

Submission  
No 103

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

**Organisation:** Australian Salaried Medical Officers' Federation NSW (ASMOF)  
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**President:** Dr Tony Sara **Secretary:** Dr Cameron Korb-Wells

In reply please quote:

230906\_Inquiry-Outpatient-Community-Mental-Health-Care

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Portfolio Committee 2 – Health  
Parliament House Macquarie St  
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Via email: [portfoliocommittee2@parliament.nsw.gov.au](mailto:portfoliocommittee2@parliament.nsw.gov.au)

Dear Dr Cohn,

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

The Australian Salaried Medical Officers' Federation NSW, also known as the Doctors' Union, expresses gratitude for the opportunity to present this submission to the Inquiry.

The Union fully supports the objectives of this Inquiry, which aim to assess the fairness, accessibility, and appropriate delivery of outpatient and community mental health care in New South Wales.

This submission has been crafted with input from our members, who possess a wealth of experience in this field, ranging from doctors in training to seasoned practitioners. We firmly believe that their insights and observations are of paramount importance.

The Doctors' Union kindly requests that the Legislative Council give thoughtful consideration to our submission and the recommendations it contains.

Yours Sincerely,

**Dr Cameron Korb-Wells**  
Secretary

6 September 2023



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**ASMOF NSW Submission: New Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales**

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**Introduction**

The Australian Salaried Medical Officers’ Federation (the Doctors’ Union) represents over 5,000 members in New South Wales. Our members include Staff Specialists, Graduate Fellows, Clinical Academics, Career Medical Officers, Interns, Resident Medical Officers, and Registrars, as well as students and Doctors in Training (DiTs). Our members are directly employed in the public health system, affiliated health organisations, private hospitals, and community health facilities.

The Doctors' Union is dedicated to promoting the rights and interests of salaried doctors, ensuring their physical, psychological, social, political, and economic well-being, and advocating for high-quality publicly funded health services, based on a world-class public health system.

The Doctors' Union welcomes the opportunity to contribute to the Committee’s ‘Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (the Inquiry) and is encouraged to see a revived interest in addressing the challenges associated with the provision of mental health care.

From the outset, it is important to note that the Doctors' Union is concerned that the terms of reference (ToR) lack administrative specificity. While we support the effort and intent, we fear that by prematurely attempting to address systemic cultural and social issues, the inquiry forfeits an opportunity to address matters that are manifestly consequences of the poor distribution of the workforce, systemic maladministration of funding, and opaque accountability and transparency procedures.

The Doctors’ Union’s submission will therefore refer to items (a) to (f) of the ToR generally and recommend review and action on the following concepts.

- 1) Population-Based Data Assessments
- 2) Integrated and Sustained Federal Funding
- 3) Governance and Accountability

The Doctors’ Union welcomes the Government’s commitment to reforming the NSW Health Service as is demonstrated by the recent initiation of inquiries including into the regional and remote medical workforce, health funding, and equity and accessibility of outpatient community mental health care in NSW.

Notwithstanding this, it is our view that without a detailed assessment of the needs and gaps in the delivery of care, particularly as it relates to workforce recruitment, retention and remuneration, any subsequent policy on delivering a world-class public health system will fall short.

## Submission Context

The NSW State Government has launched several inquiries and reviews into the public health care system, including:

1. The Special Commission of Inquiry into healthcare funding,
2. A Review of the implementation of the recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural, and regional health
3. The Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales
4. A Review of the Implementation of Improvements to security in hospitals.

This approach by the current NSW Government is a positive step towards resolving the longstanding concerns our Union has raised.

A decade of policy neglect and a deliberate wage policy has eroded doctors' remuneration and working conditions, culminating in an ongoing and worsening exodus of doctors to other states or into private practice. The result has been an overwhelmed, under-resourced, and neglected healthcare system.

There is a fantastic opportunity for the NSW Government to transform the NSW Public Health system with better funding that enables doctors to work safely and effectively in the interest of safe patient care.

To achieve this, the Doctors' Union emphasises the following key priorities:

1. **Improving Patient Care:** We acknowledge the connection between working conditions and patient outcomes. By enhancing the work environment, we can better serve the health needs of our community.
2. **Fair Remuneration:** Your dedication and expertise must be reflected in your remuneration, and we need to create a rewarding environment that guarantees both attraction and retention.
3. **Work/life balance:** Doctors deserve to maintain a healthy work/life balance, which is crucial for their mental well-being and overall effectiveness.
4. **Recognition and respect:** Doctors are the backbone of the health system and deserve to be treated with dignity and respect. They must also have our professionalism recognised and rewarded.

## Population-Based Assessments

In March 2023, the Australian Institute of Health and Welfare reported that mental disorders and substance use disorders are the second largest contributor to the non-fatal disease burden with approximately 8.6 million Australians experiencing mental disorders.

According to the NSW Government's Strategic Framework and Workforce Plan for Mental Health (2018-22):<sup>1</sup>

- 1.3 million people will experience a mental disorder in NSW.
- Approximately 1.8 million people were at risk of experiencing a mental disorder.
- 244,000 people will experience a severe mental illness, including:
  - 40,000 people aged 17 years and under
  - 161,000 people aged 18-64 years.
  - 43,000 people aged 65 years and over. And,
- Over 80,000 people will be carers for people with mental illness.

<sup>1</sup> NSW Government, Ministry of Health, *NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022, A Framework and Workforce Plan for NSW Health Services*, [Mental health in NSW at a Glance](#), 2018, Pg. 20. Access: 24 August 2023

The data contained in the NSW Government's Workforce Plan relies on data from the 2016 Mental Health Service Planning Estimates, thus necessitating a whole systems modernisation of data and research modelling policies by the Government, NSW Health, and the NSW Mental Health Taskforce.

To address the needs of the community and subsequently improve the accessibility of outpatient and community mental health the NSW Government, and NSW Health, need to review qualitative and quantitative data that reflects the needs, severity of mental illness, and capacity of existing infrastructure.

### **i. Social Determinants of Health: A Population-Based Approach**

The connection between health and social environment, including living and working conditions, is widely accepted in social, economic, and medical fields as being social determinants of health.<sup>2</sup> Known collectively as social determinants of health, socioeconomic positioning, conditions of employment, the distribution of wealth, empowerment, and access to social support act together to fortify or undermine the health of individuals and communities.

In a 2022 [Report](#), the Legislative Council reported on the health outcomes and accessibility of hospital services for people living in regional NSW. The report noted the alarming experiences of first responders and medical officers in remote NSW, highlighting increased mental health issues and difficulty accessing mental health services.<sup>3</sup>

**Mr Scott Beaton, Vice President and Intensive Care Paramedic, Station Officer, Gilgandra Station, Australian Paramedics Association (NSW), said:**<sup>4</sup>

*“Right now at many stations across western New South Wales, the closest declared mental health facility is two or three hours away. For example, Lake Cargelligo goes to Griffith for mental health patients. This takes the patient away from their support network, increasing their anxiety and often exacerbating their condition”.*

**Mrs Linda McLean, Agriculture and Environment Officer, Country Women's Association of NSW, said:**<sup>5</sup>

*“There is a mental health unit there on Yambil Street, and their psychiatrist is fly-in fly-out and it takes every two weeks ... But if you have to go privately ... people have paid up to \$700 to have access to online services for a psychiatrist. The mental health unit in Griffith tells you that if you want to access a psychiatrist and you have not been referred or you are not having an acute situation, you will not get access to that fly-in fly-out psychiatrist”.*

In an earlier Parliamentary [report](#) from the Health and Community Services Committee; the Committee's report revealed that Dubbo and Broken Hill lack residential rehabilitation services for adults, with no dedicated detox beds and the closest facility in Orange, an eight-hour drive from Broken Hill.<sup>6</sup>

In 2017, the NSW Government Initiative Went West revealed that Auburn had the highest rate of hospitalisations and bed days per 100,000, with the highest rate in Dural and Wisemans Ferry, Blacktown, and Baulkham Hills.<sup>7</sup>

Furthermore, the increase in mental distress and illness for children and adolescents at home and abroad, prior to and following COVID-19 has been widely documented.<sup>8</sup> In a study on the effect of COVID-19 on young people in Australia, the AIWH found that the proportion of young people aged 18–24 experiencing severe

<sup>2</sup> Fran Baum PhD AO, [People's health and the social determinants of health](#), Health Promotion Journal of Australia, Pgs. 8-9, April 2018, Access: 1 September 2023

<sup>3</sup> Parliament of New South Wales, Legislative Council, Portfolio Committee No.2 Health, Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, [Community Experiences with healthcare: Overall Themes](#), Report 57, May 2022, Pg. 17, Accessed: 30 August 2023

<sup>4</sup> Ibid, Evidence, Mr Scott Beaton, Vice President and Intensive Care Paramedic, Station Officer, Gilgandra Station, Australian Paramedics Association (NSW), 10 September 2021, p 10,

<sup>5</sup> Ibid, Evidence, Mrs Linda McLean, Agriculture and Environment Officer, Country Women's Association of NSW – Hillston Branch, 6 October 2021, p 14.

<sup>6</sup> Parliament of New South Wales, Legislative Council, Portfolio Committee No.2 Health, [Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, Community Experiences with healthcare: Overall Themes](#), Report 57, May 2022, Pg. 17, Accessed: 30 August 2023, Pg.22

<sup>7</sup> WentWest, Western Sydney Public Health Network, [Overview of Mental Health and Service Data, Hospitalisations](#), June 2017, Pg. 2, Accessed: 30 August 2023

<sup>8</sup> Australian Institute of Health and Welfare, [COVID-19 and the impact on young people](#), 25 June 2021, Accessed: 1 September 2023

psychological distress increased from 14 per cent in 2017 to 22 per cent in April 2020, and between 2019-2020 self-harm injuries were higher across the whole population (an increase of 16 per cent).<sup>9</sup>

While ASMOF NSW welcomes the NW Government's recent commitment to increase funding for mental health services to children and adolescents by investing in the Safeguards initiative, there is much more to be done to improve access to and funding for CAMHS ([Child and Adolescent Mental Health Services](#)), like all aspects of mental health and community access to treatment.

**Associate Professor Beth Kotze, Child, and Adolescent psychiatrist, has said:**

*"There is incontrovertible evidence for the impact of poor physical health, poverty, abuse and trauma, housing insecurity and poor access to education on the mental health of children and adolescents and the enduring impact on mental health later in life. However, there are still significant gaps in access to evidence-based early intervention, prevention and treatment services for young people and their families and historical underfunding of CAMHS (Child and Adolescent Mental Health Services) across NSW."*

## ii. Community Treatment Orders

Australia has one of the highest rates of Community Treatment Orders (CTOs) in the world.<sup>10</sup> The Doctors' Union accepts that there is a place for the implementation of CTOs but is concerned that the practice is being haphazardly applied as a stopgap measure to manage inadequately funded, under-supported and understaffed medical and community outpatient services.

The rate and use of CTOs is, perhaps, most emblematic of the State's struggling workforce. In 2022, NSW's Mental Health Review Tribunal considered 6,556 Community Treatment Order applications and made 5,690 orders, a 12 per cent increase in hearings, and a 9 per cent increase in orders being made since 2021.<sup>11</sup> The steady increase in CTOs being made in NSW since 2021 confirms concerns that have been raised with the Doctors Union – that CTOs are being arbitrarily employed as a substitute measure to compensate for the lack of staff and outpatient community infrastructure.

The context of CTOs in NSW highlights key concerns regarding the importance of understanding the individual, the need for the tribunal to exercise careful consideration when imposing CTOs and the fact that community services are often inadequately funded and lacking in comprehensive and transparent policy and systems of accountability.<sup>12</sup>

The risks associated with psychiatrists holding too many CTOs are best summarised by **Dr Nathan Gibson, Chief Psychiatrist of Western Australia, who in March 2023 said:**

*"They [psychiatrists] may not have enough time to adequately get to know their patients and may not be able to provide effective service."<sup>13</sup>*

## Integrated and Sustained Federal Funding

In 2021 ASMOF NSW provided a submission to the Legislative Council [Inquiry](#) into 'Health outcomes and access to health and hospital services in rural, regional and remote New South Wales'. The subsequent Report (May 2022) detailed significant issues raised by ASMOF NSW and others regarding the state's distribution of funding and community services.<sup>14</sup>

**Ms Lourene Liebenberg, Vice Chair, of Deniliquin Mental Health Awareness Group captured the crux of the issue in their evidence to the Inquiry, she said:**<sup>15</sup>

<sup>9</sup> Australian Institute of Health and Welfare, [COVID-19 and the impact on young people](#), 25 June 2021, Accessed: 1 September 2023

<sup>10</sup> Justice Action, [Community Treatment Orders Report, Use of Community Treatment Orders](#), March 2023, Pg. 14, Accessed: 23 August 2023

<sup>11</sup> New South Wales Mental Health Review Tribunal, [Annual Report 2021-22, Community Treatment Orders](#), 2022, Pg. 24, Accessed: 1 September 2023

<sup>12</sup> Justice Action, [Community Treatment Orders Report, Use of Community Treatment Orders](#), March 2023, Pg. 14, Accessed: 23 August 2023

<sup>13</sup> Ibid

<sup>14</sup> Parliament of New South Wales, Legislative Council, Portfolio Committee Health (no.2), [Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, Funding Models](#), Report57, May 2022, Pg.51

<sup>15</sup> Ibid, Evidence: Evidence, Ms Lourene Liebenberg, Vice Chair, Deniliquin Mental Health Awareness Group, 29 April 2021, p 21.

*“There appears to be many different pockets and streams of funding, such as State, Commonwealth, commission, services, and crisis funding. In our opinion, this contributes to both duplication and gaps in service delivery. We believe a more coordinated oversight is needed so specific communities get their specific needs met.”*

While several programs have been introduced by NSW Health to improve workforce planning and service provision, they have failed to appropriately address the systemic understaffing and under-resourcing, which present fundamental barriers to meeting the needs of residents living in non-regional / non-metropolitan areas, or those with social disadvantage. NSW Health must immediately focus on capacity building, and a population-based service delivery model of care, as a crucial component of the outcomes of this inquiry.

### iii. Workforce Planning and Capacity

Rural communities face inequitable access to mental health services due to a lack of mental health professionals and delays in access. Rural populations are more likely to consult GPs or emergency hospital services, leading to inappropriate care. NSW Health needs to develop a comprehensive approach to attract and retain mental health professionals and address coverage gaps in rural areas and non-regional / non-metropolitan areas.

Currently, accessibility, capacity and the equitable distribution of mental health care services, and outpatient delivery models are based upon metro-centric protocols and do not necessarily correlate with population estimates, social determinants of health, service delivery and workforce capacity.

In 2021 the Victorian Government undertook a Royal Commission into the Mental Health Care System. The findings and subsequent recommendations from this Commission resulted in the implementation of a population-wide needs and capacity-based data assessment tool, designed to inform the distribution of the workforce according to current and projected needs.

#### **The Royal Commission recommended that the Victorian Government:**

*“Establish a process for assessing the Victorian population’s need for mental health and wellbeing services by initially using a substantially adjusted version of the National Mental Health Service Planning Framework (NMHSPF).”<sup>16</sup>*

The [Australian Institute of Health and Welfare](#) (AIHW) provides a comprehensive model of the mental health care required to meet population needs (the NMHSPF).<sup>17</sup>

The NMSPF is an evidence-based tool, providing national average estimates for optimal service delivery across the full spectrum of mental health services in Australia. The framework provides:<sup>18</sup>

- an agreed national language for mental health services.
- Detailed taxonomy and definitions of service types accompanied by national average modelling parameters and salaries.
- a way for users to estimate the need and expected demand for mental health care; and
- the level and mix of mental health services required for a given population.

The Government and NSW Health must undertake a sustained and ongoing review of current and future staff and capability metrics to meet the needs of patients and staff and assess prospects for sustainability to meet future demands and deliver efficient, equitable and effective health services.

ASMOF NSW recommends the development of an annually updated matrix using existing and new data to develop a refined appropriation of the AIHW model as it relates to the state’s population, including the NMHSPF’s review of epidemiology, taxonomy, workforce, and funder type.

<sup>16</sup> Parliament of Victoria, Royal Commission into Victoria’s Mental Health System, [Recommendations](#), Accessed: 18 August 2023

<sup>17</sup> Australian Institute of Health and Welfare (AIHW), [National Mental Health Services Planning Framework](#), 2023, Accessed: 18 August 2023

<sup>18</sup> Ibid



A tailored model of the NMHSPF that considers and integrates NSW's population in relation to social determinants of health will empower NSW Health to address the capacity and capability gaps between staff and patients. A model based on the National Framework must include data on the following factors and outcomes:

- Existing resources.
- The distribution of health workers in NSW.
- An examination of existing skills shortages, i.e. regional psychiatrists, and ambulatory care providers.
- Evaluating financial and non-financial factors impacting the retention and attraction of staff.
- Existing employment standards.
- The role and scope of workforce accreditation and registration.
- The skill mix, distribution, and scope of practice of the health workforce; and
- The use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements.

#### iv. Recruitment, Retention and Remuneration

NSW Health needs to ensure there is ongoing financial support for junior doctors to support retention and that they are provided with equity of access to training opportunities. Importantly, workforce incentives must follow a two-pronged approach, to recruit junior doctors, and retain the highly experienced senior workforce to ensure high-quality training programs are available for junior doctors.

To that end, incentives need to effectively promote remote hospital and non-regional/non-metropolitan and community mental health employment opportunities, fund medical graduate pathways, and ensure equal access to education and training for junior doctors in regional and non-regional/non-metropolitan areas in NSW.

ASMOF NSW suggests that the Government, NSW Health, and Local Health Districts (LHDs) should work with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and other key stakeholders to assess current education and training programs for specialist clinicians and workforce sustainability to meet future needs, including:

- Available placements in rural areas and non-regional/non-metropolitan areas.
- The way training is offered and overseen, including for internationally trained specialists.
- How the College can support and respond to escalating community demand for community and outpatient services.
- Fostering better engagement between the Colleges and LHDs and speciality health networks to assess barriers to workforce expansion that can be addressed to increase the supply, accessibility, and affordability of specialist clinical services in healthcare workers in NSW.

While ASMOF commends the Government's recent \$20,000 boost to the rural Workforce Incentive Scheme, more needs to be done to attract students, doctors in training and JMOs to community mental health in regional and non-regional/non-metropolitan areas.

Before 2015, hospital trainees received reimbursement on their tuition fees for working in rural areas under the graded HECS Reimbursement Scheme where trainees received more reimbursement the more remote their employment.<sup>19</sup> This was essential for junior doctors to offset the costs of moving and to incentivise trainees to relocate to a rural area.

Using this incentive scheme as a model, the Government and NSW Health, in consultation with the College, should review models that subsidise the extensive costs associated with becoming a psychiatrist and continued professional development programs with the College.

Trainees will typically take five years to complete their training, or 60 months FTE, and at different points in training, substantial fees will apply, such as:

- Initial registration fee \$702.

<sup>19</sup> Australian Government, Department of Health and Aged, [HECS Reimbursement Scheme](#), 12 May 2015, Accessed: 1 September 2023



- Annual full-time training fee \$1864.
- Fees for 6 major assessments ranging from \$700 to \$1300 each; and
- [Formal Education Course](#) fees (though these are offered externally to the College and fees vary depending on the location and choice of course).

The College has already developed a \$6,000 p.a. financial support scheme to promote equity and access for Aboriginal, Torres Strait Islander, and Māori trainees with the costs of specialist training and other activities to achieve Fellowship.

The Government should consider targeting incentive schemes towards existing students, DiTs, locum registrars, and VMOs coming from, or currently located in, communities and regions that have been identified in the proposed matrix as having the highest needs and lowest servicing capacity. This could be achieved by implementing a tailored appropriation of the HECS model of reimbursement.

A College or CDP incentive program that subsidises most or all the costs for prospective psychiatrists coming from these areas with the greatest needs and least capacity, or those currently located in regional and non-regional/non-metropolitan areas, substantive barriers to entry can be removed and, more importantly, treating medical health professionals are empowered to support local and struggling communities without breaking the nexus needed for continuity of care.

This model of recruitment and retention applies a similar adaptation of the population-based approach (re: NMHSPF). It assesses the need, demographic, and social determinants of health against community needs and staffing capacity and provides models of positive discrimination for prospective clinicians to support their communities and location of origin.

Not only does this address existing capacity gaps and needs, but a study-subsidised program has immense potential to address future community requirements. Lack of access to supervisors or training locations has consistently been cited as a barrier to entry. By addressing this the Government and NSW Health can invest in the future workforce and create opportunities for placement and supervision which will not be limited to the location of senior supervising staff.

## **Governance and Accountability**

As touched on earlier, The Doctors' Union welcomes the Government's announcement of the Special Commission of Inquiry (SCOI) into healthcare funding in NSW and is cautiously optimistic about the Minns Government's commitment to examining healthcare funding to ensure it effectively supports delivering high-quality, patient-centred care, to the people of NSW.

We anticipate the findings of the inquiry will reflect what we already know to be true – that there is a systemic disconnect between the State Government, NSW Health, and the Local Health Districts, which has contributed to a public health care system in crisis.

The steady 12-year erosion of working conditions over the course of the former government has significantly impacted the recruitment and retention of medical officers and has seen regions such as Western Sydney and rural NSW experience a significant decline in access to essential healthcare services, resulting in prolonged wait times in Emergency Departments and postponed critical surgical procedures.

**Dr Tony Sara, ASMOF NSW President, said:**

*"The Doctors' Union welcomes the opportunity that the announcement presents to address the long-standing concerns of the Union and our members. There is a crisis across the health system, with many hospitals and parts of the broader health network being overwhelmed, under-resourced and severely neglected by the previous NSW Coalition Government."*

The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW. This is a critical opportunity for the Government to address and redress the current state of public health administration in NSW.

Transparency, accountability, and the distribution of state and federal funding will be a throughline priority for The Doctors' Union in this and subsequent inquiry submissions and is one of the Doctors' Union's key priorities as we move towards Award Reform in 2024.

#### v. Accountability Structures in NSW Health

In the 2022 Inquiry report into health outcomes and access to health and hospital services in regional and remote NSW, several stakeholders identified that for these issues (see above) to be addressed, greater collaboration and coordination between the Commonwealth and State governments is needed.<sup>20</sup>

**Dr Simon Holliday, Staff Specialist, Drug and Alcohol Clinical Services, Hunter New England Local Health District, captured this sentiment, stating that improved healthcare outcomes requires all key players working together, stating:**<sup>21</sup>

*“The improvement of healthcare outcomes in NSW will only be achieved by working together across the state/federal boundaries and by including the NSW Ministry of Health and LHDs, the primary care sector, PHNs, other organisations, and the community to provide the best value care. ... Without this, the health system enters a state of functional stupidity where competent bureaucrats work in a blinkered, piecemeal fashion, creating an incompetent whole.”*

The Doctors' Union encourages the government to review the distribution of workforce and funding, including the balance between LHDs, and to what extent these government agencies are engaging with each other as a part of the Government's commitment to improving NSW Health.

Per the SCOI, the Doctors' Union recommends that the same parameters be applied to Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales, including:

- The balance between central oversight and locally devolved decision-making (including the current operating model of Local Health Districts).
- The engagement and involvement of local communities in health service development and delivery.
- How governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities.
- The impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW; and
- How governance structures can support a sustainable workforce and delivery of high-quality, timely, equitable and accessible patient-centred care to improve the health of the NSW population.

We hope that this submission and those following will assist the government in its commitment to effectively support the safe delivery of high-quality, timely, equitable and accessible patient-centred care, and health services to the people of NSW, now and into the future.

<sup>20</sup> Parliament of New South Wales, Legislative Council, Portfolio Committee No.2 Health, Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, [funding models](#), Report 57, May 2022, Pg. 79, Accessed: 30 August 2023

<sup>21</sup> Ibid, Evidence, Dr Holliday, 16 June 2021, p 14.

## References

1. Australian Institute of Health and Welfare, [COVID-19 and the impact on young people](#), 25 June 2021, Accessed: 1 September 2023
2. Australian Institute of Health and Welfare (AIHW), [National Mental Health Services Planning Framework, 2023](#), Accessed: 18 August 2023
3. Australian Government, Department of Health and Aged, [HECS Reimbursement Scheme](#), 12 May 2015, Accessed: 1 September 2023
4. Fran Baum PhD AO, [People's health and the social determinants of health](#), Health Promotion Journal of Australia, Pgs. 8-9, April 2018, Access: 1 September 2023
5. Justice Action, [Community Treatment Orders Report, Use of Community Treatment Orders](#), March 2023, Pg. 14, Accessed: 23 August 2023
6. NSW Government, Ministry of Health, *NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022, A Framework and Workforce Plan for NSW Health Services*, [Mental health in NSW at a Glance](#), 2018, Pg. 20: Access: 24 August 2023
7. New South Wales Mental Health Review Tribunal, *Annual Report 2021-22*, [Community Treatment Orders](#), 2022, Pg. 24, Accessed: 1 September 2023
8. Parliament of New South Wales, Legislative Council, Portfolio Committee No.2 Health, Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, [funding models](#), Report 57, May 2022, Pg. 79, Accessed: 30 August 2023
9. Parliament of New South Wales, Legislative Council, Portfolio Committee No.2 Health, Health outcomes and access to health and hospital services in rural, regional and remote New South Wales, [Community Experiences with healthcare: Overall Themes](#), Report 57, May 2022, Pg. 17, Accessed: 30 August 2023
10. Parliament of Victoria, Royal Commission into Victoria's Mental Health System, [Recommendations](#), Accessed: 18 August 2023
11. WentWest, Western Sydney Public Health Network, *Overview of Mental Health and Service Data*, [Hospitalisations](#), June 2017, Pg. 2, Accessed: 30 August 2023