Submission No 45

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

Organisation: SSI

Date Received: 5 September 2023

For equality of life.

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

Background

SSI was founded in Sydney in 2000 with the aim of helping newly arrived refugees settle in Australia. Over time, our expertise in working with people from diverse cultural and linguistic (CALD) backgrounds served as the foundation for a gradual expansion into other social services and geographical areas including Queensland and Victoria.

In the area of settlement, SSI is the major provider in NSW of the Humanitarian Settlement Program, funded by the Department of Home Affairs, to refugees and other humanitarian entrants. SSI is also the lead organisation in a consortium, the NSW Settlement Partnership, of 21 partner agencies which deliver the Settlement Engagement and Transition Support program, also funded by the Department of Home Affairs, to refugees and eligible family stream migrants across NSW.

SSI also delivers the Status Resolution Support Services (SRSS) program, funded by the Department of Home Affairs, delivering critical support to people seeking asylum in NSW and in all other jurisdictions.

In FY2022, SSI supported nearly 50,000 clients across more than 49 programs and community-based services. We are also a leading provider of evidence-based insights into the social sector and are known as an organisation that can reach communities considered by many to be hard to reach.

SSI is well-placed to comment on this Inquiry given that the client cohorts that access our services include children and young people in out-of-home care, refugees, people with disability and newly arrived refugees.

Our submission is centred on three case studies that highlight critical issues in the area of outpatient and community mental health care in NSW.

SSI would welcome the opportunity to give evidence to this Inquiry to provide insights into the challenges and potential solutions for improving outpatient and community mental health care in NSW.

Case Study 1 **Complexity in navigating access to limited community mental health services**	
Participant Background	
Current impact The issues they are currently facing in accessing mental health support	**Case Coordination:** Initially accepted onto the SRSS program due to her practical needs (i.e housing, health care) and her mental health needs. Multiple NGO service involvement; cognitive assessment completed by NSW Refugee Health Service. Client was often confused by who was doing what. Unable to access psychiatric support as few psychiatrists offering service and many have either long waiting list or have closed their books – even when NSW Refugee Health Service offered to cover the cost. **Access to secondary MH services:** Inability to access mental health support – including community MH or psychiatrist – due to services only seeing clients when they were suicidal. The complexity of her presentation was beyond the skills and capability of NGO's who were providing support. **Community Support for clients with complex MH needs:** The client would attempt to get support from bulk-billing GPs – each would prescribe medication for her – she carried the medications in a bag and randomly took pills for different things (they included antibiotics, pin medicines, antidepressants etc). **Lack of Assertive Outreach Services:** Accessing services that required her to travel meant that she often did not show up for appointments, or incidents would happen along the way that would mean services would get called by NSW Ambulance or NSW Police.
Future impact How the current way that outpatient and community mental health	**Reliance on tertiary services**: Continual crisis admissions and access to different psychiatric registrars did not help in the diagnosis and treatment of someone with a complex presentation such as Dissociate Identity Disorder. **Risk of hurting self or others.** The client's multiple attempts and emotional outbursts could easily have resulted in injuries to herself or to members of the community including NSW Ambulance and Police.

operates will impact them in the future	**Lack of access to specialist in treatment of complex presentations due to services being office bound and lack expertise in working with clients from CALD backgrounds.** – Lack of evidence-based, culturally responsive and assertive outreach to clients who are recent migrants, refugees or asylum seekers **Outcome:** **Continual crisis admissions**. Client is unable to work due to unstable mental health care, has limited friends and supports due to unstable mental health and is struggling to find stable accommodation.
Options for improved equity and response of outpatient and community mental health services in response to case study	• **Development of service model as that includes assertive outreach** • **Training for MH service providers in working in culturally responsive way.** • **Access to services that prevent crisis rather than only in crisis**

Case Study 2 **Access to mental health Services for new migrants or refugees in the LGBTIQ+ community**	
Participant Background	
Current impact The issues they are currently facing in accessing mental health support	**Access to transgender inclusive and culturally appropriate mental health services** Service access for culturally appropriate mental health support is limited; and is more limited for transgender clients. This is exacerbated in areas out of the city. Reluctance to use interpreters as feel unable to disclose information about their gender identity for fear of abuse etc, **Limited knowledge by settlement case workers or mental health services of transgender responsive services.**

	Services do not feel physically safe or trauma-informed for transgender clients from culturally diverse backgrounds. I.e. being asked gender in crowed waiting room in triage; having to use 'dead' name on identify cards – which is then repeated on wrist labels and files.
Future impact How the current way that outpatient and community mental health operates will impact them in the future	**Service Access:** Extreme reluctance to utilise services unless in crisis Untreated MH and physical health due to avoidance of services.
Options for improved equity and response of outpatient and community mental health services in response to case study	• **Improved MH services for clients that are CALD and LGTBIQ+** • **Access to services that prevent crisis rather than only in crisis**

Case Study 3 **Experience of children and their families of mental health services**	
Participant Background	
Current impact The issues they are currently facing in accessing mental health support	**Service Involvement –** a number of NGOs and settlement organisations were involved with the family. NSW Refugee Health Service provided support which ensured that the family's physical health needs were met. Mental health services were engaged but had only seen Johnny once on their first home visit. He had not attended any appointments in their community health centre – as mum was unable to get him to the appointment (due to the distance from their home and his reluctance to leave the home). **No ongoing support:** Mental health services then informed the family that they were pulling out as too many other services were involved – but the family were unable to attend any of the other referral options and no

	service was able to conduct a comprehensive mental health assessment to determine needs – including whether Johnny might be eligible for the NDIS. **Family services**: No service provided family support in the home to help address the mental health needs of the child and the impacts on the family
Future impact How the current way that outpatient and community mental health operates will impact them in the future	**Poor service coordination** leads to ongoing deterioration in mental health support for high-needs child. School unable to provide support as young person does not attend school. **Complete disengagement from education, school failure and risk of homelessness for the family.** Young person is not able to benefit from school attendance with long-term impacts on future employment and quality of life. – Mental health continues to deteriorate. Possibility of eviction due to property damage caused by young person. **Ongoing impact on family** and siblings due to witnessing level of distress of their brother and stress that the situation caused the family.
Options for improved equity and response of outpatient and community mental health services in NSW in response to Case Study	• **Improved case coordination – need for navigators that are trained to work with CALD families** • **Multiple points of entry for families that have MH concerns – include school based clinics** • **Assertive outreach available for families with high needs**

Should the Committee require further information please contact Justine Harris, Head of Practice Management, SSI

Yours sincerely

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