The Hon. Mark Butler, MP
Minister for Health and Aged Care
Email: minister.butler@health.gov.au

Dear Minister,

RE: Proposal for Family Peer Psychosocial Services Pilot

Wayahead (Mental Health Association NSW) has partnered with Raising Minds in Queensland to propose a pilot program that provides early intervention targeted services to build foundational supports for families with children/young people with mental health challenges from 4-17 years.

At the Mental Health Australia (MHA) Ministerial End of Year Update on December 15^{th,} 2023, it was noted that you welcomed early intervention proposals from MHA members. Following on from the webinar, I followed up with Carolyn Nikoloski (CEO) and she was keen to hear more. We connected and shared the details of the draft proposal with senior staff in MHA Ingrid Hatfield (Deputy Director, Policy and Research) and Emma Greeney (Director of Policy and Advocacy) in early February 2024, and found the positive response and support very encouraging.

The **Family Peer Psychosocial Services Pilot** addresses the need for improved psychosocial support programs outside the National Disability Insurance Scheme (NDIS), as recommended by the NDIS review. The NDIS system does not effectively operate within the broader mental health system, and there is a lack of an early intervention approach in the NDIS system. There is a role for peer-lived experienced service navigators in supporting families and children/young people with mental health issues. The pilot would benefit up to 132,711 children and young people 4-17 years old and their families in New South Wales and Queensland.

Additionally, the pilot is scalable and has a wider impact on the mental healthcare system. The model will measure whether families are assisted in navigating the system, access to

care, the level of treatment engagement, satisfaction levels, resource utilisation, and confidence and skills in navigating the system. The evaluation will include key recommendations to improve the mental health system. Service navigation can contribute to cost savings in the healthcare system by reducing hospital admissions, facilitating timely access to services, preventing crises, enhancing mental health literacy, and empowering families to advocate for high-quality care.

The pilot program aligns with holistic, strength-based family-centered approaches to health care, and the need for psychosocial support programs to operate outside of the NDIS system. Providing foundational supports that aim to prevent crises, empower families, and promote peer family support will not only contribute to improving wellbeing and mental health outcomes for families, it can potentially reduce the long-term need for extensive NDIS support.

The potential benefits of this program including economic impact, improved mental health outcomes, and empowerment of families, make it a compelling investment. We would welcome the opportunity to meet to discuss the pilot proposal in more detail and in addition, provide you with a copy of the proposed consortia model and budget for consideration of funding. We believe the Family Peer Psychosocial Services Pilot is a crucial step toward enhancing mental health support and early intervention in Australia.

Yours faithfully,

Sharon Grocott   Craig Stanley-Jones
Chief Executive Officer   Chief Executive Officer
Wayahead   Raising Minds

"It Takes a Village"

Family Peer-Based Psychosocial Services Pilot Program

April 2024

Table of Contents

1. Executive Summary

This paper outlines the rationale for piloting a Family Peer-Based Psychosocial Services Program, an early intervention targeted service for parents/carers, and family siblings, of children in Queensland and New South Wales with mental health issues from the ages of 4-17 years of age.

The pilot proposes the use of Family Peer Service Navigators to assist families in navigating the health, community services, and disability systems to equitably access appropriate support for their children and young people. The pilot program would address the need for improved psychosocial support programs outside the NDIS as recommended by the NDIS Review (Action 1.11). The need for such a service is clearly articulated in the NDIS Review which describes the challenges of navigating a fragmented and disjointed psychosocial and mental health system, the long waiting lists for psychological and psychiatry services, and a shortage of skilled professionals with an understanding of mental health within the NDIS system.

'There is a lack of an early intervention approach in the NDIS system' and the 'NDIA does not operate effectively with the broader mental health system' (National Mental Health Sector Reference Group, 2023 p. 4). There are major gaps in the provision of psychosocial supports outside the NDIS; with long-term impacts on people with psychosocial disabilities and the NDIS (National Mental Health Sector Reference Group, 2023 p. 4). The pilot proposes Family Peer Service Navigators assist people in accessing mainstream or foundational supports, which will take the burden off the NDIS system (Action 7.2 Early Intervention Pathway for participants with psychosocial disability: National Mental Health Sector Reference Group, 2023).

The proposal provides details of the operational and strategic governance of the pilot program. It also outlines the outcome measures and key performance indicators (KPIs) to evaluate the effectiveness of the pilot program. The proposal emphasises the importance of Peer Family Service Navigators in empowering families to effectively advocate for high-quality care within the mental health system. There is scalability as the pilot project can be rolled out across the country.

The Australian Government Productivity Commission (2020) found that mental ill health costs the Australian economy $550-600M per day. Queensland and New South Wales share is 52.2% which equates to $287-$313M per day. At the midpoint of $300 M/day, the cost equates to $109.5 billion/year.

Therefore, investing in early intervention for children and young people with moderate to complex mental-ill health and their parents, families, carers, and kin, makes good economic sense because it can improve Australia's productivity and result in savings for the health system. KPMG estimates investing in prevention and early intervention for approximately 144,000 Australian children up to and including 17-year-olds with moderate to complex depression has a staggering overall economic potential impact of $48 billion (KPMG, 2018).

2. The Partnership

Wayahead has joined with Raising Minds and together we are proposing, to lead, co-ordinate, and deliver the Family Peer Based Psychosocial Services Pilot Program *"It Takes A Village"* across New South Wales (NSW) and Queensland (QLD).

About Wayahead - Mental Health Association NSW

Wayahead was established in 1932 to improve the understanding of mental health and wellbeing in communities while reducing stigma and discrimination and increasing help-seeking behaviour. Wayahead envisions a future where there is an equitable society that understands and values the best possible mental health of communities.

Wayahead facilitates free public education forums across NSW about anxiety, mental health, and wellbeing. The forums are tailored to meet community needs with the aim of increasing awareness about types of anxiety, symptoms, and presentations. The anxiety support groups encourage members to adopt self-management and self-help strategies in addition to seeking help. The support groups decrease isolation and build connections. The groups help to normalise mental health while creating a sense of belonging through a supportive network of members.

For 20 years, Wayahead in New South Wales has been delivering early intervention through Small Steps seminars for parents and school teachers to raise awareness and improve the recognition of early warning signs of anxiety disorders in children. Over the last 20 years, Small Steps has supported over 15,000 parents and teachers.

Wayahead is a leader in mental health promotion and each year a campaign is developed to encourage positive conversations about mental health and the importance of well-being during the month of October. The Mental Health Matters awards recognise the achievements of individuals and organisations who have worked to improve understanding, awareness, service provision, and the general mental health of communities. Each year, a range of resources are designed with a theme to promote positive mental health messages. Wayahead funds and evaluates small grants each year and last year awarded 50 small community grants ranging from $500 to $1000 to support local grassroots activities across NSW.

The Wayahead Workplaces program promotes a network connecting and resourcing professionals and organisations to best support their employees' health and well-being. Workplaces have averaged 100 members with a combined workforce of over 100,000 employees. The latest research and best practices, including knowledge from subject matter experts, are shared with members. The membership is comprised of government departments, non-profits, universities, small-medium size businesses, consultants, and service providers.

Wayahead has been helping people navigate the mental health system since the 1960s. Wayahead provides access to support and services through the online database (Wayahead

Directory) with 5649 listings of community and mental health services, mental health fact sheets, and a phone line that connects people with support people throughout NSW to navigate the mental health system. The services assist in reducing barriers to services by increasing help-seeking behaviour. Wayahead receives funding from NSW Health (Ministry).

Over the last three years, Wayahead has directly supported 14,574 individuals through support groups, community forums, Small Steps, the information service, community grants, Workplace membership, Mind Reader newsletter, and Awards. Through Wayahead resources (e.g. fact sheets), the directory, website, social media, research, and surveys there has been substantial reach to a total of 4,601,469 individuals.

About Raising Minds Ltd.

Raising Minds purpose is to establish an early intervention framework and architecture of support and services in Queensland by advocating for children, youth, and young people with complex mental health issues together with their families, parents, carers, and kin, to create inclusive, responsive, and better-quality health and education systems.

Raising Minds (RMs) is a peer-driven organisation founded by parents and carers with a lived experience of supporting their children and young people through the mental health and education systems in Queensland. The RMs team brings together a combined lived and professional experience in the mental health space including but not limited to:

- Over 55 years lived experience of the mental health and education systems for children and young people.

- Three decades of executive and operational leadership within national and local mental health not-for-profit organisations delivering state, national, and more recently NDIS-funded services.

- Five years of extensive experience in establishing and delivering mental health programs in partnership with Primary Health Networks (PHNS).

3. Why A New Approach to Early Intervention is Needed

The most recent national survey of children's mental health was Young Minds Matter: The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, which was published in 2015. The survey reported that approximately 1 in 7 Australian children aged between 4 and 17 have a mental health disorder with anxiety being one of the leading conditions. In 2021, the Black Dog Institute reported that approximately 13.6% of Australian children aged between 4 and 11 have a mental illness and that 50% of all mental illnesses experienced in adulthood, begin before age 14 (Kessler, Berglund, Demler O, Jin, Merikangas & Walters, 2005).

The Mental Health of Children and Adolescents (2015) indicates that over the previous 12 months:

- One in seven, 4 to 17-year-olds was assessed as having a mental disorder. This equates to approximately **634,000 children across Australia in 2024**.

- Approximately 6.2% of children with a mental disorder were either admitted to the hospital, presented at Emergency Departments, or hospital outpatient departments. This equates to **39,308 children** based on 2024 population data.

- Almost one-third (29.5%) of parents and carers of children and adolescents with mental disorders reported that they or other family members had used mental health services in the past 12 months.

- Parents and carers of over 65%, or over **412,000 children with mental disorders in 2024, perceived that their child's needs were either not met or only partially met.**

In addition, other research supports the case that the mental health of children and young people is a wicked problem in Australia. This includes:

- The University of Sydney (2023) found that **63 % of long-stay admissions to NSW hospitals for children aged 12 to 15** are for mental health care.

- Four in ten young people are stressed either all of the time or most of the time (Mission Australia 2020, p. 5) and one in ten have engaged in self-harm (Lawrence et al., 2021).

- Mental health problems and disorders account for 50% of the burden of disease among young people (Qld Mental Health Commission, 2015)

- Self-harm or suicidal ideation Emergency Department presentations in NSW young people were growing at 8% pa in the 5 years before COVID-19. Self-harm or suicidal ideation presentation rates increased in all geographical regions since COVID, with the greatest increase in high school-aged females (12-17 years) in more socio-economically advantaged regions (Sara et al., 2023).

Mental health does not only impact a young person and their future due to disengagement from education and employment, but it can also impact family and the community (Dalzell & Henderson, 2020). Stigma and discriminatory attitudes associated with mental health issues result in many young people being reluctant to seek professional help (Beyond Blue, 2021). This leads to social isolation and mental health issues becoming significantly worse by the time assistance is sought (Corrigan, 2007). The Productivity Commission (2019) found that many young Australians are still not getting support.

4. The Critical Role of Parents/Carers and Family

According to Beyond Blue (2021) '**young people are less likely than any other age group to seek professional help'**. However, **young people will seek support from people that they trust** including friends, parent/s, relatives, and family friends (Mission Australia, 2020). Despite the

reliance on family members and friends, resources have traditionally concentrated on the needs of service providers (Consumers Health Forum of Australia, 2019).

The important role of the family is consistently forgotten or undervalued. While clinical support can be effective, its effect is diluted if the support system in which a person lives is inadequate (Consumers Health Forum of Australia, 2019). Even though families provide the main support, the families are provided with very little support. 'The National Mental Health Plan 2003-2008,' emphasised the importance of involving carers, many of whom are family members, and yet they remain excluded from the system (Parliament of Australia, 2021).

Family members are critical partners (The Fifth National Mental Health & Suicide Prevention Plan, 2017) as they hold vital knowledge about what is needed (WHO, 2010). The benefits of involving family members are significant in terms of improving health outcomes as they are often committed to the recovery of the young person that they are caring for. The Royal Commission into Victoria's Mental Health System (2020) recommended that the government develop key roles for family members and carers across the mental health system.

A national online survey for children and their parents/guardians and grandparents conducted in 2021 post the COVID-19 pandemic qualifies this, with the survey revealing that children seek help from family and friends more significantly than accessing formal services. The report recommended that holistic support that responds to the needs of the whole family would equip family members to better support children (Australian Human Rights Commission, 2022).

It is difficult for family members to navigate the system, with very little information available 'about treatment, care and support' (Blackdog Institute, 2020, p. 17). Family members need to be better equipped to support young people. A new and innovative approach is needed with family members being skilled and informed in navigating the mental health system.

Parents and carers require guidance to navigate a complex mental health system as well as emotional support, during periods when their child is intensely and critically unwell usually leading to, during, and following hospital admission. The mental health services system is fragmented, with multiple services, and intersects with other service systems including education, employment, housing, and community services. Wayahead's experience is that families struggle to find accurate information about services, and treatment options, and how to equitably access them. The stigma surrounding mental illness can also prevent families from seeking help and this creates barriers to accessing care and support services.

The NDIS 'should fund a range of initiatives providing information, and individual and family capacity-building. Priority areas for support include mutual peer support' (Action 7.5: National Mental Health Sector Reference Group, 2023 p. 11). Integration must be strengthened with an increased focus on supporting families to access mainstream and foundational services (Action 4.1 NDIS Review).

5. Proposal for an early intervention Family Peer-Based Psychosocial Services Pilot Program in NSW & QLD

The purpose of this paper is to outline the rationale for establishing an early intervention pilot targeted psychosocial services program and support for parents, carers, and family siblings, of children with moderate to severe and complex mental health issues from the ages of 4-17 years of age across Queensland and New South Wales. As previously stated, parents and carers often require significant emotional and practical support during periods when their child is intensely and critically unwell usually leading to, during, and following hospital admission.

This pilot is seeking to provide significant emotional and practical support for parents/carers and the family during these identified periods, to achieve a range of better outcomes not only for the parents and carers but also for their children and the child and youth mental health, hospital, and education systems.

A pilot program will support the development of more effective, evidence-based practices that address specific approaches to early intervention in mental health. The pilot program can be assessed for feasibility to achieve a larger-scale project with a rollout to other States/Territories. Timely and effective service navigation and emotional support for parents and carers of children with complex mental health issues 4-17 years of age, facilitated via knowledgeable lived experienced Service Navigators.

The Family Peer Service Navigators will provide the following to address unmet or partially met needs identified by parents and/or carers:

- **Equitable access to timely and appropriate care and support services.** Early intervention and treatment can significantly improve long-term outcomes for children and young people at risk or with a mental illness.

- **Effective navigation of the mental health system** to address mental health concerns earlier, instead of the situation escalating and the child or young person becoming acutely unwell and requiring hospitalization. Emergency room visits will also be lowered. Navigating the system is essential for long-term recovery as access to treatment and services can help in the management of symptoms while building resilience.

- **Assistance for parents and/or carers in communication and engagement of clinical and psychosocial support** regarding assessment and treatment, particularly concerning a hospital stay and the approval (or otherwise) of NDIS support plans.

- **Upskilling of parent/carers to advocate for high-quality care within** the health and education systems **through one-on-one training and group workshops** both within and for their loved ones, ensuring treatment is evidence-based, culturally appropriate, and suitable for their child/ren's individual needs.

Family Peer Service Navigators will have lived experience, and cultural competency and be trauma-informed. This includes an understanding of the unique experience of mental illness. A Service Navigator with lived experience can empathise with families in ways that others may not be able to. This relatability creates a sense of understanding and validation and can provide hope while reducing stigma.

This includes how trauma can affect a person's thoughts, feelings, behaviours, and relationships. Navigators will understand the importance of building a sense of safety with the child, young person, and their family. For example, this includes being mindful of language, tone, and body language and avoiding words that may trigger a response.

The Family Peer Service Navigators will also recognise the signs of trauma such as hypervigilance, avoidance, and emotional dysregulation. Being consistent, transparent, and empathetic are qualities required. Navigators will aim to avoid re-traumatisation and provide supportive and compassionate care that acknowledges and validates the child, young person, and their family. Being trauma-informed means a fundamental shift in perspective and practice to a strength-based approach.

In summary, the Family Peer Service Navigator will:

1. **Support early access and engagement with psychosocial services** to connect families with foundational supports. The provision of early intervention and support to families to navigate the mental health system will help to reduce hospital admissions for the child or young person and lessen demand on emergency departments. By ensuring seamless transitions and continuity of care, service navigators can help avoid duplication of services, reduce time delays, and minimise inappropriate treatments, leading to more efficient use of resources.

2. **Undertake debriefing and brainstorming** with parents and carers to assist in reducing stressors for siblings within the family structure. Siblings and carers/parents may experience stress and burnout. The service will promote child and family wellbeing to decrease the likelihood of related health issues impacting siblings and parents/carers.

3. **Assist in providing a navigation plan** for the current needs of the family. Specific navigation activities will include a comprehensive assessment of the family system, their service needs, and service barriers; co-creating a plan with the primary caregivers to identify, prioritise, and access personalised health and social care for their children and family.

4. Navigation will also include **planning for the future** including long-term care arrangements and legal considerations. Navigators can provide information about guardianship. Siblings can be supported to access young carer groups and respite care, and provided with self-care strategies and tools that are age appropriate.

5. By addressing a mental illness earlier, children can be supported to continue their education. Targeted information, guidance, and assistance will be provided to support parents and/or carers in considering their children's **educational needs including school selection, school**

transition, school support, and attendance. This will result in successful school transitions and support for a child or young person who has become unwell. Increased support for the education system and family during important school transitions will result in better educational outcomes for children and young people leading to long-term economic outcomes through better employment opportunities.

6. Improved mental health outcomes including a higher quality of life for a child/young person with symptom reduction and better functioning. This includes **enhanced holistic care coordination with a focus on recovery.**

7. By supporting the family unit there will be a decreased likelihood of family breakdown and parent separation and improved family resilience. Families will be empowered to advocate for their child's needs within the mental health system and broader community which leads to improved services and **improved family functioning**. Navigators can support a family to cope with adversity, by guiding support requiring coordinated services and connecting a family with valuable resources to build capacity.

It is envisaged that this targeted support will significantly assist parents and siblings to maintain employment/education or other valued roles, whilst coping with their child/sibling's complex mental health needs. Many children and young people with a mental illness can also experience other issues such as substance abuse, homelessness, or involvement with the criminal justice system because of issues such as disengagement from education and family breakdown.

6. How Many Young People, Children Parents/Carers, and Kin will Family Peer Psychosocial Services Benefit?

Outputs:

- A pilot across QLD and NSW will provide coverage across 52.2% (NSW 31.8% and QLD 20.4%) of the total Australian population.

- Therefore, 52.2% **of the 634,000 children and young people affected by mental disorders equates to 330,948 young people aged 4-17 years of age and their parents, families, carers, and kin.**

- According to Mental Health of Children and Adolescents (2015), **three-fifths (59.8%)** of children and adolescents with a mental disorder had disorders with a mild impact on functioning, **one quarter (25.4%) were moderate, and 14.7% were assessed as severe.**

- Children and young people with moderate to severe mental health issues and their parent/ carer, and kin are more likely to benefit from service navigation.

- Thus, across NSW and QLD, **40.1%** (25.4 + 14.7%) **of the 330,948** children and young people aged 4-17 years of age is **132,711.**

- Service navigation is proposed to benefit up to **132,711** children and young people aged 4-17 years and their parents/carers and families across NSW (approx. **80821**) and QLD (approx. **51890**).

7. Implications for the NDIS

As of December 2023, 63,508 people with a primary psychosocial disability were NDIS active participants (NDIS, 2024). The pilot program sits outside the NDIS; however, it is anticipated that it will take substantial pressure off the NDIS system. If only one-third or 44,237 of the 4-to-17-year old's could be assisted to find appropriate alternative supports to the NDIS, when multiplied by the average per annum cost of each package or $78,000 (Gunn,2023) then the NDIS could save $3.45 billion/year.

The pilot program proposal includes the capacity for family peer navigators to utilise brokerage funds per child or young person ages 4 - 17, to assist their parents, carers, and kin to access psychiatric, pediatric, and/or allied health support which increases the prospects of parents, families, carers and their children or young person identifying alternatives and perhaps more appropriate supported outside the NDIS.

The recent NDIS Review (Commonwealth of Australia, 2023) identified the following:

- The lack of an early intervention approach is a missed opportunity to help participants maximise their quality of life.

- NDIS has not structured its processes or stewarded the provider market to support independence and personal recovery.

- For participants with highly complex needs, the NDIS is not providing intensive, coordinated assistance. This means participants are more likely to experience unnecessarily long stays in the hospital and receive inadequate support to transition and live in the community.

- Many participants have difficulty accessing mental health treatments. Availability and affordability are significant barriers to mental health treatments.

- Some people applying for the NDIS have not and will not receive timely mental health care.

- NDIS does not operate effectively with the broader mental health system and there are inequities in access to mental health services due to access and affordability barriers.

- There are major gaps in the provision of psychosocial support outside the NDIS. This results in avoidable severe psychosocial disabilities with long-term impacts for people with psychosocial disabilities and the NDIS.

The NDIS review (Commonwealth of Australia, 2023) has recommended reforms are needed to prioritise treatment for participants with psychosocial disability including early interventions to prevent and reduce the disability impacts of serious mental illness; and improving access to mental health services for participants more broadly. Extensive early intervention service navigation (outside the NDIS) can reduce focus on the NDIS as the ultimate support/service option for children and young people and their families.

8. Implications for the Better Access Initiative

The current primary care approach is struggling with the proportion of GPs reporting psychological factors as the main reason for presentation growing from 61% in 2017 to 72% in 2023 (Royal Australian College of GPs, 2023). GPs are reporting that over the past 3 to 4 years, patients are attending with more and more complex issues mainly due to poor mental health. This pilot program will assist GPs in their care of children, young people with moderate to severe mental health issues, and their parents, families, and carers. It is difficult and unnecessarily expensive for family members to navigate the mental health system, with very little information available 'about treatment, care and support' (Blackdog Institute, 2020, p. 17). Family members need to be better equipped.

In these times where the cost of living is significant and an ongoing issue, the pilot would include capacity for family peer navigators to utilise brokerage funds per child or young person ages 4 to 17, to assist their parents, carers, and kin to access psychiatric, pediatric and/or allied health support.

9. Point of Difference from Head to Health 'Kids Hubs'

While there is a move towards funding 'Kids Hubs' based as an expansion to the adult Head to Health Model, there are a limited number being funded. The model is expensive to roll out. In NSW $35.8 million will fund four hubs (NSW Government, 2023). The Family Peer-Based Psychosocial Services Pilot would not only complement Head to Health Kids Hubs but also offer lower cost capacity and better integrate Kids Hubs into regional service systems.

The Family Peer Services Navigators will be able to assist families, parents/carers, and kin together with their child or young person to access the kids' hubs where applicable. In addition, if the kid's hubs are at capacity or not based in the family's location, the Service Navigators will assist the child or young person and their parent/carers in identifying alternative support. The Service Navigator model is a lived experience peer-led service based on a community development model whereby navigators have localised knowledge of services and supports to build the capacity of families. Navigators may meet a family in their home, community center, local park, or school – an approach that could be integrated with local Kids Hubs to overcome barriers to equity of access.

Family Peer Service Navigators will essentially walk beside the family supporting them through their experience, building trust based on empathy and a deep understanding of the unique challenges. The model is built on self-determination, empowerment, and shared experiences. Navigators can build social capital by linking families to connections, networks, and relationships within the community. This can play a significant role in wellbeing as social and community networks have a role to play in reducing isolation and enhancing inclusiveness. Navigators can build trust and strengthen a family's connections with social and mental health services while improving mental health and wellbeing outcomes.

A Family Peer-Based Psychosocial Services Model aligns with community development in many ways, particularly in providing support and empowerment to families to address their needs and improve their quality of life. **The family peer navigation model aims to build supportive social networks within the community**. The importance of social connections, mutual support, and collective action in addressing local community needs is a pivotal part of the model. Family Peer Service Navigators will be a part of a local consortia of organisations that have enhanced the ability to collaborate with local community organisations, mental health providers, and relevant stakeholders to ensure families have access to a range of services. This collaborative approach aligns with community development. The model emphasises the importance of partnerships and collaboration in meeting community needs. **The navigators will improve access to appropriate support and services.**

The Family Peer Service Navigator will also engage in **advocacy** efforts that align with community development principles that emphasize the importance of advocacy, education, and raising awareness to address social issues and promote positive change. The navigator aims to assist families in navigating the mental health system and accessing appropriate support for their loved one. The Kids Hubs and Family Peer Service Navigation model have very different purposes. While the Kids Hubs offer a comprehensive approach to mental health care including assessment, early intervention, and ongoing support for children and young people, the Family Peer Navigator Service, on the other hand, is focused on providing guidance, information, and support to families and caregivers, empowering them to advocate for high-quality care within the mental health system.

Furthermore, the Kids Hubs focus on children ages 0-11/12 years of age with mild to moderate mental health issues whereas the Family Peer Service Navigators aim to support children and young people ages 4-17 years with moderate to complex mental health issues.

An overview of the Family Peer-Based Psychosocial Services Model is provided on pages 14-16.

# 10. Family Peer-Based Psychosocial Services Model

Multiple Referral Pathways

Promote heavily through social media channels, website sites, and networks. Referrals and promotion would come from a range of sources including:

- Self-referral from families
- Specialists, Allied Health professionals, Psychologists
- General Practitioners, hospitals, Community Mental Health Teams and Clinics, Pediatricians, and healthcare providers, government agencies
- Education- School teachers, School Counsellors, Principals
- Community, disability, and mental health services
- Childcare providers, Early Childhood Centres, preschools, child protection services
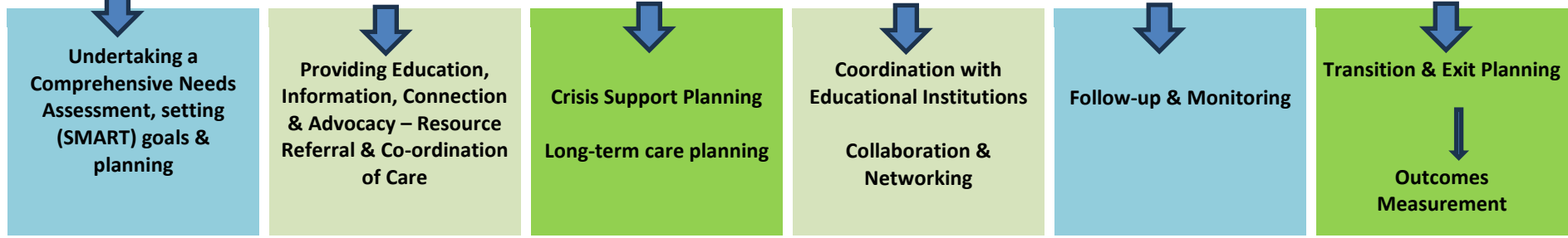- Workplaces, sporting clubs

Call to 1300 Phone Line or Web based Online Inquiry

- Number routed to enable local regional staff to take calls.
- Initial Assessment & information gathering.
- **Peer Family Services Navigator allocated based on outcome of initial assessment.**
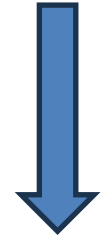
Role of Peer Family Service Navigator - *Lived experience, culturally competent, trauma-informed, with advocacy skills.*

Undertaking a Comprehensive Needs Assessment, setting (SMART) goals & planning	**Providing Education, Information, Connection & Advocacy – Resource Referral & Co-ordination of Care**	**Crisis Support Planning** **Long-term care planning**	**Coordination with Educational Institutions** **Collaboration & Networking**	**Follow-up & Monitoring**	**Transition & Exit Planning** **Outcomes Measurement**

Undertaking a Comprehensive Needs Assessment & Planning: To identify the needs of the family system, specific needs, challenges, service barriers, concerns, and goals of the family.

Families will be assisted to access the resources, education, tools, and support to achieve their identified goals.

The holistic assessment will be person-centered. This means the child/young person and family are at the centre of decisions that relate to their life.

Family Peer Service Navigators will learn about the family's strengths, needs, and aspirations, and about what has brought them to the service.

The family will be assisted in identifying and breaking down goals into a navigation plan with manageable and achievable steps and planning actions to achieve

Providing Education, Information, Connection, & Advocacy:
To support families with information about mental health conditions, available treatment options, support services, and community resources. This includes education about their rights and upskilling on how to navigate the mental health system.
Assisting with Resource Referral & Coordination of Care: Connecting children/young people and families with appropriate support services and resources based on their needs and goals. This includes referrals to a range of community and mental health services.

Family Peer Service Navigators will assist with overcoming barriers to services due to language, finances, childcare, stigma, cultural issues, etc. For example, assistance for parents and/or carers in communication and engagement of clinical and psychosocial support

Crisis Support Planning:
Service Navigators will connect the family with crisis hotlines, crisis services, mental health teams, psychiatric care, and hospitals. They will ensure families are supported in times of crisis during times of acute distress. This includes the role of GPs, how to obtain a mental health care plan, understanding private health insurance, how to access a psychiatrist, the difference between a psychiatrist and a psychologist, understanding the process for admissions to a hospital, etc.

Long-Term Care Planning:
Service navigators can assist families in developing long-term care plans for their children, including considerations for independent living, vocational support, and ongoing mental health management. Families might need assistance to future plan regarding understanding the

Coordination with Educational Institutions:
Family Peer Service Navigators will work with schools and educational institutions to ensure that children and adolescents with mental health challenges receive appropriate support, accommodations, and understanding within the educational setting.

Collaboration & Networking:
The Family Peer Service Navigators will have a local knowledge of services and regularly update the database. The local knowledge will result in collaboration with local services and a coordinated and holistic approach to mental health care.

Follow-up & Monitoring:
Navigation plans are put into action to achieve goals and progress is tracked. During this stage collaboration and communication is vital.

Family Peer Service Navigators will complete a navigation check-in form at the conclusion of each contact. The form will provide a record of the family navigation service plan progress and details of the day, time, type of contact, the purpose of the check-in, follow-up required etc.

Families will be monitored to see if they are receiving the support, they need to address any ongoing concerns or issues.

The review includes:

Identifying progress, achievements, changes in strengths and needs, and re-focusing goals. Identifying barriers to goals being achieved.

Transition & Exit Planning:
The planning includes recognising and celebrating achievements, identifying any support needed through the exit process, and providing advocacy and/or referral to other services as needed.

A closing assessment and discharge plan will be put in place.

them. The goals will be individualised with roadblocks, barriers, and contingency plans in place. Timeframes will be determined.

All contact with the family will be scheduled at days and times convenient to the family. Interactions will be solution-focused and task-centred. The family will define their own goals and aspirations.

The assessment will consider systems and domains in the family environment e.g., cultural considerations, educational and vocational needs, family community involvement/engagement, basic needs (housing, food security, etc), and family relationships.

regarding assessment and treatment, particularly about hospital stay and NDIS support packages. They may assist a family in asserting their rights and effectively communicate any concerns.

differences between Enduring Power Guardianship, Enduring Power of Attorney, and Advance Care Directives.

Reviewing risk assessments when circumstances change.
Ensure reviews are person-centred.
Begin planning for exit and transition.

Outcome Measures

11.Family Peer-Based Psychosocial Services - Outcome Measures

OUTCOME MEASURES					
REDUCTION IN HOSPITAL ADMISSIONS, RELIANCE ON NDIS & BETTER ACCESS.	**TIMELY EFFECTIVE ACCESS TO CARE & HIGH-QUALITY SERVICE NAVIGATION**	**IMPROVED SERVICE SYSTEM INTEGRATION & COORDINATION**	**INCREASED ACCESS & GEOGRAPHIC REACH**	**IMPROVED FAMILY WELL-BEING & FUNCTIONING**	**SUCCESSFUL TRANSITIONS & SCHOOL ENGAGEMENT**
Timely intervention will prevent the escalation of mental health concerns, reducing the need for emergency room visits and acute hospital admissions, which can be costly. Early intervention will result in improved mental health outcomes which will lead to less reliance on the NDIS and Better Access Initiative. Family Peer Service Navigators support families in developing a crisis support plan. This includes connecting families with crisis hotlines, crisis services, mental health teams, and psychiatric care, aiming to ensure that	Family Peer Service Navigators will facilitate timely and effective access to care and support services for children and young people with mental health issues. Measure the family's progress against goals and experience of service navigation.	Family Peer Service Navigators will collaborate and network with local services, resulting in a coordinated and holistic approach to mental health care. This integrated approach will lead to a more efficient use of resources and reduce duplication of services, ultimately contributing to cost savings. Service Navigation will enhance system integration and coordination –	The service will be accessible, and assistance provided to families and children/young people from diverse backgrounds and marginalized communities. Geographic reach will be achieved especially in regional and rural areas. Family Peer Service Navigators with localized knowledge will facilitate access to appropriate services.	Peer Family Service Navigators will support the families' mental health and well-being. Reduced distress for parents and/or carers, siblings, and children/ young people, through quality support, debriefing, proactive management, and a focus on early intervention. Family Peer Service Navigators empower parents/carers in advocacy and improve mental health literacy through education and	Better and more successful school transitions and support for the child or young person who has become unwell. Increased support through school liaison, and information gathering for the family during important school transitions.

families are supported during times of acute distress. By providing support to prevent crises, service navigation can potentially reduce the need for costly emergency interventions and hospitalisations.

particularly across health, mental health, and education systems.

Navigators will provide a central point of communication and engagement to ensure optimal care and coordination of services.

Navigators will support cohesion across the mental health continuum to reduce fragmentation, duplication, time delays, inappropriate treatment, and other barriers to effective support and care.

Monitor and identify actions required to manage health care. Navigators' direct children, young people, and their families to the right service, at the right time and in the right place.

Assess the program's ability to collect and utilise data for informed decision-making,

assisting parents/carers to better understand their child's mental health condition.

Family Peer Service Navigators empower families to advocate for high-quality care for their loved ones within the mental health system and the broader community. This empowerment can lead to improved services and more efficient use of resources, potentially resulting in cost savings over time.

Mental health issues can impact a family's financial income, including the ability of a parent/carer to maintain paid employment. Family relationships are also impacted.

There will be an increased likelihood of ongoing employment for parents/carers of children who have become unwell.

		program improvement, and the identification of areas for further development.		In every year of caring it is estimated that a carer will lose $39,600 in lifetime earnings and $17,700 in superannuation (Furnival & Cullen, 2022).	
KPIs: Children and young people have lower hospital admissions and Emergency Department presentations.	**KPIs:** A measure of the time taken from initial phone or web contact to accessing appropriate support from Peer Family Service Navigator. The time frame between phone or web contact and allocation to a Peer Family Service Navigator (benchmark 2-week wait). The efficiency of referral processes and the coordination of care will be measured through feedback surveys. Measure the goal plan and progress against the family's goals.	**KPIs:** Evidence of holistic, integrated, and coordinated treatment and recovery plan with Navigator to facilitate communication across primary, secondary, and tertiary care providers where appropriate. Feedback survey to measure satisfaction with the service. Conduct long-term follow-up assessment (24 months, 36 months) to determine the sustained impact of service navigation on families. This will include tracking outcomes over an extended period to	**KPIs:** Assess the project's ability to provide culturally competent, trauma-informed, and accessible support to families, children, and young people from diverse backgrounds, including marginalised communities. Demographic data to reflect regional ABS data and the diversity of communities.	**KPIs:** Personal Wellbeing Index (PWI) Tool to evaluate wellbeing. From a parent/carer perspective Including overall satisfaction with life. A question will be included in addition to assessing mental health literacy. Assess the extent to which service navigation empowers families and caregivers to effectively advocate for high-quality care, navigate the mental health system, and support the well-being of their loved ones. The Parent Empowerment and	**KPIs:** Evaluate the program's effectiveness in providing support for successful school transitions, educational accommodations, vocational guidance, and long-term planning for children and adolescents with mental health challenges. Data from the school includes attendance rates and grades. Evidence that children are engaged in, and benefiting from schooling. Children and young people make a successful transition from school to

| | Gain overall knowledge about what works for families. | assess the durability of the program's effects.

Evidence of continuous improvement.

Evaluating the extent to which service navigation contributes to improved integration and collaboration across the mental health, healthcare, and education systems. This can involve assessing the program's impact on reducing fragmentation, improving coordination, and enhancing communication among different service providers. | | Efficacy Measure (PEEM) will capture the program's impact on enhancing family resilience and empowerment. | further education, training, and work. |

REDUCTION IN HOSPITAL ADMISSIONS, LESS RELIANCE ON NDIS & BETTER ACCESS.	TIMELY EFFECTIVE ACCESS TO CARE & HIGH-QUALITY SERVICE NAVIGATION	IMPROVED SERVICE SYSTEM INTEGRATION & COORDINATION	INCREASED ACCESS & GEOGRAPHIC REACH	IMPROVED FAMILY WELL-BEING & FUNCTIONING	SUCCESSFUL TRANSITIONS & SCHOOL ENGAGEMENT
ECONOMIC COSTS **If only one-third or 44,237 of the 4-to-17-year olds** could be assisted to find appropriate alternative supports to the NDIS, when multiplied by the average per annum cost of each package or $78,000 then the NDIS could save $3.45 billion/year (NDIS, 2024). Between 2025-16 and 2019-20, overall CAMHS (Child and Adolescent Mental Health Service) expenditure increased by an average rate of 3.6%. Per capita expenditure increased at a higher rate than for any other subspeciality service. **CAMHS hospital admissions had a higher cost per patient**	There was a service navigation study in Baltimore that showed a cost saving of $17,780 per person. However, the study related to service navigation in substance abuse (Orme et al., 2022).			**ECONOMIC COSTS** Parents/carers with good mental health are more likely to be employed and less likely to be absent from work. According to KPMG mental ill-health costs the Australian economy $60 billion per year. The average cost of mental ill health for an employee is $3,200 and up to $5,600 for employees with a more severe illness. Source: KPMG (2018). Carers in Australia experience considerably poorer employment outcomes, with a 52.2%	**ECONOMIC COSTS** Based on the modeling of lifetime costs associated with early school leaving, the average lifetime fiscal cost to Australian governments or the taxpayer is $334,600 for each early leaver (at the 2014 net present value). Source: Lamb & Huo (2017).

day,shorter length of stay, higher readmission rate and lower rates of significant improvement.
CAMHS inpatient admissions had lower rates of significant improvement and higher 14 day readmission rates compared with any other ages.

Brazel M, Allison S, Bastiampillai T, Kisely SR, Looi JC. Child and Adolescent Mental Health Services in Australia: A descriptive analysis between 2015-16 and 2019-20. Australas Psychiatry. 2023 Aug;31(4):445-451. doi: 10.1177/10398562231165845. Epub 2023 Apr 6. PMID: 37026180; PMCID: PMC10466965.

employment-to-population ratio compared with 75.9% for people without caring responsibilities (ABS, 2018).

The National Mental Health Commission stated the cost of mental-ill health in Australia is around $4,000 per person (National Mental Health Commission, 2016).

There is evidence that the education of young carers can be severely disrupted, and their care giving role can have an impact on their involvement in work throughout their lives (ABS, 2018 & Hutchings et al., 2021).

12. Conclusion

The Family Peer-Based Psychosocial Services pilot program will empower families and carers by providing them with the necessary guidance, information, and support to navigate the fragmented mental health system effectively. This empowerment enables them to advocate for high-quality care for their loved ones, ensuring evidence-based, culturally appropriate, and suitable treatment for their individual needs.

The Australian Government Productivity Commission (2020) found that mental ill health costs the Australian economy $550-600M per day. Queensland and New South Wales share is 52.2% which equates to $287-$313M per day. At the midpoint of $300 M/day, the cost equates to $109.5 billion/year. Service Navigation is a practical solution that has a significant capacity to reduce the economic burden on the Australian community while addressing service fragmentation and the pressing social barriers and stigma surrounding mental illness that often prevent families from seeking help and accessing care and support services. By offering targeted information, emotional support, and assistance, peer service navigators help reduce the impact of stigma and facilitate access to timely and appropriate care and support services.

The service navigation model facilitates timely and effective navigation of the mental health, health, and education systems, leading to early intervention and treatment that can significantly improve outcomes for children and young people at risk or with a mental illness. It also addresses mental health concerns earlier, reducing the likelihood of acute distress and hospitalisation, while lowering emergency room visits.

By providing emotional support, debriefing, and information gathering for families, service navigation is expected to contribute to improved mental health, health and educational outcomes, higher quality of life, and better functioning for children and young people. Additionally, it supports the mental health and well-being of parents/carers, ultimately contributing to increased resilience and reduced distress within families.

It is anticipated that once the service is fully operational across QLD and NSW it could support up to 86400 children and young people/year together with their parents, families, and carers. The service is scalable. It has a blueprint, based on other like programs, to be rolled out across Australia.

In conclusion, the Family Peer-Based Psychosocial Services program empowers families, parents/carers, and kin together with their children and young persons with complex mental health issues to build their personal capacity and advocacy skills and make for themselves a less fragmented and more accessible connection to relevant mental health, health, and education supports and services. Peer service navigation plays a crucial role in children and young people receiving the support they need to begin to flourish again.

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