

Submission
No 63

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

Organisation: North Coast Allied Health Association

Date Received: 6 September 2023



6 September 2023

NSW Upper House Inquiry
Outpatient and Community mental Health Care

NCAHA Submission to NSW Upper House Inquiry into Outpatient and Community mental Health Care

Summary

North Coast Allied Health Association (NCAHA) identifies mental health as a key area of challenge for residents and communities on the North Coast NSW. We regard reform and developments in mental health care provision as a priority over coming years to ensure the health and wellbeing of the broader community. Central to our thinking regarding mental health services is the principle of equity of access, in recognition that people in rural and regional communities of NSW such as the North Coast, are unable to access mental health services on a par with their metropolitan counterparts, and that all levels of government must strive for and be held accountable for achieving equity in health service provision.

In highlighting the responsibility of multiple levels of government to address mental health challenges, NCAHA believes that the critical areas of service and workforce deficiency in the current system are apparent at the primary health care level of provision, a domain that is principally the responsibility of the Federal Government. Yet state and territory governments must not adopt a disinterested position with regard to primary care mental health services and workforce since the ramifications of deficiencies at this level result directly in increased pressure on emergency department and hospital services, paid for by the jurisdictions. It is therefore in the interests of the NSW government to work closely with Federal counterparts to grow and develop primary care responses to mental health in the community, including allied health services and workforce engaged in mental health care.

In the belief that state and territory governments can play an influential and leading role in necessary reforms to mental health care in this country, NCAHA is seeking a number of actions from the NSW Government. Our proposals are aimed principally at improving the situation at the rural and regional level, such as North Coast NSW, where mental health service deficiencies are most pronounced. NCAHA calls for responses to the following:

- Health provider deficiencies requiring health workforce reform
- Limited access to child mental health services,
- Mental health care for older people
- Mental health care and support for the broader community in response to recent natural disasters in the region and the COVID lockdowns
- Training for health providers working with trauma-affected clients and managing their own vicarious trauma
- Mental health services for the Aboriginal community
- Problematic governance of mental health service planning and delivery

The NCAHA recommends immediate consultation, planning for reform, and innovative action in each of these areas to bring about the necessary changes in health care that can meet community need.



About NCAHA

NCAHA is a member-based, not-for-profit peak body representing allied health professionals and service provision on the North Coast of NSW, a region stretching from Port Macquarie in the south to the NSW and Qld border in the north. The mission of the Association is to improve access to allied health services for the residents and communities of the North Coast, and to build the quality of these services towards best practice. NCAHA seeks to achieve these aims through support provided to AHPs in the field through the provision of CPD and networking opportunities, building interprofessional and agency communication, and the provision of strategic information of relevance to these health professionals. It also works to advocate more widely for improved allied health service provision and better integration of allied health within the larger healthcare system operating in the region.

Allied health professions include many professions that work primarily, or at least significantly, with clients with mental health challenges. Psychologists, psychotherapists and counsellors are chief among these allied health professions, but social workers, speech therapists, occupational therapists, physiotherapists, music/art/play therapists and exercise physiologists may also have extensive caseloads focused on people with mental health conditions or who are trauma affected. The membership of NCAHA includes significant numbers of health providers from these professions. These members have raised concerns about the mental health care system in this region over recent years, with the following issues prioritised.

Background to Concerns in Mental Health Care

Inadequate Health Provider Workforce

In 2022 the Australian Bureau of Statistics reported that 28 percent of Australians live in rural and remote areas. As well as the challenges that relate to distance to health facilities, Australians who live outside of metropolitan areas have poorer health outcomes and greater socio-economic disadvantage. Higher rates of hospitalisations, deaths and injury have been described which is compounded by limited access to health services. Limited access to mental health services in particular impacts rural Australia, and the North Coast NSW is not immune from these mental health workforce deficiencies.

This picture of inadequate service provision is unlikely to resolve without committed and strategic action at all levels of government. The 2023 Intergenerational Report – Australia's future to 2063, highlights increased spending pressures being driven by population ageing, increased demand for health and care services most particularly with gaps in mental health services for children and older people, together with shortfalls in funding to support new technologies.

Health workforce reform is required at the primary care level for rural Australians to address current service and health outcome inequities and should be seen as an investment in the future wellbeing of rural communities (Investing to Save, Mental Health Australia, 2018). Special attention must be given to developing a mental health workforce skilled in community-based prevention and early intervention, and in responding to the broader social determinants of health in communities. Whilst NCAHA acknowledges that much primary care workforce reform required in mental health will need to be mediated by the Commonwealth government, we urge the NSW Government to proactively develop strategies to attract and retain allied health professionals in rural and regional NSW, not just in the ranks of state government service provision, but also supporting workforce growth in the private and not-for-profit sectors. NCAHA supports the development of a national health workforce strategy that includes future proofing for workforce growth, and that a NSW health workforce strategy be developed to maximise the impact of the national plan in this jurisdiction.



Mental Health Services for Children

Our psychology members and others have highlighted long waiting lists for children with mental health conditions for consultations with psychologists, counsellors and other health professionals working in the mental health field on the North Coast NSW. We are advised of many practitioners having to close their books and not take on new children, leaving many parents and their children with nowhere to go for the professional care they require. This is clearly an unacceptable situation resulting in hardship for affected families and negative consequences for the mental health of children and families into the future.

The reasons for these challenges with mental health service access appear to be numerous and long-standing. Firstly, most rural regions in Australia struggle to recruit appropriately qualified health professionals into their workforce ranks in government, the NGO and private sectors. That said, NSW Health statistics show high rates of mental health challenges for children and adolescents on the North Coast compared to many other NSW regions. Special efforts need to be made to attract psychologists and others with paediatric expertise to meet needs in this region. The challenge is even more daunting now with difficulties in accessing housing and accommodation for anyone new contemplating moving to the North Coast.

A significant structural barrier for capacity to meet needs for children appears to centre around the funding arrangements for treating children. Working with children often necessitates consultation with parents, schools and other health care providers who are supporting a young person. The funding mechanism under Medicare for mental health support, however, is not adequate and does not cover the time or financial burden involved in working systemically. As a consequence, practitioners may choose to work less with this age group. Again, NCAHA acknowledges that this is an issue of national concern, and will require reform at the national health policy level and with Medicare arrangements or the development of alternative funding mechanisms. Yet the NSW Government must play its role in lobbying the Federal Government for reform to funding mechanisms for the treatment of children with mental health conditions.

The long-term impacts of lack of access to timely and appropriate mental health services for children are significant. In addition to the hardship faced by children and their families managing without support, is the real possibility that without early identification and intervention that childhood mental health concerns persist into adolescence and continue to have lasting effects in adult life. This is the worst-case scenario for all involved personally and for health care budgets already under strain. It constitutes a significant failure of early intervention for children, as has been highlighted in a number of recent national reports and reviews of mental health care system in Australia.

The 2020 Productivity Commission Inquiry into Mental Health states the following:

“To create a person-centred mental health system, Australia needs reforms that ... focus on prevention and early help: early in life and early in illness” (PC, 2020, p.2).

and

“Australia’s mental health system does not focus on prevention and early intervention. Too many people are treated too late. Young Australians are at risk and their families cannot easily access support (PC, p.6).

The Commission noted that up to one in five children starting school in Australia have high levels of emotional problems, which are likely to get worse as they get older and make it harder for them to learn (2020, p.20). It urged identification of emerging emotional problems in the pre-school years as a way to help children start school ready to learn, and to avoid the escalation of issues that families must cope with in years to come. The House of Representatives Report on Mental Health & Suicide Prevention (2021) backed up



these concerns, highlighting the pressing needs for early intervention for mental health issues in children, and noting:

“The Committee heard that children are increasingly showing signs of anxiety, yet there are insufficient services available, and where services are available, referral times can extend to nine months for the first interaction. (House of Reps, 2021, p.54)

NCAHA believes it is incumbent upon both the NSW and Commonwealth governments to work closely together to improve early intervention mental health services for children, to work on both national reforms and local and regional solutions to ensure relevant and affordable services are provided to children and families when and where they most need them.

Mental Health Care for Older People

The recent Royal Commission into Aged Care Quality and Safety was made well aware of limited health services access for many older Australians, including mental health services. The Commissioners commented: “We heard that the needs of older people with mental health conditions are not being adequately addressed across the aged care system. Depression is very common. Older people should have access to the same mental health support as all members of the community, but they do not. It is often difficult for people living in a RACF to access specialist mental health services, such as psychologists and psychiatrists” (2020, p.69).

Specifically, with regard to allied health services, the Commission made recommendations (36 and 38) that the Commonwealth must ensure that care for older Australians in their own homes and in residential aged care facilities includes access to allied health services capable of meeting each older person’s needs. In recommendation 59, the Commission then drills down to state and territory responsibilities in the area of mental health service provision for older people, recommending:

“By 1 January 2022, the Australian and State and Territory Governments should:

- a. fund separately, under the National Health Reform Agreement, outreach services delivered by State and Territory Government Older Persons Mental Health Services to people receiving residential aged care or personal care at home
- b. introduce performance measures and benchmarks for these outreach services”

The NCAHA fully supports this measure that requires the States and Commonwealth to work together to ensure older people are getting the services they need. We support further a focus on needs and services in rural and remote Australia, as picked up in recommendation 54 requiring that areas of current service under-supply are clearly identified, and that collaborative planning occurs between levels of government to develop supplementary services to meet entitlements and needs. Such a process would clearly benefit many older people of North Coast NSW.

Traumatised Communities

In recent years there have been a number of significant natural disasters in the North Coast region which have significantly impacted communities across the footprint. 2019 saw the worst of a protracted drought causing great stress for farmers in the district; late 2019 brought severe bush fires across the whole region with significant loss of life and property in many communities; and 2021 and 2022 will be remembered for serious flooding episodes, the most severe being the inundation experienced in the Northern Rivers region. These events, combined with the COVID lock downs and isolation experienced by many, have produced a load of trauma for many residents as they struggle to rebuild their businesses and homes and regain confidence that the world is a safe place for them and their families. Counselling resources are in strong



demand and programs to rebuild community strength and personal resilience will be required over many years to regain balance and community wellbeing.

Trauma-impacted Clients and Vicarious Trauma for Health Providers

Given the lack of specific mental health service availability on the North Coast, particularly for children, and the general load of trauma for communities as a result of natural events, most allied health practitioners in the field are encountering high rates of clients with trauma symptoms in their day-to-day practice. Recent forums held by NCAHA for members on trauma-informed care indicate that many practitioners feel inadequately equipped to deal with the level of trauma they are encountering. They report that they have had limited under-graduate training for working with trauma-impacted clients, and that there is insufficient training in trauma-informed care in their current workplaces. They are further concerned that in many circumstances there is insufficient time allocated for clinical sessions to respond effectively to people with trauma, and there are limited referral options at their disposal to address the needs of these clients. Compounding this situation are concerns that many allied health professionals hold for themselves in the exposure to this amount of trauma. They report challenges in establishing effective boundaries with affected clients to safe-guard themselves – professional and personal (some AHPs also have trauma backgrounds) - and a general lack of de-briefing resources for AHPs working with trauma-impacted clients.

In response to these challenges, allied health professionals in the field call for a range of measures, including:

- Mandatory accredited training on Trauma Informed Care for all health professionals - AHPs, management, General practitioners and relevant admin staff.
- Development of special resources (a toolbox) to assist AHPs working with clients with trauma
- More funding for clinical supervision and de-briefing of AHPs in the field
- Improvement in the multi-disciplinary team-approach to responding to people with trauma, including clearer referral pathways
- Modification to the allied health service provision model to allow more time to deal effectively with trauma-impacted clients
- Development of appropriate training and support by employers for professional self-care

Mental health services for the Aboriginal community

NCAHA is aware of the problematic picture for Aboriginal mental health in the North Coast region, with high rates self-harm, hospitalisation and suicide attempts in the Aboriginal community compared to non-Aboriginal. We also understand there can be limited access to mental health services, and relevant allied health services, in culturally safe models of care for Aboriginal people. NCAHA therefore supports an increase in funding for Aboriginal community-controlled health services in the region to be able to employ greater numbers of their own allied health staff. This would ensure greater service accessibility through the provision of services in culturally acceptable formats. Such an increase in funding for health workforce would be in line with a key principle of the national Closing the Gap Agreement, to support the community-controlled sector to deliver services.

If new funds cannot be found, NCAHA suggests the pooling of current funding sources (eg. RDN outreach, MBS Chronic Disease Management, Indigenous Coordinated Care) to enable the employment of substantive allied health positions in the community-controlled sector. Although the NSW Government doesn't control any of these funding sources, it is in the NSW interest that mechanisms be found to improve access to allied health services in the Aboriginal community, and thus limit recourse to emergency department consultations and avoidable hospitalisations which are costed to NSW Health.



Commonwealth/State governance of mental health service planning and delivery

It is apparent to service providers in the field, and no doubt to their clients, that there is a disconnect between state level and Commonwealth funded health services, including in mental health care. Compounding the issue is the place of private and not-for-profit allied health services in the mental health care system, for whom neither the Commonwealth nor NSW Government are willing to take meaningful responsibility. The consequence is that planning for services and information sharing on clients is limited and inefficient, making it impossible to claim that we all work in a patient-centred health system. NCAHA is of the view that stronger structures need to be established between the PHNs (representing the Commonwealth), the associated LHDs and the private and NGO sectors (including Aboriginal health services) to ensure appropriate mental health care planning, collaborative service delivery, and effective evaluation can be shared across levels of government and health sectors on behalf of regional communities like North Coast NSW.

NCAHA Suggestions for Improving Mental Health Care on the North Coast

In response to these issues and concerns outlined above, the NCAHA makes the following suggestions:

1. That the NSW Government and professional and consumer peak bodies lobby the Federal Government to develop a national Rural Health Workforce Strategy, and the NSW Government develop a NSW Rural Health Strategy to give jurisdictional effect to the National Strategy
2. That NSW Health and professional and consumer peak bodies lobby the Federal Government for reforms to funding arrangements under Medicare, or the development of new funding streams, to ensure better access to relevant allied health professional services for children with mental health challenges and their families
3. That the NSW Government adopt recommendation 59 of the Royal Commission into Aged Care: that is, the Australian and State and Territory Governments should fund separately, under the National Health Reform Agreement, outreach services delivered by State and Territory Government Older Persons Mental Health Services to people receiving residential aged care or personal care at home , and introduce performance measures and benchmarks for these outreach services
4. That schools in the region are more adequately resourced to provide allied health and mental health services within these early education settings and to support the ongoing presence of these providers within the education system
5. That pro-active recruitment strategies be developed for recruitment of allied health professionals working in mental health to regional areas, including the North Coast NSW
6. That there be assessment and further development of community level services and programs on the North Coast addressing trauma and anxiety arising from natural disasters and the lasting impacts of COVID lockdowns
7. That the relevant health authorities (the North Coast and Mid North Coast LHDs, Health North Coast, and other stakeholders) partner to develop accredited training for health professionals responding to trauma-impacted clients. Such training should be made mandatory where possible.
8. That employers of AHPs on the North Coast, and particularly NSW Health, develop resources and programs on professional self-care for AHPs in the government, private and NGO sectors on the North Coast
9. That the Primary Health Networks in NSW regions develop plans and strategies to improve integration of information systems (e.g MYHealthRecord) to facilitate collaboration between professionals across sectors and professions through efficient information sharing on mutual clients
10. That support be considered at the local regional level, for example through the PHNs, for the establishment of collaborative allied health practices, similar to GP practices



11. That funding be found to boost direct employment of allied mental health professionals in Aboriginal community-controlled services, and that the NSW Government support such a measure as a means of reducing pressure on stretched emergency departments and hospital beds
12. That stronger processes and commitments in rural and regional NSW be established to draw the PHNs, LHDs and the private and NGO sectors into closer health service planning and provision on behalf of rural clients

Conclusion

Mental health services in NSW are struggling to meet community needs. The situation is most dire in rural and regional regions of the state, where the goal of equity in mental health service delivery with metropolitan locations is not close to being achieved. NCAHA has highlighted a number of challenge points to mental health care, and we have suggested some solutions or strategies that the NSW Government could take up to achieve better healthcare in rural and regional areas of the state. We offer our support in any such endeavours.

References

Investing to Save – the Economic Benefits for Australia investment in Mental Health Reform, Mental Health Australia and KMPG (2018)

Royal Commission into Aged Care Quality and Safety (2020)

House of Representatives Report on Mental Health & Suicide Prevention (2021)

Productivity Commission Inquiry into Mental Health (2020)

The 2023 Intergenerational Report – Australia’s future to 2063

