

**Submission  
No 104**

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

**Organisation:** Australasian College of Paramedicine

**Date Received:** 8 September 2023

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09 September 2023

Parliament of New South Wales  
Legislative Council  
Portfolio Committee 2 - Health  
By Email: [PortfolioCommittee2@parliament.nsw.gov.au](mailto:PortfolioCommittee2@parliament.nsw.gov.au)

Dear Portfolio Committee No.2 – Health,

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

The Australasian College of Paramedicine (the College) welcomes the opportunity to make a submission to the Inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (NSW).

The College is the peak professional body representing and supporting over 10,000 paramedics and student paramedics across Australia and Aotearoa New Zealand, including NSW based members. The College is future-focused and brings together paramedics from across Australasia to represent, advocate and promote this essential registered health profession being included in innovative, patient-centred solutions based on evidence.

**a) Equity of access to outpatient mental health services**

Currently the Australian Institute of Health and Welfare (AIHW) estimates there is 1 in 5 Australians living with a mental health disorder, and 2 in 5 will experience a mental disorder in their lifetime.<sup>1</sup> In 2021-22 there were 280,176 mental health related presentations to public Emergency Departments (EDs) in Australia (3% of all presentations), 77% of which were urgent or semi urgent.<sup>2</sup> There are still many patients who are still utilising the emergency department as their initial point of intervention, which demonstrates the disconnect between outpatient services, patient access, and health literacy.

Access is impacted by social, economic, and environmental factors, and particularly since the disruption of COVID-19. Post-pandemic healthcare has seen in-home and community care models becoming the preferred option for assessment and treatment, rather than hospitals.<sup>3</sup>

Paramedics are often the first point of contact for people with mental health disorders, and as a uniquely trained and registered healthcare workforce, they must be recognised and considered when any strategy or plan is developed particularly regarding outpatient referral care pathways. Opportunities to improve equitable access to outpatient services may include:

- Innovative models of care that broadly utilise paramedics in urgent and primary care settings -

<sup>1</sup> Australian Institute of Health and Welfare. (2023). *Prevalence and impact of mental illness*. Australian Government. Retrieved 06/09/2023 from <https://www.aihw.gov.au/mental-health/topic-areas/mental-illness>

<sup>2</sup> Australian Institute of Health and Welfare. Mental health services provided in emergency departments online: Australian Government; 2023 [cited 2023 06/09/2023]. Available from: <https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments>.

<sup>3</sup> Sydney Local Health District. Mental Health Strategic Plan 2023 to 2028. In: District SLH, editor. online: NSW Government; 2023. p. 1-25.

- Community paramedics
- Extended Care Paramedics (ECPs)
- Multidisciplinary teams inclusive of paramedics.
- Expanding health literacy among health professionals and consumers to ensure health professionals are aware of care pathways, and consumers are empowered to make decisions about their health.

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

The COVID-19 pandemic pushed services to innovate and redefine existing models of care (i.e., digital health, telehealth, in-home care, and mobile vaccinations). Hybrid models of care improved patient experiences during this period and in some instances this has continued.

The strategic direction of mental health during this period was outlined in NSW Health's *Living well: strategic plan for mental health in NSW 2014-24* and the *Mental Health Strategic Plan 2023-2028*. These mental health plans, however, both overlook an important and integral workforce - paramedics.

Paramedics play an important role in supporting positive health outcomes and improving service delivery, particularly in regional, rural and remote areas of Australia. Identifying and recognising paramedics in strategies, funding models and initiatives would increase the number of opportunities for service providers to incorporate a paramedic into their team or service. Paramedics are a unique profession as they already assess, triage and treat people in their homes. Paramedics are a trusted profession in out-of-hospital settings and are well placed to support, advise, and help patients navigate outpatient community mental health services.

To successfully implement changes regarding outpatient services or care pathways, it is essential that a comprehensive health literacy strategy and education campaign be developed to ensure health professionals, service providers and patients are empowered to make the best healthcare decisions.

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

Policy and legislation changes must be made to ensure paramedics can be easily employed by alternative employers, rather than relying on the state ambulance service to find and fund capacity, and this requires a rethinking of federal and state funding. To ensure paramedics can support multidisciplinary team-based care, and therein support equitable mental health strategies and services, it is important that funding capacity be extended beyond state ambulance services (i.e. MBS, Work Incentive Programs). This year's Federal Budget outlined several funding opportunities and it would be beneficial for the state to explore these to help build capacity of paramedic service delivery.

**Federal Budget opportunities**

In this year's budget mental health has been promised \$260.2 million over two years towards psychological support for people with severe mental illness and do not access NDIS, \$136.0 million over four years from 2023-24 and \$36.0 million to improve mental health services related to culturally diverse presentations.<sup>4</sup> In addition to the changing environment of health services and delivery, the cost of these services is also going to be offset by the Medicare Benefits Scheme (MBS) and other health initiatives.

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<sup>4</sup> Mental Health Australia. 2023-24 Federal Budget Summary. online: Mental Health Australia; 2023 09/05/2023.

The Federal Government will pour \$5.7 billion into *Strengthening Medicare* as an initial investment over five years to respond to the recommendations put forth by the Strengthening Medicare Taskforce, making healthcare more affordable. MBS will also receive \$137.2 million over five years towards reforms within the scheme, which will also include an allowance for a review program.

The Australian Government will also invest in the mental health workforce, including a \$91.3 million investment into the psychology workforce, and \$17.8 million over five years from 2022-23 to upskill the wider health workforce.<sup>5</sup>

### Workforce

Across NSW there are gaps in service delivery, health outcomes, patient experiences, health professionals' availability, and limited opportunities for innovation. Rural health professionals often have a more extensive skillset than their metropolitan counterparts, due to the limited professionals located in these areas who can deliver a particular service.

In response to the challenges faced by regional, rural and remote areas regarding health professional recruitment and retention, the Federal Government has acknowledged and has enacted incentives and supports to reduce the impact of these issues on the residing population. Paramedicine is not consistently included in rural health schemes and education, and shifting to include them is essential to the training and retention of the rural health workforce; urgent care, primary care and community care is required everywhere. Not only would this improve workforce retention but would also increase the quality and quantity of research, health outcomes and potential for health infrastructure in those areas.

Opportunities to activate regional, rural, and remote work incentives and supports in NSW:

- **Rural Health Workforce Incentive Scheme (RHWIS)** - is inclusive of paramedicine and the development of the paramedic workforce in rural areas.
- **Rural health schools in NSW** - There is currently a number of rural health schools within universities, assisting students to specialise in rural and remote healthcare, and not consistently inclusive of paramedicine.
- **National Workforce Incentive Program (WIP)** - There are two streams to access this funding: doctor and practice. Paramedic inclusion is reliant on employment with a primary health service to benefit.
- **Health Workforce Scholarship Program (HWSP)** - The Program is an initiative of the Australian Government Department of Health and Aged Care, administered in NSW by NSW Rural Doctors Network (RDN). Available to medical, nursing, midwifery, allied health, dental and Aboriginal and Torres Strait Islander health professionals providing primary health care in the Aboriginal Community Controlled Health Services (ACCHS) sector, non-government organisations and private practice. There is a possible opportunity for the paramedicine workforce to access this program.

### **(d) Integration between physical and mental health services, and between mental health services and providers**

Paramedics are the go-to health professional in community for urgent care and emergencies, as an extension to this standing, they are also in the ideal position to liaise with patients and providers if required. Paramedics can be easily integrated into the process/system as first contact in addition to inclusion in primary care services.

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<sup>5</sup> Mental Health Australia. 2023-24 Federal Budget Summary. online: Mental Health Australia; 2023 09/05/2023.

Opportunities for inclusion:

- Pathways to Community Living Initiative (PCLI) - Community-based beds
- Urgent care centres (UCC)
- Health promotion and health literacy
- Telehealth and digital health

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

Paramedics are an underutilised resource for community mental healthcare. The profession is ideally situated to provide a clinically robust, professional, and patient-centred model of care for out-of-hospital mental health presentations.

**Paramedics are professional clinicians.**

Paramedics in Australia are recognised as highly skilled healthcare professionals. The national regulation of paramedicine was established from December 1, 2018. Oversight and regulation of paramedics is managed by the Paramedicine Board of Australia, operating under the Australian Health Practitioner Regulation Agency (AHPRA).

To become registered, Australian paramedics must demonstrate their qualifications and suitability as highly trained medical professionals to the Board. Typically, entry into this profession requires the successful completion of a rigorous three-year bachelor's degree. In addition to academic qualifications, paramedics must uphold ethical standards, ensure safe clinical practice, engage in continuous professional development, and maintain currency of practice.

This means an Australian paramedic is a highly qualified, regulated, and competent member of the clinical workforce.

**The role of paramedics is expanding and evolving beyond traditional medical/traumatic presentations and emergency transport.**

Paramedics provide high-quality, person-centred clinical and emergency care and are experts in out-of-hospital clinical care. A unique feature of a paramedic's work is that they are commonly invited into patient's homes, workplaces, and community settings to provide immediate point-of-care clinical treatment and as such, generally enjoy a level of trust and respect by the community they serve and have strong independent clinical decision-making and scene management skills.

Increasingly, as their skills, knowledge and capabilities are recognised, paramedics are being employed in urgent and primary healthcare roles, often as part of a multidisciplinary team. The utilisation of the paramedic workforce in community roles, including providing care to patients experiencing an acute mental health crisis, will improve healthcare access and patient outcomes. This becomes especially crucial in an era marked by mounting pressure on the healthcare system and heightened public expectations.

The Federal Government has signalled its support for paramedics to operate at the top of their capabilities and reduce pressure on health systems. Ensuring the integration of paramedics into mental healthcare delivery in

a direct clinical role can optimise patient access to mental health services. While the specific details and processes of including paramedics in multidisciplinary teams are still evolving with the profession, the NSW Government has a unique opportunity to lead the way by formalising and supporting frontline clinical interventions by paramedics in mental health crises, including facilitating access to appropriate educational and professional support. This should include a more active paramedic role in alternate care models, such as the PACER model, which has already seen successful implementation in the ACT and Tasmania.

Several states, including NSW, offer extended-care or community-based paramedic services aimed at treating patients in the community when appropriate, rather than transporting to hospital. This helps alleviate pressure on ambulance services, emergency departments and the overburdened healthcare system. In Victoria, the government is introducing "paramedic practitioners" who will assess, diagnose, treat, and make clinical decisions within the community, reducing emergency department presentations. These practitioners will receive advanced education and training in assessment techniques, diagnostics, clinical decision-making, and legal and ethical knowledge. Building on the ECP experience, a similar scheme in NSW would see paramedics having a real and fundamental role in providing clinical services in mental health settings.

#### **Paramedic resources are distributed throughout the state.**

Paramedic resources are active across the entire state, encompassing metropolitan, rural, and regional areas. Traditionally, the recruitment of doctors, nurses and allied health professionals to rural and regional locations has posed challenges. Paramedics, however, are readily accessible in these diverse settings and are exceptionally suited to effectively respond to acute out-of-hospital mental health emergencies, particularly within the framework of community-based paramedicine roles.

#### **There is an increasing demand for paramedics to provide mental health care.**

Paramedics are increasingly addressing acute mental health community presentations, are often the first point-of-contact<sup>6</sup> for an individual grappling with an acute mental health episode and provide a gateway to accessing mental health services or alternative care pathways. The incidence of mental health related calls to emergency services continues to increase.<sup>7</sup> While not all calls necessitate the involvement of specialist acute teams, coordinated responses involving various agencies, including paramedics, police, and mental health staff, have proven beneficial. These collaborations have been shown to improve patient outcomes, reduce criminalisation of mental health presentations, lowered emergency department admissions by facilitating access to more appropriate care, enhanced inter-specialty coordination and networking, and diminished trauma experienced by consumers. These efforts may also contribute to a reduction in the use of coercive or restrictive practices.<sup>8</sup>

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

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<sup>6</sup> Parent A, Smith R, Townsend R, Johnston T. *Mental Health Education in Australian Paramedic Curriculum – a Scoping Review*. Australasian Journal of Paramedicine. 2020;17:1-9. doi:[10.33151/ajp.17.791](https://doi.org/10.33151/ajp.17.791)

<sup>7</sup> Every-Palmer E, Kim A, Cloutman L and Kuehl S. Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study Australian & New Zealand Journal of Psychiatry 2023, Vol. 57(4) 572–582

<sup>8</sup> Every-Palmer E, Kim A, Cloutman L and Kuehl S. *Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study* Australian & New Zealand Journal of Psychiatry 2023, Vol. 57(4) 572–582

Paramedics are currently authorised to transport patients to or from a mental facility under the Mental Health Act 2007,<sup>9</sup> and if a patient is not competent or is resisting, paramedics are able to reasonably treat and restrain the patient. It is important that paramedics respond in accordance with good paramedic practice in these situations.<sup>10</sup>

The College supports the delivery of person-centred care and safe work practices. Community Treatment Orders (CTO) are magistrate mandated orders enacted to ensure that an individual is receiving the appropriate treatment, rehabilitation and any other additional services they need; wherever possible treatment is provided in the community and in-home. From this perspective, a review of the Mental Health Act 2007 to account for evolving roles would be necessary, and specifically to support the utilisation of paramedicine in-home, community, urgent and primary care.

#### **(g) Benefits and risks of online and telehealth services**

Remote health services (including online and telehealth) utilise technology to provide alternatives to in-person services. This approach showed promise prior to the appearance of COVID-19, was capitalised on during the acute and chronic stages of COVID-19 and continues to advance and strengthen its place in the health system post-pandemic.

Given how far technology has advanced in recent years, it is understandable that gaps have arisen from our use and reliance on it for health knowledge, practice and record keeping. In paramedicine we can see this gap growing, as technology advances and the coinciding regulation and policies become increasingly complex for essential workforce to use and navigate. This is especially apparent in knowledge sharing between attending paramedics and hospital staff or health providers.

Current information 'gate keeping' from paramedics increases the risk of misunderstandings, breach of confidentiality, lower efficiency, and slower service delivery. All of which could be significantly improved by including paramedics in technological, online and telehealth practices and procedures.

The College acknowledges the benefits and risks of online and telehealth services, inclusive of paramedicine:

#### **Benefits**

- Increased access -
  - to wider variety of mental health services
  - to mental health services in regional, rural and remote areas of NSW
  - to wrap-round care / multidisciplinary teams
- Better affordability -
  - Lowers cost of transportation for patients, service providers and ambulances
  - Conserves resources; paramedics and intervention can be more appropriately distributed
  - Reduces the costs of services for patients
- More equitable -
  - More opportunities to access culturally appropriate services

<sup>9</sup> NSW Health. Mental Health Act 2007 - Guide Book. In: NSW health, editor. Online: NSW Government; 2023.

<sup>10</sup> Eburn M. AUSTRALIAN EMERGENCY LAW [Internet]. Eburn M, editor. online: AUSTRALIAN EMERGENCY LAW. 2019. [cited 2023]. Available from: <https://australianemergencylaw.com/2019/09/29/using-force-under-the-mental-health-act-2007-nsw/>.

- Choice of health professionals expanded
- Increased opportunities for high-quality person-centred care
- Higher continuity of care

#### Risks

- Increased risk for breach of confidentiality
- Reduced ownership and accountability of patients; patients will access more health professionals due to convenience
- In adverse effects of care delivered virtually. I.e., patients less accessible and reduced visibility

#### Concerns and special mentions

- Some regional, rural and remote areas of NSW have poor access to telephone or internet services
- Cost of technology in the community is increasing
- Paramedics already have access to people's homes; they have a unique perspective on the social and intimate environment of people's lives

#### **(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**

To achieve equity and accessibility in mental health services, cultural safety programs and measures are key to the success. The population is constantly evolving, and cultural safety practices cannot be just done and shelved. The Sydney local district *Mental Health Strategic Plan 2023-28* states that:

*“Services should be timely, integrated, responsive, safe, culturally sensitive and accessible, acknowledge the episodic nature of mental health conditions, and provide high quality evidence-based care. Our community expects a nimble system that can respond to swiftly changing community conditions without compromise.”<sup>11</sup>*

Accessible and culturally safe mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability relies on the commitment and ownership of all parties involved and impacted (I.e., health providers, policy makers, health professionals, elders and respective stakeholders).

Collaboration and codesign are essential in delivering culturally appropriate and positive patient experiences. There is an opportunity to have a significant impact of these populations:

- First Nations people's contact rate with community mental health support is 3.9 times the rate of non-Indigenous Australians in NSW.<sup>12</sup>

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<sup>11</sup> Sydney Local Health District. *Mental Health Strategic Plan 2023 to 2028*. In: Sydney local health district, editor. online: NSW Government; 2023. p. 1-25.

<sup>12</sup> National Indigenous Australians Agency. 3.10 Access to mental health services Online: National Indigenous Australians Agency; 2023 [cited 2023 06/09]. Available from: <https://www.indigenoushpf.gov.au/measures/3-10-access-mental-health-services>.



- For first generation CALD populations' mental health diminishes the longer they spend in Australia, despite having better physical health upon arrival.<sup>13</sup>
- Two thirds of LGBTQI+ people in NSW experienced a mental health condition.<sup>14</sup>
- Among the greatest causes of disability is mental health and mental illness.<sup>15</sup>

There is room for improvement to include more focused training and programs to support the identified populations. The College engages with our members, the wider profession and key stakeholders regularly to ensure culturally safe resources, training, and frameworks are available to the profession. However, to maximise the impact of these efforts, it is important for people and communities to understand the capabilities of paramedics, only then can paramedics continue to deliver high-quality healthcare to those who need them most.

#### Example of paramedics and culturally safe care

An example where paramedics have codesigned a successful healthcare model with First Nations leaders to improve continuity of care, is the Ngangganawili Aboriginal Health Service, which at the forefront of community paramedicine in Australia (the *College Response Magazine: Summer 2022 Edition*).

Documents to consider:

- [Ngayubah Gadan \(Coming Together\) Consensus Statement](#)

#### **(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)**

##### Rethinking Police Involvement in Mental Health and Substance-Related Emergencies

In cases where no crime has occurred and the risk of violence is low, utilising a police emergency response to individuals experiencing acute mental health crises or drug/alcohol intoxication within the community may not always be the most suitable course of action and may lead to adverse outcomes to consumers and providers as well as police themselves.<sup>16</sup> Such an approach has the potential to inadvertently criminalise health-related issues, erode patient trust or escalate situations due to prior negative interactions with police, contribute to stigmatisation, promote the use of more coercive methods or use of force to manage patients, and draw police resources away from other policing matters.

Alternative models are designed to offer in-field mental health assessments, connect individuals with appropriate mental health services, minimising unnecessary emergency department admissions, and providing crucial support in the individual's familiar environment. This approach not only eases the strain on the hospital system but also potentially reduces the financial burden associated with unnecessary hospitalisation.

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<sup>13</sup> Khatri RB, Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health*. 2022;22(1):880.

<sup>14</sup> NSW Ministry of Health. NSW LGBTQI+ Health Strategy 2022-2027. In: Health NMo, editor. Online: NSW Ministry of Health; 2022. p. 1-47.

<sup>15</sup> Australian Human Rights Commission. Disability Rights. In: Commission AHR, editor. 2014 Face the Facts. Online: Australian Human Rights Commission; 2014. p. infograph.

<sup>16</sup> Every-Palmer E, Kim A, Cloutman L and Kuehl S. Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study *Australian & New Zealand Journal of Psychiatry* 2023, Vol. 57(4) 572–582

Enhancing assessment and referral capabilities in out-of-hospital settings may reduce the need for, and trauma of coercive measures such as involuntary detention, sedation, or restraint. Allocating specialised teams to engage with individuals in crisis may have the additional advantage of more efficient allocation of general police and general paramedic resources to other responsibilities. Police involvement may be focused within co-responder teams or situations which have the potential for violence or where a criminal act has or may reasonably be expected to occur.

### Enhanced Response Models for Mental Health Crisis Situations

It is well recognised that the high stimulus and busy nature of EDs, long waits to be seen by busy clinicians and the potential use of coercive powers to bring the patient to the ED are not helpful to people experiencing a mental health crisis, and represent significant, perhaps overwhelming, pressure on an ED.<sup>17</sup> Poor patient experiences are often cumulative in their traumatising effect on an already vulnerable consumer.

To address these concerns, the NSW Inquiry may consider the following models of care.

#### **1. Tripartite Co-Response:**

This model involves a collaborative effort among paramedics, mental health staff, and the police. By harnessing the unique expertise of each agency, this approach delivers coordinated, tailored, and comprehensive care, encompassing medical, psychosocial, and legal support with “a multi-agency co-response aiming for more integrated, faster, safer and less coercive management of mental health crises”<sup>18</sup>.

Research suggests that co-response models may promote a more efficient use of agency resources, provide for timelier and community based resolutions with decreased ED presentations (initial and repeat), a decrease in use of force and time in police custody, and potentially lower admission rates to psychiatric institutions and less coercive measures. The improved collaboration and co-ordination between services facilitates better patient outcomes allowing “integrated and nuanced responses” to mental health presentations.<sup>19</sup> This model has been successfully adopted by ACT and Tasmanian Ambulance Services. To emphasise a healthcare focus, the response may operate and be coordinated by Ambulance services and 000 call centres.

This tripartite model stands in contrast to the current PACER model in NSW where mental health professionals are embedded within Police Area Commands to manage mental health crises. Notably, this model seems to primarily rely on ambulance services to provide patient transport and does not appear to include a substantial paramedic *clinical* response. This prioritises a police over a paramedic response, denies a professionally satisfying clinical role for paramedics, limits career paths, and ignores the clinical capabilities of the professional paramedic.

#### **2. Paramedic-Mental Health Clinician Teams:**

This model teams a paramedic and mental health professional in a co-response team. This health-centred approach has been successfully used in Western Sydney since December 2013 (transitioning to business as usual in October 2015). In this response, the Mental Health Acute Assessment team (“MHAAT”) operating as a partnership between Western Sydney Local Health District and NSW Ambulance, co-responds a paramedic with

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<sup>17</sup> Every-Palmer S, Kim AHM, Cloutman L, Kuehl S. Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study. *Australian & New Zealand Journal of Psychiatry*. 2023;57(4):572-582. doi:10.1177/00048674221109131

<sup>18</sup> Every-Palmer S, Kim AHM, Cloutman L, Kuehl S. *Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study*. *Australian & New Zealand Journal of Psychiatry*. 2023;57(4):572-582. doi:10.1177/00048674221109131

<sup>19</sup> Every-Palmer S, Kim AHM, Cloutman L, Kuehl S. Police, ambulance, and psychiatric co-response versus usual care for mental health and suicide emergency callouts: A quasi-experimental study. *Australian & New Zealand Journal of Psychiatry*. 2023;57(4):572-582. doi:10.1177/00048674221109131

a mental health nurse to 000 acute mental health calls within the local health district.<sup>20</sup> The model is credited with reducing the trauma associated with inappropriate admissions to the emergency department, providing better clinical pathways to persons in mental health distress, establishing patient trust and easing the pressure on hospital resources.

A similar mental health co-responder team model has been observed within Queensland Ambulance Service where paramedics partner with mental health clinicians and provide an 'additional resource within the emergency response team' to address mental health crises.<sup>21,22</sup>

For greater utility, this model would benefit from increased co-ordination and mutual access to relevant patient medical history to assist in informed, comprehensive, wholistic and consistent patient care. As with any registered medical professional, paramedics are required to maintain and protect patient confidentiality.

### **3. Paramedic specialisation: Expanding Paramedics' Role in Mental Health Care**

General duties paramedics routinely respond to out-of-hospital crises spanning medical, traumatic, and mental health domains. Some paramedics have had the opportunity to provide services and operate out of a dedicated crisis response car such as the MHAAT car in Western Sydney. Given the rising frequency of mental health-related calls, the out-of-hospital expertise, the clinical knowledge and education of modern-day paramedics and the increasing trend towards community paramedicine and paramedic practitioners, consideration should be given to developing paramedics skills in mental health assessment and treatment pathways to adequately equip them to deal with presentations in the community.

One approach is to establish a paramedic career pathway in mental health services. This can be achieved by creating specialised roles within the ambulance service or by fostering the development of community healthcare paramedic professionals with a specific focus on mental health. Specialised paramedics would be proficient in point-of-care mental health assessment, referral, and follow-up, contributing to more effective and comprehensive care delivery within the community. This model may take a similar form to existing paramedic specialisations such as ECP, intensive care paramedicine, special operations, and critical care. The inherent advantage of this approach lies in its ability to provide a mobile and readily available resource capable of promptly responding to community mental health presentations. As with all the proposed models of care, this model would benefit from access to relevant patient medical history to assist in informed, comprehensive, wholistic and consistent patient care. As with any registered medical professional, paramedics are required to maintain and protect patient confidentiality.

### **4. Embedding a mental health paramedic in the call-centre/VCCC**

A mental health paramedic, with suitable experience/training, and a unique understanding of paramedicine, may be suitable to field mental health calls and/or (with suitable training) deal with consumers directly to ascertain whether a resource is required to attend the call. It may be that some calls can be dealt with via the phone with the development of an appropriate mental health plan, referrals, and follow-up.

<sup>20</sup> Western Sydney Local Health District. *New mobile unit making in-roads into mental health care*, 24 Jan 2017 <https://www.wslhd.health.nsw.gov.au/News/2017/New-mobile-unit-making-in-roads-into-mental-health-care>

<sup>21</sup> McGhee, R. ABC Capricornia, *Queensland ambulance program helping acute mental health crisis patients at home*, Posted and updated Tue 12 Jul 2022. <https://www.abc.net.au/news/2022-07-12/queensland-mental-health-emergency-program-in-home-setting/101226112>

<sup>22</sup> QLD Ambulance Service (Contact: Garner S), updated 14 May 2023, *Enhancing the QAS's first response to people experiencing a Mental Health crisis*, URL <https://clinicalexcellence.qld.gov.au/improvement-exchange/enhancing-qass-first-response-peopleexperiencing-mental-health-crisis>

## **5. Escalation pathways/Collaborative decision-making teams.**

While operating as a clinical specialist, the paramedic should also have access to other mental health specialists (e.g., psychologists) if they need further advice or assistance when dealing with a client (i.e., an escalation pathway/collaborative decision-making team as required)

In summary, despite their substantial education, training, capabilities, and experience, paramedics continue to be an underutilised and underacknowledged segment of the healthcare workforce. Paramedics should be involved in acute mental health crisis response. This may be achieved through the continuation, expansion, or inclusion in one or more of the models suggested in this submission.

Given the growing interest of the government in adopting multidisciplinary models to address healthcare sector challenges, and with this inquiry's specific focus on mental health, it is important that paramedics are genuinely integrated into these efforts.

### **(j) Any other related matter**

Equity, accessibility and appropriate delivery of outpatient and community mental health care affects the flow of the entire NSW health system. Until state and federal governments work together NSW will continue to see patients and paramedics at risk. In addition to recommendations and suggestions outlined in this submission, we recommend NSW considers international examples of paramedic working mental health roles, particularly the USA.

Should you have any queries, please do not hesitate to contact Jemma Altmeier, Advocacy and Government Relations Manager