

**BEING Mental Health Consumers**  
**Answers to additional questions for**  
**Portfolio Committee 2 - Health**

**Recommendations**

- More funding to allow safe havens to remain open for longer hours and for safe havens to be opened in more locations across NSW.
- More funding to develop and support peer workers who provide service navigation supports to people with lived experience seeking the help of the mental health service system.
- Development of appropriate supports and referral pathways for those people who experience chronic suicidality.

**1. Is there a centralised pathway that is integrated with both State and federally funded services that enables people to access the care they need at the time they want it?**

**Introductory**

- The short answer to this question is no.
- In NSW there are really two primary entry points into the mental health services system for adults. The first starts with a visit to your GP and the second most likely starts with a visit to a NSW Health Emergency department.
- These pathways are also available for people below the age of eighteen, however they may also access services such as Headspace, or Orygen.

**GPs**

- GPs are federally funded and are most closely connected to the primary health networks (PHNs), rather than to NSW Health. GPs can provide some mental health supports up to and including prescribing and managing some psychiatric medications.
- GPs can also support a client to set up a mental health plan which will allow them to access up to ten talk therapy sessions. GPs are also able to refer to private psychiatrists, if they think this will be helpful for their patient.

**Emergency departments and Safe Havens**

- When someone is experiencing a mental health crisis, their first point of contact with the mental health system may well be the emergency department of a NSW Public hospital. When you have reached emergency there are four possible pathways that you might follow.
- Firstly, a psychiatric registrar may decide after a period that you are no longer in crisis and that you can return home.
- Secondly you may be sent to the Psychiatric Emergency Care Centre (PECC) unit which is attached to some emergency departments in NSW. These units are short stay units which provide support until a crisis has passed.
- Thirdly you might be sent to an inpatient unit. In most cases this is a locked ward within a hospital (for example the Caritas unit at St Vincent's hospital in Darlinghurst). In a locked unit your stay could vary from a few days to several months depending on how fast you recover, as judged by the unit clinicians.
- Finally in some local health districts there are now Safe Havens staffed by Peer Workers, which provide an alternative to emergency for people who are struggling with challenging

emotions. BEING is strongly supportive of expanding the availability of Safe Havens across the state as they provide a less traumatic alternative to the hospital emergency department.

#### **Not for profit service providers**

- In addition to GP and hospital-based services some mental health support services are also provided by not-for-profit organisations. However, these services will generally not be readily accessible unless you already have already had prior contact with the mental health care system, and they may only be available to individuals with NDIS funding as well.
- In addition to these three pathways (GP, Emergency, not for profit service providers) there are also some government services, such as the NSW Mental Health Line, which are able to provide triage services, referrals, and advice over the phone.

It is our understanding that these services may receive funding from the NSW Government and/or the Commonwealth.

### **2. How would the people you represent e.g. consumers and mental health carers describe their ability to navigate the system and its varied pathways to service access?**

BEING can only speak for consumers, and our comments are as follows:

- Navigating the mental health system is generally felt to be a challenging process. It regularly comes up as an issue when we engage with consumers.
- If you are encountering the mental health service system for the first time and are experiencing significant emotional distress it can be especially challenging to navigate. As you can see from our brief comments to the previous question above, there are many different service options and links between them are often far from obvious.
- Service navigation challenges add an additional barrier on top of the stigma which stops people from reaching out for help before experiencing a mental health crisis.
- We strongly believe that there is a need for easily accessible dedicated system navigation services as per the recent peer navigation evaluation that NSW Mental Health Commission recently completed.
- Peer workers would be well suited to this task. For those people who have no, or limited family or carer supports, peer navigators would help them get a foundational understanding of the mental health service system, as well as providing some advocacy support during a very difficult time for many individuals.

For those people who have carers and other supporters peer navigators can help to build capacity and provide support to both carers and consumers.

### **3. Do any of these challenges or enablers extend to when a carer or consumer is wanting to escalate their concerns when health is deteriorating in the community?**

#### **Can you tell us about their experience of this?**

- The NSW government mental health system, who are the providers of most of the inpatient mental health services in NSW, are very much focussed on providing support to individuals who are currently experiencing a mental health crisis.
- Likewise, government community mental health services primarily serve those people who are at risk of reinterning the mental health system without support and those people on community treatment orders.

- Emergency departments frequently function as gatekeepers to mental health services and community mental health services are largely unavailable to consumers who have not already been inpatients or are on community treatment orders.
- On the other hand, if you approach your GP, you may well find that you can be referred to a therapist quite easily, however the wait once you have been referred can be quite long. For some people the waiting time will be months if not more. This is clearly not fast enough for someone on the verge of a crisis.
- What this adds up to, is that it can be very challenging to escalate your concerns about your own mental health and you may have to be quite persistent to receive the support you need.
- There are also some consumers whose needs are regularly poorly supported by the government mental health service system. Those people who experience chronic suicidality, can be seen as attention seekers, rather than as people who have valid mental health concerns and a right to support. Likewise, some people living with diagnoses of personality disorders.
- This group of service users often present multiple times with the same concerns. Rather than invalidating their pain, it would be more appropriate if thought was given to appropriate supports and referral pathways for this group.

**4. Does your organisation have a direct line of contact to the NSW Department of Health?**

**If so, what division/section is your direct line of contact?**

- BEING communicates with Mental Health Branch at a senior level (the Executive Director of MHB and the CEO of BEING), on a quarterly basis at a minimum, and more frequently at a Director, and Officer level (senior policy officers and principal policy officers).
- We also engage regularly with the NSW Mental Health Commission. Once again this is at both senior level (the Commissioner and the CEO of BEING) and at Officer level.

**5. How many people (measured as full time equivalent) work for your organisation on either a paid or voluntary basis?**

We are funded by NSW Health for 4.0FTE to provide systemic advocacy representation for the whole of NSW. This includes the CEO, Policy Lead, Communications Manager, and Operations Manager. Our work includes regularly engaging with consumers, developing advocacy materials, and progressing ad hoc projects such as the development of NSW Mental Health Act informational resources which we recently completed. We run three standing committees for consumers: Youth, Regional and Rural, and Culturally and Linguistically Diverse + People of Colour (CALD+POC).

- Additionally, we are funded by NSW Health for a 0.9FTE position for 12 months (to April 2024) for a Suicidality and Self Harm Coordinator. This is not part of our core funding.
- Finally, we are funded by the Commonwealth for a 1.0FTE position until June 2024 for an Education Manager. This funding will not be renewed.
- We currently have one volunteer Administration Officer who works 0.2FTE.
- Our board members are volunteers.

**Does your organisation receive any funding or support, in any form, from the Commonwealth Government? a. If so, what was the amount in the 2021/2022 financial year? b. If so, what was the amount in the 2022/2023 financial year.**

Yes, BEING has received financial support from the Commonwealth Government in previous financial years (but we are not expecting to receive cash or donations from the Commonwealth in the current 2023/24 financial year).

In the 2021/2022 FY, BEING received \$539,296 from the Commonwealth for project funding.

In the 2022/2023 FY BEING did not receive any funding from the Commonwealth. However, the project had not been completed against monies received in previous financial years, and as such Commonwealth funding was recorded as deferred revenue of \$305,543 in the 2022/23 financial year as it would have been necessary to repay these funds had the project not been completed.