Submission No 25

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

Organisation: Lifeline Australia

Date Received: 28 August 2023

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Lifeline Australia Submission

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Executive Summary

Lifeline is the nation's largest suicide prevention service provider, with a history of over 60 years providing support at scale to Australians in distress. It is within this context that Lifeline Australia offers, on behalf of our organisation, perspectives on the equitable, accessible, and appropriate delivery of outpatient and community mental health care in NSW.

Off the back of concurrent and compounding stressors including the 2019 bushfires, the COVID-19 pandemic, and subsequent cost-of-living issues, NSW residents are reporting significant increases in levels of psychological distress (NSW Government, 2023). The ability of service providers including the Lifeline network to respond to this increase in demand is impacted by a range of challenges including those relating to workforce, including capacity as well as systemic issues relating to service integration. If such challenges go unmet, opportunities for service users to readily access appropriate and effective services - and to successfully navigate between them - can be compromised.

It is within that context that Lifeline Australia respectfully submits that strategic planning and investment is required to support equity of access to mental health services across NSW. Key opportunities for system enhancements include prioritising a mix of services, including both digital and face-to-face delivery, targeted interventions for people whose life experiences and societal factors make them more vulnerable to suicide, enhancing connections between support-lines and the broader mental health system, and workforce planning that includes volunteers. Only via the strategic delivery against such measures can NSW deliver a best practice mental health system: One that is responsive to service users' evolving needs and preferences. Lifeline Australia welcomes further discussion on issues covered in this submission, or any related matters.

About Lifeline

Operating for over 60 years, Lifeline is Australia's largest suicide prevention service provider, with a vision of an Australia free of suicide.

Lifeline has 18-member organisations. Together, these organisations form a network of 41 Lifeline Centres, operating in all states and territories.

Our network delivers digital services to Australian people in crisis wherever they might be, whenever they are needed and on the platform in which they are most comfortable accessing our support. Examples include Lifeline's 24/7 13 11 14 crisis telephone line; 24/7 Crisis Support Chat and Text service; a dedicated 24/7 disaster recovery support-line (13HELP); a 24/7 suicide Hot Spot Service targeting known suicide locations; 13 YARN, an Aboriginal and Torres Strait Islander 24/7 Crisis Support telephone service (13YARN), and a range of online self-help and referral resources.

Lifeline Centres also deliver accredited education and training programs focusing on suicide awareness and prevention and community-based suicide prevention initiatives, including upstream services (for example, financial counselling and legal services) and postvention services (for example, counselling, aftercare and bereavement groups) for those impacted by suicide. Importantly, Lifeline has the capability to refer between services operating across platforms and between digital and community services.

Lifeline's 16 Centers based in metropolitan and rural/regional NSW are pivotal in delivering both national and local services. The 1700,mostly volunteer, crisis supporters based within those Centres contribute significantly to the delivery of between 3000 and 4200voice, chat and text crisis support contacts offered daily from across the nation. And via a workforce of approximately 270FTE based within our NSW Centres a wide range of community services are delivered on a daily basis. Those services are tailored to meet immediate local community needs as regards suicide prevention but also - and importantly - are pivotal in building trust and connection between local NSW communities and Lifeline's broader range of service offerings.

Submission

a) equity of access to outpatient and community mental health services

One of the hallmarks of Lifeline's approach to service provision is to meet people where they are. Consistent with this, Lifeline Australia endorses the position that people experiencing mental ill-health and/or suicidality (including individuals, groups, and communities) should have equal access to appropriate services regardless of their social, economic or environmental conditions. Moreover, our view is that considerations of equity should include the individual's level of need as well as their preferences for mode of engagement. In particular, it is important to ensure equity of access to services for those whose experiences may have predisposed them to an increased risk of mental ill health and/or suicide: Access as regards priority groups is a key concern.

In that context, it is notable that Medicare Benefit Scheme rebatable mental health services are currently underutilized by a number of priority groups. Those include people living in very remote areas (whose utilization sits at 3% relative to the 11% utilization rates of those living in major cities and inner regional areas), and those who are most socioeconomically disadvantaged (8%) relative to those who are least disadvantaged (15%)(Australian Institute of Health and Welfare, 2023a).

By contrast, community services show relatively high levels of uptake by key priority groups. Data indicates that the highest rates of rates of community mental healthcare service utilisation are observed among those living in rural and regional areas compared to major cities (with a population adjusted rate of 38 and 16 patients per 1,000, respectively), Aboriginal and Torres Strait Islander peoples compared to non-Indigenous peoples (60 and 17 per 1,000, respectively), those in the highest quintile of economic disadvantage compared to the least disadvantaged (23.3 and 12.5 per 1,000, respectively)(Australian Institute of Health and Welfare, 2023c).

Whilst the reasons for the discrepancies between community and rebatable service uptake are multi-faceted (including, for example, the need to make gap payments, potentially long wait times, confusing referral pathways, service availability and accessibility, and an exclusively clinical approach as regards to rebatable services), relatively high levels of service uptake by priority groups nonetheless represents a key opportunity. Specifically, Lifeline Australia submits that community mental health services are well placed to play an enhanced role in providing whole-of-person and whole-of-community support to individuals who are unable or unwilling to engage with other services. And critically, with improvements to system navigability, community services can more effectively serve as an entry point to further support including services of a clinical nature. ***As such, Lifeline Australia respectfully submits that community services currently play a vital role in supporting accessibility for hard-to-reach groups, with the potential for such services to play an enhanced role into the future.***

b) navigation of outpatient and community mental health services from the perspectives of patients and carers

It is well recognised that lack of navigability of mental health services represents a key challenge. Both the Productivity Commission Inquiry into Mental Health (Productivity Commission, 2020) and Royal Commission into Victoria's Mental Health System (State of Victoria, 2021) identified that many people struggle to navigate the mental health system to find appropriate services and support. Those seeking services often do not know where to go for help, which eligibility criteria might apply (particularly regarding dual diagnosis), and/or which services are most appropriate for their needs. Layered onto this are further potential barriers including geographic location, accessibility requirements, timeframes, lack of continuity of care, and financial costs.

Lifeline Australia submits that one key mechanism to improving navigability for people requiring support is to strengthen linkages between support services. Enhancing the connection between services means that if a person initially approaches a service that it is not right for them, they are not turned away but rather are supported to access services that do fit their needs, including integrated community mental health and non-clinical psychosocial supports where required. For the purposes of continuity of care, this may include consistent follow-up processes involving the clinician with whom the individual has a pre-existing relationship. Importantly, making sure people get the support they need, when and how they need it, is important in encouraging and reinforcing future help-seeking behaviour (Seidler et al., 2020).

For those who have no place else to turn, or who have expended other options, support-line services can range anywhere from a low-barrier first point of entry to a last-resort option when seeking to enter the mental healthcare system. As a high proportion of callers to crisis support-lines report experiencing suicidal thoughts or behaviours (with estimates ranging from 34-47%), this initial call can be a lifesaving connection into longer-term support (Jacobsen et al., 2022; Turkington et al., 2020). Lifeline data suggests that approximately 65% of calls result in a referral to other mental health and support services. Acknowledging our vital role providing linkages to the mental health system, Lifeline Australia has invested heavily in implementing a new system to provide seamless, appropriate, and tailored referrals to help seekers.

On these bases, ***Lifeline Australia strongly endorses the critical role of support-lines in supporting people to navigate outpatient and community-health services and welcomes further collaboration to ensure the people of NSW and beyond can readily access treatment, care, and support that is tailored to their needs.*** Opportunities to enhance connections between support-lines and the broader mental health system include - but are not limited to - warm transfer protocols and procedures to other support-lines, appropriate in-person services, or emergency or crisis services, enhanced collaborative care for individuals with more complex mental health needs, and tailored support programs for people from priority groups, and those who use support-line services frequently.

c) capacity of State and other community mental health services, including in rural, regional and remote New South Wales

Capacity within State and other community health services is a significant issue particularly in the context of current trends in service uptake data: Ongoing social and emotional impacts of the COVID-19 pandemic, combined with concerns about climate change and the impact of rising cost of living have had a cumulative effect on NSW residents' mental health. Concerningly, recent estimates suggest that the proportion of adults in NSW experiencing psychological distress increased by 72 per cent between 2013 and 2021 (NSW Government, 2023). Simultaneously, a range of point-in-time and systemic issues are impacting upon the ability of service providers including Lifeline to effectively deliver services.

In the case of the former, data indicates that rates of volunteering declined from 36% of the population in 2019 to 26.7% in 2022 – amounting to a reduction of 1.86 million people in the potential volunteer workforce (Volunteering Australia, 2022). There is evidence that factors such as housing stress and the broader cost of living crisis have made participation in volunteering roles unviable for many (Volunteering Australia, 2022).

And as regards the latter, a range of systemic issues continue to prove challenging for service providers including members of the Lifeline network. Workforce shortages in various forms including workforce shortages, geographic distribution, and skill gaps, which are all exacerbated by short-term funding cycles.

All of these challenges are compounded in rural, regional, and remote areas, impacting the ability of services to attract, train and retain staff who have place-based knowledge and experience in supporting their communities. Strategic planning and investment are required to grow, strengthen, and support an appropriately skilled, flexible mental health workforce - including volunteers. To this end, ***Lifeline Australia recommends rapid uptake within NSW of the recommendations of the National Mental Health Workforce strategy once it is released, as well as consideration of the workforce-related recommendations from the Final Advice of the National Suicide Prevention Taskforce particularly as regards building the lived experience workforce.***

d) integration between physical and mental health services, and between mental health services and providers

Lifeline submits that providing integrated, whole-of-person care that addresses both an individual's mental health and physical health needs is fundamental to improving outcomes for the individual, those who care for them, and the broader community.

People experiencing mental ill health and/or suicidality often experience multiple and compounding challenges. Those include, amongst other examples, poor physical health and or/adverse health consequences from substance use. In cases where an individual is unable to access the health care and psychosocial supports they need, an escalation of health issues including reduced life expectancy

can result. In line with this and sadly, the mortality rate of people with a mental illness is 2.2 times that of the general population. This amounts to an average of 10 years of lost life per person, and sadly the gap appears to be increasing. (Walker et al., 2015).

Lifeline call data highlights the complexity of issues people often experience in crisis. Between July 2022 and 2023, 54% of people who contacted Lifeline were reported to be calling with more than one presenting issue. Top reasons for calling included family and relationships, mental health, and health and disability.

The frequency with which people contact Lifeline with complex issues highlights the need for the service ecosystem to underpin a holistic approach to the provision support. Consistent with the recommendations above, ***Lifeline Australia submits that the NSW mental health system would be greatly enhanced with increased integration between clinical and psychosocial services through a no wrong door approach with clear referral pathways within the mental health service ecosystem and beyond.***

e) Appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers

Lifeline Australia notes that typically, the mental health workforce is divided into three broad groups (Australian Institute of Health and Welfare, 2023b): One is specialist mental health workers including psychiatrists, mental health nurses and psychologists; two, is generalist workers including GPs, social workers, counsellors and – importantly - support line workers; and three, is lived experience workers. Of those groups, Lifeline's support-lines and community services typically are delivered via a range of generalist mental health workers and lived experience workers.

Particularly noting our geographically distributed network, Lifeline submits that maintaining our workforce is vital to ensuring enhanced and ongoing access to outpatient and community mental health services across NSW. The physical distribution of our Centres means that not only do our support-lines benefit from being delivered by people with a diverse array of experiences including those who live regionally, but also that Lifeline's community services can be offered across a diverse range of locations.

There are additional benefits for the people of NSW that arise from our geographically distributed model. Notably, there is evidence that amongst voice-based (13 11 14 support line) crisis supporters, approximately 27% identify as studying counselling, social work or psychology, and over 50% identify as having a work background in social services. And amongst text-based (crisis text) crisis supporters, approximately 16% identify as studying psychology, social or community services, and 32% identify as working in healthcare or social assistance. As such, Lifeline Australia submits that not only does our workforce support service provision for people experiencing mental ill health and/or suicidality across the State, but it also serves as an entry point and/or career opportunity through which mental health

workers can build a multi-faceted career from a range of rural, regional and metropolitan locations across the State.

Particularly noting the many benefits to the people of NSW of the distributed Lifeline workforce, we take the opportunity to identify two key challenges. The first is volunteer recruitment and retention: Lifeline Australia notes that in a post-pandemic environment of sharply declining volunteer numbers (Volunteering Australia, 2022), our organisation faces significant challenges ensuring sufficient highly trained crisis supporters are available to meet ongoing high levels of demand. The second is the issue of short-term service provision contracts typically administered by PHNs: The limited duration of funding poses significant challenges especially to smaller regional Centres attempting to attract and retain qualified personnel. ***Lifeline Australia respectfully submits that policy measures addressing both issues are important to ensuring ongoing accessibility for the people of NSW of a range of mental health and suicide prevention services.***

g) Benefits and risks of online and telehealth services

Nationally, the Lifeline network delivers a wide range of online and remote suicide prevention services. Those include everything from our recently launched Digital Support Toolkit, a low-barrier-to-entry service via which help seekers can browse anonymously through a range of self-support material (and be provided with referrals), to an online version of our 8-week closed group offering known as the Eclipse program, for people who have attempted suicide.

As a service provider whose flagship crisis support service was established more than 60 years ago via the then- relatively new technology of the telephone, and has expanded to include phone, text, and chat platforms, we are an organisation with a track record in embracing new technology as a means for broadening access to a wide range of service users.

Benefits of the Lifeline network's flexible approach to service delivery have been endorsed by deep engagement in more recent years with the Lifeline Lived Experience Advisory Group. Consultations with that group have clearly shown that help seeker preferences for modes of service engagement vary not only across individuals, but also within individuals over time. For those living in remote/rural areas, those living with a disability, people with social anxiety, younger people, or those experiencing a lack of safe, affordable and/or reliable transport, online services can sometimes be the only viable option.

Of course, the considerable benefits afforded by online service delivery must be weighed against risks. Key amongst those is the possibility that the efficiencies and scalability of online delivery may result in reduced support for face-to-face service offerings.

A further challenge relates to a relative paucity of information for frontline personnel delivering services within the online environment. Online group facilitators, for example, may be less able to see changes in facial expression or hear changes in tone of voice when delivering service online. Under some circumstances, an individual's safety may be compromised.

To mitigate the latter risk, Lifeline Australia submits that protocols be developed to support safe and effective migration to online service provision, including accredited training standards. In a key example relating to the Eclipse program, Lifeline has trialled a stepped approach to online service delivery: By stepping out the approach to online delivery and testing safety and risk mitigation

measures at each stage, we were able to build protocols to maximise the positive impacts of online delivery whilst minimising risk. Based on that experience Lifeline recommends the establishment of best practice guidelines for online service delivery, and that Government funding be contingent upon adherence to those guidelines.

In relation to the former risk, and noting again that preferences for mode of delivery (and therefore likelihood of engaging in help-seeking) vary widely, ***Lifeline Australia recommends the baseline policy position be to support a mix of online and face-to-face service offerings. In our view, only by exception should services for a particular geography be available exclusively online. Telehealth and online mental health services should complement and work alongside local mental health support services.***

h) accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

In one of the key contemporary, comprehensive pieces of policy advice in suicide prevention, the National Suicide Prevention Taskforce identified the importance of delivering targeted interventions for people whose life experiences and societal factors can make them more vulnerable to suicide. Those groups include - but are not limited to - Aboriginal and Torres Strait Islander peoples, people from the LGBTQIA+ community, and people from culturally and linguistically diverse backgrounds.

Lifeline Australia submits that the impact of targeted services is multi-faceted. Services such as Lifeline's 13 YARN support-line, designed and delivered by and for Aboriginal and Torres Strait Islander peoples provide an important model: Not only has the crisis support framework for 13 YARN been tailored to ensure safety once people do engage in help-seeking behaviours, but the service has also been designed to reduce barriers to engaging in the first place. The latter is achieved via a variety of mechanisms including that public engagement emphasises the fact that the service is led and delivered by Aboriginal and Torres Strait Islander personnel.

Whilst the need for tailored mental health and suicide prevention services has been well recognised, many gaps remain. In one example, the Victorian Royal Commission into Mental Health identified services for people from the LGBTQIA+ community who have attempted suicide as a gap. Lifeline Australia has also published work identifying the need for services to support people from CALD communities, including crisis support services for Mandarin speaking people..

Alongside the need for tailored service provision that meets the needs of priority populations, ***Lifeline Australia recognises the fundamental importance of creating a joined-up system with minimal fragmentation and duplication***. Here again, the 13 YARN service provides one useful model. By leveraging the infrastructure and IP of an established national service provider, paired with co-design and service leadership and delivery by Aboriginal and Torres Strait Islander personnel, the service has rapidly become a well-established and vital element of the NSW and national suicide prevention service ecosystem.

i) alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community, including but not limited to Police, Ambulance, Clinical, Early, Response (PACER)

Lifeline Australia recognises the key importance of this issue: There is a clear body of evidence indicating that people's experiences – positive or negative – with services during a mental health and/or suicidal crisis are predictive of future help-seeking behaviour (Gulliver et al., 2012; Seidler et al., 2020). Within that context, it is vital that measures are put in place to ensure that compassionate and connected responses are the baseline experience for service users.

It is unfortunately the case that emergency services personnel – who are typically tasked with responding to people in acute psychological distress - are sometimes ill-equipped to respond in such a way that is likely to promote future help-seeking behaviour. Police, for example, are typically trained to prioritise safety over welfare, and have only relatively recently benefited from greater access to training that supports their engagement around a mental health crisis. It is also still the case that safe spaces are a relatively rare referral option. More typically, individuals experiencing a crisis will be referred to hospital emergency departments. Noting that ED's are loud, busy places designed specifically for clinical service provision, such an environment sadly can be counterproductive for those experiencing acute psychological distress.

In the context of those issues, there has been a move internationally to consider alternative rapid response options to support people experiencing psychological crisis. Evidence of the efficacy of various models involving the Police (one based on responses led by Police with mental health training, the other on pairing mental health clinicians with Police as part of the response team) have yielded mixed results. In a review by (Marcus & Stergiopoulos, 2022), data supported a more positive experience of co-responder models than models based solely on Police responders, but the variability of non-Police based models made it difficult to compare outcomes. That said, Lifeline Australia is aware of an emerging and highly promising evidence base in association with non-Police based models such as Crisis Now in the USA.

Noting the mixed evidence within existing literature and particularly in the Australian context, Lifeline Australia has partnered with the University of New South Wales to deliver a project that is focused on supporting people in acute distress in public places. One element of that project is to articulate - specifically within the Australian context - best practice responses to people experiencing acute psychological distress. Whilst the aim is primarily to identify what the characteristics of a best practice response should be – as defined by input from the existing literature and from people with lived/living experience of suicide - inevitably the issue of personnel will also be covered. ***Lifeline Australia offers to share with the Inquiry, and Government, intelligence arising from that piece of work as it is delivered across the course of the coming 12 months.***

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