20 May 2024

Dr Amanda Cohn,
Member of the Legislative Council
Portfolio Committee No. 2
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Subject: Additional submission in response to the NSW Parliamentary Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Dear Dr Cohn

As discussed with you when we talked at the Mental Health Coordinating Council's CEO Forum, this submission is provided in addition to the earlier comments provided by Mental Health Coordinating Council (MHCC) (Submission No. 39) and Uniting NSW/ACT (Submission No.54). We appreciate that this submission is provided at an advanced stage of the Inquiry and thank you and the Committee for its consideration of inclusion in their deliberations.

MHCC and Uniting ask the Committee to consider recommending an evidence-based best practice model of care that integrates mental health care with general practice, delivered by the community-managed mental health (CMO) sector.

This is particularly timely in view of the announcements contained in the Commonwealth Budget that focus on the relationship between General Practice and wrap around services. The model is clearly relevant to objectives in the National Mental Health and Suicide Prevention Agreement which builds on the agreed principles as identified in the National Federation Reform Council in December 2020, and the National Health Reform Agreement (NHRA) Review and will underpin whole-of-governments efforts to transform and improve Australia's mental health and suicide prevention system.

The agreement committed to" work together to build a better people-centred mental health and suicide prevention system for all Australians." The Agreement states that a key objective in is to reduce system fragmentation, gaps and duplication across prevention, primary and secondary care specialist settings with an increased focus on prevention, early intervention, and effective management of severe and enduring conditions in the community and tertiary settings.[1]

Likewise, the *NSW Community Mental Health Services Priority Issues Paper* released last week provided an analysis which identified four priority areas for reform: enhanced funding for community mental health services, workforce, and training, improving emergency mental health care, as well as the expansion of psychosocial supports, such as homelessness services and recovery programs. It also proposed solutions for service demand though workforce priorities, infrastructure, and investment to be urgently implemented.

In this submission we propose a model of care that addresses many of the objectives contained in these reviews and will do much to fill the service delivery gaps identified. We have drawn on the research by Dr Paul Fung (Uniting) in his Churchill Fellowship paper,[2] *More is not better, better is better: A blueprint for an integrated and connected primary care system that delivers better mental health and wellbeing for all* and Uniting NSW/ACT's Integrated Primary Care pilot at Hornsby GP Unit. Uniting is one of NSW's largest CMOs.

Connecting General Practice and the CMO sector

Mental health services in Australia are delivered across siloed and poorly connected service systems resulting in fragmented care and poorer outcomes for people experiencing complex mental ill health and substance use difficulties. Despite what we know about the interconnection between physical and mental health and the benefits of holistic care when supporting coexisting conditions, physical health care and mental health services are predominantly delivered separately and in parallel, rather than in partnership. Critically, there is a service gap for the 'missing middle' who are people who characteristically do not receive the mental health support they need and want, as they are unable to access private mental health services or state-funded community mental health supports.

General practices provide continuity of care in a low stigma setting, where consumers can attend flexibly and build trusting relationships with practitioners. This is particularly important for people living those with mental health conditions, which are often chronic but episodic in nature. By supporting general practices to deliver quality mental health, the NSW Government can reduce barriers to care and ensure that all residents of NSW receive equitable, accessible, and appropriate support in communities of their choice.

Community-managed mental health organisations (CMOs) have been increasingly delivering primary care mental health services in partnership with PHNs over the past decade. CMOs have historically been the heart of providing psychosocial services for communities, and as such have strong networks across several human service sectors beyond healthcare such as homelessness, employment, education, early intervention family and child protection services, and disability.

CMOs are the ideal delivery partner working within general practices, best placed to recruit, train and develop career pathways for the mental health and lived experience peer workforce as well as allied health professionals.

Integrated Primary Care

In his Churchill Fellowship, Dr Fung researched different models of care which integrate general practice and mental health across the United States of America, United Kingdom, and New Zealand. In his analysis, he found that these models can be successfully adapted to the Australian context.

He concluded, a composite model of "**Primary Care Behavioural Health (PCBH)" + Health Coaching + Social Prescribing** delivered within general practices, by CMOs, would comprehensively deliver psychosocial care for the whole population. New Zealand has been delivering this composite model at scale since the 2019 Wellbeing Budget.[3] In 2023, Synergia completed a rapid review which demonstrated very positive outcomes.[4]

PCBH is an interdisciplinary and team-based model built on the foundation of population management. A Behavioural Health Consultant (who can be a social worker, psychologist, occupational therapist, or mental health nurse – and who should be retitled as a "Wellbeing Clinician") provides brief psychological assessment and treatment as a core member of the general practice team. This evidence-based model enables consumers to engage with a mental health professional ("Wellbeing Clinician") in their existing general practice setting, reducing barriers to care and facilitating more flexible, accessible support. The interdisciplinary team approach builds the capacity of general practice teams and reduces burnout.

Health Coaching is an evidence-based model that addresses health behaviour (particularly important in chronic disease management), and **Social Prescribing** systematically addresses social determinants (including loneliness) by connecting consumers to their local communities. Health Coaches and Social Prescribing Link Workers are non-clinical roles ideal for people who are peers with lived experience of mental health and co-existing conditions, or are a cultural match (First Nations, CALD) for the individuals attending that practice.

Uniting NSW/ACT has facilitated an Integrated Primary Care pilot in partnership with the Hornsby GP Unit and Bungee Bidgel Aboriginal Health Clinic. This pilot program included embedding a Behavioural Health Consultant (retitled 'Wellbeing Clinician' for the Australian context) within the general practice team.

The Wellbeing Clinician was available without a formal referral and provided psychological treatment and care coordination.

The Wellbeing Clinician was also connected to the local Adult Mental Health Centre, creating a seamless consumer journey for people requiring more specialist mental health support. A recent evaluation of the Hornsby GP Unit pilot replicated the findings of the New Zealand evaluation, with equity of access to mental health care for First Nations, unemployed, and > 65-year-old people. This submission proposes that the evidence-based best practice model should include the Health Coaching and Social Prescribing lived experience peer role as integral to maximising best outcomes for consumers, carers, family, and kin.

Future directions

The model proposed offers numerous options that address the needs of the 'missing middle'. Importantly these options are placed within the paradigm of longitudinal relationship and team-based care focused on horizontal primary care integration, "that will deliver care to people at the right place, right time, for life" under the remit of community- managed mental health organisations.

The organisational structure brings together a bio-psycho-social skill set informed by trauma-informed recovery-oriented principles using a team that complements existing primary care teams with skills and capability sets in coaching, psychological practices and psychosocial supports and rehabilitation whilst also harnessing community assets through social prescribing.

The model addresses vertical integration and how that may be addressed by the broadened primary care team together with leveraging current community-based initiatives such as Head to Health.

This composite model of care placed in the heart of a strengthened primary care sector, supported by the CMO sector is entirely consistent with the approaches taken by high performing integrated care systems around the world. This model is timely as it aligns with the Commonwealth's 10year Plan[5] and the work of the Strengthening Medicare Taskforce[6], specifically the development of Patient Centred Medical Homes and voluntary patient registration (which allows for general practice to manage a population of consumers proactively across a range of health and psychosocial needs), and alternative blended funding models. The model frees up general practitioners to work to top of scope, facilitated by the independent Scope of Practice Review[7] which is identifying system changes that will enable interdisciplinary care within general practice.

We recommend that the Committee include in their findings:

- Reference to the success of integrated mental health and general practice models both internationally and within the Hornsby GP Unit pilot, as an example of evidence-based practice, and
- Recommend that the NSW Government in partnership with the Commonwealth fund an expanded trial of Integrated Primary Care across general practices that are interested and able to work in this new way of working that provides a service delivered by CMOs commissioned by PHNs.

Uniting and MHCC would welcome the opportunity to contribute further to the work of the Inquiry. To discuss the proposed model in greater detail please feel free to contact myself or Dr Fung:

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[1] https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf

[2] https://www.churchilltrust.com.au/fellow/paul-fung-nsw-2020/

[3] https://www.tewhatuora.govt.nz/health-services-and-programmes/mental-health-and-addiction/primary-and-community-wellbeing/integrated-primary-mental-health-and-addiction-service/

[4] https://www.tewhatuora.govt.nz/health-services-and-programmes/mental-health-and-addiction/primary-and-community-wellbeing/integrated-primary-mental-health-and-addiction-service/

[5] https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032?language=en#:~:text=The%20Australian%20Government's%20Future%20focused,care%20reform%20over%20a%20decade

[6] https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report

[7] https://www.health.gov.au/our-work/scope-of-practice-review#about-the-review