

Submission
No 140

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

Organisation: Rural Doctors' Association of New South Wales (RDANSW)

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

Submission on behalf of the Rural Doctors Association of New South Wales

The RDANSW is a member organisation representing rural doctors and the health of rural communities. Our members provide care in rural hospitals and as GPs in rural towns. We are well placed to understand the challenges of providing mental health care in regional and remote NSW.

Terms of Reference (TOR) a & b

Community Mental Health services are suboptimal for various reasons and these issues are amplified in regional, rural and remote areas in NSW. Mental Health care is difficult for rural patients to access, not only due to limited transport options, distance, financial resources, work commitments and ability to take time away from family, but also the actual number of services available, thus leading to inequity of access to outpatient mental health services.

The navigation of outpatient and community mental health services can be very difficult. Shortage of psychologists is the most pressing need. We note that referral pathways to access care can be inconsistent and difficult to navigate. Many places do not accept referrals and the patient is required to ring an access line to get accepted.

There might be a case for enabling mental health telephone services to refer directly to a community psychologist for an acute assessment prior to visiting a GP.

Mental health care plans can be unnecessarily complicated as a way of accessing ongoing mental Health treatment.

TOR c, d, e

Majority of State and community mental health services are at, or near capacity. In particular, in regard to attempted suicides, there seems minimal, support, if any, after an Accident & Emergency assessment. This is a potentially fatal problem considering poor access to GPs and long waiting times and poor access to psychologists, social workers, etc.

The lack of capacity also impacts on provision of adequate care such as follow-up and continuity if the patient is fortunate enough to have been able to access a service initially.

We identify that integration between services needs to be improved, e.g. as hand over to general practitioners is not the best. One of the biggest problems experienced is the extremely poor communication between Community Mental Health Services and GPs, therefore it can be very hard to know who is seeing them, what their role is, what support they can offer and what is their management plan.

We also note that many case workers spend valuable time running clients around, therefore leaving less clinicians to provide care to patients.

TOR g & i

It is recognised that there are benefits and risks of online and telehealth services. This is demonstrated by the growth and success of private virtual care services. If private virtual care services can thrive, why can't public outpatient care survive?

A mental health emergency hotline, available to ambulance, rural emergencies and police could be established to assist with management of issues such as acute psychosis and severe mental distress. Police are often the first to be called to a disturbance created by some with acute mental health issues.

Dr Charles Evill
President RDANSW