Submission
No 131

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

Organisation: Mental Health Committee Members, The Y NSW Youth Parliament 2023

Date Received: 6 September 2023

Partially Confidential

28 August, 2023

Dear Members of the Committee,

The Y NSW Youth Parliament Mental Health Committee Submission

As members of 2023 The Y NSW Youth Parliament Mental Health Committee, we welcome the inquiry on the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. We specifically welcome term of reference (h), outlining the accessibility of mental health services of young people.

As young people in high school, mental health is a very important issue to us. We believe that the mental health system does not prove accessible for young people and we would like to see change.

As part of the Youth Parliament program, our committee worked tirelessly creating a bill on the issues we would like to see fixed.

Please find enclosed the *Revolution, Prevention, and Destigmatisation of Mental Health Bill 2023* which was presented to the 2023 Youth Legislative Assembly and written by this committee. The bill aims to destigmatise mental health and mental illness in communities to revolutionise the provision of mental health services, to facilitate the prevention of suicide and prevention of the occurrence of mental illness.

Also, find enclosed the *Inquiry into the Accessibility of Mental Health Services* report, which was presented to the 2022 Youth Legislative Council and written by the 2022 Mental Health Committee. The report investigates a range of issues and current policies that have restricted the accessibility of mental health services in NSW and have outlined tangible solutions and recommendations.

We hope that the bill and report, written by young people for young people, proves useful in the committee's inquiry.

Kindest Regards,

Mental Health Committee Members
The Y NSW Youth Parliament 2023

Committee Membership

	East Hills	*Youth Minister*
	Coogee	*Youth Shadow Minister*
	Strathfield	
Fulin Yan	Parramatta	
	Newcastle	
	Northern Tablelands	
	Drummoyne	
	Wakehurst	
	Hawkesbury	
	Penrith	

First print

New South Wales

Revolution, Prevention, and Destigmatisation of Mental Health Bill 2023

Lead Sponsor:	The Hon Member for Coogee *Shadow Minister for Mental Health*
Sponsors:	The Hon Member for Strathfield The Hon Fulin Yan, Member for Parramatta The Hon Member for Newcastle The Hon Member for Northern Tablelands
Lead Refuter:	The Hon Member for East Hills *Minister for Mental health*
Refuters:	The Hon Member for Drummoyne The Hon Member for Wakehurst The Hon Member for Hawkesbury The Hon Member for Penrith

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New South Wales

Revolution, Prevention, and Destigmatisation of Mental Health Bill 2023

Act no. , 2023

A Bill for

An Act to destigmatise mental health and mental illness in communities to revolutionise the provision of mental health services, to facilitate the prevention of suicide and prevention of the occurrence of mental illness; and for other purposes.

Second Reading Speech

Mr (Coogee—Shadow Minister for Mental Health):

Mental health is an issue that many people, often unknowingly, battle with every single day. It costs the state many lives and billions of dollars each year, however, it is an issue that often goes unnoticed in the political scene of our state. This reiterates the scale of this issue as many NSW citizens feel as though this goes overlooked by the government. This paired with the recent pandemic and other issues such as nuanced addiction in aspects like social media addiction and vaping, reinforces the crisis that this committee is tasked to address particularly for young people. By implementing legislation in areas of education, workplace and state government initiatives the NSW government will be able to better the lives of many individuals.

Our Bill will address these demographics by re-defining mental health in legislation that has already been implemented as this will create more inclusive and encompassing laws where more people can feel represented.

Another aspect that has already been implemented by the state government ─ but is severely lacking ─ is the Mental Health Commission which was enacted in 2012. Not only is this commission severely outdated but also has an extremely reduced scope which further limits the people who can benefit from this initiative. Our Bill will not only give this commission the capacity to advise the government on mental health adversaries affecting the public but to also create initiatives to support at-risk demographics such as veterans, widows, orphans, and the elderly to name a few.

This Bill will also implement earlier, age-appropriate education for primary school students on mental health and how it may affect them and their peers, as well as strategies to mitigate the damages of this issue.

This Bill will also mandate mental health first aid for adults who are in an occupation where physical first aid is compulsory; this will see an increased appreciation and awareness for this issue as well as a further understanding for older generations who may have not grown up in a time or an environment where mental health was something freely acknowledged.

This committee will further destigmatise mental health by providing vouchers funded by the NSW government for young and expecting parents to claim as part of a new parents package where they are able to undertake mental health first aid and education on how to support their child mentally through their development.

All these intervention initiatives will not only allow for the workplace to become a safer more inclusive place, but this education on mental health will cascade onto younger generations creating a safer home environment for all by destigmatising mental health and demonstrating the gravitas of this pressing issue.

I commend the Bill to the House.

Explanatory Notes

Background Details on Mental Health Status in NSW

When addressing the stigmatisation of mental health, we have to constantly be aware that it is inextricably linked to the hundreds of Australians who take their life and the ones still fighting their mental health battles. It is with this empathy at the forefront of our agenda that the de-stigmatisation of mental health cannot use the approaches that aren't focusing on the individual needs of the diverse demographics at risk.

Current Legislation Around NSW Advisory Body for Mental Health

The Mental Health Commission Act 2012 is severely limited in scope and cannot provide concrete solutions or mechanisms to address key issues. Its major flaw lies in the fact that it gives far too much ministerial control and oversight. The Act in its current form does not have any qualifications necessary to become a Commissioner or a Deputy Commissioner except those that are deemed necessary by the Governor or the Minister. Moreover, there is a lack of specificity in the scope of review and inadequate functions of the commission in general. The commission needs power to make delegated legislation in order to ensure that actual expert advice is being given rather than by bureaucrats. The Act lacks the ability to make substantive recommendations directly to the legislature and is not accountable to the legislature which needs to have the ability to independently refer matters to the commission. Still, there is a lack of transparency in the research and findings, as the minister alone has the power to decide when to publicise the results of the commission's work. Finally, the commission lacks the necessary resources for interdepartmental collaboration, which can be essential in addressing certain mental health issues.

Importance and a Need of a Codified Code for Mental Health Practices

In New South Wales, mental health issues affect more than just a small group of people. They are experienced by an estimated one in five each year, and two in five will experience a mental health issue at some point during their lifetime. Mental health is more than just psychiatric help. Issues can be just as severe but less noticeable than largely characterised mental health disorders. Establishing a code of mental health will assist in the de-stigmatisation of mental health issues first in legislation, and as a result, more broadly in our society. De-stigmatising mental health issues will allow for a more open and honest discussion on how we can more effectively deal with this crisis. Section 274 of the Work Health and Safety Act 2011 (WHS Act) establishes a code of practice for managing "psychosocial hazards." This wording is quite extreme and could do with a change to more accurately reflect how mental health should be discussed, such as a change to "mental health risks". By inserting a code of conduct into the Mental Health Act 2007 No 8 (NSW), we would steer New South Wales away from characterising mental health as only problems to be dealt with in psychiatric institutions, and rather problems faced by everyday citizens that can be dealt with in a variety of ways with a more holistic mental health system.

Importance for and Current Lack of Ability of Early Intervention Practices in Adult Population

The stigma around mental health and seeking assistance for any difficulties individuals face is extremely prevalent today. In fact, it is the leading cause of why more than 80% of young people who experience mental health difficulties never seek or obtain access and receive appropriate treatment. This stigma is a result of many stereotypes present in previous generations. Thus, immediate and significant change with regard to mental health in the workplace where this stigma is circulated is absolutely essential.

Mental health in the workplace has both detrimental impacts on employees and businesses at large. According to the Australian Institute for Health and Welfare, one in five Australians experience mental illness each year. This has a harmful effect on many Australians, not just the many that experience mental health adversaries.

However, mental health affects more than individuals, it is extremely influential on business and productivity around our nation. Untreated mental health conditions cost Australian workplaces nearly 11 billion dollars per year according to a PwC and Beyond Blue report on mental health in the workplace. For reference that is roughly the same amount of money that the current government is investing to fund a pay rise for aged care workers. This issue is affecting the everyday Australian but is also affecting many businesses and the Australian economy as a whole. Whilst this is a national issue, NSW should be leading the charge and making significant change in this area considering that only 26% of NSW businesses are taking proactive action to prevent mental health issues in the workplace.

By implementing areas of this Bill, all NSW businesses will be taking action and be equipped with the resources necessary to address mental health adversaries in the workplace which will holistically benefit all individuals across this state, and the economy of NSW as a whole.

By re-educating older individuals on the impact and importance of one's mental health, mental health will be destigmatised, and this will also dramatically increase the quality of life for many young people in NSW and set a precedent on the national stage positively influencing the nation.

Importance for and Current Lack of Ability of Early Intervention Practices in Schools

The National Mental Health Survey 2021 revealed that the annual prevalence of mental health issues in the 16–24 age bracket had surged from 26% in 2007 to 40% in 2020-2021— an unprecedented increase of 50% in 15 years. When combined with mental health stigmatisation, these bad attitudes and ideals related to mental health issues could make it tough for individuals who are searching for help and aid, leading to extended social isolation, depression, and even suicide. With this alarming rise, it is now more crucial than ever that schools are equipped with the right tools and resources to help young people understand and manage their mental health both within social contexts and when faced with the classroom. In order to address mental health stigma and provide effective mental health education, it is important to implement the policies and practices of the NSW Mental Health commission alongside the Department of Education’s curriculum. Early intervention practices and school-based prevention is key in this quest.

By instructing young children about intellectual health and promoting effective attitudes toward mental health, we are able to assist in creating a supportive environment that encourages open talk and decreases the negative connotation associated with mental health troubles. Introducing mental health education in early schooling and primary schools can also help kids develop emotional resilience and coping techniques that can assist them in navigating the stressful situations they may face as they get older.

With the adjusting of school curriculums for primary aged students between the years of 1-6, we will be able to set solid foundations for children to understand their emotions, allowing for them to grow and develop healthy relationships with their mental health as they continue into junior and senior high school. In this plan we are set to include more wellbeing programs within schools for students across a

wide range of age demographics as well as improve the curriculum to better suit the needs of NSW youth today.

One issue that this Bill will also seek to address is the problem surrounding research about the effectiveness of external wellbeing and mental health programs that are brought in to teach at schools. With a severe lack of concluded studies into the effectiveness of programs such as: Adolescent Depression Awareness Program and Aussie Optimism Programme ━ Positive Thinking Skills, many schools are relying on outsourced mental health courses to educate their students, leaving it to a gamble whether or not the information proves useful to the students over the course of their lives. By starting early, we will construct a foundation of consciousness, compassion, and develop the skills to be able to advantage children all through their lives.

Mental Health in Regional Area; Telehealth and E-Health for Mental Health Services

The current NSW plan of procedure for regional telehealth called the Virtual Care Strategy (also known as telehealth) is a health service providing communication between health professionals and the patient using telephone or a video call using Skype. This service is only available for health issues regarding the physical state of a patient and does not allow for people to seek mental aid in. Certified psychologists and therapists do not operate on the current government telehealth plan leaving vulnerable communities of rural NSW in risk of unassisted mental health issues. With the Far West Local Health District reporting that 20.3% of adults are facing high levels of mental distress while the local health district of metropolitan Sydney reports a 14.9% figure. An upgrade in rural mental health infrastructure aims to connect disadvantaged individuals to be able to see professional help which may not be initially available to them due to various cost, convenience and health reasons.

The Youth Legislature of New South Wales enacts—

Part 1 Preliminary

1 Name of Act

This Act is the *Revolution, Prevention, and Destigmatisation of Mental Health Act 2023*.

2 Commencement

(1) The Act commences on the date of assent to this Act, except as provided by subsection (2) and (3).

(2) Schedule 1 commences on a day or days to be appointed by proclamation, not before 1 July 2024 but before 1 January 2026.

(3) Schedule 2 commences on a day or days to be appointed by proclamation, not before 1 July 2024 but before 1 January 2026.

3 Relationship with other Acts and laws

This Act prevails to the extent of an inconsistency with another Act or law.

4 Objects

The objects of this act are to—

(1) strengthen and empower the Mental Health Commission and any advisory councils,

(2) address these demographics by re-defining mental health in legislation that has already been implemented,

(3) implement earlier, age-appropriate education for primary school students on mental health and how it may affect them and their peers,

(4) mandate mental health first aid for adults who are in an occupation where physical first aid is compulsory,

(5) further destigmatise mental health by providing vouchers funded by the NSW government for young and expecting parents to claim as part of a new parents' package where they are able to undertake mental health first aid and education on how to support their child mentally through their development.

5 Definitions

The dictionary in Schedule 3 defines words used in this Bill.

Note— The *Interpretation Act 1987* also contains definitions and other provisions that affect the interpretation of this Bill.

Part 3 Mental Health Commission and Advisory Councils

6 Amendment of Mental Health Commission Act 2012 No 13

Amend as in Schedule 1.

Part 4 Mental Health Code of Conduct

7 Amendment of Mental Health Act 2007 No 8

Amend as in Schedule 2.

Part 5 Early Intervention in the Adult Population

Division 1 Mental Health First Aid

8 Mandate mental health first aid in conjunction with physical first aid

(1) Where physical first aid is a requirement of employment, there shall be the requirement to obtain mental health first aid training from a licensed organisation.

(2) This requirement shall only apply to individuals who are at least 18 years of age.

(3) This mandate shall be subsidised by the NSW Government until 1 January 2030.

Division 2 Mental Health Education to Parents

9 Mental health education for new and expecting parents

(1) The NSW Government will offer new and expecting parents vouchers to educate them on how to foster and protect their child's mental health and create an inclusive and open relationship.

(2) This shall apply to all parents with children ranging from eight to ten years of age.

(3) This educational course will be presented in the form of a voucher, similar to those distributed to certain demographics during the COVID-19 Pandemic.

(4) These vouchers will be applicable to certain organisations determined by the Minister that provides this service.

(5) This voucher system will be in place until 1 January 2030 when it will be evaluated and deemed successful or unsuccessful.

10 Amendments to Mental Health Education Vouchers

At the conclusion of the voucher system, the Mental Health Commission shall review its success, and determine if the program shall be renewed.

Part 6 Mental Health in the Workplace

11 Including mental health leave in sick leave for all workplaces

(1) Mental health leave shall be recognised as a legitimate form of sick leave in all NSW workplaces.

(2) This section applies to an individual who is at least 18 years of age and over working in a part of full-time occupation.

12 Consequential amendments to sick leave entitlements

Any two days of sick leave used consecutively shall not require the disclosure or evidence of the reason for the use of sick leave.

Part 7 Education Reform

Division 1 Early Education and Primary School

13 Implementation of early mental health intervention

(1) There shall be mental health intervention classes for primary aged students as well as helping in social development thus assisting in social based mental health issues.

(2) A schooling curriculum will be devised by NESA and youth heath specialists to ensure it is age appropriate.

14 Who can participate in classes

(1) The curriculum will be implemented for students between the years of kindergarten and grade 6.

(2) The wellbeing course will be mandatory for all students unless their guardian petitions, in writing of their withdrawal.

15 What the classes will entail

The classes will address mental health stigma in early education and primary schools so a culture of acceptance will be promoted.

16 Training and collaboration for classes

(1) Teachers will receive training for this program will be given to resources to deliver lessons to students.

(2) There shall be collaboration between schools, parents, caregivers and mental health professionals to ensure feedback regarding the mental health program.

17 Review period for classes

This program will be eligible for review after twelve months of implementation in the first instance, and then every two years further to that.

Division 2 External wellbeing and mental health programs within schools

18 Initiatives that can be introduced

Wellbeing and mental health programs brought in externally for school workshops will require extensive research and investigation into the effectiveness of said programs on students.

19 Funding relating to external workshops

(1) The Minister shall increase funding for individual schools to introduce external programs.

(2) The Minister shall increase funding for individual schools to research the effectiveness of programs.

20 Allowable program content

All program curriculums must be written and/or approved by a mental health professional.

Division 3 School-based Mental Health Practitioner

21 School-based requirements

(1) Every school should have access to a youth mental health practitioner with the specifications of the specific school.

(2) This can include, but not limited to, religion, LGBTQIA+ or ethnicity.

(3) There shall also be a network of mental health services to support that practitioner for youth with special needs.

(4) This can include, but not limited to sexual assault survivors, LGBTQIA+ individuals, domestic violence, or depression.

22 Powers of mental health practitioners

(1) Mental health practitioners should have oversight into school operations and act as a student advocate where school practices are detrimentally impacting on mental health and wellbeing.

(2) This service will be funding to a maximum of three sessions per calendar year referred by the school mental health practitioner, with more being available via a Mental Health Care Plan under Medicare.

(3) Mental health practitioners will have the power in consultation with principal and union representatives to require additional training for a teacher if necessary.

(4) Within the Department of Education, all curriculums and teacher training will be reviewed by an education mental health practitioner.

Division 4 Mental Health Commission Review

23 Review by the Mental Health Commission

The NSW Mental Health Commission shall review the policies in practices within the Department of Education’s curriculum.

24 Terms of Reference for Review

(1) The policies and practices developed by the Mental Health Commission will be specific and leave no room for ambiguity and must clearly outlined desired outcomes of the mental health curriculum formatted by the Department of Education.

(2) The review must involve mental health professionals, parents and students to review the curriculum to seek a more diverse perspective when implementing this approach.

(3) It must ensure that the new mental curriculum aligns with the current standards of education to easily integrate mental health education into the overall education system.

(4) The Mental Health Commission must do this consistently to ensure that it remains relevant and responsive to current needs.

(5) It must also provide well thought out comprehensive training to teachers for them to effectively deliver the new Mental Health Commission.

Division 4 Additional Support for Regional and Rural Schools

25 Increase in funding

On top of the increase funding and research as prescribed in section (20), regional and rural schools will receive additional funding towards mental health services, to account for the lack of mental health accessibility within their area, in comparison to metropolitan areas.

26 What schools can invest in

(1) Rural and regional schools will be given more funding towards their wellbeing and mental health facilities depending on their relativeness to metropolitan areas.

(2) This may be spent on higher wages for counsellors within their schools, to have more of an incentive to support regional and rural schools.

Part 8 Telehealth

Division 1 VirtualCare Expansion

27 Services to expand to mental health

(1) There shall be a mental health sector added to program with qualified professionals in charge.

(2) To assist with this, there shall also be meaningful recruitment of mental health professionals in the VirtualCare program.

Division 2 Technology Rebates

28 Government rebates for VirtualCare

Government coupons must be deployed to those of rural status to be used on items such as satellite communication devices and computers to gain internet access.

Schedule 1 Amendment of Mental Health Commission Act 2012 No 13

[1] Section 5(4)

Omit the subsection. Insert instead—

(4) The functions of the Commission are exercisable by the Commissioner, and any act, matter or thing done in the name of, or on behalf of, the Commission by the Commissioner, or with the authority of the Commissioner, is taken to have been done by the Commission shall be only conducted—

(a) By advice of an expert advisory and community advisory councils; and

(b) Ministerial approval without limiting subclause (a).

[2] Section 6(1)

Omit the subsection. Insert instead—

(1) The Government may appoint a Mental Health Commissioner—

(a) based on advice of expert advisory and community advisory councils; and

(b) ministerial recommendations, without limiting subsection (1)(a).

[3] Section 7(1)

Omit the subsection. Insert instead—

(1) The Governor may appoint one or more Deputy Mental Health Commissioners -

(a) based on advice of expert advisory and community advisory councils; and

(b) ministerial recommendations without limiting subclause (1)(a).

[4] Section 8

Omit the section. Insert instead—

(1) The Commissioner or at least one Deputy Commissioner must be a person who is living with or has had a mental illness; and

(a) without limiting the clause, the Commission or at least one Deputy Commissioner must have experience of practice in psychology, or

(b) without limiting the clause, the Commission or at least one Deputy Commissioner must have experience of practice, or

(c) without limiting subclause (a) and subclause (b), be a carer of a person of mental illness.

[5] Section 9

Omit the section. Insert instead—

The Commission is subject to the review and advice of the Minister, where appropriate, except in relation to the preparation and contents of any plan or report prepared by the Commission.

[6] Section 10(3-9)

Omit the subsections. Insert instead—

(3) The Council is to consist of the Commissioner and such persons as are appointed by the Commissioner (the appointed members).

(4) The Minister must ensure that the composition of the Council reflects the diversity of the community and includes representatives of the following groups:

(a) people who are living with a mental illness, and their families and carers,

(b) people living in regional and remote New South Wales,

(c) culturally and linguistically diverse communities, and

(d) First Nations people.

(5) An appointed member is to be appointed to the Council for a period of 3 years or less.

(6) One of the appointed members of the Council is, by the member's instrument of appointment or a further instrument signed by the Minister, to be appointed as the chairperson of the Council.

(7) The procedure for the calling of meetings of the Council and for the conduct of those meetings is to be determined by a digital ballot of the appointed members.

(8) An appointed member of the Council is entitled to be paid such fees and allowances (if any) as the Commissioner may from time to time determine for the member.

(9) The Minister may remove an appointed member from the Council at any time for—

(a) crimes constituting sentences greater than 6 months;

(b) sexual misconduct;

(c) financial misconduct;

(d) adverse finding from an integrity agency; or

(e) without limiting subclause (a) to (d), any high crimes and misdemeanours deemed necessary of removing by the Minister.

[7] Section 10A

Insert after section 10—

10A Mental Health Expert Advisory Council

(1) There is to be a Mental Health Expert Advisory Council.

(2) The function of the Council is to advise the Commission on any mental health issue it considers appropriate or that is referred to it by the Commission.

(3) The Council is to consist of the Commissioner and such persons as are appointed by the Commissioner (the appointed members).

(4) Qualifications of the council shall be mental health professionals as deemed by the definitions.

(5) The Minister must ensure that the composition of the Council reflects the diversity of the community and includes representatives of the following groups—

(a) people who are living with a mental illness and their families and carers,

(b) people living in regional and remote New South Wales,

(c) culturally and linguistically diverse communities, and

(d) First Nations persons.

(6) An appointed member is to be appointed to the Council for a period of 3 years or less.

(7) One of the appointed members of the Council is, by the member's instrument of appointment or a further instrument signed by the Minister, to be appointed as the chairperson of the Council.

(8) The procedure for the calling of meetings of the Council and for the conduct of those meetings is to be determined by a digital ballot of the appointed members.

(9) An appointed member of the Council is entitled to be paid such fees and allowances (if any) as the Commissioner may from time to time determine for the member.

(10) The Minister may remove an appointed member from the Council at any time for—

(a) crimes constituting sentences greater than 6 months;

(b) sexual misconduct;

(c) financial misconduct;

(d) adverse finding from an integrity agency;

(e) without limiting subclause (a) to (d), any high crimes and misdemeanours deemed appropriate of removing by the Minister

[8] Section 12(1)(f-i)

Omit the subsections. Insert instead—

(f) to provide legislation to promote the general health and well-being of people who are living with a mental illness and their families and carers,

(g) to educate the community about mental health issues, including for the purpose of reducing the stigma associated with mental illness and discrimination against people who are living with a mental illness,

(h) to legislate for and promote the prevention of mental health issues and early intervention strategies for mental health,

(i) without limiting all other subclauses of this clause, the commission shall have power of delegated legislation in respect of clause 1, subclause (a) to (h) of this section, and

(j) such other functions relating to mental health as may be prescribed by the regulations.

[9] Section 13(1)

Omit the subsection. Insert instead—

(1) The Minister, or either house of the legislature, may direct the Commission to prepare a special report on any significant systemic issue affecting people who are living with a mental illness (not being an issue that relates only to a particular specialist mental health service).

Schedule 2 Amendments to the Mental Health Act 2007 No 8

[1] Section 3

Insert after subsection (e)—

(f) to destigmatize mental health and mental health issues, as well to establish a legislated mental health code of conduct.

[2] Section 4

Insert in alphabetical order—

mental health refers to a person's condition with regard to their psychological and emotional well-being.

[3] Chapter 10

Insert after Chapter 9—

Chapter 10 Code of Practice of Mental health

204 Implementation of a Mental Health Code of Practice

The SafeWork NSW "Code of Practice: Managing psychosocial hazards at work" shall be apply and be enforced in all workplaces within New South Wales

205 Implementation of a Mental Health Code of Practice

The title of the document referred to in section 204 shall be amended to "Code of Practice: Managing mental health risks at work."

205 Amendment to Mental Health Code of Practice

All mentions of the term "psychosocial hazards" mentioned in section 204, shall be amended to read "mental health risks".

Schedule 3 Dictionary

section 5

destigmatisation is mindfully transcending omnipresent biases, navigating verbosely through multitudinous sociocultural stimuli in an odyssey advantaged by assiduous accounting informed by a multiplicity of revelation domains.

mental health is the physical, spiritual, mental and emotional wellbeing of an individual, affecting the quality of their life as a whole.

Mental Health Professionals are persons of necessary qualification such as but not limited to –

(a) practising psychiatrists;

(b) practising psychologists;

(c) psychotherapists;

(d) clinical researchers of psychology;

(e) clinical researchers of psychiatrist;

(f) clinical psychological support workers;

(g) community-based mental health workers;

(h) social workers;

(i) persons with counselling degrees; and

(j) any other individuals deemed with necessary qualifications by the Minister by proclamation.

mental illness is a condition whereby a person experiences feelings, thoughts, and behaviours which deviate from what may be considered socially, educationally, and developmentally agreeable; typically resulting in distress and/or impairments of daily functioning, and at times requiring specialist mental health services or interventions.

qualifications are the attributes of an individual, corresponding to the subject of matter, with regards to the necessity of the performance of the duties.

stigma is the cultural and societal imposition of a negative mark or designation to an individual, group, or trait deemed to deviate from the norm as perceived by dominant consensus, leading to assignment of reduced status, discrimination, and segregation and enforcement of stereotypes that limit opportunities, enforce prejudice and irrational fear or contempt from the so-labelled groups.

Mental Health

Inquiry into the Accessibility of Mental Health Services

Youth Parliament 2022

Inquiry into the Accessibility of Mental Health Services

The Hon. Sebastian Verjoustinsky, Youth Minister for Mental Health

The Hon. Julia Sigalas, Youth Shadow Minister for Mental Health

The Hon. Tahlia Moses, Sponsoring Youth MLC

The Hon. Samantha Buda, Refuting Youth MLC

The Hon. Ian Lam, Sponsoring Youth MLC

The Hon. Leyton Croft, Refuting Youth MLC

The Hon. River Rose Terkildsen, Sponsoring Youth MLC

Terms of Reference

The Legislative Council Committee on Mental Health inquired into a plethora of issues concerned with the Accessibility of Mental Health Services within New South Wales:

1. Access to Mental Health services in relation to the individual agents of gender and identity, age, family relations and personal attributes.

2. Access to Mental Health services according to Socio-Economic group;

3. Access to Mental Health services according to Socio-Cultural Factors, specifically in relation to family and friendship groups, ethnic background and language;

4. Access to Mental Health services in rural and regional areas and the expansion of services in such areas.

the

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Definitions

- Mental health: Mental Health refers to an individual's emotional, psychological, and social wellbeing which in turn influences one's ability to think, feel and act. [1]
- Individual Factors: Individual factors encompass ideas such as; gender and identity, age, family relations and personal attributes.
- Socio Economic Factors: Socioeconomic factors refer to the environment individuals learn and work including income, employment, housing and education.
- Socio Cultural Factors: Sociocultural factors refer to the social expectations and cultural practices in the environment influencing an individual's values, attitudes and behaviours including peers, family, and culture.
- Geographical Factors: Geographical factors refer to the condition of the environment people live includings one's geographical location and proximity to key infrastructure.
- Young persons: Persons under the age of 25.
- Rural and Remote: The term 'rural and remote' encompasses all areas outside NSW Major cities (Greater Sydney, Newcastle, Wollongong, Penrith, Gosford, Albury, Maitland, Shellharbour, Coffs Harbour, Wagga Wagga, Tweed Heads, Port Macquarie, Taree, Blacktown, Tamworth).
- Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[2]
- E-Mental Health: E-mental health refers to the broad range of digital resources, services or programs, delivered via online, mobile or phone based platforms, which offer support to people affected by mental health issues, including consumers, families/whānau, carers and communities.[3]

[1] U.S. Department of Health & Human Services (2020), What is Mental Health? (5th June 2020). https://www.mentalhealth.gov/basics/what-is-mental-health

[2] World Health Organisation (2020) (5th June 2020) https://www.who.int/about/governance/constitution

[3] The Royal Australian and New Zealand College of Psychiatrists (2019), Benefits of e-mental health treatments and interventions https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/benefits-e-mental-health-treatments-interventions

Chairperson’s Foreword

I am pleased to present the Committee investigating Mental Health’s report into the Accessibility of Mental Health Services to the 2022 Youth Legislative Council for consideration. The Committee has conducted a comprehensive investigation into a range of issues and current policies that have restricted the accessibility of mental health services in NSW, and have outlined tangible solutions and recommendations. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and exerts an influence on every aspect of our daily lives. Yet, the sentiment of those struggling from mental health across NSW is diminishing, leaving many to feel a sense of social isolation and helplessness. The Mental Health Committee have reviewed the current provisions in place, and have recognised that although fundamental strides forward have been made in the past 30 years, mental health care/service accessibility in NSW remains inherently characterised by siloed funding streams and fragmented service provisions. This has deleteriously impacted the accessibility of mental health services and disproportionately impacted our most vulnerable. The Committee have reviewed and acknowledged the inconvenient, expensive and disheartening reality of mental health service provisions specifically in rural and remote NSW. This is the result of a range of geographic, socio-economic, social-cultural, individual, and environmental factors that have exacerbated systemic shortcomings and impacted on the accessibility and quality of mental health services. The Committee have additionally sought to review and reduce the negative stigma associated with seeking mental health services, which has a drastic impact on ones desire to actively pursue and access mental health services. The implementation of the Committee's recommendations will allow individuals to access low-stigma, affordable mental health services that will benefit health and wellbeing. The report outlines tangible solutions and recommendations that the Committee believes will successfully address the issues identified. These solutions have been drawn from the Committee's findings, as well as recommendations of other governmental reports and major medical organisations. These solutions include:

1. The implementation of tailored Mental Health Services towards the needs of the given community
2. Further investment into e-mental health services in Rural and regional NSW

The Committee thanks most sincerely all organisations, academics, agencies and individuals involved in providing information, resources and insightful knowledge in assisting us to complete our research. I would also like to thank the members of this Committee for their dedication in providing research and pragmatic solutions to increase the access and availability of Mental Health Services throughout NSW.

I hereby commend this Report to the House and to the floor.

The Hon. Sebastian Verjoustinsky, Youth MLC
Youth Minister for Mental Health

Introduction

In spite of the fundamental strides forward which have been made in the past 30 years, mental health care/service accessibility in NSW remains inherently characterised by siloed funding streams and fragmented service provisions. This has deleteriously impacted the accessibility of mental health services and disproportionately impacted our most vulnerable. Our committee has been devoted to an investigation that aims to analyse and provide a solution for the consequences of service inaccessibility upon the apparatus of NSW whilst seeking to articulate the concerns of unheard subaltern voices. This includes an inquest into the inconvenient, expensive and disheartening reality of mental health service provisions specifically in rural and remote NSW, as well as the harmful negative stigma associated with seeking mental health treatment. Our solutions delve into different strategies based upon the goal of creating a unified perspective on the matter whilst avoiding the denigration of any and all potential solutions.

We have categorised and dedicated our findings into four general groups of theorem:

- Individual Factors [that affect accessibility];
- Socio Economic Factors [that affect accessibility];
- Socio Cultural Factors [that affect accessibility]; and
- Geographical Factors [that affect accessibility].

Furthermore, this report will support the recommendations of the implementation of specifically tailored Mental Health Services towards the needs of the given community as well as further investment into e-mental health services in Rural and regional NSW. The findings from relevant studies and their accompanying analysis can be found as the foundation of all our recommended solutions to ensure that bias, ignorance and potential misinterpretation of the topic will be avoided to create a fully succinct and credible investigation.

It is not just our goal to implement legislation but to catalyse a movement that allows all individuals in NSW, regardless of geographic location, age or gender, to have access to quality mental health services.

Background

Mental health, in essence, is integral to the overall wellbeing and health of an individual as a consequence of its influence across all age spectrums of life despite a greater emphasis on the younger generations.

Mental Health, as defined by the U.S. Department of Health & Human Services, refers to an individual's emotional, psychological, and social wellbeing which in turn influences one’s ability to think, feel and act. One’s mental wellbeing generally consists of how they are able to handle stress, draw connections between themselves and others as well as their ability to make critical choices. A positive state of mental health determines how we are able to maintain positive relationships with others, express and manage both positive and negative emotions as well as our level of adaptability to turbulent events, hence rendering it as influential in the social interactions of day to day life. Fuelled by societal misconceptions and stereotypes, mental health has come to purely be regarded as a substituting phrase for “mental health conditions or disorders” with a large majority associating the term with illness as opposed to wellness. The most common forms of mental illness experienced by Australian adults are anxiety, mood disorders (such as depression) and substance use disorders are the most common mental illnesses

As is well known, mental health is a significant health issue in NSW with almost one in five people suffering from a mental disorder in any twelve month period. In turn, Mental health services must be accessible to all people in a way that caters to individual, socio-economic, socio-cultural and geographic factors. However, the current mental health services that are obtainable, inherently fail to cater towards these idiosyncratic factors, contributing towards the sentiment of those struggling from mental health across NSW diminishing, leaving many to feel a sense of social isolation and helplessness.

In turn, we have categorised and dedicated our findings into four general groups of theorem:

- Individual Factors [that affect accessibility];
- Socio Economic Factors [that affect accessibility];
- Socio Cultural Factors [that affect accessibility]; and
- Geographical Factors [that affect accessibility].

Individual Factors

Individual factors contribute to the lack of, or difference in mental health accessibility and treatment available. Individual agents encompass ideas such as; gender and identity, age, family relations and upbringings, and personal attributes and beliefs. These individual factors are what influence patients and convalescent decisions, as well as what is actually accessible to a person with these factors.

Mental health services must be accessible to all people in a way that caters to their own individual factors. Currently, the mental health services obtainable, are only suitable to a certain target. whether this target is for a minority or majority, it still isn't a model that is applicable to all citizens. Mental health should have a systematic approach that is able to be modelled and fit the needs of all minority groups, regardless of individual factors.

The following individual factors have been chosen to take into consideration when assessing the accessibility of mental health services;

a. Age
b. Gender and identity
c. Family relations and upbringings
d. Personal attributes and beliefs

These 4 factors have been chosen, as each can expand into a broader array of other issues under the same category. These 4 factors can be manipulated and moulded to generously match each individual person in a way suiting them, when it comes to the accessibility of mental health.

Age

Currently, only 10-15% of Australian senior citizens have recorded mental health issues; whether this be anxiety or depression.[4] [5] Since these are only recorded statistics, this hence furthers the stigma that prevents senior citizens from wanting to seek mental health help. Not only is this a mental barrier, but the physical barriers in aged care facilities are a direct obstacle that do not amount to easy access. Since mental health platforms are now technologically based, the knowledge that senior citizens have on accessibility to mental health services is extremely limited. Nursing homes and aged care facilities fail to improve these equitable social measures for those wary of seeking help, or simply having limited knowledge.

This knowledge limitation can be of a similar situation for children of a very young age. Age is a barrier to almost all but the 'target' age, being teenage-midlife years.

Gender and Identity

The stigma around gender and identity in mental health, affects those who want to access it. In particular, men are less likely to reach out to mental health services, in fear of patriarchal beliefs, as well as masculine standards placed upon them in society. Compared to females, males account for 52.5% of anxiety disorders and 45.4% of major depressive orders[6]. This is

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[4] Beyond Blue (2022), Older People (5th June 2022) https://www.beyondblue.org.au/who-does-it-affect/older-people

[5] Australian Institute of Health and Fitness (2021), *Older Australia at a Glance* (5th June 2020). https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/health-disability-status

[6] Australian Institute of Health and Fitness (2020), *10 Surprising Facts about Men's Mental Health* (5th June 2020). https://www.amhf.org.au/10_surprising_facts_about_men_s_mental_health#:~:text=Men%20are%20more%20than%20twice,0.8%25%20compared%20with%200.6%25)

a huge number of mental health services needed, yet only 17.6%[7] of men actually go forward in receiving mental health services.

This ideology remains consistent with those struggling with unknown identity. These communtiies can range from the LGBTQ and many others. Because of this, there has been a barrier for minorities that feel mental health services aren't available to them due to individual attributes and structured sessions.

Family relations and upbringings

Many of the nations most vulnerable in respect to mental health are adversely affected by pressures from at home and cultural psychology surrounding a condition, thought or other illness that may affect them. The accessibility of many to access and continue the attendance of mental health services is draining on already strained budgets, tight schedules and routines.
With the vast majority of Australians not living alone, the ability for mental health issues to arise is statistically lowered in comparison to the lonesome counterparts[8].

Unhealthy familial relations can occur out of the pressure of a mental illness or even the accessing of a mental health service. With issues of domestic violence, relationship breakdowns and many more side effects coming out of these often episodic and even more frequently, long term battles with mental health the relationships that families play are no less important than the actual mental illness.

The children of those who have experienced even mild mental health issues are at a much higher risk of developing those same or very similar problems, intergenerational trauma that has been seen and experienced by all those among a family unit or outer family relationship can contribute with lived and shared experiences all being able to adversely affect the entire mental health of a child[9].

Personal attributes and beliefs:

The reluctance of many individuals can be associated with the stigma that has arisen around the seeking and attendance of mental health services. It is hard to pinpoint a singular group of people that hold this negative connotation with these services, however it can be more commonly associated with those who are in the current transition period of childhood and adulthood.

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[7] Australian Institute of Health and Fitness (2020), *10 Surprising Facts about Men's Mental Health* (5th June 2020). https://www.amhf.org.au/10_surprising_facts_about_men_s_mental_health#:~:text=Men%20are%20more%20than%20twice,0.8%25%20compared%20with%200.6%25)

[8] Saltzman W. R. (2016). *The FOCUS Family Resilience Program: An Innovative Family Intervention for Trauma and Loss. Family process*, 55(4), 647–659.
https://doi.org/10.1111/famp.12250

[9] *Intergenerational trauma*. (2022). Retrieved 13 June 2022, from
https://australianstogether.org.au/discover/the-wound/intergenerational-trauma/

Recent campaigns launched by private mental health services have tried to reduce the stigma that some have associated with these services include:

- 'The Big Stigma' launched by Headspace - Independent Counselling Service
- 'Stop Stigma' by Murray PHN - Australian Government Initiative, and
- 'National Stigma Report Card' organised by SANE - Complex Mental Counsel

The personal belief of many people about the seeking of these services can lead those who are most at risk of physical harm to be delayed in seeking treatment or not seek it at all.[10] These same people are the most likely to be discriminated against, prejudiced or marginalised for their want to seek out a mental health service. A smaller, lesser known stigma can be associated with that of the family and immediate known to someone who is seeking a mental health service, with often close family members being looked down upon by others, who may not necessarily require the same services.

Effected people to stigma and discrimination that can result from the root of personal beliefs and attributes can experience can include but are not limited to:[11]

- Further reluctance to attend the services they have experienced trouble accessing in the first place,
- Physical violence or intimidation, including but not limited to bullying, threats of violence, power imbalances, and social prejudices,
- Thoughts of shame about themselves and their situation, feelings of isolation and hopelessness about their situation and or condition, and
- Less opportunities or want to participate in opportunities that can lead to educational, occupational or social interaction.

Socio Economic Factors

In mental health, your socioeconomic status can affect your treatment. For example, an individual from a low socioeconomic background is unable to afford treatment, as a single therapy session can cost up to $180. A middle class civilian could afford treatment, depending on how they live (fortnightly or weekly). Conversely, an individual from high socioeconomic status is able to afford regular and long term treatment via a mental health professional without financial strain on other facets of living. This carries on with accessibility to services throughout Australia, especially in regional areas where families may not have access to some services.

Medicare covers the first six therapy sessions, then you have to pay the full fee that the particular service costs. In most cases, the session can be 'back paid' if the client meets

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[10] Borenstein, J. (2020, August). Psychiatry.org - *Stigma, Prejudice and Discrimination Against People with Mental Illness*. American Psychiatric Association. Retrieved June 13, 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

[11] *Stigma, discrimination and mental illness* - Better Health Channel. (2022). Retrieved 13 June 2022, from https://www.betterhealth.vic.gov.au/health/servicesandsupport/stigma-discrimination-and-mental-illness

certain requirements, such as; not being able to pay that session because of certain requirements. This is helpful in most cases, however in some cases this is not possible, this leads to some young people becoming hesitant to reach out to mental health services.

Socio Cultural Factors

Sociocultural factors embody the influence of communities in which an individual partakes in and the associated values, attitudes and behaviours influencing their level or perception of health. Generally, one's family, peer group, media, religious and cultural identity are the major sociocultural factors which exist. Understanding the impressions and perceptions shared within these social groups is essential as it is partly responsible for an individual's knowledge and health behaviour, the expectations and perceptions which are substantial when considering one's mental health status.

Australians living within rural and remote areas of NSW have great difficulty accessing mental health support due to socio-cultural factors. Socio-cultural factors play a major role in the access an individual from any area has to mental health support. However, these factors have a much greater impact on the accessibility of mental health support for individuals from regional, rural and remote areas. Rural residents may be more susceptible to the stigma of needing or receiving mental healthcare in small communities where individuals within the community are highly connected with fewer choices of trained professionals contributing to a lack of faith in confidentiality, as well as a reliance on the informal care of family members, close friends, and religious leaders[12]. This stigma can be increased due to an individual's ethnicity and background which can hold further prejudices around the topic of mental health and mental illness. As a result, the suciude rate for rural communities in certain areas is 93% than that of major cities[13].

The unique circumstances of living within a rural or remote area are linked to causing poor mental health for individuals in comparison to those residing in metropolitan areas. The demographic of people who reside in rural or remote areas is also significantly different to the demographic of metropolitan areas such as Sydney. In 2019, it was found that 20-64 year olds who resided in rural and remote areas were less likely to have completed year 12 or a non-school qualification.[14] This could potentially link to the heightened mental illness rates amongst rural and remote communities. Within high school, mental health education is mandatory, particularly in Year 12 many schools have discussions with students on how to manage their mental health within such stressful times. Although these discussions and the mandatory education on mental health is not applicable to all issues, it can still be useful. If

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[12] N.D, Rural Health Information Hub (2021), *Rural Mental Health* [14th of May 2022] https://www.ruralhealthinfo.org/topics/mental-health

[13] Caravan Amber, National Rural Health Alliance (2017), *Combating the stigma of mental illness in rural and remote Australia* [14th of May 2022] https://www.ruralhealth.org.au/media-release/combatting-stigma-mental-illness-rural-and-remote-australia#:~:text=Mental%20health%2Drelated%20hospitalisations%20are,areas%20are%20numerous%20and%20complex.

[14] N.D, Australian Institute of Health and Welfare (2020), *Rural and Remote Health* [14th of May 2022] https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health

young people within these rural areas are not completing Year 12, they are missing out on this support. School also provides a social outlet for young people, which is extremely important for development and positive mental health. Rural and Remote young people are less likely to go to school therefore, they are less likely to have a daily social outlet which could link to lower levels of mental health.

From 2017–2021 it was found an increase in probable serious mental illness amongst rural young people from 20.9 percent to 27 per cent. The data from 2021, in particular, showed that of all age groups included in the research, 18–19 year olds were the group most likely impacted by mental ill health which could potentially be linked to rural and remote young people being less likely to complete school. It also found a significant increase in the proportion of rural young people concerned about the future, from over 15 per cent in 2017 to over 33 per cent in 2021.[15]

Socio-Cultural Challenges in delivering mental health services in rural and remote NSW include:

a. Family: Family and family structure can play a large role in an individual's access to mental health services. This is due to the various attitudes regarding mental health that different families can hold. This can vary from judgement and ridicule to support and acceptance.

b. Friends: Friendships particularly friendships for adolescents can greatly influence whether or not an individual seeks support for their mental health. This is due to friendships, especially adolescent friendships, giving an individual a sense of belonging and acceptance. Therefore, when they feel they are not receiving this in regards to their mental health it can be extremely difficult to reach out for support.

c. Ethnic Background: Different ethnicities hold various attitudes towards health particularly, mental health and mental illness. If an individual has been raised within a household with an ethnicity holding negative attitudes towards mental health, they will be less likely to reach out for support.

d. Language: Language barriers can significantly influence an individual's access to mental health. An individual may not reach out for support as they may worry there will not be a person with the same language who can provide adequate professional support. They also may worry that to receive support from an individual that knows the same language they may need to wait for a while. Therefore, they may feel helpless and not reach out at all.

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[15] N.d, ReachOut (2021), *New report tracks the ups and downs of the mental health of young Aussies in rural areas* [15th of May 2022] https://about.au.reachout.com/blog/new-report-tracks-the-ups-and-downs-of-the-mental-health-of-young-aussies-in-rural-areas

Family

The way a family functions and operates is critical to the lifestyles and behaviours an individual may adopt in their later stages of life. Additionally, family members can act as potential sources of information and support where necessary. [16]

A cohesive family with an active consideration of a child's mental health would possibly be encouraging them to seek mental health. This can help ensure the individual in need of support reaches out for it, which is the most important first step in treating mental illness.

Contrary to this, an individual living in situations of constant violence or underlying abuse may feel that their close family is unsupportive towards seeking mental illness and may be afraid of the criticism which may occur. Furthermore, if parents hold unwarranted prejudice and a disregard for their mental health state, there is a tendency for children to also reflect such impressions. [17] This could greatly impact an individual's access to mental health support. They may feel that reaching out for support is a sign of weakness, or they may feel they will be ridiculed for it. [18]Therefore, they may keep their issues to themselves, heightening mental distress.

Friends

Likewise, the values and behaviours of peers have a powerful influence on people's health choices, including mental health. [19]

Often peers may establish environments in which one may desire to suit or be a part of, hence leading to the adoption of both positive or negative behaviours. In consideration of mental health, protective behaviours such as reaching out to a friend may encourage an active awareness of one's mental wellbeing and in turn can actively persuade an affected individual to seek the appropriate help. [20] Peers can influence one another to reach out for support which can ensure an individual in distress receives adequate support. By peers being aware of the signs of mental distress, they may be able to adequately give support to their friend whilst also encouraging them to seek professional help. [21]

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[16] N.d, SANE AUSTRALIA (2021), *Families, friends & carers* [16th of May 2022] https://www.sane.org/information-stories/facts-and-guides/families-friends-carers#:~:text=consensual.

[17] Alexander, National Domestic Hotline (2021), *Abuse and Mental Illness: Is there a connection?* [16th of May 2022] https://www.thehotline.org/resources/abuse-and-mental-illness-is-there-a-connection/

[18]Bennett Taylor, Thriveworks (2019), *Why do people avoid mental health treatment* [16th of May 2022] https://thriveworks.com/blog/why-people-avoid-mental-health-treatment/

[19] N.d, Mental Health First Aid USA (2019), *Why healthy friendships are important for mental health* [17th of May 2022] https://www.mentalhealthfirstaid.org/2019/08/why-healthy-friendships-are-important-for-mental-health/#:~:text=They%20can%20also%20help%20increase,or%20anxiety%20later%20in%20life.%E2%80%9D

[20] N.d, Independence Australia (2018), *Human connection: friendships & mental health* [17th of May 2022] https://www.independenceaustralia.com.au/tips-and-advice/friendships-and-mental-health/

[21] N.d, Head to Health (2020), *Support for friends | Head to Health* [17th of May 2022] https://www.headtohealth.gov.au/supporting-someone-else/supporting/friends

Contrastingly, a young person is less likely to reach out to mental health services if their friends and community hold negative attitudes towards mental illness. This can be due to fear of judgement or ridicule from their peers or due to their friends influencing them to believe that reaching out for support is weak. [22] This can result in an individual suffering from mental distress internalising their issues which can further heighten their distress. Young people particularly, feel that they need the support of their friends. This is due to adolescent friendships helping young people feel a sense of acceptance and belonging. [23] Therefore, the support of friends when seeking mental health support is extremely important as it can help a young person not feel isolated and feel comfortable speaking up about their issues when they are experiencing difficult times.

Ethnic background

One such aspect intrinsic to one's identity includes their ethnic background which embody religious and cultural beliefs. As a general definition, religion encapsulates the system of faith and worship whilst culture relates to the intergenerational traditions, values and numerous behaviours of a social group. [24]All of these sociocultural factors hold particular values and assumptions which actively influence the behaviour and day to day decisions made by individuals. One's social and cultural background dictates how individuals consciously and unconsciously choose to communicate their symptoms, their cognizance of mental health problems and the instinctive types of interventions and coping strategies they turn to.
Different cultures often express their respective views on mental health, particularly in the form of ungrounded assumptions linking mental health as a weakness and a self degradation of one's social status if revealed.[25] An example of this was the belief that mental illness was attributed with the possession of the human mind by evil spirits, with this etiology of the mental illness still remaining prevalent in modern society.[26] Thus, individuals who believed this theory were less inclined to consult psychiatrists, instead resorting to alternate places of worship or traditional faith healers for psychological treatment. Inevitably, the limitations imposed by cultural restraints manifested into a natural less inclined seeking of appropriate mental health services when required by individuals. Additionally, a consequence of the regard for mental health in each distinct culture translates to differing amounts of support one can draw from their immediate family or community which often

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[22] N.d, Independence Australia (2018), *Human connection: friendships & mental health* [17th of May 2022] https://www.independenceaustralia.com.au/tips-and-advice/friendships-and-mental-health/

[23] N.d, Newport Academy (2021), *The importance of teen friendships* [17th of May 2022] https://www.newportacademy.com/resources/empowering-teens/teen-friendships/#:~:text=Friendships%20are%20incredibly%20important%20during,of%20identity%20outside%20the%20family.

[24] Njoku, C. (2020, October 10). The relationship between culture and mental illness. Our Time. Retrieved June 6, 2022, from https://ourtime.org.uk/stories/the-relationship-between-culture-and-mental-illness/

[25]

[26] Njoku, C. (2020, October 10). The relationship between culture and mental illness. Our Time. Retrieved June 6, 2022, from https://ourtime.org.uk/stories/the-relationship-between-culture-and-mental-illness/

sees minorities seeking social services by themselves. Furthermore, the minority individuals who eventually take such steps to find a suitable psychologist are faced with the task of specifically finding one which is ethically attentive to cultural diversity amongst clients and obliged to account for their explicit cultural values, hence leaving options for social services as limited.

Alternatively, some religions provide a greater awareness of mental health with empirical studies by the American Psychological Association conducted with individuals dealing with major life adversities suggesting that religion was generally beneficial as it allowed a greater ability to cope with such problems.[27] However this study did also uncover a link between the struggle with spirituality and difficulties in coping with such inner conflicts. Thus the role of religion should rather be considered for its dual nature as it can be a vital resource for mental health whilst also potentially imposing feelings of distress.

Language

The sociocultural factor in the form of linguistic gaps stemming from our multicultural and ethnically diverse society places restrictions on the accessibility of our mental health services. Clinical assessments of one's mental health are heavily dependent on an individual's ability to articulate their concerns with a lack of proficiency in language skills expectedly leading to considerable delays in treatment as well as the increased risk of misdiagnosis.[28] Often this stems from the fact that many migrants speak English as a second language, meaning that their limited language proficiency may not allow them to communicate at an adequate level for them to seek help within our healthcare system. An increase in the number of immigrants and refugees, resulting in the establishment of multiple culturally rich communities opens the way for further barriers faced by psychiatric carers if change is not imminently provided. In the status quo, a lack of a systematic review into the impact of language proficiency on access to psychiatric and mental health services means that such barriers will continue to prevail as the rest of society progresses.

In a study conducted of 113 practitioners assessing their encounters with allophone clients in their profession, 40% of respondents had to frequently endure moments of language discordance with few resources available.[29] In the situations where an independent translator was present, the posited task often exceeded their primary role of basic language translation. Thus this calls for adequate training between interpreters and practitioners if such linguistic difficulties are to be overcome.

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[27] American Psychological Association. (2013, March 22). What role do religion and spirituality play in mental health? American Psychological Association. Retrieved June 6, 2022, from https://www.apa.org/news/press/releases/2013/03/religion-spirituality

[28] Ohtani, A., Suzuki, T., Takeuchi, H., & Uchida, H. (2015, May 1). Language Barriers and Access to Psychiatric Care: A Systematic Review. Retrieved June 6, 2022, from https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400351#:~:text=This%20is%20especially%20true%20for,%2C%20and%20misdiagnosis%20(1).

[29] Brisset, C., Leanza, Y., Rosenberg, E., Vissandjée, B., Kirmayer, L., Muckle, G., Xenocostas, S., & Laforce, H. (2014, December 16). Language barriers in mental health care: a survey of primary care practitioners. PubMed. Retrieved June 6, 2022, from https://pubmed.ncbi.nlm.nih.gov/24375384/

Even prior to this stage of consulting medical professionals, language barriers already inhibit the retrieval of information on mental health care, appointment scheduling as well as affordability.[30] As a consequence, the sociocultural factor of language drastically influences an individual's inclination to consult with medical professionals.

[30] Ohtani, A., Suzuki, T., Takeuchi, H., & Uchida, H. (2015, May 1). Language Barriers and Access to Psychiatric Care: A Systematic Review. Retrieved June 6, 2022, from https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400351#:~:text=This%20is%20especially%20true%20for,%2C%20and%20misdiagnosis%20(1).

Geographical Factors

While rural living offers greater community connectedness, with rural people scoring better on some indicators for happiness, there are a plethora of factors which impact negatively on health and wellbeing contributing to higher regional disease rates and lower life expectancy. In turn, geographical factors on service accessibility profoundly influence the propensity to which individuals in rural NSW actively seek health services. Geographical factors encompass a range of influences, such as proximity, the anonymity/stigma associated with services, staffing shortages and wait periods that inherently influence regional accessibility[31] Individuals who reside in regional, rural and remote NSW experience mental health problems at about the same rate as those in the cities, however they face disproportionally greater challenges as a result, because of the difficulty of accessing the support they need and to the greater visibility of mental illness in a smaller community, which may lead to stigma and the fear or reality of discrimination. This has lead to social groups such as farmers, young men, older people and Indigenous Australians in remote areas being at the greatest risk of attempting or completing suicide, with residents in very remote locations in NSW more than 4 times more likely to attempt suicide then individuals in capital cities over the last 5 years[32].

Challenges in delivering mental health services in rural and remote NSW include but are not limited to:

- ***a.*** Proximity: Issues of distance, transport, infrastructure and isolation which limit patients ability to access services in rural and remote areas.
- ***b.*** Stigma and Anonymity: Access to appropriate mental health services can be hampered by issues of shame and stigma in rural and remote communities due to the small size of communities and the greater likelihood of dual relationships with professionals.
- ***c.*** Staffing Shortages: Rural areas, especially smaller towns, often struggle to recruit specialist, nursing and allied health positions in a range of fields.
- ***d.*** Waiting Periods: The configuration of health services in rural and remote NSW communities may be different to major cities and some people living in these areas may experience longer waiting periods and may need to travel further to access specialist health services.
- ***e.*** Cost: The unreasonable cost of seeking mental health services makes face-to-face services inaccessible for many individuals residing in regional NSW.

Proximity

Inadequate service provision and integration is characteristic of mental health care in rural and remote NSW communities. A limited number of rural communities have local mental health and/or social and community services. Consequently, the capacity of existing services to provide high quality care is often compromised by poor integration between types of

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[31] Robyn Vines, Psychology Council of New South Wales (2020), *Increasing access to mental health services for those in rural, remote and very remote Australia* [12th May 2022] https://www.psychologycouncil.nsw.gov.au/increasing-access-mental-health-services-those-rural-remote-and-very-remote-australia

[32] Rural Doctors Association of Australia [12th May 2022] https://www.rdaa.com.au/documents/item/471.

health service, and with other social and community services. This makes referral pathways, ongoing psychiatric, psychological and nursing services, timely intra- and inter-professional communication and the provision of affordable access to longer-term care all problematic[33] as patients are often moved between services without appropriate communication between these services increasing the risk of poor patient outcomes.

Recent NSW policies to address proximity include:

- NSW Health is enhancing peer worker and Aboriginal mental health worker positions in mental health services.
- Develop and make publicly available, joint PHN and LHD/SHN regional mental health and suicide prevention plans that outline service delivery and clinical governance mechanisms and apply a stepped care approach.
- Expanding the "Getting on Track on Time – Got It!" program to regional schools. This is a school-based specialist mental health early intervention program for young children in Kindergarten to Year Two with disruptive behaviour disorders and their families.
- Utilising the fifth plan to coordinate efforts by LHDs, SHNs, PHNs, GPs, CMOs, ACCHSs, the AH&MRC, NDIS providers, the NDIA, Education, aged care services, other private providers and social service agencies in partnership with consumers, carers and other community stakeholders to make the best use of local resources and connect systems of care.

Anonymity, Stigma and Trust

Anonymity is a vital aspect for many people accessing mental health services. People living in smaller close-knit communities are apprehensive about seeking support[34] to address mental health issues due to stigma and judgement from their families and community members. Anonymity and privacy are particularly challenging in rural communities. This is due to societal stigma, whereby community members may be embarrassed if friends or family members find out they are seeking mental health treatment. Conversely, a provider may be a friend or associate, which also may make an individual reluctant to reach out for help[35] because of the lack of anonymity. Individuals may fear being seen walking into a mental health clinic and this fear may deter them from seeking help.

Trust is a further essential element in service provision as people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of mental health support. Building these relationships requires thoughtful investment

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[33] Rural Doctors Association of Australia (2018). Accessibility and quality of mental health services in rural and remote Australia [12th May 2022] https://www.aph.gov.au/DocumentStore.ashx?id=3e1d8adf-61a3-44ab-a41c-ad4d08d9daff&subId=612895

[34] Mission Australia (2020). *Accessibility and quality of mental health services in rural and remote Australia Submission 80* [16th May 2022]. https://www.aph.gov.au/DocumentStore.ashx?id=097bdfbe-91ff-44f8-b4ab-ce14217ba1f5&subId=612899

[35] Rural Health Information Hub [2017]. Barriers to Mental Health Treatment in Rural Areas [18th May 2022] https://www.ruralhealthinfo.org/toolkits/mental-health/1/barriers

of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios, lack of accredited professionals such as therapists, nurses and psychologists, and uncertainty of funding to continue support programs. Significant investment of financial and human resources is needed to ensure that services in rural and remote areas are able to build relationships and trust within local communities.

Recent NSW policies to address regional anonymity, stigma and trust include:

- Providing grants under The Translational Research Grants Scheme which funds research projects that will translate into better patient outcomes, health service delivery, and population health and wellbeing.

Staffing Shortages

Moreover, the profile of the mental health workforce in regional NSW is far different from that in built up regions. The National Rural Health Alliance notes that the prevalence of mental health professionals decreases rapidly with remoteness, with psychiatrists being roughly 6 times less prevalent in very remote areas, psychologists roughly 4 times less prevalent and mental health nurses roughly 3 times less prevalent[36]. Prevalences for these professions in regional/rural areas are about a third to two thirds what they are in major cities (depending on profession)[37]. Due to these shortages, rural and remote GPs are frequently the first point of contact for those seeking help and may be the only local mental health care provider. Rural and remote GPs, together with police, ambulance and Emergency Department staff, also bear the brunt of acute mental disorder crises. These GPs provide episodic and ongoing treatment and support often with limited referral pathways, as concentrations of psychiatrists and psychologists decrease markedly with increasing remoteness.[38] Fewer numbers of other mental health professionals, distance and under resourcing also means that models of care in rural and remote areas are very different to those that can be offered in more urban settings. Patients are reliant on their GP, outreach and telehealth services or have to travel great distances for support. Hence, the staffing shortages limit the quality of care mental health patients in regional NSW are able to access.

Recent NSW policies to address staffing shortages include:

- Implementing joint regional PHN and LHD/SHN planning (a Fifth Plan priority)
- Providing grants under The NSW Health PhD Scholarships Program which funds host universities to support doctoral candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need.

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[36] Rural Doctors Association of Australia [12th May 2022] https://www.rdaa.com.au/documents/item/471.

[37] National Rural Health Alliance (2017). The little book of rural health numbers: Special topic – Rural Mental Health [17th May 2022]. http://ruralhealth.org.au/book/workforce

[38] Rural Doctors Association of Australia (2018). Accessibility and quality of mental health services in rural and remote Australia [12th May 2022] https://www.aph.gov.au/DocumentStore.ashx?id=3e1d8adf-61a3-44ab-a41c-ad4d08d9daff&subId=612895

- Providing grants under The NSW Early-Mid Career (EMC) Fellowships to provide funding to early-mid career health and medical researchers in NSW.

d) Waiting Periods

Access to care is commonly only obtainable during business hours. After hours service on weekdays and weekends relies on doctors and nurses from local clinics being available. Some assistance may also be accessible via phone or video-conferencing. Care is further limited over Christmas and school holidays when staff shortages are more likely. Many mental health issues are time sensitive. For people experiencing suicidal ideation or women experiencing ante natal depression a wait of several months for appropriate support and treatment can only have adverse outcomes.

Recent NSW policies that aim to reduce waiting periods:

- Utilising the fifth plan to coordinate efforts by LHDs, SHNs, PHNs, GPs, CMOs, ACCHSs, the AH&MRC, NDIS providers, the NDIA, Education, aged care services, other private providers and social service agencies in partnership with consumers, carers and other community stakeholders to make the best use of local resources and connect systems of care.

Cost

Further to this, individuals living in disadvantaged regional areas are twice as likely to delay or not fill a prescription compared with people living in advantaged areas (by SEIFA indicators); and people living outside Major cities are more likely to delay or avoid using health services due to cost and there is less bulk-billing by GPs outside Major cities. In turn, out-of-pocket charges for allied mental health services are unproportionally high compared to physical health conditions and this causes over 40% of people with depression, anxiety and other mental health conditions to skip treatment due to cost. In turn, the unreasonable cost of seeking mental health services makes face-to-face services inaccessible for many individuals residing in regional NSW.

Recommendations

Identifying and targeting investment for key stakeholders

That this Committee would target investment to individuals, groups, and communities who are at the greatest risk of harm from mental health concerns, including those who reside in rural and remote communities and/or who identify as Aboriginal and/or Torres Strait Islander people to redress inequalities.

Funding for Community-Based Mental Health Services

That this Committee would target funding for community-based mental health services includes funding for proactive outreach to increase engagement [with the service]. This would ensure that individuals who seek mental health services would have an awareness of where to access these services, in a timely manner.

Targeted and Tailored Mental Health Services

That this Committee would target mental health support programs tailored and targeted towards the needs of particular groups including young people, Aboriginal and Torres Strait islander people, men, women, farmers and fly-in-fly-out workers as relevant to the community. For example, this targeted approach could include the expansion of programs such as narrative therapy. Narrative therapy taps into the centuries-old tradition among Aboriginal people of story-telling and expression through art. The paintings previously curated by Aboriginal Elders are often used in narrative therapy to insert a mental health message and to guide the group to develop artwork with a message that will encourage healthy living. This has proven to be a much more successful means of teaching rather than a didactic stand-and-deliver lesson.

Promotion of helplines and e-mental health services in rural and regional NSW

That this Committee would target the promotion of helplines and e-mental health services in rural and regional NSW, which, because of their anonymity, may be more acceptable to rural people as an initial way to seek help. The use of eHealth has shown promising results in various mental health treatments, especially when guidance from a care provider is included. E-Health also provides opportunities for self-management and continuity of care. Hence, these e-mental health services should be supplemented through increased face-to-face support services, as online services do not achieve the same outcomes that they cannot replace face-to-face support services.

Investment into Technology

That this Committee would target greater utilisation of technology that supplements (and not replaces) access to face-to-face mental health services to cater for people's preferences, access to the internet and technological skills and comfort.

Expansion of the Current School-Based Mental Health Services

That this Committee would support the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools, in order to reduce stigma around mental health issues and reduce the personal, community and financial burden of mental health issues in NSW.

Investing in Training for Other Mental Health Workforces and Social and Community Sector Workforces

That this Committee would target support for an appropriately trained and resourced broader health workforce, including investing in nursing and allied health services to improve continuity of care in rural areas, including the provision of psychology locums and outreach services as well as investing in training for other mental health workforces and social and community sector workforces to improve the quality of mental health care and integration of services in rural and remote areas.

Investment towards the Systemic Mobilisation of the Mental Health Workforce

That this Committee would target investment in systemic mobilisation of the mental health workforce to cover known high-risk periods in rural and remote areas

Establishment of 24-hour Child and Adolescent Mental Health Care Telehealth Services

That this Committee would target the establishment of a 24-hour child and adolescent mental health care telehealth service delivered by child and adolescent mental health care specialists to: provide support directly to patients and their families/carers and provide advice to GPs to manage a child or adolescent patient experiencing a mental health issue.

Provision of Tax Breaks for Professional Psychologists/psychiatrists

That this Committee would target the provision of tax breaks for professional psychologists/psychiatrists who work 4 weeks a year in regional centres.

Increase the Number of School Link Coordinators from 18 to 25

That this Committee would target an increase the number of School Link Coordinators from 18 to 25 to help create stronger links between the new Department of Education and Communities' Networked Specialist Centres, schools and clinical education mental health services in the community.

Further Training of Mental Health Employees in Creating a Supportive Environment for LGBTIQA+ Young People

That this Committee would target the further training of mental health employees in creating a supportive environment for LGBTIQA+ young people, that ensure they feel comfortable and not excluded from seeking support. This would involve staff being trained in using gender neutral language that does not assume a young person's gender identity, sexual identity or sexuality.

Investment into Effective Digital Mental Health programs

This Committee would target further investment of $10.5 million to allow non-profit Australian mental health service Orygen, further integrate its Moderated Online Social Therapy (MOST) digital pilot program into regional NSW.

Upskilling of the Psychiatric Workforce

That this Committee would target grants towards host universities to support doctoral candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need. This would ensure more psychiatrists are available to address cultural diversity amongst clients.

Investment towards a Dedicated Training Program for Practitioners and Interpreters

That this Committee would target a dedicated training program for practitioners and interpreters to address the linguistic barriers between clients. One such aspect of the training should address the benefits and limitations of the different interpreters as well as communication dynamics with each role.

Final recommendations

Identifying and targeting investment for key stakeholders

Mental health support programs should be tailored and targeted towards the needs of particular groups including young people, Aboriginal and Torres Strait Islander people, men, women, farmers and fly-in-fly-out workers as relevant to the community.

The Mental Health Committee recognises the need for Aboriginal and Torres Strait Islander people to be provided with adequate and high quality mental health supports that are delivered within a culturally and historically sensitive framework. In doing so, service provisions should be culturally sensitive and create a 'culturally safe' and welcoming space that is appropriate for the demographics of their local community. In turn, this targeted approach could include the expansion of programs such as narrative therapy. Narrative therapy taps into the centuries-old tradition among Aboriginal people of story-telling and expression through art. The paintings previously curated by Aboriginal Elders are often used in narrative therapy to insert a mental health message and to guide the group to develop artwork with a message that will encourage healthy living. This has proven to be a much more successful means of teaching rather than a didactic stand-and-deliver lesson.

Moreover, further investment into the nursing and allied health service sector in regional and rural NSW would allow for a more targeted approach to take place in these regions. These investments could include the provision of psychology locums and outreach services as well as investing in training for other mental health workforces and social and community sector workforces. In doing so, this would provide support for an appropriately trained and resourced broader health workforce, which would in turn, improve the continuity of care in rural areas, and ensure quality of care through an increasingly integrated and coalesced rural mental health system. Further to this, to assist in periods of rural hardship, such as drought or bushfire, the Committee recommends further investment in systemic mobilisation of the mental health workforce to cover known high-risk periods in rural and remote areas. This would ensure that Mental Health service provisions in regional NSW are able to be targeted towards the idiosyncratic needs of the given community.

Due to Children and adolescents from rural areas having poorer mental wellness when compared to a normative NSW sample[39], in order to target mental health services towards the young people of regional NSW, the Committee supports the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools. This could involve an expansion of the current fly-in fly-out psychology and telepsychology service, which currently exists in parts of regional and remote parts of NSW with mental health. This program involves the provision of sixteen permanent senior psychologists.

[39] NSW Mental Health Commission [5th June 2022] https://www.nswmentalhealthcommission.com.au/content/rural-communities

Further investment into e-mental health services in Rural and regional NSW

The promotion of helplines and e-mental health services in rural and regional NSW, which, because of their anonymity, may be more acceptable to rural people as an initial way to seek help. The use of eHealth has shown promising results in various mental health treatments, especially when guidance from a care provider is included. E-Health also provides opportunities for self-management and continuity of care.

To assist in a widespread roll out of e-mental health services, the Committee recommend establishing a free, 24-hour child and adolescent mental health care telehealth service delivered by child and adolescent mental health care specialists to: provide support directly to patients and their families/carers and provide advice to GPs to manage a child or adolescent patient experiencing a mental health issue. This would address regional inequalities concerning mental health patients in regional NSW, through allowing individuals to feel a sense of anonymity and trust in the services they engage with.

To ensure these E-Mental Health services have a widespread impact, the Committee recommends adequate funding is provided for community-based mental health services including funding for proactive outreach to increase engagement [with the service]. This would ensure that individuals who seek mental health services would have an awareness of where to access these services, in a timely manner.

However, despite the benefits of provisional E-Mental health services, the Mental Health Committee recognises that access to technology-based services should supplement, not replace, access to face-to-face mental health services to cater for people's preferences, access to the internet and technological skills and comfort. Hence, these e-mental health services should be supplemented through increased face-to-face support services, as online services do not achieve the same outcomes and therefore, this service cannot replace face-to-face support services.

Dissenting statements

The goal of the opposition party is to create wider access to mental health support within regional and rural areas of Australia. However, through reading the opposition's report, we believe there needs to be a greater focus on remote areas in addition to rural areas. Most of the recommendations suggested within this report focus on increasing the accessibility to mental health services in regional areas, which completely disregards the accessibility issue occurring within remote areas. In addition, some of the other recommendations provided by the government within this report have been statistically proven to be ineffective.

The Government mentions in their shortlist of recommendations the provision of training and other related programs that can be offered to frontline and associated workers. It is the opinion of the Opposition that the omission of this in the final recommendations severely disadvantages many of the most vulnerable within the State of NSW, not exclusive to just regional, remote or rural NSW. By omitting this as a final recommendation the Government

places those who are in need of care, without the proper route to get to that care and it leaves those who may be seeking care in the hands of a person who isn't properly occupationally trained in such an area.

The Government's choice to leave out the ability for every child within the state education system, regional or not, to have equal and unfavoured access to mental health services and resources to reduce any stigma associated with these services places our states' youngest in a vulnerable position, with possible external pressures from family, friends etc. These children, as a result may never access the services that they most desperately require to prevent any further or ongoing physical or emotional harm. These people the Government has excluded are the future of this State and the Government excluding them is a blatant refusal to invest in our future.

The Opposition strongly believes in the investment and creation of the digital future that the globe has. With the Government refusing to invest a much needed large sum of capital into the digital market - where the majority of our state's mental health issues arise, the Government has shown a clear interest in not supporting the youth and digital engaged population of NSW.

The government's recommendation of further investment into e-mental health services within rural NSW is ineffective, disregarding the need for increased mental health support within regional areas. Telehealth mental health services are known to be much less effective than that of in person, face to face support. According to a review by the University of Harvard, telepsychology is significantly less effective than that of in person, face to face psychotherapy. Online, it can be difficult for individuals to feel connected to a psychologist, therapist, counsellor or psychiatrist due to the technological barrier. Additionally, telepsychology can be quite uncomfortable for many individuals, they may not be able to properly answer questions due to fear of someone within their household/surroundings overhearing. This results in individuals not receiving adequate support, they are not able to be truly honest or feel comfortable enough to be honest due to the technological barriers associated with telepsychology. Therefore, as the opposition, we are recommending that the government offer more incentives to those working within the mental health field (psychologists, psychiatrists, counsellors, theparists, social workers) to go and work in rural and remote areas. Offering incentives such as additional pay will encourage more workers from the mental health field to work in rural/remote areas thus, giving individuals from these areas better access to effective mental health support.

Lastly, the opposition has recommended the establishment of a 24 hour child and adolescent mental health telehealth service. They have recommended that current e-mental health services be promoted. The opposition believe that new e-mental health services need to be created for rural and remote areas. Simply promoting current e-mental health services is not enough. At the moment, rural and regional individuals have limited mental health services specifically dedicated to them. As a result, many individuals from these areas find it quite difficult to access support. The opposition believes that the government needs to not only establish a 24 hour telehealth service but also an e-mental health service specifically for

individuals from rural and regional areas. This will increase the accessibility people in rural and regional areas have to mental health services which is the aim of this report.