

Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Hearing – 15/02/2024

Questions on Notice

QUESTION 1 – Page 59

The CHAIR: That was really helpful information but didn't quite answer my question, so I'll try to be really specific. Are there people in New South Wales who are assessed as would benefit from being in a service like HASI Plus but who can't get a place?

BRENDAN FLYNN: Over different periods of time the answer to that question would be yes. I'm not sure about HASI Plus. I think HASI itself may have some vacancies. But I'd have to come back to you with whether or not there is a numerical number of people who are waiting for a HASI Plus position.

The CHAIR: I am happy for it to be taken on notice. I'm really just trying to get a sense of supply versus demand for these kinds of really wonderful intensive programs.

BRENDAN FLYNN: Yes, that's fine.

RESPONSE

Housing and Accommodation Support Initiative (HASI) Plus is a community-based, transitional, rehabilitation and recovery-oriented program that integrates clinical and intensive psychosocial support with stable, community-based accommodation. There are 70 HASI Plus places across 8 accommodation sites hosted in 4 local health districts (LHDs). Of the 70 places, 39 are allocated for statewide referrals and 31 are allocated for local referrals in the host LHD.

There is currently no statewide HASI Plus waitlist however there is evidence to suggest that if more places became available in different locations, a waitlist might be required. In mid-2021, a new HASI Plus site was established in the Mid North Coast LHD. All available places at the site were filled quickly and it has operated at close to capacity since then. In the 2022 independent Evaluation of HASI Plus by the Social Policy Research Centre, UNSW, all non-host LHD staff that participated in the evaluation asked for HASI Plus to be established in their LHD, and the most identified program improvement was more HASI Plus places.

Generally, people will not be added to the statewide waitlist unless they are assessed as eligible for the program, are willing to relocate, are able to wait for a vacancy to become available (dependent on hospital or correctional discharge timeframes), and are a 'good fit' for existing residents. Availability of local clinical supports, especially in rural areas such as Tamworth and Kempsey, may limit the number of complex consumers with high intensity mental health needs moving to the area at the same time resulting in bed vacancies until clinical needs are stabilised.

Some LHDs hold waitlists for local referrals which are generally in higher demand as individuals do not have to relocate to access the program.

QUESTION 2 – Page 61

The Hon. SUSAN CARTER: Dr Flynn, if I could just pick up on something you said in response to a question from my colleague when you were talking about provision of psychiatric services. You made a comment really directed at regional New South Wales, where you were talking about availability of consultation via videoconference. What is NSW Health's attitude? Are there areas in regional New South Wales where consultation with specialists like psychiatrists is only available over video and face to face is not available on a regular basis to health consumers?

BRENDAN FLYNN: Thank you for the question. The question I answered was about after-hours support in emergency departments.

The Hon. SUSAN CARTER: The question remains. Is face to face only available in limited hours? What is the mix for regional and rural hospitals and people presenting?

BRENDAN FLYNN: I would say that it varies. Maybe if we took an in-hours picture first. If we were to look across regional New South Wales and, for example, if we took community mental health clinics, it varies, but there are many services that have a face-to-face clinician. It doesn't necessarily need to be a psychiatrist, but often is. I think we're all aware that sometimes that's on the basis of a non-resident coming in —

The Hon. SUSAN CARTER: I don't want to cut you off, Dr Flynn.

BRENDAN FLYNN: No, that's okay.

The Hon. SUSAN CARTER: I'm just wondering, in the interests of time, is that something you could take on notice and perhaps provide details of to us later?

BRENDAN FLYNN: Yes.

The Hon. SUSAN CARTER: Given it varies, as you said.

BRENDAN FLYNN: It varies. To be honest, I'm not sure I'm necessarily — I'm very happy to take that on notice, but I guess it very much depends on the locality. There are places where it is delivered via telehealth. I would need to get —

QUESTION 3 – Page 61

The Hon. SUSAN CARTER: So there are localities where it is only telehealth that's offered?

BRENDAN FLYNN: There would be.

The Hon. SUSAN CARTER: Why is that? Why are no face-to-face services offered for regional New South Wales?

BRENDAN FLYNN: I did not say that there were no face-to-face services offered for New South Wales.

The Hon. SUSAN CARTER: If it's only telehealth, by definition there is nothing face to face.

BRENDAN FLYNN: But I'm not talking about regional New South Wales. I think the question was about particular areas in New South Wales.

The Hon. SUSAN CARTER: Which areas is it only telehealth then?

BRENDAN FLYNN: I would take that on notice and I can certainly get back to you around that.

RESPONSE to QUESTION 2 and QUESTION 3

There are areas in rural NSW that use virtual care to deliver services. Details are provided at **TAB A**. The NSW Virtual Care Strategy 2021-2026 outlines how to deliver virtual care safely.

QUESTION 4 – Page 62

The Hon. SUSAN CARTER: I would be very grateful. Thank you. I have another quick question, if I may. I notice on page 15 of your submission you point to the NSW Family Focused Recovery Framework 2020-2025. Do you have any preliminary data on how well that's working and what change it's making in terms of the inclusion of families in health care?

BRENDAN FLYNN: I would have to take the data question on notice. Certainly, if it assists the Committee, I would mention that the feedback we've had from consumers and staff — and, in particular, families — has been very good, but I would need to come back to you around the nature of the evaluation and the details of what was in that.

The Hon. SUSAN CARTER: Is a review of that planned at the end of 2025?

BRENDAN FLYNN: I would need to come back to you about that on notice.

RESPONSE

To support the implementation of the Family Focused Recovery Framework, an Implementation, Monitoring and Evaluation Plan has been developed. The Plan articulates oversight activities over the life of the framework.

Implementation activities included the development of capacity building resources, the establishment of a statewide network of COPMI Coordinators/Family Focused Recovery Champions, and the development of a grants program to support local implementation. Since 2020, the grants program has funded a range of training, resources, and improvement of facilities to make them more family friendly.

While it is too early for any meaningful data on the impact of the Framework monitoring and evaluation activities currently being applied include routine reporting on the progress of implementation and current priority activities, as well as consultation with stakeholders and quantitative analysis. A *Baseline Evaluation Plan* has been developed (available at www.health.nsw.gov.au/mentalhealth/resources/Publications/family-focused-recovery-framework-report-june-2021.pdf), and a *Carer/Consumer Baseline Evaluation* is being finalised.

A Family Focused Recovery Implementation Reference Group aids the overall implementation of the Framework. The Reference Group includes consumers, carers, and representatives from LHDs and specialty health networks, Ministry of Health, academics, and other key stakeholders. This Implementation Reference Group will be lead the midpoint evaluation activities later this year (COVID delayed).

The review of the Family Focused Recovery Framework will be undertaken through routine policy review processes.

NSW Health Responses to Questions on Notice - TAB A

Areas in regional NSW where consultation with specialists like psychiatrists is only available over video and face to face is not available on a regular basis to health consumers	Localities where only telehealth is offered	Details
Northern NSW LHD: Grafton, Maclean, Ballina and Byron Bay Emergency Departments	Northern NSW LHD	The Multi-Purpose Services at Bonalbo and Urbenville are provided with mental health telehealth support as required.
	Far West LHD	District-wide telehealth services: <ul style="list-style-type: none"> • Drug & Alcohol/Opioid Treatment Program/Clozapine clinics 2 full days/month • Adult psychiatry clinics 2 full days/month • Child & Adolescent MHS 2 full days/month and ad hoc remote clinical advice,
	Murrumbidgee LHD	Child & Adolescent Mental Health Services: <ul style="list-style-type: none"> • Tumut and Young: once a week. • Deniliquin: fortnightly • Safeguards: District-wide service, 3 days/week and supports to Child & Adolescent teams as required. Older Persons Mental Health Services: <ul style="list-style-type: none"> • Deniliquin: Clinic once a month District-wide services: <ul style="list-style-type: none"> • Eating Disorders groups • Dialectical Behaviour Therapy skills groups • Child & Adolescent Psychological Telemedicine Outreach Service (CAPTOS) sessions as required from Sydney Children's Hospital Westmead • Suicide Prevention Outreach Team • Virtual PACER 24/7 • Mental Health Emergency Care Service 24/7 – in reach to Emergency Departments
	Nepean Blue Mountains LHD	Blue Mountains Hospital and Lithgow Hospital: virtual psychiatry staff specialist appointments.

NSW Health Responses to Questions on Notice - TAB A

Areas in regional NSW where consultation with specialists like psychiatrists is only available over video and face to face is not available on a regular basis to health consumers	Localities where only telehealth is offered	Details
Cobar, Nyngan, and Collarenebri		Residents of Cobar, Nyngan and Collarenebri can travel to see a psychiatrist in other locations (e.g. Dubbo, or Lightning Ridge), but the District normally expects to support these residents with the virtual psychiatry service.