

8 October 2009

Susan Calvert
Director State Plan Program
Department of Premier and Cabinet
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1 Farrer Place
Sydney
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Email: stateplan@dpc.nsw.gov.au

Subject: Submission to the NSW State Plan Consultation

Dear Ms Calvert,

MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW, representing the views and interests of over 200 NGOs. Member organisations specialise in the provision of services and support for people with a disability as a consequence of mental illness. MHCC provides leadership and representation to its membership and seek 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 consults broadly across 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, and is a registered training organisation, delivering mental health training to the workforce.

The Mental Health Coordinating Council (MHCC) would like to thank the Premier for inviting us to participate in the Stakeholder's Forum held at Parliament House on 6 October 2009. We also participated in the all day NCOSS State Plan Conference in September 2008 at which you presented, during which we raised some of the concerns that we reiterate in this submission.

We thank you for the additional couple of days to digest the forum discussions and respond, albeit briefly.

In response to the targets and priority actions identified under the heading of *Improve Outcomes in Mental Health*, we suggest that a number of issues should be identified in the Plan as follows:

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Improve outcomes in mental health

To achieve improved outcomes in mental health the Government will continue to implement programs to improve the capacity and capability of mental health services and improve quality of life outcomes for people with mental health problems.

- In order to achieve the desired outcomes, an important priority is to acknowledge the critical role partnerships between government and the non-government sector play in improving the capacity and quality of mental health services in NSW.
- An essential requirement to achieving the desired outcomes is the priority to target improved communication and information sharing between government and non government agencies.
- It is important to acknowledge the interface between the NSW State Plan and other Plans and Strategies, for example:
 - *New South Wales Interagency Action Plan for Better Mental Health 2005-2010*
 - *NSW: A New Direction for Mental Health 2006 – 2012*
 - *NSW – Multicultural Mental Health Plan 2008-2012*
 - *Fourth National Mental Health Plan – In draft 2009 - 2014*
 - *COAG National Action Plan for Mental Health 2006-2011*
 - *NSW Community Mental Health Strategy 2007- 2012*
 - *NSW Aboriginal Mental Health And Well Being Policy 2006-2010*
 - *Specialist Mental Health Services for Older People (SMHSOP) - NSW Service Plan - 2005-2015*
 - *NSW Health Drug and Alcohol Plan 2006-2010*
 - *Alcohol Services Plan 2009 - 2013*
 - *Youth Alcohol Action Plan 2009 - 2013*
 - *A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009–2014*

OUR TARGETS

Improve access to quality healthcare

Achieve national benchmarks for timely access to emergency and surgical treatment in the face of rising demand.

- In the *face of rising demand* it is necessary to minimise the need for acute mental health services by ensuring the sustainability of prevention; early intervention and relapse prevention non-government services in the community.

In order to improve access to quality healthcare it is necessary for the Plan to support enhancement of early intervention and community-based stepped services which currently present a major gap in our mental health system.

This gap has forced many of those with mental disorders to rely on hospital-based mental health services as the first, and only, option for getting help. Step up, Step down programs are necessary to provide strong support for people either leaving hospital or at risk of experiencing a crisis that may lead to hospitalisation. The strength of these programs are the collaboration of clinical and community support providers, the removal of consumers from the hospital culture and because they are community-based services, it is easier to maintain links with family and carers. It also fosters strong peer support through social and recreational activities for residents.

The Statewide Service Planning Model / Mental Health Clinical Care and Prevention Model Review and Rehabilitation & Recovery Strategy for NSW Mental Health Non-acute Inpatient Units both highlighted the need for new and alternative models for community-based recovery-oriented rehabilitation and support services – including additional supported accommodation and PARC services.

Reduce deaths from conditions amenable to health care.

Reduce potentially preventable hospital admissions.

Improve survival rates and quality of life for people with potentially fatal or chronic illness

Reduce the number of potentially avoidable deaths for people under 75 to 150 per 100,000 population by 2016.

- MHCC submit that the State Plan needs to identify specific targets for suicide reduction under its targets to reduce potentially avoidable deaths. To date there has been little coordination between state and national suicide prevention activities, and the Plan needs to acknowledge the role community services play in suicide prevention and identify services that have been particularly successful in working with certain groups such as: young people and older males. Community services provide access for people experiencing suicidality, and need to be supported to increase activity in this area.
- There is much evidence identifying the significant difference between people with mental illness and the general population in regards to general health. We submit that under Targets, the Plan needs to a focus on collaboration, partnership and information sharing with service providers, and building the capacity of non-government services who may be the primary service provider to a consumer. NGOs delivering a broad range of services to consumers are often in a position to share appropriate information with health care professionals assisting in ongoing healthcare and reducing potentially avoidable deaths of people with mental illness in the community.
- Likewise, there is much evidence emphasising the impact of child sexual abuse on the physical health of both male and female survivors. The evidence clearly shows for example, that women adult survivors of childhood sexual abuse (CSA) particularly present with physical health problems with greater frequency than those women who have not experienced sexual abuse. They are reported to experience higher rates of numerous problems including: diabetes; obesity; arthritis; asthma; recurrent surgeries; poor reproductive outcomes; digestive problems and hypertension.

Venereal disease; pelvic inflammatory disease; respiratory problems and neurological problems,¹ have also been highlighted in this group. The Plan needs to target these consumers so as to reduce fatal or chronic illness. And reduce potentially preventable hospital admissions and readmissions within 28 days to any facility.

Improve outcomes in mental health

- The Plan needs to clearly articulate that to reduce admissions to any facility within 28 days can only be achieved through the enhancement of community based programs.
- Similarly, in order to increase community follow – up within 7 days of leaving a NSW public mental health unit, it is necessary to provide for the growth and sustainability of non-government mental health services.

Increase the employment of public mental health service clients.

- The Plan needs to acknowledge the importance of the National Mental Health and Disability Employment Strategy 2009 in developing socially inclusive initiatives across all sectors of the workplace.

MHCC also recommend that the Plan identify the need to improve outcomes in mental health so as to stem the growing over-representation of people with mental illness, and co-morbid drug and alcohol problems in the NSW criminal justice system. There is an urgent need to make access to a broad base of community services available both pre and post release to improve mental health outcomes and break the cycle of illness and recidivism.

Similarly we emphasise that people at risk of homelessness and the homeless need to be targeted for better outcomes in mental health. Success requires that a relationship between the NSW Homelessness Action Plan 2009–2014 and the State Plan be acknowledged.

MHCC thank the Premier and his staff for their interest in these matters.

Yours sincerely



Jenna Bateman
Chief Executive Officer

CC. Deborah Picone
Director General, NSW Health

For any further information please contact: Corinne Henderson, Senior Policy Officer at
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Reference

ⁱ Sharkansky, E. Ph.D. (2005). PTSD Information for Women's Medical Providers. National Center for PTSD. Available: http://www.ncptsd.va.gov/facts/specific/fs_female_primary.html