From: **Dr John Hoult**

Date: **8 March 2004**

In 1993 I was asked to go to England to help set up and disseminate the New South Wales model of mental health care delivery for mentally ill people. At that time, NSW was perceived by other Australian states as having the best model of care and had been steadily implementing it around the state. There was no difficulty getting beds in psychiatric hospitals for patients who needed admission. In the mid-1990s, the NSW model was implemented state-wide in Victoria and became National Policy.

Returning home this year for a short visit, I hear from all sides – the media, mental health professionals, service users and carers, non-government organisations – how bad the situation here has become in the past decade. Patients can't get hospital beds. Often they can't get seen at home in an emergency but have to go to Accident and Emergency Departments where there are long waits; a few patients have suicided during their long wait. Dismantling of mobile crisis services mean patients have to be admitted instead of receiving home treatment, putting more pressure on overcrowded hospitals which can't send patients home because there are insufficient community based staff to care for them. What made such a difference in 10 years?

Two obvious answers: A serious lack of money for all mental health services, but in particular for those community based services which can treat and support patients in their own homes, avoiding the need for hospital care.

NSW spends less per capita on its public mental health services than any other Australian state ($76.9 versus the national average of $82). Australia spends less per capita ($155) on its mental health services, both public and private than England and Wales ($177) and New Zealand (almost $200).

In England significant growth has occurred recently in the mental health budget to set up mobile crisis teams for the intensive home treatment of patients having an acute

episode of illness, as well as for assertive treatment teams to intensively support at home the most severely ill people who have frequent relapses. These teams are part of the NSW model. In NSW these services are unravelling.

Some comparisons will drive home the point dramatically. I work in South Camden in London, around the Kings Cross area: lots of homeless people, a heavy street drug culture, cheap rooming houses, a very high concentration of severely mentally ill people: very similar to the Kings Cross area of Sydney, but without the latter's glitz. In this part of London we have set up the NSW model and now have 67 community-based staff per 100,000 population; Kings Cross in Sydney has only 34 per 100,000. Our bed crisis of 5 years ago has disappeared since crisis teams and assertive treatment teams commenced; instead of us sleeping up to 30 patients a night in private mental hospitals (at a cost to us of $800 per patient per night) we now have had up to 50 empty beds a night and have recently closed beds because they were not being used. Both Sydney and London research showed patients much prefer our model of working. Sydney's Kings Cross service no longer has crisis teams and assertive treatment teams and now has a bed crisis.

Ten years ago the Lower North Shore area of Sydney was rated as having the best service in Australia. Mental health professionals came from all the other states, from the UK, Europe, Canada and New Zealand to learn from it. In the past decade its community staff numbers have shrunk from 28 per 100,000 down to 18. I live in Haringey, one of the least well resourced of the 32 London boroughs; it has 33 community staff per 100,000.

The overwhelming majority of people with severe mental illnesses – eg schizophrenia, manic-depressive illness – live outside hospital. Research repeatedly shows they do not want to go to hospital. They want and need support so they don't relapse, and if they do relapse they want prompt, effective treatment at home.

Creating sufficient expensive hospital beds to deal with the large number of people who suffer a relapse each day is well beyond the resources of any state government; the taxpayers would revolt. Moreover it wouldn't do anything to address the need for supporting people at home once they leave hospital, and supporting their carers.

London throughout the 1990s had an increasing bed crisis, just like NSW has now and with similar media attention. In those London boroughs that have not yet implemented the NSW model, the bed crisis remains. Those areas which have properly implemented and funded the NSW model now have empty beds on their wards. The NSW model is showing its effectiveness in England; by mid-2005 all areas must have mobile crisis teams and assertive treatment teams. NSW should re-import its own model. But the message is clear, NSW has to fund its services properly, otherwise the present mess continues.