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

Organisation: Gidget Foundation Australia

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

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In Australia, perinatal depression and anxiety affects one in five mothers and one in ten fathers, impacting around 100,000 expectant and new parents each year.

Almost 50% of new parents will experience adjustment disorders, and distressingly, maternal suicide is one of the leading causes of death amongst expectant and new mothers.

In this submission Gidget Foundation Australia highlights:

- The role of education and training in recognising and responding to perinatal mental health presentations.
- The continued demand for free and low-cost perinatal mental health service provision to support equity of access.
- The importance of stepped care and improved integration between physical and mental health referral pathways.
- The value of telehealth in facilitating equity of access to mental health services for all NSW families.

Gidget Foundation Australia recognises and honours all people with lived experience of perinatal mental ill-health, and their loved ones who provide care and support. Lived experience is at the heart of everything we do, and we acknowledge these experiences with compassion and respect. We are truly grateful to those who choose to share their stories and we acknowledge those who carry these stories quietly. We are committed to supporting NSW parents and their communities, providing the foundations for intergenerational mental wellbeing.

ABOUT GIDGET FOUNDATION AUSTRALIA

Gidget Foundation Australia is a not-for-profit organisation that exists to support the emotional wellbeing of expectant and new parents, promoting awareness, driving advocacy, education and service delivery to prevent and treat perinatal mental health issues through early detection and early intervention.

To meet the increasing demands for specialist perinatal mental health services Gidget Foundation Australia has developed a comprehensive suite of services to assist all new and expectant parents to access care in the right place, at the right time, and at a level best suited to their support needs.

These services include individual psychological consultations (with no out-of-pocket expenses) via the **Gidget House®** and **Start Talking** programs. The **Gidget House®** model provides specialist face to face psychological interventions for clients diagnosed with, or at risk of developing postnatal depression and anxiety. The **Start Talking** program provides these specialist psychological supports via telehealth.

Clients accessing the service via a mental health care plan and GP referral are eligible for up to 10 bulk-billed psychological treatment sessions per calendar year under the Medicare Better Access Initiative. Clients are also eligible to access the **Gidget Perinatal Support Centre** 24/7 perinatal support through our partnership with Sonder) during their period of care.

Other programs developed and delivered by the Foundation are **Gidget Village®** group treatment programs, **Gidget Virtual Village®** online virtual support groups and **Gidget Emotional Wellbeing Screening Program** early intervention screening delivered in person by a Gidget Midwife.

As the leading national provider of perinatal mental health services, Gidget Foundation Australia is committed to supporting, expanding and nurturing the workforce. We currently contract and support 120+ perinatal specialist mental health clinicians to deliver psychological services to our growing client base across Australia. Our workforce includes clinical psychologists, registered psychologists, mental health accredited social workers, mental health nurses and occupational therapists.

The Gidget Foundation Australia workforce continues to expand as more join through our innovative workforce development initiative, the *Perinatal and Infant Mental Health Training and Development Institute* supported by Sydney North PHN through the Australian Government's PHN's Program, NSW Health and the Commonwealth Government.

GIDGET FOUNDATION AUSTRALIA STEPPED CARE MODEL ✿

At Gidget Foundation Australia we offer a stepped model of care to facilitate flexible access to a range of healthcare supports and resources, from low intensity self-help supports, through to high intensity clinician led interventions. This stepped-care model allows clients to engage in care which is person-centred, needs driven and evidence informed for at risk, and mild through to moderate clinical presentations.

A blend of face-to face, telehealth and online resources allows Gidget Foundation Australia to support new and expectant parents across Australia, facilitating access by reducing both the individual and systemic barriers to care, including cost, availability and accessibility. It also allows clients to be stepped up or down in their care, based on changing clinical circumstances and support requirements.

ABOUT OUR NAMESAKE Gidget ✿

Gidget was the nickname of a vibrant young mother who tragically took her own life while experiencing postnatal depression, a diagnosis that she kept close to her heart. Together, her loving family and friends created Gidget Foundation Australia determined that what happened to *Gidget* would not happen to others.

Gidget left the world too early, though she has left a remarkable legacy. In the words of *Gidget's* Mum, Sue Cotton, "Gidget Foundation Australia came into being because of *Gidget*, but it's not about my little girl anymore. Gidget Foundation Australia is all about the other 'Gidgets' and guys out there suffering. Let's all do whatever we can to get them to start talking."

Gidget Foundation Australia (GFA) would like to make submissions in relation to the following points of inquiry, with particular reference to mental health care in the perinatal context, noting many of these principles of care can be generalised to the broader mental health landscape.

(a) equity of access to outpatient mental health services

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

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

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

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

(g) benefits and risks of online and telehealth services

(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

These submissions are presented below.

(a) equity of access to outpatient mental health services

Ensuring equitable access to mental health services is essential for the provision of effective and appropriate mental health care and plays a critical role in improving the mental health and wellbeing of NSW families. Establishing a clear understanding of the barriers faced by consumers seeking access to mental health services is fundamental to improving equity of access, and to the development of efficacious models of care.

The impact of mental ill health on the individual, family unit and community at large can be minimised with early detection, intervention and cohesive, collaborative care, but barriers to accessing care can negatively impact mental health outcomes for some individuals, and some populations. Addressing accessibility barriers is an essential step in delivering safe, appropriate and responsive mental health care throughout NSW, resulting in tangible benefits for consumers, carers, and the wider community.

For expectant and new parents who are experiencing, or at risk of developing a mental health disorder, accessing appropriate care can be challenging, with a range of individual and societal factors contributing to this. Providing appropriate access points to care throughout the perinatal period can support the immediate and ongoing health and wellbeing of the entire family unit.

For many new parents, stereotypes and stigma around who gets PNDA and why, can create barriers to accessing timely appropriate care. Improving access to primary healthcare professionals who can provide culturally sensitive routine assessment of mental well-being during antenatal and postnatal consultations is critical to improving the accessibility of entry points. All primary care perinatal clinicians should have foundational training in recognising and responding to perinatal mental health presentations in both birthing and non-birthing parents. Expectant parents should also have access to appropriate information and education around symptom recognition and support services to reduce stigma and normalise help-seeking.

Recommendation: Improved training for primary care providers in recognising and responding to perinatal mental health presentations should be prioritised to facilitate improved ease of access to existing care pathways. This training should be available to all public and private primary care providers across maternity and early childhood health services.

Recommendation: A statewide focus on community education and advocacy is required to increase understanding and awareness of perinatal mental health disorders and support appropriate self-referral.

Accessing services at a time when family incomes may be reduced, and household costs have climbed can be financially challenging for many parents. Ensuring new parents have access to free, or low-cost services reduces financial barriers to mental health care. Additionally, the establishment of universal community care options which cover the spectrum of perinatal presentations, from low through to high intensity support, will help reduce financial barriers for parents with complex needs.

Access to perinatal mental health services based on geographical location is inconsistent across NSW, and not reflective of need. While some communities and populations have access to local primary, secondary and tertiary services, others have very limited options and face longer wait times for this care. They may also experience briefer interventions and shorter episodes of care to help ration limited resources. Increasing access to needs-based care through hub and spoke service provision should be a priority, particularly in poorly resourced communities. Priority should also be given to the

establishment of new services in locations which are currently poorly resourced, with telehealth services used to provide both direct care and specialist consultation liaison for local services.

Access to wrap around care that supports psychosocial wellbeing and addresses the social determinants of health can also improve equity, with early referral and upstream interventions critical to the delivery of genuine gains in health equity. Creating entry pathways and access to services for new and expectant parents with elevated risk and vulnerability factors should be prioritised.

Recommendation: Priority should be given to the establishment of free and low-cost perinatal mental health services in locations which are currently poorly resourced, with models of care and treatment duration matched to complexities in presentation.

Recommendation: Models of care should provide sufficient scope to effectively treat and resolve perinatal mental health disorders. Ensuring all parents have access to affordable treatment of sufficient intensity and duration to address complex perinatal presentations is critical to the wellbeing of families across NSW.

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

For many new and expectant parents, navigating the complexities of outpatient care can be challenging, frustrating and impossibly complex. There is a lack of consistency in the range of services available for primary, secondary and tertiary care across mental health presentations, with some mental health conditions well resourced, and others far less so.

Inadequate referral mechanisms hinder step-up and step-down care, with excessive waiting times, and complex exclusion criteria making transfer between specialist mental health care providers difficult. Gaps in service delivery are also problematic and can result in suboptimal interim care, with service providers left ''holding'' clients they are unable to adequately support.

Continued emphasis on the GP as gatekeeper, rather than care partner adds to the complexity, with other specialist mental health service providers excluded from direct referral pathways. This is particularly an issue for outpatient services which provide Medicare rebateable services, or for those stepping up or down from inpatient care. The requirement that an obstetrician must send a patient back to their GP for referral to a psychologist, and that psychologist must then send the patient back to their GP for referral to a psychiatrist, creates barriers which can delay, or derail appropriate care. For those with chronic care needs, delays in accessing affordable, non-urgent GP care can be both frustrating, and countertherapeutic.

The current system favours well-informed, health literate consumers who can advocate for their own needs and drive their own care. This can be incredibly difficult for the most capable consumer to manage during a period of mental ill-health and presents an even greater challenge for those from disadvantaged backgrounds or vulnerable populations.   Trial and error in finding the right service, the right practitioner, and the right model of care, can add to the time, cost and complexity of service navigation.

Navigating services is also particularly challenging for parents with mental health issues affecting their daily functioning or who are impacted by additional psychosocial stressors. For expectant and new

parents who are struggling to adjust to the arrival of their baby, meeting their own mental health needs can be a low priority. For those without family supports, this challenge can be insurmountable.

A lack of coordinated multidisciplinary care can also make service navigation a recurrent challenge, with navigation required as care is stepped up or down, or additional supports are engaged. There is a need for centralised care coordination and case management support which can address physical and psychosocial needs impacting mental health, as well as systemic barriers to mental wellbeing. Care navigation teams can improve ease of access to existing services and improve efficiencies in service delivery. They can also support transition between care providers, creating an interface between NSW Health, NGOs and Medicare-funded models of care.

Recommendation: Improved step-up and step-down care, alongside better integration of physical and mental health referral pathways and direct referral between treating practitioners is needed to improve care navigation and continuity of care.

Recommendation: Third party referrals provided by allied health practitioners, midwives and medical specialists should be sufficient to enable direct entry to public, private and NFP mental health services in NSW, without the need for a GP referral.

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

Families living in rural, regional and remote NSW continue to experience challenges in accessing timely, appropriate and affordable mental health care services at levels commensurate with those available to families residing in cities and major metropolitan areas. The gap in service provision is evident across primary, secondary and tertiary services, with access to specialist referral services most problematic.

Accessible and affordable outpatient perinatal and infant mental health (PIMH) services available across NSW predominantly include Community Mental Health (CMH) and State-wide Outreach Psychiatry Services (SwOPS) for provision of acute or complex care, and Better Access or Primary Health Network (PHN) funded services for provision of mild to moderate perinatal mental health care. However, there are significant gaps in the availability of these services across NSW, and this is particularly problematic in rural, regional and remote areas, where parents may experience long wait times, limited access to psychiatric and other specialist PIMHs support, and few local referral pathways.

Perinatal mental health presentations which include complex psychosocial issues, can be particularly challenging in rural, regional and remote areas. A lack of access to wrap around support services to manage child protection concerns, substance use, family violence, housing issues and isolation, places enormous pressure on mental health service providers, diluting the effectiveness of clinical interventions, and contributing to burnout and role turnover.

Workforce shortages also continue to challenge already under-resourced communities with some mental health positions vacant for months or even years. Developing a workplace value proposition which attracts and retains qualified staff is a key challenge for organisations providing services in rural, regional and remote NSW, and requires significant innovation and resourcing.

While telehealth services can help plug gaps in service delivery regionally, and have certainly improved access to specialist care, the lack of choice for families living in more remote locations remains problematic. Access to provision of face-to-face services remains gold standard and should be facilitated where possible.

Recommendation: Significant investment and capacity building across rural, regional and remote NSW mental health services should be prioritised to ensure equitable access to perinatal mental health care for all NSW families.

Recommendation: Increased support for NGOs and private providers delivering services in rural, regional and remote areas is required to ensure sustainable service delivery amid current challenges associated with workforce isolation, workforce shortages and high levels of burnout and turnover.

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

With the mind-body link well established, there is increasing demand for a more integrated model of health service delivery which provides person-centred care across both physical and mental health presentations. Integrated services with smooth referral pathways provide responsive treatment through improved access and continuity of care.

In perinatal care, the integration of physical and mental health services is critical to improving health outcomes for parents and infants. Access to high quality responsive care which meets both the physical and psychological needs of parents can improve clinical outcomes for parent and infant alike. However, despite these benefits, siloed health services continue to dominate the perinatal landscape, with integration limited by funding structures, models of care and service location.

The establishment of co-located services, multidisciplinary models of care, and expanded referral pathways is essential for the development of holistic care. Improved communication between treating practitioners and between practitioners and patients is also critical in improving care coordination.

Recommendation: Routine mental health screening should be embedded in antenatal and postnatal care, with multidisciplinary teams established in all outpatient maternity services to provide collaborative and holistic care.

Recommendation: Government leadership on the establishment of collocated services and multidisciplinary care pathways should look to bring public, private and NFP service providers together to support integrated community-based perinatal care.

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

With demand for perinatal mental health services continuing to grow, the efficient allocation of health care professionals is essential for the delivery of efficient and effective community mental health care. Ideally, allocation should equitably match need and availability, mapping the complexities of care against scope of practice.

Every community, urban or regional deserves access to a diverse range of mental health care professionals. Allocation strategies should ensure equitable distribution, addressing potential gaps in underserviced, rural, regional, and remote areas. Current metro-centric service concentrations of psychiatrists and specialist perinatal mental health clinicians, adversely affects service delivery outside metropolitan areas.

Access to specialist perinatal mental health care should be needs driven, with stepped care models used to ensure efficient and effective allocation of finite resources. Access to low intensity self-service supports should complement high intensity clinician led services to ensure all parents have access to the right care, at the right time. An emphasis on preventative mental health resource allocation should also be prioritised.

Effective resource allocation should also look to leverage education and training opportunities to expand the size, scale and scope of practice of the existing workforce. Enabling clinicians to work at the top of their scope expands the expertise of the workforce, allowing existing resources to meet growing demand.

Allocation strategies should be informed by data on mental health trends, service utilisation rates, and patient outcomes. This data-driven approach supports objective and informed decisions for optimal resource allocation.

Community engagement and the development of an alternate workforce should also be explored, with peer workers, volunteers and consumer advocates supporting trained professionals in service navigation and delivery.

Recommendation: Effective resource allocation should be needs driven, with education and training opportunities designed to support top of scope service delivery across a stepped care landscape.

Recommendation: Prioritising funding to embed stepped care offerings into perinatal mental health services will support specialist clinicians in care delivery and enable efficient allocation of clinical resources.

(g) benefits and risks of online and telehealth services

Telehealth services have significantly improved accessibility to mental health care, particularly for those living outside of major service centres, or those who have difficulty accessing care at a fixed location. The ability to consult with a mental health practitioner, regardless of their location has also improved equity of access, allowing isolated consumers to access specialist care.

The availability of telehealth in rural, regional and remote areas has allowed families across NSW to access specialist perinatal mental health care which would be otherwise unavailable. It has also enabled practitioners working in those locations to access specialist support, providing shared care pathways which strengthen safety and quality of care.

For expectant and new parents with perinatal mental health disorders, telehealth improves accessibility and continuity of care at a time when leaving the house can be challenging and might otherwise trigger a break in care. When offered as a blended service to this cohort, telehealth brings

the best of both worlds to service delivery, with the flexibility and accessibility of telehealth, backed up by the relational support of face-to-face care.

Telehealth services have been shown to be both cost effective, and efficacious, delivering clinical outcomes commensurate with in-centre care. However, for complex presentations, the need to ensure access to wrap-around services remains critical to the safety of this service delivery model, making communication and collaboration with local service providers, including GPs, essential for risk management in telehealth care. Best practice training in online service delivery should also be embedded in all established educational programs to promote workforce competence and confidence in using this mode of service delivery.

Recommendation: Strengthening the provision of telehealth services through collaborative care from local providers should be prioritised to ensure right time, right place care and equity of access for all families, including those with complex presentations.

Recommendation: Telehealth models of care should provide sufficient scope to effectively treat and resolve perinatal mental health disorders to ensure all parents have access to remote support at levels commensurate with clinical need.

(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

In considering the accessibility and cultural safety of mental health services, it is important to acknowledge that while First Nations, CALD, LGBTQIA+, young people and people with disability are all vulnerable population groups, they are also unique communities with diverse health challenges, and concerns.

The Australia Human Rights Commission defines cultural safety as "An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening." When considering the safety needs of these diverse groups, cultural safety signalling can support improved accessibility by increasing community confidence around awareness and intent. Organisations should look to create care spaces which openly welcome diversity and speak to inclusive practice in their models of care.

First Nations, CALD, LGBTQIA+ people, young people and people with disability can experience greater difficulty accessing mental health care services due to barriers associated with poor health literacy, limited financial resources, language challenges, prejudice and stigma, cultural misconception and a history of trauma. Supporting safe care requires services to address both the barriers to access, and the cultural appropriateness and inclusivity of the care provided.

Providing culturally safe care can present challenges for healthcare services. The creation of culturally safe environments requires organisations to establish policies, systems and processes that promote the importance of self-determination and consumer-centred care. It also requires individuals to reflectively evaluate their clinical practice to identify cultural bias and acknowledge differing views and beliefs. Access to appropriate education and training is critical in supporting the development of culturally safe and inclusive practice, but it can be cost and resource-prohibitive for small

organisations to provide. Cultural competency training should be accessible and readily available to all NSW mental health service providers and should be supported through the establishment of publicly funded training and implementation resources.

Recommendation: Cultural safety should be supported through policies and practices that encourage the creation of a diverse and tolerant workforce which is educated and informed and is collectively committed to consumer centred care and universal equity in health service delivery.

Recommendation: Investment in the development and delivery of comprehensive cultural competency training for perinatal mental health clinicians should be prioritised to facilitate improved access to safe care pathways for First Nations, CALD, LGBTQIA+ people, young people and people with disability.

GOVERNANCE AT GIDGET FOUNDATION AUSTRALIA

Gidget Foundation Australia is committed to delivering safe, high quality perinatal mental health care to new and expectant parents. Through advocacy, education and research, the Foundation also supports the development of a skilled workforce and a health-informed community.

Gidget Foundation Australia is governed by a passionate and committed Board of Directors, who donate their time, energy and professional expertise to support the Foundation's mission. The Gidget Board has overall responsibility for establishing and monitoring the governance of the organisation to ensure equity, accountability, and transparency in service delivery, while also providing leadership and stewardship across the organisation.

The Board is supported by a number of key committees and working groups which operate in an advisory capacity, informing policy and process, and providing operational oversight of both compliance and performance. An emphasis on membership diversity and lived experience leadership, and participation ensures a culture of consultation and inclusivity underpins delivery of current and emerging models of care.

Safety, quality and clinical care standards are overseen by the **Clinical Governance Committee**, to ensure the maintenance of clinical standards, quality and safety, and that ethics and risk are appropriately monitored and addressed. The Committee's membership and experience is diverse and represents a range of stakeholders including lived experience, psychologists, mental health nurses, general practitioners, obstetrician and gynaecologists and pharmacists. The Clinical Governance Committee provides independent advice and expertise to support both Executive and Board decision-making.

Gidget Foundation Australia's First Nations, LGBQTIA+ and Disability Working Groups are also cross representative of external volunteers with lived experience in each area and staff members. These groups inform inclusive practice across both the clinical and corporate functions of the organisation, fostering a culture of safety and belonging for all.

Gidget Foundation Australia clinicians are provided with access to regular individual and group supervision, with clear clinical escalation pathways for ensuring excellence in clinical services delivery. Professional development is also supported through ongoing access to monthly education, training and seminar presentations and bi-annual perinatal focused conference for continuing education.

For more information on Gidget Foundation Australia visit gidgetfoundation.org.au