

**Submission
No 34**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Name: Mr Mark Anthony Stevens
Date Received: 31 July 2017

THE CHAIRPERSON

PUBLIC ACCOUNTS COMMITTEE

29 JULY 2017

PARLIAMENT HOUSE

MACQUARIE STREET

SYDNEY NSW 2000

DEAR CHAIRPERSON : RE INQUIRY INTO THE MANAGEMENT OF
HEALTH CARE DELIVERY IN NSW

Please accept this letter as a submission to the above inquiry. My submission focusses on the more general terms of reference with emphasis on the Mental Health System

I am the full time Carer for a close family member who has been suffering from Schizophrenia for nearly twenty years. As such I have had considerable experience in dealing with the New South Wales Mental Health System.

I think a useful starting point for your committee might be to re-visit the findings of the 2002 Legislative Council Inquiry into the Mental Health System. To the best of my recollection they made about 120 recommendations to improve the system. Sadly to my observation very few of these recommendations have ever been implemented.

I made a lengthy confidential submission to the 2002 Inquiry and possibly you might be able to locate my submission. The matters raised by me in 2002 have not been addressed to any significant extent.

I BELIEVE THE RECOMMENDATIONS OF THE 2002 INQUIRY SHOULD BE FULLY IMPLEMENTED.

Amongst some of the most important recommendations from 2002 was that Community Mental Health Case Workers should have a ratio of one worker for every 10 patients living in the community. This is absolutely essential if patients are to receive adequate support, monitoring and individualised Case Management. In the Mental Health Community Centres the Case Workers often have over 30 patients. Such Case Loads make it impossible for them to provide appropriate care. Similarly the Community Mental Health Emergency Teams which deal with situations such as where Suicide or violence is apprehended are chronically short staffed.

Some times the short staffing of Community based services leads to a a delayed response to serious situations leading to tragedy. I have encountered delays in getting urgent help for my family member but in my case thank God nothing serious happened. Other people in this situation are not so fortunate.

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Another important recommendation of the 2002 Inquiry was that there should be established a Telephone Advise Panel comprising Psychiatrists , Psychologists, . Psychiatric Nurses and Social Workers who could be contacted 24 hours per day 7 ^{days} a week by ringing a certain phone number., the role of the panel would be to assist patients, their families, carers. Other Mental Health professionals and people coming in contact with Mentally Ill people like Police and Ambulance officers to have immediate access to expert advise at any time day or night.

Again this measure would help to save lives in an Emergency situation.

Another issue that WAS NOT referred to in the 2002 findings directly is the need to establish Community Mental Health Outreach teams to provide intensive in home care to mentally ill people. Many mentally ill people have trouble dealing with a range of daily tasks such as taking medication . house cleaning. Shopping, clothes washing, personal hygiene. Dealing with Government Agencies like Centrelink and the Department of Housing. Banking and paying household accounts like Electricity, Rent and Telephone. An Outreach Team would provide in house assistance for people struggling to cope with these tasks. Although some support services exist in some locations they do not exist everywhere. Where they do exist they often have a waiting list and restrictive and complicated eligibility criteria.

In relation to such services I submit that the best approach is for the NSW ^{Minister} Mental Health to negotiate with the appropriate Federal authorities involved with the roll out of the National Disability Insurance Scheme in NSW ^{for} such support services to be universally and comprehensively available for Mentally Ill people across New South Wales.

In terms of In Patient Hospital Care there are also serious problems. Although it is highly desirable for patients with Mental Illness to be cared for in the Community there are times when patients need to be hospitalised.

The problems with In Patient care are of long standing and include

- 1 Lack of In Patient Beds
- 2 Chronic Staff shortages in Hospital Psychiatric Units

This leads to

- A. Delay in admitting acutely unwell patients to Hospital.
- B. Pre mature Discharge of Patients back into the Community before they are well enough to manage in the Community.

Again in some circumstance this leads to tragedy,

- C. A lack of Patient Supervision in the "Wards. Patients have been known to Self-Harm and Suicide in the Wards. Patients have been known to escape from the Wards when they are still Scheduled. Female patients in particular can be very vulnerable due to the lack of supervision in the Wards.

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For this reason the lack of beds and staffing constitutes a serious risk to patients, staff and in some cases the wider community.

Please consider this submission in the course of your deliberations ~~and~~

YOURS FAITHFULLY

[REDACTED]

(MARK ANTHONY STEVENS)

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PS PLEASE ACKNOWLEDGE RECEIPT OF THIS SUBMISSION.