

# NSW Submission to the Productivity Commission Inquiry into Mental Health

2019



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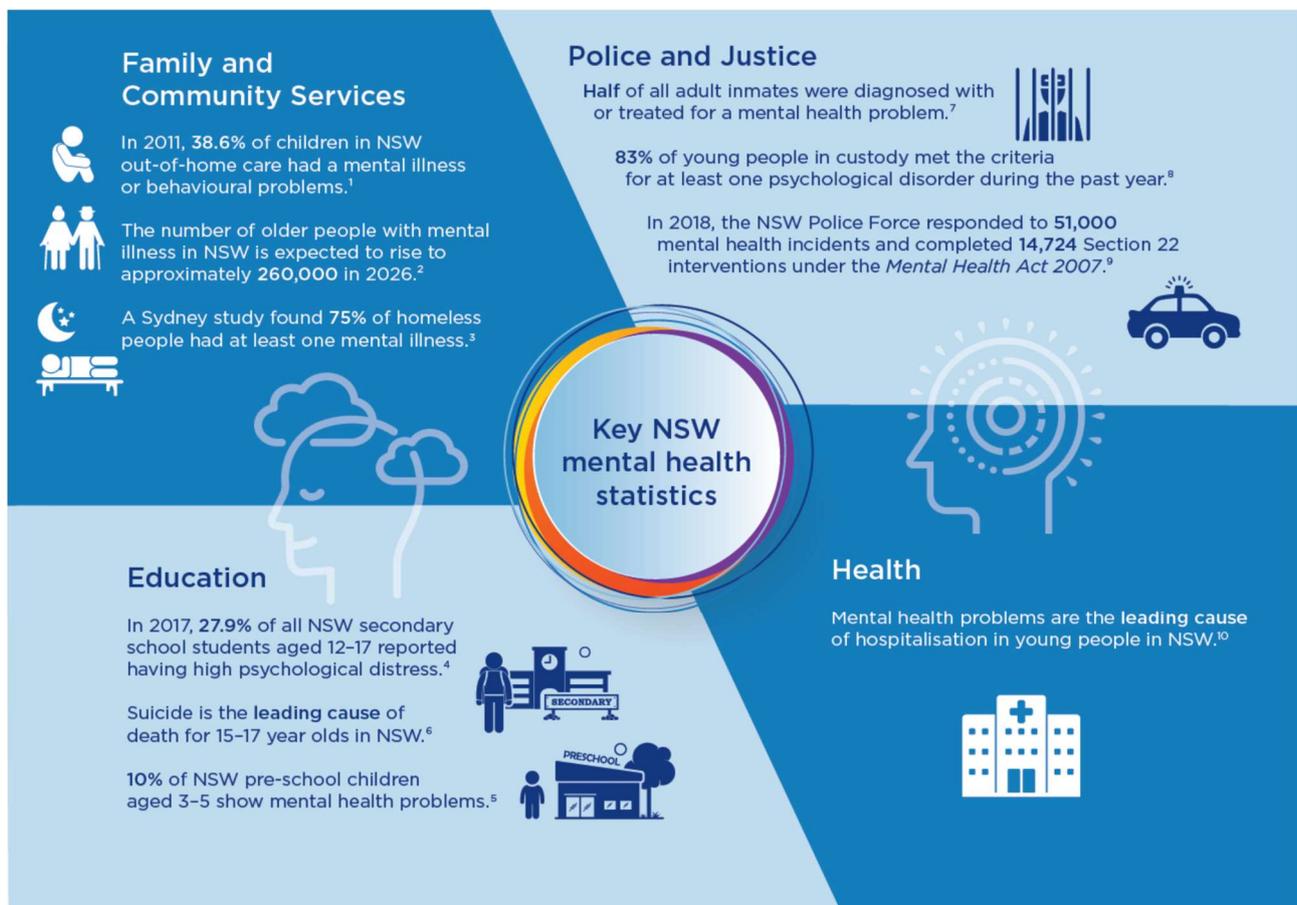
# 1. Where we are now

## Mental illness in NSW

Mental illness is the single largest cause of disability in Australia. Around one in five people experience a mental illness each year and nearly another quarter are at risk of developing mental illness. A high proportion of mental health problems emerge in adolescence or young adulthood, with around half of all lifetime cases of mental illness beginning by age 14, and three-quarters by age 24.

Of the eight million people living in NSW in 2017-18, approximately:

- 1.3 million will experience a mental illness
- 1.8 million are at risk
- 244,000 will experience a severe mental illness including:
  - 40,000 aged 17 years and under
  - 161,000 aged 18-64 years
  - 43,000 aged 65 years and over
- 80,000 will be carers for people with mental illness.



The infographic above shows the prevalence of mental illness in different service sectors in NSW.

## Current mental health services in NSW

The NSW Government provides and funds a number of different services and programs to improve mental health outcomes in the population. These include prevention, early intervention, treatment and recovery, as well as supports for communities, families and carers of people with mental illness. Services and programs include:

- **targeted mental health services and programs**, such as hospital-based and community mental health services, psychological support services in schools, suicide prevention initiatives, campaigns to de-stigmatise mental illness, and diversion of appropriate defendants with a cognitive impairment charged with low-level offences out of the criminal justice system
- **programs with significant expected mental health benefits**, such as intensive therapeutic case services for victims of trauma, child protection services, early intervention for young people at risk of long-term involvement with the criminal justice system, homelessness prevention and early intervention programs, screening, referral and support services for vulnerable pregnant women and child development screening for children in out-of-home care
- **support, training and advocacy** for people working with or caring for people with mental illness
- **entitlements and benefits with significant expected mental health benefits**, such as access to social housing, crisis accommodation and discounted travel
- **system enablers**, such as promoting lived experience in mental health program design, development and improvement, the Official Visitors program to advocate for the rights of people with mental illness and legal protection under the *Mental Health Act 2007*.

For the majority of people with a mental illness or disorder, treatment is most appropriately provided in the community. For those with more severe and complex mental illness, treatment in a hospital inpatient unit may be appropriate for a limited period of time. This is more likely where more intensive treatment is required to ensure the person and those around them are safe.

NSW Health provides specialist mental health clinical services through its 15 Local Health Districts (LHDs), three Specialty Health Networks (SHNs) and through funding to the community-managed sector. There are approximately 60 inpatient facilities providing 2,817 acute, non-acute and sub-acute beds, and 282 community and mental health centres that provide public mental health services. These are complemented by a range of health and other services which are run by community-managed organisations and private providers.

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<sup>1</sup> <https://www.health.nsw.gov.au/parvan/childprotect/Publications/keep-them-safe-oohc-report.pdf>

<sup>2</sup> [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_022.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_022.pdf)

<sup>3</sup> <https://www.homelessnessnsw.org.au/resources/mental-illness-and-homelessness>

<sup>4</sup> [http://www.healthstats.nsw.gov.au/Indicator/men\\_distrstud/men\\_distrstud\\_age\\_snap?&topic=Mental%20health&topic1=topic\\_men&code=men%20bod\\_dementhos](http://www.healthstats.nsw.gov.au/Indicator/men_distrstud/men_distrstud_age_snap?&topic=Mental%20health&topic1=topic_men&code=men%20bod_dementhos)

<sup>5</sup> <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/wellbeing-in-schools.pdf>

<sup>6</sup> <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/wellbeing-in-schools.pdf>

<sup>7</sup> <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/mental-health-of-prison-entrants>

<sup>8</sup> [https://nswmentalhealthcommission.com.au/sites/default/files/documents/justice\\_paper\\_final\\_web.pdf](https://nswmentalhealthcommission.com.au/sites/default/files/documents/justice_paper_final_web.pdf)

<sup>9</sup> NSW Police Force, 2019

<sup>10</sup> <https://www.health.nsw.gov.au/epidemiology/Publications/2014-cho-report.pdf>

## The cost of mental health in NSW

The costs of mental illness to individuals are many and varied. These include years lost to ill-health, disability or death, lower lifetime earnings, treatment costs, psychological distress, side-effects from medications, social isolation, lower social participation, the impacts of stigma, and discrimination. The cost of mental health to employers is also great; a 2014 PricewaterhouseCoopers report estimated that reduced productivity due to poor mental health costs NSW employers approximately \$3.5 billion per year. This comprises \$1.5 billion in absenteeism, \$2.0 billion in presenteeism (working at reduced capacity due to ill-health), as well as \$48 million in compensation claims.<sup>11</sup>

## Expenditure on mental health services in NSW

In 2019-20 the NSW Government is spending \$2.2 billion on recurrent and capital mental health expenses in the health sector alone.

Key initiatives announced in the 2019-20 Budget include:

- \$2.8 billion to recruit a total of 8,300 frontline health staff, over four years, with 45 per cent located in regional New South Wales, including an additional 5,000 nurses and midwives (including mental health nurses)
- \$88.4 million to employ additional school counsellors, psychologists, and student support officers to ensure every NSW public high school has access to vital mental health and wellbeing supports
- planning to deliver specialised beds for mothers and their babies in a public hospital setting. This will allow new mothers who need a hospital admission for their mental health care to stay with their baby. This initiative includes:
  - a new mother and baby unit each at Westmead and Royal Prince Alfred Hospitals
  - a new child and adolescent mental health unit at Nepean Hospital
- \$23.5 million over four years to expand the capacity of Lifeline and Kids Helpline, bringing the Government's funding commitment to Lifeline to a total of \$36.0 million since 2011. The funding includes:
  - more than \$5 million to support Kids Helpline to answer an extra 18,400 calls per year
  - \$6 million for Lifeline to introduce their Crisis SMS Service trial into NSW for the first time, allowing young people the option to reach help in a way that suits them
- \$19.7 million in 2019-20 to support implementation of key initiatives to drive suicides towards zero in New South Wales. The funding will support a range of initiatives targeted at providing communities with the most effective tools to prevent and respond to suicide
- \$8.275 million for drought-related mental health initiatives over the next year as part of an expansion of the Emergency Drought Relief Package
- \$3 million in funding over four years for the Gidget Foundation, a not-for-profit organisation, to expand its work to stop maternal suicide, by identifying, diagnosing and treating perinatal depression and anxiety among mothers and fathers.

These initiatives build on previous initiatives in 2018-19, including:

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<sup>11</sup> PWC 2014, *Creating a Mentally Healthy Workplace: Return on Investment Analysis*, Melbourne. Australian National Accounts: State Accounts, 2017-18. Note: 32.7 per cent of the reduction in productivity is estimated to be in NSW, in line with NSW's share of GDP.

- \$100 million per annum over four years for specialist community mental health supports to continue the Government's ten-year reform of mental health services
- \$82.5 million for delivering increased admitted, and community-based mental health services across NSW
- \$39.4 million to deliver an additional 1,400 mental health admissions in addition to the 37,500 currently provided
- \$42 million for additional community-based mental health services and supports.

In 2018, the NSW Government announced \$700 million for a State-wide mental health infrastructure program to transform existing infrastructure and support new contemporary models of care in mental health units. In addition to the two new mother and baby units the following projects were confirmed under the program:

- 26 new forensic low secure beds in Western Sydney
- a new specialist child and adolescent mental health unit with up to ten beds at Nepean Hospital.

Expenditure on services and programs for people with mental health conditions is a small proportion of total government expenditure which improves population mental health. Government expenditure across all sectors, including in the justice, child protection, family and community services, social housing and homelessness sectors, transport system and the arts, are aimed at improving the wellbeing of individuals and communities and may be considered to be promoting mental health.

NSW expenditure on mental health supports sits alongside Commonwealth spending responsibilities for taxation and welfare, as well as primary health care and aged care services. Commonwealth funded entitlements and benefits with significant expected mental health benefits include Medicare entitlements for people with a Mental Health Care Plan, Rent Assistance, Income Support payments (including Carer Payment, Disability Support Pension and Sickness Allowance) and childcare subsidies. This is discussed in further detail in Section 3. General Practitioners (GPs) and other Medicare-funded services are key contributors to mental health, and reforms to the GP Better Access to Mental Health Care Program could greatly enhance prevention and early intervention, as discussed in Section 2.

## 2. Where we are going

### NSW mental health reform

The NSW Government is committed to improving access to mental health services and supports for the people of NSW. In June 2019, the NSW Premier announced that reducing the rate of suicide deaths in NSW by 20 per cent by 2023 would be a new Premier's Priority.

NSW is five years into its ten year reform of mental health care in NSW (the NSW Mental Health Reform).<sup>12</sup> This reform provide NSW with the opportunity to reshape mental health service delivery and work more collaboratively across government agencies and other health and human services providers. The reform calls for care that is:

- person-centred and tailored

<sup>12</sup> NSW Health, NSW Mental Health Reform 2014-2024, URL: <https://www.health.nsw.gov.au/mentalhealth/reform/Pages/default.aspx> Accessed 10/5/19.

- family and community focussed
- recovery-oriented
- trauma informed
- provided in the least restrictive way, and
- delivered in partnership with people with lived experience and their families and carers, and with other organisations.

Inpatient and community-based mental health care are important, complementary parts of the health system. The NSW Strategic Framework and Workforce Plan for Mental Health aims to build and strengthen community-based care whilst seeking to improve and refine inpatient care. This aligns with the Fifth National Mental Health and Suicide Prevention Plan. The Strategic Framework and Workforce Plan for Mental Health has five strategic directions, oriented towards three goals.

## GOAL 1

**Holistic, person-centred care** where consumers and carers are offered comprehensive, holistic, compassionate and respectful services that attend to mental health, physical health, and social and cultural needs. It also includes actions to enhance community-based options.



## GOAL 2

**Safe, high-quality care** with quality improvement by embedding learnings from recent reviews and routine improvement processes, early intervention for children and young people, and suicide prevention.



## GOAL 3

**Connected care** where local systems are organised to deliver stepped and integrated mental health care in collaboration with other health and social care systems. Connected care is achieved when systems are organised and joined up in ways that deliver effective, efficient and seamless care.



- ▶ **Direction 1 | Strengthening prevention and early intervention** with a stronger focus on services for children and young people.
- ▶ **Direction 2 | Supporting a greater focus on community-based care**, including providing more community-based services and a phased transition of long-stay psychiatric hospital patients into safe community care.
- ▶ **Direction 3 | Developing a more responsive system** through improved specialist services for people with complex needs such as borderline personality disorders and those in hospital with physical healthcare needs.
- ▶ **Direction 4 | Working together to deliver person-centred care**, including better integration between mental health services, mainstream health, justice and human services, and Australian Government-funded services.
- ▶ **Direction 5 | Building a better system**, including developing the mental health workforce, establishing an evidence base and research to support improvement, improving engagement with families and carers, growing and supporting a peer workforce, and increasing NGO capacity to deliver services.

## Lived experience is key

*The lived experience of people with a mental illness and their carers is at the heart of the NSW Government's mental health reform, and ensures NSW-run services are flexible, sustainable and meet people's needs.*

Listening to the voices of people with lived experience of mental illness, and of their families and carers, has created significant change in the delivery of health services in NSW.

Benefits for mental health services from engaging with the lived experience of people with a mental illness and their carers include:

- **flexibility and agility:** exploring and challenging the stigmatising beliefs, assumptions, practices and culture behind what has been done before
- **sustainability:** encouraging a focus on what is currently working well and ways to enable more humane, healing, efficient and effective practice using available resources
- **tailored care:** Services are tailored to suit the needs of the service user, rather than the service user fitting into a service that does not reflect the user's needs
- **continuous learning:** promoting continual dialogue and learning, including a willingness to work with new ideas as they emerge regardless of who or where they come from.

The NSW Government listens to the voice of lived experience in many ways, including through the Mental Health Program Council Consumer Sub Committee, State-wide Peer Workforce Steering Committee and strong relationships with BEING (the independent, State-wide peak organisation for people with a lived experience of mental illness) and the NSW Consumer Peer Worker Committee.

People with lived experience have also contributed to the NSW Strategic Framework and Workforce Plan for Mental Health<sup>13</sup> and Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities.<sup>14</sup> These plans support the National Framework for Recovery-Oriented Mental Health Services, which also ensures that the voices of lived experience are heard.

## Prevention and early intervention is a powerful lever that can reduce the impacts and cost of mental illness

*Prevention and early intervention approaches are more cost-effective than treatment only approaches. They reduce future costs to Governments, particularly in social service sectors, and increase productivity and social and economic participation.*

Early detection and intervention can significantly reduce the severity, duration and recurrence of mental illness and put people in a better position to secure and retain employment, maintain stable accommodation and participate in the community. Early intervention also has the potential to reduce demand for more intensive and costly service responses later in people's lives.

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<sup>13</sup> NSW Health, NSW Strategic Framework and Workforce Plan for Mental Health, URL:

<https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf> Accessed 10/5/19.

<sup>14</sup> NSW Health, Mental Health Safety and Quality in NSW, URL:

<https://www.health.nsw.gov.au/mentalhealth/reviews/seclusionprevention/Publications/implementation-plan.pdf> Accessed 10/5/19.

Investment in prevention and promotion approaches can lead to more efficient use of mental health resources and has flow-on benefits for a range of service providers including primary care, drug and alcohol services, education, child and family services, and the justice system.<sup>15</sup>

In recognition of the critical role of early intervention and prevention, in February 2019 NSW Health launched a First 2000 Days Framework. The Framework emphasises the importance of the first 2000 days of a child's life for their physical, cognitive, social and emotional health, during their lifetime and for future generations. The Framework also acknowledges the importance of a mother's mental health and experiences during pregnancy, which may adversely affect her child. The Framework is a strategic policy document which will underpin local priority setting and planning across all LHDs and SHNs.

The NSW Government also launched a Strategic Framework for Suicide Prevention in NSW 2018-2023<sup>16</sup> on 17 October 2018. The Framework will guide activities in NSW until 2023 and marks the beginning of the journey towards zero suicides in NSW.

The Framework was developed by the NSW Mental Health Commission and the NSW Ministry of Health in collaboration with people with lived experience of a suicide attempt or suicide bereavement, government agencies, mental health organisations and experts in suicide prevention. The launch of the Framework was accompanied by an investment of almost \$90 million over three years in new and expanded initiatives to implement priorities including:

- aftercare services for people who have made a suicide attempt
- alternative services for people presenting to emergency departments in distress
- support services for people bereaved by suicide
- more counsellors for regional and rural communities
- expanded community mental health outreach teams
- suicide awareness skills training
- an evidence-informed innovation fund to bring approaches showing promising results from other jurisdictions to NSW
- strengthening practices in the mental health system to eliminate suicides and suicide attempts among people in care
- resilience building in local communities
- improvements to the collection and distribution of suicide data in NSW.

## **Schools play a crucial role in early intervention and prevention**

*As universal service providers to young people schools are important resources to address child and adolescent mental health needs. NSW Schools are implementing best practice models including the Project Air Strategy program, School Link and Got It!*

Mental illness frequently has its onset during adolescence and early adulthood, a critical time in a person's life.<sup>17</sup> Wellbeing programs that engage school-age children and promote a mentally

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<sup>15</sup> Everymind, 2017, Prevention First: A Prevention and Promotion Framework for Mental Health.

<sup>16</sup> Strategic Framework for Suicide Prevention in NSW 2018-2023, URL:

<https://nswmentalhealthcommission.com.au/resources/strategic-framework-for-suicide-prevention-in-nsw-2018-2023> Accessed 10/5/19.

<sup>17</sup> Headspace, 2018, *Headspace leading innovation in youth healthcare*, URL: <https://headspace.org.au/blog/headspace-leading-innovation-in-youth-mental-healthcare/> Accessed 10/5/19.

healthy environment in which to flourish can provide a strong foundation for future resilience and reduce the incidence and impact of mental illness later in life.

Schools are well placed to promote mental health and wellbeing due to their position as universal service providers to children and young people, familiarity with students and their families, and the link between wellbeing and learning outcomes. Due to their well-established and ongoing relationships with young people, teachers can also be well-placed to notice changes in students' behaviour that may indicate a mental health concern.<sup>18</sup> School-based interventions can also help to overcome some of the barriers to help-seeking for mental health concerns, such as lack of knowledge of appropriate services and referral pathways and stigma.<sup>19</sup>

In recognition of schools' crucial role, the NSW Government has committed \$88.4 million to employ additional school counsellors, psychologists, and student support officers to ensure every NSW public high school has access to vital mental health and wellbeing supports. This investment will enhance the range of best practice programs already in place to support young people's wellbeing.

Youth in regional areas can face unique challenges in relation to mental health and wellbeing. A Minister for Regional Youth has also been recently instated in NSW, who will deliver the state's first Regional Youth Strategy to ensure regional youth services address issues such as unemployment, alcohol and drug rehabilitation, which can have significant impacts on mental health. A new Regional Taskforce will also be established, comprised of community leaders and youth specialists, to provide grassroots advice to the new Minister. NSW has also committed to \$50 million, or 50 per cent of the next round of Stronger Country Communities Fund (SCCF), specifically for projects and programs aimed at supporting young people in the regions.

NSW has in place a range of best-practice programs to support the wellbeing of children and young people.

### **NSW School-Link Strategy and Action Plan 2014-2017**

The NSW School-Link initiative<sup>20</sup> is a Memorandum of Understanding between NSW Health and the NSW Department of Education to work together to improve the mental health, wellbeing and resilience of children and young people in NSW.

School-Link aims to ensure:

- the early identification of mental health issues for children and young people;
- the provision of evidence-based early intervention programs in schools; and
- early access to specialist mental health services and support for recovery.

The Initiative equips school and TAFE staff to more confidently identify and manage emerging mental health issues in their students and to strengthen their understanding of where to refer young people for the help they need.

The NSW Ministry of Health funds LHDs and SHNs to employ School-Link Coordinators to implement the School-Link Initiative across approximately 3,000 NSW schools and TAFEs in

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<sup>18</sup> Michelle L. Townsend, Annaleise S. Gray, Tanya M. Lancaster and Brin F. S. Grenyer, *A whole of school intervention for personality disorder and self-harm in youth: a pilot study of changes in teachers' attitudes, knowledge and skills*, *Borderline Personality Disorder and Emotion Dysregulation*, 2018 5:17. URL: <https://doi.org/10.1186/s40479-018-0094-8> Accessed 10/5/19.

<sup>19</sup> Chiumento et al., 2011, *School and adolescent mental health: education providers or health care providers?*, The Royal Children's Hospital Melbourne. URL: <https://www.rch.org.au/uploadedFiles/Main/Content/education/13%2007%2009Schoolsandadolescentmentalhealth.pdf> Accessed 10/5/19.

<sup>20</sup> NSW Health, NSW School-Link, URL: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/nsw-school-link-strat-actionplan-2014-2017.pdf>. Accessed 10/05/19.

partnership with teachers, school counsellors and specialist mental health staff. An evaluation of the Action Plan was completed in 2018 and is informing the development of a revised Strategic Plan for School Link, due for release by the end of 2019.

## **Got It!**

Got It!<sup>21</sup> is a specialised mental health early intervention program for children in Kindergarten to Year 2 (K-2) aged 5-8 years who display emerging conduct problems such as defiant, aggressive and disruptive behaviours. Got It! aims to reduce the frequency and severity of conduct problems in young children; strengthen the abilities of parents/carers to parent well; build capabilities of school staff and the capacity of the school system to respond to children with conduct problems and their families. Got It! is delivered in schools by NSW Child and Adolescent Mental Health Services (CAMHS) in partnership with the NSW Department of Education.

Key findings of the independent evaluation of Got It! showed a significant positive behaviour shift for children completing the targeted intervention, significant improvements in parenting with the majority of parents continuing to improve at the 6-8 month follow-up and economic benefits projected in the long-term.<sup>22</sup> The Got It! model has been refined in response to evaluation findings and an extension of the independent Got It! evaluation focused on the effectiveness of Got It! interventions two years post intervention. For the children with sustained improvement, parents reported positively about their child's behaviour and attributed improvements to the Got It! program and the support and strategies provided by the school. It also highlighted the important role that Got It! has in linking children who have more significant physiological and psychological issues, and whose families may be facing social/environmental stressors, with specialist services.

## **Project Air Strategy for Schools**

Project Air Strategy for Schools is a collaborative project between the NSW Department of Education, NSW Ministry of Health and the Project Air Strategy based at University of Wollongong. The project provides evidence-based resources to assist staff in the education system. The resources enable staff to identify, respond, support and refer school students with severe and complex mental health concerns (particularly personality disorder), and manage challenging behaviours, particularly self-harm. Resources include information on: understanding and responding to trauma history, difficulties with identity, emotions and relationships and emerging personality disorder. The target audience is school counsellors and NSW Health Child and Adolescent Mental Health staff.

Project Air for Schools strategy includes a clinician's manual, and a train-the-trainer model for school counselling staff to provide professional learning for school staff. Project Air Strategy for Personality Disorders has developed a suite of evidence-based resources and training for NSW health professionals working with people with personality disorders. Project Air was awarded a Cross-Sector Collaboration Award by the Mental Health Association and Mental Health Commission of NSW, following nomination by the Association for Relatives and Friends of Mental Illness (ARAFMI).

## **Youth Aware of Mental Health (YAM)**

YAM is a universal mental health program for young people aged 14-16 years that is delivered by accredited instructors. YAM uses role play and lectures to promote increased discussion and knowledge about mental health as well as developing emotional intelligence and problem-solving

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<sup>21</sup> NSW Health, Getting on Track in Time – Got it!, URL: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/got-it-guidelines.pdf>, accessed 10/5/19.

<sup>22</sup> Plath, Croce, Crofts and Stuart, 2016, *Outcomes of a school-based program for young children with disruptive behaviors*, Western Sydney University, URL: <https://researchdirect.westernsydney.edu.au/islandora/object/uws:39342> Accessed 10/5/19.

skills. Studies have demonstrated that implementation of YAM contributes significantly to improvements in youth mental health by effectively reducing depression, conduct problems, hyperactivity, suicide attempts, severe suicidal ideation and suicide plans. It has also been shown to facilitate healthy lifestyle choices by young people. YAM implementation is undertaken through the establishment of 16 Head Teacher Student Wellbeing Initiatives, ten of which are funded through the NSW Anti-Bullying Strategy.

## **Networked Specialist Facilitators**

When a student's needs reach a level of complexity that requires additional case coordination or integrated service delivery, the networked specialist facilitator is available to add an additional level of expertise.

There are 22 network specialist centre facilitators, whose role is to:

- build systemic interagency relationships with other government and non-government agencies to establish and maintain a sustainable network of specialist support services
- lead complex case coordination
- facilitate and support cross-agency initiatives and local solutions identified by a group of schools that address the complex needs of students.

## **Youth in Distress**

The NSW Department of Education engaged the Black Dog Institute to customise its existing accredited Advanced Training in Suicide Prevention workshop for the high school context. The workshop, Youth in Distress: managing suicidality and self-harm was developed in a collaborative effort between Black Dog Institute's researchers, educators, lived experience representatives and clinical subject matter experts, along with the department's school counselling staff.

The workshop was designed to build on the current level of skills of counselling staff, and to further develop confidence in undertaking risk assessments and safety planning for youth in distress. 1,196 school counselling staff received this training in 2018. Self-report questionnaires were issued before training, immediately after training and at 3 month follow-up to assess participant knowledge and confidence in relation to managing suicidality and self-harm. The results showed positive measurable effects for improving school counselling knowledge and confidence in managing suicidality and self-harm. There were immediate improvements in knowledge and confidence after training, with improvements being sustained over time.

## **Reforms to the GP Better Access to Mental Health Care Program could greatly enhance prevention and early intervention**

*Primary care is key to prevention and early intervention for mental illness. Reforms to the GP Better Access to Mental Health Care Program (which provides access to ten Medicare-rebatable psychology sessions per year) would help ensure people receive the treatment they need, when they need it, avoiding the need for more intensive, expensive supports later on and improving health outcomes.*

Primary care plays a crucial role in preventing illness as well as diagnosing and treating mental health conditions to manage symptoms and prevent them worsening. Primary care is the setting in which screening and monitoring of risk should principally occur, as well as being a pathway for referrals for support and treatment.

A key component of primary care is the Commonwealth Government's Better Access to Mental Health Care ('Better Access') initiative, which provides GP patients who have mental disorders access to allied mental health professionals (most frequently psychologists). Better Access limits access to ten Medicare-rebatable psychology sessions a calendar year. This results in patients rationing their sessions, or running out of sessions prior to the threshold for effective therapy being reached. It also results in patients inappropriately relying on pharmacotherapy alone (or with no other strategies) without adequate access to the necessary psychological therapies for recovery from mental illness.

Even under Better Access, the cost of psychological therapy may be prohibitive for some people. The cost of psychological therapy is usually greater than the Medicare rebate, with patients required to pay the difference. Although some psychologists choose to bulk bill, payment arrangements vary.

Previously, a higher number of sessions (up to 18) have been made available through Better Access, however this was reduced in 2011. Inadequate access to psychological therapy can contribute to declines in mental health that result in more acute and costly presentations. A recommendation by the Medicare Benefits Schedule Review in February 2019 proposed expanding Better Access to people who have no diagnosis of a mental health condition but may be 'at risk' of mental illness (noting there is much debate about what may constitute being 'at risk').

To ensure that Better Access does not neglect those most in need, further investment in Better Access would be best directed to those who have diagnosed mental health conditions and are at risk of deterioration in their conditions without a sufficient level of psychological therapy. Consideration should be given to reducing or eliminating out-of-pocket costs for the most vulnerable to ensure they are able to access psychological therapy services under the scheme.

## **The benefits of early intervention are particularly evident in the criminal justice system**

People who have both a mental illness and are in contact with the criminal justice system, are often undiagnosed prior to their contact with the system. Although 83.3 per cent of young people surveyed in the 2015 Young People in Custody Health Survey met the criteria for a psychological disorder within the previous 12 months, less than half of those surveyed were aware of a current mental health diagnosis.<sup>23</sup> The 2015 Network Patient Health Survey<sup>24</sup> of adults in custody who had been diagnosed with a mental health disorder found that 30.7 per cent had received a diagnosis while in prison rather than in the community.<sup>25</sup>

Given the level of undiagnosed or untreated persons entering the criminal justice system, mental illness and cognitive impairment assessment, early intervention and treatment services remain critical. Strengthened intervention services in the community, particularly in primary care, could ameliorate the incidence of initial diagnosis occurring in the criminal justice system.

People with a mental health condition who commit low-level offences, often in some way connected with their impairment, are generally better managed through treatment and support in the health and disability sectors. Research has found that early support and diversion of appropriate offenders with mental illness or cognitive impairment from the criminal justice system

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<sup>23</sup> Justice Health and Forensic Mental Health Network and Juvenile Justice NSW, 2017, *2015 Young people in Custody Health Survey 2015 NSW*.

<sup>24</sup> Justice Health and Forensic Mental Health Network, URL:

[https://www.justicehealth.nsw.gov.au/publications/2015\\_NHPS\\_FINALREPORT.pdf](https://www.justicehealth.nsw.gov.au/publications/2015_NHPS_FINALREPORT.pdf), accessed 10/5/19.

<sup>25</sup> Justice Health and Forensic Mental Health Network, 2015, *2015 Network Patient Health Survey Report*, pp1-96.

into health and human services can improve health and wellbeing outcomes, improve community safety and provide cost savings to the government over time.<sup>26</sup>

In 2013, the University of New South Wales (UNSW) and PricewaterhouseCoopers (PWC) completed a report<sup>27</sup> comparing the prevalence of mental health or cognitive impairment between the general NSW population and those currently in contact with the criminal justice system (defendants and prisoners). The report suggests that if justice clients who present with mental health or cognitive impairment are provided with access to early support and diversion, the estimated benefit-cost ratio ranges from 1.4 to 2.4.<sup>28</sup>

Below are examples of programs within NSW that successfully divert people with mental health or cognitive impairment out of the criminal justice system and into treatment and support services.

### **NSW State-wide Community and Court Liaison Service (SCCLS)**

The SCCLS assists Magistrates, Solicitors and Police Prosecutors at local courts with diversion of people with mental health problems and disorders by referring clients to appropriate mental health services in the community and to hospital settings. The service includes comprehensive mental health assessments and the provision of timely advice to the courts to assist in determinations of criminal matters for people with mental health issues. An evaluation of diversion of individuals with psychosis through the SCCLS found that diversion into mental health treatment was associated with less reoffending, or a significant delay in the time to reoffend.<sup>29</sup> In 2015, the NSW Bureau of Crime Statistics and Research (BOCSAR) found that the SCCLS reduces the frequency with which people with a mental health problem come into contact with the court system.<sup>30</sup>

### **Cognitive Impairment Diversion Program (CIDP)**

The CIDP is being piloted to provide a pathway out of the criminal justice system for appropriate defendants with a cognitive impairment charged with low-level offences. CIDP supports defendants who have a cognitive impairment by undertaking clinical assessments; helping them to access the National Disability Insurance Scheme (NDIS); developing a support plan connecting defendants to support services; and, where ordered by the court, monitoring the defendant's progress against their diversion order. When the defendant's support plan (including NDIS and other services) is in place, it is provided to the court with the clinical assessment. The CIDP program is operating in Penrith and Gosford Local Courts and is currently undergoing evaluation.

### **NSW Police Ambulance Clinician Early Response Program (PACER Program)**

PACER is currently subject to a six month trial in the St George Police Area Command. It has an early intervention focus and facilitates the call-out of a dedicated mental health clinician by police to intervene and conduct assessments in the early stages of the police response to a person who may need to be dealt with under the *Mental Health Act 2007*. The assessment made by the clinician determines the level of response by police and other agencies managing the incident.

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<sup>26</sup> McCausland, R, R, Baldry, E and PWC, 2013, *People with mental health disorders and cognitive impairment in the criminal justice system*, pp1-12.

<sup>27</sup> Australian Human Rights Commission, Justice reinvestment for people with disability could save millions, URL: <https://www.humanrights.gov.au/our-work/disability-rights/publications/justice-reinvestment-people-disability-could-save-millions>, accessed 10/5/19.

<sup>28</sup> McCausland, R, R, Baldry, E and PWC, 2013, *People with mental health disorders and cognitive impairment in the criminal justice system*, pp1-12.

<sup>29</sup> Albalawi, O, Chowdhury, N, Wand, H, Allnut, S, Greenberg, D, Adily, A, Butler, T, 2019, *Court diversion for those with psychosis and its impact on re-offending rates: Results from a longitudinal data-linkage study*. BJPpsych Open, 5(1), E9.

<sup>30</sup> BOCSAR, 2009, *An evaluation of the NSW Court Liaison Services*, URL: [https://www.bocsar.nsw.gov.au/Documents/r58\\_cls.pdf](https://www.bocsar.nsw.gov.au/Documents/r58_cls.pdf), Accessed 10/5/19.

These responses can range from no action being required, through to making suitable referrals to specialist health care providers or taking action pursuant to Section 22 of the Act.

While diversion programs are very effective in reducing costs to the criminal justice system, the greatest cost savings are generated when mental health conditions are identified and treated as early as possible in an individual's life.

## **The NSW Government is increasing its investment in community-based mental health supports**

*Supporting an increased focus on community-based care forms part of the overall direction of the NSW Mental Health Reform. NSW Government programs such as the Housing and Accommodation Support Initiative (HASI) have had excellent outcomes for mental health and housing needs of patients to date.*

There is strong evidence to suggest that the best mental health systems provide stepped care. Stepped care is a model for delivering and monitoring interventions and treatments so that the most effective, yet least restrictive treatment is delivered to patients first. More resource-intensive treatments are provided as clinically required. Stepped care is dependent on smooth transitions at the different steps throughout the recovery pathway, requiring services to work together cohesively and to have sufficient capacity available at each level of care.

The NSW Mental Health Reform commits to develop and implement a 'stepped care' model to mental health service delivery. This incorporates clinical mental health and physical health services, in addition to non-clinical psychosocial support services and wider community services such as housing, education and employment assistance.

## **The NSW Mental Health Reform reaffirms a commitment to deinstitutionalisation and community-based care**

A key focus of the NSW Mental Health Reform is providing more community-based services and supporting transition of long-stay psychiatric hospital patients into safe community care.<sup>31</sup> There has been a substantial improvement in reducing unnecessary hospitalisations accompanied by the development of appropriate community services. The Richmond Report advocated for the deinstitutionalisation of mental health care in 1983. Since then, the number of beds in stand-alone psychiatric hospitals have reduced from over 3,500 to around 838 in 2016-17.<sup>32</sup>

Through the NSW Mental Health Reforms, the NSW Government has reaffirmed its commitment to deinstitutionalization and expansion of community mental health care. This includes community-care options for people with complex mental health needs who have experienced long stays in hospital or are at risk of long stays. The NSW Government is investing \$100 million from 2018-19 to strengthen early intervention and community mental health.<sup>33</sup> The Government has also established the Pathways to Community Living initiative.<sup>34</sup> This is a State-wide initiative that supports long-stay mental health patients to transition from hospital back to living in a community

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<sup>31</sup> NSW Health, 2018, *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*, URL: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf>, Accessed 23/4/19.

<sup>32</sup> Productivity Commission Report on Government Services, 2019, *Mental Health Management*, URL: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management/rogs-2019-part-13.pdf>, Accessed: 11/4/19.

<sup>33</sup> NSW Treasury, 2018, *NSW Budget: Record Investment in Mental Health*, [Media release 15 June 2018], URL: <https://www.treasury.nsw.gov.au/sites/default/files/2018-06/20180615%20-%20Media%20Release%20-%20Perrottet%20and%20Davies%20-%20NSW%20Budget%202018%20-%20Record%20investment%20in%20mental%20health.pdf>, Accessed 15/4/19.

<sup>34</sup> NSW Health, Pathways to Community Living, URL: <https://www.health.nsw.gov.au/mentalhealth/resources/Factsheets/pathways-to-community-living.pdf>, accessed 10/5/19.

setting.<sup>35</sup> A four-year evaluation of the Pathways to Community Living Initiative is underway, and will include an economic evaluation component.

## **The NSW Mental Health Reform promotes a better balance between acute care and community-based services oriented around individual patients, carers and families**

There is robust evidence demonstrating that community mental health care and support services are cost-effective and preferred by consumers over hospital-based inpatient services.<sup>36</sup>

Community-based services are better able to provide specialised care for an individual's circumstances than higher intensity services, such as psychiatric admissions. A community-based approach is particularly important for Indigenous Australians and other culturally diverse groups, because it encourages integrated and culturally appropriate practices.

The NSW Mental Health Reform has provided a roadmap to ensure responsive and enhanced support to people with mental illness in various community settings. There has been a significant commitment to align spending with the NSW Mental Health Reform. In 2018-19, growth in purchased activity for non-admitted mental health services was higher (at 4.2 per cent) than the growth in purchasing of acute and sub-acute admitted mental health services (at 0.4 per cent).

The Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) are supportive housing models for people in NSW with a diagnosed mental health condition. These models are delivered in partnership with NSW Health, NSW Family and Community Services and community organisations.

The HASI evaluation 2012 found the program was assisting 1,000 people across NSW ranging from very high support (8 hours per day) to low support (5 hours per week) levels.<sup>37</sup> This report confirmed that when housing is linked to appropriate clinical and rehabilitation support, people are better able to overcome the impact of mental illness and live independently. 90 per cent of consumers reported that they were maintaining their tenancy, had improved mental health and were spending less time in hospital. Critical to the success of HASI were effective mechanisms for coordination at the State and local levels and regular consumer contact with accommodation service providers.

The Housing and Mental Health Agreement (HMHA) between the NSW Department of Families and Community Services and NSW Health provides the framework for planning, coordinating and delivering mental health supports and social housing for clients with mental health issues who are living in social housing or who are homeless or at risk of homelessness. The Framework is currently being reviewed to incorporate the latest practice and service delivery approaches for housing service delivery to people with mental health issues. The primary objective of the review is to ensure that the HMHA provides better coordination and collaboration and is fit-for-purpose for clients and consumers. Focus areas include purpose and scope of the HMHA, implementation, the policy, funding and strategic environment, and governance and outcomes monitoring.

## **Integrated, person-centred service approaches promote prevention, recovery and long-term wellbeing, particularly for priority populations**

The delivery of truly integrated care requires a 'no wrong door' approach. Appropriate, practical and effective responses rely on collaboration between individuals, carers, experts and community

<sup>35</sup> NSW Health, 2018, *Pathways to Community Living*. URL: <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/pathways-to-community-living.aspx>, Accessed 17/4/19.

<sup>36</sup> World Health Organisation, 2003, *The Mental Health Context*, URL: [https://www.who.int/mental\\_health/policy/services/3\\_context\\_WEB\\_07.pdf](https://www.who.int/mental_health/policy/services/3_context_WEB_07.pdf), Accessed 15/4/19.

<sup>37</sup> Bruce, J., McDermott, S., Ramia, I., Bullen, J. and Fisher, K.R., 2012, *Evaluation of the Housing and Accommodation Support Initiative (HASI) Final Report*, for NSW Health and Housing NSW, Social Policy Research Centre Report, Sydney.

organisations. This may rely on the development of new structures, forums and incentives to bridge system silos. At-risk population groups may benefit most. These include Aboriginal people, people with disabilities, people who are homeless, and people from geographically-isolated communities. These groups are likely to have contact with health and non-health services, providing opportunities for early recognition and referral. Detailed information about supports for populations which experience high rates of mental illness is at **Appendix A**.

The NSW Government has introduced a number of innovative initiatives and partnerships with a view to providing less complex, better integrated person-centred care.

### **Murrumbidgee LHD: Wagga Wagga Mental Health Recovery Unit**

The Wagga Wagga Mental Health Recovery Unit is a high quality model of care that places the person at the centre of treatment. It is a subacute mental health unit with average length of stay of one to two months. The Mental Health Recovery Unit in Wagga Wagga is one of five similar units located in rural LHDs. The Unit is funded recurrently by NSW Health, with the capital investment funded by the Commonwealth Government's sub-acute bed program. The units are highly valued for their patient-centred and recovery-oriented models of care and their role in assisting patients to transition out of inpatient mental health units. These units can also reduce the need for admission and/or the length of admission to an inpatient unit.

### **New approaches to service design and funding to deliver social outcomes**

The Resolve Social Benefit Bond (SBB) utilises \$7 million of investor capital to fund the Resolve program - Australia's first social impact investment aimed at improving mental health outcomes for people with persistent and complex needs. The Resolve Program is a comprehensive, recovery-oriented mental health support that combines a residential program with 24/7 peer support, community outreach support and a 'warm line' for after-hours phone support. Participants receive up to two years of support tailored to their needs.

The Resolve program aims to reduce hospital use and improve the health and wellbeing of participants. The Program's targeted performance is a 25 per cent reduction in National Weighted Activity Units (NWAUs) compared to a control group. If this is achieved, investors will receive a return on investment of 7.5 per cent per annum over a 7-year term. The program commenced in October 2017. In the first year of operations, 189 participants were referred into the program. It is anticipated that 530 adults will be supported over seven years. The Resolve Program is being delivered by Flourish Australia and Social Ventures Australia, in collaboration with the Nepean Blue Mountains and Western NSW LHDs.

NSW Treasury's Commissioning and Contestability Unit (CCU), established in 2016, is supporting the development and spread of new practices in how services are designed and delivered. This brings a greater focus on the outcomes that matter to the people using the services. The CCU is building skills and capabilities in using Human Centred Design to inform the commissioning of services in NSW, including services which cut across agency boundaries. This approach challenges the siloed way in which services are traditionally provided. It requires public service funders, designers and providers to consider services from the direct experience of people using those services. A current area of focus for the CCU is supporting human services and health agencies to work together to support vulnerable cohorts within communities. The NSW Government encourages the Productivity Commission to explore human centred design approaches further as part of its review.

## **Their Futures Matter (TFM): a whole-of-government investment approach**

Their Futures Matter (TFM) is both a whole-of-government reform and a cross-agency implementation unit. TFM was launched in response to David Tune's 2016 Independent Review into Out-of-Home-Care in NSW (the Tune Review) which found the system to be ineffective and unsustainable. The Tune Review reported expenditure as crisis-driven in a system that was not client-centred or evidence-based. In failing to improve long-term outcomes for children and families with complex needs, the system also didn't arrest the cycles of intergenerational abuse and neglect.

The TFM Implementation Unit was established as a single commissioning entity in response to the Tune Review's recommendations to enable whole-of-government accountability. The Unit is responsible for setting the strategic direction for outcomes, resource allocation and prioritisation across Government.

The Unit adopts an investment approach, underpinned by an actuarial model of future outcomes and costs of children and young people in NSW, to drive better services, system access and outcomes for vulnerable children and their families.

The investment approach ties together data and evidence, outcomes monitoring, and continuous improvement to prioritise whole-of-government funding and resources. Key features of the model include:

- a cross-government dataset, modelling and analytics to identify priority cohorts, forecast future service usage pathways and inform decision-making and service design
- allocation of investment and commissioning and evaluating for outcomes, including actuarial analysis of the lifetime cost to Government of cohorts at risk
- greater whole-of-government accountability to ensure all services are designed and delivered based on achieving the greatest outcomes for clients.

This approach can deliver targeted solutions that achieve measurable and meaningful long-term outcomes by taking a whole-of-system view. TFM reforms are still in the early phases of implementation. There are positive signs to date with TFM commissioned programs, and related child protection investments, contributing to a 44 per cent reduction in the children entering care over the past two years.

Investment approaches can inform better cross-government decision-making and reduce future costs to Government. The TFM model builds on similar investment models adopted in New Zealand and the Commonwealth Department of Social Services. The Productivity Commission may wish to consider how similar models may be used to commission for better outcomes in the mental health system.

- A key component of TFM is the *Forecasting Future Outcomes - Stronger Communities Investment Unit 2018 Insights Report*. The Report analyses information from across the human services outcome domains to direct and prioritise resources and deliver improved outcomes for vulnerable people. Extensive modelling conducted through 2018 based on unprecedented linked data across Commonwealth and NSW Government human services agencies identified that children and young people affected by mental illness (i.e. children and young people up to the age of 18 who, in the last 5 years have experienced mental illness or whose parents have experienced mental illness) are one of the six key vulnerable groups to target to improve outcomes in the broader vulnerability system.

## **The National Disability Insurance Scheme (NDIS) presents a significant opportunity for people with psychosocial disability**

*The NSW Government is working closely with the Commonwealth Government and other States and Territories to ensure the benefits of the NDIS are realised.*

The NDIS presents significant opportunities for people with psychosocial disability, who meet the criteria for access, to obtain the psychosocial supports they need to live well in the community. The Scheme has the potential to support the social and economic participation of people with mental illness. The NSW Government is working closely with the National Disability Insurance Agency (NDIA), the Commonwealth Departments of Health and Social Services, as well as other states and territories, to ensure these benefits are realised as the Scheme matures.

### **NSW supports a collaborative approach to processes under the NDIS**

There is considerable financial cost from failing to act on the health inequalities experienced by people with disability, including psychosocial disability. These include the cost of treatment of avoidable chronic conditions, avoidable hospitalisation costs, and the cost to the economy of reduced workforce participation by family carers and by people with disability themselves.

NSW welcomes measures introduced to ensure the NDIS better responds to people with more complex needs, including people with psychosocial disability. The Complex Support Needs Pathway and Psychosocial Disability Stream aim to promote collaboration and improve access for people with psychosocial disability. Monitoring of these measures is critical to ensure that they are implemented effectively and meet the intended objectives.

NSW is working with the Commonwealth and other states and territories to implement an action plan to support timely hospital discharge, including for patients with psychosocial disability. This initiative aims to minimise delays in discharging NDIS participants and limit adverse impacts on individuals and their families, as well as costs to public hospitals.

NSW is also working with the Commonwealth and states and territories to build capacity in Government and community frontline services to identify, engage and support people with mental health issues to access the NDIS.

### **Services for people with mental illness who are not eligible for the NDIS need further consideration**

Many people with mental illness who require psychosocial support to live in the community have been found ineligible for the NDIS. For example, in the third quarter of 2018, 67 per cent of people with a primary psychosocial disability who applied for the NDIS were found ineligible. While it has been estimated that around 14 per cent of participants (64,000) will have a primary psychosocial disability at full scheme, access rates are currently tracking significantly below this target (8 per cent nationally and 8 per cent in NSW at December 2018). NSW is working with the Commonwealth to investigate high ineligibility rates for people with primary psychosocial disability in NSW, and ensure effective strategies are put in place to address this issue.

The NSW Government has retained the Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) programs, which provide wrap-around clinical and psychosocial supports to people with a severe mental illness. NSW has also introduced the Safe and Supported at Home (SASH) Program. SASH is a time-limited program to provide a range of supports, including non-clinical supports, to people who cannot access NDIS funding for their disability needs. While these programs are important they would not fill the gaps if the Commonwealth ceases funding to programs, such as Partners in Recovery, Personal Helpers and

Mentors, Support for day-to-day Living, and the Mental Health Respite: Carer Support, as they provide different types of supports.

## **Governments will need to work together to ensure the NDIS workforce can appropriately meet the needs of people with mental illness**

Workers supporting people with psychosocial disability require specialist capabilities. This includes expertise in recovery-based practice, understanding of different mental health problems and co-morbidities, the ability to respond to deteriorations in mental health, and knowledge of the mental health and NDIS systems. NSW strongly supports the development of a comprehensive, national strategy to grow and develop the NDIS workforce.

## **The interface between the NDIS and the guardianship/financial management system needs further consideration**

There are a number of unresolved interface issues between the NDIS and the guardianship and financial management system. For example, there is currently no mechanism to assist people who cannot make an informed choice about accessing the NDIS. The NSW Trustee and Guardian supports people to participate in the NDIS through its role as a financial manager or guardian of people with disability (including those with mental health issues). People with mental illness or cognitive impairment who are under a financial management or guardianship order may not have the capacity to make an informed decision about participation in the NDIS. These people are at risk of not receiving supports that could help build their capacity for economic and social participation.

## **Workplaces are key to building a strong, supportive, recovery-oriented community environment**

*Workplaces can be a protective factor for people at risk of mental illness*

The impact of mental illness can be minimised by a strong, supportive, recovery-oriented community environment. Recovery-oriented approaches focus on hope, self-determination, self-management, empowerment and advocacy, and recognise a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination.<sup>38</sup>

Gaining and maintaining work can substantially improve outcomes for people with mental health conditions. Work provides a way to make a meaningful contribution to society and support individuals and their families, as well as providing a sense of social connectedness. Many people with mental illness want to work but face a number of barriers to participation. Barriers include: the episodic nature of mental illness; fear of losing income support and associated benefits; difficulties in accessing health, employment, rehabilitation and other services; unaddressed needs for ongoing support; and stigma and discrimination. In some cases, the workplace may also contribute to the development or deterioration of mental health issues, through factors such as organisational change, job stress and job dissatisfaction.<sup>39</sup>

Over half a million NSW employees (272,000 men and 290,000 women) report having poor mental health. Mental illness costs NSW employers \$2.8 billion per year, which includes absenteeism, presenteeism (working at reduced capacity due to ill-health) and costs associated with workers' compensation claims.<sup>40</sup>

<sup>38</sup> Australian Health Ministers' Advisory Council, 2013, *A national framework for recovery-oriented mental health services: policy and theory*. Canberra: Commonwealth Government.

<sup>39</sup> PWC, 2014, *Creating a mentally healthy workplace: return on investment analysis*.

<sup>40</sup> Yu S and Glozier N, 2017, *Mentally healthy workplaces in NSW: A Return-on-investment study*, SafeWork NSW, Sydney.

In the 2016-17 financial year the total gross incurred cost in the NSW workers' compensation system from mental illness was \$124 million. The average cost was \$52,496, significantly higher than for non-mental illness claims. The total time lost because of mental illness was 46,870 weeks. The average was 21 weeks, significantly longer compared to 5.8 weeks for all serious injury claims.<sup>41</sup> This data also indicates that NSW has experienced a 26 per cent increase in accepted psychological injury claims over the 2016-17 reporting period compared to 2015-16. Anxiety/stress disorder, reaction to stressors and anxiety/depression combined accounted for 76 per cent of psychological injury claims.<sup>42</sup>

There is a growing body of evidence of the important role of employers in the recovery of people with mental health conditions.<sup>43</sup> Connection with the employer and timeliness of contact, can either significantly facilitate or hinder return to work and health outcomes.<sup>44</sup> This is particularly important as people with psychological injury claims report a more negative experience, including lower rates of contact from the workplace, more disputes, and lower levels of support.<sup>45</sup>

The NSW Mentally Healthy Workplaces Strategy 2018-2022<sup>46</sup> is the NSW Government's first comprehensive approach for workplace mental health. It constitutes the biggest commitment to mental health in the workplace by an Australian government, State or federal, with funding of \$55 million over four years.

The strategy sets out a long-term vision to create mentally healthy workplaces across NSW. Its key objectives are to reduce the impact of mental illness on working age people, improve health and social outcomes for the people of NSW, improve capability and reduce productivity costs to employers. It is comprised of a four-year program, which will be delivered over four streams:

- awareness raising
- evidence-informed interventions for high-risk industries and small/micro businesses
- research
- programs to build workplaces' capability to act.

SafeWork NSW developed the *Mentally Healthy Workplaces in NSW Benchmarking Tool* in collaboration with experts to measure the capability of employers to create mentally healthy workplaces. The Benchmarking Tool identified that fewer than nine per cent of NSW workplaces have an integrated and sustained approach to mental health and wellbeing and close to one-in-five businesses have only a basic awareness of workplace mental health. This is consistent with other research which identified that only 8.8 per cent of workplaces in NSW have an approach to mental health that is embedded across the business in an integrated and sustained way.<sup>47</sup>

The Strategy aims to deliver easy, practical help for employers and workers. It is informed by evidence and guided by people with lived experience of mental ill-health including workers, academics, advocates and industry representatives. The Strategy is supported by a range of

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<sup>41</sup> SIRA, 2018, NSW Workers Compensation Statistical Bulletin, 2016/17, URL: <https://www.sira.nsw.gov.au/corporate-information/workers-compensation-reports>, Accessed 10/5/19.

<sup>42</sup> SIRA, 2018, NSW Workers Compensation Statistical Bulletin, 2016/17, URL: <https://www.sira.nsw.gov.au/corporate-information/workers-compensation-reports>, Accessed 10/5/19.

<sup>43</sup> Harvey, S. et.al, 2014, *Developing a mentally healthy workplace: A review of the literature*. A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance.

<sup>44</sup> Safe Work Australia, 2017, *Return to Work: a comparison of psychological and physical injury claims*, Analysis of the return to work survey results, Safe Work Australia, p11.

<sup>45</sup> Safe Work Australia, 2017, *Return to Work: a comparison of psychological and physical injury claims*, Analysis of the return to work survey results, Safe Work Australia, p11.

<sup>46</sup> NSW SafeWork, NSW Mentally Healthy Workplaces Strategy 2018-2022, URL: [https://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0006/362274/NSW\\_mentallyhealthyworkplacesstrategy\\_2018\\_22.pdf](https://www.safework.nsw.gov.au/_data/assets/pdf_file/0006/362274/NSW_mentallyhealthyworkplacesstrategy_2018_22.pdf), accessed 10/5/19.

<sup>47</sup> Instinct and Reason, 2017, *Mentally healthy workplaces in NSW: Benchmarking tool*, SafeWork NSW, p3.

practical initiatives such as a program of Mentally Healthy Workplaces Ambassadors, to raise awareness of the importance of workplace mental health. Other initiatives include access to free, tailored SafeWork NSW training for at least 3,600 managers around NSW and a website with free support and resources.

The NSW Government has also supported the Workplace Mental Health Research Program at the University of NSW. This program conducts research and develops resources focusing on the wellbeing and mental health of NSW front line emergency responders. The program has developed *Expert Guidelines for the Treatment and Diagnosis of PTSD in Emergency Workers*. The program, in partnership with the Mental Health Commission of NSW and first responder agencies, has also developed the *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW*. The NSW Government funded the expansion of their research to other high-risk trauma exposed workforces, such as medical staff, nurses and prison workers.

### 3. Getting the enabling environment right

#### **NSW supports more consistent and coordinated planning, service delivery and funding initiatives between the Commonwealth and States and Territories**

*Strong integration between Commonwealth and State-funded services such as mental health, disability, education, housing and aged care services has the potential to promote significant mental health benefits.*

Health services in Australia are funded by the Commonwealth and State governments, the not-for-profit and private sectors, and individuals. While these mixed-funding and accountability arrangements have benefits, they can deter providers from planning, working together and coordinating care for patients.

Mental illness, particularly severe mental illness, requires person-centred, integrated care across multiple services, providers and settings. The mental health system does not always work in a coordinated way to provide integrated care, resulting in fragmented service delivery and poorer outcomes for consumers. This is particularly true for consumers with high acuity who require complex and specialised care. Health issues that are not effectively addressed in primary or community-care settings flow through into increased pressure on the acute system. It is well recognised that integration across primary, secondary and tertiary services benefits patients and is cost-effective.

Primary care encompasses a vast number of private services (such as GPs, dentists, psychologists, pharmacists and physiotherapists), as well as services provided by different levels of government and separate agencies. In practice, the nature of the primary care system means that it is managed differently to the acute system. The primary care systems coordination burden generally tends to fall to Primary Health Networks (PHNs) which have a broad remit but limited authority, or to partnerships with public providers (acute and community) who have variable links with primary care providers. GPs coordinate care for individuals but rarely have the resources to develop effective programs to reduce hospital demand.

The establishment of PHNs at the regional level are recent improvements that support coordinated services. Still, PHNs and LHDs are separately structured organisations each responsible to a different level of government and often not well integrated, despite having overlapping responsibilities with respect to their region's population. The Commonwealth and NSW acknowledge that clarifying scope and roles and strengthening coordination will lead to improved patient outcomes.

Several initiatives have been undertaken to improve the way PHNs and LHDs work together in mental health care. The Bilateral Agreements on Coordinated Care (the Agreements) under the 2017 Addendum to the National Health Reform Agreement (NHRA) recognise and go some way to improve the health outcomes for patients with chronic and complex conditions and decrease their demand for public hospital services. Inclusion of PHNs in relevant areas of these Agreements could be considered. Under its Agreement, NSW has prioritised improving mental health and service coordination by routinely sharing information about mental health services policy and planning, developing a framework for joint planning and purchasing of mental health services, and strengthening mental health workforce capability in all care settings.

Under the *Fifth National Mental Health and Suicide Prevention Plan 2017-2022*, NSW LHDs and PHNs are undertaking joint, integrated regional planning for mental health services. The first joint mental health plan<sup>48</sup> was produced by South Eastern NSW PHN Coordinare and LHDs in Illawarra Shoalhaven and Southern NSW, and stands as an example of best practice in collaboration.<sup>49</sup>

As part of the plan, Coordinare has proposed two trials of collaborative working in the area of mental health:

- The first trial will model collaboration in supporting people with mental illness at risk of admission or readmission to hospital. It would include a strong focus on managing the physical health care of these people and on the role that peer workers and GPs can play in their care if well supported to do so. It would take place in the Illawarra-Shoalhaven area as a partnership between Coordinare and the Illawarra Shoalhaven LHD.
- The second trial would seek to establish a collaborative network of mental health and related services through a 'health care neighbourhood' focusing on better communication, collaboration and pathways to care in a regional area. This trial would also include a strong focus on supporting people with complex needs, promoting joined up services for young people and suicide prevention collaboration. Consumer involvement would be an important part of the network. This trial would take place in a rural location within the Southern LHD, again as a partnership with Coordinare.

Given the ageing population, the integration between Commonwealth-funded aged care, mental health and dementia-specific services, and State-funded mental health and aged health services requires greater consideration. Such integration is a critical for the provision of efficient, integrated care for people with dementia and comorbid mental health issues including behavioural and psychological symptoms of dementia (BPSD). The NSW Older Persons Mental Health Service Plan includes models that cater to older people living with both mental health issues (including BPSD) and aged care needs. Good practice mental health residential aged care partnership services, currently being expanded in NSW, offer cost-effective models for consideration nationally

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<sup>48</sup> Coordinare, South Eastern NSW Regional Mental Health and Suicide Prevention Plan, URL: <https://www.coordinare.org.au/assets/Main-Site/Uploads/Resources/publications/be03edb412/Suicide-Prevention-Plan-FINAL-Nov2018-Web.pdf>, accessed 10/5/19.

<sup>49</sup> NSW Health, *South Eastern New South Wales: Regional Mental Health and Suicide Prevention Plan 2018-2023*, URL: <https://www.coordinare.org.au/assets/Main-Site/Uploads/Resources/publications/Suicide-Prevention-Plan-FINAL-Nov2018-Web.pdf>, Accessed 10/5/19.

that bridge the gap between the mental health and aged care service systems for older people with complex mental health needs.

## **Current Health funding structures may incentivise volume over value and outcomes**

Funding arrangements based on volume, such as the Medicare Benefits Schedule (MBS) in primary care and Activity-Based Funding (ABF) in hospitals, have helped drive significant efficiencies in health service provision. However, these funding mechanisms may not create the right incentives for prevention and management of chronic conditions such as mental illness, as these funding models fund activities as individual and isolated episodes of care, rather than a suite of coordinated services that promote overall health and well-being.

Neither MBS nor ABF within hospitals incentivise providers to invest in prevention and early intervention or address the underlying drivers of hospital admissions. They do not reward investments that support individuals using more appropriate and lower cost services (such as walk-in or community-based clinics).<sup>50</sup> Greater emphasis on these could lighten the load on acute services and hospitals.

The fee-for-service MBS pricing also distorts incentives in primary care. The current MBS pricing structure provides financial incentives for GPs to conduct short consultations, with research showing that more than 80 per cent of visits are less than 20 minutes long.<sup>51</sup> Fees for such services are reimbursed regardless of complexity or impact on patient health and there is no financial incentive to manage patients' illnesses in a tailored manner and reduce the need for future visits. Increased flexibility in primary care funding structures would allow for more flexible and innovative models of care and greater integration of primary care with specialist and other social support services.

## **The impact of Commonwealth income support and welfare payments on mental health and recovery should be considered**

Commonwealth income support and welfare payments can be important supports for people who experience mental illness and their carers. It is important that such payments account for fluctuating or episodic experiences of mental illness so they can act as enablers of early intervention and recovery.

For example, the benefits of child-care in providing a consistent, structured and stimulating environment for children, are well-evidenced. For children of parents with mental illness, particularly where other risk factors are present, opportunities to socialise, learn skills and develop trusting relationships at child-care are even more important, as they may not be available at home. Equally, parent access to child-care can provide time to properly focus on their recovery, extend their social and support network and address their own emotional and health needs.<sup>52</sup> Child-care availability may also support a parent's ability to access long-term employment.

Commonwealth Government child-care subsidies are an important enabler for vulnerable families to access child-care. The introduction of the Child-Care Subsidy has new eligibility requirements which may affect vulnerable families. While children of vulnerable families may be eligible to access the Additional Child-Care Subsidy (Child Wellbeing), child-care services are required to

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<sup>50</sup> Cohen M, McGregor M, Ivanova I, Kinkaid C, 2012, *Beyond the hospital walls: activity-based funding versus integrated health care reform*. Canadian Centre for Policy Alternatives, Canada.

<sup>51</sup> Duckett, S. and Sweissen, H, 2017, *Building better foundations for primary care*, Grattan Institute, Melbourne.

<sup>52</sup> State Government Victoria, 2011, *Families and mental health: A parenting resource kit*, State Government of Victoria, Department of Health.

regularly evidence the parents' and family's need for ongoing support. A person's mental health may fluctuate, making it more difficult to provide such evidence while maintaining consistency and stability in their child accessing child-care.

## **The NSW Government is growing and supporting the mental health workforce as a key system enabler for mental health**

The *NSW Health Strategic Framework* and *Workforce Plan for Mental Health 2018-2022* guide priority actions to improve outcomes for people with lived experience of mental illness using public health services, their families and carers and staff providing care. The Workforce Plan recognises the importance of integrated and comprehensive workforce planning and identifies actions to:

- integrate mental health workforce planning with local service and facility planning
- improve staff recruitment and retention including the need to strengthen linkages within and between rural and metropolitan services to facilitate opportunities for secondments, professional development and service collaboration
- grow and support a skilled workforce and to ensure the workforce is located where services are needed.

Psychiatry is an identified priority in the Workforce Plan. A skilled and supported psychiatry workforce is essential for maintaining safe, effective and efficient mental health care systems. Psychiatry is undersubscribed in NSW<sup>53</sup>, which reflects Australian and international trends of psychiatry training places not keeping pace with demand. Attracting and retaining psychiatrists in the public sector remains difficult and is a major concern. In Australia, consultant psychiatrists can choose between public and private sector work, or a combination of the two. This impacts on the public sector's ability to attract and retain a senior medical workforce, particularly in regional areas. Psychiatrists often highlight managing high acuity and/or complex presentations and the associated administrative workload in public settings, as key reasons for choosing to work in private settings, where greater autonomy and control can be realised.

To achieve a fit-for-purpose workforce for now and the future, NSW Health is developing a Psychiatry Workforce Plan. The Plan will provide guidance regarding training, recruiting and supporting psychiatrists in NSW to ensure adequate supply across NSW, with attention to difficult-to-service locations and subspecialties.

NSW Health is also increasing the number of Aboriginal people working in mental health under the Aboriginal Mental Health Worker Training Program and Aboriginal Mental Health Leadership Program. Seven new Aboriginal Mental Health Worker positions have been funded, including four clinical leaders, one mental health clinician and two trainees. In addition, a new senior project officer role has been funded to support State-wide coordination of strategic projects.

A uniform approach to support the capability, capacity and professionalism of the mental health nursing workforce is imperative to improve the delivery of care and patient outcomes. NSW Health has implemented the Mental Health Nursing Professional Development Pathway. This three year project which commenced in November 2018 will implement and evaluate a contemporary professional development program for mental health nurses at all stages of their career.

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<sup>53</sup> NSW Health, *Map My Career: Psychiatry*, URL: <https://www.mapmycareer.health.nsw.gov.au/Pages/Specialty-Detail.aspx?sid=40> Accessed 10/5/19.

## Growing the peer workforce in NSW

Peer workers are people who have a lived experience of mental distress or as a carer who are employed in specialist roles to work alongside consumers and clinicians to create and support opportunities for the development of hope, optimism and recovery. The NSW Government is actively working to support and grow the peer workforce. Between 2016 and 2018, the number of peer workers employed by NSW Health has increased by over 40 per cent, demonstrating the value that peer workers have to the delivery of mental health services. All LHDs and SHNs have employed peer workers as part of their multidisciplinary teams..

The Peer Supported Transfer of Care initiative (Peer-STOC) utilises peer workers to provide support to people transitioning from an inpatient mental health admission to the community. Peer STOC staff work alongside the person, and the clinical team as required for a period of up to six weeks to support discharge, and help the person to make sense of their experience. This program provides opportunities for consumers to experience new ways of accessing clinical care, to be supported through often difficult transitions, and to reduce the rate of readmission to inpatient units.

The Peer STOC initiative actively supports the growth and professionalisation of the peer workforce by a process of identifying a minimum qualification standard of the Certificate IV in Mental Health Peer Work. The Peer STOC worker is positioned as an integral part of the community mental health team. The Peer STOC program increased the peer workforce by 28 full-time equivalent (FTE) positions in 2018-19.

## The crucial role of carers

Family and carers play a crucial role in supporting people with a mental illness. In NSW the contribution of families and carers is recognised in several key Acts and policies, including:

- The NSW *Mental Health Act 2007*
- The NSW *Carers (Recognition) Act 2010*
- Living Well: A Strategic Plan for Mental Health in NSW 2014-2024
- NSW Carers Strategy 2014-2019.

The NSW Government supports carers through the NSW Family and Carer Mental Health Program. This is a state-wide program aimed at improving the wellbeing of families and carers of people with mental health conditions, and the people they support by:

- offering education and training packages that teach families and carers about mental illness and its management, including how to help build coping skills and resilience
- providing information, resources, one-on-one support, advocacy and coordinating support groups
- supporting families and carers with additional needs and cultural diversity
- providing clinical services and delivering health promotion activities.

## Improved data linkage enables targeting of services and outcomes measurement

Good data is essential for understanding and addressing the complexities of mental health. Comprehensive data is valuable to understand the scale of the problem, and to identify the groups of people most at risk. Detailed data on variations between regions and services supports targeting

of interventions to deliver safe and quality care. Long-term data enables tracking of trends and measurement of impact.

People with mental health issues interact with different government departments, community-managed organisations and the private sector. Data on these interactions provides evidence for health planning, better decisions and improved care and outcomes. It also contributes to research, improved information for consumers and carers, and policy development.

NSW has made significant investments in developing comprehensive data on health care and outcomes. There is a need to build on existing data and structures to establish routine linked datasets for examining physical and mental health.

Ongoing data linkage nationally across jurisdictions, would improve health care by understanding the predictors of morbidity and excess mortality and the variations between regions and groups of individuals. Linkage across sectors would support tracking of people's access to services and pathways of care in relation to health, education, social and economic factors and outcomes. It would provide a more complete picture of the health of the population than individual data collections.

Globally, there have been calls for research which moves beyond quantifying excess mortality in mental health service users, and instead focuses on variations in care and strategies for translation of research into more effective services and systems. A commitment to linked data would support an important contribution to this research.

With an ever-increasing focus on data to inform care and improve outcomes, there is a greater demand for data and for linked data. Linkage centres link multiple sources of health related data and provide valuable linkages of key health datasets for research purposes (e.g. Centre for Health Record Linkage - CheReL, Australian Institute of Health and Welfare - AIHW).

There are possibilities for linking non-health records (e.g. education, housing, employment and economic data) on a routine basis. Though a complicated process, it is achievable. Key gaps exist about services delivered by community managed organisations, private providers and allied health care.

# Appendix A

Research shows that certain cohorts experience mental illness and/or experience challenges in accessing mental health care at higher rates than the general population. These cohorts include:

- Aboriginal and Torres Strait Islander peoples
- women in the perinatal period
- children and young people
- people in the criminal justice system
- people with co-occurring substance use and mental health problems
- older people
- people in rural and remote NSW
- people in social housing or experiencing homelessness
- people from culturally and linguistically diverse backgrounds
- people identifying as LGBTIQ
- people with intellectual disability.

Further information on some of these cohorts is included below, as well as NSW Government services and programs designed to meet the needs and address the challenges experienced by these people.

## Aboriginal and Torres Strait Islander peoples

### Overview

Like other States and Territories, Aboriginal people in NSW continue to experience poorer social and emotional well-being and higher rates of mental illness than non-Indigenous Australians. Not only does a significant gap between Aboriginal and non-Aboriginal mental health outcomes persist, but studies also indicate that mental health and related problems make up a significant contribution to the overall health gap.<sup>54</sup> Disadvantage, discrimination, intergenerational grief and trauma, and the continuing experience of loss from the past removal of children, incarceration, illness and premature deaths of family members, mean that Aboriginal people in NSW have particular mental health needs.<sup>55</sup>

Life expectancy of Aboriginal people is eight to nine years shorter than the general NSW population. The suicide rate for Aboriginal people is 1.4 times that of non-Aboriginal people, and the rate of hospital admission for self-harm three times that of non-Aboriginal people. Suicide rates for young Aboriginal people are even higher. In the 2014-15 Australian Bureau of Statistics National Aboriginal and Torres Strait Islander Social Survey, 33 per cent of adult respondents had high or very high levels of psychological distress.<sup>56</sup> Nationally, readmission rates were also higher,

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<sup>54</sup> Australian Institute of Health and Welfare, 2011, *Australian Burden of Disease Study: Impact and causes of illness and death*. in Aboriginal and Torres Strait Islander people, Canberra.

<sup>55</sup> NSW Mental Health Commission, 2017, *Aboriginal Communities*, URL: <https://nswmentalhealthcommission.com.au/mental-health-and/aboriginal-communities>, Accessed 10/5/19.

<sup>56</sup> Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.

with 18.5 per cent of Aboriginal people readmitted to mental health facilities within 28 days compared to 14.7 per cent for non-Aboriginal people in 2014-15.<sup>57</sup>

## NSW services and programs

The NSW Government funds 22 Aboriginal Community Controlled Health Services (ACCHS - sometimes known as Aboriginal Medical Services) to provide mental health services, including social and emotional wellbeing and drug and alcohol services, in NSW. This recurrent grant funding contributes to culturally safe and tailored prevention and treatment activity including Mental Health Care Plans, General Practice Management Plans and drug and alcohol residential rehabilitation services. ACCHS are initiated and operated by the local Aboriginal community to deliver primary health care, and are crucial in providing holistic, comprehensive, and culturally appropriate health care to the community. ACCHSs range from large services with several medical practitioners, visiting specialists, and social health teams who provide counselling and other supports, to small services. Small services rely on nurses and/or Aboriginal and Torres Strait Islander Health Workers to provide most services.

In partnership with the Aboriginal Health and Medical Research Council (AH&MRC) of NSW, NSW Health developed the *NSW Aboriginal Health Plan 2013-2023* to improve the health and well-being of Aboriginal communities across the State, including mental health outcomes. Adopting an integrated planning and service delivery approach, NSW Health collaborated with the AH&MRC, ACCHS, PHNs, the Commonwealth Government, and a range of Aboriginal organisations and communities in order to improve mental health outcomes across the NSW Aboriginal population.<sup>58</sup>

NSW is also a member of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group. This recently-formed Group will report through the Australian Health Ministers' Advisory Council (AHMAC) on priorities for planning and investment arising from the Fifth National Mental Health and Suicide Prevention Plan.

Enhancing the Aboriginal workforce is a priority for NSW Health, which will also strengthen the capacity to deliver mental health services for Aboriginal people. The Premier's priority to double the number of Aboriginal people in senior leadership roles from 2014 and the minimum target of 2.6 per cent Aboriginal staff in NSW Health has been reached. NSW Health now has an aspirational target of 1.8 per cent Aboriginal representation at all salary levels and occupations across all organisations to be achieved by 2023.

The Aboriginal Mental Health Workforce Program provides specialist mental health projects in 16 Aboriginal Community Controlled Health Services, Aboriginal clinical leaders in mental health and 26 to 30 Aboriginal mental health trainees employed by local health districts who undertake a university degree in mental health. Since 2007, 63 Aboriginal people have graduated from this program. This work is being delivered under the NSW Health *Good Health - Great Jobs Aboriginal Workforce Strategic Framework 2016–2020*.

Most LHDs and the Justice Health and Forensic Mental Health Network employ or are recruiting Aboriginal clinical leadership mental health or district coordinators. These positions promote culturally responsive mental health services for Aboriginal people, support Aboriginal trainees and clinicians and consult on interventions for Aboriginal people with complex mental health issues. The Aboriginal Mental Health and Wellbeing Workforce Forum is jointly convened by a local health

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<sup>57</sup> Productivity Commission Report on Government Services, 2017, *Mental Health Management*, URL: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/mental-health-management/rogs-2017-volume-e-chapter13.pdf> Accessed 10/5/19.

<sup>58</sup> NSW Health, 2012, *NSW Aboriginal Health Plan 2013-2023*, NSW Ministry of Health.

district, the NSW Ministry of Health and the Aboriginal Health and Medical Research Council. The forum provides professional development for up to 260 Aboriginal mental health workers.

## Women in the perinatal period

### Overview

Research shows that 15-20 per cent of women are affected by mental health or addiction issues during pregnancy.<sup>59</sup> Depression is the most commonly experienced mental illness during pregnancy for women. Perinatal depression is more commonly reported among mothers who are aged under 25 years of age, are smokers, from lower income households, or are overweight or obese.<sup>60</sup>

Specialist services are important in identifying and addressing the needs of mothers experiencing or at risk of mental illness. An independent 2013 (unpublished) evaluation of three Specialist Perinatal & Infant Mental Health Services (PIMHS) in NSW reported that the introduction of this specialist service resulted in the following positive outcomes:

- Risk of mother-infant separation was minimised through increased specialist support or shorter hospital admission
- Perinatal women received a wider range of specialist care, advocacy or psychoeducation than was previously provided
- Improved capacity building in related services (e.g. Mental Health Services, Child and Family Health, Emergency Departments) through education, consultation and joint work with PIMHS.

### NSW services and programs

NSW specialist mental health services and specialist programs provide clinical mental health assessments, care planning, intervention and consultation-liaison services for children, young people, women in the perinatal period and mothers and their children (0-5 years) experiencing moderate to severe mental illness. Appropriate care for this cohort includes a spectrum of services from community-based to inpatient settings.

Services are oriented to support recovery. Clinicians deliver group, individual, dyadic (e.g. parent-child), family, pharmacological and systems interventions, separately, in combination or in sequence across a range of settings. Settings include home-based, community, school and centre-based, clinic and/or day programs co-located with inpatient services and in some instances with schools for specific purposes, outreach and hospital in-reach. Online and e-health treatments are incorporated in service delivery.

As part of the NSW Mental Health Reform, NSW has expanded services to support women in the perinatal period. Nineteen specialist Perinatal and Infant Mental Health Service (PIMHS) workers across the State provide assertive perinatal mental health support, including hospital in-reach and community-care. In 2018-19, NSW invested \$1.1 million for increased services for pregnant women and mothers with severe and complex mental illness as part of a Parents Package. This additional specialist community support will enhance acute care by embedding it within a system that offers continuity of care for women pre and post-hospital admission.

<sup>59</sup> NSW Mental Health Commission, Young Children. URL: <https://nswmentalhealthcommission.com.au/mental-health-and/young-children>, Accessed 10/5/19.

<sup>60</sup> Australian Institute of Health and Welfare, 2012, *Perinatal depression: data from the 2010 Australian National Infant Feeding Survey*. AIHW Canberra.

Additionally, the NSW Government has made a commitment of \$270,000 to support the Gidget Foundation's Start Talking program. The program offers free specialist perinatal psychological counselling via video call for parents living in regional areas. Gidget Foundation clients will receive a GP-referred mental health plan, which includes up to seven one-hour video call sessions with a trained psychologist.

The NSW Health Mums and Kids Matter (MaKM) Program provides mothers with severe and complex mental illness and their young children state-wide access to non-acute residential and community-based supports. The program addresses the mothers' mental health issues, housing security, psychosocial stressors and works to improve their parenting skills and confidence. The Mums and Kids Matter Evaluation: Final Report 2016<sup>61</sup> found that the program fills an important gap in mental health services for mothers and children, delivering family-focused interventions to improve the health and wellbeing of participating mothers through individually tailored care.

## Children and Young People

### Overview

Research shows that half of all lifetime mental health disorders emerge by the age of 14.<sup>62</sup> In 2017, 27.9 per cent of all NSW secondary school students aged 12-17 reported having high psychological distress.<sup>63</sup> Ten per cent of NSW pre-school children aged 3-5 show mental health problems.<sup>64</sup> Suicide is the leading cause of death for 15-17 year olds in NSW.<sup>65</sup> In 2016, 65 per cent of Australian university students reported high or very high psychological distress.<sup>66</sup>

It is well established that a child or young person's environment and support system plays a major role in their overall mental health. Children and young people who have experienced trauma, have interactions with the out-of-home care system or criminal justice system are more likely to experience mental illness. For example, in 2011, 38.6 per cent of children in NSW out-of-home care had a mental illness or behavioural problems.<sup>67</sup> Responding early in life, or early in the course of a mental health illness, can prevent young people from falling into crisis and avoid expensive and longer-term interventions in adulthood.

### NSW services and programs

*The NSW Youth Health Framework 2017-2022* guides health services in how to provide quality health care for young people. The Framework supports:

- holistic health care that supports young people as partners in their own care

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<sup>61</sup> Nous Group, Mums and Kids Matter Evaluation: Final Report, URL:

<https://www.health.nsw.gov.au/mentalhealth/reform/Documents/makm-eval-report-oct16.pdf>, accessed 10/5/19.

<sup>62</sup> Mission Australia, *Youth Mental Health Report 2012-2016*. URL: <https://www.missionaustralia.com.au/publications/research/young-people>, Accessed 10/5/19.

<sup>63</sup> NSW Health, 2017, *Psychological distress in secondary school students*, HealthStats NSW, URL:

[http://www.healthstats.nsw.gov.au/Indicator/men\\_distrstud/men\\_distrstud\\_age\\_snap?&topic=Mental%20health&topic1=topic\\_men&code=men%20bod\\_dementhos](http://www.healthstats.nsw.gov.au/Indicator/men_distrstud/men_distrstud_age_snap?&topic=Mental%20health&topic1=topic_men&code=men%20bod_dementhos), Accessed 10/5/19.

<sup>64</sup> NSW Health, *Strengthening prevention and early intervention: Wellbeing in schools*, URL:

<https://www.health.nsw.gov.au/mentalhealth/resources/Publications/wellbeing-in-schools.pdf>, Accessed 10/5/19.

<sup>65</sup> NSW Health, *Strengthening prevention and early intervention: Wellbeing in schools*, URL:

<https://www.health.nsw.gov.au/mentalhealth/resources/Publications/wellbeing-in-schools.pdf>, Accessed 10/5/19.

<sup>66</sup> Orygen: The National Centre of Excellence in Youth Mental Health, *2017, Under the radar: The mental health of Australian University Students*, URL:

[https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Under-the-radar/Orygen-Under\\_the\\_radar\\_report.aspx](https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report.aspx),

Accessed 10/5/19.

<sup>67</sup> NSW Health, 2011, *Keep Them Safe: A shared approach to child wellbeing 2009-2014*, URL:

<https://www.health.nsw.gov.au/parvan/childprotect/Publications/keep-them-safe-oohc-report.pdf>, Accessed 10/5/19.

- targeted health promotion and early intervention that is focused on prevention and harm minimisation
- timely access to appropriate health care and youth-friendly services
- person-centred, integrated care and transition support for young people with complex needs, including chronic illness and disability
- service models that respond to the needs of vulnerable young people at higher risk of poor health
- workforce capacity to provide responsive care to young people
- consumer participation in health by young people
- monitoring and improvement of health services for young people.

As part of NSW Mental Health Reform NSW has expanded services for children and adolescents with mental illness, their families and carers. These programs include:

- LHDs delivering additional assertive outreach community services and consultation to the social services and education sectors
- specialist whole family teams targeting families with mental health and/or drug and alcohol problems where there are children at risk. The teams provide specialist comprehensive assessments, case management, and specialist group, family, and individual interventions
- a speciality Mums and Kids Matter (MaKM) non-acute residential support program for mothers with a mental illness and children under 5 years of age. This provides access for rural clients and has an assertive community support component, including assisting rural mothers resettle in their home location post discharge
- training of 800 youth workers in Mental Health First Aid with 80 per cent of participants from rural or regional locations
- State-wide roll-out of the Getting On Track in Time (Got It!) school-based early intervention program for children with behavioural disturbance, their families and school staff
- School Link Coordinators located across the state which support young people with mental health issues in schools and strengthen links between education and mental health services.

The NSW Government also invests in a broader range of programs to assist vulnerable children and young people, including:

- evidence-based programs, such as Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®) and Functional Family Therapy through Child Welfare (FFT-CW®) to keep families together where appropriate, reduce entries into out-of-home care (OOHC) and improve placement stability<sup>68</sup>
- specialist psychological services to ensure the appropriate supports are in place prior to reaching crisis
- collection of longitudinal information on the life-course of children and young people in the out-of-home care system and the factors that influence their development, including mental wellbeing. The mental health of carers is also recorded. This information informs practice and system improvements.

<sup>68</sup> NSW Government, *Evidence-based programs*, Their Futures Matter, URL: <https://www.theirfuturesmatter.nsw.gov.au/implementing-the-reform/needs-based-supports/evidence-based-programs>, Accessed 10/5/19.

- the Permanency Support Program (PSP) Intensive Therapeutic Care (ITC): service, which supports children and young people with high and complex needs and their carers. Mental illness and disability are generally characteristics prevalent in this cohort.

The Out-of-Home Care Health Pathway Program (OOHC HPP)<sup>69</sup> aims to improve access to timely and appropriate health care for children and young people in out-of-home care (OOHC). There is an OOHC Health Pathway Program Coordinator in every Local Health District (LHD). Children and young people in OOHC are referred by Family and Community Services to their local LHD OOHC HPP coordinator. The child or young person then receives an initial health assessment, and, where indicated, a multi-disciplinary health assessment. Each child or young person then has an individualised health management plan which is usually written for them by the HPP staff.

The HPP staff communicate and coordinate with service providers, carers, and children and young people themselves to make sure that the children or young people get the health care they need. As of 30 June 2018, there were 12,433 children and young people on the Program. NSW Health is participating in Their Futures Matter reforms which will ensure the continuing review of the HPP to best meet the health needs of this group.

In 2013, in line with work being done within Australia and internationally, NSW expanded the focus of its Children of Parents with a Mental Illness (COPMI) initiative. This was done to identify and acknowledge the significance of the parenting role, the impact it has on self-esteem and on the parental recovery journey. The change also recognised the potential impacts of parental mental illness on infant, child and family mental health, wellbeing, development and safety. To help support and communicate the expanded scope, the NSW COPMI initiative was renamed Family Focused Recovery.

## People in the criminal justice system

### Overview

In NSW, people with mental disorders and cognitive impairments are three to nine times more likely to be in prison than people who do not experience mental illness in the general NSW population.<sup>70</sup>

Young offenders have high rates of mental illness, with 83.3 per cent meeting the criteria for a psychological disorder in the 12 months prior to being surveyed.<sup>71</sup> They also have markedly elevated levels of early mortality at nine to forty times that of the general young male and female population respectively. Moreover, this rate is magnified for young Indigenous Australians who are at far more risk of coming into contact with the justice system at 13.2 per cent, compared with 1.4 per cent of non-Indigenous Australians.<sup>72</sup> In addition, people with complex support needs also have significantly more remand, and custodial episodes over their lifetimes, and they are more likely to experience homelessness and abuse.<sup>73</sup>

### NSW services and programs

<sup>69</sup> NSW Health, Out of Home Care Health Pathway Program, URL: <https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Pages/oochc-program.aspx>, accessed 10/5/19.

<sup>70</sup> McCausland, R, R, Baldry, E and PWC, 2013, *People with mental health disorders and cognitive impairment in the criminal justice system*, pp11-12.

<sup>71</sup> NSW Government, 2017, *2015 Young People in custody health survey: Full report*, Justice Health and Forensic Mental Health Network and Juvenile Justice NSW, URL: <https://www.justicehealth.nsw.gov.au/publications/2015YPICHSReportwebreadyversion.PDF>, Accessed 10/5/19.

<sup>72</sup> Baldry, E, et al, 2015, *It's just a big vicious cycle that swallows them up: indigenous people with mental and cognitive disabilities in the criminal justice system*, Australasian Legal Scholarship Library, URL: <http://classic.austlii.edu.au/au/journals/IndigLawB/2016/3.pdf>, Accessed 10/5/19.

<sup>73</sup> Ibid.

NSW recognises the urgent needs of people with mental health conditions in the criminal justice system and has provided significant investment to support this cohort.<sup>74</sup> Avoidable interactions with the criminal justice system can be prevented through quality, accessible community-based treatment services. While the correctional environment is restrictive in many respects, it provides a unique opportunity to address the needs of a vulnerable population which may not otherwise have their chronic health needs assessed.

Current, successful initiatives in NSW that focus on wellbeing improvement, and diversion of people away from the criminal justice system include:

- NSW Integrated Services Project (ISP). This program provides people with mental illnesses and cognitive impairments with a comprehensive assessment and individualised care plan, supported accommodation, clinical support and therapeutic investments.
- Corrective Services NSW is also responsible for other programs that, while not focused specifically on mental health treatment, have contributed to improvements in inmates' mental health. For example, the Compulsory Drug Treatment Program provides compulsory intensive treatment and rehabilitation of male recidivist drug offenders, addressing their physical, social and psychological needs and dynamic risk factors for drug-related offending. A BOCSAR evaluation found significant improvements in outcome measures of mental and physical health.<sup>75</sup>

The NSW Justice Health and Forensic Mental Health Network (JH&FMHN) provides health care to adults and young people who come into contact with the NSW criminal justice system. Within Juvenile Justice Centres, clinical assessment, treatment and therapeutic trauma-informed behavioural management are important for the health and safety of both detainees and staff. Centre-based Juvenile Justice Psychologists provide mental health care to detainees, in conjunction with JH&FMHN staff. Victims Services also delivers trauma counselling in three metropolitan Juvenile Justice Centres, to provide support to detainees who have been subjected to any form of trauma in the community, including face-to-face counselling by social workers or psychologists who have proven experience working with victims of abuse.

The JH&FMHN also provides a range of specialist health services to adolescents pre-and post-custody. These services include:

- Adolescent Court and Community Team (ACCT). This service assesses young people with suspected mental illness appearing before Children's and Local Courts and identifies diversion options into community-based care. This advice is provided to the Magistrate to inform their judgment and sentencing options.
- Apprehended Violence Order (AVO) Teen Get On Track in Time (Teen Got It!) This service aims to provide therapeutic interventions to young people appearing as the subject of an application for an AVO in NSW Children's Courts. The service works with the young person to develop coping and problem-solving skills; build positive relationships; and strengthen life skills. The program also engages the person's parents/carers to strengthen their parenting skills and self-care. The program aims to enhance family functioning as well as education and employment prospects.

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<sup>74</sup> NSW Government, 2018, *NSW Budget: Record Investment in Mental Health*. [Media release 15 June 2018], URL: <https://www.treasury.nsw.gov.au/sites/default/files/2018-06/20180615%20-%20Media%20Release%20-%20Perrottet%20and%20Davies%20-%20NSW%20Budget%202018%20-%20Record%20investment%20in%20mental%20health.pdf>, Accessed: 15/4/19.

<sup>75</sup> Dekker, O'Brien and Smith, 2010, *An Evaluation of the Compulsory Drug Treatment Program (CDTP)*, NSW Bureau of Crime Statistics and Research <https://www.bocsar.nsw.gov.au/Documents/I20.pdf>, Accessed 10/5/19.

- Community Integration Team (CIT): The CIT coordinates the post-release care of young people with significant mental health and/or problematic drug and alcohol use leaving custody, including important links to community-based health and support services.

## People with co-occurring substance use and mental health problems

Research shows that functional integration between mental health and alcohol and other drug services is likely to overcome some of the barriers present when co-occurring disorders are treated separately. Integrated treatments can be tailored to the particular needs and treatment readiness of the client, targeting areas of high distress and priority, addressing both acute and non-acute symptoms.

Examples of successful integrated care programs between mental health and alcohol and other drug (AOD) services in NSW are below.

### Locally driven practice change: Mid-North Coast Local Health District

The integrated care approach involves coordinated treatment of both MH and AOD conditions by clinicians or services working together. Research shows there are at least two preconditions required for sustainable uptake of integrated care into routine practice:

- availability of a standardised and evidence-based treatment model that is tailorable to various circumstances
- availability of a framework that is practical and evidence-based to guide services through the transition process.<sup>76</sup>

The Mid-North Coast Local Health District (MNC LHD) has implemented an integrated care model which ensures both staff and consumer engagement to change clinical practice. A key finding of this work was the importance of embedding a process for monitoring and responding to levels of participation. An evidence-based service delivery model was developed to guide service providers in pathways for integrated care.

### St Vincent's Health Network

NSW Health has granted St Vincent's Hospital \$1.5 million to commence the PANDA (Psychiatric Alcohol and Non-Prescription Drug Assessment) Unit within its Emergency Department. The Unit will include 6 dedicated bed spaces to address projected growth in emergency presentations for mental health and alcohol and other drug presentations.

### Dedicated Dual Diagnosis Positions and Services

Several NSW LHDs fund dedicated dual diagnosis positions. Positions include:

- Southern NSW LHD: 3x Clinical Nurse Consultants (CNCs) Mental Health Comorbidity in SNSW LHD (Queanbeyan, Goulburn and Batemans Bay)
- St Vincent's Health Network: 1x CNC (Sydney Metro area)
- South Western Sydney LHD: 1 x CNC Dual Diagnosis Mental Health/AOD located in Drug Health Services

<sup>76</sup> Foley, C, 2018, *Collaborating with clinicians and consumers to improve the uptake of integrated care in a residential mental health rehabilitation unit: A co-design approach*, Drug and Alcohol Research Connections, URL: <http://connections.edu.au/researchfocus/collaborating-clinicians-and-consumers-improve-uptake-integrated-care-residential>, Accessed 10/5/19.

- Northern Sydney LHD (Sydney metro area): 1x CNC Dual Diagnosis and Substance Use in Pregnancy, 2x dedicated Dual Diagnosis units (Henley and Figtree) in NSLHD at Macquarie Hospital (although out-of-area referrals are accepted) that include approximately 4.8 FTE Enrolled Nurses, 18.5 FTE Registered Nurses, 2 FTE Clinical Nurse Specialists and 1 FTE Nurse Unit Manager.

## Older people

### Overview

Like people of any age, older people can experience mental illness. In some circumstances, the presence of mental illness in older people is more common, including in people with chronic illnesses, people living in residential aged care facilities, and people with dementia.

Meeting the mental health needs of the ageing population is a key challenge and one that is often under-recognised in mental health and aged care policy and planning. Older people's mental health needs are often not well addressed within the aged care system. Some current Commonwealth initiatives are attempting to address this issue. There is a need for mental health services and supports that address the specific needs of older people with mental illness, and work in a coordinated, integrated way with the aged care, disability and general health systems.

As the NSW population ages, the number of older people with mental illness is projected to increase, rising to approximately 260,000 in 2026.<sup>77</sup> Suicide is a significant issue for older people, particularly older men. Depression is also a significant risk factor for suicide in later life. Men aged 85 and over persistently have the highest suicide rate in Australia.<sup>78</sup>

Enhancing community-based mental health care for older people with mental illness is a key priority under the NSW Mental Health Reforms and *NSW Ageing Strategy 2016-2020*.

### NSW services and programs

The NSW Government is committed to ensuring older people with a mental health issue can live a better life, and participate in the community.

Specific measures include:

- continuing the growth of specialist community Older People's Mental Health (OPMH) services under the NSW mental health reform enhancements of \$7.7 million. This will deliver improved access to mental health services for older people with mental illness.
- continuing to redesign community-based OPMH services, in line with the good practice model of care (released in January 2017) and NSW Older People's Mental Health Service Plan 2017-2027 (released in December 2017).
- expanding and further developing mental health residential aged care partnership services under the Pathways to Community Living Initiative and NSW OPMH Service Plan. This will increase appropriate community-based residential care options for older people with severe and enduring mental illness, including long-stay inpatients.
- in partnership with community-managed organisations, improving the access to and delivery of health and psychosocial supports to older people with mental illness living in the community

<sup>77</sup> NSW Health, 2017, *NSW Older People's Mental Health Services – Service Plan 2017-2027*, URL: [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_022.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_022.pdf), 18 April 2019.

<sup>78</sup> Australian Bureau of Statistics 2016, *Causes of Death, Australia, 2014*, cat. no. 3303.0, ABS, Canberra, URL: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2014~Main%20Features~Intentional%20self-harm%20by%20Age~10051>, Accessed 10/5/19.

under the Community Living Supports initiative and other relevant mental health and aged care programs.

- implementing Older People's Mental Health First Aid training across NSW to promote greater recognition of mental distress in older people. This provided 32 new instructors and deliver training to over 1000 older people and people working with older people across the State in 2018-19.
- adopt and implement Living Well in Later Life: A Case for Change and Statement of Principles developed by the Mental Health Commission of NSW (July 2017).

Together, these service enhancements will mean improved mental health care and support, better access to services and more specialist assessment and care, provided locally, for older people in NSW.

The ageing population also results in a growing number of older people with dementia. Data indicates that 40 per cent of people aged 65 or older entering inpatient specialist mental health services for older people had a score of 2 or more on the cognitive impairment item. This is functionally consistent with the level of cognitive impairment of someone with dementia. For the same group entering specialist OPMH community-care, the proportion was 45 per cent.<sup>79</sup>

## People in regional and rural NSW

### Overview

People in rural and remote areas can face unique challenges, which may impact adversely on mental health and wellbeing. Even though rural areas score higher than major cities in terms of life satisfaction, research shows that rates of self-harm and suicide increase with remoteness.<sup>80</sup> This is specifically highlighted in two main demographics: older men and younger people. The rate of suicide among men aged 85 years and over who live outside major cities is around double that of those living within them.<sup>81</sup> Higher rates of mental disorders are also found in children and adolescents in non-metropolitan areas.<sup>82</sup>

### NSW services and programs

Access to vital mental health services should not be dependent on where one lives. NSW is committed to ensuring the people of NSW have better access to mental health services and supports. Three key areas of focus for the NSW Government in improving mental health in rural and remote areas are:

- enhancing access to care
- reducing suicide in rural and remote communities
- investing in and retaining a skilled workforce.

In 2017-18, over \$644 million was invested in mental health services in the nine rural and regional LHDs. In addition to providing acute services, this investment increases specialist clinical mental health services in the community, including child and adolescent and older persons clinical teams.

<sup>79</sup> NSW Health, 2017, *NSW Older People's Mental Health Services – Service Plan 2017-2027*, URL: [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017\\_022.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2017_022.pdf), Accessed 18/4/19.

<sup>80</sup> National Rural Health Alliance, *Mental Health in Rural and Remote Australia*, Fact sheet, December 2017.

<sup>81</sup> Australian Bureau of Statistics 2016, *Causes of Death, Australia, 2014*, cat. no. 3303.0, ABS, Canberra, URL: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2014~Main%20Features~Intentional%20self-harm%20by%20Age~10051>, Accessed 10/5/19.

<sup>82</sup> Ibid

Under the Mental Health Act, only a member of staff of the NSW Health Service, an ambulance officer or a police officer are authorised to transport people detained for involuntary assessment. The Mental Health Emergency Care Rural Access Program (MHEC-RAP) provide tele-mental health assessments to patients presenting to rural health services that are not declared mental health assessment facilities. This reduces the number of patients requiring transport for assessment as only those assessed as requiring admission then require transport to a declared mental health care facility. Rural LHD Chief Executives have indicated strong support for tele-mental health assessment. This approach has dramatically reduced the number of patients requiring transport to a designated assessment hospital.

In September 2018, in response to drought conditions increasing mental health issues in rural communities, the NSW Government announced 20 new 'farm gate' counsellors and frontline mental health workers. Funding came under the umbrella of a \$6.3 million commitment to ensure individuals, families and businesses have access to 44,000 hours of crucial mental health services. Ten wellbeing events will also be run across the State under the funding commitment.<sup>83</sup>

The Rural Resilience Program, under the NSW Drought Strategy, is providing over \$3 million from 2019-20 to link rural communities with support service and capacity building opportunities that address personal resilience. The RRP provides a referral service to link people in regional and rural communities to mental health services, such as the new farm gate counsellors. Access to specialist child and adolescent psychological services in rural NSW is enhanced through the Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS). The service is provided by Sydney Children's Hospital Network and supports rural clinicians. The service provides psychological and psychiatric advice on assessment, treatment and clinical supervision plus education for rural clinicians providing care to rural children and adolescents. The services include consultations for assessment or review, case discussions and case conferences via video-link. The program has subsequently expanded to other rural sites across NSW.

## Social Housing and Homelessness

### Overview

The overlap of homelessness and mental illness has been well documented. Mental illness can both contribute to, and be exacerbated by being homeless. A 2014 Australian study of exits from mental health facilities found that post-discharge integrated mental health and housing supports upon exit can significantly improve outcomes for people with lived experience of mental ill health.<sup>84</sup> Positive outcomes include improvements in mental health, tenancy stability, reduction in hospital admissions and length of hospital stay, social connectedness, modest improvements in involvement in education and work and cost savings to government (especially in health).

### NSW services and programs

The *NSW Homelessness Strategy 2018–2023* sets out the NSW Government's five year plan for a comprehensive approach to prevent and improve the response to homelessness. A range of services are available in NSW to those who have a mental illness and are either at risk of homelessness or experiencing housing vulnerability. These include:

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<sup>83</sup> NSW Health, 2018, *Drought relief: 'farm gate' counsellors to boost mental health support*, URL: [https://www.health.nsw.gov.au/news/Pages/20180902\\_00.aspx](https://www.health.nsw.gov.au/news/Pages/20180902_00.aspx), Accessed 10/5/19.

<sup>84</sup> Siskind et al, 2014, referenced in Brackertz et al, 2018, *Housing, homelessness and mental health: towards systems change*, AHURI, URL: [https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf), Accessed 9/5/19.

- Accommodation Support Initiative (HASI) Plus is a supported housing model that assists people with severe or persistent mental illness transition to independent community living. The model provides accommodation and 16 or 24 hours of support, and is designed for a high needs cohort including people exiting institutions such as hospitals, mental health facilities and correctional facilities.
- Housing First is an evidence-based multidisciplinary way of responding to chronic homelessness and rough sleeping. It offers affordable, long-term housing to people experiencing homelessness as quickly as possible, removing potential barriers and providing the supports they need to avoid returning to homelessness, for as long as required. Housing is not conditional on a readiness condition (e.g. sobriety or use of a health treatment). The purpose of providing support is to try and minimise the impact of the factors that can put tenancies at risk and lead to cyclical or chronic homelessness. Housing First has proved successful so far in NSW, with almost 90 per cent of men experiencing chronic homelessness supported through Michael's Intensive Supported Housing Accord still in housing two years later<sup>85</sup> and almost 95 per cent of Common Ground Sydney residents sustained their tenancies for over 12 months. <sup>86</sup>
- The NSW Home and Healthy program seeks to reduce the prevalence and impacts of homelessness for adults exiting health facilities in NSW. It aims to support participants to enter and sustain permanent housing, ensure access to mental and physical health supports, reduce social isolation and equip them to live independently in the community. For many participants, personal goals will also include improved capacity for workforce participation, and/or diversion from entering or transition out of the social housing system.
- Under the Social and Affordable Housing Fund (SAHF), social and affordable housing is delivered by service providers through tailored, individual service packages. This innovative approach takes a holistic view of social housing, by providing wrap around services catering to the needs of vulnerable people.
- Specialist homelessness services work in partnership with housing providers and other service providers, such as those delivering drug and alcohol, domestic violence and mental health programs. These collaborations between services help people at risk of becoming homeless to stay housed and those already homeless to find and keep a home.
- The Supported Transition and Engagement Program (STEP) is a rapid rehousing response, premised on a housing first philosophy. This approach prioritises getting people into housing as quickly as possible and linking them with wrap-around, person-centred support so that the issues that contributed to their homelessness can be addressed. The objectives of the program are to:
  - rapidly rehouse people experiencing primary or secondary homelessness with a plan for long-term housing;
  - provide access to culturally appropriate health, mental health and wellbeing services;
  - rebuild family, community and cultural connections;
  - support the development of daily living and self-management skills; and
  - facilitate engagement with positive structured activities such as social groups, education and/or employment.

<sup>85</sup> Conroy, C., Bower, M., Flatau, P., Zaretsky, K., Eardley, T., Burns, L., 2014, *The MISHA Project: From Homelessness to Sustained Housing 2010-2013: Research Report*, Mission Australia, URL: <https://www.missionaustralia.com.au/documents/279-from-homelessness-to-sustained-housing-2010-2013-misha-research-report-2014/file>, Accessed 10/5/19.

<sup>86</sup> Mission Australia, 2016, *Five Years Common Ground*, URL: <https://www.missionaustralia.com.au/documents/miscellaneous/668-common-ground-5-year-anniversary/file>, Accessed 10/5/19.

## People with co-occurring intellectual disability and mental illness

### Overview

There is a significant proportion of people that experience intellectual disabilities, autism spectrum disorders (ASD) and comorbid mental illness. Recent data linkage undertaken by UNSW indicated that between 2001 and 2015, 62,231 people or 3 per cent of the population of people that access mental health services experience both mental illness and intellectual disability.

### NSW services and programs

The NSW Government has developed two key programs to better meet the mental health needs of people with comorbid intellectual disability and mental illness, detailed below.

The Child and Adolescent Hub, hosted by Sydney Children's Health Network and the Adult Hub, hosted by Sydney Local Health District, are two State-wide tertiary intellectual disability and mental health initiatives funded by NSW Health. These hubs will provide assessment for people with severe comorbid intellectual disability and mental health issues, alongside clinical and capacity building services to facilitate local health districts and mental health services to provide care to this group. The hubs are supported by \$1.1 million of funding per annum, which will also support the development of an intellectual disability and mental health network to provide enhanced care to people with an intellectual disability and mental illness that access the mental health system.

The intellectual disability and mental health National Disability Insurance Scheme (NDIS) Residual Functions Program will provide time-limited funding until 2021 to meet the NSW Government's obligations in full scheme NDIS implementation. Funding of \$4.1 million per year between 2018-19 and 2020-21 is facilitating LHDs to provide programs and services to more effectively support the mental health needs of people with an intellectual disability. This program will improve access to intellectual disability and mental health clinicians, and build the skills and capacity of mainstream mental health clinicians to work with people with an intellectual disability, improving this population's access to mainstream mental health services.