



**Team  
HEALTH**

# Submission to the Productivity Commission Mental Health Inquiry draft report

Top End Association for Mental Health Incorporated  
(TeamHEALTH)

January 2020

Supporting your mental health journey



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*TeamHEALTH acknowledges the Traditional Owners of the lands on which we walk and work, and pay our respects to elders past, present and emerging.*



# Background

## About TeamHEALTH

TeamHEALTH is a for-purpose organisation that supports people dealing with mental health concerns or mental illness. We seek to create community capacity for good mental health so that all people may lead a full and valued life. We are the only non-faith-based, grass-roots mental health organisation that focuses its operations only in the Northern Territory (NT).

Funding for our programs comes from the NT Department of Health, the NT Primary Health Network and the Australian Government Department of Social Services. The Australian Government Department of Industry, Innovation and Science and the Northern Territory Government contributed to the construction of a new purpose-built, residential rehabilitation facility opened in 2019.

We provide services and support to Territorians who have a mental illness or who are vulnerable and disadvantaged and have fallen through the cracks, and we have been doing so for over 30 years.

What does that actually look like? It's supporting people when they come out of hospital or when they become unwell to regain confidence and connections. It's gaining safe and secure housing, getting a job or gaining new skills, its support to undertake daily tasks that are often taken for granted. It's listening to and understanding what an individual wants and utilising the strengths and resources they have or that are available to them - so they can create their best life.

We understand that a valued life looks very different for everyone.

Based in Darwin, TeamHEALTH provides evidence-based mental health services, focused on support, recovery and rehabilitation across Darwin, Palmerston and the regional and remote communities of the Northern Territory's Top End, including Katherine, Maningrida and Gunbalanya.

We provide a range of support services to people of all ages and from various cultures and backgrounds that are tailored to their individual needs including:

- assisting adults in their mental health recovery journey
- supporting children, young people and families who are at risk, or showing early signs of developing mental illness
- housing options for people who can live independently in the community
- long-term or short-term residential options for people needing intensive support
- support for older people to remain at home.



We also educate individuals, groups and organisations about mental illness, mental health concerns and how to provide support to people experiencing mental health problems.

TeamHEALTH's person-centred, recovery-focused care demonstrates the critical importance of wraparound psychosocial support and accommodation in addressing mental health. Indicators of our success include:

- none of the approximately 2700 active participants in TeamHEALTH programs have died by suicide in the past 4 years
- none of the 13 participants in our medium-term (accommodation) service have re-entered the Royal Darwin Hospital mental health inpatient unit in the past 2 years

## About this submission

TeamHEALTH appreciates this opportunity to comment on the draft report for the Productivity Commission's Mental Health Inquiry. We welcome the Productivity Commission's acknowledgement of the need to reform the Australian mental health system, and the need for all people to access culturally appropriate care that meets their specific needs.

The TeamHEALTH submission to the Inquiry focussed on the (in)adequacy of mental health services in the NT; the critical role of housing/accommodation; employment supports; and meeting the needs of Aboriginal Territorians. We were pleased to find that Volume One of the draft report uses our submission to illustrate a variety of points.

TeamHEALTH is submitting additional comments to ensure that the Productivity Commission understands the critical role of non-clinical support for prevention, early intervention and treatment of mental illness; and to emphasise the special circumstances facing service providers in the NT. We have provided examples from our experience in the NT Top End including de-identified case studies. Wherever possible we have included costings based on our service experience, and identified implications (risks, challenges, opportunities) for extending these services to more complex, remote and/or cross-cultural situations. Our points are cross-referenced with the overview report.

The remainder of this submission has specific sections about:

- the value of non-clinical support in prevention and recovery
- housing and accommodation services
- the implications of the thin market in the NT
- suicide prevention



# Issues arising from the draft report

## The value of non-clinical support

Psychosocial (non-clinical) support for individuals, their families and community in the journey and recovery of a person with mental health issues include services that relate to daily living skills, self-care and self-management, physical health, social connectedness, housing, education and employment.<sup>1</sup> These supports complement clinical mental health services and are typically provided by non-government organisations such as TeamHEALTH, working within a recovery and empowerment model to maximise opportunities for people to live successfully in the community.<sup>2</sup>

The draft report implicitly recognises the value of non-clinical support in its commentary and recommendations related to the stepped care model (p17-18; draft recommendation 5.3), and the support required for people being discharged from hospital (p24; p32) and released from correctional facilities (p77). However it could do more to reflect the extent and importance of the community-based, non-government mental health sector which provides a range of services within the stepped care model (e.g. psychosocial support, care coordination, peer support) and fosters the partnerships and integrated care that underpin their effectiveness.

We urge the Productivity Commission to recognise that the partnerships between government-provided services and non-government, community-based mental health services, such as those provided by TeamHEALTH, are an essential component of the stepped care model which underpins the mental health system across Australia and to address the potential for strengthening the community sector. The NDIS is only a small part of the mental health funding picture. Additional investments in prevention, care coordination, peer and psychosocial support are needed in order to ensure that the stepped care model is effective.

TeamHEALTH provides psychosocial (non-clinical) support for adults, children and families in Darwin and Palmerston, and in the regional and remote townships of Katherine, Maningrida and Gunbalanya. In each case we aim to provide 'wraparound' services based on each individual's circumstances and needs. Another key success factor is to have workers with lived experience of mental health delivering our mental health support services.

Although it doesn't replace clinical support, psychosocial support can reduce the reliance on clinicians in an individual's recovery journey, making it a more efficient allocation of scarce resources. Psychosocial support costs less than clinical support. A TeamHEALTH mental health support worker at an average level is currently paid at \$33.88 per hour; the

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<sup>1</sup> National Mental Health Commission 2017 5<sup>th</sup> national mental health and suicide prevention plan  
<https://www.mentalhealthcommission.gov.au/getmedia/0209d27b-1873-4245-b6e5-49e770084b81/Fifth-National-Mental-Health-and-Suicide-Prevention-Plan.pdf>

<sup>2</sup> VicHealth Non-clinical specialist mental health services  
<http://www.health.vic.gov.au/mentalhealthservices/disability/index.htm>



equivalent of about \$86,000 per annum including 30% on-costs. Psychiatrists, psychologists and other clinical workers are paid significantly more. The average hourly pay rates for clinical psychologists and psychiatrists are \$49.33 and \$119 respectively.<sup>3</sup>

In 2018-19 the TeamHEALTH program for supporting adults cost \$3.64 million and delivered wraparound, psychosocial services to 423 adults. Of these, 55% were men, 44% were women and 1% were gender diverse. Forty-five percent were Aboriginal and Torres Strait Islander people, and another 15% were culturally and linguistically diverse. We also supported 444 people (194 children) through our children and family's program at a cost of \$1.67 million. Of these 41% were male and 59% female. Fifty-nine percent were Aboriginal and Torres Strait Islander people and 23% were culturally and linguistically diverse.

The following case study demonstrates that wraparound psychosocial supports for a young man and his family resulted in better educational outcomes for the young man; more productive outcomes for him and his community; and avoided him becoming enmeshed in the justice system.

#### **Case study 1: Psychosocial support for recovery and empowerment**

Thomas is a 16-year-old Aboriginal man living in a regional township. Thomas's father, Frank contacted TeamHEALTH because as a single father he was struggling to support Thomas at home.

Thomas is diagnosed with autism, ADHD and anxiety, and his behaviour at home had contributed to his stepmother and sister leaving the family. Thomas was not going to school, and both he and Frank felt unsupported by the school. Thomas found it difficult to identify healthy relationships and didn't know how to form friendships. He therefore didn't have supportive friends or peer groups. Thomas often felt anxious in large, crowded and noisy areas and can be overwhelmed when processing bulk information. Police were noticing Thomas, and he was stealing from his father which was further impacting the family and on his relationship with Frank. Attempts by other services to access the NDIS for Thomas had been unsuccessful.

When they first engaged with TeamHEALTH, both Frank and Thomas said that they had lost trust in other local services which they felt communicated poorly and did not do what they said they would do.

Regular sessions with Thomas, Frank and TeamHEALTH resulted in Thomas developing a Family Action Plan that identified goals to improve his relationship with Frank, access NDIS, re-engage with school or vocational training, engage in social/community events and to develop friendships. During the sessions, Thomas began to trust the service and workers, implemented sleep routines, developed strategies to manage his emotions and reactions, and to identify his strengths.

TeamHEALTH ensured Thomas and his family were kept informed, with regular communication, seeking consent and ensuring Thomas and Frank controlled decision-making. This built confidence in TeamHEALTH, but importantly empowered Thomas to make his own choices and to take responsibility for his choices and actions. TeamHEALTH workers also did what they said they would do, which enabled Thomas to rely on them for any support he needed.

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<sup>3</sup> [https://www.payscale.com/research/AU/Job=Clinical\\_Psychologist/Salary](https://www.payscale.com/research/AU/Job=Clinical_Psychologist/Salary)



As well as the one-to-one sessions, TeamHEALTH provided case coordination and management of referrals and liaison with other services and stakeholders. This helped Frank, who was working fulltime. TeamHEALTH also supported Thomas to access the NDIS which gives him secure access to individualised support.

With the support from TeamHEALTH, Thomas built his confidence sufficiently to undertake training and classes. He continues to achieve his goals including:

- enrolling in distance education classes in order to complete year 12
- completing a Certificate in Independence supported by the YMCA
- improving relationships with Frank and his stepmother, and developing several close friendships with peers
- completing a certificate in small engines
- managing his anxiety and sleep with strategies developed in conjunction with the Child and Mental Health Services and reinforced with TeamHEALTH, which have enabled him to reduce some of his medication
- cooking for community members at the TeamHEALTH open day. Thomas enjoys food and cooking and hopes to work in a café or kitchen if he is not working in mechanics.

TeamHEALTH provided 269 hours of support for Thomas over a six-month period, at a cost of almost \$30,000.

Had Thomas continued on the trajectory of becoming known to the police, and entering the juvenile justice system, costs of his care would have escalated. The NT Government <sup>1</sup> estimates that the cost of supporting a young person in the juvenile justice system is \$526 per day for community supervision and \$2038 per day for youth in detention.

## Housing and accommodation services

Suitable housing is required to achieve mental health outcomes. The effectiveness of mental health service delivery can be compromised when provided to people residing in unstable living environments or experiencing homelessness. When people with mental illness are housed and supported, their recovery improves. We support the reform objectives on service delivery integration and housing supply, and the intent of draft recommendations 15.1 (housing security for people with mental illness), 15.2 (support for people to find and maintain housing) and 24.3 (the National Housing and Homelessness Agreement).

TeamHEALTH core services include providing supported housing and non-clinical wraparound support across the continuum of supported independent living to acute care that bridges the gap between inpatient and community care. In 2018-19, we housed 60 people, at a total cost of \$1.99 million. Our housing and accommodation services include:

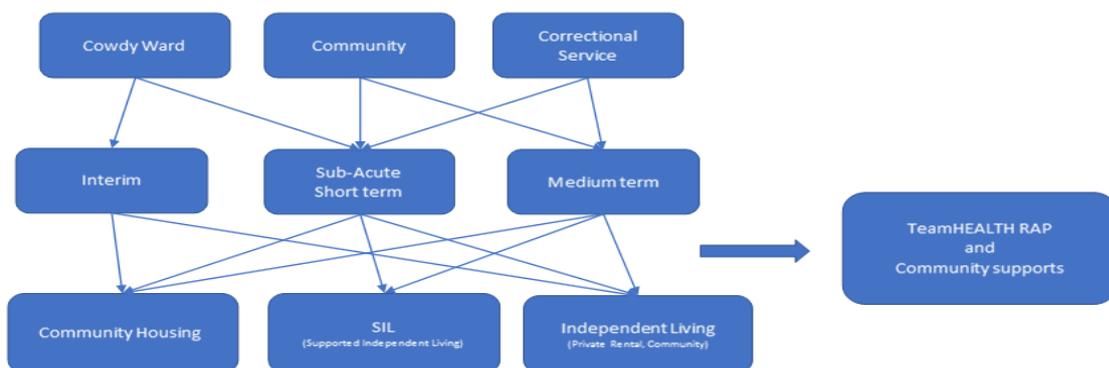
- long term, psychosocial rehabilitation residential support for Top End Mental Health Services (government) clients with severe and persistent mental illness who are identified as having long term supported accommodation needs.

TeamHEALTH supports participants with psychosocial activities, and helps them to develop, maintain and increase life skills that contribute to achieving positive outcomes for their mental health, physical health and wellbeing. TeamHEALTH assists to maintain and increase skills towards independent living.

- short- and medium-term services providing 24/7 residential support with a psychosocial rehabilitation recovery focus
  - short term sub-acute services that bridge the gap between inpatient and community care, for example
    - providing step up and step-down service (community and prison)
    - supporting individuals who are experiencing an acute episode of mental illness
  - the medium-term service supports individuals with severe and persistent mental illness who are identified as having long term supported accommodation needs and who have yet to find a long-term placement. For example, we will seek to transition some people with long term needs to the NDIS and accommodate them in our NDIS-supported facilities.
- interim support to bridge the gap between inpatient clinical support and community discharge by supporting people who are at risk of or are experiencing homelessness. This service provides a step up from a person’s place of residence where the person is becoming acutely unwell, or a step down from the inpatient unit where a person is recovering from an acute episode of mental illness.

Figure 1 depicts the pathways across services.

Fig 1: TeamHEALTH service pathways (nb Cowdy Ward is the Royal Darwin Hospital mental health inpatients unit; RAP = recovery assistance program)





In the calendar year 2019, TeamHEALTH provided supported accommodation for 74 people in five houses with 26 beds (see table 1).

Table 1: Participant characteristics and numbers

Participant characteristics	Participant numbers
Step up from community	30
Step down from inpatient unit	43
Aboriginal participants	45
Leaving prison	3
From the community	29

TeamHEALTH’s current unit costing for supported housing averages \$550 per day, which is about a third of the hospitalisation cost of \$1500 per day.<sup>4</sup> Not only does the cost of supported housing compare favourably with the costs of having someone in hospital, the outcomes are also clear. For example, in the last two years no participants supported through the TeamHEALTH medium term service have re-entered the Royal Darwin Hospital mental health inpatient unit.

In 2019, TeamHEALTH opened its first purpose built, 16 bed supporting living residence “Top End House”. The new residential accommodation features shared living for ten people with 24-hour support and six one-bedroom transitional units to assist people with their goal of living independently in the community. The new residence is playing an important role in reducing waiting lists and providing high quality, supported shared living. Construction was funded independently of the government mental health system. TeamHEALTH contributed \$2.13 million in cash from its reserves and \$0.15 million as in-kind; and \$1.9 million in cash came from the Australian Government’s Building Better Regions Fund. The NT Government provided in-kind contributions of \$0.86 million for the land and an electricity substation upgrade, and a \$3,600 business solutions grant.

The Productivity Commission is seeking further information about transition support for individuals with mental illness released from correctional facilities (Information request 16.1). In 2018-19 TeamHEALTH provided transitional, supported accommodation for four people leaving prison at an average cost of \$550 per day. We provide similar, tailored psychosocial support for people leaving the prison as we do for people leaving hospital (see case study 2 below).

The following case study provides more details about the process and the support offered for someone who has been hospitalised. It illustrates the benefits to the participant of the non-clinical/wraparound care provided by TeamHEALTH; the advantage of a close

<sup>4</sup> *pers comm* Top End Mental Health Service

partnership between the community sector and government services; and the costs of service delivery. The partnership between government-provided clinical services and community-based, non-clinical support enables participants to control their recovery journey and has the potential for achieving better outcomes for the mental health system overall through more efficient allocation of hospital services.

### **Case study 2: Introduction of Support**

Joshua is a 50-year-old man diagnosed with chronic schizophrenia and whose physical health is declining due to self-neglect, who was not receiving formal outreach supports other than a 3 weekly depot injection which he would get only if he remembered his appointments.

Joshua was admitted to the Royal Darwin Hospital (RDH) psychiatric inpatient unit because he was at risk of suicide. His mental health had declined as result of feeling unsafe, threatened and targeted in his public housing unit. He had started sleeping rough and presented himself to police because he was experiencing worsening auditory hallucinations.

At RDH, discussions about accommodation and the possibility of going back to his public housing unit distressed Joshua, resulting in his mental health relapsing. RDH protocols prevent clients being discharged to homelessness. Joshua was therefore unable to leave hospital even though there were other people with more critical needs for acute care.

TeamHEALTH worked in partnership with government mental health services to support Joshua to find new accommodation so that he could be released from hospital. The steps and support included:

RDH discharged Joshua to TeamHEALTH's short-term accommodation where he was supported through our 3-week interim program.

Joshua and TeamHEALTH interim care workers explored safe housing options. A Recovery Assistance Program (RAP) worker worked intensively with Joshua for 3 days a week and together they looked at three alternatives for accommodation.

Joshua identified his preferred accommodation as a hostel which is staffed 24/7. Assisted by TeamHEALTH, he was able to move into his new accommodation within a week of being discharged from hospital.

The TeamHEALTH RAP worker continues to support Joshua and they see each other weekly. Together they work on other goals that Joshua has previously be unable to achieve including Centrelink to apply for rent assistance; grocery shopping and choosing healthy, nutritious food options; living skills and social networks. TeamHEALTH will continue to work with Joshua on recovery focused goals for as long as he requires.

Since engaging with TeamHEALTH supports, Joshua's mental health has remained stable and he is feeling very positive about the future. He is very comfortable with his new living arrangements: he has found like-minded people living there; and feels at ease knowing that there are staff available at all times for security.

Staying in hospital costs the NT government about \$1500 per day. The cost of TeamHEALTH providing short-term care in a supported accommodation is \$550 per day. Joshua stayed in TeamHEALTH's short term accommodation rather than hospital for 6 days.



This partnership and coordinated, person-centred care model is feasible in Darwin because:

- TeamHEALTH has supported accommodation beds available
- the TeamHEALTH RAP team is sufficiently well resourced and available to provide wraparound services to new participants, and the necessary services are available for participants to access (albeit with support from the RAP team)
- senior government managers are readily available and open to flexible approaches that meet everyone's needs.

Currently there are very limited, or no housing supports and supported accommodation for people with mental illness outside Darwin. For example, people seeking help from the Katherine hospital out of hours or on the weekend will be sent to Darwin (300km away) because there are no local facilities available. Many of our housing participants come from community or regional NT. Their recovery is inevitably less successful when they are away from their family and country.

The cost of housing, the availability of staff, the size of the market and the need for a cost-effective model are all barriers for TeamHEALTH. Housing stock is very limited in regional and remote areas of the NT, and to our knowledge no housing is presently allocated in remote areas of the Top End for supported accommodation for people with mental health issues. TeamHEALTH is investigating establishing supported accommodation as a stepdown facility in Katherine and other rural areas of the Top End to avoid people needing to travel to Darwin for care and support. The costs of such programs will inevitably be higher than for delivering services in Darwin/Palmerston.

## The implications of the thin NT market

The draft report offers many suggestions for improving the Australian mental health system. Reforming the mental health system is a very important endeavour and we welcome the Productivity Commission's analysis and proposals. It is important that the expected benefits are available to all Australians including those living in remote and very remote areas, and in jurisdictions like the NT where the mental health system is inadequate to meet current needs. We are concerned that the direction of reforms set out in the draft report will not adequately address mental health needs in rural and remote areas of the Northern Territory, and in some cases may even make services even more difficult to access.

It is important to recognise the characteristics of the NT that impact on service delivery:

- remoteness, which adds time and cost to delivering services
- thirty percent of the population are Aboriginal and/or Torres Strait Islander people; 77 percent of the Aboriginal population lives in remote or very remote areas of the NT<sup>5</sup>

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<sup>5</sup> Department of Treasury and Finance 2019 Population, Northern Territory Economy <https://nteconomy.nt.gov.au/population>



- the economy is relatively small, and the NT government has very few streams of own-source revenue and has ongoing operating deficits, making it unlikely that it will make new/additional investments in mental health
- Commonwealth arrangements that allocate funding on the basis of jurisdictional populations rather than need inevitably result in underinvestment in services in the NT where the population is small but relative disadvantage is high
- there is a historical underinvestment in mental health services compared to need, across the government, private and community sectors.

Major reforms such as the National Disability Insurance Scheme have demonstrated that centralised program design, planning and implementation fails to take into account the on-ground realities of remote and rural communities operating in a resource-poor jurisdiction. Unless this market failure is addressed by alternative government action, the gap between demand and supply widens rather than narrows.

TeamHEALTH is a community-based organisation operating only in the NT. As such, we face a number of challenges to expanding our services, despite the high level of need:

- Although the majority of the NT population resides in Darwin and Palmerston, the remainder live in remote and very remote areas in relatively small townships and communities. This means that additional resources are required to provide even minimum levels of service and that it is very expensive to provide the full range of diverse services required to meet every individual's needs in every location.

For example, the standard cost to TeamHEALTH of providing outreach support in Darwin/Palmerston is \$40 per hour depending on the group size. In remote and very remote areas, the standard cost of outreach support rises to \$120 and \$160 per hour respectively.

- The NT is disadvantaged if Commonwealth programs are funded based on jurisdictional populations rather than need. Our populations, especially young people and Aboriginal and Torres Strait Islander people, experience mental health issues at significantly higher prevalence than the national average. Population based funding distributions fall well short of what is needed. For example, in the NT, there is approximately \$240,000 per annum available through the National Psychosocial Support Measure to support anyone who is not eligible for NDIS funding for mental health support. The NT Mental Health Coalition estimates that in the NT, approximately 6900 people with severe and complex mental illness will be ineligible for the NDIS and will need to be supported from this \$240,000. Based on TeamHEALTH's experience in delivering psychosocial support, this level of funding would provide 11 Darwin-based people with 5 hours per week of psychosocial support in a year. For remote areas, we estimate that this funding would provide only 8 people with 5 hours per week of support each year.



- As noted in the Housing and Accommodation section (above), although there are demonstrated benefits to mental health from secure housing, the availability of housing in remote areas remains a significant issue in the NT.
- The requirements of compliance, quality assurance and reporting are a significant administrative burden which is not yet recognised in our funding arrangements. For example, TeamHEALTH (an organisation of 54 FTE) must meet five different reporting standards and compliance guidelines. This requires significant time, technology infrastructure and management support. Volume 1 of the draft report (p424) recognises this burden, especially as it relates to small, non-government organisations. We understand that reducing the compliance and reporting burden is part of the Productivity Commission’s rationale for suggesting a shift to a single, regional commissioning agency. This is welcomed, but in our experience such a shift may build in new challenges for operating in remote, underfunded jurisdiction with high needs (please see the submission on the draft report from the NT Mental Health Coalition).
- The availability of an appropriately skilled and culturally attuned workforce cannot be guaranteed without further government investment in the NT government and non-government mental health workforce. In particular, the demand for workers with lived experience, and Aboriginal support workers and health practitioners is higher than the available supply. Our costs of turnover and training are high. At 31 December 2019, the average length of service for the TeamHEALTH workforce was 2.74 years. Our five-year average length of service was 2.45 years at 30 June 2019. In 2018-19 we invested in 30.3 hours of training for each of our staff members (54 FTE).

The NT has a highly transient population with 17 percent of residents in 2016 reporting that they lived at a different address a year ago. Part of this mobility is due to the economic relocation of young (25-34-year-old) workers including health and other professionals who come to the NT for specific jobs and leave again after several months or years.<sup>6</sup> Nationally, about 11% of community and personal service workers changed jobs in the year to February 2019<sup>7</sup> and for the total Australian labour force, 59% have worked for the same employer for three years or more.<sup>8</sup>

TeamHEALTH supports draft recommendation 11.4 “that governments should strengthen the peer workforce”. There needs to be additional investments in an expanded, skilled, peer support workforce, that goes beyond the recommendations for investing in peer worker qualifications and a professional organisation. Lived

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<sup>6</sup> NT PHN 2018 Northern Territory Primary Health Care Workforce Needs Assessment Year 1: Remote Primary Health Care and General Practitioners <https://www.ntphn.org.au/files/NT%20PHN%20HWA%202018.pdf>

<sup>7</sup> Australian Bureau of Statistics 2019 Graph 2 Mobility by occupation 6226.0 - Participation, Job Search and Mobility, Australia, Feb 2019 <https://www.abs.gov.au/ausstats/abs@.nsf/mf/6226.0>

<sup>8</sup> Australian Bureau of Statistics 2019 Table 17.1 Labour mobility, retrenchments and duration of employment, 2015-2019 6226.0 Participation, Job Search and Mobility, Australia, 2019 <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/6226.0Feb%202019>

experience staff provide immense value in recovery orientated mental health practice.

Box 1 lists factors that need to be addressed in establishing and maintaining a thriving lived experience workforce. Further information about the challenges of expanding the lived experience workforce in the NT are outlined in the NT Mental Health Coalition submission.

**Box 1: Lived experience workforce**

- at commencement, establish a Personal Support Plan which covers possible triggers and signs that their team leader/manager should look for if the worker is becoming unwell or not coping and have an agreed approach on how to raise or support the staff member when this occurs
- adopt a flexible approach and understand each worker's particular requirements to maintain their mental health
- consider any criminal history and any impact that this may have on groups of participants they are working with
- access to Employee Assistance Program
- regular, person-centred supervision is essential to promote high standards of practice and to review skills and expertise to ensure that the worker is equipped to meet the requirements of their position. Components of supervision include:
  - o Staff wellbeing – assisting to identify and deal with job related stress and validating staff in their job performance.
  - o Good practice – identifying areas where successes have been achieved and determining whether these should be shared with the wider team or organisation
  - o Accountability – ensuring the work undertaken is in line with National Mental Health Standards, TeamHEALTH values, relevant program guidelines, established ways of working, policies and instructions.
  - o Reflection – encouraging staff to take responsibility for the continuous improvement of their work practice.
  - o Education – providing information, coaching, identifying learning needs necessary to undertake work effectively and developing training plan/s accordingly.
- peer led group supervisions to further support staff with lived experience and to see how knowledge can be utilised in a broader approach for recovery orientated mental health practice

In addition to strengthening the peer support workforce, TeamHEALTH supports efforts to develop the Aboriginal health practitioner workforce (p28).



Box 2 lists a number of issues that TeamHEALTH needs to consider in developing our Aboriginal workforce. These are common to organisations operating in the NT, but require additional, targeted investment to do well.

**Box 2: Aboriginal workforce**

- availability of culturally appropriate workers, for example:
  - Family and clan relationships must be considered
  - Workforce must include both men and women so both genders can be supported
- high rates of interaction with the justice system, means considering and potentially managing criminal histories of Aboriginal staff
- wraparound support for Aboriginal staff including:
  - support for obtaining working with children and police clearances
  - strengthening data capture and recording skills
  - assistance to manage ceremonial and cultural responsibilities and workplace expectations
  - navigating program funder expectations and community priorities
- investing to ensure that our organisation is culturally competent at all levels

The recommendations in the draft report overlook the need for a robust non-clinical, recovery support workforce and their skill development. The TeamHEALTH experience demonstrates that psychosocial support workers are essential partners in recovery and in prevention and early intervention. Further investments in workforce development are required, especially for workers with lived experience and cultural connections. As identified by the Productivity Commission (p46), longer term funding arrangements would give greater certainty for organisations such as TeamHEALTH and for our workers; which in turn directly benefits our clients through continuity of care.

## Suicide Prevention

The draft report (p14-15) notes that only a very small proportion of people with mental illness self-harm or have suicidal thoughts, and not all people who suicide had a mental illness. However, up to 25 percent of people who attempt suicide will re-attempt, with the risk being significantly higher during the first three months following discharge from hospital after an attempt. The draft report includes an estimate that adequate aftercare could reduce the prevalence of suicide attempts that reach hospital emergency departments by about 20 percent and all suicide deaths by 1 percent, and that effective



aftercare could provide a long-term return on investment of between 6:1 and 36:1 for every dollar spent.

Approximately one person per week dies by suicide in the NT. This equates to 20.3 deaths per 100,000 people compared to the whole of Australian rate of 12.6 per 100,000 people.<sup>9</sup> Young people, particularly young Aboriginal men are among the most vulnerable, as are people living in remote and rural areas.

Psychosocial/non-clinical support is a source of critical factors which prevent suicide including connection, purpose and hope. Our personal experience of the effectiveness of the approach is that no active participant in TeamHEALTH programs has ended their life by suicide in the past 4 years. With additional investment, TeamHEALTH could expand services to support more clients in the locations we already work, and extend our psychosocial services to other regional and remote areas of the NT.

TeamHEALTH operates a suicide prevention education program in the NT Top End aimed at increasing awareness of mental health and suicide prevention; increasing knowledge, skills and confidence among participating workers about the warning signs of individuals at risk; and fostering collaboration across agencies to leverage resources and infrastructure for preventing youth suicides.

For example, in the second half of 2019, TeamHEALTH delivered youth mental health and standard mental health first aid courses to targeted and/or vulnerable groups that would otherwise not have access to this education. Groups included a young mothers' group based in Palmerston; the Balanu Foundation which works with young Aboriginal people; and an alcohol and other drugs rehabilitation centre in Katherine. The latter group were all Aboriginal men from across the Top End of the NT.

TeamHEALTH notes draft finding that school-based suicide prevention awareness programs can be effective at reducing suicide attempts and are likely to be cost effective (draft finding 21.2). TeamHEALTH partners with Mind Blank to deliver suicide prevention activities in schools across the Top End. Mind Blank is a not-for-profit organisation whose mission is to reduce suicide risk through interactive and educative performances in schools and communities.

In 2017, Mind Blank workshops took place in Darwin, Palmerston, Batchelor, Nauiyu, Gunbalanya and Belyuen. Twenty-five forum theatre workshops were conducted across 23 schools and numerous youth groups in urban and remote settings in the Top End, with 2,521 school-aged students taking part. In 2019, TeamHEALTH again commissioned Mind Blank to conduct theatre forum performances to educate young people about mental health, decision-making, communication skills, substance misuse and help seeking strategies. Seventeen performances were held in 11 schools (6 in Darwin and Palmerston, the remainder in Katherine, Batchelor and Nauiyu). The forum theatre allows students to

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<sup>9</sup> Australian Bureau of Statistics (2016) 3303.0 - Causes of Death, Australia, 2015 cited in Department of Health NT Suicide Prevention Strategic Framework 2018-2023  
<https://digitallibrary.health.nt.gov.au/prodjspu/bitstream/10137/7055/1/Northern%20Territory%20Suicide%20Prevention%20Strategic%20Framework%202018-2023.pdf>



interact with the actors to shape different outcomes that unfold before them, which are then discussed in a group setting.

Students participating in both tours gave feedback about their experience and what they learned. In 2019, 754 of the 1251 participating students responded to the evaluation survey. Between 50 and 60 percent of respondents indicated that they were now more confident to seek help if needed; that they could discuss mental health with their family and friends; that the performance had taught them life skills; and that they had learned something new about mental health.

TeamHEALTH contracted Mind Blank to deliver the program, and organised and managed the school tours. The cost of Mind Blank, accommodation, travel and a TeamHEALTH staff member for the equivalent of a week was approximately \$32,000 per tour.

## Conclusion

TeamHEALTH welcomes the Productivity Commission draft report and its efforts to reform and improve the Australian mental health system.

We urge the Productivity Commission to make additional recommendations aimed at strengthening the role of the non-government sector in providing the psychosocial and accommodation supports required as part of the stepped care model; and to explicitly acknowledge the additional investment required to provide such supports for culturally diverse populations in remote locations.

Service		Unit cost	Annual cost
TeamHEALTH			
Psychosocial support	mental health support worker - salary	\$33.88/hr	\$86,000
	psychologist <sup>10</sup> - salary	\$49.33/hr	
	psychiatrist <sup>10</sup> - salary	\$119/hr	
	standard cost of outreach support for individuals in Darwin/Palmerston	\$78/hr	
	standard cost of group support for in Darwin/Palmerston	\$40/hr (depending on the group size)	
	standard cost of outreach support for individuals in remote NT	\$120/hr	

<sup>10</sup> [https://www.payscale.com/research/AU/Job=Clinical\\_Psychologist/Salary](https://www.payscale.com/research/AU/Job=Clinical_Psychologist/Salary)

Service		Unit cost	Annual cost
	standard cost of outreach support for individuals in very remote NT	\$160/hr	
	psychosocial program for supporting 423 adults (2018-19)		\$3.64m
	psychosocial program for supporting 444 families (2018-19)		\$1.67m
Housing and accommodation	supported housing for 60 people (2018-19)		\$1.99m
	supported accommodation per person	\$550/day	
Suicide prevention	Mind Blank suicide prevention schools program 2019 (11 schools, 1250 students)		\$32,000
Northern Territory Government			
	Royal Darwin Hospital mental health inpatients unit per person <sup>11</sup>	\$1500/day	
	Juvenile justice – community supervision <sup>12</sup>	\$526/day	
	Juvenile justice – youth in detention <sup>12</sup>	\$2038/day	
<b>Top End House construction</b>			<b>Contribution</b>
Cash	TeamHEALTH		\$2.13m
	Department of Industry, Innovation and Science		\$1.90m
	NT Department of Trade and Business Innovation		\$3,636
In-kind	NT Government – land		\$0.66m
	NT Government – substation upgrade		\$0.20m
	TeamHEALTH		\$0.16m

<sup>11</sup> Top End Mental Health Services pers comm

<sup>12</sup> Productivity Commission Report on Government Services 2018-19 cited in NT Department of the Attorney-General and Justice 2019 Pathways to the Northern Territory Aboriginal Justice Agreement.  
[https://justice.nt.gov.au/\\_data/assets/pdf\\_file/0009/728163/Pathways-to-the-northern-territory-aboriginal-justice-agreement.pdf](https://justice.nt.gov.au/_data/assets/pdf_file/0009/728163/Pathways-to-the-northern-territory-aboriginal-justice-agreement.pdf)



TeamHEALTH can provide further details about the challenges and costs of operating in such environments should the Productivity Commission need more information.



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