

Submission  
No 118

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

**Name:** Name suppressed  
**Date Received:** 6 September 2023

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Partially  
Confidential

6<sup>th</sup> September 2023

Dear Upper House Committee,

My name is \_\_\_\_\_ I am a Clinical Nurse Specialist currently working in the Adult Mental Health Team within the Brookvale Community Mental Health Service covering the whole of Sydney's Northern Beaches. I have worked for over 29 years in numerous areas of nursing, specialising in Mental Health and Drug and alcohol for 17 years.

I can honestly say this has been the most difficult nursing job I have held – as Mental Health Clinicians in the community we hold a great deal of risk with high case loads and professional responsibility.

Within the Adult Mental Health Team there has been a high staff turnover, this is due to complex work load, limited professional progression and pay. Numerous staff have left the role to obtain a higher grade of pay – Registered nurses have left to work in other areas and also Allied Health Staff graded at level 1-2 have left to be paid at a grade 3-4, all to positions with less professional risk.

In Queensland registered nurses within Community Mental Health are paid as Clinical Nurse Consultants and Allied Health Staff as grade 3-4, recognising the complexity and professional risk involved in their roles.

In my submission I will focus on the following terms of reference (b) (c) (d) and (e) noting that the details below include a combination of the aforementioned terms of reference.

In the Adult Mental Health team we have approximately 250 patients - some of which have been involved with the service for over 20 years. Some of these patients could be discharged to GP's (Those patients who are stable on regular antipsychotic intramuscular injections and the medication Clozapine.) Due to GP costs and already capped workloads GP's are unable to provide the same level of ongoing care that we offer within the Adult Mental Health team and patients are not able to afford the cost of GPs and their medications ongoing.

A lot of these patients do not have GPs – therefor their physical care needs are not being met.

**Solutions could include the following;**

Setting up a GP facilitated Depot / Clozapine clinic within the Brookvale Community Mental Health Service, to ensure patients are adequately managed physically and mentally.

Offering a GP rotation as part of doctor's medical clinical placements or a permanent GP role at the Brookvale Mental Health service would allow patients to take a step down approach to

their mental health offering holistic physical and mental health care, whilst providing valuable education to GP's in Mental Health.

Employing registered nurses to assist with running of the clinics – additional to current staffing.

This would allow the Adult Mental Health Team and Psychiatrists to concentrate on patient acuity and risk to the community in general.

More public access to Autism Spectrum Diagnosis and education for Psychiatrists and staff. Numerous patients have been misdiagnosed with schizophrenia when the actual diagnosis was Autism – the symptomology may present as the same in acute episodes.

Essentially, NSW Community Mental Health Clinicians need to come into line with Queensland's remuneration, we could retain and keep staff with a high level of expertise and organisation in this necessary and complex service.

I am willing to attend a hearing if required.

Clinical Nurse Specialist