

Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of Helen McFarlane

Name: Helen McFarlane

Occupation: Director Mental Health Drug and Alcohol, Western New South Wales Local Health District

1. This is an outline of evidence that it is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.

My role

2. I am the Director Mental Health Drug and Alcohol for Western New South Wales Local Health District (**WNSWLHD**). I have held that role since February 2024. I previously held the role of Innovation and Performance Manager for Mental Health Drug and Alcohol in WNSWLHD. Overall, I have 25 years of experience working in mental health in WNSWLHD. I have a clinical background as a nurse.

Our Services

3. Currently the service is divided into three regions, with hubs in Bathurst, Dubbo and Orange. Whilst still providing a full range of inpatient services supporting the acute care needs of people across the LHD, community services are provided using a hub, spoke and node model.
4. Our teams work together and with partners to embed new ways of delivering care. Currently, services are provided through:
 - a. Inpatient Mental Health Care with 188 beds covering the age spectrum:
 - i. Child and Adolescent - 10 beds
 - ii. State Wide Mental Health Intensive Care - 8 beds
 - iii. Adult Acute - 16 beds in Orange, 10 beds Dubbo
 - iv. Older Persons Mental Health - 12 beds
 - v. Statewide Adult Medium Secure Rehabilitation - 52 beds
 - vi. Statewide Forensic - 20 beds
 - vii. Sub Acute Rehabilitation - 32 beds Orange, 10 beds Bathurst, 10 beds Dubbo
 - viii. Statewide Involuntary Drug and Alcohol Unit - 8 beds.
 - b. Community Mental Health and Drug and Alcohol Services (Face to Face services):
 - i. Community Adult Services
 - ii. Infant, Child, Youth and Family Services
 - iii. Older People's Mental Health Services
 - iv. Drug and Alcohol Services
 - v. Addiction Medicine Services
 - vi. Cannabis Clinic
 - vii. Magistrates Early Referral into Treatment Program (MERIT)
 - viii. Dubbo Drug Court.

- c. Virtual Services:
 - i. Mental Health Emergency Care
 - ii. Drug and Alcohol Helpline
 - iii. Virtual Community Mental Health Drug and Alcohol
 - iv. Safeguards (Face to Face and Virtual).

- d. Specialised Programs and Initiatives:
 - i. Mental Health Drug and Alcohol Intellectual Disability Clinic
 - ii. District Eating Disorder Services
 - iii. Substance Use in Pregnancy and Parenting Services
 - iv. Peri-Infant Mental Health
 - v. Rural Adversity Mental Health Program (RAMHP)
 - vi. Rural Response and Recovery Team
 - vii. Safe Haven facilities - Parkes and Dubbo
 - viii. Suicide Prevention Outreach - Orange and Dubbo
 - ix. Community Forensic services
 - x. Family and Carer program
 - xi. Peer workers (inpatient, community and based in Emergency Departments, **EDs**)
 - xii. Dedicated Education and Training program for Mental Health Pathways in Practice (MHPIP).

Mental Health Emergency Care Service

5. The Mental Health Emergency Care Service (**MHEC**) is a 24/7 virtual service providing acute, emergency, phone and video services.
6. MHEC is accessible to a person undergoing a mental health crisis, or a friend or family member. Generally, mental health assessments are not offered to children under 10 years old, unless they have been referred by a paediatrician.
7. MHEC is staffed by a mixture of senior mental health clinicians. The majority of staff answering the telephone are senior nurses. A psychiatrist is available during the day, and on-call after hours for further support. An increased multidisciplinary approach incorporating allied health clinicians has commenced.
8. Each consumer is provided one of the following three services: Mental Health Triage, MHEC Assessment, and Clinical advice.
9. The service reduces avoidable admissions. Only 25% of people who receive MHEC assessments are admitted to mental health facilities.
10. The service liaises with Western Virtual in order to transport patients and assist with the patient flow process. Patient transport represents a key challenge within WNSWLHD because there are often not enough ambulances to transport consumers, long travel distances, and as intubation is required when transporting consumers by flight.
11. The virtual service also assists EDs at smaller health services and Multipurpose Services to provide assessments and determine whether a patient needs to progress to a larger psychiatric facility.

Virtual Community Mental Health

12. The virtual community mental health model is utilised in towns that have no physical community mental health clinician. These towns rely heavily on outreach services from hub sites in Dubbo, Orange and Bathurst to provide outreach services. The virtual service integrates with the physical outreach service in order to provide continuity of care.
13. The virtual mental health team commenced in November 2020 and provides services across rural and remote areas. The service:
 - a. provides co-ordinated acute mental health response in the community setting to enable the support of a person as close to home as possible where local services are not available;
 - b. ensures continued assessment and provision of short-term community mental health care for people experiencing an acute phase of a mental health problem, as an alternative to admission to an inpatient facility where local services are not available.
14. Interventions include acute risk management, brief interventions, relapse prevention planning, psychoeducation, harm minimisation, connecting with family and carers, motivational interviewing, and pharmacological intervention.
15. We have good relationships with the gaols at Wellington and Bathurst and a strong relationship with the Department of Communities and Justice (**DCJ**). Our community mental health teams assist if needed. We work with DCJ especially around the relationship between housing, homelessness, mental health, and reoffending.
16. In my view, there needs to be greater investment in community mental health services in WNSWLHD. It is better for mental health consumers and their outcomes to receive treatment in their community, and to avoid the requirement for a hospital presentation when a patient is more acutely unwell.

Specialist Mental Health Intellectual Disability Health Team

17. The Specialist Mental Health Intellectual Disability Health Team provide face to face and virtual consultations for people of all ages with a mental health and intellectual disability diagnosis, who have complex health conditions that cannot be managed with usual care.

Drug and Alcohol Services

18. The WNSWLHD population faces significant drug and alcohol problems in relation to alcoholism, opioids and methamphetamines.
19. The Opioid Treatment Program (**OTP**) has had a significant impact across WNSWLHD. The volume of the OTP has increased over time and I believe there is a need for greater funding and workforce in this space. OTP clinics are run by nurses who are able to provide an assessment and medications to patients. However, there is a gap in ongoing case management and facilitation of a dosing program (for consumers who need doses of Methadone) which requires in-reach from NGO providers, GPs, pharmacists and specialists.

20. In my view, the drug and alcohol service is deficient compared to mental health services. Drug and alcohol services are usually project-based and receive project funding rather than ongoing funding within the budget. I am hopeful that drug and alcohol services will receive more recurrent funding in future.