

Submission

In Brief – NSW Budget 2022/23: Investment Priorities

1. Increase HASI/CLS supported living services packages available for people living with psychosocial disability

- Increase HASI/CLS package numbers by 5,000 over 4 years (additional \$190 million)
- New packages to include flexible transition and low barrier entry into the service
- Include over 65s recipients of Older Persons Mental Health services who would benefit from more independent living than aged care can provide

2. Establish a state-wide ‘PARC’ Prevention and Recovery Care ‘Step-up-Step-down’ program across NSW

- Invest in 18 PARC SUSD programs in NSW (13 new services across the state) based on the evidence in Victoria, the UK and the USA
- Build in evaluation and cost analysis study

3. Address mental health community workforce shortages and build capacity to future needs

- Urgently address the significant shortages in the workforce and anticipate the needs of a future mental health system where most services are delivered in community settings
- Support workforce development to meet current needs and to ensure sustainability for the future
- Support the development of a peer workforce; and ensure equal opportunity and career pathways

4. Psychosocial support to promote recovery and positive outcomes for young people, keep them out of emergency departments and in wellbeing environments

- Expand specialist youth services by 10 services (currently funded in 5 LHDs) across all 15 LHDs
- Include statewide promotion of the service across social and general media with the aim of keeping young people out of emergency departments and in wellbeing environments
- Include evaluation of program outcomes as part of the initiative

Investment Priorities – In Detail

1. Increase HASI/CLS accommodation and supported living services packages available for people living with psychosocial disability

In the wake of COVID 19 pandemic it is important to understand the long-term implications for people living with mental health conditions who experience psychosocial disability. Many MHCC members are providers of Housing and Accommodation Support Initiative (HASI) and Community Living Support (CLS) services. These programs support people with enduring mental health conditions to live and participate in the community in the way that meets their 'recovery' aspirations, and helps people to achieve their own, unique goals. The types and amount of HASI/CLS support is flexible and may change over time as need changes.

People accessing HASI/CLS programs are supported by a worker from a community managed organisation, a clinician from the local mental health service and where possible their family or other important people in their life to develop their own unique support plan. Evidence clearly demonstrates that people accessing CMO rehabilitation and support programs 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.

Research conducted by the University of NSW¹ demonstrated that HASI has provided significant benefits to those who receive support from the program as well as the broader NSW community. This evaluation demonstrated a 24% reduction in mental-health related hospital admissions following HASI supports; a 51% reduction in emergency department presentations following two years of participation and an estimated \$30 million in savings each year compared to an allocated budget of \$118 million for 4 years. (The most recent evaluation of the HASI program has yet to be released but it is believed to again demonstrate excellent outcomes)

According to a KPMG analysis undertaken on behalf of MHCC in 2018,² investment in additional HASI type services will return a \$1.20 per every dollar invested in the short term. MHCC's report estimated there are an additional 4,907 people in NSW in need of a HASI/CLS type service, based on the gap between the number of people accessing Specialist Homelessness Support (SHS) services who were identified as needing mental health services and those who received access to this care.

The issue of accommodation support should be understood on a continuum, from youth to old age. Bed blockages in public mental health facilities are an issue due to the lack of social housing and the associated supports required. This problem is expected to grow in the wake of the worsening social and emotional environment, and exacerbation of mental health difficulties that the COVID19 pandemic inevitably gives rise to. MHCC agree with Royal Australian and New Zealand College of Psychiatrists that the NSW Government, "with its responsibility for community mental health, is ideally placed to improve mental health services for older Australians in the community and can also play a significant role in access for residents of aged care homes".³

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> Note: an evaluation of HASI services since 2016/2017 will be published by end 2020.

² MHCC 2018, *Mental Health Matters: Future Investment Priorities for NSW*, Sydney: Australia.

³ RANZCP NSW 2022-23, *Pre-Budget Submission: Improving community mental health – targeted initiatives*, Royal Australian and New Zealand College of Psychiatrists New South Wales Branch PBS 2022-23 2.

In line with this MHCC urge the Government to expand HASI/CLS access to people transitioning to Older Persons Mental Health services, so that they can remain in their own home for as long as possible and receive the supports they need in the community.

MHCC recommend the NSW Government:

- Increase HASI/CLS package numbers by 5,000 over 4 years (additional \$190 million)
- New packages to include flexible transition and low barrier entry into the service
- Include over 65s recipients of Older Persons Mental Health services who would benefit from more independent living than aged care can provide

2. Establish a state-wide ‘PARC’ Prevention and Recovery Care ‘Step-up-Step-down’ program across NSW

PARC adult Step-Up-Step-Down (ASUSD) programs are recovery-focused residential programs that provide a ‘step up’ from the community into a highly supportive environment that aim to minimise risk of relapse and readmissions to inpatient mental health facilities. They also provide a ‘step down’ for people who have been acutely unwell, admitted to a psychiatric in-patient unit and who would benefit from additional support to transition back into the community. The environment offers a safe and comfortable environment while delivering supports, matched and timed to consumers’ identified priorities. The programs have demonstrated positive outcomes assisting people to build an independent and fulfilling life within their community. These programs are facilitated by CMOs usually in partnership with LHDs.

Characteristically ASUSD provide 24/7 support with an individually allocated key worker in a residential setting for up to three months; assistance in developing skills to live independently at home; assist with re-engaging with family, friends and the community; support in developing skills and independence in a variety of life areas (including employment and study); assistance connecting with people, places and activities; help with managing mental and physical health and wellbeing; and where relevant, alcohol and substance use counselling (in partnership other programs).

Studies have shown that ⁴ SUSD programs in Australia and overseas are strongly associated with significant improvement in patients’ psychological wellbeing (i.e., reduced distress), general sense of self-efficacy, and work and social adjustment. There was a strong and persistent baseline effect present across the three measures (K10, GSE, and WSAS), which showed that the less well patients benefited more from the service.

Patients’ satisfaction with the service, as reported via exit questionnaires, in general was high, with higher satisfaction generally correlating with greater improvements in the three outcome measures (reduced psychological distress, enhanced self-efficacy, and reduced impairment in work and social activities).

⁴ BMC 2020, *Step-up, step-down mental health care service: evidence from Western Australia’s first – a mixed-method cohort study*. BMC Psychiatry 20, 214 (2020). Authors: Ngo, H., Ennals, P., Turut, S. et al. Available: <https://doi.org/10.1186/s12888-020-02609-w>

There are 23 PARC services which have been established in Victoria, However, in NSW only five similar services are currently in place, and many gazetted hospitals have nowhere in their local area where they can refer consumers to. Consumers referred to services out of their area are less likely to benefit as much from the program, because familiarity and closeness to their communities of choice are important aspects of the transition and recovery process. NSW requires at least one service in each metropolitan and rural LHDs, with an additional three services to meet the needs of highly populated areas of NSW

MHCC recommend the NSW Government:

- Invest in 18 PARC Step-Up Step-Down programs in NSW (13 new services across the state) based on the evidence in Victoria, the UK and the USA
- Build in evaluation and cost analysis study

3. Address mental health community workforce shortages and build capacity to future needs

The Productivity Commission Inquiry made specific recommendations in relation to the growing need for psychosocial support and rehabilitation services. Despite some promised funding from the Commonwealth in the 2021-22 Budget to grow and upskill the mental health workforce, it falls far short of filling current gaps. An ongoing program of training and professional development is necessary to grow the sector, promote it as an attractive working environment and provide sustainable career pathways.

MHCC's recent report on the NSW workforce [*Mental Health Workforce Profile: Community Managed Organisations Report 2021*](#)⁵ estimated that the CMO workforce has grown substantially by 12.9% over the two years. The report revealed notable trends in the CMO mental health workforce - most of the surveyed CMOs identified that an increase in workforce numbers, with higher skill levels, will be demanded in the future and there is a growing demand for a peer workforce. There is potential recruitment difficulty emerging, especially for specific workforce categories, over and above the normal disadvantage the CMO sector experiences in competition for labour with public sector services. There are a growing number of 'Difficult to fill' vacancies identified by CMOs surveyed and some specific workforce categories are of concern, with quite high vacancy rates among Peer Workers (15%)

The shortage of services in rural and remote parts of NSW is a serious issue. The recent data published in the Productivity Commission's Review of Government Service Provision on Mental Health Services stated that "People residing in lower socioeconomic areas have greater usage of mental health services compared to people residing in higher socioeconomic areas and people in outer regional, remote and very remote areas have greater usage compared to other areas". If services were available in those areas there would be far less pressure on public services, but those services require a skilled and competent workforce provided with appropriate remuneration and conditions to build and sustain community-managed services and programs.

⁵ Ridoutt L, 2021, *Mental Health Workforce Profile: Community Managed Organisations Report 2021* Human Capital Alliance for Mental Health Coordinating Council, NSW.
https://www.mhcc.org.au/wp-content/uploads/2021/09/MHCC_WorkforceSurvey_2021.pdf

MHCC recognise the NSW Government has taken action to build capacity of the sector's workforce however a much greater and ongoing funding program needs to be put in place.

MHCC recommend the NSW Government:

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- Support workforce development to meet current needs and to ensure sustainability for the future
- Support the development of a peer workforce; and ensure equal opportunity and career pathways

4. Psychosocial support to promote recovery and positive change in young people, keep them out of emergency departments and in wellbeing environments

The Youth Community Living Support Service (YCLSS) is a community mental health service for young people aged 15 to 24. The program provides care coordination and psychosocial support and works to promote recovery and positive change.

Funded by the Ministry of Health, community-managed organisations have been providing this service to young people living in South-Western Sydney and Northern NSW LHDs since 2015. In 2021 three more services were established which began delivering the YCLSS service in the Hunter New England (Newcastle), Western Sydney and Nepean Blue Mountains LHDs.

YCLSS is an outreach service, which means they can work with young people in their homes or in the community. Founded on early intervention principles, YCLSS minimises the risk of developing chronic disability requiring frequent hospital admissions, long inpatient stays and long-term care, by helping a young person remain connected to their community and engaged in education and employment. The program aims to assist the young person build and maintain positive relationships with their family and carers.

A broader roll out of the programs is required across the state, with social media and broad-based promotions. MHCC stress the importance of collecting data to meaningfully evaluate consumer experience, outcomes and cost savings both in terms of the public health costs and costs to individuals and their families.

MHCC recommend the NSW Government:

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- Include statewide promotion of the service across social and general media with the aim of keeping young people out of emergency departments and in wellbeing environments
- Include evaluation of program outcomes as part of the initiative

February 2022