

15 September 2020

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The Hon Bronnie Taylor, MLC
Minister for Mental Health
GPO Box 5341
Sydney NSW 2001

Dear Minister,

Bronnie

Re: Mental Health Investment Priorities for 20-21 NSW Budget

I am writing to you regarding the Mental Health Coordinating Councils (MHCC) investment priorities for the forthcoming NSW Budget. As you are only too aware, the COVID19 Pandemic is posing challenges for NSW and there is likely to be a significant negative impact on the mental health and wellbeing of the people of NSW from the pandemic and its economic consequences. Currently available data indicate there are higher levels of reported anxiety and psychological distress in the general population and that some people with severe and complex mental health conditions have disconnected from services. There is strong evidence from previous pandemics and broader research that there are risks of increasing mental ill health, including new presentations of mental distress and illness, increased substance use and increased risk of suicide in the longer term.¹

MHCC welcome the significant investment already made by the NSW Government to support mental health services during the pandemic including additional mental health clinicians and peer workers, increasing the capacity of the mental health support line and expanding virtual mental health programs. These are all worthwhile initiatives however very little of this investment is directed to psychosocial rehabilitation and support services and there is now a pressing need to expand capacity in this area which includes accommodation support and outreach, employment, education and community connection services, family and carer support and counselling, rehabilitation and clinical care services.

Many of these services are provided by community managed mental health organisations (CMO's) - CMOs are not a service system as such but a collection of individually funded organisations, however they work hard to collaborate across the service system and provide integrated services. Some provide commissioned services and programs through Primary Health Networks whilst others provide a range of services and/or individual packages funded by state or Commonwealth agencies.

Evidence clearly demonstrates that people accessing community based rehabilitation and support programs and services, stay well for longer; have more chance of completing their educational goals, gaining and sustaining employment and experiencing social participation and achieving a 'contributing life'. This greatly impacts both on admission and readmission rates to hospital thus reducing the need for more acute services in mental health facilities.

¹ National Mental Health and Wellbeing Pandemic Response Plan

MHCC set out in the attached document our key mental health investment priorities for NSW which are:

- 1) Establish a **Step-up, Step down program model in NSW**
- 2) Increase **accommodation and supported living services for people with psychosocial disability**
- 3) Provide an **expanded model of coordinated care through integrated community mental health hubs**

We understand this budget is being framed in the most difficult economic circumstances but investment in these areas is critical to ensure that people can get the support and services they need, when they need them. It will also result in savings in other parts of the health system to offset the additional funding required.

We thank you for your interest in our priorities and welcome further discussion with you.

Yours sincerely,



Carmel Tebbutt
CEO
Mental Health Coordinating Council

MENTAL HEALTH COORDINATING COUNCIL

Mental Health Investment Priorities for the 2020-21 NSW Budget

1) Establish a **Step-up, Step-down program model in NSW**

Step-up Step-down (SUSD) services provide clinical, self-care and recovery based interventions delivered in partnership between Local Health Districts (LHD) and Community Managed Organisations (CMO) in a low stimulus, homelike environment. SUSD services can provide an alternative for people who might otherwise end up in emergency departments or be inappropriately discharged from hospitals across the state into the community, only to be readmitted shortly thereafter.

Key features are: 6-10 beds; length of stay less than 28 days (providing step-down residential support services following discharge from hospital; and step-up increased support with staffing 24/ 7 days per week); based on a mixed Community Managed Organisation (CMO) and Local Health District (LHD) clinical staffing model.

According to research conducted for MHCC by KPMG, approximately 9 500 people with mental health conditions in NSW may be suitable for Step-up, Step-down services requiring an additional 600 places at a cost of \$9 300 per person.

MHCC calls upon the Government to provide \$88 million for an additional 600 new Step-up Step-down places to be made available across the state (in addition to the 260 Pathways to Community Living Initiative participant places being established.)

2) Increase **accommodation and supported living services for people with psychosocial disability** including supports that address the physical health needs of people with mental health conditions (HASI/CLS type supports).

People living with severe mental health conditions may require support with other aspects of their lives. The Housing and Accommodation Support Initiative (HASI) and the Community Living Supports (CLS) program provide support including with daily living skills, community engagement activities and accessing employment and education. The findings from an evaluation of HASI conducted by the University of NSW demonstrated that HASI has provided significant benefits to those who receive support from the program as well as the broader NSW community.¹

Based on the 2012 evaluation of HASI, the cost of the program was on average

¹ Social Policy Research Centre 2012, *Evaluation of the Housing and Accommodation Support Initiative (HASI): Final Report*, ARTD Consultants, University of New South Wales for NSW Health and Housing NSW. Available at: <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/hasi-final-report.aspx>

\$34 500 per person (or between \$11 000 and \$58 000 per person for all participants). This average increased to \$58 664 if social housing capital investment costs were also included.

MHCC calls upon the Government to provide \$180 million per annum to expand these services to an additional 5000 people not necessarily accessing traditional mental health services. This additional support could be phased in over three years.

3) Provide an **expanded model of coordinated care through integrated community mental health hubs**

The NSW CMO Mental Health Workforce Survey Report (2020)² pointed to the lack of community-based services to adequately support the “missing middle”, which raises serious issues regarding equity of access to mental health services across NSW. This is particularly problematic in rural and regional contexts where people characteristically report a high level of unmet need and inadequate access to services; a workforce that is overwhelmed with the demand for services; and service confusion as a result of a myriad of commissioning bodies and siloed funding streams; The impact of the COVID 19 will mean even greater demand for already stretched services.

Community mental health hubs offer a range of co located, digital and peer support services which can provide a soft entry point into the mental health service system in NSW. This is of vital importance and could go some way toward addressing the “missing middle”. The model of mental health hubs suitably lends itself to community and population health demographics as well as cultural context. The hubs work closely with Primary Health Networks, Local Health Districts and other human services to develop and offer the right mix of services for the community. The NSW Government has invested in a limited way in this approach through the LikeMind Centres and the Australian Government is funding a trial of eight Adult Mental Health Centres (one in NSW).

MHCC calls upon the Government to improve community access to mental health support services through soft entry points such as community hubs similar to LikeMind to enable people with mild-moderate mental health needs to access the support when they need it.

² Ridoutt, L. and Cowles, C. (2019). The NSW CMO Mental Health Workforce: Findings from the 2019 MHCC Workforce Survey. MHCC: Sydney.