The Executive Officer
Mr. Peter Garling SC
Special Commission of Inquiry
Acute Care Services in NSW Public Hospitals
PO Box A4
Sydney South
NSW 1235

4 April 2008

Re: Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals.

About MHCC

MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW representing the views and interests of over 170 NGOs. Our member organisations specialise in the provision of services and support for people with a disability due to mental illness. MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services to the community. Facilitating effective linkages between government, non - government and private sectors, MHCC participate extensively in public policy development.

The organisation regularly consults with all sectors in order to respond to legislative reform and sits on National, State (NSW) and State Government Department (NSW) committees and boards in order to affect systemic change. MHCC manages and conducts research projects and develops collaborative programs on behalf of the sector.

MHCC thank the Special Commission for inviting them to respond to the Inquiry into Acute Care Services in NSW Hospitals. The submission is the product of consultation with members and the sector in order to maximise the level of community participation and share input from consumers; carers; other NSW peak bodies; key mental health organisations; service providers and interested stakeholders.

Introduction

Our submission proposes that it is necessary to review acute mental health inpatient care throughout NSW in the context of the entire spectrum of service delivery, which must include primary health and community services. As a consequence, this submission sits across the terms of reference in that it addresses systemic issues in the broad sense, concentrating on how service delivery in the community impacts on acute services rather than acute services per se.

The *National Mental Health Plan* 2003-2008 provided a framework for consolidating and building on earlier plans that emphasised the centrality of consumers, families and carers in reform, on achieving gains through a population health framework, and setting important priorities for the 5 years. Its aim was to improve the mental health and wellbeing of the Australian community, to improve the treatment, care and quality of life of people with mental health problems and mental illness across the lifespan. [i]

The *NSW 10 Year State Plan 2006* [ii] and *A New Direction for Mental Health* (NSW Health, 2006) similarly set out a clear population health framework, aiming to promote mental health, recognising that mental health and mental illness are on a continuum. In these documents, Commonwealth and State Governments clearly made a commitment to prevention and early intervention. Unfortunately, in implementation, the focus has often been at the acute end of service delivery.

MHCC acknowledge the Commonwealth Government's commitment to setting an agenda positioning effective responses to mental health problems as a national health priority and we consider the *Council of Australian Governments* (COAG) arrangements for Commonwealth, States and Territories to work together to implement commitments in the most effective way, as a positive step towards governments working together to achieve better outcomes for people with mental illness.

The impact of community interventions

MHCC have consistently supported the belief that only by fully investing in community services that provide prevention, early intervention and relapse prevention, will there be a reduction in the level of need for acute services. It is critical that consumers have direct access to a wide diversity of service providers. Community based organisations in NSW are well placed to deliver a diversity of services to people living with mental illness in the community.

The NGO sector has an increasingly skilled professional workforce which is committed to ongoing professional development and outcome measurement. Frequently, organisations work collaboratively, or are in partnership with other services providing a holistic approach to service delivery, including support for housing, employment, living skills and social activities and assisting management of medication by liaising with mental health clinical services and the GP. This approach is socially inclusive and maximises autonomy. Studies have shown that costs of NGO services when offset by a reduction in acute hospital care prove to be particularly viable in relation to consumers with history of extensive hospital use. [iii]

Experiencing mental illness is frequently characterised by the difficulties encountered accessing affordable, safe and stable housing. Illness can disrupt tenancies and the ability to maintain housing. A substantial proportion of homeless people and people living in sub-standard or marginal housing have a mental illness. Supported housing plays an important role in assisting people with a mental illness to live successfully in the community.[iv]

MHCC commend programs such as the Housing and Accommodation Support Initiative (HASI), a partnership program between NSW Health, the Department of Housing and the NGO sector that provides housing linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability.[v]

HASI has been identified as a key program under the *New South Wales Interagency Action Plan for Better Mental Health,* which identifies the NSW Government's commitment to a collaborative approach to the provision of mental health services.

The Stage 1 Evaluation Report (2007) noted some significant outcomes for tenants, including that:

- *70% stayed in the same home for 12 months or longer and that 85% of all participants remained with the same housing provider ensuring that they maintained secure and affordable housing.*
- *84% of participants experienced reduced rates, frequency and duration of hospitalisation. The time spent in hospital emergency departments decreased by 81%.*
- *94% of participants had established friendships and 43% were working or studying*.[vi]

Discharge Planning

The Discharge Planning policy directive for Adult Mental Health Inpatient Services published in January 2008 presents a: *structured and standardised process for ensuring safe and successful transition of people with a mental illness from time of admission to hospital to post-discharge*. [vii] The directive recognises that effective discharge planning must prioritise engagement with other agencies, community service providers and carers, and most importantly actively involve a consumer in the decision making process regarding their ongoing treatment and care, possibly over extended periods of time and at different levels of need.

Despite policy directives, evidence has identified a need for improved coordination between acute services, mental health clinical services, community services, GPs and carers. High bed pressure is frequently cited as a reason for discharging prematurely, and that this impacts negatively on appropriate and thorough discharge planning.

When communication is initiated at an earlier stage of hospitalisation, it has been shown to provide improved outcomes for the long-term stability of consumers in the community, and a reduction in acute hospitalisation. [viii]

Increasing Workforce Capacity

It has long been recognised that in order to meet the needs of consumers in the community and circumvent the risk of hospitalisation, the NGO sector must increase its workforce capacity. Since 2004 MHCC has been working with its NGO Development Strategy, to provide training for the sector through its Learning and Development Unit (LDU) which is a RTO (Registered Training Organisation). By establishing Cert IV Mental Health (Non Clinical) accredited training as the minimum training qualification, the sector is being provided with the skills necessary to provide psychosocial rehabilitation and disability support to consumers in the community.

MHCC are aware of the necessity for increased levels of uptake for workforce training particularly in areas of need such as: rural and remote; Indigenous and CALD communities, and in isolated locations servicing culturally diverse communities. The training offered through the LDU is targeted at these regions as well as centralised locations.

Conclusion

Though 91% of people in 2005, attending a general public hospital in NSW reported satisfaction with the service they received, a third to half of consumers and carers rated their experience with the mental health system as negative. Major problems relate not only to a general under-resourcing of the system but an over reliance on inpatient care.
The current situation sees the same patients revolving through hospital due to a lack of health promotion, early intervention, accommodation support, relapse prevention and recovery programs in the community.[ix]

In conclusion MHCC would like to highlight findings in the 2005 report *Not for Service* (Mental Health Council of Australia and the Brain and Mind Research Institute in association with the Human Rights and Equal Opportunity Commission), stating that the absence of community services was the primary cause for people with serious mental illnesses being unable to access the help that they need and are entitled to. [x]

MHCC acknowledge the positive increase in programs from the Commonwealth that deliver new or enhanced services to people with a mental illness, particularly Day to Day Living and PHAMS. Nevertheless, we emphasise the need for improved support of NGO services to reduce the need for acute services to people with a mental illness, enabling them to improve their quality of life by access to services they chose in the community.

MHCC thank the Senate Committee for the opportunity to respond to this Inquiry, and look forward to the outcome of its deliberations. If the Inquiry requires further assistance please contact Senior Policy Officer, Corinne Henderson at corinne@mhcc,.or telephone (02) 9555 8388 ext 101.

Jenna Bateman
Chief Executive Officer

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[i] Commonwealth of Australia. *The National Mental Health Plan 2003 -2008*, p.16.

[ii] NSW Government Premier's Department. (2006). *State Plan: a new direction for NSW.* Sydney: NSW Government

[iii] Bond, G. R., Drake, R. E., Latimer, E. & Mueser, K. T. (2001*). Disease Management & Health Outcomes.* 9 (3):141-159, 2001. AdisOnline, Wolters Kluwer Health: USA. Available at: www.adisonline.com [Accessed 03.04.08].

[iv] NSW Department of Health (2006). *Housing and Accommodation Support Initiative (HASI) for people with mental illness.*

[v] NSW Department of Health (2006). *Housing and Accommodation Support Initiative (HASI) for people with mental illness.*

[vi] Muir, K., Dadich, A., Abelló, D., Bleasdale, M. & Fisher, K. (2006). *Report III: Summary HASI.* Social Policy Research Centre for NSW Department of Housing. Available: http://www.sprc.unsw.edu.au/reports/HASI_Report3Summary.pdf [Accessed: 03.04.08].

NSW Department of Health.*The Stage 1 Evaluation Report (September 2007)* Available : http://www.health.nsw.gov.au/pubs/2005/house_accom.htm

[vii] NSW Health. (2008). Discharge Planning for Adult Mental Health Inpatient Services: Policy Directive. Doc No.: PD2008_005. Available: http://www.health.nsw.gov.au/policies/pd/2008/PD2008_005.html [Accessed 03.04.08].

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[ix] Mental Health Coordinating Council (2005). *Building Effective Non Government Mental Health Services in NSW.*

[x] Mental Health Council of Australia and the Brain and Mind Research Institute in association with the Human Rights and Equal Opportunity Commission. (2005). *Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia.*