mhcc
mental health coordinating council

Mental Health Matters

Future Investment Priorities for NSW

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Mental Health Coordinating Council Inc.
Building 125, Corner of Church & Glover Streets
Lilyfield NSW 2040

PO Box 668
Rozelle NSW 2039

For any further information please contact:

Carmel Tebbutt
Chief Executive Officer
Tel: (02) 9555 8388

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Snapshot

There is an opportunity for **improved future investment** in the NSW community mental health sector.

NSW total population
7.9 Million

NSW population living with or at risk of a mental health condition
3.1 Million

Over
16%
Living with a mental health condition
1.3 million people (2017-18)

11%
Mild

732,000 PEOPLE
experiencing a mild mental health condition in 2017-18

6%
Moderate

374,133 PEOPLE
experiencing a moderate mental health condition in 2017-18

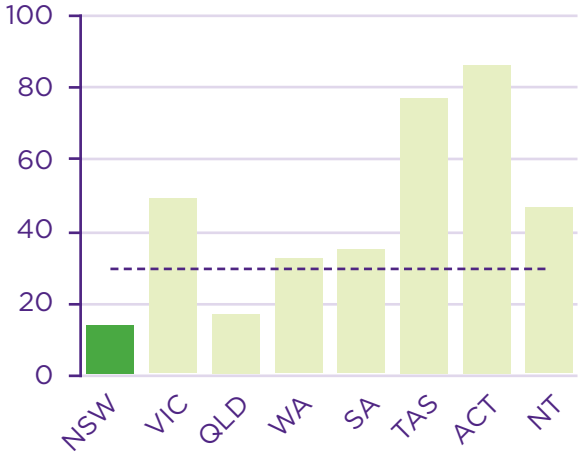
4%
Severe

244,000 PEOPLE
experiencing a severe mental health condition in 2017-18

Other sources of **pressure:**

Increasing demand for Specialist Homelessness Support	Over the last five years, there has been a 73% increase in the number of people accessing specialist homelessness support living with mental health conditions
Increasing instances of suicide	There are approximately 600 deaths per year in NSW resulting from suicide
Increasing carer burden	There is estimated to be over 80,000 informal carers in NSW
Increasing number of mental health related ED presentations	There were over 94,000 mental health related ED presentations in 2016-17 (a 76% increase from 2004-05)

Lack of investment in community-managed organisations – In NSW only a total of $14.30 per capita is invested in CMOs. This is below the national average.



Executive Summary

New South Wales is committed to the mental wellbeing of the community. In 2018-19, $2.1 billion will be invested in mental health services. Despite significant investment, the number and cost of mental health-related emergency department presentations in NSW continues to increase. The growing reliance on emergency departments in NSW indicates that access to community-based services is lacking. Notably, a large proportion of NSW's mental health funding is directed towards acute care services designed to support a small percentage of people, rather than community-based services.

NSW needs to invest in a greater number of services and programs, provided in the community by organisations with a strong local presence, and the agility required to respond to peoples' needs in the right place at the right time. These services must also support individual recovery and increase levels of engagement and social inclusion. This report has been developed in consultation with consumers, carers and service providers to highlight three priority areas for investment identified as: - increased services for people with mental health conditions who require Housing and Accommodation Support Initiative/Community Living Supports (HASI/CLS) type supports; step-up, step-down services and community based mental health service hubs.

The report does not attempt to replicate the work undertaken by numerous other reports. There are many related issues impossible to cover in this report - issues such as workforce capacity, sustainability and growing the peer workforce; the importance of co-designed services; and the role of primary care providers in mental and physical health care. Clearly, there are a multitude of areas that would benefit from increased funding including suicide prevention, youth mental health, rural and remote service provision and culturally appropriate services for Aboriginal and Torres Strait Islander people. However, while not exhaustive, investment in the three service models identified would significantly improve outcomes for people living with mental health conditions across NSW and represent significant opportunities to maximise expenditure savings. To achieve this, we require governments willing to commit to funding and service design that puts consumers and carers at the centre.

Community managed mental health organisations provide a diversity of supports, however this report identifies and prioritises three critical areas for investment which should be targeted for NSW:

Provide additional funding of $180 million to expand HASI/CLS type services to people not accessing traditional mental health services and which can also address physical health needs.

Provide additional funding of $88 million to establish an additional 600 step-up, step-down places across NSW, (in addition to the 260 places to be developed for Pathways to Community Living participants), to reduce pressure on emergency department presentations and unnecessary hospitalisations and allow people to receive supports in a more appropriate setting for their needs.

Improve community access to mental health support services, through community hubs with a range of co-located services similar to LikeMind and peer-based supports such as Safe Haven Cafes. Community hubs will mean people with mild-moderate mental health needs can access the right support in the right place.

Introduction

Background

People living with mental health conditions should be able to access essential support services without a crisis occurring before assistance is available. Yet what we hear time and again is that people cannot get the community supports when they need them - our mental health system needs more resources and to shift the emphasis from hospital treatment towards prevention and community support. There is significant evidence that quality services delivered in the community provide better outcomes for people, carers and their families and this takes pressure off other parts of the health system. A key recommendation in *Living Well: A Strategic Plan for Mental Health in NSW* [1] is to improve community based mental health care in NSW, acknowledging that historically NSW has been overly reliant on hospitals for the delivery of mental health care.

There have been many inquiries into how to improve the mental health service system. While much has changed as a result of these reports, too many people are still falling through the gaps. The Mental Health Coordinating Council (MHCC) has developed this report to contribute to the debate about mental health reform and identify key priorities for investment in services which will support people live meaningful lives, work and achieve social inclusion in the communities of their choice.

> *"A balanced approach to mental health care sees the community as the key place where services are provided, with hospitals playing an important role as back up. (Living Well, p.12.)"*

The mental health service system in NSW is complex – it is comprised of a number of components, including public and community-based services. Public services are delivered in both acute and community settings, and clinical and support services are delivered by both public and community-managed organisations as well as private hospitals and practitioner services. Primary Health Networks (PHNs) play a significant role in planning, commissioning and integrating mental health services at a local level across the state.

In 2018-19, the Ministry of Health will invest $2.1 billion in mental health[2]. This includes $100 million for mental health reform, demonstrating the NSW Government's response to the Living Well report. While this represents the largest amount in NSW history, NSW mental health spending remains below the national average per capita[3]. NSW has one of the lowest per capita spends in Australia allocated to support for people with mental health conditions and the allocation of funds in NSW has typically focused on mental health services delivered in acute settings[4]. The most recent data available indicates NSW spends a larger proportion of its mental health budget on acute mental health services than any other state in Australia, at a figure 18% higher than the average for all other states[5].

41% Average national spend on acute mental health services

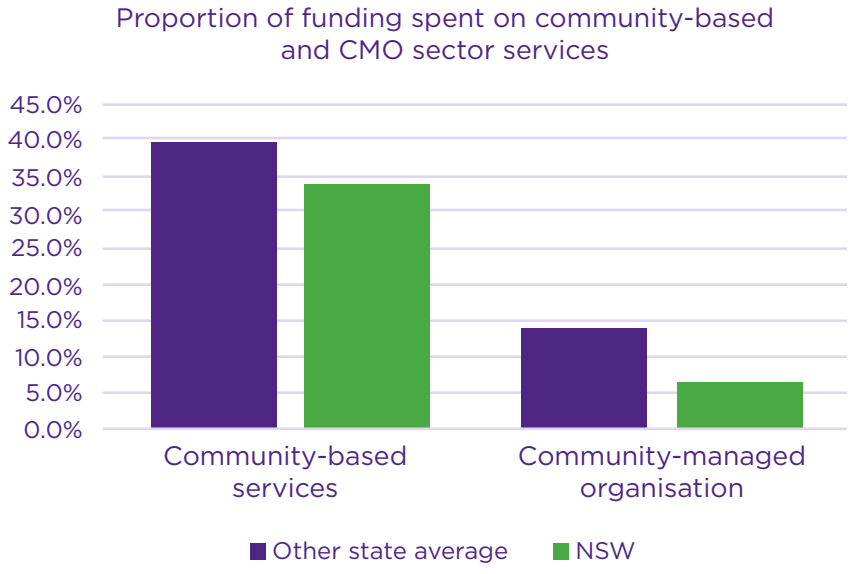
59% NSW spend on acute mental health services

We also direct the lowest amount of any jurisdiction towards community-based and community-managed mental health services. In 2015-16, **NSW allocated 6.8% to Community Managed Organisations, compared to the national figure of 13.9%**[6].

Many people in NSW are unable to receive the mental health care they need and find the service system confusing and hard to navigate. Even with the introduction of the NDIS and full scheme rollout nationally, the Productivity Commission's modelling estimates that only 64,000 participants living with psychosocial disability will be eligible for an individual support package[7]. The NDIS was never intended for everyone experiencing mental ill health.

Almost 230,000 people living with severe mental health conditions will continue to require support in any 12 month period after full scheme rollout nationally[8]. Based on population distribution, this represents more than 60,000 people in NSW alone.

The National Mental Health Services Planning Framework indicates that these people will require community-based supports, such as individual or group support, or non-acute residential services, rather than acute or inpatient services[9]. To meet this need, increases to service funding, especially for community based services are critical, however NSW has not seen an increase in funding commensurate with population health needs and continues to spend the least amount per capita on both public community-based services and services provided by community managed organisations[10].



This is despite clear recognition that hospital/inpatient care is always more costly than community-based care, and community-based care consistently provides better health outcomes for people living with mental health conditions when provided in a timely manner.

It is possible for people with mental health conditions to live well in the community when they have the right mix of medical, psychosocial rehabilitation and support services. Currently too many people rely on emergency departments and admission to acute or inpatient facilities because of a lack of services in the community that could intervene early. According to the Australasian College of Emergency Medicine (ACEM) people with mental health conditions disproportionately experience access block compared to people presenting with other emergency conditions. ACEM conclude "it is likely that many mental health presentations to emergency departments occur as a result of chronic underfunding in community treatment settings".[11] Clearly, the greatest priority in mental health reform is to increase services to meet the needs of people living with mental health conditions in the community.

Community Managed Organisations

It is generally accepted by policy makers and practitioners alike, that mental health services are optimally delivered in community settings addressing more than just symptoms of illness. Community Managed Organisations (CMOs) provide support for people with mental health conditions and deliver services and programs that embody a trauma-informed, recovery-oriented practice approach. The core activities provided by community organisations include accommodation support and outreach, employment and education, leisure and recreation, family and carer support, self-help and peer support, helpline, counselling and clinical care services, and promotion, information and advocacy.

These support services play a vital role in supporting recovery for people living with enduring mental health conditions. People are supported to manage self-care, improve social and relationship skills and achieve an improved quality of life, improved physical health, social connectedness, secure accommodation, education and employment. Through increased access, crises are prevented and individuals are supported to stay well and out of hospital. CMOs promote self-determination and offer greater choice and control maximising independence and recovery.

Accommodation and Support Services

The Service

Often, people living with severe mental health conditions also require support with other aspects of their lives, including physical health and accommodation support.

Accommodation support assists people living with mental health conditions to participate in the community, experience an improved quality of life, prevent homelessness and assist in recovery.

There is increasing demand for Specialist Homelessness Support (SHS) services from people living with mental health conditions in NSW. SHS services are those that target specific priority groups, such as people experiencing mental health and co-existing difficulties. The number of people seeking specialist accommodation support with mental health issues has increased by an average of 14.8% per year since 2012[12].

The NSW Government funds community-based psychosocial support services for adults with mental health conditions through the Housing and Accommodation Support Initiative (HASI) and the Community Living Supports (CLS) program. However, based on the increasing number of people living with mental health conditions experiencing homelessness, it is clear that further efforts are necessary to boost the capacity of this service.

Expanding an established, successful model

The Housing and Accommodation Support Initiative (HASI) was implemented in New South Wales in 2003 to support adults living with mental health conditions access housing, accommodation support, and clinical services support.

The establishment of HASI was a collaborative effort of NSW Health, Housing NSW, not-for-profit accommodation support providers and community housing providers. The program was initially funded for 100 people and has since expanded to support over 1000 people living with mental health issues in NSW.

Findings of an evaluation conducted by the University of New South Wales in 2012 demonstrate that HASI has provided significant benefits for those who have received support from the program as well as the broader NSW community[13].

24% reduction in mental-health related hospital admissions following HASI supports

51% reduction in emergency department presentations following two years of participation

An estimated $30 million in savings each year (in 09-10 dollars) compared to an allocated budget of $118 million for 4 years from 2006 to 2010

Meeting ever-growing need

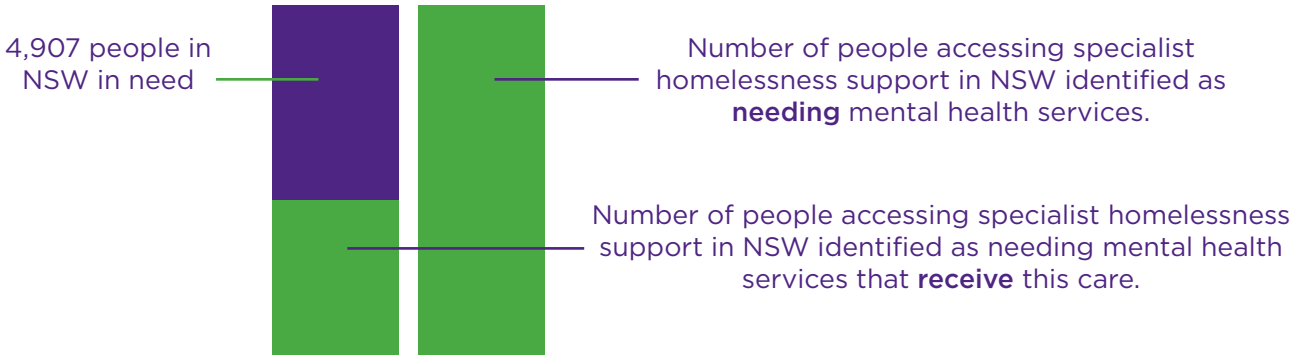
The increasing demand for Specialist Homelessness Support is an issue experienced across Australia. According to the National Mental Health Commission's report published in 2018, the number of people accessing specialist homelessness support living with mental health conditions in Australia has increased by 73% over the last five years. The percentage for Aboriginal and Torres Strait Islander people is almost double that at 139% in the same period[14].

In a strategy to address this, Western Australia will spend approximately $44 million to purchase accommodation and provide support services for approximately 2,300 individuals living with mental health and coexisting substance use issues[15]. The strategy also outlines the need for a shared commitment from the public and private sectors to achieve the level of impact required. This initiative reflects the growing demand for specialist homelessness services for people living with mental health conditions and the increasingly complex needs of these individuals.

In order to address existing service gaps locally, additional HASI/CLS-type supports that deliver similar results for admissions and emergency presentations, and similar cost savings for health services are urgently required in NSW.

What is required?

In 2016-17, 74,216 people accessed SHS in NSW. This equates to one in every 104 people across the state. Approximately one-third of these people were experiencing mental health issues. Notably, 14,000 people were seeking SHS services due primarily to mental health issues[16].



Emerging evidence suggests that SHS services in NSW do not have the capacity to meet the growing demand. The Australian Institute of Health and Welfare (AIHW), estimates that 34 requests for assistance went unmet every day in 2016-17. AIHW also noted that in 2016-17, 8,147 people accessing SHS services were identified as needing mental health services. However, only 3,240 people received access to this care, equating to just 40% of those in need[17]. This highlights a substantial gap between those needing and receiving mental health care as part of specialist homelessness services. These services are required across NSW, to support people to remain in their own communities,

The link to physical health

10-32 The number of year's people with mental health conditions live less than the general population

80% The higher percentage of this mortality rate can be attributed to poor physical health and the consequences of poverty

Despite the strong evidence of coexisting physical health conditions amongst people using SHS and mental health support services in NSW and Australia more broadly, physical health care does not typically represent a funded element of the services provided.

As stated in the Fifth National Mental Health and Suicide Prevention Plan 2017, improving the physical health of individuals experiencing mental health conditions is now a national priority. Similarly, the Mental Health Commission of NSW emphasised the need to focus on, and prioritise physical health needs and integrate services with primary care and general practitioners in the *Living Well: Putting people at the centre of mental health reform in NSW* report published in 2012.

This shift towards a greater focus on physical health as part of mental health care reflects a growing body of well accepted evidence relating to the prevalence of physical health conditions amongst people with mental health conditions.

The following statistics exemplify the susceptibility of people living with mental health conditions of developing multiple physical health problems relative to the general population[18].

There is a significant opportunity to leverage the success and impact of HASI and CLS services to deliver targeted physical health support services to people living with mental health conditions in NSW. This will support the achievement of national and state-level targets to better integrate and prioritise physical health care for this group of people whilst utilising existing infrastructure and models of care with proven outcomes.

People with **schizophrenia** are **2.5** times more likely to have **diabetes**

80%

The percentage of people that are affected by weight gain attributed to **anti-psychotic medication**

Impact of the investment

Based on the 2012 evaluation of HASI, the cost of the program for the period of time spent in the program was on average $34,500 per person (or between $11,000 and $58,000 per person for all participants). This average increased to $58,664 (or between $35,164 and $82,164 for all participants) if social housing capital investment costs were also included[19].

Adding collaborative care support is an innovative concept that previously was not costed in the context of HASI services. However, the indicative costs from a range of collaborative care models has been estimated at $1,240 per person for their duration in a program, based on a systematic review of examples[20].

A HASI/CLS-type service with collaborative care support is therefore estimated to cost around $36,000 per person, excluding capital components, and requires $180 million of additional funding per annum to provide support services to the almost 5,000 people in need. In the short-term, this investment is expected to substantially reduce demand for a broad range of health services.

The NSW evaluation found HASI services reduced mental health inpatient hospitalisations by 30.7 days per person per year, saving $33,617 per person per year[21]. A further outcome is reduced crime and interaction with the justice system, with savings of $8,242 per person per year[22]. Combined, this suggests that the investment in extra SHS services will return $1.20 per every dollar invested in the short term.

Longer term, there are likely to be substantial employment benefits from reducing homelessness. The adult employment rate across Australia is around 61 per cent[23], but this drops to 24 per cent for people who have experienced homelessness after the age of 15; and 10 per cent for those who experience homelessness before the age of 15[24]. Over a third of all homeless people in NSW are under the age of 25[25]. Conservatively estimating discounted lifetime earnings for this group of people at half the average median wage, and weighting by age distribution of homelessness in NSW, suggests longer term employment benefits of over $100,000 per person. As a result, a HASI/CLS-type service delivers a strong return on investment over the long term of $4.10 for every dollar invested. This likely underestimates the gains from improved collaborative care support, where studies have shown improved outcomes across physical functioning, epilepsy, diabetes, arthritis and cardiovascular disease, for example[26].

ROI for SHS services per person

	Short-term	Long-term
Costs	$35,740	$35,740
Savings	$41,859	$145,336
ROI	1.2	4.1

Step-up, Step-down Services

The Service

The Step-Up, Step-Down (SUSD) model is widely operated across Australia. In Victoria, the model is well established (known as PARC) and both QLD and WA are investing heavily in this approach. The Step-Up, Step-Down model has a number of key functions and features. It serves to operate a 'step down' function whereby people in acute psychiatric inpatient units can be discharged earlier into the SUSD and assisted to return home in a gradual and very supported way. In this sense the SUSD model contributes greatly to improving throughput in inpatient units. The other key function is to provide a 'step up' function whereby a person at risk of psychiatric admission can either be referred or self-refer into the SUSD.

There is strong evidence that this model of care can impact the overall health system by enabling better management of acute bed pressure, reducing demand for psychiatric admission and presentations at ED and, most importantly, assist the person to develop capability to self-manage episodes of mental ill health.

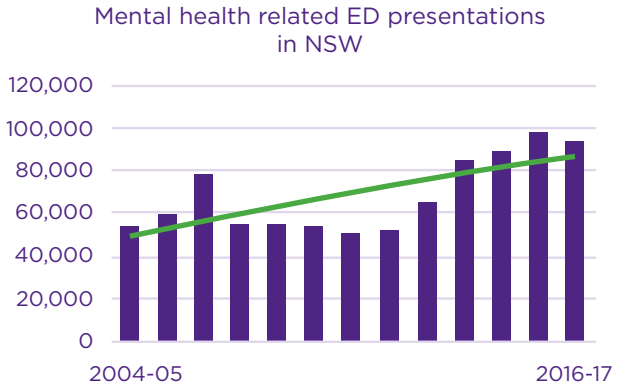
Whilst there are several operational models the key features of an effective SUSD are that it is a pleasant, low stimulus homelike environment where clinical, self-care and recovery based interventions are delivered in partnership between the health sector and the CMO sector and that the CMO operates the facility.

When it is done well, in addition to the impacts on the health system mentioned above, we can see that over time the people who use the SUSD can demonstrate that their acute episodes are responded to earlier, last for less time and that there are longer periods of wellness in between episodes. SUSD programmes deliver much higher levels of consumer satisfaction and voluntary engagement than do psychiatric inpatient units.

Previous studies in NSW indicate that the risk of suicide for current or former mental health clients is 10 times that of the general population of the state. However, this increases to 100 times that of the general population around the time of discharge from inpatient care[27].

Often, inpatient care/hospitalisation is not the most appropriate environment for people with mental health conditions to receive the necessary type of support. Whereas, services provided within a community-based setting align with Article 19 of the Convention on the Rights of Persons with Disabilities – "to live independently and be included in the community".

These services are designed to limit the number of mental-health related emergency department presentations and hospital admissions. This in turn reduces the system costs attributed to inpatient hospitalisations, which may be diverted to other required referrals, and the associated burden such incidents have on other related services, including ambulance and police services.



In 2017, 43% of mental health related presentations to emergency departments in public hospitals arrived by ambulance, with an additional 4.1% arriving with police[28].

The number of mental health related emergency department presentations in NSW continues to increase[29]. The rate of mental health-related ED presentations per 10,000 population has increased by 72% from 2010-11 to 2016-17 (that is from 70.1 per 10,000 in 2010-11 to 120.9 per 10,000 in 2016-17). Step-up/step-down services are only one, but a critical component in reducing hospital admissions and emergency presentations across the state.

Limited step-up, step-down services are available in NSW currently

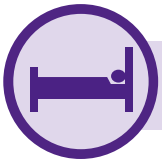
There are only a handful of step-up, step-down services in NSW, and significantly less than in other states such as Victoria. Existing services are located across the state, with models available in the Far West, Dubbo, Orange and Inner-City Sydney.

The first of these services available in NSW was the Far West Mental Health Recovery Centre in Broken Hill. The service provides residential step-up step-down care, designed for people living in the community and for people leaving the mental health inpatient unit at Broken Hill Base Hospital requiring additional support. The 10 bed facility supported 183 admissions between March 2013 and March 2015[30].

Since the Recovery Centre opened, the rate of 28-day unplanned mental health related hospital readmissions reduced to less than 13%, lower than the state average[31].

In addition, the occupancy rate of the mental health inpatient unit at the Base Hospital decreased from 87% at the beginning of FY12, to 62% at the end of FY14[32].

This has also had a positive financial impact on the hospital. Unit costs for a recovery centre bed are less than 50% of the unit cost for an inpatient bed[33].



Annual cost of
In patient unit bed - $294,333

Recovery centre bed - **$146,000**

Benefits of step-up, step-down models of support are not unique to NSW

A number of states across Australia, particularly Victoria and Western Australia, have implemented similar models of support through the Prevention and Recovery Care program, similarly named as step-up, step-down services and crisis respite services.

These services have provided equally positive results for mental health and the broader health system, through their combination of clinical interventions as well as social and peer support for clients.

Joondalup step-up, step-down - Reduced the risk of hospitalisation by 9% for patients following care, from 89% to 80%. Among the NNJ Case patients, all-cause admission rate after-intervention reduced significantly by over 13% compared to before-intervention[34].

South Australian Crisis Respite Service - Significant reduction in hospital admissions and time in hospital. Notably, 40.3% of patients avoid hospital admission completely. Significant reduction in mental-health related emergency department presentations[35].

Frankston Youth Prevention and Recovery Care service - An evaluation of the step-up, step-down service in 2017, concluded that the service was a valuable and effective alternative to inpatient hospital care and that the use of emergency departments significantly decreased following admission to the recovery care service[36].

What's required?

The NSW Government has a $700 million Mental Health infrastructure program planned for the next 10 years.

This includes a commitment of $20 million in 2018-19 to commence planning for key projects, including the development of up to 260 new dedicated step-up, step-down beds to support the transition of long stay mental health patients from hospital and the recovery of consumers in the community through the Pathways to Community Living program [37].

While this is a welcome addition to community-based supports in NSW for the specific clients identified in long term inpatient care, these will not address the needs of other members of the community who would also benefit from step-up, step-down services.
Analysis suggests that further investment is required to meet the current need for these services.

In NSW, approximately 48,800 of acute hospitalisations to public hospitals each year relate to severe mental health issues[38].

Based on experiences in other jurisdictions, it is estimated that approximately 8 per cent (~4,100) of people who are hospitalised for mental health conditions in NSW in 2017-18 would be suitable for step-down community-based support.

Further, a total of ~94,000 individuals presented to the emergency department with mental health-related issues in NSW in 2017-18. Analysis indicates that approximately 5,400 of these people would be appropriately supported through step-up supports rather that presenting to an emergency department[39].

Impact of the investment

Across Australia, there is growing evidence demonstrating the benefits of step-up, step- down services in improving short-term mental health support.

Emerging longitudinal outcomes from similar interventions across Australia indicate that the cost of step-up, step-down interventions is $9,300 per person[40]. This estimate is based on an average stay of 18 days, consistent with findings from Prevention and Recovery Care programs in Victoria[41].

From the above analysis, it is estimated that approximately 9,500 people with mental health conditions in NSW may be suitable for these services, including individuals who require step up support (~5,400) and those stepping down from a period of treatment in mental health inpatient settings (~4,100). Meeting this need will require an additional 600 supported places in the community, based on average stays of 18 days[42].

In order to provide support for an additional 600 places within community step-up, step-down services, an additional $88 million per annum is required, excluding capital components. In return, the availability of alternative support for these 9,500 individuals through step-up, step-down services is expected to reduce hospitalisation rates by 16 per cent, shorten length of hospital stays by 7 days, as well as reduce the risk of emergency department presentations by 40 per cent[43].

In the short-term, this investment is expected to yield financial savings of $9,480 per person per year, suggesting that the investment in step-up, step-down services will pay for themselves.

In the longer term, there will be additional benefits associated with reduced emergency department visits and hospitalisation rates. Due to the timeframe of trial studies, data on the benefits is rarely collected. The value of a statistical life (VSL) is often used as a proxy to quantify the benefits associated with protecting life and health. Studies from Sydney University indicate that the value of an additional year of life is approximately $151,000[44].

An evaluation of Western Australia's Joondalup step-up. step-down service found that the intervention saved approximately 0.28 potential years of life for each person, with mortality rates among users of the service nearly 4 times lower than control 'people who did not receive the same services'. As a result, the NSW step-up, step-down services are expected to deliver a return on investment of $5.60 for every dollar invested.

ROI for SHS services per person

	Short-term	Long-term
Costs	$9,300	$9,300
Savings	$9,480	$51,761
ROI	1.0	5.60

Improved Community Access to Mental Health Support

The Service

Navigating the mental health service system has been identified as a barrier to service access. Siloed community mental health services are common in NSW, and effective and efficient coordination of care through established partnerships between multiple services is less common. As the number of people living with mental health conditions continues to rise, alternative service options to hospitals and residential care must be considered. Integrated community-based mental health hubs offer a new way for people experiencing low-to-moderate mental health difficulties to access the care they need streamlined in a 'one-stop-shop'. This already operates successfully through the similar Headspace model for young people.

These community-based mental health 'hubs' are being established worldwide in an effort to improve community access to a diverse range of mental health support. People with low to moderate mental health needs, including those experiencing first episodes, often require additional support to access and engage with mental health supports. Integrated hubs also support locally-led approaches to building and embedding awareness, knowledge and capacity for improved mental health outcomes for individuals.

In addition to community-based mental health hubs, the peer support workforce also provides invaluable support for people in the community who require connection to the mental health service system with less acute mental health issues or conditions.

Victoria has introduced the Safe Haven Café model, to provide a safe and therapeutic environment that offers respite and peer support and other resources to build resilience and the capacity for people to self-manage in the community. This approach reduces the likelihood of the person needing access to emergency department services or other intensive or acute supports[45].

There are limited examples of these soft entry points into the mental health service system in NSW

The NSW Government, in partnership with Community Managed Organisations, have implemented the LikeMind pilot in three locations across the state. LikeMind is an integrated service model designed to support adults experiencing moderate to enduring mental health conditions. The model involves the co-location of various community health services in one central location.

Consumers have access to a range of clinical and non-clinical services including mental health care, alcohol and drug services, physical health care and programs, and vocational and accommodation support services. The care and support provided is streamlined across all service types and determined by the specific needs of the consumer and the local demographic.

As of December 2016, approximately 2,000 people had received support from one of the three pilot sites, indicating the wide reach these services have[46].

There is no similar service to the Safe Haven Café model currently available in NSW.

Similar models have been established nationally and globally

Queensland - Regional Mental Health and Wellbeing Hubs

As part of the Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17, the Queensland Mental Health Commission has invested in the establishment of three community Mental Health and Wellbeing Hubs. The Hubs are an early intervention initiative to improve the mental wellbeing of Queensland communities. Similarly to other services, the Hubs involve the co-location of various community health services to provide coordinated care that is tailored to all needs of individuals experiencing mental health issues[47].

Canada - Community-based Youth Mental Health Service Hubs

Community-based Mental Health Service Hubs for individuals aged 11-24 years have been established in Canada as a prevention and early intervention initiative. The purpose of these hubs is to provide young people with the support they need to manage their mental health concerns. According to an evaluation of the program, hubs have the greatest success when they fulfil the following characteristics[48]:

Provision of primary care as part of mental health services

Co-developed services with people within the target age group

Provide support during critical transition periods

Collaboration with existing community health services

Belfast Mental Health Hubs

Belfast has established Mental Health Hubs to provide general practitioners with a new option for care for their patients experiencing mild to moderate mental health issues. The hubs offer a range of services to support people to transition back into the community, including counselling, group therapy and connections to other community-based services. Over 600 general practitioners have referred patients to the Hub to date[49].

United Kingdom – Aldershot Safe Haven Cafe

The Aldershot café opened in 2014, to provide people with mental health needs with supports to improve their health and wellbeing, and to provide them with the best possible joined-up care.

A study carried out early on in the implementation of the Café found that the number of admissions to acute services fell by 33% from within the catchment area for Safe Haven, in the first 7 months of its operation[50].

What's required[51]?

1 in 5 — The number of people in NSW who will experience a mental health condition each year

1.8 M — The number of additional people at risk of a mental health condition in 2017-18

1.3 M — The number of people in NSW who will experience a mental health condition in 2017-18

92% — The proportion of people with, or at risk of a mental health condition, who will require services at the at risk, mild and moderate service level

While the initiatives and services that have been implemented within NSW and across Australia to date are a positive step, these services need to be implemented on a scale that meets everyone's needs, regardless of the community they live in. A significant proportion of the NSW population living with mental health conditions are not accessing available community support services. In 2011, 65% of people with mental health issues did not receive any formal support for their condition[52].

Integrated mental health care hubs and peer support such as Safe Haven offer a significant opportunity to improve the level of community access to mental health services. Investing in integrated, community-based services, would provide an alternative to hospitalisation that is not restricted short-term or residential based.

Through these hubs and peer support services, people experiencing mild to moderate mental health distress would have access to streamlined and coordinated care. The co-location of numerous community services within the proposed hub would allow individuals to access all the care they need in one location, as well as other related services such as legal support.

What's Next?

Investing in services in the community presents an opportunity for NSW to offer services provided by a skilled workforce to improve the mental health of its citizens. Without adequate community programs and services, there will continue to be a growing demand for acute and crisis care options. Often, these services would be unnecessary if an appropriate community-based alternative existed.

It is critical that the proportion of mental health funding allocated to services in the community is increased and in line with population health needs. Focusing funding on the three key areas identified in this document will mean that more people previously unable to access care and support at the lower end of the need spectrum will have increased support options available. As a consequence, unnecessary emergency department presentations and admissions to hospital can be avoided.

To support this proposal, NSW needs to:

- Provide additional **funding of $180 million** per annum to support people that do not receive the required mental health services that they need through expanding HASI/CLS type programs, and which can also address the high prevalence of co-existing physical health conditions among people living with mental health conditions.

- Provide **additional funding of $88 million** per annum to establish an additional 600 step-up/step-down places across NSW, in addition to the 260 places to be developed for Pathways to Community Living participants, in order to reduce pressure on emergency department presentations and unnecessary hospitalisations and allow people to receive supports in a more appropriate setting for their needs.

- Improve community access to mental health support services, through soft entry points such as community hubs similar to LikeMind and peer-based supports such as Safe Haven Cafes. The reach of existing programs is currently limited, and a greater number of services will allow people with mild-moderate mental health needs, and people with managed conditions to access the right support in the right place that meets their needs.

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Mental Health Coordinating Council
Building 125, Corner of Church & Glover Streets
Lilyfield NSW 2040

PO Box 668
Rozelle NSW 2039

For further information please contact us at:

Tel: (02) 9555 8388
E: info@mhcc.org.au