

Submission
No 77

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

Organisation: Western Sydney Health Alliance

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Western Sydney Health Alliance

For healthy communities in the Western Parkland City
An initiative of the Western Sydney City Deal

Portfolio Committee No. 2
Committee Chair,
Dr Amanda Cohn MLC
Parliament House
Macquarie Street
Sydney NSW 2000

6th September 2023

Western Sydney Health Alliance Submission

Re Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales by the NSW Legislative Council Portfolio Committee No.2

The Western Sydney Health Alliance thank the Portfolio Committee No. 2 for their inquiry and subsequent reporting on the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. We value the opportunity to make a submission and give evidence to the inquiry.

Introduction

Recognition and Commitment:

We recognise Aboriginal and Torres Strait Islander People as the traditional custodians of the land on which we live and work and acknowledge that the sovereignty of the land we call Australia has never been ceded. We commit to listening to and learning from Aboriginal and Torres Strait Islander people and groups about how we can better reflect Indigenous ways of being and knowing in our work.

The Western Sydney Health Alliance is a commitment and partnership across three tiers of government, working collaboratively to create healthy communities across the Western Parkland City. Improved access to health and wellbeing services for individuals is an outcome we are committed to, regardless of a person's background, location, or socio-economic status. Our residents should have equal opportunities and access to receive appropriate and timely mental health care. In NSW, like in many other places, achieving equity of access to mental health services can be a complex and ongoing challenge.

The Western Sydney Health Alliance partnership comprises of the 8 Western Parkland Councils of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly, the Local Health Districts of South West Sydney and Nepean Blue Mountains, the Primary Health Networks of South West Sydney and Nepean Blue Mountains, and Sector Connect a peak South West Sydney Community Organisation.

It is noted that this submission has not be formally endorsed through each of the partners individual governance processes but has been endorsed by the Steering Committee that governs the Western Sydney Health Alliance.

The WSHA Strategic Plan 2022 – 2025 identifies three outcomes, each with its own set of guiding principles and measurable deliverables which will contribute towards achieving the outcomes. Each outcome is operationalised through the establishment of a dedicated working group.

Outcome 1:

Access to Health & Wellbeing Services

Priorities:

- ☺ Local health services are accessible and reliable, and emphasis preventative health
- ☺ Local health services are culturally competent
- ☺ Specialist healthcare is wide-ranging and accessible
- ☺ Local mental health services are equitable and meet local needs

Outcome 2:

Liveability & Connections

Priorities:

- ☺ Incorporation of natural environments in open spaces
- ☺ Active transport infrastructure connects the WPC
- ☺ Equitable access to technology addresses changing community needs
- ☺ Local identities and cultures are recognised and celebrated

Outcome 3:

Healthy Lifestyles

Priorities:

- ☺ Free physical activity opportunities are enabled and encouraged
- ☺ Public open spaces are safe and accessible
- ☺ Local healthy food options are culturally appropriate and equitably accessible
- ☺ Active transport is supported by public infrastructure

The Western Parkland City covers an area of more than eight thousand square kilometres or two-thirds of Greater Sydney, the members of the Western Sydney Health Alliance serve more than one million people and expect to welcome half a million more residents by 2036.



Image 1: Western Parkland City

This submission is advocating for the Committee to consider and address:

- Existing deficits in funding and access to mental health services and future -proofing the region for growth,
- Fair and equitable mental health service funding allocations and provisions,
- Evidence based resource allocations, and
- Locally based mental health services and facilities that are adaptable to the growing population

The Department of Planning and Environment population projections, and Common Planning Assumptions projections predict unprecedented significant growth in the region over the next 20 years, between 2021 and 2041.

High growth is expected in the following areas with the population projections for 2041 at:

- Camden LGA – 197,735 (an additional 89,827 people)
- Campbelltown LGA – 229,301 (an additional 54,640 people)
- Fairfield LGA – 247,803 (an additional 37,000 people)
- Liverpool LGA – 232,303 (an additional 80,350 people)
- Penrith LGA – 270,477 (an additional 54,402 people)
- Wollondilly LGA – 90,356 (an additional 36,317 people)

Western Parkland City is one of the fastest growing regions in the State, driven mostly by greenfield developments and urban intensification. This population growth is driven by urban development in the Priority Growth Areas of Glenfield, Greater Macarthur, Greater Penrith to Eastern Creek, Leppington, Penrith Lakes, South Creek West, South West Growth Area, Western Sydney Aerotropolis, Greater Macarthur and Wilton. This population growth will place additional demand on the current mental health services in the area, many of which are already struggling to cope with existing demand.

The demographic profile of the growing population must also be considered in mental health service planning, acknowledging the ageing population, changes in lifestyle, socio-economic disadvantage, the Aboriginal population, the diversity of cultural backgrounds and the rates of mental health and chronic illnesses associated with these cohorts.

It is noted South West Sydney is home to people who are refugee or humanitarian arrivals and who face a range of barriers to accessing mental health care, including language and cultural barriers, limited understanding of the Australian healthcare system, poor health literacy, misconceptions that their health issues could affect their migration status and financial costs for transport, medicines, specialist services and allied health professionals.

Following is evidence access to mental health services and health inequity in NSW is not improving and cross-sector collaboration to address this issue is critical to make a measurable impact.

Mental health care is considered 'accessible' when it is available at the right place and time, taking account of different population needs and the affordability of care. A patient-centred conceptualisation by Levesque, Harris and Russel includes five dimensions of access¹ :

1. Approachability (awareness about the existence of a service, how to reach it, and what it can achieve).
2. Acceptability (social and cultural factors that affect uptake of a service);

¹ Levesque, JF., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health* 12, 18 (2013). <https://doi.org/10.1186/1475-9276-12-18>

3. Availability (ability to reach the service in an appropriate time frame);
4. Affordability (ability to pay for services); and
5. Appropriateness (the degree to which the service meets individuals' needs).

Access to mental health services is an essential driver of good population health outcomes, however the per capita spend on mental health services in the Western Parkland City has been historically less than in other areas and there are significant variations in the servicing ratios across health services in the region, indicating disparity in mental, community and allied health services. This inequity in funding in comparison to other Greater Sydney LHDs must continue to be assessed as a priority to sufficiently prepare for the unprecedented growth expected over the next 20 years.

Compared to NSW, The Western Parkland City has higher proportions of people who are ageing and people with profound or severe disabilities, a higher proportion of CALD and ATSI communities as well as a higher proportion of the population using eastern medicine practices. Socioeconomic disadvantage has a direct correlation with poor health, mental health issues, higher incidence of risky health behaviours and reduction in access to health care services.

There are currently gaps in skilled workers in the region including GPs and medical specialist practitioners in some locations. Specialist practitioners need to be actively encouraged to practice in Southwest Sydney and there is a need for many specialists in public hospitals to ensure access, due to high dependency on the public health sector.

The Western Sydney Health Alliance has developed an *Access to Health Services Impact Statement* for the Western Parkland City to guide and promote considerations of access to health services as a key priority in:

- informing all levels of planning approaches and decision making of new growth areas;
- supporting the development of healthier neighbourhoods; and
- improving the health and wellbeing of existing and future communities across the Western Parklands City.

This statement can be found at <https://wshealthalliance.nsw.gov.au/wp-content/uploads/2023/03/Access-to-Health-Services-Impact-Statement.pdf>

Following is a more in-depth response and evidence to all the terms of reference the inquiry is exploring, and the Western Sydney Health Alliance would be more than willing to give evidence at a hearing.

(a) equity of access to outpatient mental health services

The health of an individual is influenced by a range of social, environmental, genetic, and lifestyle-related factors that often interact with each other and are collectively described as determinants of health. Key issues impacting upon equity of access to outpatient mental health services relate to the social determinants of health. The World Health Organisation defines the social determinants of health as the conditions in which people are born, grow, live, work and age². These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between communities. Common social determinants of health include employment status, level of education achieved, working life conditions, housing, social inclusion, non-discrimination, and access to health services.

It is essential to acknowledge and address existing deficiencies and equity of access in mental health care services and build capacity to match the growth that is already underway in the Western

² https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Parkland City. There is currently unprecedented population growth occurring and more is planned for the region, placing additional demand on the existing health sector.

There are geographic disparities in the Western Parkland City where there is limited-service availability, people have to travel distances, and there are healthcare workforce shortages.

Socio-Economic Status impacts upon the ability to access services, and financial constraints, lack of health insurance, and reduced ability to take time off work to access mental health services often determine if an individual accesses a mental health service.

Cultural and linguistic diversity and language barriers along with a lack of culturally appropriate services, and stigma related to mental health impacts our residents. CALD community members who migrated to Australia from non-English speaking countries have more mental health concerns and self-assessed health issues than Australian-born individuals, even 10 years after migration³. Evidence suggests that migration and settlement challenges can adversely affect the mental health of new healthy CALD community migrants⁴. Refugees who migrated to Australia experience higher levels of trauma leading to higher rates of mental health issues compared to the general Australian population⁵. This impacts upon an ability to access mental health services and further data is required to understand these issues and the barriers to address equity of access to outpatient mental health services.

Our Indigenous communities experience historical and systemic factors, as well as limited cultural considerations. When compared to non-Aboriginal Australians, Aboriginal Australians have higher rates of mortality associated with chronic diseases, higher burden of disease and are less likely to access mental health services early in the course of an illness due to distrust of the health system and a lack of culturally safe health spaces⁶.

Data is the key to sound decision making and today we have access to a whole range of data needed to be able to better respond to health disparities, tailor service delivery and improve access to much needed mental health services. Efforts to improve data collection and analysis continues to evolve, and more resources are needed in this area. As we become more aware of the unique mental health challenges faced by our diverse communities, data can inform the development of outpatient mental health services and understand the issues and barriers that prevent our diverse community from accessing these services.

This is a specific issue for our LGBTQ+ community. Mental and emotional distress is common among our LGBTQ+ community, and this is linked to stigma, discrimination, and a lack of culturally competent care. LGBTQ+ people face unique challenges related to their identities impacting upon their mental health and wellbeing and this has been the most prevailing health issue reported to date among LGBTQ+ people⁷. LGBTQ+ issues in mental health are not new and there is a growing recognition of the importance of providing culturally competent and affirming care for our LGBTQ+ community. For our LGBTQ+ community, there is a greater need for accurate and comprehensive data to drive positive change in outpatient mental health services and policies. This is essential for

³ Jatrana S, Richardson K & Samba SRA 2017. Investigating the dynamics of migration and health in Australia: a longitudinal study. *European Journal of Population* 34:4. [cited 2022 May 26]. Available from: <https://link.springer.com/article/10.1007/s10680-017-9439-z>

⁴ NSW Ministry of Health. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-203. NSW Ministry of Health; 2019. [cited 2022 May 26]. Available from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_018.pdf

⁵ Gatt, J. M., Alexander, R., Emond, A., Foster, K., Hadfield, K., Mason-Jones, A., Reid, S., Theron, L., Ungar, M., Wouldes, T. A., & Wu, Q. (2020). Trauma, Resilience, and Mental Health in Migrant and Non-Migrant Youth: An International Cross-Sectional Study Across Six Countries. *Frontiers in psychiatry*, 10, 997. [cited 2022 May 26]. Available from: <https://doi.org/10.3389/fpsy.2019.00997>

⁶ Australian Institute of Health and Welfare (AIHW). Australia's health snapshots 2020. [Internet]. Canberra: AIHW; 2020. [cited 2021 Sep 15]. Available from: <https://www.aihw.gov.au/getmedia/128856d0-19a0-4841-b5ce-f708fcd62c8c/aihw-aus-234-Australias-health-snapshots-2020.pdf.aspx>

⁷ <https://www.health.nsw.gov.au/lgbtiq-health/Publications/lgbtiq-health-strategy.pdf>

understanding unique needs, addressing disparities, improving care, advocating for policy changes, and promoting overall mental health and well-being within the community. Training and development for health care professionals is also a must to enable NSW Health staff to meet the needs of LGBTIQ+ people.

Wait times for outpatient mental health services is another barrier for our residents and this can significantly impact access to care. Addressing wait times requires a comprehensive approach involving funding, policy changes, community engagement, and the collaboration of various stakeholders to ensure that individuals in need can access timely and appropriate mental health care.

The impact of social isolation on mental health outcomes can be profound, this is especially true when it is combined with loneliness. Social connection between people is important for mental health and contributes to an improved quality of life.

Strong ties with family, friends and the community provide people with security, support, happiness, and a sense of purpose⁸. Living alone and not being in a relationship with a partner are substantial risk factors for both social isolation and loneliness^{9,10,11}. The impact is felt most harshly on vulnerable members of our community such as the elderly, disabled, recent migrants and the LGBTIQ+ communities.

Other factors such as being single (especially single parents), living in high density housing and being unemployed or underemployed also can increase feelings of isolation and loneliness¹². Loneliness also increases the risk of depression, anxiety and suicide. Older people without adequate social connectedness are at an increased risk of experiencing poor mental health and wellbeing, negatively impacting on older people's physical health and use of mental health services^{13,14}. These factors significantly increase the risk when people fall into multiple categories. Some categories such as the percentages of people in the LGBTIQ+ community or those who experience some form of mental health condition are difficult to quantify due to underreporting^{15,16,17}.

Considering the projected population growth rates over the next 20 years, there is potential for disparity and inequity in funding which further exacerbate the inequitable provision of mental health services, and the health and wellbeing of the communities across the Western Parkland City.

What is needed is:

- **Increase in Funding and Community Resources:** Allocating resources to expand mental health services, particularly in underserved areas, and investing in community-based mental health resources can help bridge the gap between professional services and those seeking help.

⁸ Hume Region. (2016). Guidelines and Toolkit for Social Connection Initiatives.

<https://www.gvpcp.org.au/wp-content/uploads/2017/01/2016-Social-Connections-Toolkit.pdf>

⁹Flood M 2005. Mapping loneliness in Australia- external site opens in new window. Canberra: The Australia Institute.

¹⁰ Lauder W, Sharkey S & Mummery K 2004. A community survey of loneliness. Journal of Advanced Nursing 46:88–94.

¹¹ Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey- external site opens in new window. Canberra: Relationships Australia.

¹² <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic>

¹³ Ibid

¹⁴ <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/wellbeing-in-later-life.pdf>

¹⁵ <https://humanrights.gov.au/our-work/lgbti/lesbian-gay-bisexual-trans-and-intersex-equality>

¹⁶ Rizmal, Z., 'LGBTQI people under-reporting mental illness due to 'distrust and fear', royal commission told' (accessed online 13.7.20) <https://www.abc.net.au/news/2019-07-17/lgbtqi-services-need-to-be-better-mental-health-royal-commission/11318240>

¹⁷ UNGA, UN Secretary General's Study on violence against children, UN Doc A/61/299 (2006) at <http://www.unicef.org/violencestudy/reports.html> (viewed 26 August 2010) paras 25 -27.

- **Telehealth Services:** need for better connectivity, digital literacy, and awareness that these services exist. Trust and stigma are a big issue regarding accessing telehealth services
- **Cultural Sensitivity:** Developing culturally appropriate services that address the unique needs and preferences of diverse populations.
- **Community Outreach, engagement and awareness:** Engaging local communities and raising awareness about available mental health services to reduce stigma and encourage help-seeking behaviour.
- **Early Intervention Programs:** Implementing programs that focus on early identification and intervention for mental health issues to prevent more severe conditions.
- **Workforce Expansion:** Training and hiring more mental health professionals to help meet the demand for services.
- **Data and Monitoring:** Regularly collecting data on wait times, service demand, and patient outcomes can help identify the bottlenecks in our region and identify areas for improvement.

Western Parkland City general demographic factors that commonly impact access to mental health services:

- **Socioeconomic Status:**
 - Approximately 600,000 people across the Western Parkland region are living in the lowest Socio-Economic Indexes for Areas (SEIFA) of NSW indicating significant disadvantage, particularly in the local government areas of Fairfield and Liverpool.
 - Poverty, physical inactivity, and health outcomes are intrinsically linked to a postcode and life expectancy can be a difference of 12 years
- **Population Growth and Diversity:**
 - Over the decade to 2021, the Western Parkland City population grew by 194,000 people to a total of 1.16 million people (1.85% per annum). With a growth rate of approximately 1.26% per year the Western Parkland City will account for over 20% of NSW's population growth by 2036, with nearly 1.39 million people, three times the population of Canberra by 2036.
 - The Western Parkland City's growth rate is significantly higher than Greater Sydney and most established cities around the world. Camden, Wollondilly, and Liverpool LGAs experienced the highest growth of 83%, 74%, 51% respectively.
- **Workforce Demographics:**
 - An Ageing Health workforce is a significant concern with Blue Mountains, Fairfield, Liverpool and Penrith LGAs having 20% of GPs over 65 years of age. Fairfield has the highest with 33% and the median age of GPs in Fairfield is 68. Liverpool and Wollondilly LGAs currently are experiencing GP FTE to resident ratios below the NSW average.
 - The Primary and Community Health (PCH) nurse FTE to resident ratio is falls below the state ratio in 6 of the 8 LGAs, and the PCH allied health professional FTE to resident ratio falls below the state in all 8 LGAs.
 - Distribution Priority Areas (DPA) identifies locations with a shortage of medical Practitioners.
 - Mental health and behavioural conditions that can lead to high or very high psychological distress in adults across the 2 LHD and 2 PHN areas of the Western Parkland City are worse than the average for NSW. For Secondary Students in the SWSLHD their level of high psychological distress is worse than the average for NSW.

- **Mental Health Condition:**

- 83,472 (7.2%) people in The Western Parkland City reported they had a mental health condition the third most common long-term health condition a higher rate than the percentage in NSW (8%)¹⁸.
- The Blue Mountains (11.4%), Hawkesbury (9.3%), Penrith (8.9%) reported the most common long-term health condition was mental health condition, a higher rate than the percentage in NSW (8%)¹⁹.
- In 2019 the Nepean Blue Mountains PHN reported the following statistics of people with a mental health issue by severity matched to service need:

At risk of mental illness or requiring early intervention	90,000 or 23% of the population	22,000 or 24% need services
Mild mental illness	35,000 or 9% of the population	17,500 or 50% need services
Moderate mental illness	18,000 or 5% of the population	14,200 or 80% need services
Severe mental illness (Severe Episodic, Severe Persistent)	12,000 or 3.1% of the population	12,000 or 100% need services

- **Social Isolation:**

- One of the largest changes in family/household types in Western Parkland Councils between 2016 and 2021 were Lone person households (+14,147). In the 2021 Census there were 71,151 (18.4%) lone person households in the Western Parkland City.
- In 2016, 44,923 households in Western Parkland Councils (13.4%) did not have an internet connection at the dwelling.
- In 2021, 87,294 (7.6%) people who spoke a language other than English at home reported difficulty speaking English.
- In 2021, 74,176 people (or 6.4% of the population) in Western Parkland Councils reported needing help in their day-to-day lives due to disability this is higher than the NSW percentage.

(b) navigation of outpatient and community mental health services from the perspectives of patients and carers

Following are key issues that patients and carers in the Western Parkland City experience in navigating outpatient and community mental health services:

- **The complexity of the system:** The mental health care system can be complex, involving multiple levels of care, different providers, and varying referral processes. Navigating this can be overwhelming, especially for individuals who are unfamiliar with the system or who require multiple services.

¹⁸ 2021 Census

¹⁹ *ibid*

- **Stigma and discrimination:** Stigma surrounding mental health issues can discourage individuals from seeking help, making it difficult for them to initiate the process of accessing care. Discriminatory attitudes and lack of understanding can compound these challenges.
- **Information Gap:** Access to information and the need to become digitally literate impacts upon the awareness of available mental health services, how to access them, and the steps required to get the care needed.
- **Language and Cultural Barriers:** Language barriers and cultural differences can hinder effective communication between patients and mental health providers. This can make it challenging to convey needs and preferences accurately.
- **Geographic Disparities:** Due to the geographical size of the region individuals may face additional challenges due to limited service availability, travel distances, and a shortage of mental health professionals.
- **Financial Barriers:** Cost can be a significant barrier to accessing outpatient mental health care, especially for individuals who do not have health insurance coverage or who cannot afford private services.
- **Wait Times:** Long wait times for appointments can delay access to care, potentially exacerbating mental health issues.
- **Reliable and accessible transport services:** An integrated and efficient transport system is crucial for access, connectivity, and service delivery within the Western Parkland City. Mental Health service planning must consider access to public transport networks, including rail, bus, and active transport options like cycling and walking. Currently the ability to reach mental health care is a challenge due to long distances and limited public and active transport opportunities.

What is needed is:

- **Public awareness campaigns:** Raising awareness about available mental health services, reducing stigma, and encouraging help-seeking behaviour through targeted public campaigns.
- **Streamlining referral processes:** Simplifying the referral process and improving communication between different levels of care to ensure a smoother transition for patients.
- **Culturally sensitive services:** Developing culturally sensitive and linguistically appropriate services to cater to the diverse population of NSW.
- **Reliable and trusted telehealth services:** Expanding the availability of telehealth services to increase access, particularly in areas with limited resources.
- **Community support:** Offering community-based support and outreach programs to connect individuals with the appropriate services and resources.
- **Improving the capacity and capability of the workforce:** Increasing the number of mental health professionals and providing training to ensure they are equipped to handle diverse patient needs.

(c) capacity of State and other community mental health services, including in rural, regional and remote New South Wales

Key issues regarding the capacity of state and other community mental health services in the Western Parkland City include:

- **Scale and rapid rate of growth:**
 - A key challenge is the sheer scale and rapid rate of change occurring across the Western Parkland City and the associated cost of servicing it. Consequently, gaps in infrastructure and services have become apparent in many of the City's greenfield and urban renewal areas.
 - There is currently a growth rate of approximately 1.26% per year in the Western Parkland City. This will account for over 20% of NSW's population growth by 2036, with nearly 1.39 million people, three times the population of Canberra by 2036.
 - Camden, Wollondilly, and Liverpool LGAs are experiencing the highest growth of 83%, 74%, 51% respectively.
- **Integrated service provision:**
 - The growing and shifting population of the Western Parkland City will require more mental health services, education, transport, utilities, community, and social infrastructure. To facilitate this, the early identification and investment in land required to support mental health services is critical as well as the upgrading of existing facilities to accommodate health outreach in a place-based approach.
- **Coordinated planning and enabling infrastructure:**
 - Delivering enabling infrastructure and services of this scale requires significant coordination. It involves multiple layers of government as well as private providers working together. Without careful planning, there is a risk both soft and hard infrastructure provision will be slow, costly, misaligned, or inefficient.

(d) integration between physical and mental health services, and between mental health services and providers

Well designed, coordinated cross sector services consider the holistic state of physical, mental, and social well-being and add to the development of a well-connected, sustainable, and liveable region.

An integrated service approach ensures appropriate referrals, access to specialised care is available when needed, helps optimise the use of resources and ensures people receive the right level of care at the right time²⁰.

The Western Parkland City is one of the fastest growing areas in Australia and requires “beyond business as usual” approaches if it is to meet the basic needs of the community. Currently investment has not kept pace with the region's growth. The Camden Local Government Area, at the heart of the Western Parkland City, is Australia's fastest growing LGA with a population growth of 6.2% and a 10-year average of 7%.

A key challenge is the sheer scale and rapid rate of change occurring across the Western Parkland City and the associated cost of servicing it. Consequently, gaps in infrastructure and mental health services have become apparent in many of the City's greenfield and urban renewal areas.

Integrated Health Neighbourhoods and service hub models provide a range of primary, preventive, and community-based health services in local communities that complement secondary and tertiary health facilities such as hospitals. Integrated models of care focus on preventive care, early intervention, mental health and wellbeing management, and health promotion to address a broad spectrum of health needs in a holistic and coordinated way.

²⁰ <https://swhphn.com.au/primary-care-resources/mental-health-resources/what-is-stepped-care-for-mental-health/>

Without proper planning and integration, services can become fragmented and redundant. This can lead to wasteful allocation of resources, duplication of efforts, increased costs and reduced overall effectiveness in service delivery²¹. Fragmented services and inefficient outpatient mental health care delivery often lead to unnecessary hospitalisations, emergency room visits, and avoidable complications²².

There are currently gaps in skilled workers including GPs, medical specialists, and emergency care providers. When preventive and community-based services are not adequately available or accessible, individuals may turn to emergency services for routine care or non-emergency situations, further burdening an already stretched healthcare system.

Liverpool and Wollondilly LGAs currently are experiencing GP FTE to resident ratios below the NSW average. Furthermore, the Primary and Community Health (PCH) nurse FTE to resident ratio falls below the state average in 6 of the 8 LGAs, and the PCH allied health professional FTE to resident ratio falls below the state average in all 8 LGAs. This is of great concern as the Western Parkland City has and will continue to experience great population growth in the next decade as the Western Sydney Aerotropolis continues to develop. It is imperative there is in place a primary care workforce to meet the demands of the growing population in the region. Particularly in areas of high growth such as Camden LGA which will experience 83% population growth in the next two decades (2041)

Lack of information can cause people to struggle and unable to navigate complex systems, resulting in delayed or suboptimal care.

The Western Sydney Health Alliance encourages co-location of health professionals and community service providers in community-based facilities that coordinate care and partnerships focused on health and active well-being. We advocate and encourage greater collaboration between agencies and sectors when planning and delivering services to strengthen regional integration. The early identification of land requirements and upgrades of local community infrastructure can also support timely and cost-effective service provision and potential service co-location. This approach also enables the provision of diverse health services for the diverse demographic profile throughout the Western Parkland City.

The Western Sydney Health Alliance partnership encourages research, development and the implementation of healthy frameworks, guidance documents and planning strategies in the planning and design of integrated mental health service provision as this leads to good outcomes for individuals and healthier, liveable neighbourhoods and communities.

The Western Parkland Councils are actively working with Health partners through the Western Sydney Health Alliance to address good health outcomes for their communities. Blue Mountains, Campbelltown, Camden, Fairfield, Hawkesbury, and Wollondilly have specifically identified in their 2023/24 operational plans initiatives to advocate for and encourage integration of physical and mental health services and between mental health services and providers. They are:

- Implementing initiatives to support young people and families by supporting and delivering youth mental health projects (Blue Mountains)
- Implementing the Campbelltown Health and Education Precinct Connectivity project and collaborating with the Campbelltown Health and Education Partnership to support the growth of the Macarthur Health, Knowledge, and Innovation District (Campbelltown)
- Julia Reserve has been providing an accessible and safe space for LGBTIQ Young People as well as many other groups of YP to access mental health supporting the community. The range varies, from suicide prevention to family Counselling and specific support groups. Council also supported the setting up of Head Space Narellan (Camden)
- Implementing the Fairfield Health Alliance partnership (Fairfield)

²¹ <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>

²² <https://www.swsld.health.nsw.gov.au/pdfs/OurHealth-2019.pdf>

- Developing partnerships to implement community resilience and mental health programs in particular mental health outreach programs (Hawkesbury)
- Working with young people in the Shire to deliver youth-based events and programs that address key issues for youth in the Shire, including Youth Week events and mental health programs (Wollondilly)
- Advocating for adequate health services across the Shire (current and future growth needs) including more GP's, mental health services and a new hospital in Wilton (Wollondilly)

(e) appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers

Access to healthcare services is dependent upon the appropriate and efficient allocation of mental health care workers, psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers. Appropriate allocation is an essential enabler of good population health outcomes, however the per capita spend on health services is currently less than in other areas. Historically SWSLHD has had one of the lowest total annualised expense budgets per resident by LHD in Greater Sydney and there are significant variations in the servicing ratios across health services in the region, indicating disparity in mental, community and allied health services.

Proper allocation ensures that mental health care workers are distributed where they are needed most, which can reduce wait times and increase access to mental health services for individuals in need. Effective allocation should take into consideration the unique needs of different communities and populations and should be guided by evidence-based practices and ongoing evaluation.

Access to mental health services is important to the successful transformation of the region and a current challenge is the ageing health workforce and the capacity to meet the current need let alone the impending growth. There is a current need for more General Practitioners to enable access to mental healthcare and wellbeing services. Blue Mountains, Fairfield, Liverpool, and Penrith LGAs have over 20% of GPs over 65 years old with Fairfield the highest with 33% - The median age of GPs in Fairfield is 68²³. This presents challenges in succession planning when these older GPs retire with insufficient GPs to replace them, and risks creating a major service gap for the community.

There are currently gaps in skilled workers including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers. Specialists need to be actively encouraged to practice in South West Sydney. More specialists are required in public hospitals to ensure access to mental health services, due to high dependency on the public health sector.

There is difficulty in recruiting and retaining GPs and specialists in the region^{24,25} with many practices seeking international medical graduates to assist with patient demand. Reasons for poor retention include²⁶:

- Long commute to work
- Poorer and stressful working conditions.

²³ Commonwealth Department of Health HealthDS UPP Tool. [Online] South Western Sydney PHN. [Cited: January 31, 2023.]

²⁴ South Western Sydney Primary Health Network. Primary Health Networks Needs Assessment 2022-2025

²⁵ Nepean Blue Mountains Primary Health Network. Nepean Blue Mountains Primary Health Network Needs Assessment - 2022

²⁶ Ibid

- Limited resources and career paths compared to other areas.
- Lack of “exciting” health collaborations that urban areas and larger rural areas have

Workforce planning is critical to attracting the skilled health professionals required to deliver a diverse range of services, to address the current and growing needs of the Parkland City. There is a lack of GPs²⁷ and specialists which increases reliance on emergency departments for non-emergency or preventable conditions and an increased demand for already stretched resources, such as hospitals, clinics, and healthcare professionals.

While a range of workforce support is available for primary care, a call for further action is required to improve the health workforce situation in the Western Parkland City. **A Joint Health Workforce Strategy should be developed** in consultation with the stakeholders of the WSHA to clearly lay out next steps and promote change which reduces strain and creates a healthy primary care workforce cycle.

(f) the use of Community Treatment Orders under the Mental Health Act 2007

The use of Community Treatment Orders under the Mental Health Act 2007 is a legal mechanism that allows for the involuntary treatment and care of individuals with severe mental illness while they continue to live in the community. These orders are typically used when it's determined that a person requires ongoing treatment to manage their mental health condition, but they may not be complying with treatment recommendations voluntarily.

There is a need to ensure a balance of the individual's right to autonomy and self-determination with the need for treatment and public safety.

The issuing of these orders should be a measure of last resort, after all other necessary interventions have been exhausted.

(g) benefits and risks of online and telehealth services

Telemedicine consultations, virtual appointments, and digital health platforms can provide convenient access to healthcare professionals, information, and resources. In certain areas of The Western Parkland City poor digital connectivity is experienced and this impacts on the ability to provide telehealth and digital health services. The geographical scale of the region and poor connectivity can make accessing services difficult and time consuming. This leads to inequities in access to mental health services.

In response to the growing digital divide, a Digital Equity and Inclusion Office for the Western Parkland City is in the process of being established²⁸. The office will lead on a program of work that will focus on two key objectives of understanding the depth and breadth of digital exclusion across Western Parkland Councils area; and provide access to new, targeted programs and guidance to help close the growing digital divide. The programs will target the digital needs of the community and become part of an online hub focused on digital inclusion in the Western Parkland City. When established the hub will bring together local resources, support services and new programs, making it easy for people to access and locate the right information they need. It will also be used as a tool to raise awareness and encourage participation across Western Sydney communities that experience digital inequity.

²⁷ South Western Sydney Primary Health Network. Primary Health Networks Needs Assessment 2022-2025

²⁸ <https://theparks.nsw.gov.au/digital-equity-and-inclusion-office/>

The Australian Digital Inclusion Index (ADII) 2020 indicates Outer West and South Western Sydney populations experience lower digital access, affordability, ability and awareness when compared to Eastern Sydney populations²⁹.

The Covid-19 pandemic highlighted the importance of digital connectivity and access in protecting community health and wellbeing. Digital connectivity and access are no longer optional for staying well-informed. Rather it is a community's gateway to reliable, accurate and up-to-date information and opportunities for progress, especially in times of emergency or crisis.

As critical government and non-government organisations rely increasingly on digital service provision, digital literacy and access is critical to ensuring community wellbeing. There is a need for multi-department collaboration to encourage investment in digital infrastructure in Western Parkland City and a need to upskill a diverse primary health workforce. This is critical to ensure local healthcare providers are equipped for the increase in demand for digital health provision.

Currently in the Western Parkland City, digital technology access is intermittent, there are many black spot and connectivity issues, and digital health literacy is a barrier to integrated service planning and provision. This also hinders the utilisation of electronic health records and telehealth technologies that can streamline communication between healthcare providers and improve access to medical services.

The integration of digital infrastructure and smart city solutions can enhance service delivery, improve the quality of life for residents and help achieve the aspiration for a "30-minute city" where residents can access work, education, services, and recreation, within a 30-minute travel time.

80% of people aged 65 years and over in Western Sydney find it difficult to keep up with technology changes placing them at high risk of digital exclusion.

Western Sydney has the largest over-seas born population of all Australian capital cities with new migrants and refugees experiencing higher levels of digital exclusion. There is a need for more research, data collection and innovation which supports digital literacy and access initiatives for the community.

It is also important to consider the individual and tailor mental health service provision when evaluating the suitability of telehealth and online services as situations vary based on individual circumstances and the quality of the services provided.

Benefits of online and telehealth services include:

- **Increased Accessibility:** Online and telehealth services can break down geographical barriers which are prevalent in the Western Parkland City, making mental health care accessible to individuals who have transport issues. This is especially beneficial for people who have difficulty traveling to in-person appointments.
- **Convenience:** Telehealth services offer greater flexibility in scheduling appointments, reducing the need for individuals to take time off work or arrange transportation. This convenience can make it easier for individuals to seek help and continue with treatment.
- **Reduced Stigma:** Some people may feel more comfortable seeking help through online platforms, as it can provide a level of anonymity and reduce the stigma associated with seeking mental health care.

²⁹ https://www.digitalinclusionindex.org.au/wp-content/uploads/2021/06/TLS_ADII_Report-2020_WebU.pdf

- **Choice of Providers:** Telehealth services may allow individuals to choose from a wider range of mental health professionals, including those who may not be available locally or within the region. This can lead to a better fit between patients and providers.
- **Continuity of Care:** Online services can provide a way for individuals to maintain continuity of care when faced with disruptions such as travel, relocation, or unforeseen circumstances.
- **Access to Specialised Care and tailored mental health services:** Telehealth enables access to specialised mental health services that may not be available locally, such as specific therapies or expertise in certain conditions.
- **Cost-Effective:** Online services can potentially reduce the cost of mental health care by eliminating travel expenses and other associated costs.

Risks of online and telehealth services include:

- **Lack of Personal Connection:** Online interactions may lack the personal touch and rapport-building that can occur in face-to-face sessions. This might impact the therapeutic relationship and the effectiveness of treatment.
- **Technical Issues:** Technical glitches, poor internet connectivity, or other technological challenges can disrupt the session and potentially lead to frustration for both the individual and the provider.
- **Security and Privacy Concerns:** Online communication raises concerns about data security and privacy. This can impact upon an individual's ability to build trust with a mental health service as sensitive information may be vulnerable to hacking or unauthorised access.
- **Limited Nonverbal Cues:** Online interactions may make it more difficult for mental health professionals to pick up on nonverbal cues that are important for assessing emotions and well-being.
- **Inadequate Assessment:** In some cases, online assessments may not be as comprehensive as in-person evaluations, potentially leading to misdiagnosis or inappropriate treatment.
- **Technology Barriers:** Not everyone has access to the necessary technology or internet connection for effective telehealth sessions, which can exacerbate existing disparities in access to care.
- **Emergency Situations:** Online services may not be suitable for individuals in crisis or those who require immediate intervention, as there may be a delay in response.
- **Therapeutic Modalities:** Some therapeutic approaches or interventions may be less effective or feasible through telehealth platforms.

(h) accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

Ongoing health inequities are often linked to social, economic, and environmental factors. Factors such as income, education, occupation, and access to mental healthcare can contribute to these disparities. Some of our communities have a higher burden of mental health conditions and this can be due to a combination of genetic factors, lifestyle behaviours, environmental exposures, and social determinants of health.

Barriers such as distance, transportation, cost, language barriers, cultural differences, or discriminatory practices can limit a person's ability to access necessary services and care. Disparities in access to clean air, safe water, healthy food options, and recreational facilities can impact overall mental health and wellbeing.

Following are Western Parkland City general demographic factors relating to vulnerable groups commonly impacted in their access to mental health services:

- The Western Parkland City is one of the State's most multicultural places. It is home to people from 195 countries. 36% of the Parkland City's population speak one of more than 200 languages other than English in their homes.
- 3% or approximately 35,000 of the Western Parkland City's residents are Aboriginal or Torres Strait Islanders, compared with 1.74% of Greater Sydney's total population. This cultural richness brings a wide range of skills, languages, cultures, and experiences.
- The Western Parkland City is home to a greater proportion of young people and children than Greater Sydney.
- In 2020, the Western Parkland City scored lower than the Greater Sydney average on the 30-minute measure of public transport access to metropolitan and strategic centres.
- Being aware of what exists, the provision of ethically and culturally appropriate services and the ability to reach health care is a challenge. The Western Parkland City has higher proportions of people who are ageing and people with profound or severe disabilities, a higher proportion of CALD and ATSI communities as well as a higher proportion of the population using eastern medicine practices. Socioeconomic disadvantage has a direct correlation with poor health, higher incidence of risky health behaviours and reduction in access to health care services.
- In The Western Parkland City in 2021, 36.1% of people used a language other than English at home and 87,294 people who spoke a language other than English at home reported difficulty speaking English.
- The Western Parkland City is home to many refugee or humanitarian arrivals who face a range of barriers to accessing mental health care, including language, limited understanding of the Australian healthcare system, poor health literacy, and misconceptions that their health issues could affect their immigration status.
- Western Sydney is home to the highest number of Aboriginal people in any region in Australia. For Indigenous Australians, factors such as cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are also key determinants of health and wellbeing (AIHW 2022a). Indigenous Australians experience significantly poorer mental health outcomes than non-Indigenous Australians. Inequalities in mental health care access and use are considered important drivers of this difference. Analysis by the AIHW of ABS survey data indicates that about 34% of the total health gap between Indigenous and non-Indigenous Australians is due to social determinants, and 19% due to individual health risk factors
- in 2018-19 3 in 10 Indigenous Australians who needed to go to a health care provider did not. Barriers included cost, and health services being unavailable, far away or with long waiting times.
- Health workforce - In 2021, Indigenous Australians were employed in health-related occupations at about 60% the rate of non-indigenous Australians (309 compared with 515 per 10,000)
- In 2021, 74,176 people (or 6.4% of the population) in Western Parkland Councils reported needing help in their day-to-day lives due to disability. This is higher than Greater Sydney of 5.2% of the population. 104,273 carers were providing unpaid assistance to a person with a disability, long term illness or old age in 2021. This represents 11.4% of the population aged 15+.
- The Australian Digital Inclusion Index score for the Parkland City is 71.6, compared to 75.9 in the Eastern Harbour City and 74.3 in the Central River City.

- June quarter of 2021, the NSW population reported an unemployment rate of 6.0%. - Fairfield, which in the same reporting quarter, reported an unemployment rate of 12.6%, at more than twice the NSW average

(i) alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia, or intoxication in the community, including but not limited to Police, Ambulance, Clinical, Early, Response (PACER)

Several instances of community members demonstrating mental health challenges in public open spaces have been cited by our Parks Councils. As a landowner, Councils issue ban notices to ensure public safety. Often these notices are issued by the police directly to the person of interest which often has significant lag times between the incident and the issuing of the notice. The issuing of notices also fall within an area where the jurisdiction boundaries are quite blurry.

Often the Person of Interest may move between LGA boundaries, which makes it even more difficult. The last thing Councils want to do is impinge upon a person's right to access open spaces for recreation and general use, however when it becomes a safety issue for themselves as well as to the other users, it becomes a challenge.

The process in this instance needs to be reviewed and streamlined to make it easier for Council's to raise a repeated issue of risky behaviour in the public domain and gain some support and clarity from the police.

We need to ensure alternative processes are investigated for emergency responders to ensure our police and emergency service officers are trained and equipped to deal with these circumstances.

The pathways for patient exchange by police to medical care and the transitional arrangements for this needs to be clearly defined and furthered explored.

(j) any other related matter

- **Suicide in Australia**

Mental illness is one of many factors that can contribute to a person's decision to take their own life but is rarely the only reason. We know that mental illnesses such as depression, psychosis and substance use are associated with an increased risk of suicide. But we also know that experiencing risk factors doesn't necessarily mean a person will think about or attempt to take their own life.

Mental health and suicide are connected, but not the same³⁰.

The mental health system has an important part to play in early identification and treatment of people with suicidal ideation and support after an attempted suicide, but we know that men, who have the highest rates of suicide, are less likely to seek help and that an improved mental health system will not be enough to address all the suicide risk factors.

Over 10 million Australian adults are estimated to know someone who has died by suicide, and one in two young people are impacted by suicide by the time they turn 25. In Australia in 2021, there were 3,144 deaths by suicide, an average of nine deaths per day, an age-standardised rate of 12.0 per 100,000 population³¹. The age standardised rate for the period 2017-2021 in Blue Mountains LGA (SA3) (13.2 per 100,000), and Wollondilly LGA (SA3) (15 per 100,00) higher than the national average³².

³⁰ <https://www.linkedin.com/pulse/mental-health-suicide-connected-same-lifeline-australia/>

³¹ Suicide Prevention Australia, Fact Sheet ABS 2021 Causes of Death Data (2021)

³² Australian Institute of Health and Welfare, Suicide by local areas (2021).

Suicide is the leading cause of death for Australians between 15 to 44 years of age. In 2020 suicide was the leading cause of death for young people aged between 15 to 24 years and accounted for over one in four deaths among people aged 25 to 34 years³³. Nationally, a higher prevalence of suicide amongst men, rural communities, Aboriginal and Torres Strait Islanders and lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+) communities and other high-risk groups is found. Approximately 75 per cent of people who die by suicide are male. Among Aboriginal and Torres Strait Islander communities, suicide rates between 2012 to 2016 and 2017 to 2021 are twice as high than non-indigenous communities³⁴.

Australians ranked the top three risks to suicide rates increasing in the next 12 months as: cost-of-living and personal debt (69%, +4 points); housing access and affordability (53%, +4 points); and unemployment and job security (51%, +5 points), overtaking social isolation (51%) and relationship breakdown (51%)³⁵. Rising rates of suicidal behaviour aligns research on natural disasters, recessions and other crises that show suicide rates can peak two to three years after an event.

The impact of suicide across Australia has been recognised at national and state levels with the announcement of the Australian Government working 'towards zero suicides' and the appointment of the First National Suicide Prevention Adviser. The NSW Government further supported localised initiatives by implementing a Strategic Framework for Suicide Prevention in NSW 2018 to 2023, and Shifting the Landscape for Suicide Prevention in NSW, a whole-of-government Strategic Framework for a whole-of-community response, 2022 to 2027.

To reduce lives lost to suicide we need to have whole of government approaches to tackle the social determinants of health; lived experience embedded into policy and practice; improved data systems; implementation of a community based mental health service system and address the gaps in the suicide prevention and mental health workforces. Many organisations and individuals interact with both sectors. Significant growth in service demand, challenges to grow workforces and the need for more timely, reliable data are common issues across these sectors. These should be addressed by government as a priority and in an integrated way.

We thank you for your consideration and welcome any further opportunity to work collaboratively with the NSW Legislative Council's Portfolio Committee No.2.

Sincerely

Rebecca Grasso

Chair
Western Sydney Health Alliance

³³ Suicide Prevention Australia, Fact Sheet ABS 2021 Causes of Death Data (2021)

³⁴ *ibid*

³⁵ Suicide Prevention Australia, Media Release Concerning increase in cost-of-living distress levels (2023)