Submission No 143

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

Organisation: Australian Psychological Society (APS)

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Committee Chair
Portfolio Committee No. 2 – Health
Legislative Council
Parliament of New South Wales
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Submitted via email: portfoliocommittee2@parliament.nsw.gov.au

Dear Dr Cohn,

APS Response to the Inquiry into Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (NSW).

Our feedback to the Terms of Reference (ToR) draws on APS policies, evidence-informed practice, psychological research, and consultation with APS members who are highly qualified and experienced in providing outpatient and community mental health care in NSW, particularly from the perspective of forensic and community psychology.

As with all our work, we consider this response in light of the Sustainable Development Goals (SDGs).[1] Of relevance to the current Senate Inquiry is SDG 3: Good health and well-being which is focused on ensuring healthy lives and well-being for all at all ages.[2]

We thank the Committee for the opportunity to respond to this important consultation. If any further information is required from the APS, Dr Zena Burgess can be contacted

Yours sincerely,

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Terms of reference: Inquiry into Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

(a) Equity of access to outpatient mental health services

- Community-based mental health services are essential for people living with serious mental illness. Support from these services aims to prevent future episodes of mental illness and subsequent hospitalisation, whilst facilitating recovery. It is, therefore, critical that all people with mental ill-health must have equitable access to the appropriate services required to attain optimal wellbeing.

- Psychologists play a key role in providing community-based mental health services and supporting people living with mental illness along with their families and carers. Psychologists provide these services through public state-funded community mental health centres or through the Better Access initiative funded by the Federal Government. Psychologists also provide private mental health services.

- From a whole population perspective, it is important to ensure that all people in need are able to receive appropriate mental health care. However, APS members have highlighted that certain subsections of the NSW population do not have equitable access to necessary services. Specifically, forensic populations within NSW can experience significant barriers in terms of access to mental health services despite requiring the same range of services as the wider community.[3]

- People with mental health impairments are over-represented within forensic populations, with approximately half the adults in correctional facilities having a diagnosed mental disorder, in addition to high levels of comorbidity (i.e., substance abuse, traumatic brain injury, and intellectual disability) and experiences of a broad range of other issues (i.e., housing distress, trauma, and crime victimisation).[4] Forensic populations including younger people have concerningly elevated levels of cognitive impairment and mental health conditions (approximately 83 per cent) compared to the general population of children and adolescents with psychological disorders (approximately 14 per cent).[5] People with a mental health disorder have also been estimated to be up to nine times more likely to be incarcerated than those without a mental health condition, with approximately two-thirds re-offending within two years of release.[6]

- The above statistics suggest that there is a high need for the appropriate provision of community mental health services to forensic populations. Despite this, APS members have provided feedback that adults and young people who have been released from custody or are serving sentences in the community under the NSW Department of Communities and Justice (DCJ) are experiencing inequitable access to outpatient mental health services. A contributing factor to this is the high complexity of psychosocial impairment within this population, resulting in disadvantages when accessing pathways to mental health care.

- It is also important to note that people with a disability are reported as over-represented within the criminal justice system. Further, a high proportion of First Nations people who appear in court for criminal charges are also reported to have either an intellectual disability, a cognitive impairment, or a mental illness.[7] First Nations people experience significant barriers in accessing outpatient mental health services, particularly if they have a criminal record.[8] [9]

- **The APS recommends** that the Inquiry examine pathways external to the justice system to increase equity of access to outpatient mental health services for adults and young people and explore structures that support treatment of co-morbidity in this population via formulation of individual and holistic needs.

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

- As discussed in the section above, the level of psychosocial impairment in adults and young people within forensic populations in NSW, particularly those who have been released from custody or are serving sentences in the community, presents significant challenges to the navigation of outpatient and community mental health services.

- Limitations in executive functioning or general cognition amongst people with mental illness can impact their capacity for organisation and self-regulation and they often require significant support to navigate services. Whilst this support can come from a supervising DCJ officer or Caseworker, many adults are not allocated a supervising officer due to their lower level of risk, while other adults and young people have completed orders and are living with no support. Given that DCJ staff work within a mandated period dictated by courts, there is frequently a need to refer to external mental health services as the supervision period ends. Without support, vulnerable people are less likely to successfully navigate mental health services, particularly in the absence of outreach services.

- In addition, information sharing between government and private sector agencies can often interrupt even supported navigation of mental health services. This is generally due to provisions within Schedule 1 of the NSW Health Records Information and Privacy Act 2002 that do not prioritise principles of continuity of care between differing agencies.[10] When individuals are referred to external agencies for offense-related treatment, inaccessibility to gain information limits effective treatment, especially for individuals with forensic history who require complex intervention, often with intersecting offending, substance abuse and mental illness.

- Section 11 of the Schedule describes "emergency" or "serious and imminent threat to life, health, or safety" as acceptable reasons for disclosure of health information, this takes a reactive rather than proactive approach to the nexus between mental health and harmful behaviours. Relaxation of limitations on disclosure of health information in the context of continuity of care could assist patients and case-managing organisations to better navigate mental health services without barriers to continuity of care that current health privacy principles impose.

- Furthermore, there appears to be significantly limited access to services for individuals with forensic history in need of complex intervention. As a training clinic, the University of NSW Forensic Practice Clinic (UFPC) is the only service in NSW that offers assessment and treatment services at a lower cost to forensic clients.[11]

- **The APS recommends** that this Inquiry examines options to strengthen additional support for this population to navigate mental health services and explore amendments to the Health Privacy Principles that support continuity of care that extends beyond instances of "emergency" or "serious and imminent threat to life, health, or safety".

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

- Equity of access to and navigation of mental health services is further challenged in rural, regional, and remote NSW. APS members who provide community mental health services in these areas have provided feedback regarding the limited availability of services, particularly in relation to access to psychologists within more remote geographical locations.

- This is due to challenges associated with funding psychology positions and attracting psychologists to work in remote areas. Psychologists working within remote areas have also reported concerns regarding the capacity and sustainability of existing services to meet the needs of communities, along with limited access to the appropriate resources to undertake their roles. For example, limited time, funding, and availability of psychometric tests are needed to undertake appropriate psychological assessment services.

- APS members have reported that this lack of capacity can be a significant issue for First Nations people living in rural and remote areas.

- **The APS recommends** increased outreach mental health services options in rural, regional, and remote NSW. We call for funding to be provided to improve access to psychologists through educational pathways. That is, it would be beneficial for community services in remote areas to receive assistance through funded placements for psychology students completing professional practicums. A consistent flow of students on placement would help to build the workforce and increase service provision, whilst also providing future psychologists with exposure to working within rural and remote community settings and with vulnerable populations. This in turn, would provide opportunities for increased interest in establishing longer-term careers within rural and remote settings. Assisting rural and remote community mental health services to connect with universities through funding partnerships would help bolster the workforce.

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

- The APS remains concerned about the ability for the current psychology workforce to meet the demand for mental health services nationally. In our Pre-Budget Submission 2023-2024, we proposed measures that aim to enhance the psychology workforce by providing a sustainable and diverse training pipeline and support for psychologists in practice. The proposed measures address the drivers of equitable access to psychological services, ensuring that Australians can obtain timely and expert psychological services no matter where they are located or their financial circumstances.[12]

- Within the context of the current Inquiry, we are concerned with the diminishing number of psychologists available to assess and treat the complexity of presentations within outpatient and community settings. We believe this significantly impacts the appropriateness and efficiency of workforce allocation. In the absence of trained psychologists (i.e., across a broad range of expertise and experience, including forensic and community psychology), service providers run the risk of developing the culture of justified exclusion referred to in ToR (a), which in turn can increase risks of future episodes of mental illness and within the context of forensic populations, re-offending.

- **The APS recommends** that the Inquiry explore options to embed appropriately trained professionals within mental health services along with the adequacy of existing training programs. This includes supporting an increase in university training programs for psychologists, noting that there has been a significant reduction in psychology training programs in Australia, which appears to be impacting the availability of psychologists to undertake work in community mental health settings.

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

- In 2021-2022, the Mental Health Review Tribunal heard over 4000 cases for community treatment orders in NSW.[13] Community Treatment Orders support people who have become unwell after ceasing medication and have subsequently been admitted to hospital. Whilst community treatment orders appear to rarely have a requirement that a person must see a psychologist, they can be effective in keeping people out of hospital by ensuring compliance with medication and support (i.e., by a case manager and/or psychiatrist).

- However, from an implementation perspective, we are concerned with the ability of community mental health centres to apply and action Community Treatment Orders. For example, in many areas of NSW there are issues with staffing of community mental health centres. Some centres have a high turnover of case managers, and consequently, there is little continuity of care for some consumers and high caseloads for staff, yet community mental health centres are legally obliged to provide case management and medical support to people on community treatment orders. Further, in rural and regional NSW, travel can present a barrier for some to receive these services.

- **The APS recommends** that the Inquiry investigate options to improve staffing in community mental health centres, particularly the provision of trained psychologists who have skills in recovery-oriented models of care in mental health.

(g) Benefits and risks of online and telehealth services

- The provision of online and telehealth services acts as a critical means of reaching people within the restrictions and limitations of their own lives, particularly for people living or working in rural and remote areas, parents or carers, or people with a disability. Telehealth enables greater flexibility in service provision, leading to the capacity to expand and respond more quickly and directly to increased need.

- APS members have provided positive feedback about the ability to offer telehealth services to people within communities that have experienced natural events such as fires and/or floods. We believe it is essential that online and telehealth psychology services continue as part of a flexible range of options to meet needs in unprecedented times. In addition, we believe the expanded use of telehealth services has also helped reduce waitlists. That is, by providing additional services that would not be otherwise available.

- We are also aware of scenarios where telehealth services, whilst being offered by a psychologist, are inadequate for the client. For example, APS members provided feedback regarding limited access to Wi-Fi in some remote First Nations communities. This suggests that challenges to telehealth service delivery extend beyond the health services industry to broader needs, such as the importance of establishing appropriate resources and infrastructure to support these services.

- Further, we draw the Committee's attention to our submission to the ANAO audit of the Australian Government Department of Health's management of the expansion of telehealth services in response to the COVID-19 pandemic, where we discuss other benefits and challenges of online and telehealth services.[14] Within that submission, we provide an outline of past and recent research that demonstrates positive outcomes from psychological support delivered via telehealth. Broadly, the most significant benefit of the expansion of telehealth services to the Australian community is the increased accessibility to psychologists.

- **The APS recommends** all community and outreach mental health services have the capacity to offer efficient and effective online and telehealth services. Equally, all members of the community need to have appropriate access to the necessary resources to facilitate telehealth services.

(h) Accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

- As discussed throughout this submission, certain sections of the NSW population (i.e., First Nations people, people with a disability, and people who are culturally and linguistically diverse) often experience disadvantage in terms of equity of access despite requiring the same range of services as the wider community. APS members have reported that the support needs of people who identify as LGBTQIA+ may also be under-recognised.

- Whilst inequity in access to mental health services remains, so too will inequity in accessibility and cultural safety of mental health services, particularly for vulnerable populations.

- **The APS recommends** that the Inquiry considers the intersectionality of disadvantage (e.g., cognitive impairment, developmental trauma, cultural impact) as being integral to proposed solutions to improving equity of access to mental health services.

(i) Alternatives to police for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community, including but not limited to Police, Ambulance, Clinical, Early, Response (PACER)

- Alternatives for emergency responses to people experiencing acute mental distress, psychosis, delirium, dementia or intoxication in the community, including but not limited to Police, Ambulance, Clinical, Early, Response (PACER), could result in a decrease in the number of people with mental health and cognitive impairments in the criminal justice system. Not only is this of benefit to the over-stretched resources of the criminal justice system, it also means patients will not have to add navigation of this system to their psychosocial challenges. Instead, it will support patients' journeys to stability and recovery and promote community inclusion rather than exclusion, with a reduced propensity for applying a moral lens on behaviour.

- In addition, comorbidity of mental health issues and drug addiction is a significant problem in the community today and will continue to be a major issue in the staffing and resources of mental health services. Episodes of mental ill health are frequently triggered by social, emotional, and environmental stressors. Discharge planning for people detained in mental health facilities must include provision for services and support to address these issues. Referral to psychologists is an important part of the safety net needed to facilitate recovery. Many people who present to acute mental health services have a drug problem as well as symptoms of psychosis. Discharge planning is problematic for many of these patients because supported living accommodation may not accept people with drug problems. Patients who have drug issues are more likely to refuse referrals for drug addiction. Counselling to treat drug problems is often not available or accessible to people in rural areas.

- Many people who live with a mental illness have had a guardian appointed by the Guardianship Division of NCAT. The most common function given to appointed guardians is accommodation. However, a guardian is only a decision-maker and relies on care workers to make proposals for suitable and safe accommodation for patients.

- Young people who have their first episode of serious mental illness are more often living with family or return to the family home after discharge from hospital. Family members may be able to support a young person through early episodes of serious illness but need support, education, and inclusion in treatment plans. Although the current Mental Health Act requires carers to be notified of discharge planning and legal hearings, family members of people living with mental illness have reported that there is sometimes confusion expressed by mental health workers about their status as carers, guardians or others actively involved in the person's life. Further, carers, particularly in rural areas, find it hard to obtain information about mental illness, find support groups for themselves and access appropriate services.

- Furthermore, families often appear to have unrealistic expectations placed on them. Families are often the first to notice symptoms of mental illness in other family members and seek help from mental health services. While some community mental health services respond quickly and appropriately, families in rural and regional areas may experience delays receiving appropriate help.

- There can also be pressure on families to take patients home on discharge from hospital and take on the role of carer even though there may have been safety issues for family members in the past. This is particularly important where there is difficulty finding alternative accommodation after discharge from hospital. Families from multicultural backgrounds may often feel cultural pressure to continue to care for a family member even though this puts emotional and economic strain on the family.

- **The APS recommends:**
  - training for community mental health workers to increase sensitivity to the needs of families who may be unable to continue to provide care and support,
  - training for case managers in community mental health centres in drug and alcohol treatment strategies, and
  - prioritising funding and educational pathways to ensure suitably trained psychologists are available in all community mental health facilities.

(j) Any other related matter

The points raised in this submission highlight a need to consider the nexus between mental health and law violations as being not just acute, but chronic in nature. That is, there is a need for an increased mental health response for adults and young people available outside of the correctional system and on an ongoing basis. This nexus extends beyond contact with first responders and occurs at all points throughout a person's journey. Alternatives to police for emergency responses, alternatives to remand to custody for people with low-harm offending, and alternatives to custodial sentencing for people with low-harm offending are all likely to improve the equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW with people framed as patients rather than criminals.

Many patients who are currently spending extended periods in long-term psychiatric facilities are often difficult to place once discharged due to a lack of specialised supported, and appropriately staffed living facilities in the community.

Psychosocial disability supports within the NDIS provide a care option for people living with severe mental illness impacting their functional capacity. However, recent discussions associated with the current NDIS Review point to the reduction, if not removal, of psychosocial disability from the NDIS. This could have dire outcomes for people experiencing severe mental illness. Instead, an integrated, holistic approach combining support from the NDIS along with alternative community-based services is required to ensure equitable access to appropriate outpatient and community mental health care in New South Wales.

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, and experience to this submission.

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