

National Mental Health Commission Meeting 11-12 July 2017

COMMUNIQUE

The National Mental Health Commission held its 37th meeting on Tuesday 11 and Wednesday 12 July 2017 in Adelaide. National Mental Health Commissioners welcomed engagement and discussion on mental health and suicide prevention, research and housing and homelessness in South Australia. National Mental Health Commissioners valued hearing the experiences of consumers, carers and service providers at the Community Forum.

Mental Health Coalition of South Australia

Commissioners were briefed about the work of the Mental Health Coalition of South Australia. Concerns were raised that South Australia has a crisis and acute driven system focusing on hospitals, beds and short stay arrangements for mental health care, rather than a focus on community based services and care. Concerns were also raised about access to services for individuals who are not eligible for the National Disability Insurance Scheme (NDIS) when services are rolled into the NDIS. Discussions included an apparent lack of planning for individuals not currently accessing services, but who may need access to services in the future. Discussions about housing and homelessness included the value of having purpose built accommodation for individuals and how it can be transformative to an individual's recovery and life.

Adelaide Primary Health Network

Country South Australia Primary Health Network

Commissioners were briefed on the work being done to implement reforms including the commissioning of two regional providers of Primary Mental Health Care Services by the Adelaide PHN, which are working as a central referral service. Discussions included the challenges for the Country South Australian PHN covering remote, rural and metropolitan areas and the need to meet the local needs of approximately one hundred and twenty communities. Commissioners were advised that there are regional forums being held with service providers looking at options such as online services, telephone services, working with the Royal Flying Doctor's Service, headspace and mental health nurses to increase low intensity outreach services. Discussions included the challenges and process of structural reform and the need to build capacity, provide education and co-design to provide quality services. There have been system challenges with competition rather than co-investment but the willingness to work together, plan and collaborate is increasing.

Department of Health South Australia

Commissioners were advised that consumers are accessing mental health services through hospital emergency departments because there is a disconnect between the interface of acute services and the community sector. Discussions included that eighteen thousand individuals present to emergency departments for mental health reasons each year, being the second highest per capita in Australia. There is a need for specialist services in emergency departments and more needs to be done to support individuals post discharge. Discussions included the need for co-investment between state and federal governments with a need to move from an institutionalised model of care to a community based model, and increase community workers to achieve better outcomes. The Department of Health South Australia is meeting regularly with the SA Mental Health Commission to discuss mental health and suicide prevention reform and how to improve services and outcomes for consumers.

Chief Psychiatrist South Australia

Commissioners were briefed on the Oakden Report including the findings and recommendations for the model of care, staffing model, quality and safety of care, culture and restrictive practices. Discussions about mental health and suicide prevention in South Australia included that there is an over reliance on institutions and consumers and carers are often left out of planning.

Housing South Australia

Commissioners were advised that there are forty thousand social housing properties in South Australia and that traditional property management needs to change to better understand clients and there needs to be better integration of services. Commissioners were advised that there is a high level of disconnect between the mental health and housing sectors in South Australia. Discussions included that there is a hospital dominated system in South Australia and there is a need for a mental health and housing strategy to bring people together, assess demand and supply and the different elements to move forward. There is a need to work with real estate agents, governments and tenants. Discussions included that clients are supported until they get into accommodation and then the support ends.

South Australian Health and Medical Research Institute (SAHMRI)

Commissioners were briefed on the work of the SAHMRI Wellbeing and Resilience Centre to build positive mental health and wellbeing in a resilient society. SAHMRI provided information about the projects being undertaken in South Australia to develop knowledge in building wellbeing at scale including education, disengaged youth, organisations and aging. Discussions included current and future research in mental health and the sharing of information and the Resilient Futures project focusing on disadvantaged young people.

Community Housing Council of South Australia

Commissioners were briefed on the role of the Community Housing Council of South Australia and the work being done in policy development, representation of its members and other services provided to individuals and the community. Discussions included the need to build capacity over the longer term and the need to develop a housing strategy for South Australia that includes community driven research and community controlled governance.

Community Forum

Commissioners were pleased to attend a forum with consumers and carers, service providers and community mental health organisations and valued hearing the experiences, challenges and successes of individuals. Concerns were raised about the barriers to accessing services for migrants and the need for targeted education for non-English speaking communities about prevention and the availability of services. Concerns were also raised about machines answering calls at services rather than a person, and the difficulties for those who may not speak much English, and the need to ensure services have interpreters available. Concerns were also raised about the challenges of continuity of care when moving especially from state to state. There are challenges for carers as they are being excluded from assessment and planning but responsible for the individual when discharged. Commissioners heard that the mental health system in South Australia is crisis driven rather than focusing on community based services. Concerns were raised about services being rolled into the NDIS and support for those who do not access the NDIS. Commissioners were advised there is a need to have a less fragmented system, with more collaboration needed.

Flinders Foundation

Commissioners were briefed on the work of Flinders Foundation including their aim to create an environment where leaders, services and the community work together to realign and refocus research, policy and procedure to change the system in South Australia, and to provide a clear direction and vision to put into practise. Commissioners were advised about the work being done to develop a strategic plan and a centre of excellence including the development of breakthrough focusing on funding to research on early intervention and prevention. This work will form a core part of the strategic plan.

Mental Health Nursing, University of South Australia

Commissioners were briefed on the connecting with people initiative including consumer engagement, and the shared learning in clinical practice initiative which aims to develop system wide resources. Commissioners were advised about mental health nurses in South Australia including the challenges with limited clinical placements and the sustainability of mental health nurses including the need to provide more incentives to encourage and increase participation. Discussions included that there is a disconnect between training and practice in the workplace.

College of Nursing and Health Sciences, Flinders University

A presentation was given to Commissioners on improving practice in mental health including the work being done to examine, evaluate and make recommendations for the quality of care for people with acute mental health problems; the research to understand and reduce the use of seclusion, restraint and other restrictive practices and improving therapeutic relationships through building empathy and compassion in care. Discussions included the use of chemical restraint in acute psychiatric units and emergency departments, and perceptions of the definition of chemical restraint. Discussions also included the use of 'Code Blacks' on medical wards and the need for more targeted mental health training to be provided to staff and security personnel.

Carers South Australia

Northern Carers Network

Carers and Disability Link

Commissioners heard about the experiences of carers with the roll out of the NDIS including challenges with accessing information and carers not being included in planning and assessment. The NDIS are holding information sessions but they do not include enough information about what to do. There are concerns about the provision of services and support for individuals that might not access the NDIS when services are rolled into the NDIS, and concerns about carer support when services and respite funding is rolled into the NDIS. Discussions included the variability of plans for individuals with similar needs and the need for targeted support for Indigenous people, migrants and their families.

Health Consumer Alliance of South Australia

Commissioners were briefed on the work of the Health Consumer Alliance of South Australia as the peak body representing consumers and consumer organisations. Discussions included that the mental health system in South Australia is focused on the acute end, with not enough focus on prevention. Commissioners heard there is a need for better investment, system redesign and better allocated resources with an increased focus on the person, co-design and consumer and carer governance rather than clinical governance.

Disability Rights Advocacy Service

Commissioners heard about the work of the Disability Rights Advocacy Service when advocating for the rights and interests of people with a disability, their families and carers. Discussions included representation for individuals in tribunals for community treatment orders, assistance with the disability support pension, support with appeals against decisions in relation to the NDIS and representation for discrimination in the workplace and unfair dismissal.