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Dear John,

Community Mental Health Services Model of Care
Duress Alarm System at the Royal Adelaide Hospital

Lived Experience Australia is the national representative organisation for mental health consumers and carers, and we have State Advisory Forums in all Australian states and the ACT.

Lived Experience Australia, South Australia (LEA SA) wishes to raise some concerns in regard to two issues which have recently been reported to us.

1 Community mental health services – Model of Care

Excluded Diagnoses

We are of the understanding that the Model of Care has outlined the following 'outside of core business' or 'will not be providing services where the primary presentation is' with the following exclusions applying.

	SALHN	NALHN (draft)	CALHN	Country Health SA
Intellectual disability	Excluded	Excluded	Excluded	No reference
Drug and alcohol	Excluded	Excluded	Excluded	No reference
ADHD	Excluded	Excluded	Excluded	No reference
Autism spectrum	Excluded	Excluded	Excluded	No reference
Acquired brain injury	Excluded	Excluded	Excluded	No reference
Dementia	No reference	No reference	Excluded	No reference
Psychosocial, financial, and accommodation issues	Excluded	Excluded	No reference	No reference
Support accessing NDIS	Excluded	Excluded	No reference	No reference

Intellectual Disability

Our concerns relate to how ID as the 'primary' diagnosis will be determined. Given this is a congenital issue, it seems discriminatory. There is also no detail about the level of intellectual disability, and we are aware that there are many people with mild intellectual disability who are either current clients of mental health services or who have been in the past. We are aware that there is an extremely limited number of psychiatrists and specialist mental health staff working in services designed specifically for this population, and this has been the case for decades.

How are these people and their families to get help for mental health problems? We are concerned that mental illness in this population is often undiagnosed and untreated. We are aware that this group have extremely high rates of mental illness.[1]

Attention Deficit Hyperactivity Disorder
Our concerns relate to ADHD which is a mental disorder recognised within the Diagnostic and Statistical Manual of Mental Disorders- Fifth Edition (DSM-V).

We question what then is the pathway for adults diagnosed with ADHD? Lived Experience Australia recognises this as a significant gap and to see a Model of Care which excludes adults with this diagnosis, we believe is discriminatory.

We understand that recruiting a psychiatrist to treat people with this disorder has been difficult in recent months, but this does not make the exclusion of people with ADHD acceptable.

Lived Experience Australia believes that in South Australia at this time, no person should be excluded from medical care based on a diagnosis. Further we note that the overarching Adult Community Mental Health Services (Metropolitan Regions) Model of Care from April 2010 specified that: 'No re-entry barriers or 'exclusion' criteria will be used to deny or delay consumers' access to services along clinical, functional, sector or any other lines' (p24)

Dementia
This is again a recognised mental disorder under DSM V. Whilst we appreciate that most people will be involved within the older persons mental health services, dementia can also affect much younger people, and many may be in the early stages of recognising or being recognised as even having an emerging dementia diagnosis.

As with ADHD, if supporting people with mental illness is the core business of mental health services in South Australia, we believe dementia should not be a diagnosis of exclusion.

Autism Spectrum Disorder
ASD is a recognised mental disorder under DSM V. We recognise that people with ASD may well be involved with Disability Services, there are frequently comorbid conditions which require community mental health care.

As with all these disorders, we believe exclusion of people diagnosed with these should never be denied mental health services designed to care for people with mental illness based on a diagnosis.

We urge you to immediately reverse these exclusions and seek your response in this regard.

Psychosocial, financial and accommodation issues
Lived Experience Australia also believes that assistance and support for consumers in these three areas is also not in the best interest of a recovery framework for consumers of community mental health services.

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[1] A large UK population study https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5620469/

In total, 12.8% children, 23.4% adults and 27.2% older adults had mental health conditions compared with 0.3, 5.3 and 4.5% of the general population.

We understand that many consumers with psychosocial issues are either accepted onto the NDIS or not. We are also of the understanding that specific measures are currently in train to further assist and support people with psychosocial disability who are not accepted as a separate issue.

However, we know that accommodation is of particular relevant to some consumers. The 'do not discharge into homelessness' is a much needed focus but people who are in Supported Residential Facilities, Housing SA, community housing etc can find themselves homeless for a range of reasons.

Recognition and referral of financial matters is also a much needed focus for the Model of Care. People can find difficulties with Centrelink, outstanding bills, cuts to household services, SACAT etc and we believe it should be the core business of the community mental health services to understand the implications for consumers and their families and the need to assist and support.

Lived Experience Australia does believe that these three issues should be included rather than excluded from any Model of Care. Further there is clear desirability of better integration of mental health services and other areas in providing true holistic care which supports recovery.

We urge you to immediately reverse this exclusion and seek your advices in this regard.

2. Duress Alarm System at the Royal Adelaide Hospital – Ward 2G

We have also been approached regarding the dire situation of the duress alarm system at the RAH which has been ongoing since the opening of the hospital.

Whilst the working or not of the duress alarm system is not of concern to Lived Experience Australia, the presence on the ward of security personnel as a mitigation strategy is.

If the CALHN mental health services are to provide safe, quality, least restrictive settings in a recovery framework for consumers in a true patient centred approach, the presence of the security guards does not align with this philosophy or policies.

We urge you to immediate action to rectify this ongoing and completely unsatisfactory situation. We seek your response in this regard.

Thank you for the opportunity of raising these issues which are of critical importance to South Australians consumers and carers.

We would appreciate your advices to these issues.

Kind regards,

Ms Janne McMahon OAM
Chair and Executive Director
On behalf of Lived Experience Australia, South Australia
1 June 2020

cc. Trudy Lisk, RANZCP SA, Branch Coordinator