



**Mental Health Commission**  
of New South Wales

# Community visits 2015

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Murrumbidgee

## Contents

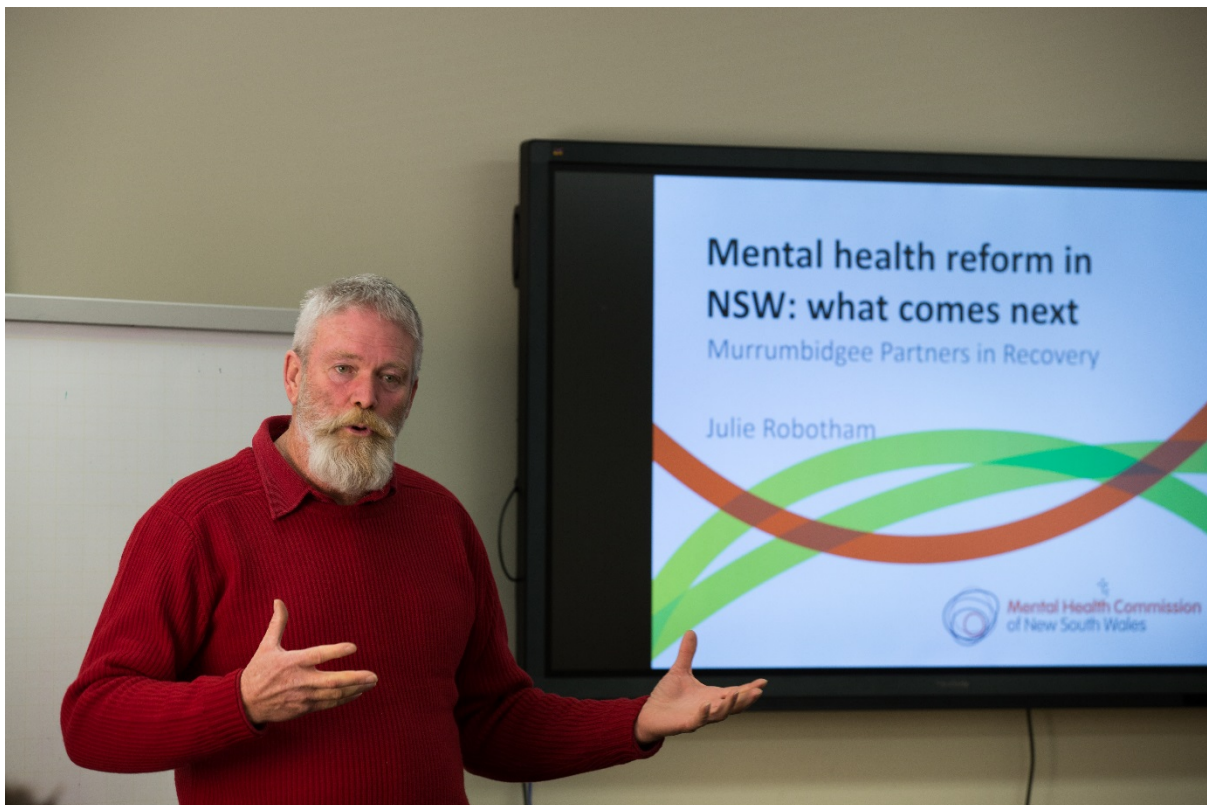
1. Murrumbidgee NSW
2. Issues and progress within the Murrumbidgee LHD
3. Other meetings
4. In summary
5. Case Study - Partners in Recovery (PIR)

In 2013, the Mental Health Commission of NSW (the Commission) held a series of forums with communities in Broken Hill, Kempsey, Tamworth, Nowra and Dubbo in order to understand more about the particular needs and experiences of people with mental illness who live outside metropolitan areas. The feedback from the forums informed the Commission's subsequent recommendations for the reform of the mental health system.

Since those initial forums, the Commission has completed Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 (the Strategic Plan). The NSW Government has accepted all the 141 recommendations for mental health reform it describes and a Mental Health Reform Implementation Task Force has been established. The high-level team is chaired by the Secretary of NSW Health and includes senior representatives from all major government agencies referred to in The Strategic Plan, including Family and Community Services, Education and Justice. In summary, stage two of reform, action and implementation, has begun.

In mid-2015, the Commission returned to regional NSW to visit towns including Broken Hill, Wagga Wagga, Griffith, Coffs Harbour, Kempsey, Queanbeyan, Goulburn and Bega to gauge and promote awareness of the Strategic Plan at the Local Health District (LHD) level, and to learn about any early steps towards mental health reform. The Commission was keen to hear about inspiring examples of excellence in person-focused, recovery-oriented mental health care. It was also interested to hear about barriers to change as government agencies, non-government organisations (NGOs), clinicians and other stakeholders look for better ways to work together to provide timely, person-centred care for people living with mental illness.

This report profiles the Commission's visit to Murrumbidgee NSW.



NSW Deputy Commissioner, Bradley Foxlewin at the Murrumbidgee Partners in Recovery meeting

## 1. Murrumbidgee NSW

Murrumbidgee was the second district on the Commission's regional visits itinerary. Over three days, a small team of staff, including Bradley Foxlewin, one of the Commission's three deputy commissioners, attended a wide-ranging series of meetings in Wagga Wagga and Griffith. The largest of the meetings was with staff of the Local Health District's (LHD) Mental Health and Drugs & Alcohol Services branch. The Commission also hosted an afternoon tea for consumers and carers at Wagga Wagga's beautiful Botanic Gardens.

## 2. Issues and progress within the Murrumbidgee LHD

The Commission attended a meeting with the Murrumbidgee LHD. Participants included approximately 20 frontline, managerial and other staff from across the district. The Commission spoke briefly about *Living Well*. Robyn Manzie, Director of Mental Health and Drug & Alcohol Services and Samantha Pearce, Co-ordinator and Partnerships and Rehabilitation, outlined some of the new developments within the LHD as they relate to mental health reform.

Prime among these is the forging of a promising new alliance. At the time of the Commission's visit, a group of key local organisations - including the Aboriginal Medical Service, the new Primary Health Network (formerly Medicare Local), the LHD and a number

of non-government service providers - were in the process of forming an alliance aimed at kick-starting implementation of *Living Well*, supported by funding from the Commission.

Since then, a Memorandum of Understanding has been signed and the alliance has begun its work. The alliance's work will build on earlier attempts to define the roles and responsibilities of local NGOs, the LHD and the Primary Health Network around delivery of mental health services.

The Mental Health and Drug & Alcohol Service has completed its own Clinical Services Plan. It has six key directions, including improving community awareness of mental health services as well as equity of access.

The Murrumbidgee Clinical Services Plan is largely compatible with *Living Well*, but the former places more emphasis on acute and crisis care, and care for older people with less emphasis on early intervention.

The Mental Health and Drug & Alcohol Service is working to clarify its role in the mental health system, from the crisis and acute care they deliver and other services being provided by other service providers at the community level.

The Commission spoke briefly about *Living Well* and asked for comments, ideas and questions from the floor. A number of key local issues emerged.

- **Poor internet access**

Poor internet access was an issue raised at all the visits across regional NSW and Murrumbidgee was no exception. In some parts of the district internet access is at "dial-up" speeds and worse. This makes it difficult to support e-health services or online staff training.

- **Mental health reform and the role of LHDs**

There was some concern that *Living Well's* emphasis on the community managed sector would leave no role for the LHD. The Commission, said this was definitely not the intention of *Living Well*. It was confirmed that *Living Well* is not meant to be about growth at the expense of what LHDs do. Community-based services delivered by LHDs are at the heart of *Living Well*.

There was some frustration about the high level at which *Living Well* is pitched compared to the more granular, front-line challenges the people in the room were facing on a day-to-day basis.

- **Funding formulas and the tyranny of distance**

There was discussion re government's funding allocation formulas and that they do not make sufficient allowance for the extra time it takes to do anything in rural and remote areas, where distances are vast, terrain can be challenging and populations are small and widely dispersed.

For example, the district relies heavily on fly-in fly-out psychiatric services. It was noted that while the psychiatrists are really committed to the district it costs a lot in terms of

travel budget. At times, cost of travel time for the psychiatrists is more than for their actual contact hours with clients.

For reasons of safety, it is a requirement that two staff at a time visit some remote sites. Time needed to travel to and from a visit can take most of the day.

Murrumbidgee is currently taking part in a rural costing study which will help to highlight this issue.

- **Service gaps**

Participants reported that on-the-ground specialist psychiatric services are sorely lacking in the region. The LHD does not have a psychiatrist on staff and none of the local medical registrars are assigned to mental health.

The lack of specialist services was underscored when the Commission later met with a family from the Griffith area. Their son was diagnosed with schizophrenia and while the family had great support from their local GP, they had endured waits of up to three months to see a psychiatrist. The family said theirs was “not an original tale” and that other carers they knew reported similar experiences.

A participant said local GPs would also benefit from more specialist support.

Participants also reported service gaps for consumers with severe and enduring mental illness who do not require hospital-based care or who are coming out of acute care.

Acute inpatient beds in the Murrumbidgee district are scarce and in demand. “People from smaller, outlying areas don’t have any services and they have to go to inpatient care in Wagga.

- **The National Disability Insurance Scheme (NDIS)**

The Commission suggested that the NDIS might offer new avenues for funding and mental health sector improvement.

Lack of appropriate services to purchase with the NDIS package money was raised as a real concern. “How can we wrap services around [consumers] when we don’t have the services available?”

- **Recruitment and retention of staff**

Recruitment and retention of skilled staff is an issue faced by all the regional NSW communities the Commission visited. In Murrumbidgee it was noted that some areas of health tend to attract early-career professionals who gain valuable experience but then move on. This issue was also raised by non-government organisations.

Changes to position descriptions within the LHD’s Mental Health and Drug & Alcohol Service, to make them more flexible and generic, are expected to open up new opportunities for allied and nursing staff.

### 3. Other meetings

- **Wagga Wagga Aboriginal interagency**

During this meeting, the Commission was able to introduce *Living Well* to staff working with organisations including NSW Fair Trading, Education, Wagga Wagga Local Council, Local Land Services, Catholic Schools, Medicare Local and Colourful Dreaming, an art-based SHINE for Kids program that reconnects imprisoned fathers with their children.

- **Sub-Acute Mental Health Unit, Wagga Wagga Base Hospital**

The Commission met with staff from this service, often referred to as the recovery centre, which opened in 2013. It runs an eight-week residential program and encourages consumers to take charge of their own recovery, to set goals and to stay in touch with their families and communities during their stay. On completion of the program, consumers are awarded a certificate of achievement which, for some is the first certificate they've ever been given.

- **Wagga Women's Health Centre**

Wagga Wagga Women's Health Centre has devised a promising pilot program called Bridging Gaps Together, in collaboration with Partners in Recovery. It's about consumers making connections to community services while they're completing the 8-week program with the recovery centre [Wagga Wagga Sub-Acute Mental Health Unit].

- **Aboriginal Medical Service, Griffith**

During its meeting with the Aboriginal Medical Service in Griffith, the Commission heard about local responses to substance abuse problems in the area, including the introduction of a school-based drug and alcohol education program. The service reported good relationships with other agencies. There was concern about the distances locals have to travel for mental health and other services, and the lack of drug and alcohol treatment options in the district.

- **Centacare**

The Commission took part in a teleconference call with Centacare in Griffith, which has a contract to provide a range of support services to new migrants. Centacare staff reported that Griffith is home to people from a diverse range of cultural and linguistic backgrounds, including Turkish, Italian and Chinese. There is also a substantial Sikh population in the area. Newer migrants, often refugees, have arrived from India, Pakistan, Fiji and Afghanistan.

The Griffith area is well liked by new migrants but separation from family is a common issue and so is mental illness, particularly depression. Local support services are “overwhelmed” and dominated by crisis management, Centacare staff said. Challenges include: access to interpreters, waiting lists for counsellors and psychologists, lack of public transport and high staff turnover.

Centacare also reported that awareness of and understanding about mental illness in CALD communities in Griffith seems to be improving. Relationships between services - including local GPs and caseworkers, PHaMs (the federally funded personal helpers and mentors program) and Medicare Local - are improving.

- **Murrumbidgee Partners in Recovery (PIR) meeting**

At this meeting the Commission was able to hear from people from a range of local government and NGO organisations working in the mental health sector, including: Community Corrections, the Richmond Fellowship, the Schizophrenia Fellowship, the Justice Health & Forensic Mental Health Network, Legal Aid, Mission Australia, and Argyle Community Housing as well as staff from the LHD.

Discussion was robust and there was some crossover with the discussion that took place at the LHD meeting. Some of the key issues raised include:

- **Funding uncertainty and the NDIS**

Uncertainty about the future of PIR and the lack of information about the NDIS were burning issues. “We have this really cool, contemporary approach to mental health but in 2016, PIR funding arrangements are set to end,” said one participant. “We have nothing to replace it yet, nothing concrete and the NDIS details are not set in stone.”

- It was reported that some NGOs were already “winding up” their services in response.
- There was also concern that the NDIS funding arrangements will create a competitive rather than a collective service environment and that small but valuable local services could be pushed out by larger organisations with greater capacity to market themselves.
- “You will need to know who your organisation is and what you do and who else is around and what services you can offer,” was one response.

- **Finding the right service**

Several participants said they struggle to know what is available in the local area in terms of mental health and allied support services. Frequent name and funding changes, service closures and high staff turnover were seen as barriers.

- “When services come and go, it’s hard to establish trust for our clients,” said one participant.
- Another participant suggested that knowledge about services needs to extend beyond individual LHD boundaries if mental health services are to be truly integrated. “In my role, I could be working with anybody in the state ... area limits do not always apply. We need to know what is out there around Australia, for when people move on.”
- Another participant described the structure of the health sector as “ad hoc” with a diverse and confusing range of federal, state and other funding structures.
- **Peer support workers**

There were calls to expand the paid peer support workforce to be supported by provision of adequate training for this as yet “untapped workforce”. There was also some discussion about the potential for stigma and burnout among peer support workers, as well as the lack, at present, of a career trajectory.

- **Living Well and the role of the Commission**

The Commission is a relatively new entity and misunderstanding about its role is common. The Commission is a Statutory Agency. It developed *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, and the NSW Government has subsequently accepted it in full and is now responsible for its implementation.

A key part of the Commission’s role now is to monitor and review the government’s implementation of *Living Well*; essentially to ensure Government keeps to its promise. Its roles also include facilitating the sharing of good ideas around mental health; research; advocacy around prevention and early intervention; and community education.

While some at the meeting were impressed by *Living Well* and its emphasis on “collaborative involvement” and NGO services, others expressed doubts about its usefulness in the face of the sorts of complex, frontline challenges being faced by people in the room.

The Commission acknowledged that *Living Well* is primarily directed at the higher levels of government which are responsible for administering mental health and other services in NSW. Reform of the mental health system as a whole will not be possible without high-level commitment and action, and this is exactly where *Living Well* is aimed. The vision at the heart of *Living Well*, however, is all about what happens on the front lines to improve the lives of people living with mental illness and their carers.

## 4. In summary

The Commission would like to thank the Murrumbidgee LHD and all those from the district who took the time to listen and to share with us their concerns, strengths and plans for the mental health reform.

There is a strong appetite for reform within the district and a range of mental health and wellbeing programs that are cause for optimism. Those working in the sector clearly want to collaborate and to be able to play their part in providing fully integrated, wraparound services for people with mental illness.

The Commission is aware that these are early days in the journey towards reform and that many people in the Murrumbidgee district feel the mental health sector in rural and remote NSW is inadequately resourced.

The Commission will be keen to see how the Murrumbidgee district deals with its challenges over time and to support it wherever possible. The Commission will also be closely monitoring how the people and systems that sit above the LHD initiate, support and reward efforts towards reform.

The Commission will continue to meet with communities in rural and regional NSW. *Living Well* is a decade-long venture, but the mission it represents is an urgent one and there is much to be done.

## 5. Case study - Partners in Recovery (PIR)

Partners in Recovery (PIR) is a federally-funded program that provides and co-ordinates care for people with severe and persistent mental illness who require support from a range of agencies and organisations. The people PIR works with typically have complex life stories that can include encounters with the justice system, drug and alcohol issues, intellectual disability and homelessness.

“Delivering services for people with really complex needs is some of the most exciting and rewarding work we do,” says Anita McRae, manager of the Partners in Recovery program in the Murrumbidgee district. “We work with people that others have shut and locked the door on, people who have fallen through the gaps, people other services don’t want to work with. We work right up the pointy end of mental health.”

In many ways, PIR is already doing what *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* is aiming for. It provides robust, wrap-around support that genuinely meets the needs of people living with mental illness, however complex those needs might be. Consumers direct their own care and all the people and services involved in that care meet, talk and sign off on their particular roles.

“Some consumers have never had this kind of support before and find it quite daunting at first, but once they realise that it is really about caring for them as a person and meeting their needs, it’s a wonderful experience for them,” says Anita.

PIR also has a strong focus on carers. “We know that carers play an integral part in consumers’ health and wellbeing, and they can sometimes be overlooked. Natural supports, as we call them, which is friends, family, carers, can be just as important as and sometimes even more important than services,” says Anita.

PIR is in fact largely the product of exhausted carers lobbying government. “There are still a lot of really tired carers out there,” says Anita. “They have been doing this work, co-ordinating services, trying to navigate a system that we as professionals, as experts, find really hard to navigate, while trying to hold down jobs and family and care for a really unwell loved one. So we take some of that pressure off carers, allowing them still to be carers but not navigators of the system.”

PIR’s strengths as a program, include its robust funding, the “passionate, creative and professional” staff it recruits and its flexibility. “We have been given licence to be mavericks, to be creative, to work on partnerships and to find ways of working that really support people. So we keep pushing the envelope.” Keeping the consumer’s needs front of mind at all times, she says, fuels creative problem solving. “Rather than thinking about rules, we think right, what does this person here in front of us need right now.”

One of the unique strengths of PIR in Murrumbidgee is that one of its support staff sits in the local hospital mental health unit.

“Having that person there is about ensuring there is a smooth transition from the hospital back into the community. There can be a big gap between where the health system finishes and the community starts,” says Anita. “We want to make sure there is no gap and people are really supported.”

“We are really proud of what we do here. PIR has a great reputation right across Australia, not just in the Murrumbidgee. People can see that we are really meeting people’s needs, not just ticking boxes; meeting the needs of people who are really unwell and who, often because of past experiences, don’t have much faith in the service system at all.”

The organisation also tries to model this approach to other organisations across the services sector. “We don’t want people asking ‘why should we do this?’” says Anita. “We want them to think ‘Why not? Why not do this? There is no reason we can’t meet people’s needs’.”



Anita McRae, Manager, Partners in Recovery Program

**Watch Anita talk about Partners in Recovery in Murrumbidgee on the [Commission’s Youtube Channel](#).**

**Watch Samantha a young person from Wagga discuss living with a mental illness on the [Commission’s Youtube Channel](#).**

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