NSW Legislative Assembly Committee on Investment, Industry and Regional Development - Inquiry into support for drought affected communities

Mental Health Commission of NSW Response to Questions on Notice

1. In your experience what are the gaps in mental health services in regional communities and are there areas in NSW which need more services?

Many participants in the Commission's Living Well mid-term review process 2019-2020 expressed concerns related to mental health service gaps in regional communities:

- difficulties in finding the right help - navigating the service system
- people having to repeat their story to different service providers because of staff turnover or funding for services ends, which results in the person experiencing a disjointed system
- ongoing staff vacancies in mental health services, especially in rural and remote areas making it hard for a person to get assistance close to home when they need it
- significant geographical distances from hospitals with declared mental health facilities that can provide specialised mental health services
- use of police and ambulance as first responders, who may transport a person experiencing mental health distress to a hospital a long distance from home, and when discharged, the person has limited transport options to get back home
- difficulties in accessing services that were exacerbated for Aboriginal people and people from culturally and linguistically diverse backgrounds, because of challenges in accessing specialist mental health clinical and support workers who are Aboriginal people or of the same cultural background as the person seeking help.

Participants also proposed how these issues could be addressed in a number of ways, for example:

- navigation or help-seeking support services or easy to use tools such as apps
- local, accessible public community mental health services and community-managed support services
- better local responses to avoid use of police transport to distant mental health facilities
- mental health outreach through telehealth and regular visiting services to rural and remote areas, that address prevention and early intervention, as well as medication management for more serious mental health issues
- employ more peer workers (people with lived experience of mental health issues and caring) and Aboriginal mental health and social and emotional wellbeing workers
- strategies to improve mental health recruitment and retention, possibly with incentives for people to live and work in rural areas
- improved transport between a person's home and mental health facility, including transport back home
- capital upgrades or new mental health facilities in rural centres (as already announced in the Mental Health infrastructure program)
- assistance (resources/incentives) for organisations to collaborate and work better together.

Areas that need more services:
The Commission is not in a position to provide advice regarding which geographical areas need additional services, as the planning of mental health services is undertaken by Local Health Districts, with Primary Health Networks also undertaking regional planning for their population.

Planning systems such as the National Mental Health Service Planning Framework (NMHSPF) and its related planning tool identifies the minimum required mental health services in all areas[1]. Local Health District planners also consider local demographics and geographic characteristics, such as Aboriginal peoples' needs when planning service provision. To complement the NMHSPF, there is also PHN regional planning guidance[2].

2. The Committee has heard that mental health strategies and solutions aimed at regional communities need to be localised and what works for one community may not work for another. What are your thoughts on this and what has been your experience of visiting regional communities and their capabilities to respond to adversity?

State-wide programs have great merit, and in implementation they need to be responsive to community input on local challenges and priorities. As regions and rural towns in NSW are diverse, strategies and solutions also need to be diverse.

A recent article by researchers at the Centre for Rural and Remote Mental Health has investigated the complexities of adversity in rural communities and the implications for action[3]. The article takes an ecological approach to different types of adversity at social, rural, family and individual levels, with adverse events not occurring only in a linear way, but also systemic and cyclical.

The Rural Adversity Mental Health Program (RAMHP) funded by NSW Health, is an initiative that is coordinated state-wide by the Centre for Rural and Remote Mental Health and delivered locally by RAMHP coordinators employed in LHDs. The program responds to the varying needs of people in rural communities affected by drought. The Commission understands that the CRRMH has contributed to this inquiry in person, through submissions and questions on notice.

A community's level of resilience and wellbeing prior to a natural disaster will influence how well the community recovers and 'bounces back' afterwards or in the face of a new disaster, such as COVID-19[4].

The Commission's Living Well mid-term review team visited many rural communities in 2019 and 2020 that had experienced the adversity of drought over several years and/or had lived through previous natural disasters, such as the 2013 bushfires (Blue Mountains) and the 2015 floods (Hunter Valley).

The Commission found evidence of resilience often associated with a deep level of connection between people in many small towns. The strongest responses to adversity came when connections were made between community-based formal services and locally-grown community groups, often with modest funding or infrastructure contributions from local government, PHNs and in some cases, LHDs. Co-creation of solutions with people with lived experience of mental health issues and caring underpinned many successful initiatives, with those people involved as leaders, advisors or employees in peer work roles.

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[1] NSW Ministry of Health Mental Health Branch, web page, Service Planning and performance monitoring, viewed at: https://www.health.nsw.gov.au/mentalhealth/Pages/planning.aspx on 30/11/20

[2] Integrated Regional Planning Working Group, 2018, Joint Regional Planning for Integrated Mental health and suicide prevention plans: a guide for Local Health Networks and Primary Health Networks.

[3] Lawrence-Bourne, J, Dalton, H, Perkins, D, Farmer J, Luscombe G, Oelke N and Bagheri N, 2020, What is rural adversity, how does it affect wellbeing and what are the implications for action?, International Journal of Environmental research and Public health, *17*(19), 7205; https://doi.org/10.3390/ijerph17197205.

[4] University of Canberra, literature review outline *Evaluating current knowledge of the role of community assets* (unpublished) for Mental Health Commission's Cross Sector Community resilience, wellbeing and recovery project.

Problems identified by many communities that affected their capacity to respond to adversity were short-term funding cycles that impacted service and workforce continuity and the need for organisations to compete for funds rather than collaborate to improve effective service delivery.

We highlight several initiatives below, as examples of mental health reform in practice. Some of these are on the Commission's Living Well Agenda regional web pages [5].

- The Dungog Community Centre established **Horse Tales Hunter Valley**, an equine assisted learning and development program for primary school aged children that teaches them to manage their behaviour and regulate emotions through guided experiences with horses. An experienced youth worker and equine therapist set up the program in response to the trauma experienced by children following the 2015 floods. The program is normalised as it is offered to all year 6 students.
- The Royal Flying Doctor Service South Eastern Section, in partnership with Lifeline Broken Hill Country to Coast and Far West LHD, has established the **We've Got Your Back program**. The program identifies local "Champions", who are graziers and community members with lived experience of mental health issues, and/or demonstrated resilience and positive coping strategies. Champions engage in genuine, honest and confidential conversations, link people with appropriate local services and provide advocacy on the needs of those experiencing drought and hardship associated with living in remote areas.
- The Commission heard of **Singleton initiatives** that work well including a welcoming committee to help newcomers overcome loneliness, a Council-led Mental Health Interagency Taskforce and a Mates in Mining project to support miners with mental health issues.

3. What is needed to help regional communities build networks of support from within their own communities?

The Commission notes inter-governmental commitment to regional planning of mental health and suicide prevention services, under the Fifth National Mental Health and Suicide Prevention Plan which requires PNHs and LHDs to develop integrated mental health plans[6].

During the Living Well mid-term review the Commission identified examples of mental health reform that involved effective networking and collaboration at community level. A key feature of successful networks and partnerships is leadership and practical support from both the PHN and the LHD.

One such initiative was the North Coast Collective (the Collective) which involves 30 members from all sectors including people with lived experience[7]. Through a collaborative approach to service delivery the Collective aims to better address the mental health support needs of the North Coast community. This approach has looked at ways to improve navigation, cross service handover and a partnership-based approach to care for both people with mental health and drug and alcohol issues. The pooling of financial resources is being trialled with the aim of increasing support to people with mental health issues. The Collective aims to reduce duplication and improve overall mental health care in the North Coast region.

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[5] See Mental Health Commission of NSW web pages: https://nswmentalhealthcommission.com.au/living-well-agenda/living-well-mid-term-review

[6] Commonwealth of Australia Department of Health, 2017, Fifth National Mental Health and Suicide Prevention Plan, Actions 1 & 2. Canberra, Department of Health

[7] Mental Health Commission of NSW, Showcasing the North Coast Collective web page, viewed at: https://nswmentalhealthcommission.com.au/living-well-agenda/living-well-mid-term-review-2019-2020/north-coast/showcasing-north-coast on 1/12/20

The Commission notes the recent NSW State Budget committed $6 million over three years to establish another twelve Mental Health and Community Wellbeing Collaboratives across the state[8]. Lifeline and headspace will lead the coordination. These collaboratives are included in the Towards Zero Suicides Initiative, one of the Premier's Priorities and is to be managed by NSW Health.

4. In your view what is the level of cooperation and communication between all levels of government in the provision of mental health services for NSW communities impacted by drought?

The Australian government, state government and local government all have roles in promoting good mental health in communities impacted by drought. The Commission as an independent state level agency is not part of formal interactions between all levels of government and therefore is not in a position to provide informed comment upon levels of cooperation and communication between levels in the provision of mental health services for NSW communities affected by drought.

5. What is the level of cooperation and communication between all levels of government in the development of recovery and resilience strategies for regional communities?

The Commission does not have a formal role in cross government responses to regional recovery and resilience, and so is not in a position to provide an informed response to this question.

6. In your experience what are the main barriers to accessing services in regional communities?

During our Living Well mid-term review consultations with both service providers and people with lived experience of mental health issues and caring commented on structural barriers to service access such as: distance from services, lack of the right services for their needs, limited operating hours, or staffing availability to deliver services in regional communities. Challenges to recruitment and retention of mental health staff and a reliance on 'fly in, fly out' specialists who have limited capacity to meet the demand and who are not located permanently in remote areas add to people's access barriers. Technological barriers raised in the consultations included variable access to reliable internet service to be able to find and connect to mental health resources, such as chat lines, support lines, as well as telehealth provided services.

Mental health is an area of specific risk in rural and remote areas of Australia[9]. Not only are the risk factors for poor mental health greater, people in regional areas often wait longer to access mental health services[10] and the opportunities to seek help are substantially reduced due to challenges accessing an appropriate workforce[11].

Individual attitudes also affect help-seeking. In a literature review undertaken for the Commission, low mental health literacy and concerns about stigma were the most common

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[8] 2020-21 Budget - Budget Paper No. 2 - Outcomes Statements - 03 Health Cluster https://www.budget.nsw.gov.au/sites/default/files/2020-11/3.%20Health%20cluster-BP2%20Budget%202020-21.pdf on 30/11/2020

[9] Cosgrave, C, Maple, M & Hussain, R, 2018, Work challenges negatively affecting the job satisfaction of early career community mental health professionals working in rural Australia: Findings from a qualitative study. *The Journal of Mental Health Training, Education and Practice*.

[10] Lynne Wilson, R, Cruickshank, M & Lea, J, 2012, Experiences of families who help young rural men with emergent mental health problems in a rural community in New South Wales, Australia. *Contemporary Nurse* 42(2): 167-177.

[11] Cosgrave, C, et al,2018, op. cit.

barriers to mental health help-seeking[12]. Mental health literacy is defined as understanding how to obtain and maintain positive mental health, understanding mental health problems and their treatments, decreasing stigma related to mental health problems and enhancing help-seeking efficacy[13]. Stigma concerns are related to fear of response if help is sought, fear of judgement and privacy and confidentiality concerns.

Two studies researched mental health help-seeking by people living in rural areas. Follow up research of over 1,200 people participating in the Australian Rural Mental Health Survey looked at service use and barriers to help-seeking[14]. That study showed that people with mental health issues in rural areas relied heavily on general practitioners. Attitudinal barriers were consistently associated with lower service contacts. Developing appropriate interventions that address perceptions of mental illness and attitudes towards help-seeking is likely to be vital in optimising treatment access and mental health outcomes in rural areas.

Research involving farmers and non-farmers assessed the differences between farming and non-farming rural adults in perceived barriers to mental health service use[15]. A cross-sectional survey, modified from the Barriers to Help-Seeking Scale (BHSS), involved 45 farmers and 78 non-farmers. Farmers has stronger scores than non-farmers on the need for control and self-reliance and minimising the problem. The association with structural barriers, such as service location and access, was less evident. Long-held stereotypes of stoicism and self-reliance among farmers were somewhat supported in the context of mental health. Mental health services and professionals in rural Australia might need to adapt their practices to successfully engage farmers.

The Australian government undertook a review of accessibility and quality of mental health services in rural and remote Australia in 2018. The report in a chapter on barriers to accessing mental health services stated …"one of the goals of Primary Health Networks (PHNs) is to ensure patients are receiving the right care, in the right place, at the right time. However, evidence provided to the committee suggested that people in rural and remote communities are not accessing mental health services as often as people in urban locations, in part because the right care is not available at all, or it is not open when people need it most".[16]

7. Can you update the Committee on the establishment of a suicide register in NSW?

The NSW Suicide Data Monitoring System is a collaboration between the NSW Ministry of Health, Department of Communities and Justice, the State Coroner and NSW Police to enable the collection and reporting of information on recent suspected and confirmed suicides in NSW.

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[12] Mental Health Commission, Mental Health Help-seeking barriers, enablers and interventions; an evidence check, publication in process.
[13] Kutcher S, Wei Y, Coniglio C, 2016, Mental health literacy: past present and future. *Canadian Journal of Psychiatry*, 61(3) pp154-158.
[14] Handley T E, Kay-Lambkin F J, Inder K J, Lewin T J, Attia J R, Fuller J, Perkins D, Coleman C, Weaver N, Kelly B J, 2014, Self-reported contacts for mental health problems by rural residents: Predicted service needs, facilitators and barriers. *BMC Psychiatry,* Vol 14, Art ID 249
[15] Hull M J, Fennell K M, Vallury K, Jones M, Dollman J, 2017, A comparison of barriers to mental health support-seeking among farming and non-farming adults in rural South Australia. *Australian Journal of Rural Health,* Vol.25(6), 2017, pp347-353
[16] Senate Community Affairs Reference Committee, 2018, Accessibility and quality of mental health services in rural and remote Australia, viewed at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report

This collaboration is being co-ordinated by the Ministry of Health, and the Committee may wish to request an update from the Ministry.

As an overview, the first NSW Suicide Monitoring System Report[17] was published on 30 October 2020 and is available on the Ministry of Health's website. The report provides estimates of suspected suicides in NSW in 2019 and 2020, from the newly established System.

We understand the Ministry of Health is continuing to work with the Department of Communities and Justice, the State Coroner and NSW Police to produce monthly public NSW Suicide Monitoring System Reports.[18]

8. What are your thoughts on a safe house system where people experiencing distress can go and feel safe whilst waiting for help? Have you seen good models of this type of system? Could this be an alternative or an addition to care provided in hospitals?

Providing safe spaces for people during periods of distress can be located near Emergency Departments as alternatives to busy clinical environments or located in the community.

A survey of the literature reveals that people presenting with mental health issues at Emergency Departments are having to wait extended periods, and this wait can exacerbate their mental health distress. One option to reduce this problem is to offer alternative spaces for presentation of people with mental health issues, families and carers. In these alternative spaces, people presenting can feel safe while waiting for further services and supports.

The literature also suggests that people with mental health issues often have to wait significant time for an appointment with a mental health professional. It seems that some form of interim service provision, such as might be provided in a 'safe' house/safe space or community house, would benefit people with mental health issues. Indeed, international models such as the Safe Haven café system in the UK offer low-intensity services and a range of information that people waiting for appointments could benefit from. This benefit could conceivably reduce the need for some people to "step up" their care needs to the hospital level.

Under the Towards Zero Suicides investment in NSW, funding of $25.1 million is dedicated to the Alternatives to Emergency Department presentations initiative over three years. This initiative will deliver twenty new services across NSW that provide an alternative to emergency department presentations for people experiencing a suicidal crisis, especially outside of hours.[19]

The Alternatives to Emergency Department Presentations services will provide a warm welcoming space for people experiencing a suicidal crisis where compassionate care will be provided by peer workers with a lived experience of suicidality in a non-clinical environment. People can access information about a wide range of other community-based services such as housing, relationship counselling or financial assistance, to help address the causes of distress, and will be warmly connected to these. People will not require a formal referral to the service and is seen as an alternative to care provided in hospital settings.

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[17] NSW Government Ministry of Health, 2020, NSW Suicide Monitoring System – Report 1 – October 2020, viewed at: https://www.health.nsw.gov.au/mentalhealth/resources/Pages/suicide-monitoring-report-oct-2020.aspx

[18] NSW Government Ministry of Health, 2020, NSW Suicide Monitoring System, viewed at: https://www.health.nsw.gov.au/mentalhealth/Pages/services-towards-zero-suicides-suicide-data-register.aspx

[19] NSW Government Ministry of Health, 2020, Alternatives to Emergency Department Presentations, viewed at: https://www.health.nsw.gov.au/mentalhealth/Pages/services-towards-zero-suicides-redirection-from-emergency-departments.aspx

Other models that provide safe community house/space include services operated by peer workers, people who use their own lived experience of mental health issues and who are trained to support and use their own experience to support people facing their own mental health challenges. Peer support operated services, such as Brook Red[20] in Queensland, can provide community based distress and recovery support services.

[20] https://www.brookred.org.au/