Submission No 147

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

Organisation: Mental Health Commission of New South Wales

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Mental Health
Commission
of New South Wales

Parliamentary inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

Submission by the Mental Health Commission of NSW

September 2023

Acknowledgement of Country

The Mental Health Commission of NSW acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this submission.

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Lived Experience Acknowledgement

The Mental Health Commission of NSW acknowledges people who have lived experience of mental health issues and distress, and the lived experience of their carers, families, and kinship groups. The Commission is committed to amplifying the voices of all those with lived experience. We value and respect their wisdom and expertise, and the bravery it can take to speak up. Together we will work to ensure people's right to live meaningful, healthy lives, free from stigma and discrimination.

Parliamentary inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

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The Mental Health Commission of NSW

1.1 The role of the Commission

The Mental Health Commission of New South Wales (The Commission) was established in July 2012. The role of the Commission is to monitor, review and advocate to improve the mental health and wellbeing of people in New South Wales (NSW). The Commission's work is being guided by and embeds the voices of people with lived experience of mental health issues and caring, families and kinship groups.

The vision of the Commission is that: *The people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.*

1.2 Living Well in Focus strategic plan 2020-2024

Living Well in Focus 2020-2024 is a whole of government strategic plan for community recovery, mental health and wellbeing. This plan takes forward the priorities of the whole-of-government ten-year mental health strategy for New South Wales, *Living Well*.

Living Well in Focus identifies three whole-of-government priorities that inform the direction of mental health reform. These strategic priorities provide the best opportunity good mental health and wellbeing of all people in NSW.

The strategic priorities set out in this plan include:

1. Strengthen community recovery and well-being
2. Strategically invest in community wellbeing and mental health
3. Ensure the right workforce for the future.

The principles which underpin the implementation of the strategic plan are:

- People with lived experience of a mental health issue and caring, families and kinship groups will be included in service design, delivery, monitoring, reporting, research, evaluation and improvement activities.
- The actions apply to all people living in NSW, and across all communities. It is through the adoption and implementation of the actions outlined in this plan that the needs and attributes of diverse communities in the state will be brought forward.

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This submission

2.1 Guiding principles

The submission to the Upper House inquiry is guided by the following priorities and principles deemed essential for an integrated, efficient and fair mental health system:

- Prioritise evidence-based solutions/initiatives that are contemporary, recovery-focused, strength-based, person and family centred, culturally safe, trauma informed and built on a foundation of sustainability..
- Establlish tailored support structures and systems that span across the lifespan, with a specific emphasis on prevention and early intervention models. Additionally, bolster community supports for individuals living with severe and enduring mental health issues.
- Address inequalities that stem from the social determinants of health. This includes priorities outlined in the *National Agreement on Closing the Gap* which aim to rectify the inequalities experienced by Aboriginal and Torres Straight Islander people.
- Empower communities to develop and implement their own solutions to meet the unique and diverse needs that exists across various communities in NSW.
- Facilitate opportunities for people with lived experience of mental health issues and caring, families and kin to actively contribute their perspectives, expertise, and drive transfomation at every stage of design, delivery, evaluation and research.
- Foster collaboration and co-design solutions across state and national government agencies, non-government and private organisations, and with local communities.
- Strenghten cross portfolio partnerships and embrace a whole-of-government approach to mental health care, encompassing initiatives such as the *Shifting the Landscape in Suicide Prevention in NSW 2022 – 2027.*
- Encourage the exploration and application of cutting edge technological advancements to enhance the delivery of mental health care services and supports.

2.2 Submission response

Under the framework of the *Mental Health Commission Act 2012* the Commission's primary aim is to advocate for and promotes the mental health and wellbeing of the people in NSW.

This submission draws extenisvely from the Commission's fundamental programs of work and comprehensive consultations, which have been held in over 60 communities throughout the State, including regional, rural and remote NSW. In developing 'Living Well in Focus' strategic plan, the Commision engaged with nearly 3,000 people over a span of 12 months. During these consultations, particpants candidly shared insights into what was working well, articulated the challenges they faced and expressed their aspirations for the future[1].

It is important to acknowledge that while this submission may not address every facet of the Terms of Reference, the Commission firmly advocates for further action and reform. This pertains to the enhancement of compassionate and timely responses across all dimensions of mental health care. This submission remains steadfast in its commitment to fostering a mental health landscape that is not only effective but deeply empathetic to the needs of individuals and communities across NSW.

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Response to Terms of Reference

(a) Equity of access to outpatient mental health services, and (b) Navigation of outpatient and community mental health services from the perspectives of patients and carers

The accessibility and navigation of mental health services continues to present persistent challenges, hindering individuals' ability to access timely and suitable support.[1] These issues stem from the fragmented nature of services, sometimes resulting from duplication across various funding models, including State, Commonwealth, non-governmental, and private entities.[1] The complexity of these challenges is compounded by individuals' requirements for a spectrum of mental health and social supports, as well as the influence of social determinants and the financial barriers associated with mental health care.[2]

To address these issues effectively, it is imperative to continue a rigorous focus on place-based partnerships and foster regular collaboration between agencies such as Primary Health Networks, Local Health Districts, and community-based organisations. Such partnerships can facilitate enhanced connectivity and coordination among services, ensuring that individuals can readily access and receive the appropriate services they require.

In July 2023, the Commission explored the impact of stigma in rural NSW. During this project, community members voiced a clear imperative for mental health services to improve their pathways and accessibility.[3] They emphasised the need for these services to be more welcoming, trauma-informed, and culturally sensitive. Additionally, they highlighted a significant demand for support and advocacy services to aid individuals in navigating the complex landscape of mental health care. This underscores the urgency of implementing reforms that not only break down barriers to access but also ensure that the mental health system is responsive to the unique needs of diverse communities, particularly in rural areas.

Elevating the involvement and leadership of individuals with firsthand experience of mental health issues is crucial for enhancing access and navigation within mental health services. Drawing guidance from the *Lived Experience Framework for NSW* (2018), this approach serves as a potent tool for refining service design and delivery. It also ensures the embodiment of key principles such as the 'no wrong door' approach in practical application.

The peer workforce has exemplified its invaluable contribution in furnishing 'peer navigation' support. Between 2021 and 2023, the Commission undertook the funding and evaluation of four pilot sites for peer navigation across NSW. A peer navigator is an individual who has lived experience and is employed by the service to offer support. Their role is to bolster individuals' capacity to navigate through the intricacies of the healthcare and related systems.

This model demonstrated improvement in referral pathways and a reduction in waiting lists, improved personal recovery outcomes, reduction in distress, increased willingness to seek help and enhanced access to services that better reflected the person's diverse needs. It also reduced staff workload, while improving their experience, practice and understanding of the benefits of peer work. Similarly, the Peer-STOC evaluation also highlighted significant improvements in recovery outcomes, hospital re-admission rates, and a net saving for people receiving peer worker support when transitioning from hospital to home.[4] Despite these benefits, it has been reported that peer workers currently only make up 14% of the total community-managed workforce.[5]

Recommendations:

- Enhance service pathways and place-based partnerships between State and Commonwealth Government agencies, non-government and community-managed organisations, and private health care services to facilitate better access, affordability, and navigation of services.
- Strengthen service navigation by embedding the *Lived Experience Framework for NSW* which highlights the importance of strengthening resources, policies and organisational structures which actively engage and support people with lived experience in pivotal roles such as leadership, decision-making, service redesign, and evaluation processes.
- Employ peer navigators as they are highly effective to improving wayfinding. The WayAhead service directory or primary health network digital service directories are also effective tools to empower communities in navigating available services.
- Continue the expansion of the peer workforce in delivering enabling them to deliver or co-deliver vital supports across various settings and transitioning seamlessly between hospital and home-based care.

(c) Capacity of State and other community mental health services, including in rural, regional, and remote NSW, and (e) Appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health, and peer workers

One of the Commission's legislative functions is to assesses the mental health and wellbeing of residents in NSW. It exercises this function through the utilisation of Living Well indicators, which are made publicly accessible on its website. One of these indicators pertains to the proportion of recurrent NSW government expenditure allocated towards community-based mental health services. For the fiscal year 2020-21, NSW allocated 43.8% of its recurrent mental health funding towards community-based mental health care. This figure is in contrast to the national average, which stood at 51.4%[6].

A central objective of *Living Well in Focus 2020 – 2024* is to further advance the shift towards providing an expanded array of community-based mental health services and supports. For many people, community mental health services provide a viable alternative to receiving hospital-based care. Redirecting resources towards community-based services, can effectively broaden the spectrum of support options available to individuals, thereby enabling them to maintain their wellbeing and remain in their community.[7]

For community-based services to be effective, responsive, and sustainable, three main actions are required: (1) clear pathways and linkages between services/supports and timely sharing of data and information, (2) joint regional planning and collaboration between agencies and organisations and with communities, and (3) services working together to provide holistic care.[8] These essential elements are further detailed in the Commission's *Building Community-Based Mental Health Services and Supports*.

When allocating resources to community-based services and workforces, it is imperative to pivot towards a greater reliance on evidence-based models. This includes the application of socioecological models for health promotion, early intervention, residential respite, and longer-term community supports.[1] To guide investment decisions, the Commission has developed a *Mental Health Investment Decision Tool (MhIND-T)* which uses evidence from evaluations to project both health and economic outcomes stemming from various combinations of programs/models and funding levels.

The initiatives included in the MHiND-T have demonstrated reduced mental health related presentations to emergency departments, reduced admissions, improved societal impact (productivity gains, carer impact) and overall economic benefits. These initiatives in the tool have also been recommended for scaling up as part of the strategic plan, *Living Well in Focus*:

- Community Living Support (CLS)
- Housing and Accommodation Support Initiative (HASI)
- Youth Community Living Support (YCLSS)
- Whole Family Teams, and
- Step-up step-down facilities demonstrating the highest level of economic benefit with reduced ED presentations (saving $31.2M), reduced hospital admissions (saving $348.8M) and a net value saving to the state Health budget of $817.4M

To augment service capacity, the adoption of interdisciplinary models is crucial, harnessing the established expertise of peer and carer workers. Other models which have demonstrated effectiveness and have been recommended for scaling up in *Living Well in Focus 2020 – 2024* include the Resolve Program, Safe Havens, Recovery Colleges, and Peer Navigation models.

It is recommended that these models are scaled up across locations, so they can be accessible to all people in NSW, and programs such as Safe Havens operate 7 days a week with extended hours across their sites. This recognises that people experience distress irrespective of the location, time or day of the week, and expanding these programs would not only offer more tailored and individualised care, but also alleviate the burden on tertiary services. To further build upon the accomplishments of these programs, it is imperative to not only scale up these programs, but also provide workers with adequate professional support and representation.

A comprehensive whole-of-government approach is also paramount, one that takes into account the social determinants of mental health (housing, employment, finances) and builds the capacity of frontline workers (e.g. teachers, police) to respond to mental health issues in alleviating the current burden on community mental health services.[4] This could potentially include re-instating the NSW Police four-day mental health intervention, establishing Mental Health First Aid as a workplace requirement for certain positions, or supporting communities to undertake courses such as the Community Gatekeeper training.[9, 10]

In rural and remote regions, service providers often contend with limited workforce resources. Consequently, inadequate connectivity in these areas leads to missed opportunities for enhanced efficiency. This challenge is exacerbated by services being funded by disparate government departments and operating from geographically dispersed locations.

Recommendations:

- Increase the allocation of NSW government funding towards community mental health services, with a focus on funding mechanisms for frontline, peer, and carer workers to address the needs of the population.
- Leverage evidence-based and outcome-focused evaluation tools like the Mental Health Investment Decision Tool (MhIND-T) to inform strategic investments in mental health.
- Scale up community-based initiatives that are outlined in *Living Well in Focus 2020 - 2024* and have been evaluated in the MhIND-T, including Community Living Support (CLS), Housing and Accommodation Support Initiative (HASI), Youth Community Living Support (YCLSS), Whole Family Teams, and Step-up step-down facilities. Other initiatives recommended for scaling up in the strategic plan include the Resolve Program, Safe Havens, Recovery Colleges and peer-led models (e.g. Peer Navigation).
- Scale up the peer and carer workforce meet the demands of the population through targeted recruitment, education and work placements, and with appropriate support provided by implementing the Commission's *Lived Experience Framework for NSW*, and the National *Lived Experience (Peer) Workforce Development Guidelines*[11] and finalisation of the *Peer Workforce Framework*.[12]
- Design a framework to foster collaboration among mental health clinicians funded through separate channels. By pooling resources and expertise, this framework can enhance the support provided to individuals. This could include col-location strategies to reduce site-related costs, as well as implementation of shared care models for more effective and holistic care delivery.

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

People living with mental health issues often experience poor physical health outcomes due to a range of factors, such as stigma, discrimination, medication side effects, lifestyle factors and barriers to accessing appropriate health care. Integration between physical and mental health services is essential to providing people with holistic and coordinated care. To address this, there has been an introduction of digital tools and physical health programs which are integrated with community mental health services. *Keeping the Body in Mind,* initially established by mental health services in South Eastern Sydney LHD, employ peer workers alongside clinicians to support the physical health needs of people experiencing severe mental health issues, including tobacco use.

The Commission strongly advocates and endorses initiatives such as the *Equally Well Consensus Statement*[13], that seek to improve the physical health and well-being of people with mental health issues. The Commission monitors key physical health outcome indicators such as GP visits, long-term health conditions for people with mental health issues and coordination of care by health professionals.[14] These indicators inform advocacy efforts to create a more integrated health care system. The Commission also maintains an information repository of accessible and easy-to-understand physical well-being resources for people experiencing mental health issues.[15] Strategies to maintain this information repository include cross-sector collaboration and place-based approaches to ensure that people have the most up-to-date and accessible information.

Through its work, the Commission recognises the systemic issues and fragmentation that exist between mental and physical health services. Further efforts are required to effectively implement the NSW Health *Strategic Framework for Integrating Care* through improved governance structures, accountability frameworks, delineation of roles and responsibilities across organisations, review and evaluation of integrated care delivery.[16]

The disconnection between physical and mental health services is compounded by discriminatory and stigmatising attitudes that exist towards people living with a mental health issue. This has been observed in the dismissal of physical health concerns and poor information sharing required for integrated care planning and delivery. Whilst the introduction of *My Health Record* offered a secure place to keep electronic health information, this has been met by varied responses as sharing information can also lead to discrimination. In addition to security and confidentiality requirements, person choice and control to share information must remain at the forefront. Investing in staff training and upskilling the workforce to deliver holistic physical and mental health interventions, without stigmatising attitudes, is also essential[17]. This must be supported by people with lived experience in co-producing, delivering and evaluating integrated care services and programs.

Around eleven per cent of the Australian population have a mental illness and at least one chronic physical condition. At the present time, Australia is reliant on a referral-based system where General Practice refers out to specialty mental health services. There are models of care that integrate mental health services into general practice and deliver mind-body care.

Recommendations:

- Promote the delivery of integrated community care practice such as shared care models, emphasising a multidisciplinary approach to support joint planning, collaboration, innovation, training, and evaluation in conjunction with mental health services (specialist and community-based services). This could include specialist roles such as 'physical health nurse consultants' to deliver non-stigmatising, coordinated and integrated care as

part of a multidisciplinary team. GP practices are also ideal settings to test and embed such roles where people with a lived experience have regular contact in the community.

- Ensure the community-based care approach includes protecting social wellbeing, involves assessing an individual's risk of social isolation and loneliness and delivers tangible supports. This could include initiatives such as blue and green social prescribing, tailored to acknowledge and address everyone's unique history and circumstances.
- Foster genuine engagement and co-design approaches with people who have lived experience, integrating their perspectives through policy and service response mechanisms, co-production, and leadership roles. This collaborative approach aims to improve outcomes for people with mental health issues.
- Explore/ models of care that seamlessly integrate mental health services into general practice to foster a more holistic approach to healthcare that addresses both the mental and physical wellbeing of individuals.

(f) The use of Community Treatment Orders

Community Treatment Orders (CTOs) are used to enforce treatment for people living with mental health issues. The number of CTOs granted under the *NSW Mental Health Act 2007* were reported to increase by 22.4% from 5,142 in 2015 to 6,295 in 2021[18]. In recent years, NSW has implemented approaches to reduce restrictive practices, such as inpatient seclusion and restraint[19]. To ensure that practices also align with the United Nations human rights treaty and agreements, suggestions have been made to review the use of coercive practices in the community[20].

The Commission has recently undertaken a project to understand the experiences of people affected by CTOs, including people who are subject to them, family, kin, carers, and services. There is conflicting evidence about whether CTOs reduce hospital readmission or length of stay.[21, 22] The coercive nature of the orders can act as a barrier to people's autonomy, choice and independence.[25] They emphasise pharmacological treatment and people can feel vulnerable or fearful of the threat of hospitalisation. In many circumstances, this can deemphasise the role of psychosocial supports and make it difficult for people to trust services, which are fundamental components of recovery.[23]

Since the introduction of CTOs, there have been significant changes in mental health reform which has been underpinned by the principles of person-centred, recovery-oriented, human rights and trauma-informed care. However, despite this, it has been reported that sometimes CTO applications are made to secure a person's eligibility for mental health services, rather than being based on the person's need.[24]

People on CTOs are also not afforded the right to an independent review of their treatment, or free legal representation when an order is applied for or renewed in the community, in the same way that is offered for people who are involuntarily admitted to hospital[25]. In NSW, people on CTOs can be supported by the *Official Visitors Program* to have their voice heard, understand their rights and speak to staff. In other states, there have been an introduction of more advocacy-based models, such as the *Independent Mental Health Advocacy Service.*

Many jurisdictions in Australia are now re-thinking the use of CTOs, following increasing rates and people's reported experiences. For example, the use of *Advance Statements* and recommendations by *The Royal Commission into Victoria Mental Health System* which suggest established targets to reduce the use and duration of CTOs, and improved workforce training to improve non-coercive practices. There is also scope that the *NSW Mental Health Act 2007* is periodically reviewed to ensure it remains appropriate, fit-for-purpose and is informed by the voices of people with lived experience of mental health issues, carers and kin.

Living Well in Focus calls for the investment in strategies that deliver compassionate care, and which recognises the impacts of coercive practices and offers better alternatives to care[1]. This includes the expansion of psychosocial approaches such as supported housing, suicide prevention initiatives, peer-led services, assertive community treatment, integrated primary care and school wellbeing programs. Further investment is required in these areas, particularly for groups who experience higher rates of discrimination, barriers to access, and where intersectionality of needs exist. It is recommended that services and cross-sector networks are strengthened to deliver more holistic and integrated care through interdisciplinary, family-focused and trauma informed models under a paradigm of voluntary participation.

Increased flexible re-entry into mental health services on the person's own terms will reduce the need for mandatory care (when someone is discharged the consumer has to go through the whole intake process and traverse many barriers). There are service models that are intentionally "open access" creating a stronger connection between GPs and specialty community mental health teams that allows more easy flow in and out of specialty mental health services.

Recommendations:

- Conduct periodic reviews of relevant legislation, policies and practices that support people's autonomy and involvement in their own care and treatment.
- Strengthen access to legal, peer and advocacy support for people under CTOs.
- Explore the feasibility of adopting initiatives from jurisdictions, such as Advance Statements, setting specific targets to reduce the utilisation and duration of CTOs and providing workforce training to promote non-coercive practices.
- Expand the implementation of contemporary models of care and community mental health resources, which focus on psychosocial interventions, and which are underpinned by human rights and supported decision-making principles.
- Explore models that allow more flexible re-entry into community mental health services.

(g) Benefits and risks of online and telehealth services

Since the COVID-19 pandemic began in 2020, the utilisation of online and telehealth services has rapidly expanded in Australia, offering convenience and accessibility to mental health support. An action of *Living Well in Focus* is to identify opportunities to use digital technologies to deliver services and integrate evidence-based models of care to support workforce innovation and responsiveness to client needs and preferences[1].

The Commission has recently participated in the review of the *National Digital Health Strategy* and recognises the emerging benefits of telehealth services in mental health care. This includes improved access and convenience for people with physical disability and geographical barriers. Another benefit included the level of anonymity which may encourage individuals who are hesitant to seek face-to-face therapy due to stigma or privacy concerns.

However, caution is required, because this still does not offer a solution to everyone and it can further marginalise populations. For example., people who do not have access technology, devices or reliable internet connections, or people who have poor digital literacy, familiarity or trust in using online services. Young people, people in rural communities, and people who experience severe and enduring mental health issues have also expressed preference for, relate better to, and have better outcomes with face-to-face mental health support. For example., the act of attending appointments itself can be a tool for recovery as it provides some people with an opportunity to engage socially with others and their community, when they otherwise might not leave the home.

Despite the benefits of telehealth services, confidentiality breaches and data security concerns can also arise if adequate safeguards are not in place which can undermine a person's trust.[26] There are concerns about maintaining the quality and standards of care delivered through online and telehealth platforms with some people with lived experience reporting a challenge to establish and maintain a therapeutic relationship virtually. Moreover, in critical or emergency situations, remote care might not provide the immediate response or interventions that in-person care could offer. With this in mind, online and telehealth services can complement, but not replace face-to-face healthcare, particularly as people with complex or chronic health conditions may also require physical examination or monitoring.[27]

Recommendations:

- Increase investment in digital infrastructure and technologies to improve the accessibility and reliability of online and telehealth services. These technologies should only be employed as supplementary tools, not as substitutes or barriers to local service development and investments in rural workforce capacity.
- Provide continuous training and support for health professionals, telehealth users and community members to elevate their proficiency and confidence in using online and telehealth services. It is recommended to use these services concurrently with guidance from healthcare professionals.
- Sustain the implementation of online and telehealth guidelines, such as the *AHPRA Medical Board telehealth consultations with patients guideline*, and the *ACI virtual care in practice.* and https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/virtual-care.
- Maintain an ongoing assessment of the outcomes and impacts of online and telehealth services on health care quality, access, equity, efficiency, and satisfaction.

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

Accessibility and cultural safety are important aspects of quality mental health care for diverse populations. Culturally safe and accessible mental health services reduce the barriers, challenges and disparities that diverse populations face in accessing and using mental health services such as stigma, discrimination, language, communication, culture, spirituality and social connections.

To address the needs of diverse populations, the Commission led the Commonwealth/State funded *NSW Health Literacy Initiative* which focused on improving individual and organisational mental health literacy[28]. This included the development of health literacy interventions for clinicians, organisations, and systems in primary and specialist healthcare settings, to improve the experience and outcomes for people with lived experience of mental health issues and caring. There are also models of care that reduce the stigma of having to access a community mental health service for those from First Nations and CALD groups. Models that integrate mental health with general practice is one way of ensuring that those who are ambivalent about receiving mental health care can receive it without having to walk into a mental health centre.

The Commission supports and builds upon the Aboriginal Community Controlled Health Organisation (ACCHO) Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People. As such, the Commission funded an ACCHO to test the *Rural Mental Health Workforce Guide and Toolkit* within a rural and remote community in NSW[29]. The proof-of-concept guide and toolkit is intended to assist communities to identify assets in communities that can support people's mental health needs, as well as articulate, report and advocate to relevant bodies regarding their needs and resources.

There is a notable deficiency in the accessibility and utilisation of professional interpreters, translators, and bilingual workers, hindering effective communication and engagement with mental health services. The insufficient availability of data and a lack of diversity representation in the planning, delivery, evaluation, and governance of mental health services can lead to exclusion, marginalization, and disempowerment.[30, 31]

It is imperative to undertake further initiatives aimed at enhancing the cultural responsiveness and safety of mental health services. This is essential for addressing issues like stigma, discrimination, mistrust, and the underrepresentation of diverse perspectives. It is also vital to improve co-production efforts with diverse populations, to cater to their varied needs, preferences, and experiences.

Recommendations:

- Ensure mental health services actively consider and cater to the needs, preferences, and experiences of diverse populations. This involves implementing community-wide and location-specific approaches to reduce stigma, along with adhering to The Framework for Mental Health in Multicultural Australia. *The Framework for Mental Health in Multicultural Australia*
- Increase the availability and provision of professional interpreters, translators, and bilingual workers to support effective communication and engagement with diverse populations, such as using free interpreter services for NDIS registered providers.
- Elevate cultural competence, responsiveness, and awareness within mental health services through comprehensive training, education, supervision and mentoring. Employ inclusive communication guidelines specifically designed for culturally and linguistically diverse and LGBTIQ+ clients.

- Foster the representation and active involvement of diverse populations in the planning, delivery, evaluation, and governance of mental health services. This can be achieved through continuous consultation, collaboration, co-design and co-production efforts This could include collaborating with the *Aboriginal and Torres Strait Islander Lived Experience Centre* (Black Dog Institute) and peak culturally and linguistically diverse bodies.
- Enhance the data collection, monitoring and reporting on the accessibility and cultural safety for diverse populations and include indicators, standards, frameworks, and feedback mechanisms to systematically track progress. Standardised inclusion of ethnicity demographic questions in surveys evaluating mental health services in NSW is also strongly recommended.
- Explore models of care that integrate mental health services with low stigma settings such as general practice to improve access to care for First Nations and CALD groups.

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