commence at admission, with details of next of kin, place of residency and local health provider able to be nominated).

This App would be able to transition key information, discharge summaries, Key contacts of Community Health services and any medications prescribed for the patients, between hospital to Primary Care – GP's seamlessly.

Additionally, such an App can include online active and prescribed services, particularly relating to of community and primary heath to be incorporated with such services as recovery college, helplines, online behaviour monitoring applications, which can also be used (with consent) to my Health records and treating clinician.

2. Appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers.

Many clinical and professional services are often abundant in some settings and regions, however the distribution, affordability and access to the professional services are out of reach for people who experience mental health condition requiring continuity of care in a public system.

A good example are clinical Psychological and Psychiatric services, are easier to find via professional associations, providing services in private practices. Many are in a dense metropolitan region, with patients/ clients that can afford large gap payments. The economic and financial incentives for these professionals are too great to move away from a private setting.

The system has reasonable number of professionals and services that can support the collective requirements of the population needs, however the distribution and access are key points that make the system inequitable, with people in low socio-economic circumstances either receiving cost limited, sporadic, reactive, and fragmented care. This often leads to the public hospital and emergency departments to be the default mental health service for many people in disadvantaged communities.

To assist the access and continuity of care, allied health Professionals, and clinicians need to vary their service offering between settings such as hospitals, community and localised & regionally based private practices settings that can be coordinated by state Health and community services, including the incorporation online services.

Ideally the financial incentives would be balanced so that recruitment and retention of various professional and clinical mental health workers can be achieved and supported in a public/ community setting.

A key suggestion is to create a flow of care or continuity of care with professionals move between setting such that there is a rotation of individual professionals between hospital, community, and primary care liaison. This can assist in the upskilling of the various settings, better coordination and navigation of care, and continuity of care.

An example is Psychiatric liaison service widely utilised in New Zealand and trialled in Western Sydney PHN. Whereby a psychiatrist shortage meant that many people in disadvantaged communities relied on GP only for management and maintenance of their mental health condition, often with very little support other than medication management.

The Psychiatric liaison services was designed so that a psychiatrist who worked in hospital part time was able to also provide services in Primary Care settings also part time, with a focus on assisting, informing, and supporting the GP with the care of their patients, but also assist in the development of networking with community services in the local region. This service was able to provide better management of care in the community, as well as coordinating continuity of care between hospital and primary care.

This type of service can work with many professional services, including Psychologists, Mental health nurses, social workers and lived experience peer workers. Such service can be provided across settings, hospital, community, and primary health settings, and via online with access to specific professional expertise and region-specific services.

Another key measure of managing the various workforces, is to reduce duplication and siloing of patient care based on areas of expertise and system requirements. Often there is a perceived hierarchy of services that has a perception that one service is better than another. It is important to

develop a consistent terminology that allows a journey of care that can be provided by various professional and services with appropriate levels of accountability.

Government should also review the multitude of sector requirements, requiring specific clinicians to authorise, approve services, treatments and referrals based predominantly on qualifications. Many professional mental health workers and services can be included to authorise as various professionals have the skills set and experience as well as qualifications to allow such approvals.

Lastly the journey of care and consistent terminology should assist in reducing the overlap and duplication of care and importantly reduce the confusing and complex terminology currently utilised to select very specific professional and services. There is a reverse incentive for service to provide unique service offering to attract funding and patients/ referrals and maximise and possibly prolong the patient journey. The so-called market approach to private health has created service niche and terminology that creates confusion to the individual journey of care.

Suggestion will be for government and commissioned community providers, as well individual mental health service provider to adopt a consensus of public information to outline the baseline of the macro levels of services with terminology or definitions that is relevant to public facing information with a suggestion as follows:

Type of interventions:

- **Treatment** (hospital and involuntary – medication and assertive programs)
- **Care** (counselling and talking Therapies, client management)
- **Support** (wider community engagement and day to day connections and support groups)

Type of services

- **Episodic** or responsive,
- **management** and coordination
- **maintenance** and recovery of condition.

Types of presentations:

- **Mild,**
- **Moderate**
- **Severe** (acute and/ or Complex (Comorbidity))

3. The use of Community Treatment Orders under the Mental Health Act 2007

Ther is evidence that the use of CTO is effective and assists with the treatment and care of people with very complex, persistent, and enduring mental health conditions, particularly for those people who experience delusions and psychoses.

CTO also provide a framework to formally and assertively provide treatments that are somewhat uncomfortable and at times high risk requiring consistent monitoring and management, particularly related to the side effects and aftereffects.

However, experience indicates that at times the utilisation of CTO is determined on Risk management based on not only duty of care, but also deficiencies in the system in terms of resources, follow up and assertive outreach, when these services are deficient, can leads to the use of CTOs as a sure way to conduct and enforce treatment.

The legal process is sound, however there is a need to place more emphasis on the individual's (and carers) ability to exercise dignity of risk, to support of recovery and autonomy.

Recommendation to support the use of CTO, with a focus on supporting Individual choice and control for their recovery, and at the conclusion of a CTO to assign or refer to a Community Mental health services for ongoing support and continuity of care.

4. Benefits and risks of online and telehealth services

The use of technology has enormous benefits for the delivery and continuity of care for people with mental health needs, this is particularly true from an access point of view, as service location, hours of service and connections to areas of specialties can be easily accessed by service users, and other service providers.

Important technology has been able to allow mental health services to be interactive as well as informative, with 24-hour convenience and allowing the user to remain anonymous, thus reducing stigma associated with seeking help. Increasingly online service can tailor individual specific treatment, therapies, and services so that it can be more engaging and beneficial to the online user. A good example of this is the interaction of helplines with interactional educational resources, such as Head to Health and Suicide Call Back service.

Additionally, Telehealth services should be able to reduce costs of services, specially when automation and platforms can reach numerous numbers of people. The essence of designing a mental health online service can (and should) reduce costs per hour of service.

The benefits of Online services

- Services can be accessed whilst in isolation & lockdown periods.
- Reduced costs and accessed wider and diverse services.
- Can try before you buy and test before committing.
- Can remain anonymous and reduce stigma by seeking help.
- Can lead to a connection leading to extension and additional services.
- Very focused on the individual

However, there is increasingly concerns that any service can be easily set up without any verification, accreditation nor quality checks. Additionally, the plethora of services now becoming online, not just in Australia, but accessible worldwide, can be overwhelming to a single individual with little understanding of the validity, reputation of service provider and consistency of quality service.

Consumers often report on the confusion as to the type, quality, and efficacy of these services, with increasing concerns about privacy. Many of the mental health conditions include disclosing sensitive information, often is exchanged in unsecured environment, without clear consent as to how and when the information is to be used.

Additionally, consumers who experience mental health episode for the first time, will often **want** to get feedback and understanding from a person with first-hand experience of a mental health episode. The live experience workforce can provide better outcomes, as it they receive assistance with non-clinical advice, such as day to day understanding of their experience and opening discussion with loved one about their episode/ illness, in manner that reduces stigma and provides clarity to their day-to-day recovery process.

Recommendation. To assist with services to be verified and accredited, with a focus on quality assurance. It is also recommended that Services also outline how the information and privacy are used with personal information stored, in Australia.

Suggestion 1 For an investment of online Lived experience services that can complement existing clinical and help lines services. There is the ability to amplify consumer engagement to partner lived experience services with online clinical services.

Suggestion 2. For Australian and State government funded services to work together or partner in a unified platform (App/website) that assists coordination of care and alignment of services, much like the state funded in person centres such as LikeMind or federal funded Head to Health/ Headspace centres.

Suggestion 3. Access to services should also factor in online booking system, helpline call back and online interactive treatments, that can be educational and prescribed by mental health professionals, with feedback to treating professionals.

There are privacy concerns. Concerns about digital footprints and how much control individual has over personal details. Ther are also risk associated with service provider, as consumers/users may seek and engage several services and anonymously which can create risk for a service provider in possible emergency situations and duty of care responsibilities.

Consumers have noted that Online services can also increase the impact of loneliness, as services often provide time limited, or sessions limited interaction and engagement with feelings of isolation amplified. Additionally, Carers have also noted that online services minimise the connection to family, friends, and existing services.

In the past decade, professionals are questioning the use of online service to reduce the demand on face-to-face services. Evidence suggest that online services have increase the demand and referrals for in person services.

The Limitation of Online services

- These online services assist with the initial steps to address symptoms, but research indicates a lack of adherence to treatment over longer term.
- Regulatory and Licensing Issues: Telehealth services may face legal and regulatory challenges, including issues related to licensing and insurance coverage, which can vary by location.
- Loss of Human Connection: Some individuals may find it challenging to establish a strong therapeutic relationship through a screen, which can impact the effectiveness of therapy.
- Numerous services nationally and internationally, means finding reliable and appropriate care created even more confusion. (Circling) Trust of online services still unreliable
- Some individuals may find it challenging to establish a strong therapeutic relationship through a screen, which can impact the effectiveness of therapy. Limited interaction and engagement meant feelings of isolation were amplified.
- Professionals and clinicians have also raise the concern that patients are lured or incentivized by connecting many services (service shopping) for a patients to use multiple services, however this interaction is predominantly focused on identifying problems and symptoms. The overall individuals experience may mean that there is very little focus on recovery, prevention and staying well.
- Concerns of “Digital footprint’ and its impact on recovery and future focus.

5. Accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

It is very important that services reflect the needs of the individual based on culture, sexual orientation, and gender and so on. There is strong evidence that this enhances the therapeutic value and outcomes.

Following on from previous suggestions, the accessibility to relevant and appropriate services, can be enhanced and expanded via online access. This follow on from previous suggestion that specialist areas of services can be coordinated online, with a trusted and coordinated App. This would follow on from the various types of online services and interventions that can complement existing in person services.

ICLA would like to thank the generous support of our staff, collaborators and consumers who have shaped the views provided in this submission.

I thank the NSW government for initiating this parliamentary enquiry, as a way of receiving valuable feedback from diverse, interested and engaged participants of the mental health system in the state of NSW.

If there are any additional information or queries regarding this submission, please feel free to contact me directly.

Kind Regards

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