Submission No 60

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

Organisation: One Door Mental Health

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Upper House Inquiry into Community Mental Health Services

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One DOOR Mental Health

About One Door Mental Health

One Door Mental Health (One Door) is a leading provider of specialised mental health services. Our multidisciplinary teams deliver a range of person-centred and peer-supported programs to people living with mild to significant mental health concerns across metropolitan and regional NSW. In the year ending June 2022, we provided support to over 13,500 individuals across 45 locations, including prevention, early intervention, psychosocial, clinical, and carer support services for adults and young people.

We are a registered charity, working across various sectors, funding streams, and policy frameworks. We deliver Commonwealth and State-funded programs, building collaborative relationships with providers, funders, individuals, and communities. As a registered NDIS provider, we deliver psychosocial disability supports and support coordination. Our approach is recovery-oriented and trauma-informed, and our vision of a world in which people with a mental illness are valued and treated as equals is at the heart of everything we do.

One Door is a founding member of the Australian Psychosocial Alliance (APA). The Alliance is made up of the largest specialist providers of community managed mental health and wellbeing services in Australia. APA member organisations operate in rural, regional and metropolitan areas across all Australian States and Territories. Through our advocacy work we ensure that the experiences, perspectives, and expertise of the people we support are amplified, creating influential and meaningful change, and leading to systemic policy reform in the sector.

Supporting Evidence

One Door supports and recommends to the Upper House Inquiry a number of reports that have been provided to both Federal and State Governments to improve the service system for those in the community living with mental health concerns and their families. This includes:

- The Productivity Commission Mental Health Inquiry Report
- Community Managed Mental Health Incoming Government Brief - Mental Health Coordinating Council
- The NSW mental health care system on the brink: Evidence from the frontline - NSW Branch of the Royal Australian New Zealand College of Psychiatrists

We assert that investment in the recommendations from these reports would make a significant difference for improving the equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW.

In preparing this submission, we have drawn not only on our extensive experience as a community-managed mental health provider, but the words and experiences of people living with a mental health challenges and their carers and loved ones. This submission addresses all the Terms of Reference of the Inquiry.

1. Equity of access to outpatient/community mental health services

There are existing challenges in NSW, depending on where you live, for people living with mental health challenges to access community mental health services. Government mental health services have narrowed the entry criteria due to being under resourced to manage the demands in the system. This has meant that there are gaps for the community in adequate and specialised mental health services. Our carers experience that if you are already in the mental health system, access to specialist mental health is there; if you are new, services are not receptive. In addition to this,

crisis and emergency care through the hospital's emergency system is stigmatising and poor. Mental health is not prioritised in the triage system of the emergency departments.

It has been observed in a number of inquiries, including the Productivity Commission Mental Health Inquiry Report, that there is a gap in services for people with severe and persistent mental illness who do not access NDIS ("the missing middle"). NSW must work with other State and Territories and the Australian Government to address the gap in psychosocial support services outside the NDIS, as required by the National Mental Health and Suicide Prevention Agreement.

There are limited supportive housing options for people living with mental health challenges. Whilst HASI and CLS has brought some people who have existing homes effective psychosocial supports to their existing homes, more needs to be provided for new, recovery oriented and trauma informed housing, such as Haven Housing from Mind Australia. The NSW Government has made an election promise to deliver 3 Haven Housing sites in NSW. Our recommendations would be to increase these given the need from people living with complex mental ill health in NSW. Overseas models should also be considered such as Soteria program (example) where specialist and psychosocial supports are provided in the accommodation.

One Door supports a truly integrated mental health system that provides access to the right treatment at the right time by the right people. NSW has a wealth of community managed organisations (CMOs) providing not only psychosocial supports but also clinical services. More needs to be done by the NSW government to ensure government and non-government services are integrated and the pathways to appropriate care is available and accessible to the public.

2. The navigation of outpatient and community mental health service from the perspectives of consumers and carers

One Door Carer Reference Group described the navigation of the mental health system as confusing, frustrating, and not easily accessed. They stated that they needed to become "experts" themselves to navigate the changing environment of the mental health system. They reported delays in the existing 1800# NSW Mental Health Intake line being answered and then the response is not always what is required. Improvement in the centralised mental health line is recommended, including improved mental health training for staff.

The Family and Carer Mental Health Program (funded by NSW Ministry of Health) has provided carers a resource for understanding how to navigate the mental health system. We would recommend a further investment in this to support carers, especially in rural and regional areas. One Door operates the Family and Carer Mental Health Program (FCMHP) across 5 Local Health Districts (LHDs), and we have seen significant benefit for carers and their loved ones and families through the support and education provided.

We would also recommend alternatives to hospital for emergency mental health support. All too often the Emergency Department is used as a mental health navigation tool, with poor outcomes. The introduction of Safe Havens has been welcomed in NSW, however there is some refinement needed in this model. For example, some Safe Havens have not been located near enough to hospital services which has posed a problem when there is a deterioration of a person's mental health and they need more specialised mental health support. Within both emergency and inpatient settings, our Carer Reference Group spoke about the importance of providing a safe environment for people experiencing mental distress and people who have an intellectual disability. They noted

that it is sometimes more appropriate to separate people experiencing drug-related mental health issues from other mental health patients to increase safety.

Partners In Recovery (PiR) was a federally funded service that existed before the NDIS. PiR focused on care coordination, improved referral pathways, strengthening partnerships with existing services, and embedding a community based recovery model of support and service delivery throughout the mental health and related sectors. Evidence demonstrated PiR's effectiveness in supporting people in navigating the system. One Door would recommend a similar funded service by the NSW Government in supporting the navigation of the community mental health system. Head to Health centres offer an accessible entry point and warm referral pathway to accessing services, however they are not designed for ongoing care coordination.

A lack of integration of services across the mental health sector not only presents a significant challenge to service navigation, but consistent feedback from the people we support reflects that the need to repeatedly "tell their story" as they travel through the mental health system has negative impact on their recovery.

3. The capacity of State and other community mental health services, including in rural, regional and remote NSW

One Door's presence extends to regional locations in New South Wales, where we acknowledge the significant impact of workforce challenges. These issues have resulted in substantial gaps in staffing within government mental health services, and similar workforce challenges are evident among Community Managed Organisations (CMOs). To effectively address these shortages and ensure that mental health services reach rural and remote areas, it is imperative to allocate appropriate funding to support these programs. Initiatives that encourage and support mental health professionals to base themselves in rural/remote areas were suggested by our Carer Consultative Committee.

Furthermore, LHDs in these regions often have limited capacity compared to their metropolitan counterparts, leading to increased reliance on law enforcement agencies for mental health responses. Collaborative efforts are needed to bolster both workforce resources and infrastructure in these underserved regions to provide the necessary care and support for individuals experiencing mental health challenges.

4. The integration between physical and mental health services, and between mental health services and providers

As previously mentioned, there remains a lack of integration within the service system, and there is a pressing need for improvement in this regard. The Productivity Commission has extensively addressed issues related to system design and reform.

The separation of these two facets of healthcare often hinders the holistic recovery of individuals. Equally Well Australia has been a prominent advocate for bridging this divide and promoting best practices. Valuable recommendations for enhancing integration can be found on their website, serving as a valuable resource for those seeking to improve the coordination of physical and mental health services.

One Door has experienced success in improving the integration of mental health and physical health services for people living with complex and enduring mental ill-health through our Primary Integrated Care Supports (PICS) program. PICS staff are co-located in GP clinics, providing

pathways to holistic care and collaboration between professionals. This is a similar model to the "one stop shop" approach utilised by headspace for youth mental health supports, where the 4 elements of mental health, physical and sexual health, alcohol and other drugs, and employment and vocational support, are all considered and available onsite.

5. The appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers.

Appropriate and efficient allocation of mental health professionals has important implications for equity, accessibility and appropriate delivery of outpatient and community mental health care.

Funding models that support a sustainable, consistent workforce in the community mental health sector should be priortised. Organisations often have institutional memory and expertise that complements the mainstream mental health system, however this can be lost due to short-term funding contracts and the resulting workforce turnover. Recommendations from the Community Managed Mental Health Incoming Government Brief (Mental Health Coordinating Council) to address this included:

- providing CMOs with rolling five year contracts based on ongoing review and achievement of objectives.
- considering stable, dedicated form of additional funding for the NSW mental health system (e.g., through a mental health surcharge similar to the payroll levy introduced in Victoria and Queensland).
- providing adequate indexation that responds to the impact of inflation on services and salaries for CMOs.

Greater and more equitable access to clinical supports outside of Local Health District (LHD) setting needs to be considered. This includes addressing affordability of psychiatrists and psychologists, including specialist services (e.g. child psychiatry). While schemes such as the Better Access initiative provide a pathway to these supports, they often do not provide adequate, ongoing care required by people living with long-term mental ill health. Incentivising specialists, such as psychiatrists, to provide bulk-billing services may help address the prohibitive costs associated with accessing care.

The crucial role of peer workers in every aspect of care cannot be overstated. Peer workers have unique and first-hand insights, knowledge, and expertise to support a person's recovery journey. At One Door, peer workers are integrated into our multidisciplinary teams, using their own experiences and understanding of mental health recovery and carer journeys alongside their formal qualifications, contributing to measurable and positive outcomes for the people we support. An example of this is our PICS program, where peer workers work alongside credentialled mental health nurses to support people living with severe and complex mental illness in a community setting. Effective utilisation of peer workers is described in the National Lived Experience (Peer) Workforce Development Guidelines – National Mental Health Commission.

6. The use of Community Treatment Orders

Perception of Community Treatment Orders (CTOs) varies. While some perceptions are negative, a CTO can often provide direct and more immediate access to mental health treatment, avoiding the challenges faced by those without a CTO when requiring these supports. Carers from our Reference Group stated that they felt reassured when the person they supported had a CTO in

place, as it provided “guaranteed access to mental health services they need”, preventing the ‘revolving door’ of inpatient admissions and treatment.

7. The benefits and risks of online and telehealth services

One Door is supportive of online and telehealth services when used judiciously and in tandem with face-to-face supports. We provide the Telephone Referral Information Service (TRIS) which has provided tele-support options for people across NSW. Providing options for how people engage can improve accessibility, including increased access to support that may be unavailable otherwise, e.g., people in rural/remote regions, and people with limited availability to travel to appointments during business hours.

However there is significant risk in relying on these services to replace in-person supports, particularly for people who are already isolated. Connecting people with their communities, and the people, places, and things that matter to them, should be a priority.

In a mental health setting, it is also important to recognise that a person’s situation or illness may prevent them from utilising these services. During the COVID-19 pandemic, One Door observed poor digital literacy and lack of access to devices of many people living with mental health concerns in the community. Experiences such as psychosis may also make people mistrustful of digital devices. Providing equitable access to devices and promoting learning opportunities to improve digital skills and safety, should be prioritised when online/telehealth services are utilised.

8. The accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse, LGBTQIA+ people, young people, and people with disability

Community-based mental health services must be appropriate in their local context. One Door ensures that our programs are provided in a culturally and psychologically safe and inclusive environment, by engaging with local communities through key community organisations and leaders of influence. Multilingual and culturally diverse staff, including First Nations staff, are actively recruited, particularly those representing local population groups. Inclusion training (disability, LGBTQIA+, age-based) and cultural awareness training, anti-discrimination policies, and strategic documents such as Reconciliation Action Plans (RAPs) should provide a framework for delivering services that are welcoming to all.

In addition, mental health services should be person-led, trauma-informed, and recovery-oriented. Recovery-Oriented Practice (ROP) is well described in A national framework for recovery-oriented mental health services: A guide for practitioners and providers (Department of Health).

9. Alternatives to police for emergency responses to people experiencing acute mental distress, including but not limited to Police, Ambulance, Clinical, Response (PACER)

The NSW Law Enforcement Conduct Commission’s report Five Years of Independent Monitoring of NSW Police Force Critical Incident Investigations (released 22 May 2023) included the finding that a substantial number of people who die or are seriously injured in critical incidents are experiencing a mental health episode. The report provided numerous recommendations, including urging NSW Police to urgently increase training for officers, so that officers are better able to respond and help people in a mental health crisis. The Commission also supported expanding the Police Ambulance Clinician Early Response Program (PACER).

Carers from our Reference Group, including parents of adult children with severe and complex mental health concerns who have been involved with the Police, expressed their fear that officers are “shooting to kill” rather than employing alternative methods to de-escalate situations involving people in mental

distress. They respected and appreciated that Police often need to make split-second decisions for the safety of themselves and others, however they felt that more could be done to protect people who are vulnerable.

In addition to increased training, they suggested increasing the number of officers in each Local Command who are accredited as specialist Mental Health Intervention Officers by the NSW Police Mental Health Intervention Team (MHIT). They also suggested greater collaboration between Police and mental health services (including LHDs and CMOs) to provide support to people living with mental health concerns, rather than relying on the judicial system as a deterrent or punishment (which in their experience has been ineffective approach). While respecting privacy laws, they also suggested that Police keep, or have access to, records that would help them identify if a person has a history of mental ill-health or has been involved in a similar situation with Police in the past. This may help Police to respond appropriately.

One Door's Clinical Director and our Peer Educators assisted in the delivery of four-day training to NSW Police via the NSW Mental Health Intervention Team between 2007-2019, when we were no longer funded to provide this training.

10. other comments in relation to community mental health

Open Dialogue

Open Dialogue is a new, consumer-driven approach that helps reduce barriers between clinician and consumer, enhance communication, and strengthen the person's wider-network. One Door has been piloting the Open Dialogue model at Head to Health Canterbury, in partnership with Monash University. We would recommend this model be implemented across government and non-government mental health services.

Suicide Follow-Up and Mental Health Aftercare

In general, people with severe mental illness leaving a clinic or ward back into the community should receive a "warm handover" to excellent community support. This may involve finding and booking a psychiatrist or psychologist, connecting with a GP or finding a support worker, case worker or peer worker to link them to necessary supports in the community.

Unfortunately there is a spike in the level of suicide attempt in the period after people who have entered a clinic or ward are discharged into the community. This can be a vital time in their mental health recovery. In order to help prevent post-discharged suicide attempts we need to commit to community-wide follow-up care for people who have been discharged from a clinic or ward.

Aftercare more broadly is an important issue for people discharged from ward or clinic. This aftercare can take different forms. One important approach, particularly for severe mental illness, is family interventions. These interventions typically include the close members of a consumer's family, a clinician and possible a support worker or peer worker. At these interventions families can learn about their family-members' illness – its symptoms, side-effects of medication, signs of relapse and psychiatrically predicted long-term outcomes.

Another form of aftercare is assertive community treatment (ACT). ACT seeks to come to consumers in their homes or place of residence to provide mental health support in the community. Typically we, again, see a mixture of workers in the ACT team – a clinician, a support worker, a peer worker and so forth. The impact of ACT – especially for ever mental illness – can be significant and this model of mental health care in the community could and should be applied more broadly.

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