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Executive Support Unit
Area Headquarters
Telephone: 49214922
Facsimile: 49214939

HUNTER NEW ENGLAND
NSW HEALTH

20th July 2006

James Catchpole
Committee Secretary
Standing Committee on Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Sir

Please find attached submissions from the Hunter New England Area Health Service for consideration by the Committee, relating to the following areas:

1. Background Brief – providing information with respect to the provision of mental health services in the Hunter New England Area.

2. Delivery of Mental Health Services in the Australian Community

3. Recruitment of Medical Staff

4. Pharmaceutical Benefits Prescriptions

Yours sincerely

Terry Clout
Chief Executive

Attach

Hunter New England Area Health Service
ABN 24 500 842 605

Locked Mail Bag 1
New Lambton NSW 2305
Telephone: (02) 4921 4922 Facsimile (02) 4921 4939
www.hnehealth.nsw.gov.au

BACKGROUND

Hunter New England Mental Health [HNEMH] provides public mental health services to the community of the Hunter New England [HNE] region. The Mental Health Service provides care to a population of approximately 840,000 people representing 12% of the State's population of which approximately 22% are under the age of 18. Twenty percent of the State's Aboriginal population live in the Area and it spans 25 local council areas.

The HNEMH executive team consists of Director, Deputy Director and Manager of Nursing Services and Manager of Medical Administration. There are Clinical Service Streams - Manning, Mehi/McIntyre, Peel, Tablelands, Newcastle and Lake Macquarie Mental Health Service provide mental health care and support Primary Health Care and Non Government Organizations [NGOs] across the HNE area. In addition HNEMH makes available specialist services that have an Area wide perspective. These services include Psychiatric Rehabilitation Service, Child and Adolescent Mental Health Service Dual Diagnosis, Specialist Mental Health Services for the Older Person and Consultation Liaison Psychiatry.

HNEMH is an integral part of the HNE Area Health Service. The HNE Area Health Service actively support HNEMH in its strategic planning and goal of delivering accessible high quality evidenced based integrated care to the community.

The provision of mental health care across a region as geographically and demographically diverse as HNE cannot be undertaken in isolation from other providers such as other Government agencies, General Practitioners and NGOs while at the same time being linked to and supported by the broader Government strategic and policy directions. This strategic and policy direction recognizes that Mental Illness can have a costly and debilitating effect on individuals, their family members and carers, employers and the health system that tries to help and support them. The document *NSW: A new direction for Mental Health* identified that levels of psychiatric distress and acuity are increasing. Last year, 1.1 million people in NSW had experienced a mental illness.

As a consequence of the recognition of the impact of mental illness on the individual, families and carers and the community The Council of Australian Governments has agreed that a new national approach and major investment by all governments is needed.

A National Action Plan on Mental Health has been developed to provide a coordinated approach to better support people with a mental illness and provide more accessible services.

Mental Health Program – An Overview

The New South Wales Government will deliver a $938.9 million program of additional expenditure in mental health services over the next five years, commencing with $148.8 million in the 2006/07 financial-year.

Overall spending in 2006/07 on Mental Health will total approximately $945 million.

The five-year program of additional expenditure comprises:

- $337.7 million in new additional recurrent funding – 85 per cent of which will be dedicated to community based services.

- $263.3 million in additional recurrent funding for the expansion of programs and services, which has been previously announced.

- $337.9 million in capital works, including additional funding for new capital works,

Hunter New England Mental Health Service – An overview of services

MHS Northern - Peel/Mehi McIntyre/Tablelands

Provision of acute adult mental health services to the population of the northern region of Hunter New England Area Health Service is confronted with the challenge of providing services across a large geographic area that is in parts sparsely populated. The service provides both inpatient and community treatment programs.

The Banksia Unit is a 25 bed acute mental health unit situated on the grounds of the Tamworth Base Hospital and is staffed by a multi-disciplinary team of health professionals.

Banksia is a specialised unit designed to cater for the needs of people with mental health problems in the acute stage of their illness. Admission to this unit may be on a voluntary basis or under the Mental Health Act with triage through the Tamworth Base Hospital emergency department.

The Clark Centre, an 8-bedded voluntary mental health unit located at the Armidale Hospital, provides acute care for people who have problems with their emotions, feelings, moods and coping with life's problems.

Peel Cluster

The Peel cluster covers the local government areas of Tamworth, Walcha and Gunnedah. Clinical Nurse Consultants in the community and the Emergency Department at Tamworth Base Hospital provide specialised mental health services to this cluster.

Community Mental Health Clinicians are based at Tamworth and Gunnedah

Mehi/McIntyre Cluster

The Mehi area covers the local government areas of Moree Plains & Narrabri.

The McIntyre area covers the local government areas of Inverell & Gwydir.

Community Mental Health Clinicians are based at Moree, Narrabri and Inverell

Tablelands Cluster

Tablelands covers the local government areas of Tenterfield, Glen Innes/Severn, Guyra, Armidale, Dumaresq & Uralla

A clinical Nurse consultant also provides specialised mental health services to this cluster with Mental Health Clinicians are based at Tenterfield, Glen Innes and Armidale.

Further development of service streams and specialist services such as child and youth mental health, specialist mental health services for older people and psychiatric rehabilitation services will see enhanced service provision to the northern region.

Hunter Valley MHS

The Hunter Valley Mental Health Service provides a community focussed Mental Health Service for a region that extends from Maitland to rural towns such as Scone and Singleton and rural communities based around Quirindi and Murrurrundi. Care is based on the principles of accessibility, responsiveness and least restrictive care.

As occurs in all the community services the Lake Macquarie MHS fosters partnerships with other service providers, which include General Practitioners, General Hospitals, Community Health Centres, Police, Non-Government Organizations, Ambulance, Department of Housing, Drug and Alcohol, Department of Community Services (DOCS) and Centrelink.

Specialist Services

Child and Adolescent Mental Health Service

The amalgamation of the Hunter and New England Area Health Services confronts the Child and Adolescent Mental Health Service [CAMHS] with a number of challenges including the provision of services across a large geographic area that has a diverse and growing population. The delivery of services to infants, children and adolescents occurs in a range of settings including Community based teams through out the area [city, rural and remote], the John Hunter Children's Hospital, Consultation – Liaison Services at Maitland, Manning and Tamworth Hospitals and Tertiary Level Care in the Nexus Unit.

Inpatient care is provided at the 12 bed Nexus Unit, on the John Hunter Hospital campus. It provides high level intensive psychiatric care to children and young people (5 - 18 years) in the Hunter New England. The Nexus Unit also provides State wide services and caters for children and young people whose illness or disorder is so severe that their safety would be compromised by management in a less intensive environment or whose level of complexity demands thorough investigation and multi-faceted treatment.

Dual Diagnosis Service

The importance of the Dual Diagnosis Service is highlighted by the increasing recognition of the role drugs and alcohol in the genesis and contribution to the development of mental illness, treatment relapse and non-adherence to medication. This service provides assessment and treatment to clients with co-occurring mental health and substance use problems. The centre based community team provides services including assessment and access to treatment groups to clients of the inpatient unit - Huon and the other inpatient units of James Fletcher Hospital in addition to services delivered to clients accessing the service from the community. These include clients referred by other health facilities and also self-referrals, courts, GPs, NGO's, etc. Mental health problems targeted include psychotic disorders, depression, anxiety, emotion dysregulation problems and serious psychosocial problems co-occurring with their substance abuse problems.

The service consists of an integrated inpatient unit, Huon and the community team. Integral to the role of this service is its recognition of the social and emotional cost to the families of those with mental illness, which is further compounded by the presence of substance abuse/dependence. The Dual Diagnosis therefore provides education and support programs for families.

Psychiatric Emergency Services [PES]

PES provides a 24 hour a day 7 days a week service for phone contact, triaging and admission of acutely mentally ill persons. It includes the Psychiatric Emergency Centre [PEC] and the Waratah unit.

PEC has a role in bed management across the acute adult mental health units.
Waratah is an 8 Bedded intensive care unit located in the Thwaites building at James Fletcher Hospital. It is a locked unit providing intensive care to people in acute stages of a mental illness.

The inpatient service operates from a 12-bed unit based at Morisset Hospital and aims to provide assessment and treatment on referral. It is anticipated that community based services will develop as will outpatient services through the John Hunter Hospital.

Psychiatric Rehabilitation Service

The mission of the Psychiatric Rehabilitation Service (PRS) is to promote recovery from mental illness through the provision of high quality clinical rehabilitation interventions, consultancies and partnerships. PRS provides medium-to-long term evidence based interventions for people during the non-acute phase of mental illness. The specific aim of these interventions is to promote recovery and prevent or reduce psychiatric disability associated with mental disorder.

The specific services available through PRS include:

- Supported Recovery: There are currently three geographically based teams: Newcastle, Lake Macquarie & Hunter Valley. These services aim to provide individually tailored and group interventions to promote recovery, prevent relapse and reduce disability.
- Community Development and Partnership: This program aims to increase the range, diversity and integration of community-based accommodation and support services. Partnerships with other government and non-government organisations enhance community care. Some current projects include: NSW Boarding House Reform; NSW Health/Housing "Joint Guarantee of Service for People with Mental Illness (JGOS); Homeless Network; Volunteer Support Program; and, Developmental Delay and Mental Health Project.
- The HASI Project - Mental Health partnership with the Dept of Housing in developing accommodation and support options for people with a mental illness. The project is being rolled out in stages according to levels of required support.
- Rehabilitation and Clinical Support (RCS): The RCS program is for people whose recovery requires a level of assistance that cannot be provided in the community. Non-acute inpatient rehabilitation and clinical support is provided in an open, secure or residential style accommodation and provides an opportunity to enhance the coping skills and strategies essential for living well and staying well in the community. The inpatient facilities located at the Morisset Hospital Include Rosella (14 beds), Kestrel (30 bed medium secure unit) and the Cottages (group homes which accommodate 47 clients).
- Support Through Early Psychosis Service (STEPS): Understanding what psychosis is and knowing what can be done about it, can greatly assist the young person in managing the many issues associated with their disorder. STEPS provide individual and group programs for young people who have experienced the onset of psychosis within the past 5 years.
- Community Forensic Psychiatry and Court Liaison: This service provides assistance to persons with mental health problems who have impacted on the criminal justice system. Specialist consultancies are provided for clients on conditional release and information is provided to the courts regarding mental health issues and disorders.

Centre for Psychotherapy

Individual and group psychotherapy treatments, based on a variety of theoretical approaches, are conducted at the Centre, which provides ambulatory care. There is special emphasis on the needs of patients with complex personality problems and those suffering from eating disorders. Assessment services that focus on advice about the psychological management of other complex presentations is also offered by the Centre. The Centre is staffed by an experienced multi-disciplinary team that offers outreach activities - including consultation, supervision and training seminars to the various units

Planning & Performance

The Planning and Performance Unit has a coordinating role across the service in the areas of quality and patient safety, complaints handling, service accreditation, document control including the review and distribution of procedures, official visitor responses and evaluation processes including the utilisation of KPI and other indicators in service improvement processes.

Clinic Services

This comprises of the following services: a Clinic Department at James Fletcher Hospital and Morisset Hospital. At James Fletcher Hospital this includes ECT, Appointment Liaison, venipuncture collection, Inservice education for staff. Staff Health Service is to be used by staff when they sustain an injury at work, requires immunisation, or have body fluid exposure incidents.

The Clozapine service provides ongoing monitoring service to stakeholders involved, and provides resources relating to Clozapine and promotes partnerships with GP's and Mental Health in Share Care Programme.

Infection Control Service provides information, resources on prevention of infections and monitoring of infection risks in patients, staff & environment.

Business Services

Business Services monitors the financial performance of HNE Mental Health Services. Senior Management accountant based at James Fletcher Hospital and a business manager is located at the regional office at Tamworth The General Offices at James Fletcher and Morisset hospital are a significant component of Hunter New England Mental Health Business Services. They provide a variety of essential non-clinical and support services to allow the services to maintain a high quality customer focused patient care. The office provides a variety of services including the monitoring of orders; petty cash procedures and administration of the patient trust account.

Changes or Issues over the Last Three Years:

In July 2004, the Independent Pricing and Regulatory Tribunal (IPART) announced a restructure following the review of NSW health administration. The review, conducted in 2003, recommended streamlining the administration structure and more clearly delineating roles and responsibilities between the Area Health Services and the Department of Health.

The *Health Services Act 1997* was amended in December 2004 by the *Health Services Amendment Act 2004.*

Hunter New England Health was created on 1 January 2005, following the merger between Hunter, New England and the Lower Mid North Coast local government areas of Gloucester, Greater Taree City and Great Lakes.

Hunter New England Mental Health had already begun merging services in November 2004 due to the need for a revised mental health service structure in the northern region (now known as Peel, Mehi/McIntyre and Tablelands).

A number of senior clinicians, service managers and nurse managers have been seconded during the restructuring phase to support new structures until recruitment of staff into the positions occurred.

Recruitment of staff, particularly to rural and remote areas of the service has been ongoing since the merge.

Medical Management and Training Unit Proposal

The existing training and administrative units for medical officers that will enable the service to expand it's role within the new Area Health Service and enable recruitment, retention and learning and development of medical staff of all levels has recently been funded and is implementing strategies to assist in recruitment, training and retention.

HUNTER NEW ENGLAND AREA HEALTH SERVICE
MENTAL HEALTH SERVICES

The senate enquiry into Mental Health has identified a number of issues related to the delivery of Mental Health care in the Australian community. The report outlined a number of recommendations:

1. Provide a substantial overall increase in funding for Mental Health Services. This funding increase should reflect the disease burden of mental health disorders on society. The outcome of increased funding is to meet the unmet needs of those affected by mental illness. The report notes that there should gradually be an increase in mental health budgets to between 9-12% of the total health budget by 2012. It is noted in the report that early intervention and community based care should ultimately provide savings in the long term.
2. The additional funding aims to provide a community based mental health centres, with the distribution of the centres to be on a population basis and reflective of community needs. It is envisaged this should be rolled out over a 4-5 year period.
3. The report recommends that States and Territories provide infrastructure for ongoing management of mental health centres.
4. A recommendation is made that the Commonwealth should establish direct Medicare recurrent funds for the employment of mental health staff in centres with this to include psychiatrists, psychologists, general practitioners, mental health nurses and social workers. There is an expectation that these activities should also provide cover for periods of high demand especially after hours and on weekends.
5. It is recommended that resources provided for mental health should be linked to two principles - the right to receive a service and responsiveness should reflect the needs of the population.
6. There is a recommendation that there should be equitable mental health funding.
7. Population specific targets have been identified. The report recommended the use of evidence based protocols across the age range with these protocols taking into account culturally and linguistically diverse groups and indigenous populations.
8. The use of benchmark ratios for mental health professionals to populations numbers is recommended, however such benchmarks should recognize geographical diversity with respect to remoteness and lack of access to resources.
9. The report recognizes the importance of services for young people ranging in age from 12 to 25, dual diagnosis groups and the specific issues of those in the older age group.
10. The better outcomes initiative also suggested the provision of Medicare mental health scheduled fees and rebates for a combination of private consulting Psychiatrists, GP's and Psychologists that work together in conjunction with mental health centres in an integrated collaborative manner. A focus on primary mental health services is recommended. The report suggestions Divisions of General Practice provide the management structure.

The report recommended that the Australian Health Ministers agree to a number of specific items -

1. A National Mental Health Strategy.
2. The use of measurable targets for monitoring and reporting on an annual basis.
3. The development of specific action plans for various age groups, culturally and linguistically diverse groups and Indigenous Australians.
4. The Mental Health Strategy ensure and emphasise the delivery of community care, prevention, early intervention and an appropriate balance between acute and emergency care.
5. There is recognition of the need to integrate various plans.
6. Public mental health services of high quality should be established with this playing a significant role in addressing mental health workforce issues.
7. The development of a time line for implementation of the strategy.
8. There should be ongoing incentives and supports to General Practitioners and Mental Health professionals to promote work in rural and remote areas.

The Senate report noted the Prime Minister on the 5th April 2006 announced Federal funding of 1.8 billion over 5 years to improve mental health services in Australia.

presence of collegial support by peers, the sense of isolation – both geographical and professional and the economic capacity of the area to support a health professional.

The Hunter New England Mental Health Service in presenting this document would like to emphasise the importance of the development of collaborative, integrated processes. This collaboration and integration should occur across all levels of Government and Professional bodies so as to enhance available services with the goal of providing high quality evidence based care across all communities in the setting of workforce challenges that includes a maldistribution of resources, an ageing workforce, difficulties with recruitment and retention of staff and the provision of adequate supervision with these factors impacting on all levels of care from primary care through to tertiary level services especially in communities outside of the capital cities.

Key Messages:

- **Evidence indicates Mental Illness has a significant negative economic and social impact.**
- **There should be an increase in funding for Mental Health services by 2012.**
- **Governments invest in promotion, early intervention and community care.**
- **Public and Private sectors should develop a collaborative, integrated strategy for delivery of care.**
- **Equity of access to services is paramount in the delivery of high quality evidenced based care.**
- **Recognition of the need to invest in the delivery of mental health care to specific groups – Child and Adolescence, Older Persons, Dual Diagnosis, the Cultural and Linguistically Diverse and Aboriginal and Torres Strait Islanders.**
- **The Commonwealth will boost funding mental health services with investment in resources through the *Better Outcome Initiatives* with improved access to Medicare funding for private mental professionals.**
- **There are significant challenges confronting Hunter New England Area Health Services in the delivery of Mental Health care.**
- **Rural, remote and non-capital city populations are disproportionately affected by the current inequalities of access to Mental Health Professionals, Primary Health care providers and funding.**
- **The new Commonwealth funding initiatives due to the unequal distribution of psychologists, psychiatrists, social workers, mental health nurses and primary care providers may accentuate the current inequalities in service delivery.**
- **There is a risk that the disparity of access, funding, distribution of health care professionals for rural, remote and non-capital city populations may impact on the capacity of Health Services to deliver care in an integrated, collaborative manner with these factors accentuated by the aging work force, an inadequate infrastructure to support the delivery of services and difficulties with recruitment and retention of health professionals.**

HUNTER NEW ENGLAND AREA HEALTH SERVICE

MENTAL HEALTH SERVICE – RECRUITMENT OF MEDICAL STAFF

The recruitment of Medical staff, especially those with speciality skills is a challenge that confronts most Mental Health Services across Australia, with this a particularly problematic issue in rural and remote areas. There are very clear guidelines as to the requirements for recruitment, employment and supervision of staff, however an issue that repetitively confronts services is the difficulties that occur in progressing this process.

The differing rules and regulations across the various jurisdictions may result in a person who has worked in Victoria for a number of years taking just as long to recruit to a service in another state as somebody who is coming from Europe, even though the person is currently residing and working in Australia. In addition, the current processes are often lengthy and at times unclear for those seeking to be employed in Australia.

Not only do the delays impact upon recruitment in a competitive environment across the world, but also create a situation that negatively impacts upon the image of services and ultimately delays the provision of care to people in areas where there are marked deficits in medical resources.

While it is recognised that there are important parameters around the employment of people from overseas in terms of supervision and support, it is also evident that these parameters are often unfunded and remove the person from face to face clinical care on a regular basis. Each employing service also is required to provide significant unfunded resources to assist the individual.

In relation to these issues it is recognised that it is important for appropriate supervision and support to be provided, but that the cost of such a process should be taken into account. It is also recommended the various jurisdictions, professional bodies and Australian Medical Council endeavour to develop uniform assessment and supervision policies, guidelines and procedures that reflect the needs of our communities, but also takes into account the individual who is applying.

HUNTER NEW ENGLAND AREA HEALTH SERVICE
MENTAL HEALTH SERVICES

ISSUE: PHARMACEUTICAL BENEFITS PRESCRIPTIONS

Background

The 2003/2008 AHCA agreement related to pharmaceutical dispensing indicates that admitted patients should receive services that are free of charge and these cannot be claimed against the pharmaceuticals benefits scheme.

At the time of discharge any patient who is provided with medication in excess of the minimum amount can be charged a fee equivalent to the co-payment fee, however, they cannot be provided a PBS prescription at discharge.

Eligible community patients presenting to services are treated free of charge as public patients unless there is a third party arrangement such as Workcover, an insurance claim or the person has been referred to a named medical specialist who exercises the right of private practice. In the latter circumstances the patient must also choose to be treated as a private patient.

Recently Hunter New England Mental Health received advice in relation to the dispensing of medications to patients attending community services. The advice related to the above items emphasising that should the patient not be referred to a named specialist, medications must be dispensed as a public patient without a charge to the Commonwealth.

Impact

This process has imposed a considerable burden on the provision of care to Mental Health patients within the Hunter New England area. This area is significantly under resourced in terms of private psychiatrists - both in the metropolitan, but especially in the rural and remote regions of the Hunter New England Mental Health Service. Outside of Newcastle the majority of mental health care is delivered through the Hunter New England Mental Health Service by either staff psychiatrists or visiting medical officers of the Mental Health Service.

In addition, the number of General Practitioners available in the area is not sufficient to meet demand and most General Practitioners do not undertake a bulk billing practice, which places a further burden on the public health system.

In general, the treatment of mental health patients occurs within the community either in community mental health centres or the home. The Centres are at some distance from local hospitals and therefore the hospital based pharmaceutical services. As a consequence prescriptions issued to public patients by treating medical practitioners are required to be dispensed at the local hospital adding a further cost burden to patients who are already significantly disadvantaged. It has already been identified that since the introduction of this process there have been problems with medication adherence, increased risk of relapse due to non adherence and therefore the potential for an increased readmission rate which longitudinally has an impact on the individuals recovery and rehabilitation.

While considerable effort has been placed into obtaining referrals this is often a difficult task due to the mobility of mental health patients, difficulties of engagement with General

Practitioners and lack of community supports to enable patients to attend the local hospital for dispensing of medication. The new processes have increased the amount of administrative time required to provide care, ensure up-to-date referrals and patient understanding of the processes.

The Hunter New England Mental Health Service is faced with a conundrum as it seeks to deliver optimum evidenced based community care to those who attend its Community Clinics. The National Mental Health Policy and Strategy that has evolved over the last 10 – 15 years and which has been reinforced in the Senate report of 2006 - *A national approach to mental health – from crisis to community* has, as a desired outcome the provision of care in the community so as to meet the needs of the patient and families/carers. To provide this community based care, distances the patient from the resources of the local hospital and makes it more difficult for the person or their family/carer to obtain prescribed medications. Should the Community Mental Health Services return to the proximity of the local hospital it deviates from the National Mental Health Policy, Strategy and Standards that encourages the provision of quality care in a manner that promotes responsiveness to the needs of the individual and the community and the imperative that services should be community orientated and integrated with primary and general health care.

The recent Senate report further amplifies the importance of these issues. The report highlighted the current 'crisis' in delivery of mental health services reinforced the need for multidisciplinary care and that the various jurisdictions should significantly increase the use of the assertive community treatment. These treatment programs it advises, are to be associated with active case management that aims to support people with severe and prolonged mental illness to live in the community. The Senate report noted the need for expansion of mental health programs and case management within community-based services for people with mental illness.

For the Hunter New England Mental Health Service to deliver Mental Health Services in the manner recommended by the Senate report and the National Health Strategy there will of necessity often be a significant geographical distance between the Community Mental Health Clinic and the Hospital based services. This is particularly an issue for rural and remote patients who are potentially further disadvantaged due to limitations such distance and access to services.

As previously indicated, the current ACHA agreement imposes on the non-referred mental health patient, their family/carers and the Service the need to dispense medications through the hospital pharmacy. This incurs considerable cost for the patient and the service as it seeks to locate a General Practitioner willing or able to provide care for a mental health patient. This cost is further expanded due to the increased risk of non-adherence due to failure to obtain medication, anger that frequently ensues because of the process of linking the patient to a General Practitioner and increased rates of relapse, which may also involve re-hospitalisation.

Solution

The challenge of provision of medication for mental health patients attending Community Mental Health clinics cannot be addressed by one solution. It is evident Mental Health Services need to engage the General Practitioners as a collaborator in the delivery of best practice care. However for many reasons – itinerant life style, patient resistance, lack of access to Primary Care Services and remoteness this is not always possible. Alternative strategies may include collocation with primary care clinics/services enabling the General Practitioners to refer to the Mental Health Service. However this would require a change in

the ACHA agreement, which precludes the referring of a public patient to a specialist. An alternative is the funding of Pharmacies in Community Mental Health Clinics. This however would potentially represent a duplication of the private pharmacy resources that already exist in the community due to public and private health care providers being cited near major centres of community activity. In addition, as with many areas in health care there are difficulties in recruitment of pharmacists. Therefore the creation of Community Mental Health Clinics pharmacies may result in an exacerbation of the current skill shortage. From a pharmacotherapy perspective, a successful outcome to the challenge of delivering optimum care may mean the adoption of a number of solutions that meet the needs of the patient and family/carer. Any solution that seeks to provide the best chance of recovery must reflect upon the notion that if this 'was my son or mother how would I want them treated'.

Conclusion

In conclusion, it is evident that a collaborative solution to this issue must be found as many patients have become confused about what is occurring; there have been problems with adherence, distress to families and evidence of symptom relapse due to compliance issues. These factors place an increased burden on families, the patient and the Mental Health system where community resources and inpatient beds are at a premium. Increased numbers of admissions for any individual patient increases the likelihood an impaired level of recovery and rehabilitation, which ultimately has a cost to the Australian community through the broader social security system.

Hunter New England Mental Health Services

Manning Mental Health Service

The Mental Health Service serves a population of 52,500 and covers the Manning and Foster regions. The Mental Health Service includes the Mental Health Inpatient Unit, Taree, Foster, Gloucester and Bulahdelah/Hawks Nest Community Clinics. The range of services includes those to older mental health, CAMHS, Rehabilitation and Indigenous patients, carer groups and supported accommodation.

The 20 bed acute Mental Health In-patient Unit is located on the Manning Campus and provides treatment and support to the wards and Emergency Department.

The service provides a 24 hour Mental Health Toll Free Access Line that operates 7 days a week.

Taree Mental Community Mental Health Services are co-located with Generalist Community Health Services.

Staff for the service include Extended Hours Mental Health professionals providing both centre-based and mobile assessment, treatment and case management services. Also referral to other services both within and outside of mental health services.

In addition, counsellors provide assessment and specialised treatment, which includes Dialectic Behaviour Therapy, Self Esteem, Depression and Anxiety Disorders, Stress Management and Relaxation, Grief and Loss.

The Forster clinic staff includes a number of case managers providing both centre-based and mobile assessment, treatment and case management services. Also referral to other services both within and outside of mental health services.

In addition, counsellors provide assessment and specialised treatment, which includes Dialectic Behaviour Therapy, Self Esteem, Depression and Anxiety Disorders, Stress Management and Relaxation, Grief and Loss.

A mental Health Nurse operates from Bulahdelah CHC providing both centre-based and mobile assessment, treatment and case management services. Also referral to other services both within and outside of mental health services. A similar service is provided to the Hawkes Nest region

A counsellor visits Hawkes Nest on a weekly basis to provide assessment and specialised treatment, which includes Dialectic Behaviour Therapy, Self Esteem, Depression and Anxiety Disorders, Stress Management and Relaxation, Grief and Loss.

The Gloucester service includes community mental health nurse providing both centre-based and mobile assessment, treatment and case management services. Also referral to other services both within and outside of mental health services.