

# Psychosocial supports in the community



A diversity of psychosocial supports available in the community for people who experience mental ill health that meets their needs and aspirations and are easy to access is vital. Community-based supports ensure people, their families and carers have their social and psychological needs met in a way that aligns with their recovery journey, rather than just at points of crisis.

The NSW Government funds community-managed psychosocial programs as part of the suite of NSW Mental Health Community Living Programs. Services currently available include the Housing and Support Initiative (HASI), HASI Plus, Community Living Supports (CLS) and Mental Health Community Living Supports for Refugees (MH-CLSR).<sup>11</sup>

The types of support people receive as part of HASI-CLS is dependent on their individual needs. People receiving HASI supports work to develop their own unique support plan in collaboration with:

A support worker from a community organisation.

A clinician of their choice or from a local mental health service.

Their family or other important people in their life.

Psychosocial supports in the community, such as HASI and CLS, offer place-based, accessible care. HASI and CLS services in NSW provide adults experiencing mental health challenges with access to clinical mental health services alongside accommodation supports. These programs are targeted towards people living with severe mental health conditions who experience difficulties functioning with day-to-day living activities.

## Benefits of psychosocial supports in the community

Community-managed mental health programs have been shown to have positive outcomes for people experiencing mental ill health, communities and for the service systems more broadly. People accessing rehabilitation and support programs provided by CMOs:

- stay well for longer periods
- have more chance of completing their educational goals,
- Increased opportunities to gain and sustain employment
- experience greater social participation
- and, have more chance of achieving a 'contributing life'.<sup>12</sup>

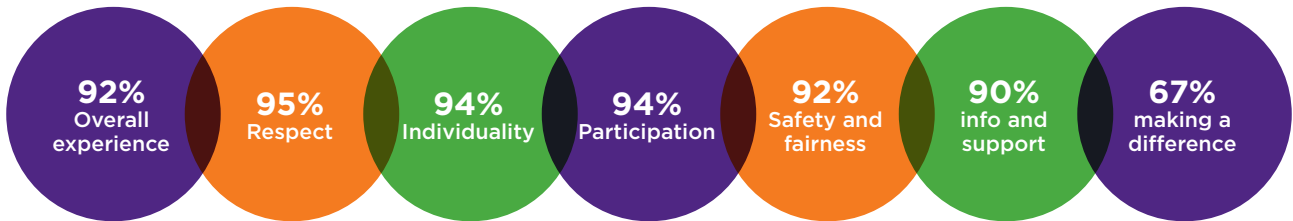
These supports **greatly impact both admission and readmission rates to mental health facilities**, thus reducing the need for more acute and involuntary care in hospital settings.<sup>13</sup>

## Your Experience of Service – CMO Survey 2019 – 2022

The results of the 2019-2022 **Your Experience of Service YES-CMO** Survey, a joint initiative between NSW Health and MHCC, demonstrate highly positive feedback from consumers about their experiences of using Housing and Accommodation Support Initiatives and Community Living Support (HASI-CLS) packages delivered by CMOs.

High scores on **individuality, information and support** highlight the tailored support the CMOs offer to consumers in the mental health sector.

### YES-CMO survey results



At an individual level, the 2022 HASI evaluation conducted by researchers at the University of NSW reported high consumer satisfaction as consumers reported:

- feeling better able to manage their mental health
- experienced greater social inclusion,
- and felt that their physical health was supported.

### Outcomes from mental health support packages

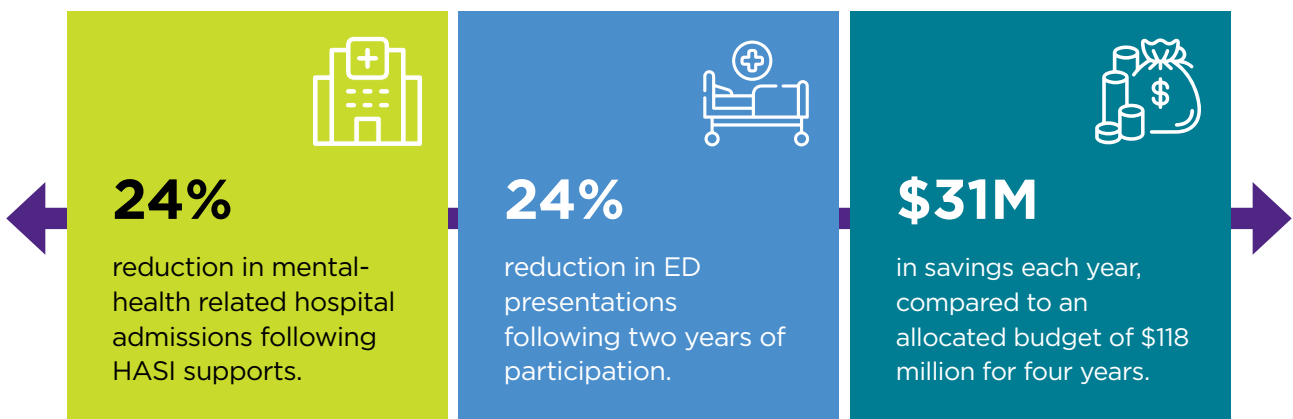
Thirty per cent of consumers showed meaningful improvement in their mental health based on Kessler Psychological Distress Scale and the Health of the Nation Outcome Scales

score. Participants showed a reduction in their use of community mental health services:

- 10% decrease in use of community mental health in first year of the program
- 63% decrease if engaged with the program for more than one year.

**System level benefits** showed great potential for **cost savings and efficiencies**. Research conducted by the University of NSW demonstrated that HASI-CLS programs have provided significant benefits to people who receive support from the program, as well as the broader NSW community.<sup>14</sup>

### Benefits of HASI-CLS supported mental health programs





The cost of HASI-CLS supports is shown to be **lower when compared to the cost of admission and hospitalisation.**

- Length of hospital stays (LOS) fell by 52% per person in the year following commencement of the program from an average of 49.4 days to 23.8 days.
- Consumers who stayed in the program for a second year had a further 22.8 fewer hospital days, with an average of 12.4 days (per person, per year).
- Furthermore, mental health hospital admissions dropped by 44%. The 2022 HASI evaluation found a 90% cost offset through reduced hospital admissions and decreased LOS.

### Community-based alternatives to emergency departments

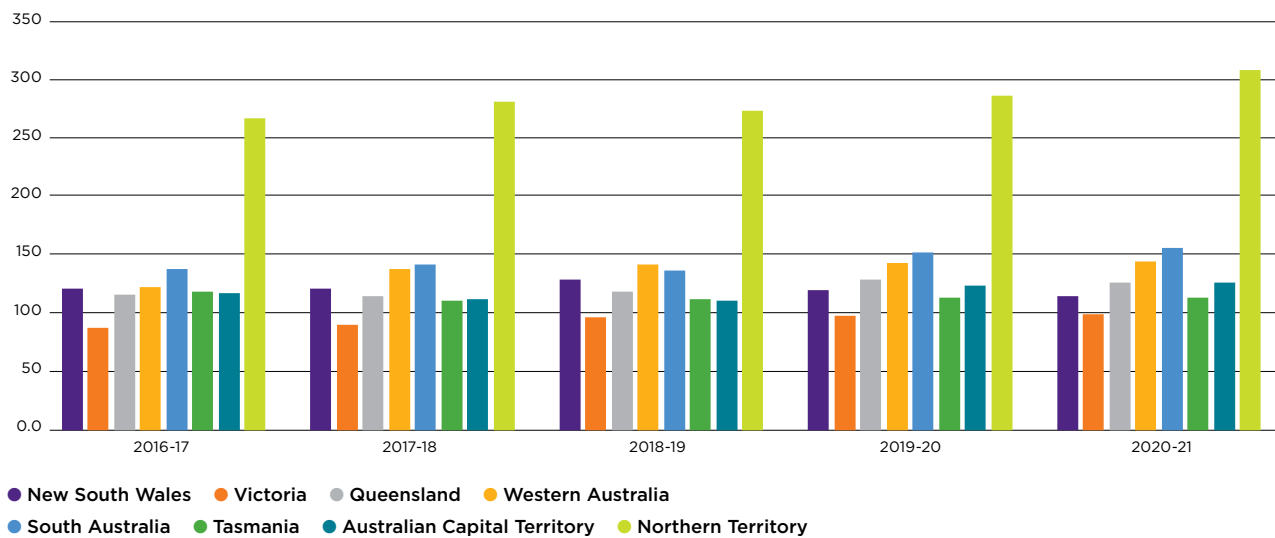
There is an increased need for psychosocial supports that are easily accessible and provide an alternative to emergency departments for those experiencing mental ill health. In 2020-21, emergency department-related mental health presentations accounted for 3% of all emergency department presentations in NSW. Since 2016-17, the number of emergency department presentations and mental health presentations per 100,000 population increased by 2.8% and 1.5% respectively (2020-2021 est.).<sup>15</sup>

#### HASI system level outcomes

- Offers a more cost effective option for people experiencing mental health challenges compared to hospitals and EDs
- Cost savings for the health system through reduced hospitalisations
- Cost savings for the health system through avoided reduced length of stay
- Reduction in average community mental health service contacts per person
- Reduced length of hospital stay



Mental-health related emergency department presentations in public hospitals, by states and territories, 2016-17 to 2020-21, rate per 100,000



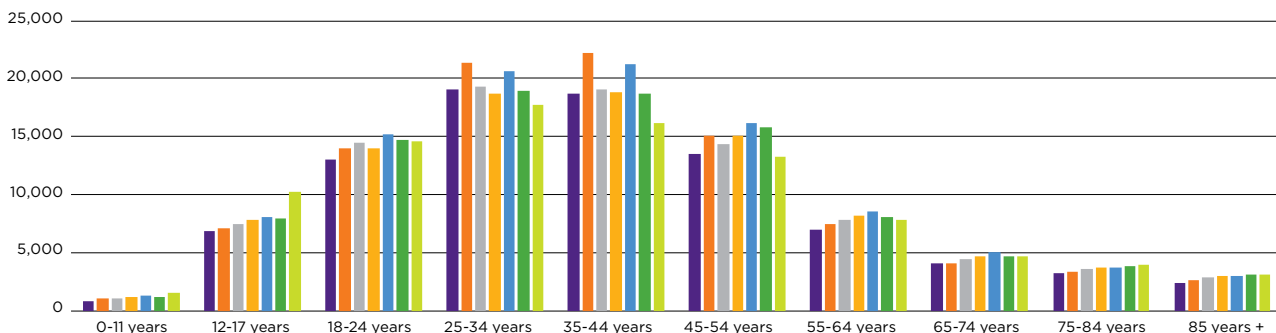
Source: AIHW, 2021.

In 2020-21, there were a total of 93,079 mental health-related emergency department presentations in public hospitals. Of these presentations, 49.79% were classified as urgent followed by 28.98% semi-urgent and 16.39% emergency presentations. An analysis of the age of people presenting at emergency department experiencing mental health challenges shows **higher rates of people aged 25-34 and 35-44 years seeking support**. This is closely followed by the number of young people aged between 18-25.

Mental health emergency department presentations are also shown to be higher in rural and regional areas. These presentations highlight a lack of alternative supports within the community to support people experiencing mental health challenges at the point of crisis.

Aboriginal and Torres Strait Islander people in rural and remote areas particularly experience poor access to a range of mental health services in the community, this is evident in the high representation of Aboriginal people in the emergency department statistics. Aboriginal and Torres Strait Islander people represent about 3.3% of the Australian population (ABS 2018) but account for 12.3% of mental health-related emergency department presentations and 7.5% of all presentations. The rate of mental health-related emergency department presentations for Indigenous Australians was 4.5 times that of non-Indigenous Australians (478.3 and 106.4 per 10,000 population respectively).<sup>16</sup>

NSW mental health-related emergency department presentations in public hospitals, 2014-15 to 2020-21



Source: AIHW, 2022.

One of the greatest benefits of psychosocial supports in the community has been the ability to **offer people experiencing mental health challenges a safer, more desirable and accessible alternative at points of crises to emergency departments.** Although emergency departments play a vital role in assessing people experiencing a mental health crisis, there is a need to increase access outside of emergency departments to mental health care and supports - emergency departments should not be the major entry point to the system. People experiencing mental health challenges presenting in emergency department departments:

- have a longer wait time compared to other patients in emergency departments
- are more likely to leave emergency departments against medical advice and put themselves at risk
- are more likely to be assessed as requiring urgent care
- have a longer stay in emergency departments when compared against other emergency department patients.<sup>17</sup>



**Failures in the broader health system, including gaps in service access and availability, mean that responsibilities are effectively shunted onto the emergency department which functions as an overflow valve for people requiring immediate help and treatment, particularly outside business hours.”<sup>18</sup>**

— Nowhere else to go: Why Australia’s health system results in people with mental illness getting ‘stuck’ in emergency departments, The Australasian College for Emergency Medicine, 2020

Research recognises the importance of providing alternative supports within the community and calls for the establishment of adult mental health and wellbeing services with extended hours being a key way to combat mental health-related emergency department presentations.<sup>19 20</sup> The recently signed National Mental Health and Suicide Prevention Bilateral Agreement provides for the rollout of additional adult mental health services in NSW and these should be **expedited as a matter of urgency to address demand.**

## Mental health and homelessness

The rate of people experiencing mental health challenges is higher among people with a history of homelessness compared to people who do not have a history of homelessness. Within current Specialist Homelessness Services (SHS) **there is a large unmet need for people living with mental health challenges accessing and navigating the mental health service system.** In 2020-21 the rate of clients with an ongoing mental health challenge, receiving SHS support, was 34.3 per 1,000 people nationally.

Further to this, of the 22,400 clients who required mental health services, only 43% of these clients were provided with this type of support, leaving 57% clients who required mental health services without.<sup>21</sup> Services such as HASI are uniquely positioned to provide services to people experiencing homelessness once accommodation has been allocated, with the dual benefit of supporting clients with both mental health challenges and housing support needs.

## Successful projects and initiatives

### Wellways Helpline 1300 111 500

Wellways is a community managed organisation which offers support and tele-based services to people struggling with their mental health through a helpline. Helpline is available Monday to Friday, from 9am to 9pm, supported by Wellways staff and volunteers who are peers with lived experience of mental health challenges, either experienced themselves or as someone who cares for a family or friend with mental health challenges. Support is provided to handle negative emotions, develop and strengthen coping skills, support people to feel less lonely or isolated and to obtain information about available community supports and services. The Helpline also offers supports to families and friends of people experiencing mental health challenges to reduce feelings of frustration, decrease anxiety, develop coping strategies and gain a greater sense of awareness and hope.

Services include:

- information about mental health, wellbeing and recovery
- short-term therapeutic support, including Wellways' scheduled call program
- tips and strategies for coping with mental health issues, including how to support a friend or family member
- links to support groups, education programs and local community activities
- general information about mental health related programs and services.<sup>22 23</sup>



## The way forward

- People experiencing mental health challenges should be able to **access supports that are close to home and enable their continued connection to community**. For people who are experiencing urgent mental health crises, there are few alternatives to emergency departments widely available. The Royal Commission into Victoria's Mental Health System in 2021 noted inadequacies in the current responsiveness of emergency services to respond to mental health crises.<sup>24</sup>
- Psychosocial supports in the community, such as HASI and CLS, have demonstrated the ability to provide valuable and accessible mental health supports. However, the service would need to **scale up to realise wider system-level impacts**. In addition, supports like HASI-CLS are unable to provide for actual housing stock to meet the needs of individuals. A clear gap is shown within the current homelessness service provision.
- Psychosocial supports in the community provide **vital services for people ineligible for NDIS packages**. The Productivity Commission Report into Mental Health (2020) called for an increase in the psychosocial supports available to assist a further 154,000 people in community living with mental health challenges ineligible for NDIS supports by 2033, requiring an estimated \$8.19 billion investment over 10 years.<sup>25</sup>



## Impact of investment

**Average costs per person** based on HASI-CLS program funding for 2018-19 is:

### \$35,622 cost per person

with costs ranging from \$10,400 for low support consumers to \$203,000 for high support consumers.

Estimated net **cost savings per person** over five years is:

### \$86,000 cost saving per person

The majority of the cost savings are estimated to be due to cost offsets from reduced inpatient hospital admissions.

Economic modelling performed on HASI-CLS programs revealed that the cost effectiveness of the program increases exponentially.

- Cost saving in year one **43%**
- Cost saving in year two **67%**
- Cost saving by year five **95.3%**<sup>26</sup>

The 2022 NSW HASI-CLS report evaluation found HASI-CLS reduced mental health inpatient hospitalisations by

**30.7 days** per person per year, saving **\$33,617** per person per year.

Reduced interactions with the justice system resulted in a cost saving of **\$8,242** per person per year.

When considered against the costs of homelessness services, the return on investment (ROI) was calculated to be **1.93** in the medium term.\*

\*Based on 2022 calculations of cost and return figures provided in the 2022 HASI/CLS Evaluation

These figures make it clear that HASI-CLS provides a cheaper alternative to emergency department and hospital-based supports with benefits at both individual and service system level.

Medium term (4 years)	
Cost per person	\$35,622
Savings per person	\$68,800
ROI	1.93

Some of the key cohorts that would benefit from HASI-CLS supports include a subset of people who present at emergency departments experiencing mental health challenges, as well as those accessing homelessness services who require mental health services and supports. Investment into an additional 10,000 psychosocial support packages over the next four years would help address this evidenced need.

## KEY RECOMMENDATION

There is a clear need for the NSW Government to expand the availability of psychosocial support packages in the community for people experiencing mental health challenges. An additional investment of \$356 million over four years would support a further 10,000 HASI-CLS packages for people living with mental health conditions to be supported in the community. This scaling up of support would ensure barriers to access supports are lowered, offering flexible transition into community-based supports.