Submission No 72

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

Organisation: Bega Valley Eurobodalla Suicide Prevention Collaborative

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Suicide Prevention Collaborative
BEGA VALLEY EUROBODALLA

Dr Amanda Cohn, MLC
Chair
Portfolio Committee No. 2 – Health

Dear Dr Cohn

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

Thank you for the opportunity to make a submission to the inquiry into outpatient and community mental health care in New South Wales (NSW).

This submission is from the Bega Valley and Eurobodalla Suicide Prevention Collaborative (the Collaborative). The Collaborative is the coming together of 30+ local organisations, community members and people with lived experience of suicide, which formed in 2022 to build and sustain a local, whole of community approach to suicide prevention. The Collaborative is cross-sector and includes government, non-government, health, education, Aboriginal and social services and community groups.

Collaborative members contribute time, expertise and resources to the common goal of reducing suicides in our region. The Collaborative is supported by a backbone team staffed by COORDINARE - South Eastern NSW Primary Health Network (SE NSW PHN) with funding from the Commonwealth Targeted Regional Initiatives for Suicide Prevention.

This submission addresses the terms of reference except for making specific comments about items (f), (h) and (i).

The Bega Valley and Eurobodalla region
The region is located on the far south coast of NSW with a population of approximately 76,900 people and covering almost 10,000 square kilometres. The area is made up of a series of regional towns with large distances and rural locations in between.

The population health profile published by the SE NSW PHN shows that the region has higher than NSW and Australian average estimates for the prevalence of long term mental or behavioural problems and high or very high psychological distress. The region also has higher than NSW and Australian rates for suicide deaths and intentional self-harm related hospitalisations.

The Collaborative formed to help address the needs shown in this data and expressed through the lived experience of community members and on the basis that:

- Reducing and preventing suicide is complex and not exclusive to any one individual, service or sector.

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- Suicide and suicidal behaviour can affect people from all parts of our community and across all stages of life. However, some groups are disproportionately affected including young people, men, Aboriginal communities, LGBTQIA+ communities, culturally and linguistically diverse communities, veterans and their families and people living in rural and regional areas.
- Suicidal behaviour is not only a mental health issue. A person's social and life circumstances are just as relevant, things like financial distress, loneliness and relationship breakdown.

Equity of access and navigation of services

Access to services in this region can be challenging due to factors such as distance, lack of transport options in some parts of the region, and cost. There are also limited after-hours services available which shows up in high presentations to hospital emergency departments.

For people in distress, an emergency department is often not the right place to receive help. The Collaborative is very pleased to see the investment being made by the NSW government in alternatives such as Safe Havens - a free non-clinical space where people can talk to a peer support worker or be connected to mental health support - and Suicide Prevention Outreach Teams which can go to where people in distress are.

The Collaborative strongly supports the Safe Haven initiative despite the difficulties that have delayed its implementation in Bega, some of the reasons for which are detailed below. But also note that the current level of funding provides access to these alternatives in Bega and surrounds but cannot support the Eurobodalla, parts of which are up to 150km away.

A recent process by Collaborative and community members to explore a community-led volunteer safe space model in the Eurobodalla concluded that there were significant issues with the sustainability of this approach, and it has been discounted as a viable option.

Feedback during the co-design of the NSW government funded Bega Safe Haven also noted that lack of transport options such as public transport or taxis to get home is an unresolved issue that may prevent access. Currently, where you live and whether you have access to private transport has a significant impact on being able to access these often-preferred supports for people in suicidal distress.

Services for children under 12 are also lacking in much of the region and where these services do exist, they are funded under short term arrangements of 1-2 years making it difficult to build sustainable relationships with community and local services such as schools. It is not currently clear when this region will receive a Safeguards Child and Adolescent Mental Health Team, which was announced in the 2021-22 NSW Budget. The Safeguards Teams are a new community-based service for children and adolescents (0-17 years) experiencing acute mental distress, and their support network.

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Community feedback also confirms that many people find navigating the mental health system difficult with unclear eligibility requirements, wait lists and restrictions on referral pathways making it hard to determine the appropriate service. Navigation difficulties combined with the scarcity of early intervention services tend to result in people not presenting early to health services so often their difficulties have become more complex and harder to manage.

Clear information, self-referral options and broadening pathways beyond the acute mental health system are some of the responses that have been suggested. Digital and phone-based options can also help people who are comfortable with those options.

In primary care, more consistent assessment and referral processes through the adoption of the Intake Assessment and Referral (IAR) decision support tool by general practices and community mental health services should assist in providing a more connected experience for people trying to access appropriate support. Digital integration of referrals including with the public mental health system could further streamline this process for both individuals and providers.

Capacity and integration of mental health and other services

When a vulnerable person is discharged from a service, or care is transferred from one service to another, suicide risk can increase. Therefore, a significant and sustainable reduction in suicide deaths will only be achieved by services working together in a systematic and coordinated way. This will be achieved through cross-sector collaboration, effective inter-service case management and through appropriate, softened referral pathways.

There have been some positive developments in the region where services across different sectors have adopted a common framework and language, using the SafeSide Prevention Framework. SafeSide, developed in the United States and adopted by the local health district as part of NSW Towards Zero Suicide initiatives, provides workforce training and a map of best practices and a framework for communicating with colleagues, with patients, and in the patient record.

Work is currently underway, with funding from the SE NSW PHN, to develop and implement a customised SafeSide program for local alcohol and other drug (AOD) services. There is a high concurrence of suicidality with AOD concerns and consumers presenting with dual diagnosis typically receive disjointed care as they move between emergency department, mental health and AOD services. Uniting mental health and AOD services with a shared approach and language when supporting individuals experiencing suicidal distress is expected to improve consumer experiences.

As well as providing a consistent, team based and compassionate approach to care, the use of SafeSide as a uniting framework has led to greater understanding and relationships between services across different parts of the system and communities of practice have developed to maintain this over time.

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SafeSide also provides a strong framework for supporting and connecting peer work roles in a team care environment.

Actively supporting the growth and sustainability of the peer workforce in mental health, suicide prevention and other services is essential to meet consumer needs. In regional areas some of the challenges identified by the peer workforce are isolation (especially for sole peer work practitioners), extra time spent travelling and a significant number of roles being part time making connection and ongoing development difficult to achieve in addition to their client facing work.

A further challenge experienced in the region has been recruiting staff to funded positions. The cost and availability of housing to either buy or rent since the Black Summer bushfires and COVID is a factor. Existing staff have also been impacted both personally and through increased workload trying to support their community at a time of increased distress in response to multiple emergency responses and recovery is still ongoing.

Early intervention and greater community support at times of increased life challenges may greatly reduce the numbers of people presenting in crisis situations. Connections between the mental health system with other supports to address non-clinical issues such financial distress, housing, or other social factors are therefore important.

Existing capacity limitations are often exacerbated when a suspected suicide death occurs in rural or regional communities, where the exposure and impact of a loss can extend widely across close-knit or small communities. Coordination of postvention activity via protocols such as the *Southern NSW Cross Agency Communication and Response Protocol* assist services to manage waitlists. Rapid access to short-term boosts in resourcing (e.g., workplace support from StandBy Support After Suicide, backfilling roles to enable key people to focus on direct support provision, funding for increased and targeted promotion of services) is essential to complement existing resources and support frontline workers who possess the local knowledge and relationships required to provide community support in times of grief and loss.

Workforce allocation and virtual service delivery through telehealth

There are workforce gaps and challenges in the region including lack of access to bulk billing general practitioners, no psychiatry services in the area and wait times to access individually funded community mental health services.

The development of place-based mental health hubs based on the Head to Health model which provide free mental health information, services and supports from multidisciplinary care teams over extended hours without a referral is an approach being tried in this region (led by the SE NSW PHN). Services can be accessed in person or via telehealth. Integration with the public mental health system and other emerging services such as Urgent Care Clinics are being factored into the design and implementation of

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this approach. Other cross disciplinary and peer led models could also contribute to allowing both choice and access.

Digital and telehealth options can add to the picture and evidence supports its safety and efficacy, including in suicide prevention. However, these services are not preferred by some parts of the community and internet access can be an issue due to cost or location.

Workforce allocation in regional areas also needs to be sufficient to cover the significant amount of travel that staff may need to undertake to support clients and to access training, networking or other development activities. It is frequently raised with the Collaborative that this is not accounted for in funding models when developed at a national or state level or not appropriately adapted from a trial site in a non-regional area.

Conclusion

Continued support from governments for strategies, policies and services that enable an integrated range of supports both clinical and non-clinical, that are informed by diverse lived experience and local needs and conditions is essential to improving outcomes in our region. Additional focus on funding and delivery models that take account of rural and regional locations and allow time for meaningful lived experience engagement is needed to help address some of the current challenges people face to access appropriate supports and for workforce sustainability.

Community led initiatives such as the Collaborative can be a critical vehicle for planning, service integration, lived experience engagement, co-design and implementation of supports, workforce sustainability, peer support and addressing social determinants of suicidal distress. Continued recognition of the value of regionally based initiatives and the dedicated support required to sustain them forms part of the solution to improving community based mental health and suicide prevention support.

Yours sincerely

Steering Group of the Bega Valley Eurobodalla Suicide Prevention Collaborative

- Helen Best, Chair Bega Valley Suicide Prevention Action Network & lived experience member
- Glenn Cotter, lived experience member, peer worker & RU OK ambassador
- Renee Green, CEO Lifeline South Coast
- Mathew Hatcher, Mayor, Eurobodalla Shire Council
- Bronwyn Hendry, CEO Directions Health
- Jo Riley, Program Manager, Suicide Prevention, COORDINARE - SE NSW PHN

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