

Submission
No 101

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

Organisation: Tresillian

Date Received: 6 September 2023

NSW Parliament Upper House Inquiry Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

TRESILLIAN

September 2023

Contents

Introduction	1
Executive Summary	2
Background	2
(a) equity of access to outpatient mental health services	3
(b) navigation of outpatient and community mental health services from the perspectives of patients and carers.....	4
(c) capacity of State and other community mental health services, including in rural, regional and remote New South Wales	5
(d) integration between physical and mental health services, and between mental health services and providers	7
(e) appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, counsellors, social workers, allied health professionals and peer workers	7
(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	8

Introduction

Tresillian is Australia’s largest early parenting service offering day, residential, virtual and mobile services for families across NSW, into ACT and the north of Victoria to assist with early parenting challenges. These include sleeping and settling, feeding and parental stress and mental health vulnerabilities.

Tresillian services over 50,000 families annually across all its service locations and is staffed by a multidisciplinary workforce comprised of child and family health nurses, midwives, general practitioners, paediatricians, psychologists, social workers, occupational therapists, psychiatry trainees and psychiatrists.

Tresillian relishes this opportunity to contribute to this enquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales as it has invested considerable resources into responding to the mental health vulnerabilities of families seeking Tresillian support. Further, it regularly responds to and liaises with community mental health services that parent-infant dyads rely on and has insights into the challenges and benefits of an equitable, accessible and appropriate community mental health sector.

Tresillian will address the following terms of reference:

- (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
- (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

Executive Summary

Tresillian recognises the considerable complexity and unmet need for community based perinatal and infant mental health services, particularly for the ‘missing middle’ that require more than Medicare can fund, but who don’t meet the threshold for admission to a State public service.

Tresillian is committed to supporting and implementing effective solutions that improve equity, accessibility and appropriateness to ensure those who are unwell receive the right service, in the right place and at the right time. Tresillian has formed effective partnerships across local health districts so that families’ access to mental health care is streamlined and siloing of services is reduced.

To ensure equity, accessibility and appropriateness Tresillian recommends support and enhancement of its Perinatal, Infant and Early Childhood Mental Health[®] model of care; step up and step down referral pathways into and out of State parent-infant units; group programs and support; and innovative models of care such as the Tresillian 2U mobile parenting service, the Grafton Child and Family Wellbeing Hub and Extended Home Visiting services.

Background

Tresillian is acutely aware of the intersecting needs of parental mental health vulnerabilities and infant/child development, and has introduced core screening, referral and community-based treatment to meet the needs of parent-infant dyads struggling with mental illness in the early years. Tresillian’s Strategic Plan 2021-2024 has a Focus on Mental Health as a strategic priority, with a focus on the parent-infant relationship. Tresillian has established robust clinical governance of a Perinatal, Infant and Early Childhood Mental Health[®] (PIEC-MH[®]) service model with its multidisciplinary

clinical leadership team under the leadership of Director PIEC-MH[®] (Psychiatry) and including psychology and nursing roles.

All parents admitted to a Tresillian service are screened for mental health vulnerabilities and risk factors, and if required can receive specialist perinatal, infant and early childhood mental health assessment and support via well-established referral pathways.

Tresillian does not exclude families on the basis of domestic violence, child protection issues or complex mental health vulnerabilities, but seeks to engage relevant agencies to work in partnership to support families.

Tresillian values active partnerships to increase the system's capacity to respond and has respectful, collaborative relationships with multiple LHDs, and professional relationships with most perinatal and infant mental health teams. Tresillian is committed to collaborating as partners across the health system, challenging barriers or silos that prevent parents, infants and families from accessing the right care, at the right place and the right time.

Families seeking support from Tresillian are far more vulnerable regarding mental health than most. Whilst research indicates that approximately 20% of new mums report perinatal depression or anxiety (PNDA), a recent audit of 160 random admission scores for Tresillian families indicate that approximately

- 30% of parent admitted indicate the presence of PNDA on admission, with a further 16% indicating at risk symptomatology;
- 7% report suicidal thoughts;
- 20% report a prior mental health history;
- 43% report that they only have somewhat, a little or no reliable support for assistance with their child;
- 29% report either childhood emotional abuse or lifetime sexual or physical abuse, with 22% reporting two of these.
- 50% report low parenting self-regulation, indicating a lack of agency, self-management and feelings of self-efficacy in their parenting role

Connection with and admission to a Tresillian service, therefore, is a positive opportunity to capture vulnerable families who may be struggling with mental health *and parenting* vulnerabilities and offer suitable care and support in the community.

(a) equity of access to outpatient mental health services

Tresillian is acutely aware of how difficult it can be for families requiring community perinatal and infant mental health support to gain access, noting that it seems the most vulnerable are often turned away, or that there are waitlists preventing accessible and timely care. Tresillian provides a unique specialised perinatal and infant mental health parenting service that is inclusive of early screening and intervention. The focus of the therapy is shifting disrupted attachment patterns through a trauma informed lens. The infant's emotional wellbeing and connection with their primary carer is at the forefront of the interventions provided at Tresillian.

Tresillian's commitment to PIEC MH model of care aims to respond to this problem by capturing and treating families when accessing parenting support meaning there is little to no wait time. Further, Tresillian does not exclude families on the basis of suicidality, domestic violence or child protection issues, and can provide multidisciplinary, holistic care when safe to do so, whilst also liaising collaboratively with other services and agencies that may best support the family. In this way, Tresillian seeks to ensure there is increased equity in the system.

The Tresillian experience is that it is often very difficult for families to gain access to publicly funded outpatient mental health services and there is a lack of prioritising those who are most vulnerable. Tresillian provides a unique specialised perinatal and infant mental health parenting service that is inclusive of early screening and intervention. The focus of the therapy is shifting disrupted attachment patterns through a trauma informed lens. The infant's emotional wellbeing and connection with their primary carer is at the forefront of the interventions provided at Tresillian.

There is a perception that funding rewards low intensity services which provide only brief interventions and often exclude those who are most vulnerable. This is particularly the case in the perinatal and infant mental health sector, where publicly funded perinatal and infant mental health teams cannot respond to the demand, and thus the threshold for accessing their support escalates. At the same time, private options are out of reach financially or even if affordable can't be accessed due to waitlists. Tresillian is hopeful that Federal support for Head to Health adult and Kids hubs may assist and are involved in partnering with LHDs regarding the establishment of some of these hubs. Tresillian has the experience and commitment to engage in these partnerships to develop new service models and ways of improving access and equity to all families.

Tresillian seeks to respond to the needs of this 'missing middle' – those who require more than Medicare funding can provide (ten session model utilising GP and allied health expertise only), but who don't meet the threshold for public community mental health responses or case management. Tresillian has particularly invested in psychiatry workforce and clinical leadership as the organisation understands the importance of catering to the complexity and severity of families coming into Tresillian services.

Fundamentally the publicly funded community mental health system in NSW is not equitable, and neglects those with complex psychosocial needs or who lack financial resources to access services privately.

The *Royal Australian and New Zealand College of Psychiatrists*, in collaboration with several other mental health community groups, have reviewed the experience of frontline workers across primary, secondary and tertiary mental health settings and stated that respondents described the following regarding the mental health system in NSW:

- [It's] poorly funded, operating in crisis;
- Where people are falling through the cracks, with dire consequences;
- That's ill-prepared to address community trauma, and in some cases, re-traumatising people;
- Where help is hard to access and often unaffordable;
- That's complex, fractured and disconnected;
- Where there are workforce shortages and underutilisation;
- And where community mental health services are neglected, underfunded, and disparate.

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

The Tresillian experience is that it is often very difficult for patients and carers to access community mental health services, let alone understand the different services that are available and which one is best for them. This is due to multiple factors including:

- There is a lack of clarity or awareness regarding what service level or type is needed ie general low intensity support, moderate input to cater for complexity or acute care requiring emergency response

- The Mental Health Access Line is experienced as unhelpful, actively discouraging patients from seeking assistance
- Siloing of services, with strict exclusion criteria for some services meaning people are turned away, leading to discouragement and further emotional overwhelm
- Waitlists for access to services are too long, sometimes escalating to over several months
- Private options are too expensive or unavailable due to waitlists
- Also the lack of services that considered the impact of mental illness on the development of the infant and are able to intervene at this critical period.

Tresillian seeks to counter these experiences by providing its own community based response to families struggling with mental health concerns and complexities, particularly when this is impacting on the next generation.

Tresillian is part of a national perinatal mental health navigation program, *For When*, which seeks to assist parents with moderate to severe mental illness to find the right service that will suit their particular needs; and is administered through the Australasian Association of Parent and Child Health. A protocol for evaluation of this service has been established, and the outcomes of this are eagerly awaited. Tresillian's involvement in this National initiative demonstrates longstanding collaborative partnerships in this specialised area of mental health.

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

The Tresillian experience is that capacity of State services is very low with very high demand against only minimal to moderate resources. There is a decided lack of specialist perinatal and infant mental health clinical expertise and multidisciplinary support in rural, regional, and remote settings, with some local health districts having access to less than 2 FTE for vast geographical spaces, and no psychiatry cover. The experience of Tresillian staff is that only parents with a current, active plan with intent to hurt themselves or others are considered for intake or triage by a State service provider, and then the only intervention that is provided is brief, without options to examine the psychosocial complexity that may attend such a presentation or provide the right level of follow up to genuinely support recovery.

At the other end of the spectrum many community-based services exclude those who may not be suicidal, but who report escalating vulnerability in their mental state, with increasing symptomatology, and multiple burdensome complexities including child protection, substance use, family dysfunction or relationship strain and/or domestic violence.

These issues are amplified several fold in rural, regional and remote settings, with workforce issues particularly challenging. Recently regional and remote communities have experienced extreme environmental and social stressors. Community isolation and lack of professional support is impacting accessibility and equity of timely mental health service to these families.

Tresillian seeks to respond to those attending their services utilising a no wrong door approach, to ensure families are not left without care or support at a time when they most need it. Further, it has invested in placing mental health staff in rural and regional areas (Taree and Moruya) to provide treatment and follow up.

Partnership is one of Tresillian's values and this is illustrated in fruitful, respectful collaborations with several LHDs throughout NSW, including the Mid North Coast LHD, Northern Sydney LHD and

planning for engagement with South East Sydney LHD. In the Mid North Coast LHD there is a pilot underway for the shared Tresillian/MNC LHD psychiatry trainee to assess and follow up families that are not accepted by the Mental Health Acute Care team, under the supervision of Tresillian and CAMHS psychiatry. There is also a shared registrar position across Northern Sydney LHD and Tresillian Nepean and Willoughby, and current plans to develop a third shared psychiatry registrar position with South East Sydney perinatal and infant mental health team in Randwick. Partnering to share resources and workforce is a positive and practical way to meet community need that is currently neglected and increase capacity, whilst taking the pressure off overburdened state services.

In addition, as noted above with the PIEC MH model of care Tresillian supports 20 allied health clinicians to respond to the mental health complexity of families under the PIEC MH model of care.

Tresillian provides several group formats in rural and regional settings, as well as virtually and in metro centres focussing on parental mental health and the parent-infant relationship.

In 2001, Tresillian received funding from the Commonwealth to implement an Extended Home Visiting Intervention Program for mothers experiencing moderate mental health problems. The criteria for an admission was an Edinburgh Postnatal Depression score 12 or above or taking prescribed antidepressant medication. The program consistently achieved positive outcomes against the key performance indicators.

In 2009, to ensure Tresillian complied with the new funding expectations of the Department of Families, Housing, Community Services and Indigenous Affairs Family Support Program criteria, Tresillian developed a new program model called the Early Intervention Home Visiting Program (EIHVP). The new program model was informed by attachment theory, strength and relationship based approaches and underpinned by a population health, ecological approach to service provision and early intervention. The EIHVP model moved from a maternal-child focus to a focus on the parent-child and family as a whole and the criteria were adjusted to meet the needs of families with identified vulnerabilities and complex issues that were potentially impacting on the parent-child relationship and/or the parent's ability to provide a safe nurturing environment.

The child and family health nurses provide between 10 and 12 intensive home visits aimed at improving child and family outcomes by increasing parental sensitivity, confidence, sense of wellbeing and social connectedness. For the financial year ending June 2017, 51 families were on the program: all identified as having a past or current mental health issue e.g. anxiety, depression, post-traumatic stress disorder, social anxiety; 3 families (6%) identified as having current or previous FaCS involvement; 7 families (14%) identified with a past history of substance misuse and 2 families had refugee status.

They were provided education, information and strategies to promote problem solving thus increasing the parent's capacity as a caregiver by child and family health nurses. All home visits (522 visits in financial year ending June 2017) and negotiated activities are deliberately aimed at enhancing interactions between the primary carer and their child and increasing the parent's self-efficacy. Evidence-informed clinical tools are used to help inform the child and family health nurse and primary carer in the development of individualised care plans and interventions tailored to meet the needs of the child, parent/s and the family which include:

- Seeing is Believing program which is a video recording of parent and child interactions of 3 to 5 minutes. The nurse reviews the recording with the parent asking questions about the child's and the parent's feelings. This adds support to the development of reflective parenting practice. Video feedback and coaching is offered as a tool to enhance parental reflection on the infant's needs and mindfulness of cue and signals.

- Home Observation for Measurement of the Environment (HOME) Inventory which is a widely used validated tool. The HOME Inventory measures the stimulation potential of a child's early developmental environment (Caldwell & Bradley 1984) which is a widely used for the mothers and children living in the community.
- The NCAST Keys to Care Giving program which provides a framework for parents to increase their sensitivity to their child's needs. NCAST Parent Child Interaction (PCI) program objectively looks at what is happening within the parent-child interaction and assessments provide the basis for individualising interventions and act as a pre and post intervention measure. The outcome of the assessments can be measured against an international database.
- Circle of Security program which provides a framework to promote positive parent-infant interaction over a period of some eight weeks.
- The 1-2-3 Magic program is used to help parents deal with their child's challenging behaviour by using an easy-to-learn and easy-to-use signalling system and helping the parent view the world from their child's eyes.
- Mothering at a Distance program is used if an incarcerated parent does not have full access to their infant or child.

Strong partnerships with other agencies and community services are developed to ensure appropriateness of referrals to the program and to negotiate the continuum of care post discharge from the program.

The program has rigorous evaluation processes and continues to deliver positive outcomes.

Tresillian has engaged in developing new and innovative models of care to access 'hard to reach' populations, particularly in rural, regional and remote areas. The Tresillian 2U van is a mobile, in-reach model, which supports accessibility and equity for families that would otherwise not have the opportunity to engage with mainstream mental health services or avoid them due to legacies of intergenerational mistrust and trauma. Tresillian has located five vans throughout NSW at Macksville (inaugural T2U MNC), Murwillumbah (Northern NSW), Inverell (HNE), Bathurst (Western NSW); and Queanbeyan and Eurobodalla (Southern NSW). An Aboriginal Health Worker is assigned to each T2U and works with the nurse/midwife clinician to screen each family for mental health vulnerabilities when attending the van and followed up accordingly.

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

Tresillian has invested in general practitioners, paediatricians, psychologists, social workers, occupational therapists and psychiatrists to ensure the physical and mental health of families are adequately assessed and responded to in a holistic manner. This can be difficult to achieve in State based community mental health services, where there is significant demand and acuity, leading staff to prioritise safety and mitigation of risk as the core priorities, at times at the expense of physical health concerns. Further, other community based mental health services do not invest in senior expertise or psychiatry support thus lacking capacity to respond holistically to patients' needs.

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

Tresillian has made a commitment to supporting a multidisciplinary workforce to best meet the needs of families, noting that for most families general practitioner, paediatric, nursing and allied health support suffice. However, the organisation understands that with increasing complexity senior allied health and psychiatric input is required to ensure therapeutic outcomes. The Tresillian experience is that this is not mirrored in other service settings.

(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

Tresillian has a firm commitment to ensuring that legacies of intergenerational distrust and trauma are responded to ethically and sensitively. Tresillian has developed and worked up a unique and innovative model of care, the Tresillian 2U van that takes child and family health services *to communities* in regional, rural and remote settings to provide greater opportunities for engagement and response for families who would otherwise avoid mainstream services. This service model is currently being evaluated and early data indicates a positive impact on parenting variables.

A consortium was formed between Tresillian, Northern NSW Local Health District, North Coast Primary Health Network and Bulgarr Ngaru Medical Aboriginal Corporation to establish the First 2000 Days Project. In November, 2020, the First 2000 Days Project delivered the Child and Family Wellbeing Hub in Grafton.



The Hub has received significant attention since its launch, due to an innovative, co-resourced approach to service delivery in a culturally safe, trauma-informed environment facilitated by talented staff some of whom identify as Aboriginal and/or Torres Strait Islander descent.

The Grafton Child and Family Wellbeing Hub continues to go from strength to strength and is proving itself in providing a safe, soft entry point for families experiencing multifaceted vulnerabilities and risk factors often associated significant early life or current trauma.