

Submission
No 148

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

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NSW Health submission

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



Health

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

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Executive summary

The NSW public health system provides high-quality and safe mental health care to people throughout the state. In 2020-21, NSW Health provided 3.4 million community mental health care service contacts to 146,498 consumers. Community mental health consumers generally report an overall positive experience with nearly 80% of consumers rating the care they have received as excellent or very good.¹

NSW Health is committed to improving the safety and quality of mental health care provided to NSW citizens and recognises there is more work to do to meet the needs of the community. The voices of people with lived experience of mental health issues are integral to the work of NSW Health, and feedback from consumers, families, kinship groups and carers provides valuable insights and opportunities to improve NSW Health's mental health services.

This submission outlines the specialised (public) mental health services and associated psychosocial support services delivered in NSW for people who experience severe, complex and enduring mental illness. It documents the foundations in place within the NSW Health system to provide consumer-centred, evidence-informed, culturally safe, and respectful specialised mental health care and highlights:

- challenges and opportunities to further improve mental health outcomes and the consumer experience,
- the legal, regulatory and policy framework for the delivery of specialised community mental health care in NSW.

The NSW public mental health system is tailored to the needs of people experiencing severe, enduring, and complex mental health issues. People experiencing mental ill health are often cared for in NSW Health funded and operated community mental health services.

The Australian Government and all state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder. Through the Medicare Benefits Schedule, the Australian Government funds consultations with specialist medical practitioners, GPs, psychologists and other allied health practitioners. The National Disability Insurance Scheme (NDIS) funds support for psychosocial disabilities and Primary Health Networks fund other primary mental health services.

Highly trained, skilled and dedicated multidisciplinary teams including nurses, medical staff, psychologists, allied health professionals and Aboriginal mental health workers provide a high standard and quality of specialised mental health care. NSW Health supports all clinicians with ongoing education and professional development. This facilitates the provision of up-to-date, evidence-based, culturally safe care and promotes a healthy learning environment for all.

The last three years have been a time of rapid change for the mental health system. The COVID-19 pandemic has highlighted the need for a mental health system that is agile, adaptable, and able to respond early and adequately to distress and surges in demand for care. The subsequent rise in number and acuity of presentations has presented a challenge for public, Non-Government Organisations (NGOs) and private mental health services. All services are seeing more consumers with more complex needs, particularly young people. NSW Health also recognises that access to, and navigation of, mental health services can be challenging for consumers.

Recent initiatives, including those funded under the *Bilateral Schedule on Mental Health and Suicide Prevention: NSW* (part of the National Mental Health and Suicide Prevention

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Agreement between the NSW and the Australian Governments signed in 2022), are directed towards improving access and services. This is particularly the case for individuals with care needs that may have left them unable to access either primary care or NSW Health specialised mental health services.

Suicide prevention is a key priority in NSW. Every suicide is a tragedy and the grief and loss of a loved one to suicide also heavily impacts the lives of many families, carers, friends, and communities. Suicide is complex and difficult to prevent, mainly because the prevalence of risk factors is high among the general population. NSW Health has a range of Towards Zero Suicides initiatives that reduce suicide rates across NSW communities by leading best practice crisis care and support, building on community resilience, and improving systems and practices. A range of mental health related services are provided by various levels of government to reduce suicide and to assist people to manage their mental health.

Mental health and wellbeing is impacted by multiple social and socioeconomic factors, which necessitates a whole of government and whole of community approach to prevention and early intervention. This has been highlighted by events in recent years in NSW including bushfires, flooding and the COVID-19 pandemic, all of which have focused attention on community wellbeing and individual mental health.

NSW Health is committed to working with government and non-government partners, as well as consumers, families and carers, to meet these challenges, and improve health outcomes for all people with a lived experience of mental illness or mental health issues.

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1. Introduction

NSW Health welcomes the opportunity to make a submission to Portfolio Committee No. 2 – Health inquiry into the equity, accessibility, and appropriate delivery of outpatient and community mental health care in New South Wales.

Mental health is a key component of overall health and well-being.² Mental health is defined as a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is a basic human right and is crucial to personal, community, and socio-economic development.

NSW Health acknowledges that mental health and mental illness remain a major community and public health concern. It is estimated that 1 in 5 Australians experience mental illness in any given year, most of which will be mild (15%) or moderate (7%).³ In NSW, it is estimated 5%, or 403,606 people,⁴ have a severe mental illness, of which 302,706 people have episodic mental illness and 100,902 have persistent mental illness.⁵ It is also estimated that 75% of Australian adults have experienced a traumatic event at some point in their life,⁶ with an estimated 12% of Australians experiencing post traumatic stress disorder (PTSD) in their lifetime, which is a well-known trauma-related mental illness.⁷ A mental illness can be defined as ‘a clinically diagnosable disorder that significantly interferes with a person’s cognitive, emotional, or social abilities.’⁸ The term itself covers a range of illnesses including anxiety disorders, mood disorders, psychotic disorders, and substance use disorders. However, a person does not need to meet the criteria for a mental illness or mental disorder to be negatively affected by their mental health.⁹ Mental health impacts and is impacted by multiple socioeconomic factors, including a person’s access to services, living conditions, and employment status. Mental health affects not only the individual but also their families and carers.^{10,11}

The NSW public health system provides world-class, high-quality, and safe healthcare to people throughout the state. Nearly 90% of citizens encounter the broader health system of NSW each year, and of those, about 30% are accessing NSW Health services.¹² Population growth, demographic changes, and growing complexity in health needs require the health system to adapt and change if it is to continue performing well.

NSW Health is committed to improving health outcomes for all people with a lived experience of mental illness or mental health issues, their families, kinship groups, and carers. A value-based healthcare service ensures safe and effective treatments by delivering outcomes and experiences that matter to the people who receive them.

In this submission, the terms lived experience of ‘mental ill health’ and ‘mental health issues’ are used. NSW Health acknowledges that it is crucial to use the preferred language and terminology as described and guided by each person when providing care. The use of individualised language promotes the delivery of safe and respectful care.

1.1. The role of NSW Health

NSW Health has a responsibility to provide equitable access to high-quality, holistic, person-centred specialised mental health care. In NSW, public-funded specialised community mental health care services are delivered through a network of 15 Local Health Districts (LHDs), three Specialty Health Networks (SHNs), and through NSW Health funded grants to non-government affiliated health organisations.

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NSW Statutory Health Corporations (Pillars) provide services across the whole state. They are not limited to defined geographic areas but are functionally defined through the services they provide. The following Pillars have particular importance for mental health care:

- **The Agency for Clinical Innovation (ACI)** works with clinicians, consumers, and managers to design and promote better healthcare for NSW. The NSW Mental Health Network works collaboratively to support the development and implementation of evidence-based innovative programs, frameworks, and models of care that improve the quality and experience of care for consumers.
- **The Clinical Excellence Commission (CEC)** was established to promote and support improved clinical care, safety, and quality across the NSW health system. This includes the Mental Health Patient Safety Program, which arose from the Chief Psychiatrist's Review of Seclusion, Restraint, and Observation of Consumers with Mental Illness in NSW Health Facilities.
- **The Health Education and Training Institute (HETI)** coordinates education and training for NSW Health staff. In 2017, the New South Wales Institute of Psychiatry (NSWIOP) became the newly established mental health portfolio of HETI. As a major provider of mental health education, NSWIOP has had a significant impact in shaping and equipping the mental health sector.

The NSW Ministry of Health (Ministry) supports the executive and statutory roles of the Health portfolio and portfolio Ministers. It undertakes regulatory functions, public health functions (disease surveillance, control, and prevention), and public health system manager functions in state-wide planning, purchasing, and performance monitoring and support of health services.

To support this function, the [Future Health Strategic Framework](#)¹³ has been developed as the roadmap to achieve NSW Health's vision of a sustainable health system that is personalised, invests in wellness, is digitally enabled, and delivers outcomes that matter most to patients and the community. It will help guide the next decade of care in NSW while adapting to and addressing the demands and challenges facing the system. The framework is also a reflection of the aspirations of the community, patients, consumers, workforce, and partners in care for how they envisage the health system by 2032.

1.2. Guiding principles

When deciding on the appropriate model of care for a person experiencing mental ill-health, decisions must be made congruent with the following principles:

- **Person-Centred** - Care is tailored to the person and their family's kinship group and carers strengths, desires and needs, to deliver the most developmentally and clinically appropriate care.
- **Recovery-orientated** - Recovery will mean different things to different people. A recovery-orientated approach recognises that each person is different and should be supported to make their own choices, be listened to, and is treated with dignity and respect. Each person is the expert in their own life and support should assist them to achieve their hopes, goals, and aspirations.
- **Least Restrictive and Least Disruptive** - Care is provided in a way that creates the least impact on the person's autonomy, education pathways, vocational stability, and connection to normal social groups or existing community-based care plans. In practice, this involves selecting models of care that are close to their home or family or carers, to minimise disruption, promote engagement, and integrate the person's usual community (and community-based health care) supports.

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- **Collaborative** – Considers the educational, vocational, housing, and family support in addition to mental health care and/or specialist interventions.
- **Trauma-Informed** - Recognises the widespread effects of trauma on people, their carers or social supports and staff, utilising the four 'Rs':
 - Realise the impact trauma can have on patients, carers, and communities, and understand that all patients and staff may have their own experiences of trauma.
 - Recognise the signs of trauma, that relationships can be the basis for healing, and that the service delivery setting plays a role in facilitating trauma-informed care.
 - Respond appropriately and effectively by applying the principles of trauma-informed care.
 - Seek to prevent Re-traumatisation of patients as well as staff.

1.3. Scope of this submission

People with mental health issues may need to access different support services at different times, depending on the severity and acuity of their illness. Mental health care and support is provided across a range of settings and services by various levels of government, as well as the not-for-profit and private sector, including:

- specialised hospital services – public and private
- specialised residential mental health services
- specialised community mental health care services
- primary care services.

People with lived experience are often treated in community and hospital-based outpatient care services. Mental health care should always be delivered in the least restrictive setting, meaning that community mental health care is always preferred to inpatient care as long as clinically appropriate based on individual circumstances. Community mental health care refers to government-funded and operated specialised mental health care provided by community mental health care services and hospital-based ambulatory care services. These services include hospital outpatient clinics and non-hospital community mental health care services, such as crisis or mobile assessment and treatment services, day programs, outreach services, and consultation/liaison services. Sometimes the term 'community' can have a more expansive meaning including all non-hospital services, such as psychosocial supports offered to NDIS participants by private entities.

This submission provides an overview of the **NSW Health delivered (public) mental health services**. It outlines specialised mental health services and associated psychosocial support services for people who experience severe, complex, and enduring mental illness and their families, kinship groups, and carers.

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2. NSW Health mental health services

The NSW public health system is the largest public health system in Australia, providing safe, high-quality healthcare to the citizens of NSW. The NSW Health system is high performing, and delivers safe, quality care, and our population is considered amongst the healthiest in the world.¹⁴ Australia has the third highest life expectancy in the world, with NSW residents living to an average age of 83.4 years.¹⁵

This section outlines the NSW Health specialised mental health services available for people with a lived experience of mental illness and their families, kinship groups, and carers. See Appendix A for a list of NSW Health's specialised mental health services and programs.

2.1. Australian health landscape

The Australian health system is a complex mix of service providers and other health professionals from a range of organisations who collectively aim to meet the physical and mental health needs of all Australians. The Australian and state and territory governments broadly share responsibility for funding, operating, managing, and regulating the health system. Primary health care, hospital, specialist, and community sectors work closely together to deliver health outcomes for all Australians. Local governments play an important role in the health system, providing a range of environmental and public health services, community-based health, and home care services. The private for-profit and not-for-profit sectors also play a role in operating public and private hospitals, pharmacies, and medical practices, as well as providing private health insurance products.

A range of mental health-related services are provided in Australia by various levels of government. The Medical Benefits Schedule funds mental health consultations with specialist medical practitioners, GPs, psychologists and other allied health practitioners. The National Disability Insurance Scheme (NDIS) funds support for psychosocial disabilities and Primary Health Networks fund other primary mental health services. General practitioners are often the first port of call for people seeking help with a mental illness.

State and territory governments provide specialist mental health services through public hospitals, including emergency departments (ED), mental health inpatient care, and community mental health care services.

In addition to specialised services, both levels of government provide support to the population with mental health crises and support services, such as Lifeline, Kids Helpline, and Beyond Blue. Mental health care is also provided in private hospitals.

NSW Health recognises the difficulties some consumers have in accessing and navigating mental health care in NSW and addressing this complexity remains a key reform priority.

The multiple care options available, across state and Commonwealth, public and private, acute and non-acute domains, result in a complex system. Universal referral (via the NSW Mental Health Line), universal aftercare for people who have attempted suicide, and walk-in services such as Head to Health aim to simplify access and care navigation.

2.2. NSW Health specialised mental health services

Core specialist clinical services provided by NSW Health include acute assessment and treatment services, and continuing care and rehabilitation services, all of which are provided in both hospital and community settings. There are also specialist clinical services in inpatient and community settings for children and young people, older people, and forensic patients. NSW Health always aims to deliver the right care, at the right place, and at the right time. To support equitable, timely access to NSW Health mental health services (hospital and community), access to care is prioritised according to clinical need.

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Within the health sector, there are strong linkages with a range of partners including general hospital services, primary health care providers (especially GPs), Aboriginal community-controlled organisations, and drug and alcohol services. Services are also delivered through collaboration with a range of other government agencies responsible for housing, education, family services, and the criminal justice system.

A snapshot of NSW Specialised Mental Health Services in 2020-21

In 2020-21, NSW Health provided:¹⁶

- 2688 public specialised mental health hospital beds (33.3 per 100,000 population), providing 844,836 patient days of service (104.5 per 1,000 population)
- 11,027.4 Full-time Equivalent (FTE) staff (136.4 per 100,000 population, including 125.9 FTE consumer workers and FTE carers)
- 11,914 supported housing places (23.7 per 100,000 population)
- 3.4 million community mental health care service contacts to 146,498 consumers (17.9 consumers per 1,000 population).¹⁷

What are NSW Health Community Mental Health Services?

NSW Health Community Mental Health Services are the ambulatory (not inpatient/bed based) component of the NSW public mental health system. They are delivered by LHDs and SHNs, often separated from a hospital campus, in the commercial or community hub of the locality they serve. These services are usually organised around serving one or more local government areas (depending on the catchment population). Local Community Mental Health Teams (CMHTs) are multidisciplinary and include nursing, medical, peer worker and allied health staff. Usually, tasks are divided between smaller groups of clinicians who manage intake, perform initial assessments, care coordination for individuals with complex needs, and work with long-term consumers utilising a rehabilitation model. Community Mental Health Services are declared facilities under the *NSW Mental Health Act 2007*, which means that consumers on a Community Treatment Order (CTO) can be treated there.

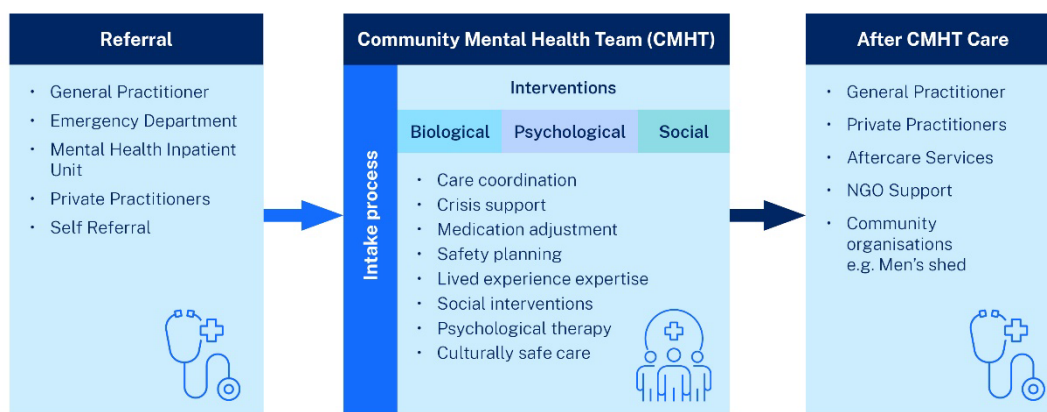
How do consumers access these services?

There are many pathways which can lead to an initial assessment by a CMHT. These include referral by GPs, EDs, private mental health practitioners, mental health inpatient units (in the case of a discharged consumer), other medical specialists (such as a paediatrician or a geriatrician) and some consumers self-refer.

Referral from external agencies to NSW Health is usually by contacting the NSW Mental Health Line service.

Figure 1 below outlines the consumer journey through community mental health services.

Figure 1: Consumer journey through community mental health services



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What happens after referral?

Presentations are triaged according to clinical acuity. High acuity presentations include individuals who need support around relapse of symptoms related to a severe and enduring illness (such as schizophrenia), or those whose symptoms of mental ill-health are presenting an immediate risk to themselves or others. NSW Health mental health services focus on consumers with higher clinical acuity and complex clinical needs. Individuals will be referred to the most appropriate provider (for example, psychology services funded under Medicare or a community managed mental health organisation), however NSW Health recognises that there are challenges for accessing some of these services for some consumers. The gap between primary care and state funded services, and initiatives designed to address this (e.g. those under the Bilateral Agreement) are referenced elsewhere in this submission.

Consumers will be triaged in accordance with acuity to see a psychiatrist in a CMHT. Consumers will see a specific discipline only if indicated and on the basis of need. Some consumers will see a psychiatrist immediately and others not until later during their contact with the CMHT, if required.

What can a consumer expect when they are cared for by a Community Mental Health Team?

Community care is delivered differently depending on the needs of a consumer. Individuals with concerns around acute risk are often managed by a subsection of the team, who provide daily contact, psychological support, ongoing assessment of mental state and risk, as well as assistance with treatments. Longer-term consumers are managed by a key clinician (care co-ordinator) with support from fellow clinicians. Care coordination involves establishing a therapeutic relationship with an individual, learning to understand and respond to their mental health needs and coordinating specialised input from other members in the team. For example, a consumer with a major depressive episode who has been referred to the team after hospitalisation will be case managed in the weeks to months following that acute episode. The case manager will get to know the consumer, understand what keeps the consumer well, educate the consumer and their family or carers about the condition, be vigilant for any sign of relapse, and continue to monitor response to treatment. They will also arrange for input from multidisciplinary colleagues as required.

Treatment delivered in community care includes biological, psychological and social interventions. Biological interventions are most usually medication based. These treatments are delivered under the supervision of a psychiatrist. Psychological treatments can include supportive interventions and also evidence-based psychotherapeutic models. An example might be cognitive behavioural therapy (CBT) for treating major depressive disorder. Social interventions include assisting consumers to reconnect with their personal network, to take preventive measures such as increasing socialisation and exercise, and to focus on improving interpersonal relationships. Both psychological and social interventions can be offered by members of the multidisciplinary team who have that expertise.

An increasing emphasis is placed on assisting primary care providers in managing the physical health of mental health consumers. Individuals with a serious mental illness have significantly shorter life expectancies and poorer quality of life secondary to often non-identified or undertreated comorbid physical conditions. In addition, some psychiatric treatments can cause physical issues, such as weight gain. Staff at community teams are required to consider the physical health of their consumers and ensure that primary healthcare checks (such as checking blood pressure, blood glucose levels and waist circumference) are performed, particularly if a consumer does not have their own GPs. Co-morbid drug and alcohol issues are also addressed, either directly, or by referral to drug and alcohol services.

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Most consumers managed in a CMHT will improve to the extent that they can be discharged to more appropriate services. Examples include non-government organisations, general practice or psychological services accessed through Medicare. Should the consumer’s condition deteriorate, they can be reassessed for intake back in to the CMHT.

There are occasions where the service pathway described above does not meet the expectations or needs of community mental health consumers. NSW Health is continually aiming to improve the quality of services in partnership with other providers in the sector, including primary care, NGOs and private providers. Work such as the ACI's Suicide Care Pathway, which provides a standardised evidence-based approach to care for people who may be suicidal, is critical in delivering person centred care. Feedback from consumers and carers is fundamental in designing and implementing service improvements.

A snapshot of people who accessed NSW Community Mental Health Services

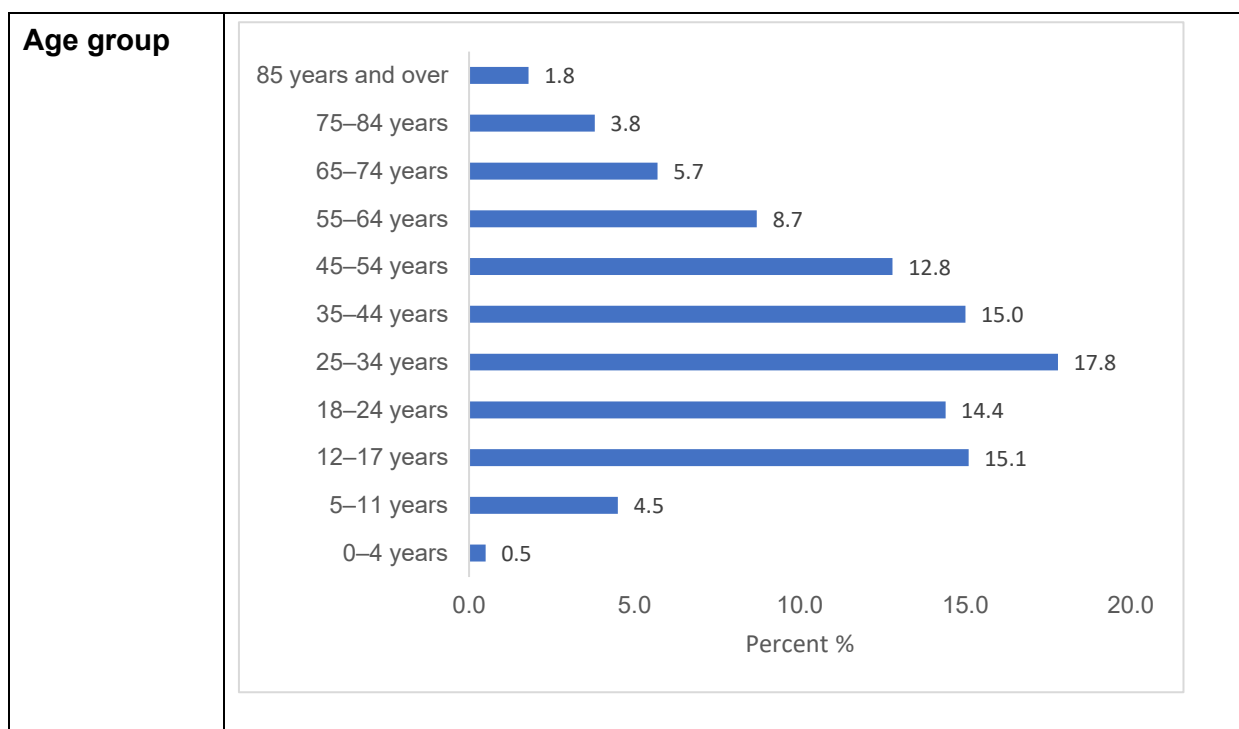
In 2020-21, NSW community mental health services recorded 3.4 million contacts with 146,498 people. Males had a higher rate of contacts (444 per contacts per 1,000 population) than females (388 per 1,000). People aged 12–17 years had a higher rate of service contacts (709 per 1,000), and in that age group contacts were more than twice as frequent in females (1,020 per 1,000) than in males (412 per 1,000).

Aboriginal and Torres Strait Islander people comprised 11.3% of NSW community consumers in 2020-21, however, the rate per 1,000 population was 3 times that of non-indigenous people (57.5 and 16.2 respectively).

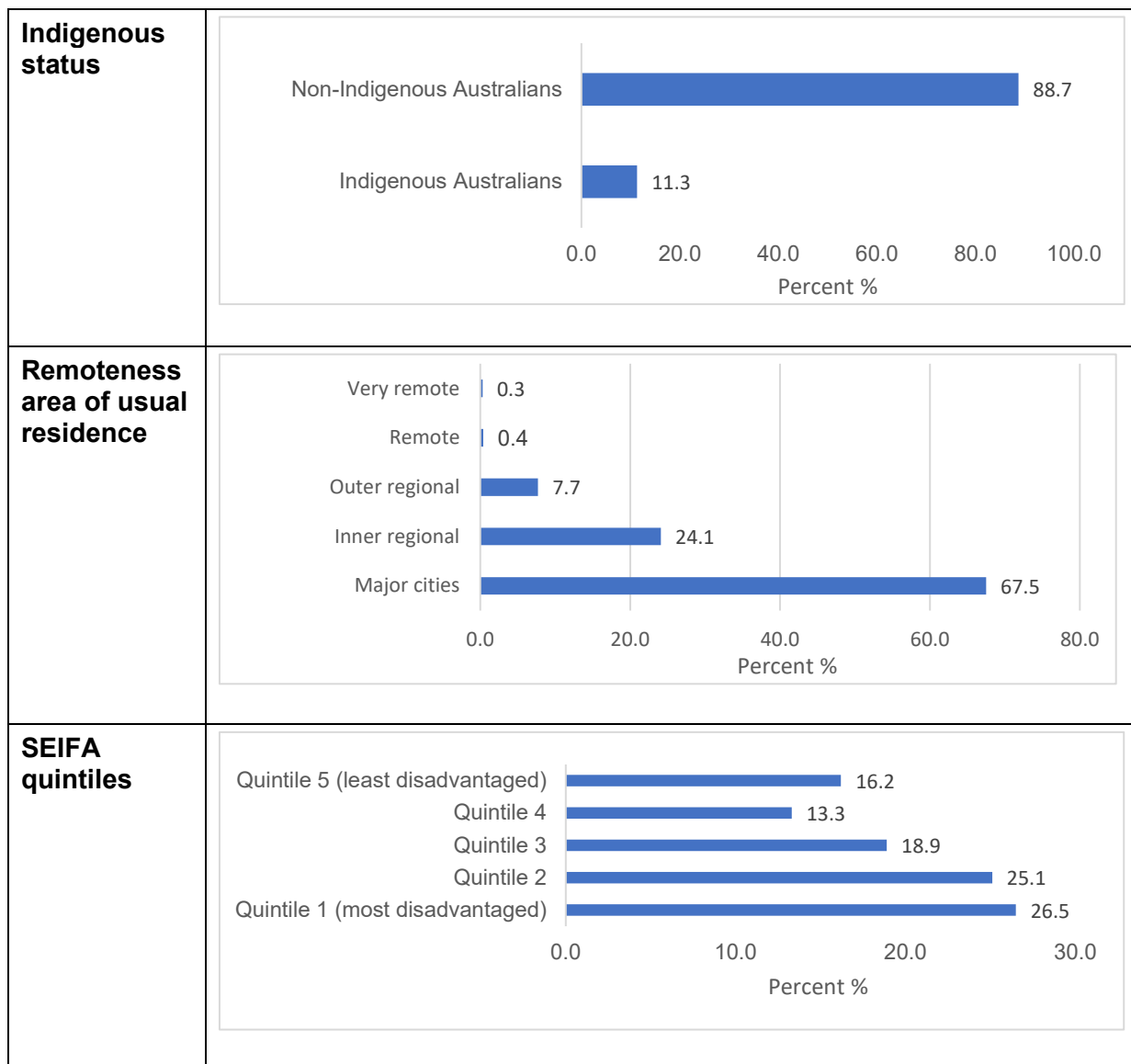
More than 1 in 8 (12%) NSW community service contacts in 2020-21 involved a person with an involuntary mental health legal status.

Key characteristics of people accessing NSW community mental health services in 2020-21 is shown at figure 2 below.

Figure 2: NSW Community mental health care patients, by key demographics, by percent (2020-21)



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Source: [Community mental health care services 2020–21 tables](#).

What consumers and carers tell us about NSW Mental Health Services

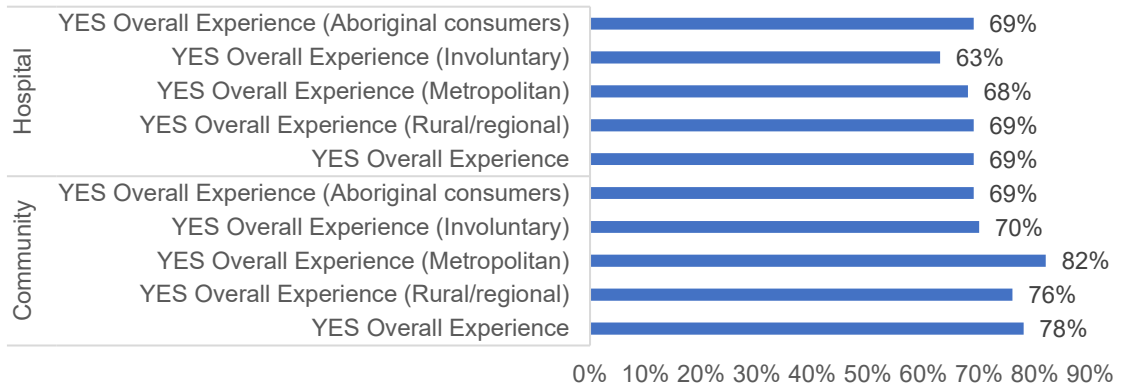
Your Experience of Service (YES) is a nationally developed questionnaire designed to gather information from consumers of mental health services about their experience of care.¹⁸ In 2021-22, 21,087 NSW consumers completed the YES questionnaire.

In 2021-22, consumers of community services continued to report a positive experience (78% excellent or very good, down slightly from 81% in 2020-21).¹⁹ The highest-rated YES domain was Respect, which describes how services provide individuals with a welcoming environment where they are recognised, valued and treated with dignity.

In 2021-22, 12% of YES returns were from Aboriginal consumers. In both hospital and community services, 69% of Aboriginal consumers reported an excellent or very good experience. While this percentage is similar to the experience of non-Aboriginal people in hospital, the experience of Aboriginal consumers in the community is around 10% lower than non-Aboriginal consumers. The overall experience scores for community and hospital settings reported by consumers in 2021-22 is shown at figure 3 below.

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Figure 3: Overall experience score by percent for excellent/very good (2021-22)



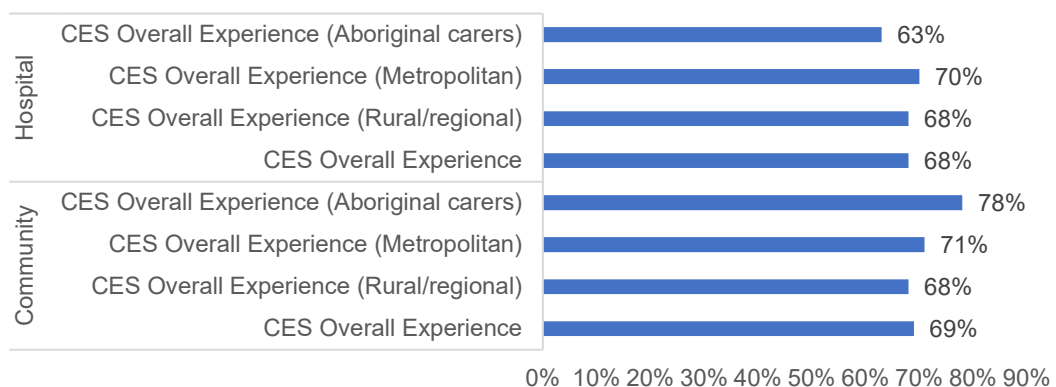
The Mental Health Carer Experience Survey (CES) is a nationally developed survey designed to gather information from carers about their experience of Australian mental health services.²⁰

Nearly 3,000 NSW CES surveys were returned in 2021-22. Carers reported a similar experience across community services, with 69% of community CES returns reporting an excellent or very good experience of care (no change from 2020-21). Those in specialist, age-specific services reported a more positive experience. Carers in metropolitan areas reported a more positive experience than in regional areas. Regular communication and being involved was reported as having a big impact on carer experience.

Around 6% of community surveys and 7% of hospital surveys were from carers who identified as Aboriginal. Aboriginal carers were more likely to report an excellent or very good experience of community services (78%) than of hospital services (63%). Aboriginal carers reported a more positive experience of community services, when compared to non-Aboriginal carers.

The overall experience scores for community and hospital settings reported by carers in 2021-22 is shown at figure 4 below.

Figure 4: Carer Experience overall experience score by percent excellent/very good (2021-22)



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2.3. Population-specific supports

Some groups in our community experience significant inequities in accessing health services, and in their experience of health care and health outcomes. Improving equity in terms of access and health outcomes for vulnerable populations is a key priority.

Aboriginal people

More Aboriginal people live in NSW than in any other Australian state or territory, comprising 34.5% (in 2021) of the total Aboriginal population in Australia. In NSW, Aboriginal people comprise 4.2% of the total population.

Improving Aboriginal health and culturally safe care and service delivery are key focus areas for the entire NSW health system. Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual can achieve their full potential as a human being, thereby bringing about the total well-being of their community.²¹

The resilience of Aboriginal people provides the foundation upon which to build further efforts to improve the health of Aboriginal people. In line with the concept of self-determination, the active involvement of Aboriginal people in all decision-making affecting Aboriginal health is fundamental to informing the delivery of health services.

The [NSW Aboriginal Mental Health and Wellbeing Strategy 2020 - 2025](#) supports and assists NSW Health services in delivering respectful and appropriate care in partnership with Aboriginal services, people, and communities. The Strategy embeds strategic directions and actions, and includes the goals of holistic, person and family-centred care and healing; culturally safe, trauma-informed, quality care; and connected care.

NSW Health works in partnership with Aboriginal communities through Aboriginal Community Controlled Health Services (ACCHS) and the Aboriginal Health and Medical Research Council (AH&MRC) of NSW on a wide range of initiatives to achieve health equity for Aboriginal people, families, and communities in NSW.

The Ministry's Mental Health Branch, in partnership with the Ministry's Centre for Aboriginal Health and the AH&MRC, lead two programs to improve mental health and wellbeing outcomes and reduce suicide rates in Aboriginal communities:

- *Building on Aboriginal Communities Resilience*: funds 25 ACCHS to deliver suicide prevention activities.
- *Models of Care Initiative*: funds 12 sites in NSW to work in partnership with local stakeholders to develop models of care and support Aboriginal communities accessing services, improve engagement and extend the number of referral pathways for Aboriginal people and communities.

All NSW Health staff attend mandatory [Aboriginal cultural training](#). This program increases cultural competencies and promotes greater understanding of the processes and protocols for delivering health services to Aboriginal people. This training program is an initiative set by Aboriginal Workforce and NSW Health.

Additional resources are available for staff working in mental health. The video [Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care](#) and [Discussion Guide](#) assist services in gaining knowledge and skills in working with Aboriginal people.

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Other specific initiatives to improve the mental health and wellbeing of Aboriginal people include, expanding the Aboriginal mental health and suicide prevention workforce, implementation of Closing the Gap, Aboriginal mental health and wellbeing disaster recovery program, Central West Aboriginal Mental Health Project, Aboriginal mental health workforce program and Aboriginal Got It!.

People who die from suicide

Suicide prevention is a key priority in NSW. Every suicide is a tragedy and the grief and loss of a loved one to suicide also heavily impacts the lives of families, carers, friends and communities. Suicide is complex, and can affect people of all ages, cultures, sexual orientations, occupations and places they live. A coordinated effort across governments, communities, private sector and individuals is required to reduce suicide deaths. Suicide is difficult to prevent, in a large part because the prevalence of risk factors is high among the general population, while suicide is rare, only a minority of those with risk will suicide. Furthermore, some of the risk factors are not specific and of those who die by suicide, some are not in any risk group.²²

It is widely acknowledged that some groups of people have a disproportionately increased risk of suicide more than that of other populations. Priority groups include Aboriginal people, young people, older people, people of diverse sexualities and/or genders, culturally and linguistically diverse (CALD) communities, and men.²³ Understanding the diversity of these groups helps in tailoring responses.

The New South Wales Suicide Monitoring System (NSW SuMS) was established in October 2020 to provide more timely information on suicides and suspected suicides to inform policy and program responses. It is a collaboration between NSW Health, the Department of Communities and Justice (DCJ), the State Coroner and NSW Police. The latest NSW SuMS report for April 2023 shows that:

- A total of 965 suspected or confirmed suicide deaths were recorded for the full year in 2022. This was higher than the number of suicide deaths in 2021 (909), 2020 (899) and 2019 (946).²⁴

The NSW SuMS also reports on suicide deaths by gender, age group and residential location:

- In 2022, 748 of the suspected or confirmed suicide deaths reported in NSW were among males. This is higher than the 671 suicide deaths reported in 2021, 673 in 2020 and 732 in 2019.
- For females, there were 216 suspected suicide deaths in 2022, compared with 238 in 2021, 226 in 2020 and 214 in 2019.
- The highest increase in 2022 was reported in males aged 55 to 64 with 132 deaths by suicide, compared with 97 in 2021. This was followed by males aged 35 to 44, with 142 deaths in 2022 compared with 116 in 2021.
- In 2022, the numbers of suspected and confirmed deaths by suicide reported for both males and females aged 55 to 64 (132 and 35, respectively) were higher than reported in any year between 2019 and 2021. Unlike previous years, the total number of suspected and confirmed deaths by suicide in the 55 to 64 age group (167) was the same as in the 25 to 34 and 45 to 54 age groups.
- In NSW, and throughout Australia, suicide rates are higher in rural and regional areas. In 2021, the per capita suicide rate in rural and regional NSW (16.4 per 100,000) was more than twice that of Greater Sydney (7.6 per 100,000).²⁵ NSW SuMS data show that suicide deaths in regional and rural NSW fell slightly from 2021 to June 2023, compared to a slight increase in Greater Sydney.

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Overall, the rate of suicide in NSW has remained relatively stable and a significant sustained reduction is yet to be achieved. The reasons for this are many and complex.

Suicide rates vary with many factors requiring a whole of government (and whole of community) response, including income uncertainty and social isolation.²⁶ Predicting and mitigating suicide risk can be challenging, and there are a multitude of interacting risk factors which may affect individual experiences. These may include behaviours or aspects of lifestyle, environmental exposures or inherited characteristics, while some people will have suicidal thoughts without having a history of any risk factors.²⁷

The NSW Government commitment to introduce a legislated whole-of-government approach to suicide prevention in NSW will support and strengthen work undertaken to date.

NSW Health leads a range of initiatives working to reduce suicide rates across NSW communities. The suite of [Towards Zero Suicides initiatives](#) seek to provide leading best practice crisis care and support, build on local community resilience, and improve systems and practices to reduce the suicide rate in NSW. Initiatives include Safe Havens, Suicide Prevention Outreach Teams (SPOTs), community gatekeeper training, community response packages for priority groups and the Zero Suicides in Care (ZSiC) program.

Working with Families and Carers

Families and carers play a vital role in the treatment, care and recovery of people with mental illness. NSW Family and Carer Mental Health Program operates across 15 LHDs, partnering with Community Managed Organisations (CMOs) and Justice Health & Forensic Mental Health Network (JHFMHN). Both LHDs and JHFMHN work to enhance staff's ability to work as partners with families and carers. CMOs provide training, education, support and advocacy.

The Ministry has also released the [NSW Family Focused Recovery Framework 2020-2025](#) to support the mental health workforce to adopt a family focused recovery approach. The Framework aims to improve outcomes for infants, children, young people, parents/carers and families through expanding the family focused aspect of person-centred assessment, treatment and support.

Mental Health Carers NSW are a peak body representing the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers.

Perinatal mental health supports

The Perinatal and Infant Mental Health Services provide consultation, liaison, or direct treatment and care to women and parents who have a severe, acute or complex mental illness and are pregnant or have a child under the age of two.

Virtual care is provided through a state-wide outreach service to enhance equity of access to all women referred, including those living in rural, regional and remote NSW. Perinatal and Infant Mental Health Services also work closely with non-government providers of perinatal mental health services, ranging from advocacy, online programs, dedicated helpline centres and specialist counselling services. There is also a service in Justice Health and Forensic Mental Health which provides care and support to perinatal women in custody affected by mental health or trauma.

Two new Mother Baby Units have been established at Royal Prince Alfred and Westmead Hospitals, which have significantly expanded the range of state-of-the art acute care for perinatal consumers (and their infants) with severe mental illness.

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Sexuality and Gender Diverse People (LGBTIQ+)

It is important to acknowledge that LGBTIQ+ people are not a homogenous population. Each group in the acronym (+ represents minority gender identities and sexualities not explicitly included in the term LGBTIQ) holds unique health needs and experiences, and these need to be recognised and respected for each individual.²⁸ In NSW, LGBTIQ+ people rate their health overall lower than that of the general population. Two thirds of lesbian, gay, bisexual and trans people in NSW experienced a mental health condition; a quarter had experienced suicidal thoughts; and almost 1 in 10 had self-harmed at some stage in their lives. Over two thirds of intersex people in NSW experienced a mental health condition.²⁹

As outlined in the [NSW LGBTIQ+ Health Strategy](#), NSW is committed to increasing LGBTIQ+ community access to mental health and suicide prevention services across the lifespan. ACON lead the delivery of targeted mental health and suicide prevention services to NSW LGBTIQ+ communities. ACON is a non-government organisation well recognised for their strong connection to the NSW LGBTIQ+ community and has a long track record in the collaborative delivery of services across NSW. NSW Health funds ACON to deliver state-wide telehealth crisis support and aftercare service for people over the age of 18, who are experiencing suicidal crisis or ideation. ACON has also been funded to deliver [HERE.org.au](#) – a suicide prevention and mental health online hub, including targeted resources and a referral list for key support services across NSW. Access to ACON Pride in Health and Wellbeing (PiHW) program is also being supported to provide annual membership along with funding to establish a counsellor and peer worker mental health support service for Trans and Gender Diverse people.

In addition, NSW Health is partnering with Twenty-Ten to deliver training for Child and Adolescent Mental Health Services (CAMHS) staff to build awareness and understanding of issues facing LGBTIQ+ young people along with funding to build Twenty-Ten's capacity to provide information and support to young people.

People with an Eating Disorder

Eating disorders are a group of complex mental illnesses characterised by disturbances in thinking and behaviours around food, eating and body weight or shape. The quality of life impacts experienced by persons affected may be significant and wide-ranging, including consequences to psychological, social (e.g. work, family) and medical (or physical) well-being. Support and treatment for people who experience eating disorders, their families and carers is a key priority for the NSW Health. Increased investment in eating disorders treatment has strengthened frontline eating disorders services to deliver person-centred mental health and medical care. The [NSW Service Plan for People with Eating Disorders 2021-2025](#) aims to improve the health and wellbeing of people with or at risk of developing an eating disorder and the lives of their families, carers and communities. The Service Plan aims to embed eating disorders service provision as core business for LHDs and SHNs.

Responding to the needs of culturally and linguistically diverse (CALD) populations

Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse backgrounds are estimated to experience some form of mental disorder in a 12-month period, based on the findings of the National Survey of Mental Health and Wellbeing.³⁰ People from culturally and linguistically diverse backgrounds can face greater challenges when navigating the health care system, due to cultural and language barriers.³¹ Often, they miss out on suicide prevention services because information is not available in community languages, or there is no culturally appropriate service available. They may also find it difficult to use mainstream services because of language and cultural barriers. They

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may be confused about how services operate, or simply be unaware of the range of services and supports that are available.

Responding to the needs of CALD populations, the Ministry funds the State-wide Transcultural Mental Health Centre (TMHC) hosted by Western Sydney LHD. They offer clinical consultation and assessment, education for providers, mental health promotion to communities, and academic partnership to grow the evidence base that informs service development for this population. TMHC have also established a Transcultural Mental Health Line. The Transcultural Mental Health Line provides culturally and linguistically responsive support through timely in-language over the phone support and connections to appropriate mental health and community support services.

There is also the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) which supports refugees and asylum seekers, and the Mental Health Community Living Supports for Refugees (MH-CLSR) Program.

People with disabilities

Mental health conditions can be both a cause and an effect of disability, and often involve activity limitations and participation restrictions beyond the 'core' areas of communication, mobility and self-care, for example, in personal relationships. Over 4 in 10 (42%) people with severe or profound disability, and 33% of people with other forms of disability, self-reported anxiety-related problems in 2017-18. This compares with 12% of people without disability³².

NSW Health supports people in NSW who experience psychosocial disability, that is, disability that occurs as a result of mental illness, through support of the National Disability Insurance Scheme, funded by agreements between each jurisdiction and the Australian Government. As at 31 March 2023, 18,035 people in NSW accessed support as a NDIS participant for a psychosocial disability.³³

NSW Health has an extensive range of appropriate supports and services for people with cognitive disability, including intellectual disability. These services include State-wide Intellectual Disability and Mental Health Hubs to support people living with intellectual disability and mental illness.

The Sydney Children's Hospitals Network Mental Health and Intellectual Disability Hub based at the Children's Hospital at Westmead is available for children and young people. The state-wide Intellectual Disability Mental Health Outreach Service, hosted by Sydney LHD at Concord Hospital, is available to adults aged 18 and over.

Both hubs deliver a range of tertiary services to support the provision of specialist care. This includes clinical assessment and, in some cases, short term treatment. They also provide case consultations and a range of education and training programs for health professionals.

The [Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers](#) has been developed that highlights practical steps which can be taken to enhance communication, and cross-sector collaboration. This includes a strong emphasis on inclusive and person-centred approaches, involvement of family and carers, and the development of service pathways with interagency cooperation.

The Ministry's Mental Health Branch is also developing a 5-year Intellectual Disability Mental Health Strategy to address access and service quality, and there is a state-wide network of clinicians and managers who specialise in this area.

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Children and young people

A significant number of infants, children, and adolescents experience some form of mental illness. Mental illness in infancy, childhood or adolescence can have enduring consequences if left unresolved.³⁴ Half of all mental illnesses develop before the age of 14 years and three-quarters by age 24 years.³⁵ One in seven children aged between 4-17 years will experience a mental illness in any given year.³⁶

Since 2015, there has been an increase in presentations to emergency departments (EDs) for mental health issues in NSW, largely driven by a substantial increase in presentations of young people for self-harm and suicidal thoughts. These increases began before the onset of the COVID-19 pandemic and are consistent with recent Australian and international trends. This increase peaked in 2021 and early 2022, primarily due to increased presentations in females aged 12-17 years. However, these increases have stabilised since mid-2022.

Because early intervention and prevention is critical to improving lifelong mental health, care and support for high risk groups (for example, children of parents with a mental illness) is a priority for NSW Health.

NSW Health child and youth mental health services focus areas include considering developmental issues, working with families and carers as partners, and managing issues of confidentiality and informed consent.

There are a range of different treatment and support options. The majority of services are delivered by community-based teams, providing treatment and care close to people's homes. Some services are delivered from hospital in inpatient settings. Young people are provided with a comprehensive developmentally appropriate assessment and evidence-based therapeutic interventions.

NSW Health support the following specialist mental health programs: School-Link, Got It, Youth Community Living Support Service, Alternate Care Clinic, Youth Aftercare Pilot, Safeguards, Family Focused Recovery, Child Protection Counselling Services and Whole Family Teams.

NSW Health also supports non-mental health services to support the health and wellbeing of priority groups of children and young people including:

- **Wellbeing and Health In-Reach Nurse (WHIN) Coordinator Program** supports the health and wellbeing of school students and their families living in vulnerable communities. In both primary and secondary schools, the program coordinates appropriate early intervention, assessments and referral to health and social services. The program is delivered by NSW Health in partnership with the NSW Department of Education.
- **Youth health services** are specialist services providing multidisciplinary, primary healthcare to young people. Focusing on engaging disadvantaged young people, they deliver flexible and unique services to young people in relaxed and comfortable youth-friendly environments. NSW Health funds nine youth health services across NSW.
- **Out-of-Home Care Health Pathway Program** is for children and young people in out-of-home care (OOHC) who often have high and unmet health needs and are more disadvantaged and vulnerable than other children. NSW Health provides coordinated health assessments for children and young people aged 0-17 years in statutory OOHC living in NSW who are expected to remain in care for longer than 90 days.

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Child and youth mental health services are recognised as a partner service with paediatric medicine and surgery for children across the continuum of care. Collaboration between paediatric services and child and youth mental health are recognised as critical to appropriate management of children, young people and their families. The [NSW Paediatric Service Capability Framework](#) outlines local processes for consultation and referral to ensure families have access to timely support.

NSW Health is trialling a new model of care for management of children with behavioural issues and/or Attention-deficit/hyperactivity disorder (ADHD) in regional NSW. The pilot aims to improve treatment pathways for children and their families by establishing a dedicated multidisciplinary team and building partnerships with local GPs to enhance their capacity in shared care of ADHD management. The service will include training for families and support for emotional regulation.

People who have experienced trauma, violence, abuse and neglect

The Australian Childhood Maltreatment Study found that child maltreatment is widespread among Australians, and that child maltreatment is strongly associated with mental health disorders.³⁷ The effects or 'symptoms' of violence, abuse and neglect often become the presenting 'problem' for treatment and intervention across a range of health services including mental health, alcohol and other drugs and EDs.

An integrated approach recognises that children and families often have complex needs requiring multiple interventions from a range of NSW Health and other services. An important example are the Whole Family Teams which explicitly address intergenerational issues within the family unit, including parenting skills.

NSW Health is also implementing the Adult Survivors Program. The Program aims to improve health and wellbeing outcomes for adult survivors of child sexual abuse with complex or acute mental health and/or alcohol and other drugs needs. The program is a key commitment in response to the Royal Commission into Institutional Responses to Child Sexual Abuse and its findings that the health system must take a more holistic, integrated, trauma-informed and culturally safe approach to supporting adult survivors. Local integrated service models are being established in each LHD.

The Agency for Clinical Innovation have established a "[Trauma-informed care community of practice](#)" for health staff with includes resources and a webinar series to support the implementation of trauma-informed care in mental health services across NSW.

Older people

Mental health improves for many people in later life.³⁸ However, older people can be vulnerable to mental health problems, including depression, anxiety disorders, schizophrenia and other psychotic illnesses, bipolar disorder, personality disorders, and alcohol and substance misuse disorders. In some circumstances, the presence of mental illness in older people is more common, including in people with chronic illnesses, people living in residential aged care facilities and people with dementia. As the NSW population ages, the number of older people with mental illness is projected to increase, rising to approximately 260,000 in 2026.³⁹ Mental illness often presents differently in older people compared with younger people and co-occurs with other physical health conditions. Older people frequently have complex care needs, respond differently to medications compared with younger people, and require a longer time for clinical recovery.

Improving equity of access, accessibility and appropriate care in the delivery of Older Peoples Mental Health (OPMH) services are key priorities of the [NSW OPMH Service Plan 2017-2027](#). Under this Plan and the previous 10-year state-wide OPMH Service Plan, NSW

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Health made significant progress in improving equity of access to community OPMH services across NSW, including rural and regional areas, with OPMH community services available in every LHD.

NSW OPMH services provide public specialist mental health clinical care generally to people aged 65 years and over. Services include, multidisciplinary community services, acute and non-acute inpatient services and community OPMH partnership services, including mental health-residential aged care partnership services.

People in contact with the Justice system

Justice Health NSW is a Statutory Health Corporation established under the *Health Services Act 1997* (NSW) that provides healthcare across secure inpatient, custodial, court and community settings. They deliver healthcare services to adults and young people who come into contact with, or who are at risk of coming into contact with the criminal justice system. Healthcare services include primary care, drug and alcohol, forensic mental health, population and public health, women’s and midwifery services, oral health and a range of allied health services.

Community forensic mental health services assist in the safe reintegration of patients from secure care to the community and provide treatment and liaison services to reduce (re)offending by people with mental ill-health. Ensuring that forensic mental health services can perform these functions ensures an efficient and responsive system, timely care, and positive outcomes for patients, carers and the community.

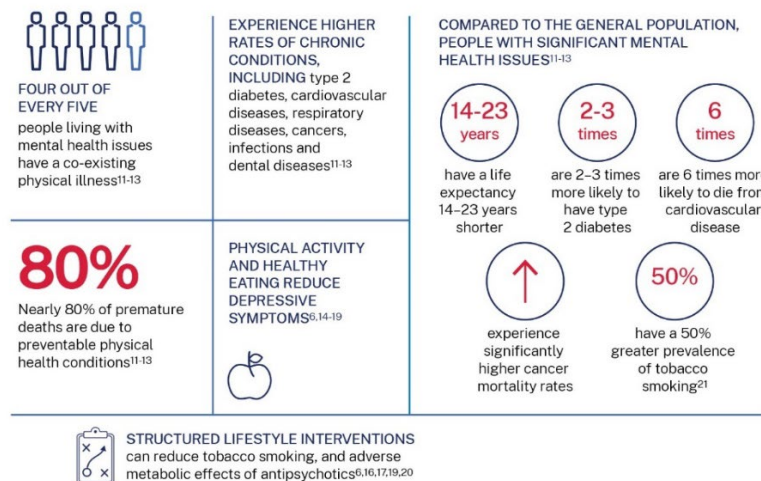
The vision of the Justice Health and Forensic Mental Health Network, [10 Year Strategic Plan 2023-2032](#) is to “transform lives by delivering healthier tomorrows through excellence in patient centred care across community, inpatient and custodial settings”. The plan is aligned with the NSW Health strategy: [Future Health 2022-2032](#) with priority 3.7 focusing on support mental health and wellbeing for our patients in all our care settings.

Physical health care for people living with mental health issues

People with a lived experience of mental health issues should enjoy the same rights, opportunities and health as the general population. However, when compared with the rest of the NSW community, people living with mental health issues face poorer physical health outcomes, shorter lifespans and more frequent experiences of stigma and discrimination.

Figure 5 outlines some of the physical health outcomes for people with lived experience of mental illness.

Figure 5: Physical health outcomes for people with lived experience of mental health issues



Source: [NSW Health, Physical health care for people living with mental issues, pg.5](#)

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Services across the state are embedding the NSW Health [Physical Health Care for People Living with Mental Health Issues Guidelines](#) into daily practice. For example, under the Pathways to Community Living Initiative (PCLI) several LHDs have utilised part of their PCLI supplementation funding to provide targeted physical health programs, through specialist staff such as exercise physiologists, dieticians and other programs.

Another example is the collaboration between the Ministry and Cancer Council NSW in reducing tobacco use in consumers of the NSW Mental Health Community Living Programs. This initiative will embed a range of 'low cost, no cost' smoking cessation strategies for implementation across the programs.

NSW Health also commits to the [Equally Well Consensus Statement](#) to improve the quality of life of people living with mental illness by providing equity of access to quality health care. This aims to reduce the life expectancy gap between people living with mental illness and the general population.

People with an Alcohol and Other Drug (AOD) use disorder

Alcohol and other drug use is associated with short-and long-term health impacts, and can have significant social, economic, and criminal justice consequences. Using the most recent available data, the estimated total economic and social cost of alcohol related harm in Australia is \$66.8 billion (2017-18);⁴⁰ \$15.7 billion for opioid harms (2015-16);⁴¹ \$5.0 billion for methamphetamine harms and \$4.5 billion for cannabis harms (2013-14).^{42,43}

Population estimates indicate that more than one-third of people with an alcohol and other drug (AOD) use disorder have at least one co-occurring mental disorder; however, the rate is even higher among those in AOD treatment programs. A systematic literature review of the prevalence of comorbid mental health disorders in people presenting for AOD treatment in Australia found rates ranging from 47% to 95%.⁴⁴

The high prevalence of co-occurring mental health conditions and AOD means staff are frequently faced with the need to manage complex psychiatric symptoms while the client needs AOD treatment. This highlights the importance of strengthening the integration of the service system. An example of service integration is the Whole Family Teams, delivered in 7 LHDs across the state. The program provides specialist in-home and community-based interventions where a parent has a mental health and/or alcohol and other drug issue and a child protection notification.

The 2019 NSW Special Commission of Inquiry into the Drug Ice (Ice Inquiry) found that AOD use can cause adverse mental health effects and exacerbate pre-existing mental health conditions. However, the Ice Inquiry heard that there is a need for greater linkage between service providers treating mental health and AOD issues, and that people with co-occurring AOD and mental health issues often do not receive the holistic treatment necessary to address their needs. The upcoming NSW Drug Summit is an opportunity to explore and develop solutions for people who live with both a mental health and an alcohol and other drug use disorder.

The Ice Inquiry identified people with comorbidity as a priority population and several recommendations were directed towards improving system capacity to better address these needs. This included increasing access to treatment, building stronger partnerships and coordination between services, enhancing the capacity of the health workforce to respond to people experiencing multiple co-existing vulnerabilities, reducing stigma and discrimination; and for service systems to function in a more integrated way.

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As part of the Ice Inquiry response, NSW Health is committing \$358 million of funding over four years for measures to reduce the harm from AOD use and to improve outcomes for individuals, families, and communities. Integrated, coordinated multidisciplinary models are a key component of new services being implemented as part of this investment.

Some of the newer community-based models being introduced as part of the Ice Inquiry response include wrap-around support for people exiting custodial settings in rural and regional NSW; new treatment programs for priority population groups, including those with mental health conditions; and Hub models that will aim to provide holistic, multidisciplinary treatment and support for consumers.

Each of these models will aim to improve barriers to accessing care, particularly for people who experience co-occurring needs. Components of the models will include peer navigation, formal partnership arrangements and care coordination to ensure that people can access the care they need, regardless of where in the system they present.

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3. Our challenges and opportunities for improvement

NSW Health consistently seeks to improve the quality of services. This section provides examples of different ways that NSW Health works to improve mental health services.

Mental Health Workforce

Since 2016, the NSW mental health workforce has grown by 5.1%. In June 2022, the NSW mental health workforce had the full time equivalent (FTE) of 9,817 mental health professionals⁴⁵ including doctors, nurses, and allied health staff. This mental health workforce includes:

- 5,224 Mental Health nurses (FTE)
- 914 Medical (FTE)
- 1,870 Allied health (FTE)
- 1,808 Other (FTE)
- 503 Visiting medical officer appointments.

Several key issues have been identified that impact the quality, supply, distribution, and structure of the mental health workforce, including workforce shortages, barriers to attract and recruit people into mental health careers and challenges to the retention of existing staff. Post COVID-19, staff recruitment in the health system both nationally and internationally is a significant issue. The workforce climate for recruiting and retaining consultant psychiatrists remains challenging. A key strategic outcome in NSW Health strategy: [Future Health 2022-2032](#) is a fit-for-purpose workforce with the capabilities to deliver the vision:

“Our staff are engaged and well supported: Our people are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences.”

To realise this outcome [The NSW Health Workforce Plan 2022-2032](#), [The NSW Health Talent Strategy 2022-2032](#) and the [NSW Regional Health Strategic Plan 2022-2032](#) provide a framework for the implementation of the workforce-related strategies across the health sector and to improve talent management. The plans promote collaboration with tertiary education providers and other relevant bodies to align curriculum and training pathways to current and future health needs. They also address workforce issues that are specific to regional, rural and remote communities.

Several initiatives are in place to increase the pipeline of students studying health/allied health qualifications:

- The NSW Government has announced a health tertiary subsidy scheme to encourage school-leavers to consider a future in health. 2000 students undertaking a healthcare degree will be eligible for subsidies from 2024.
- The Aboriginal Allied Health Cadetship program is targeted at Aboriginal people living in NSW who are undertaking study in an eligible allied health course. The program will support NSW university student pipelines and workforce outcomes across 23 allied health professions (recognised by NSW Health). It will provide additional paid work experience in NSW Health settings beyond university studies.

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Rural and Regional services

Around one third of the NSW population lives in regional areas (where ‘regional’ refers to all areas outside of Greater Sydney, Newcastle and Wollongong)⁴⁶. Residents of regional NSW currently have poorer health outcomes and face significant challenges in accessing health and hospital services compared to people living in metropolitan areas.⁴⁷

The Legislative Council Portfolio Committee No. 2 conducted an inquiry into ‘Health outcomes and access to health and hospital services in rural, regional and remote New South Wales’. In May 2022, the [Final Report \(no. 57\)](#) was released, which contained 22 findings and 44 recommendations. 41 recommendations were supported by the NSW Government and a further three noted, with implementation underway. The NSW Parliament’s Select Committee on Remote, Rural and Regional Health has now commenced an inquiry that will examine how recommendations made in the 2022 committee inquiry are being carried out. NSW Health is also providing information to this inquiry.

The [NSW Regional Health Strategic Plan 2022-2032](#) has been developed to align with and support the whole of NSW Health strategy [Future Health 2022-2032](#), while addressing issues that are specific to regional, rural and remote communities. NSW Health recognises that continued work is required to ensure that people living in rural, regional and remote areas of NSW can access the best care and experience good health outcomes, and address gaps in workforce.

Regional communities face unique mental health challenges related to social isolation, the acute impacts of natural disaster such as drought and floods, and associated economic hardship.⁴⁸ Rural and regional mental health programs focus on prevention and early intervention, counselling and support, delivery of community events, research and education and service development and are delivered through Rural Adversity Mental Health Program (RAMHP), Farmgate counsellor and rural peer support program, rural mental health research partnership and the Central West Mental Health and Wellbeing Flood Recovery Package.

Navigating NSW mental health services

Recognising the complexities of the mental health system detailed earlier in this submission, the Mental Health Line aims to support consumers to the navigation of NSW mental health services. GPs can support the referral to other services and Primary Health Networks fund tools to help people navigate the system. There are a range of directories and online supports available, funded through and delivered by the Australian and state governments, private providers and Community Managed Organisation. For example:

- [WayAhead directory](#) - database of mental health services in NSW
- [Ask Izzy](#) - website that connects people in need with housing, a meal, money help, family violence support, counselling services etc.
- [Head to Health](#) – find online mental health supports
- [Virtual psychologist](#) – free online mental health support for people living in rural and remote Australia
- [Carer Gateway](#) – information for Carers on getting help for the person they support
- [Health Direct](#) – provides all Australians with 24/7 access to free health information and advice and is jointly funded by federal, state and territory governments.

Telephone help lines, and more recently online chat services, are often the first point of contact for people experiencing mental distress. These services are convenient, accessible and effective at providing a quick response to people in urgent need of assistance. People

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reach out for a range of reasons, including for advice and support for themselves or loved ones, or to find out what mental health services are available in their local community.

NSW Health support several helpline services:

- Kids Helpline – provides 24/7 online and phone counselling for people aged 5 to 25.
- Lifeline - provides 24/7 short term crisis support for people experiencing emotional distress including, phone, text and webchat options.
- NSW Mental Health Line – NSW Health’s Statewide telephone service provides 24/7 access to trained mental health professionals who offer mental health advice and where indicated, complete a brief assessment and make recommendations for care including referral to NSW Health mental health services.
- Transcultural Mental Health Line - staff by bilingual mental health clinicians, and offers advice on improving wellbeing and mental health, helps callers access mental health services in the community, and supports carers. The Transcultural Mental Health Line operates between 9:00am and 4:30pm, Monday to Friday.

NSW Health is rolling out an NSW Ambulance to Mental Health Line referral pathway where NSW Ambulance may refer patients who ring Triple 0 but do not require immediate assessment in an ED and would benefit from mental health follow-up.

Providing an emergency response to people experiencing acute mental distress

There are a range of ways in which people could receive crisis and emergency care for mental illness or psychological distress. The main existing pathways are via:

- Helplines
- Mental health clinical triage services
- Attendance in the community by a Crisis Assessment and Treatment Team
- Presentation to a hospital ED
- Police and Ambulance Services

NSW Health is working with other agencies to develop models and services to support people experiencing a mental health emergency receive a timely, specialist mental health response and are connected to appropriate care without always needing to go to the hospital or ED.

Police, Ambulance and Clinician Early Response (PACER) is an innovative mental health co-responder model that supports NSW first responders when attending people experiencing a mental health emergency in the community. Police can access NSW Health senior mental health clinicians, who are co-located in police stations, providing on-scene and/or telephone assistance when police are responding to people experiencing a mental health emergency in the community. Police can activate the mental health clinician as a secondary response who attends on-scene to assess the person’s mental health needs and organise appropriate care. PACER currently operates in 17 Police Area Commands/Police Districts across greater Sydney and the Central Coast, within 8 LHDs and St Vincent’s Health Network.

Rural and regional LHDs have adapted the PACER model, complemented with virtual technology to enhance access due to the geographical dispersion of communities and resources. These models operate in Illawarra Shoalhaven LHD, Western NSW LHD, Murrumbidgee LHD and Hunter New England LHD. Northern NSW LHD commenced a trial of the PACER model in Lismore in July 2023.

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Responding to rising service demand and complexity of care

Complexity of support needs can be associated with the severity of a person's mental health issues, as well as experiences of homelessness or unstable housing, co-occurring substance use or addiction, and physical health problems.⁴⁹

More people are presenting to mental health crisis and emergency services and the number of young people in particular presenting to EDs with mental health issues is on the rise. Recent Australian data has shown that child and adolescent mental health presentations to the ED for self-harm or suicidal ideation have been increasing by 8.4% annually before the COVID-19 pandemic but that this has accelerated to 19.2% since the COVID-19 outbreak. The increase was particularly pronounced in female adolescents with per annum overall increase in 13- to 17-year-olds reaching 47.1% in the post-COVID period from March 2020 to June 2021.⁵⁰

Furthermore, a study of hospitalisations and ED presentations to the Sydney Children's Hospital Network post the first wave of the COVID-19 lockdown from June 2020 to February 2021 found a 30–55% increase in health service use for mental health disorders, especially for female adolescents, while that for acute infections and injuries remained persistently lower.⁵¹

This increase is on the background of a continuous rise in the number of child and youth mental health related presentations over the last decade, disproportionate to other age groups. The use of crisis lines by those under 18 years also increased by 23% in the same time period.⁵²

In response to this demand, in 2021 the NSW Government provided funding to increase community mental health service capacity for younger people. The new service (*Safeguards* teams) has been rolled out across the state, with an explicit clinical remit to care for younger people in acute mental health crisis.

However, growth in complexity is not restricted to young people. The COVID-19 pandemic has highlighted the need for a Mental Health system that is agile, adaptable and able to respond early and adequately to distress and surges in demand for care across the age range.

The NSW Government's [Towards Zero Suicides initiatives](#), and the new and expanded initiatives funded through the [Bilateral Schedule on Mental Health and Suicide Prevention](#) are critical to ensuring that people experiencing distress can receive care in the community, and provide alternatives to presenting to an ED (for example, [Safe Havens](#)). Additionally, the provision of services using telehealth in a considered and thoughtful manner will allow the benefits of new investments to be realised across the state, ameliorating the above-mentioned challenges of workforce capacity and rurality.

Improving safety and quality

Ensuring that the services provided by NSW Health are evidence-based both in service design and the interventions offered is critical. In this regard, ACI reviews models of care across the system and provides rapid evidence checks when required. An example is the [NSW Health suicide care pathway: A framework for clinicians](#) released in 2022 which provides an evidence-based standardised framework to guide clinicians who see patients with suicidality.

There have been several reviews into the use of restrictive practices (seclusion and restraint) in mental health facilities in Australia. These reviews, alongside national and

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international research studies, have shown that seclusion and restraint practices are not therapeutic for patients and increase the risk of trauma and harm to patients and staff, including death⁵³.

In NSW, there has been a sustained effort to reduce seclusion and restraint over the past decade, with the goal of elimination. This effort includes investing in service change, setting key performance indicators for restrictive practices in performance agreements, clinical benchmarking, improved data collection, and public reporting on seclusion and restraint. A 2017 review led by the Chief Psychiatrist of NSW outlined 19 recommendations to prevent the use of seclusion and restraint practices in specialised mental health inpatient units and declared EDs across the state. 18 of the 19 recommendations have been implemented, with one recommendation underway (Recommendation 10 involved the development of a NSW Peer Workforce Framework, which is under development).

Services can receive assistance in achieving reduction in restrictive practice with resources including a state-wide Community of Practice to share learning of success and NSW Health CEC offering the Mental Health Patient Safety Program to assist services and clinicians in optimising the environment and improving skills to reduce restrictive practice.

Delineating scope of public mental health services

Considering recent significant community stressors in NSW (bushfires, floods and the COVID-19 pandemic) there is an understandable desire on the part of multiple stakeholders to increase awareness around psychological distress.

It should be emphasised that the absolute priority for mental health services in the event of a disaster is to support current and recent consumers of our service (who are often socially isolated and particularly vulnerable) and to maintain our acute inpatient and community based services, and to allow for potential increased demand for services.

The nature of these events is such that virtually all exposed individuals will experience distress and many, if not most people, will benefit from non-specialist interventions such as 'psychological first aid', the core actions of which are engagement, safety and comfort, gathering information about needs and concerns, practical assistance, connecting to social supports, information on coping, and linkages with other services.⁵⁴

Responding to events such as these is a shared responsibility across all levels of government and it is widely recognised and accepted, that governments, businesses, communities and individuals each play a role in various aspects of natural disaster mitigation, preparedness, response and recovery.⁵⁵

Health literacy development

Health literacy is fundamental to improving a person's health outcomes and health equity across population groups. Health literacy also has an economic impact through direct and indirect health care costs, rates and number of years living with disability and chronic conditions, and quality of life.⁵⁶ Improving health literacy is a national and state government priority. At a national level, [the Australian Commission for Safety and Quality in Health Care \(ACSQHC\)](#) requires health services to meet guidelines on health literacy as a part of their commitment to improving patient care.

The NSW Mental Health Literacy Initiative, funded by the Commonwealth Health Innovation Fund, aimed to improve health workers' understanding and knowledge about mental health. A broad range of [Health Literacy Development resources](#) provide a three-step quality

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improvement process to help organisations to respond better to people with different mental health literacy needs, preferences and strengths in their community.

Other NSW agencies such as the [CEC](#), [ACI](#) and the [Western Sydney Local Health District](#) provide resources and practical strategies to assess and address health literacy.

Virtual Care

The [NSW Virtual Care Strategy](#) supports a coordinated, consistent and sustainable approach to scale virtual care across NSW. It builds on the important and innovative work of many health partners across NSW. Virtual care can be delivered in different ways, including:

- telephone
- video conference
- remote monitoring – using technology to collect and send medical data to an app, device or service
- store and forward – where a patient allows clinical information to be collected and sent electronically to another person or site for evaluation or management.

Potential benefits of virtual care for patients, carers and health care professionals include receiving more appropriate care in a timely fashion; receiving services no matter where they live; have an increase in convenience and choice; have reduced travel time and cost; have more equitable and timely access to services to improve continuity of care; have access to specialist services otherwise not available in their area and have ability to connect with their loved ones through technology.

Community mental health services experienced a significant and immediate increase in rates of virtual care in the early months of the COVID-19 pandemic. This use has been sustained by many consumers and clinicians post pandemic, in response to consumers (particularly those living regionally or remotely) who prefer not to travel and others who prefer to have a clinical conversation in their own home.

The [Virtual care in NSW: Guide for patients, carers, families and the community](#) has been developed. The Guide explores what virtual care is, how it is used and what the choices and options are. It has some frequently asked questions and links to helpful information.

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4. Our legal, regulatory, and policy frameworks

The following section outlines the legal, regulatory, and policy context for the delivery of specialised community mental health care in NSW.

4.1. Legislation

The NSW Health system is governed by legislation, including the following with particular importance for mental health care:

The NSW [Mental Health Act 2007](#) (No. 8) (Mental Health Act) came into effect on 16 November 2007. The objects of the Mental Health Act are to make provisions concerning the care, treatment and control of mentally ill persons and mentally disordered persons and other matters relating to mental health. The current Mental Health Act resulted from a review of the legislation initiated by the NSW Government and involved extensive consultations with consumers, carers, and service providers. The Mental Health Act was amended on 31 August 2015 following a major review of the legislation.

A Community Treatment Order (CTO) falls under section 5 of the Mental Health Act and is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation, and other services while living in the community. It is implemented by a mental health facility that has developed an appropriate treatment plan for the individual person.

A CTO authorises compulsory care for a person living in the community. If a person breaches a CTO, by not complying with the conditions of the Order, the person may be taken to a mental health facility and given appropriate treatment, including medication. CTOs can be made for any period of time up to twelve months. A person can have more than one consecutive CTO.

The NSW [Mental Health and Cognitive Impairment Forensic Provisions Act 2020](#) (No. 12) concerns criminal proceedings involving persons with a mental health impairment or cognitive impairment and the care, treatment, and control of those persons. It provides a mechanism for magistrates to deal with persons with mental health impairments or cognitive impairments otherwise than by law. It deals with people who have mental health or cognitive impairments who are in contact with the criminal justice system.

The [Carers \(Recognition\) Act 2010](#) (NSW) formally recognises the important contribution carers make to the people they care for. It also places obligations on all NSW public sector agencies in relation to carers. It contains the NSW Carers Charter, which provides thirteen principles to guide interactions with carers.

The NSW [Privacy and Personal Information Protection Act 1998](#) (No. 113) provides for the protection of personal information, and for the protection of the privacy of individuals generally. It outlines how NSW public sector agencies manage personal information and the functions of the NSW Privacy Commissioner.

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4.2. Relevant statutory bodies with oversight of care

The NSW Health system has several entities with legislative powers for oversight of the public health system. The following entities have particular importance for mental health care:

NSW Official Visitors Program

Official Visitors are appointed by the Minister for Mental Health under the Mental Health Act and are independent from NSW Health. The purpose of the Official Visitors Program is to 'keep humanity in mental health care'. Official Visitors talk to mental health consumers in mental health units, EDs, and to people who are treated under a CTO. The functions include escalating significant matters, advocating for patients and inspecting facilities.

NSW Mental Health Review Tribunal

The Mental Health Review Tribunal is a specialist quasi-judicial body constituted under the Mental Health Act. It has a wide range of powers that enable it to conduct mental health inquiries, make and review orders, and to hear some appeals, about the treatment and care of people with a mental illness. The Tribunal has a wide jurisdiction and conducts both civil and forensic hearings.

Health Care Complaints Commission

The Health Care Complaints Commission acts to protect public health and safety by resolving, investigating, and prosecuting complaints about health care. It is an independent body set up under the NSW *Health Care Complaints Act 1993*. The Commission deals with complaints about all health services and providers in NSW including:

- Health organisations, such as public and private hospitals and, medical centres
- Registered Health Practitioners such as medical practitioners, nurses, and dental practitioners
- Non-registered Health Practitioner such as naturopaths, massage therapists and alternative health care providers

It has a central role in maintaining the integrity of the NSW health system, with the overarching aim of protecting the health and safety of individuals and the community.

Australian Health Practitioner Regulation Agency (AHPRA)

The Australian Health Practitioner Regulation Agency (AHPRA) works with the 15 National Boards to help protect the public by regulating Australia's registered health practitioners. They set standards and policies that all registered health practitioners must meet. Each Board has a health profession agreement with AHPRA that sets out fees, budget and the services provided by AHPRA.

Mental Health Commission of New South Wales

The Mental Health Commission of New South Wales is an independent statutory agency responsible for monitoring, reviewing, and improving the mental health and wellbeing for people in NSW. The Commission was established under the Mental Health Commission Act 2012 and reports to the Minister for Mental Health.

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4.3. Policies that guide what we do

The Australian Government and all state and territory governments share responsibility for mental health policy and the provision of support services for Australians living with a mental disorder.

Australian Government Policy

The [2020-2025 National Health Reform Agreement](#) (NHRA) outlines the national agreement to support the delivery of Australia's public hospital services including health settings. It commits to improving health outcomes for Australians, by providing better coordinated and joined up care in the community and ensuring the future sustainability of Australia's health system. It is the key mechanism for the transparency, governance, and financing of Australia's public hospital system. Through this agreement, the Australian Government contributes funds to the states and territories for public hospital services.

The [Fifth National Mental Health and Suicide Prevention Plan](#), published in 2017, outlined how all governments would work together to integrate mental health care, physical health care and suicide prevention services in Australia. The Plan aims to improve the lives of people living with a mental ill health and the impacts of suicide, and the lives of their families, carers, and communities.

The [National Mental Health and Suicide Prevention Agreement](#), finalised in 2022, sets out the shared intention of the Australian, state and territory governments to work in partnership to improve the mental health of all Australians, enhancing and ensuring sustainability of the services of the Australian mental health and suicide prevention system. The agreement provides a platform for parties to work together to build a better mental health and suicide prevention system for all Australians against a range of priority areas, including prevention and early intervention, suicide prevention, treatment, and support, supporting the vulnerable, workforce, governance, quality, and safety.

The National Agreement also commits to continuing the work of the Fifth National Mental Health and Suicide Prevention Plan.

The [Bilateral Schedule on Mental Health and Suicide Prevention: NSW](#), signed in 2022, forms part of the National Mental Health and Suicide Prevention Agreement between the NSW and the Australian Governments, with the aim of securing a national cohesive approach towards a better, more integrated, and consistent mental health and suicide prevention system for Australia. Initiatives under the Bilateral Schedule aim to address current service gaps, introduce new services, and enhance and expand access for priority population.

The [National Mental Health Workforce Strategy](#) is a 10-year plan that aims to consider the quality, supply, distribution, and structure of the mental health workforce in Australia. The strategy identifies practical approaches that could be implemented by Australian governments to attract, train, and retain the workforce required to meet future demands of the mental health system. An updated strategy is being developed by the Australian Government.

The [National Safety and Quality in Healthcare Standard](#) (NSQHS) were developed by the Australian Commission on Safety and Quality in Health Care. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

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NSW Policy

The [Future Health: Strategic Framework](#) vision is for a sustainable health system that delivers outcomes that matter most to patients and the community. This Framework includes mental health care with the following aligned strategic priorities:

1. Patients and carers have positive experiences and outcomes that matter
2. Safe care is delivered across all settings
3. People are healthy and well
4. Our staff are engaged and well supported.

The vision of the [NSW Regional Health Strategic Plan 2022-2032](#) is a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural, and remote NSW. This Plan includes mental health care with these aligned strategic priorities:

1. Strengthen the regional health workforce
2. Enable better access to safe, high quality and timely health services
3. Keep people healthy and well through prevention, early intervention, and education
4. Keep communities informed, build engagement, and seek feedback.

The vision of the [Elevating the Human Experience: Our guide to action for patient, family, carer, volunteer and caregiver staff experiences \(nsw.gov.au\)](#) is a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness, and is digitally enabled. This Plan includes mental health care with these aligned strategic priorities:

1. Leadership, accountability, and governance
2. Culture and staff experience
3. Collaborative partnerships
4. Innovation and technology
5. Information and communication
6. Measurement, feedback, and response
7. Environment and hospitality

The [NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025](#) supports NSW Health services to plan and deliver culturally safe, accessible, responsive, and flexible mental health and wellbeing care in partnership with Aboriginal people and communities. It reflects the NSW Government's commitment to closing the gap between Aboriginal and non-Aboriginal people in NSW. The strategy is supported by three goals:

1. Holistic, person and family-centred care and healing
2. Culturally safe, trauma-informed, quality care
3. Connected care

[Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024](#) is the 10-year plan for mental health reform in NSW. The Mental Health Commission of New South Wales conducted a mid-term review of the strategic plan and has developed a refreshed strategy, [Living Well in Focus 2020-2024: A strategic plan for community recovery, wellbeing and mental health in NSW](#). The Living Well vision is people of NSW have the best opportunity for good mental health and wellbeing and can live well in their community on their own terms. NSW government agencies are responsible for a range of activities across three strategic priorities and seven focus areas.

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The Plan identifies the need to:

1. support community recovery
2. strategically invest in community wellbeing and mental health
3. ensure the right workforce for the future.

Since the release of the [Strategic Framework for Suicide Prevention in NSW 2018-2023](#), significant progress has been made to improve suicide prevention, post suicide care and support to people and communities. An updated whole-of-Government [Framework](#), provides key directions for a five-year, whole-of-government approach to support a whole-of-community response to suicide prevention across NSW. The vision is that all people in NSW work together in a connected, compassionate way to reduce suicidal distress and stop lives from being lost to suicide.

The updated Framework builds on the significant achievements of the 2018-2023 Framework, particularly the Towards Zero Suicides initiatives, and acknowledges the extensive investments by Australian, state governments, and regions. It draws upon and aligns with the National Agreement on Closing the Gap, the National Mental Health and Suicide Prevention Agreement, the National Suicide Prevention Adviser's Final Advice and emerging evidence and achievements.

The [NSW LGBTIQ+ Health Strategy](#) marks a significant commitment in the history of the NSW Health system. This strategy provides direction to all NSW Health organisations and staff, so that collectively NSW Health can deliver the best care to LGBTIQ+ people and work with them to achieve optimal health and wellbeing. This strategy includes the health, wellbeing and safety of our health staff who are LGBTIQ+. The Strategy's vision is for LGBTIQ+ people in NSW to receive high quality, safe, inclusive, and responsive healthcare that delivers outcomes that matter to them.

The NSW Guideline: [Physical Health Care for People Living with Mental Health Issues](#) outlines NSW Health commitment to improving the physical health of all people with a lived experience of mental health issues. LHDs and SHN have a responsibility to provide equitable access to high quality, holistic, person-centred physical health care. The guideline reinforces the expectations of NSW Health and the measures required to deliver a whole of health approach to reduce the physical health inequalities experienced by people with lived experience of mental health issues.

The [NSW Service Plan for People with Eating Disorders 2021-2025](#) provides a framework for Health Professionals to support the delivery of treatment and care for people with or at risk of developing an eating disorder and the lives of their families, carers and communities. Eating disorders service provision is core business for LHDs and SHNs. The Service Plan identifies six key strategic areas in the treatment of eating disorders that will drive service improvement and innovation by identifying pathways to care, driving evidence-based practice in promotion, prevention, early intervention and treatment across NSW.

The [Integrated Prevention and Response to Violence, Abuse and Neglect](#) (IPARVAN) Framework outlines NSW Health's response to violence, abuse and neglect. including children and young people with problematic or harmful sexual behaviour. Phase 1 of the implementation focused on integrating Violence, Abuse and Neglect (VAN) services and Phase 2 focuses on broadening integration of violence, abuse and neglect responses across the whole NSW Health system and interagency partners; including Alcohol and Other Drugs and Mental Health services as a priority. This integrated approach recognises that victims and their families often have complex needs requiring multiple interventions from a range of NSW Health and other services.

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The IPARVAN Framework is supported by various strategies and frameworks, including:

- the [Integrated Trauma-Informed Care Framework: My story, my health, my future](#), which brings together the elements of trauma-informed care and integrated care to enhance the experiences of clients and their families and carers accessing NSW Health services; and
- [NSW Health Strategy for Preventing and Responding to Domestic and Family Violence 2021-2026](#), which provides strategic direction and guides practical action for NSW Health to strengthen the public health system's role in preventing and responding to domestic and family violence.

The Integrated Trauma-Informed Care Framework is the first step towards ensuring that all children, young people, their families and carers receive integrated, trauma-informed care. It provides guidance on how to implement this type of care and supports our transition from prioritising physical care to also focusing on emotional safety and wellbeing throughout the organisation. The Framework includes practical tips for clinicians and other staff, as well as guidance for policy makers, administrators, managers and executives. The Framework was developed in close consultation with consumers including children, young people and their carers.

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5. Appendix A: NSW Health specialised mental health services and programs

NSW Specialised Mental Health Services

Adult Mental Health Services	
Community Mental Health Teams provide a range of services designed to help support recovery and for residents to stay well in the community.	Core specialist clinical services provided by NSW Health include acute assessment and treatment services, and continuing care and rehabilitation services, all of which are provided in both hospital and community settings.
Perinatal and Infant Mental Health Services (PIHMS)	
Service for perinatal consumers with severe or complex mental health problems.	State-wide service include: PIMHS and State-wide Outreach Perinatal Service for mental health. Two new Mother Baby units established at RPA and Westmead.
Children and Young People Services	
Provide a range of different treatment and supports in community based and inpatient settings.	State-wide Child and Adolescent Mental Health Services and Youth Mental Health Services.
Older Adults Mental Health Service	
Services delivered in inpatient, community and community residential services.	Older People's Mental Health Services are available across NSW, services include inpatient and community services and community-based mental health-residential aged care partnership services.
Community Forensic Mental Health Services	
Assist in stage reintegration of patients from secure care to the community and to divert consumers away from the criminal justice system into mental health care.	Community Transition Teams included focus on Female and Aboriginal consumers, State-wide Community and Court Liaison Service; Adolescent Court and Community Teams, Treatment and Rehabilitation Clinics

NSW Specialised Mental Health Programs

NSW Mental Health Community Living Programs	
Evidence-based supports to adults with severe mental illness to live in the community through recovery orientated, community-based psychosocial supports.	Housing and Accommodation Support Initiative (HASI) and Community Living Supports, Housing and Accommodation Support Initiative Plus, Mental Health Community Living Supports for Refugees
Pathways to Community Living Initiative	
State-wide clinical and psychosocial program for people living with severe and persistent mental illness.	4 stages; including cohorts based on older age, those 18 year and above, Aboriginal populations and those that require Specialist Living Supports.

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Specialist Children and Young People Programs	
School-Link	State-wide program supporting 30 School-Link Coordinators to collaborate with education professionals to improve the early identification of students experiencing mental health problems and link students with the care they need.
Got It	State-wide program working with children aged 5-8 years and their families and schools to address early social, emotional and behavioural concerns, deliver a universal, assessment and targeted program as well as referral pathways to ensure equitable access to appropriate services for all children and families.
Youth Community Living Support Service	Delivers community-based psychosocial support to young people recovering from severe and complex mental illness in 5 LHDs (Hunter New England, Nepean Blue Mountains, Northern NSW, South Western Sydney and Western Sydney).
Alternate Care Clinic	Delivered in Western Sydney LHD for children and young people (0-18 years) in Out of Home Care (OOHC). MH Assessments and delivery to therapies.
Youth Aftercare Pilot	Delivered in 4 sites across NSW (Mt Druitt, Coffs Harbour, Tamworth, and Bankstown) to provide psychosocial and practical supports for young people at increased risk of suicide or significant self-harm.
Safeguards	Provides innovative and best practice care for children and adolescents aged 0-17 years experiencing acute mental distress, and their families. Establish 25 Safeguards Teams by 2024-25. Teams aim to improve access to timely, evidence-based, recovery focused and trauma informed assessment, care navigation and brief treatment interventions.
Family Focused Recovery	Providing support to families where a parent lives with mental health issues and has dependent children through implementing a family focused approach.
Whole Family Teams	Whole Family Teams, delivered in 7 LHDs across the state. The program providing specialist in-home and community-based interventions where a parent has a mental health and/or alcohol and other drug issue and a child protection notification.
Child Protection Counselling Services (CPCS)	CPSC are a child and family-centred trauma-specific therapy service. Its overarching purpose is to work towards the recovery and ongoing safety and wellbeing of children and young people involved with the care and protection system. The CPCS works with infants, children and young people and their families and carers where it has been determined by the Department of Communities and Justice (DCJ) that the children and young people are at risk of significant harm due to violence, abuse and/or neglect
Integrated care services	
Provides wholistic supports for consumers.	Likemind service delivered in 4 locations provides integrated care areas including mental health, primary health, drug and alcohol, and vocational /social needs including linkages to employment and housing.

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Telehealth and Digital Supports	
State-wide Mental Health Line	Offer free mental health advice, complete a brief assessment and make recommendations for appropriate care, including referral to NSW Health mental health services.
MOST - Moderated Online Social Therapy	Provides young people access to clinical, peer and vocational support across the patient journey when waiting for face-to-face care.
Lifeline Australia	Provides one-off crisis support to people via phone, text and webchat services.
Kids Helpline	Telephone help lines, and more recently online chat services, are often the first point of contact for people experiencing mental distress

Commonwealth/NSW Bilateral Funding initiatives

Commonwealth/NSW Bilateral Funding initiatives	
Universal aftercare services	Community-based psychosocial support to all individuals in NSW following a suicide attempt and/or suicidal crisis.
Youth Mental Health initiative - headspace enhanced service	LHDs will be funded to provide specialist care to young people presenting to headspace services with severe and complex mental health needs. This initiative is being progressively rolled out to 31 existing and three new headspace services (Shellharbour, Narellan and Hawkesbury) across NSW. Support to existing headspace services will be allocated via an expression of interest process.
Head to Health treatment centres	Establishment of five new centres and nine satellite centres across the state. On-the-spot care, advice and support provided by multidisciplinary teams, without an appointment or a referral, and at no cost. Two centres and three satellites are to be established in 2022-23/2023-24, located in Dubbo and Wagga Wagga (centres); and Young, Bathurst and Muswellbrook (satellites). The locations for the services are being considered.
Head to Health Kids Hubs	Establishment of four Hubs, to deliver integrated, comprehensive multi-disciplinary mental health and wellbeing care to children aged 0-12, and their families. Located in Wollongong, the Central Coast, Orange and Penrith. The services will be rolled out progressively until 2027 when all four hubs will be operational.
Perinatal mental health screening	Improved screening and enhance capture and reporting of national consistent perinatal mental health data
Postvention supports	All people in NSW who are bereaved or impacted by suicide can access postvention support services, including families and first responders
Distress Brief Support program	Supports individuals (adults over 16 years) experiencing distress who may not seek help independently or through typical support channels. A trial of the Distress Brief Support Program will be established in one metropolitan and one rural/regional LHD within the 2023/2024 FY.

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Ministerial Awarded Grants

Ministerial Awarded Grants (MAGs)	
Aboriginal Health & Medical Research Council NSW	Mental Health State-wide coordination to support and develop the capacity of Aboriginal health services to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.
Black Dog Institute	Clinical services, Depression Clinic (a psychiatric assessment clinic that provide assessment, treatment plans and where required, ongoing management), Neurostimulation and ketamine treatments for people experiencing severe depression. Education, develop and deliver mental health education programs to health care professionals and schools/school communities.
CatholicCare Wilcannia-Forbes Ltd	One Door Mental Health Core Grant to support State-wide services.
Lifeline Australia	Training and supervise volunteers and paid staff in Lifeline Centres in NSW.
Mental Health Co-Ordinating Council Inc	NSW Mental Health peak organisation funded to advocate for and build the capacity of the community managed mental health sector. Efforts to provide efficient and effective delivery of mental health services.
Peer Support Australia	Peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people in schools.
One Door Mental Health NSW Ltd	One Door Mental Health Core Grant to support State-wide services including: <ul style="list-style-type: none"> • Providing the Telephone Referral Support Service and other information services for people with severe and persistent mental illness • Peer support groups • Advocating and research services • Schizophrenia Awareness Week activities
St Vincent De Paul Society	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing.
WayAhead – Mental Health Association NSW Ltd	WayAhead is the peak body for mental health promotion in NSW. WayAhead promotes mental health and wellbeing, supports the people of NSW to access mental health services and delivers mental health projects across NSW.
BEING – Mental Health Consumers Incorporated	BEING – Mental Health Consumers Inc is the peak body for mental health consumers in NSW. BEING represent the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision.
Mental Health Carers NSW	Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represent the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers.

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Ministerial Awarded Grants (MAGs)	
Mental Health project for the Aboriginal community.	
<ul style="list-style-type: none"> • Aboriginal Medical Service Co-Operative Ltd • Awabakal Ltd • Albury Wodonga Aboriginal Health Service • Bulgarr Ngaru Medical Aboriginal Corporation • Coomealla Health Aboriginal Corporation • Cummeragunja Aboriginal Corp • Galambila Aboriginal Health Service Inc • Katungul Aboriginal Corporation Community & Medical Services • Riverina Medical & Dental Aboriginal Corporation • South Coast Medical Service Aboriginal Corp • South Coast Womens Health & Welfare Aboriginal Corporation (WAMINDA) • Tharawal Aboriginal Corporation • Walgett Aboriginal Medical Service • Weigelli Centre Aboriginal Corp • Wellington Aboriginal Corporation Health Service • Yerin Aboriginal Health Services Inc 	
NSW Family and Carer Mental Health Program supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.	
<ul style="list-style-type: none"> • CatholicCare Wilcannia- Forbes Ltd • One Door Mental Health NSW Ltd • Mission Australia • Stride Mental Health Ltd • Uniting 	

Community Managed Organisations and other agencies

Community Managed Organisations and other agencies	
Headspace Community Collaboratives	Provides proactive engagement with communities with increased suicide risk and enhances and strengthens collaboration, activation, and integration of available services, supports, strategies, resources, and approaches.
headspace National 2022 Floods Support	Assists communities to collaborate, activate and integrate available services, support, strategies, resources and approaches to promote mental wellbeing, safety, healing and trauma informed practice at the community level. Delivered to communities affected by the 2022 flood and storm events in Northern NSW.
Gidget Foundation Australia	Delivers perinatal psychological services (through Medicare). NSW Government funds Gidget to provide mental health counselling for perinatal consumers with mild to moderate mental health problems.

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