

The Mental Health Coordinating Council



Preliminary Report on the Mental Health Inquiry

Day of Participation and Action:

Balmain Leagues Club, Victoria Road, Rozelle

30th May 2003

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Attachment 1: List of identified Stakeholders

Attachment 2: Small group results / data

1. Purpose of Forum

In December 2002 The Legislative Council Select Committee Inquiry into Mental Health Services in NSW tabled its final report. The report made 120 recommendations. The 'Day of Participation and Action' organised by MHCC on May 30th 2003 was to draw together stakeholders from across NSW to prioritise the recommendations and begin the formation of networks and action plans that will enable the successful implementation of the most critical recommendations .

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2. Who Participated

The level of interest was high with approximately 180 people representing a diverse range of interests attending the 'Day of Participation and Action'. Participants included representatives of public sector agencies, area health services, peak body representatives, consumers, carers, non-government service-providers, police and members of the health professions.

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3. What happened?

9.30-10.45: Welcome and introduction

Ms Joy Said AM, Chair of the Mental Health Coordinating Council, opened the forum.

Dr Brian Pezzutti addressed the participants giving a brief overview of the Inquiry.

Dr David Greenberg of Corrections Health launched a paper commissioned by MHCC on 'Mental Illness and the Criminal Justice System'.

11.00am- 1.00pm: Small Group Consultations

Facilitated consultation around structured process of identifying priority recommendations, stakeholders, barriers to implementation and plan of action. Feedback was provided visually on boards. The facilitation and structure of which had been designed prior to commencement of the day.

2.00pm – 3.00pm: Recommendation 1. A Coordinated Approach

The speakers included:

1. Mr Garry Moore – Director of NCOSS
2. Mr Larry Pierce – NADA
3. Dr Brian Pezzutti

3.00 – 3.15: Question Time

3.15pm-4.30pm: Feedback to other groups

Participants were given an opportunity to examine the progress made by other small groups and to give feedback by sticking comments and stickers of support or question directly onto the boards. This time also provided an opportunity for participations to build networks informally.

The information obtained on the boards throughout the day was recorded using a digital camera and then the data was transcribed (see Attachment 2).

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4. Key findings from the consultation process

Coordinated Approach

- A coordinated approach is clearly supported and necessary for addressing the many, varied and interrelated areas, which impact upon mental health and related service provision. A breakdown of the silo mentality of funding, service provision and access is required.
- Any agency that is to oversee implementation of a coordinated approach must have clear legislated power, with clear control and authority over the allocation of funding and the inspection, monitoring and reporting on the use of funds. This will ensure transparency and accountability.
- A coordinated approach would assist in the prevention of people with a mental illness entering the criminal justice system by default, instead of receiving appropriate assessment and treatment.

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Service provision treatment and care

- The system is overloaded and resources poorly distributed. A more effective model of care is required, along with greater allocation of resources for Non-Government Organisations (NGO), community crisis and case management teams.
- Need for community based medium to long term rehabilitation facilities and services
- The competitive tendering processes for funding promote a conflict of interest between organisations rather than promoting coordination
- Public education is a priority.
- Health professionals must better understand and act on 'Duty of Care'.
- Deaths in care and shortly after contact with mental health services remain a concern.

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Carers

- Improvements to sharing of information: eg. through amendments to the Mental Health Act, and routine development of 'advance directives' with consumers whilst they are well.
- Access to services: education of GPs and school counsellors and mental health service staff at entry points needs improvement
- Central support service for carers including increased and better NGO

targeted funding for respite and support services

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Housing & Homelessness

- Better coordination with NSW Health and NGOs and Department of Housing
- Housing Strategy for people with a mental illness: NSW Health and NSW Housing should work together under a similar model to that in Victoria including:
 - Allocation of housing stock for mentally ill with complex needs
 - NGO funding for residential rehabilitation services
- Decreasing housing stock is limiting service provision
- An additional 1000 positions for supported accommodation be made available for people with mental disorders, especially for youth and dual disordered.

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Multicultural

- Development of information packages 'care kits' for CALD groups
- Improve access: to bilingual and bicultural mental health workers in accordance with Caring for Mental Health in a Multicultural Society.
- Allocation of resources relating to population benchmarks
- Improve training: for professionals and tertiary students
- Increase numbers of bicultural workers:
 - Change case mix of tertiary students through affirmative action / scholarships
 - Recognising overseas qualifications & funding conversion courses
- Culturally sensitive models of intervention: Recognition of culturally diverse understanding of mental illness and thus a need to decrease the influence of Western medical model treatment

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Aboriginal & Torres Strait Islanders

- Increase the number and profile of ATSI mental health workers.
 - Provide education-bridging courses to assist ATSI people reach the level necessary to undertake mental health worker studies.
 - Provide ongoing support and education for qualified ATSI mental health workers.
 - Promote the role of ATSI mental health workers in the ATSI and mainstream communities.
- Address some of the related issues, which contribute to mental illness in ATSI people:
 - Poor physical health;
 - Homelessness or unsuitable accommodation;
 - Imprisonment of people with mental health problems.
 - Poverty
 - Alcohol and substance abuse
- Provide a coordinated approach, which is essential to address the many issues, needs and problems that are involved in ATSI mental health.

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Mental Illness & Substance Abuse

- Improve access to services: People without a formal diagnosis find they don't

fit the criteria for accessing services.

- Integration and accountability: practical over 'legal' integration is required, but services must be accountable to provide effective training and treatment
- Re-introduction of an integrated service program with appropriate resource allocation and a plan of action with clearly defined goals and timeframes
- Public Education to change negative attitudes is required in schools and media

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Mental Illness & Intellectual Disability

- Improve Access: reduce rigidity or interpretation of entry guidelines
- Make Changes to Privacy Legislation to reduce difficulties experienced due to restricted information sharing
- Change to Legislation to allow transport of person for mental health assessment.
- Development of 24 Hr Response Units and long term Treatment Units that can respond to this group
- Public Education: to change social attitudes towards disability
- Medical model of disability is a barrier to treatment
- Difficulty in ascertaining if behaviours of IDP is 'challenging' or 'mental illness' or even getting a diagnosis

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Older People

- Access to information and education for older mental health consumers, providers and key stakeholders is scarce
- Interagency collaboration needed
- Coordination of funding and transparency of spending
- Lack of trained staff and declining workforce
- Commonwealth and State delineation of responsibilities required

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Young People

- Early assessment and intervention teams inadequate
- Co-ordinated / across agency discharge plan for all young people
- Community based case managers with manageable caseloads offering continuity of support
- More supported accommodation
- Availability of medium to long-term rehabilitation required
- Collaborative planning involving young people, families and carers, case manager and support services
- Funding allocation, accountability and evaluation needed

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Forensic

- Provision of a secure forensic mental health unit outside of the Correctional Services premises and staffed by health and non-correctional services staff
- The establishment of a State Institute for Forensic Science in NSW, which will include mental health within its responsibilities
- Improve consumer representation and consultation with forensic patients

- Leave be approved by Mental Health Review Tribunal or other party, not by Minister as should be a clinical decision rather than political
- Community stigmatisation and the political issues surrounding the forensic mental health system is seen as a barrier to effective service delivery

Stakeholders

A summary list of stakeholders identified within each of the small group topic areas was produced (see Attachment 1).

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5. The next step

MHCC established an [Internet Forum](http://www.mhcc.org.au) (www.mhcc.org.au) in March 2003 to provide a means through which the mental health sector could engage and debate around the recommendations of the Mental Health Inquiry. The 'Day of Participation and Action' was a further initiative to provide stakeholders the opportunity to promote the important issues raised in the Mental Health Inquiry and begin discussions on the way forward to implementation.

Many of the small groups began working on 'action plans' to implement prioritised recommendations as part of the 'Day of Participation and Action' on May 30th 2003. MHCC has committed to facilitating a process of ongoing engagement between interested members of each topic area to further the work commenced on May 30th. This process will be linked to the MHCC internet forum as a way of involving and informing as many people as possible.

There is a great deal of energy and commitment from people in the mental health sector and human service areas generally for improving services and processes for assisting people with mental health problems and disorders and their carers. The NSW Mental Health Inquiry Final Report successfully recognises the experience and concerns of a wide range of stakeholders and as such should be considered a key mechanism for understanding what is 'wrong' with the mental health system in NSW and what is needed to make it work.

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