

ACYP responses to supplementary questions: Delivery of Outpatient and Community Mental Health care

October 2023

Supplementary Questions

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?

There is no one centralised pathway but a number of federally-funded and state funded pathways to enable people to receive the care they need. These include intake call lines such as Lifeline, Kids Helpline, Beyond Blue and headspace, and specifically for NSW there is an 1800 Mental Health Line. People who called these lines such as Lifeline or the 1800 Mental Health Line would be referred onto community mental health services, or onto specialist services, for instance services for those with suicidal distress, or an eating disorder. And to note, that the NSW Health Mental Health page (<https://www.health.nsw.gov.au/mentalhealth/Pages/default.aspx/>) also has a drop-down menu where people can type who the support is for i.e. a child or young person, and the kinds of mental health support or issue.

As per our submission (pages 13-15), our research such as the 2022 Strategic Tracker show children and young people would generally seek support firstly from parents or carers (46%) and friends (42%), though many also sought support from professional mental health supports. ¹ Seeking support from a general practitioner was the most common (44%), followed by psychologists who were not located within a school or headspace facility (40%).

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?

As per our submission (page 14) when asked which services were the most suitable for young people Kids Helpline was viewed as the most suitable, then headspace, thirdly Beyond Blue and then Lifeline. SANE was also recommended by a high number of young males. ² headspace was viewed positively by many young people and was often described as the “go-to” service both for those who had a history of mental health concerns and those who did not. However, some who had experience accessing headspace reported feeling “caught in the middle” in that, by the time they were able to access support, their mental illness or concern had progressed beyond the level of support headspace provides.

In previous consultations, young people have said they thought it was helpful to be provided with more information about where they can access support and how to navigate referral pathways to mental health services as these were sometimes complicated and confusing, especially the first time someone seeks help.³

While around half of children and young people reported their access to a mental health professional within a school, TAFE or university took two weeks or less, those seeking support for a psychologist or psychiatrist would be more likely to look at a much longer waiting time. One in five children and

¹ ACYP Youth Poll 2021

² ACYP Youth Poll 2021

³ ACYP (2019). Mental health and wellbeing needs of children and young people.

young people reported waiting four months or more to see a psychiatrist. Young people have told us that it is often while waiting for support that those moderate concerns become more serious and young people are left feeling they are unsupported during a period of crisis. Many young people have expressed frustration with this cycle and voiced concerns that they should not have to wait “until breaking point” to access the help they need.⁴

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?

a. Can you tell us about their experience of this?

As per our submission (page 25) young people regularly highlight concerns with the lack of available crisis supports and the lack of available options beyond calling triple zero or attending an emergency department when experiencing a mental health crisis in ACYP consultations. Young people who have a disability, First Nations young people, or young people who are neurodivergent, will often have more complex needs and as a result more difficult experiences navigating the mental health system, and can reach a crisis point quite quickly. As per Leila’s statement (page 7), as a neurodivergent child and teenager living on the Central Coast she found it incredibly difficult to navigate the mental health system and she reached a crisis point during COVID, and because her ADHD was undiagnosed, she wasn’t able to receive the appropriate support for her complex mental health needs.

Another young person Quinn, who is queer and of First Nations heritage, described receiving supportive mental health care when he moved to Sydney in 2019, but had to wait a long time to receive this support. Whilst Jadyen (page 10) describes the difficulty of living on the Central Coast and accessing bulk billing GPs. So the cost of accessing a GP, even before accessing a psychologist, can be a barrier to someone who may be at the start of a crisis.

Socially excluded young people and those experiencing vulnerabilities regularly highlight the need to be able to access a safe space after hours – for instance, young people have recommended a 24-hour drop-in centre with crisis beds, social workers, food, counsellors and internet facilities. For this reason welcomes the establishment of 20 Safe Havens across NSW for crisis mental health support. ACYP recommends that these services or a similar model be further funded and expanded so that service hours are adjusted to ensure that children and young people can access assistance outside of business hours when they need to escalate a crisis.

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

Yes, ACYP has contact with several different people within NSW Health, and strong relations with the Department of Health., including with the Minister’s office.

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

- Minister Ryan Park
- Matthew McLean, Chief of Staff to the Minister
- Susan Pearce – Secretary - NSW Health
- Dr Kerry Chant, Chief Health Officer, Deputy Secretary, Population and Public Health
- Carolyn Murray, Director Public Health Programs, Centre for Population Health

⁴ ACYP NSW Strategic Plan for Children and Young People 2022-2024. 2022. p.81.

- Rachael Sinclair, Manager, Tobacco Control Unit - Centre for Population Health
- Kate Reakes (they/she), Manager, Cancer Prevention, Cancer Institute NSW Health
- Ellie Wood, Senior Policy Officer – Strategy and Stakeholder Engagement | Centre for Population Health

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

As of 30 June 2023, there were 19 full-time staff and 10 part-time staff employed against a staff establishment of 30 positions. This establishment does not include the 12 members of the Youth Advisory Council who are employed on a part-time basis for their term.

6. 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?

For this financial year there was no Commonwealth funding.

b. If so, what was the amount in the 2022/2023 financial year?

For the 2022/2023 financial year, ACYP signed a funding deed agreement with Resilience NSW for the Recovery Support Service for Flood Affected Young People program. This program is 50% funded by the Commonwealth and 50% funded by the state. However, the first reimbursement payment \$326,267.21 was not received until August 2023, that is until the 2023/2024 financial year. Thus in 2023/2024, ACYP has received \$163,133.60 in Commonwealth funding.