

Submission
No 43

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

Organisation: Barnardos Australia

Date Received: 5 September 2023

6 September 2023

Dr Amanda Cohn MLC,
Chair of Portfolio Committee No. 2 – Health,
NSW Legislative Council,
NSW Parliament House,
6 Macquarie Street,
Sydney NSW 2000

E: portfoliocommittee2@parliament.nsw.gov.au

Dear Dr Cohn

Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Barnardos Australia (Barnardos) thanks Portfolio Committee No. 2 – Health for the opportunity to provide a submission to its inquiry into and report on the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

Barnardos is a not-for-profit charity delivering children's social care programs and services to 15,000+ children and their families in the Australian Capital Territory (ACT) and New South Wales (NSW) each year, in addition to foster care and open adoption (the latter for non-Aboriginal children) for approximately 1,000 children and young people each year. We work in areas with significant Aboriginal populations such as Central Western NSW, the South Coast, Western Sydney, and Inner Sydney. For close to 100 years, we have been working together with children, young people, and families to break the cycle of disadvantage, and create safe, nurturing and stable homes, connected to family and community.

We strongly welcome the focus on accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disabilities in Terms of Reference (h). We believe it is essential to listen to the voices of children and young people from underrepresented groups with lived experience of the barriers to and motivations for accessing outpatient and community mental health care services. Their expertise should shape the service system and delivery to enhance access and equity.

Barnardos' submission has been directly prepared by four of our most highly experienced managers and caseworkers (Mark Hoare, Hayley Lambourn, Vik Craig, and Chantelle Fletcher), who work in the area of youth mental health (among other areas) in both Metropolitan Sydney and Western NSW. We strongly commend their specific expertise to the current inquiry and

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would be pleased to have the opportunity for them to provide more detailed verbal feedback directly to the Committee.

Barnardos would also be pleased to convene local engagement and consultation with young people by facilitating input from young people in our youth services who have been or are in contact with outpatient and community mental health care services and who are experiencing multiple types of vulnerability if suitable to the current inquiry.

Thank you once again for the opportunity to provide this written submission, and please contact Dr Robert Urquhart, Head of Knowledge, Outcomes & Research on

should you require further information on our feedback. Noting that Dr Urquhart is currently attending an overseas conference, that should he not respond immediately then an alternative contact is Catherine Turner, Engagement and Giving

Yours sincerely

Deirdre Cheers
Chief Executive Officer
Barnardos Australia

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into equity, accessibility
and appropriate delivery
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**Barnardos
Australia**

About us

Thank you for the opportunity to make a submission to the inquiry about this important issue. Barnardos Australia's submission has been directly prepared by four of our most highly experienced managers and caseworkers (Mark Hoare, Hayley Lambourn, Vik Craig, and Chantelle Fletcher), who work in the area of youth mental health (among other areas) in both Metropolitan Sydney and Western NSW. We strongly commend their specific expertise to the current inquiry and would be pleased to have the opportunity for them to provide more detailed verbal feedback directly to the Committee.

Name	Position and location
Vik Craig	Program Manager, Sydney Youth Services, Belmore, and Marrickville NSW
Chantelle Fletcher	Senior Caseworker, Reconnect Program, Belmore, and Marrickville NSW
Mark Hoare	Program Manager, Mudgee NSW
Hayley Lambourn	Reconnect Caseworker, Wellington NSW

Terms of reference

This submission will focus on barriers to mental health access for young people (typically 12 – 18 years). These insights have been gained through Barnardos' work in delivering youth programs across NSW.

Specifically, this submission offers insights into the following Terms of Reference

- Equity of access to outpatient mental health services.
- Navigation of outpatient and community mental health services from the perspective of patients and carers.
- Capacity of State and other community mental health services including regional and remote NSW.
- Appropriate and efficient allocation of mental health care worker, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers.
- Benefits and risks of online and telehealth services.
- Accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with a disability.

Gaps in access to mental health treatment for young people

Barnardos Australia is not a mental health service provider. However, we work with young people who are experiencing mental health challenges. Our role as practitioners is two-fold. First, we develop a strong rapport with our young clients so that we can best understand their needs and provide support. Second, we connect them to specialist services and assist with transporting them to those services. We support young people facing issues, including homelessness, alcohol and drug use, family violence, relationship issues and self-confidence. All these issues have a mental health component, and many of our young people would benefit from better access to professional mental health services.

The barriers to mental health access for our young people include:

- The placement of responsibility on the young person to navigate the mental health system.
- Financial barriers.
- Cultural barriers where families of young people don't recognise mental health issues.
- Limited eligibility criteria of services: young people with certain presentations are unable to access services.
- Location of services and lack of transport for rural clients.
- Absence of safe services for gender diverse young people in rural areas.
- No continuum of care between services.
- Waiting lists and the window of opportunity.

Placing responsibility on young people to navigate the mental health system

For so many young people struggling with their mental health, attending appointments in clinical environments is not an effective way of delivering treatment. Without the support of youth workers to engage with, many of our clients would not attend appointments or access treatments.

Young people need support in their own space, where they feel comfortable to disclose their situation to someone they trust. To build an effective mental health response for young people, it is critical that the responsibility for accessing care is placed on the system and not the young client. As youth workers and program managers, we work to ensure young people needing support are connected with mental health services. However, the youth services currently available are not meeting the needs of young people.

Many of our clients are referred from schools who are struggling to manage behavioural issues. The absence of school counsellors and mental health professionals that work within schools, particularly in rural and regional areas, represents a significant missed opportunity for early intervention mental health support. While many of our programs were created to support young people at an early intervention level, we regularly receive referrals for young people who are in crisis.

Financial and cultural barriers

The young people in our services are almost universally unable to afford fee for service practitioners. The availability of free mental health services is essential for this cohort who are either studying or in low paid part-time work. In most cases their families are also unable or unwilling to assist with the financial cost. Additionally, in the culturally diverse Canterbury Bankstown area we have encountered many families that simply do not recognise, understand, or believe in mental health as a concept. Young people from these families are forced access mental health treatment in secret, without the knowledge of their families. In many cases young people are also seeking mental health services to deal with issues at home that they are unable to discuss with their parents or carers. It is vital that young people have access to mental health services independently of their parents and carers.

Limited eligibility criteria of services

Many young people benefit from receiving services from Headspace. However, there are a significant number of young people who come to Barnardos who do not fit the eligibility criteria for this service. Young people are often referred to Barnardos services when the state of their mental health has declined beyond the early intervention stage. Referrals to Headspace are frequently declined because the young person is no longer considered eligible for early intervention. Headspace centers generally decline referrals for young people who are self-harming, experiencing suicidal ideation, are victims of sexual assault or are experiencing eating disorders.

While these clients are considered too complex for Headspace they are often considered not-complex-enough for services like the NSW Government's Child and Adolescent Mental Health Services (CAMHS). When referrals are declined from both these services there are few other options for young people.

As social workers we continue to support these young people in the absence of accessible mental health services, however, we are not mental health practitioners. This can leave many young people in a cycle where they are repeatedly entering hospital emergency services for crisis treatment.

Case Study: Emma 16-year-old client of Chantelle Fletcher

(Name of client changed for privacy)

Chantelle: In August 2023 I made eight referrals for young people to the Ashfield Headspace Centre. All eight of these referrals were declined because they were not considered to fit the criteria for 'early intervention'. One of these clients, 'Emma,' was particularly vulnerable at the time, and I was concerned that she needed urgent support. I called Ashfield Headspace to discuss the referral with them, to see if they could make an exception. They agreed to see Emma but there were no appointments available for the next week. Emma was self-harming by cutting herself regularly. She was not experiencing suicidal ideation at the time of the referral, but she would cut herself all over her body (including her face) multiple times a day.

As we waited for the appointment the following week, I could see the situation with Emma was escalating. One day, she turned up at the youth centre and told me she wanted to kill herself. I called an ambulance. Emma waited in the Emergency department for an assessment. She was seen the following morning by a psychiatrist. By this time, Emma had given up on the promise of professional mental health support. She knew how to answer the psychiatrists' questions so that she would be discharged. This pattern – where she was admitted to emergency - was repeated several times. On one occasion, I waited 8 hours with Emma in emergency before she was properly assessed. After she was discharged, I spoke with the resident psychiatrist about this pattern of hospital admissions. The psychiatrist admitted to me that nothing else could be done and Emma should present to Emergency again next time she was experiencing suicidal ideation.

For these young people sitting in the service gaps, diagnosis is also out of reach. This can present ongoing barriers in receiving appropriate treatment.

Location of services and transport

For young people in rural and regional areas, services may not be available locally and transport to bigger towns and centres is inadequate. Community transport programs are available but many of the volunteers who run the transport services feel uncomfortable transporting a young person with a mental health condition.

At times, we have been able to engage practitioners to travel to towns to see clients on an ad hoc basis. For example, a sexual assault therapist travelled from Dubbo on a fortnightly basis to provide therapy for several young people at our Wellington centre. This practitioner was able to support young people recovering from assault. However, for young people who had not experienced sexual assault, their opportunities to engage with a mental health professional remained limited.

Across the NSW Central West, Bloomfield in Orange remains one of the only residential mental health service centres available to young people. At times, members of our teams in the Central West will take a day to transport a young person to the facility. The long waiting lists mean that clients are often discharged with short notice and no transport options to return home. Follow up from this facility is

often done over the phone. For young people recovering from serious mental health problems, this is inadequate, and clients often relapse.

For gender diverse young people, there are very few opportunities for safe mental health care in the Central West. Many mental health professionals lack training in this area and there are very few services available for these criteria. Several clients in the Mudgee area between the age of 12 and 16 have seen local counsellors only to be told that they are too young to be questioning their gender orientation and should return in a few years. This is not safe care for young people experiencing gender dysphoria.

In terms of telehealth services, the internet is unreliable in many parts of the Central and Far West NSW. Where internet connection is reliable, this type of delivery can still pose a risk where young people who are experiencing significant mental distress are left alone on the other side of the telehealth consultation.

No continuum of care

The siloed structure of the mental health system means that many young people who are accessing services can still struggle to make a recovery. Young people are forced to re-tell their story to new services many times as they move across different services. This often results in them discontinuing their mental health treatment journey.

Barnardos Australia, has a 'no wrong door' policy where young people seeking help are never turned away. As trained youth workers and related practitioners, we focus on building a strong relationship with young people in our service and walk with them every step of the way in their journey. As mentioned above, this often means working with them when no other service will. The trust we build with our clients means they feel comfortable disclosing their experiences to us. Where we can connect them with mental health services, we will often attend the centre with them to ensure they have all the support they need and feel comfortable attending appointments. For young people struggling with mental health, it is rare that they will access these services on their own. Additionally, young people will often not disclose the details of their situation to new mental health professionals. As a result, significant issues like sexual assault and domestic violence are missed during treatment.

Waitlists and the window of opportunity

Waiting lists for mental health services that we refer clients to (such as Headspace, YouthBlock and CAMHS) are often so long that we miss the opportunity to improve a young person's mental health before it becomes a crisis. Although the wait time has improved since the lockdowns of 2020-21, accessing these services can still involve a wait of up to 6 months. We have seen young people in our services present to hospital emergency departments multiple times while they are on the waitlist for mental health care.