Step-up-step-down services

STEP-UP-STEP-DOWN SERVICES

Step Up Step Down (SUSD) services are **recovery-focused residential programs** that provide a 'step-up' from the community into a highly supportive environment that aims to minimise the risk of readmission to inpatient mental health facilities. The service provides a 'step-down' for people being discharged from inpatient mental health facilities who would benefit from safe and comfortable voluntary environment from which to be supported to transition back into the community.

People experiencing mental health issues presenting to emergency departments often find the experience confronting and lacking in holistic care. The cost of mental health presentations in emergency departments also place a significant cost burden on taxpayers.[27]

As highlighted earlier in this report, in NSW there were 93,079 mental health-related emergency department presentations reported in 2020-21.[28] Nationally, the proportion of mental health presentations to emergency departments has risen by 70% across the past 15 years.[16] Furthermore, of these emergency department presentations in NSW, 47,282 arrive by ambulance and 3,227 arrive by police.[16] Particularly for people not previously engaged with the mental health system, their first interaction during a crisis often involves first responders who are left with few options other than to present them to an emergency department, when community-based alternatives may be more beneficial.[16] Such experiences lead to less than therapeutic outcomes in terms of relationship building and rapport with mental health professionals and the service system. This frequently results in poor long-term outcomes including trauma.

Providing alternatives to emergency departments, as well as a recovery-oriented approach to transitional care in providing services from hospital to home, is a crucial component to reducing inappropriate emergency department presentations.

The National Framework for Recovery-Oriented Mental Health Services has been endorsed by Ministers and commits to the concept of recovery within the community and a personal context, rather than just clinical recovery.[29] This concept of transitional recovery-oriented care has also been leveraged in other sectors recognising the benefits of safely transitioning people out of hospital. Examples include the Transition Care Programme (TCP) in the aged care sector to assist people to remain in their homes for longer following discharge from hospital.[30] An evaluation of the TCP found that functional independence improved for 38.4% of participants and that more than half of TCP users remained at home beyond six months post-discharge.[31]

It has been estimated that approximately one-third of mental health inpatients in NSW hospitals could be discharged if community services such as SUSD services, were available to them.[16] This demonstrates the significant cost savings available in NSW as well as the impact on the hospital system that could be had with the expansion of SUSD services.

SUSD programs demonstrated positive outcomes in assisting people to build and rebuild independent lives within their communities and assist in transitioning into communities from more intensive supports. There have been studies of four SUSD programs in Australia that have been strongly associated with significant improvement of psychological wellbeing, self-efficacy, and social adjustment.[47]

Availability of alternative supports

SUSD services are **only available in a few locations in NSW** despite there being a long history of SUSD services in other jurisdictions and overseas. SUSD in the form of Prevention and Recovery Care (PARC) services in Victoria have been operating for the past 14 years and are underpinned by a recovery-oriented approach, and available for short stays of up to four weeks.[32] In Victoria, these services usually have a maximum of 10 people and provide single rooms in a home-like environment.[33] Furthermore, Victorian PARC services are operated in a partnership arrangement between non government organisations and local clinical care mental health services.[36] This model is being increasingly implemented globally in order to respond to the pressure on hospital systems and is proven to demonstrate good outcomes in terms of reduced readmission to inpatient facilities.[34]

Similarly, SUSD services have been heavily invested in by the **Western Australian** Government, with six services comprised of 68 beds available across the state in both metropolitan and regional areas. A further three services along with a youth service are planned for in future funding.[35] The Western Australian Government also has an established model of service for their SUSD services which centres around recovery-oriented practice principles.[34] In the 2021 state budget, Western Australia made a historic commitment of $311 million for community supported accommodation and supports as well as $135.7 million for delivering outpatient treatment services, which contained $25.5 million for SUSD facilities across the state.[36]

There are currently only five PARC services in NSW despite the repeated calls for their expansion for positive outcomes.[37] **This low number of places, limits the effectiveness of SUSD in reducing emergency department presentations and providing longer-term recovery options as few people have access to these services locally**.[38]

Outcomes from existing PARC services in NSW, such as Eurella in Sydney Local Health District (LHD), have shown **positive experiences from consumers evaluating the service** as well as marked improvements in clinical outcomes.[39] The MHCC has repeatedly highlighted the need for at least one of these services in each LHD, with an additional three services in highly populated areas of Australia.[15]

ICLA PARC Service in South Eastern Sydney LHD[40]

ICLA's PARC service in Bondi within the South-Eastern Sydney LHD (SESLHD) works closely with local health district to develop recovery-oriented services around the peer worker model. The operational design of the PARC service is centred around measuring and capturing outcomes within the service model. The service is predominantly run by peer workers and is a non-clinical environment with bedrooms, lounges and sensory rooms where people can have privacy and space. The recovery-oriented model focuses on holistic wellbeing with clinical and non-clinical responses which focuses on things like jobs, housing and inclusion in the community as well as medical treatment. The model was also designed with extensive consumer engagement with consumer advocates to ensure co-design with lived experience.

The service captured data for the first 60 consumers and compared to their health service activity a year before they entered the program. Outcomes found that 82% of people who had completed the program had prior contact with either emergency departments or Mental Health inpatient units. Following the program, this rate reduced to 56% which showed a 33% reduction in emergency department or Mental Health inpatient unit attendances. 80% of participants presented to emergency departments only once or not at all following their PARC stay.

The service cost for this PARC is $400 per night which is a significant cost saving on the $1,280 per night for a hospital bed. Feedback from a family member of one of the participants included:

"In the 25 years of trying to help my mum deal with mental illness and trying to guide her towards the most effective treatment and care, I have not come across anything of the standard of PARC. It is so reassuring to know that it is there and hopefully there will be more and more facilities like it."

– Family member of PARC service recipient

Snapshot: Pathways to Community Living Initiative

The Pathways to Community Living (PCLI) initiative is currently being expanded to include SUSD services. As part of this initiative, the NSW Government has committed to transitioning 380 long-stay psychiatric hospital patients to the community. It is a joint service delivery model between LHDs and State Health Networks (SHNs), mental health services and 24/7 specialist support services and accommodation.[41] An evaluation of the PCLI initiative found a total reduction of $32.8 million annually in costs of care for 156 consumers who had transitioned from inpatient long stays in hospital to residential aged care or home care.[42] This was a 59.4% reduction compared to the average cost during their index stay, indicating a positive return on investment as the initiative expands to include SUSD services.[43]

Benefits of Step Up Step Down

Step Up Step Down services have target service outcomes including that they are readily accessible, are person-centred and recovery focused, and facilitate self-directed care grounded on collaborative relationships and partnerships.[44] The ultimate outcome of SUSD services is to keep people connected to their community. Evaluations have shown this has been achieved alongside longer-term outcomes of better connections with family, employment and community.

Evaluations of SUSD services across Australia have been largely positive in their impact on people living with mental health conditions.[52]

These experiences largely stem from the recovery-oriented model which also offers meaningful activities to assist with recovery in comparison to the substantial amount of 'downtime' experienced in inpatient settings.[54] The outcomes identified in evaluations include 'significant improvements in consumers' psychological wellbeing, self-efficacy, work and social adjustment consistently across demographics'.[45]

Preliminary evidence shows SUSD services reduce the pressure on emergency department presentations.

Factors impacting ED presentations

Reduced ED presentations and repeat presentations	Increased productivity and meaningful activities for people receiving services compared to EDs	Significant improvements in psychological distress, self-efficacy, work and social adjustment	Continuity of care and clear care pathways for service users	Increased stability in connections with families and communities

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In the previous 2018 report, the annual cost of an inpatient bed was $294,333 and the cost of a recovery-centre bed was $146,000, demonstrating significant cost efficiencies of SUSD services.

A 2019 research paper looking at SUSD in Victoria found the cost of **one day in a psychiatric inpatient unit was comparable to an average five days spent in treatment at a SUSD service**. This puts the cost difference per bed per day as $1,167, and is associated with fewer and shorter inpatient stays.[46] This translated into a cost-saving of $12,555 per resident with greater cost savings the longer someone stayed within a SUSD service. This demonstrates a significant ROI for SUSD investment in NSW.

Factors impacting ED presentations[47] [48] [49]

Evaluation of a PARC service in Cairns

An evaluation of PARC Cairns which evaluated the early days of the service in its first year of operation found positive outcomes. The centre was opened in 2015 by the Cairns and Hinterland Hospital and Health Service (CHHHS) in response to population growth in the area and the increased number of people requiring psychiatric inpatient and subacute care. The PARC is a voluntary service, and the first three days is used to build an Individual Recovery Plan (IP) which informs the process of recovery of the individual.

The evaluation found that the strength of the service was its focus on recovery-oriented practice that identifies and addresses the needs of consumers through the recovery plans. The staff of the service were seen as highly effective in providing supportive intensive recovery to the consumers.

Evaluation of a PARC Service in Inner Sydney

This PARC service was established in Inner Sydney in 2017 to assist consumers to avoid hospital admissions during periods of crisis as well as to assist with their transition back into the community from an acute inpatient stay. Evaluations of this service revealed a saving of $246,742 in a year of operation with the reduction of 214 inpatient bed days.

Evaluation of a SUSD service in Western Australia

A SUSD service in Western Australia was evaluated over 2014 - 2015 found significant improvements in patients' self-reported psychological distress, self-efficacy, and work and social adjustment. Satisfaction with the service was high and consumers felt the service allowed them to have the space and time to recuperate, gain insight, focus, and create changes in their lives.

Projected need for Step Up Step Down services

NSW is lagging behind in its per capita expansion of SUSD services compared with other states. Western Australia has six SUSD services operating in the state, Victoria has 22 adult PARC services and 3 youth PARC services operating in the state and Queensland has 8 state-funded SUSD services in the state.

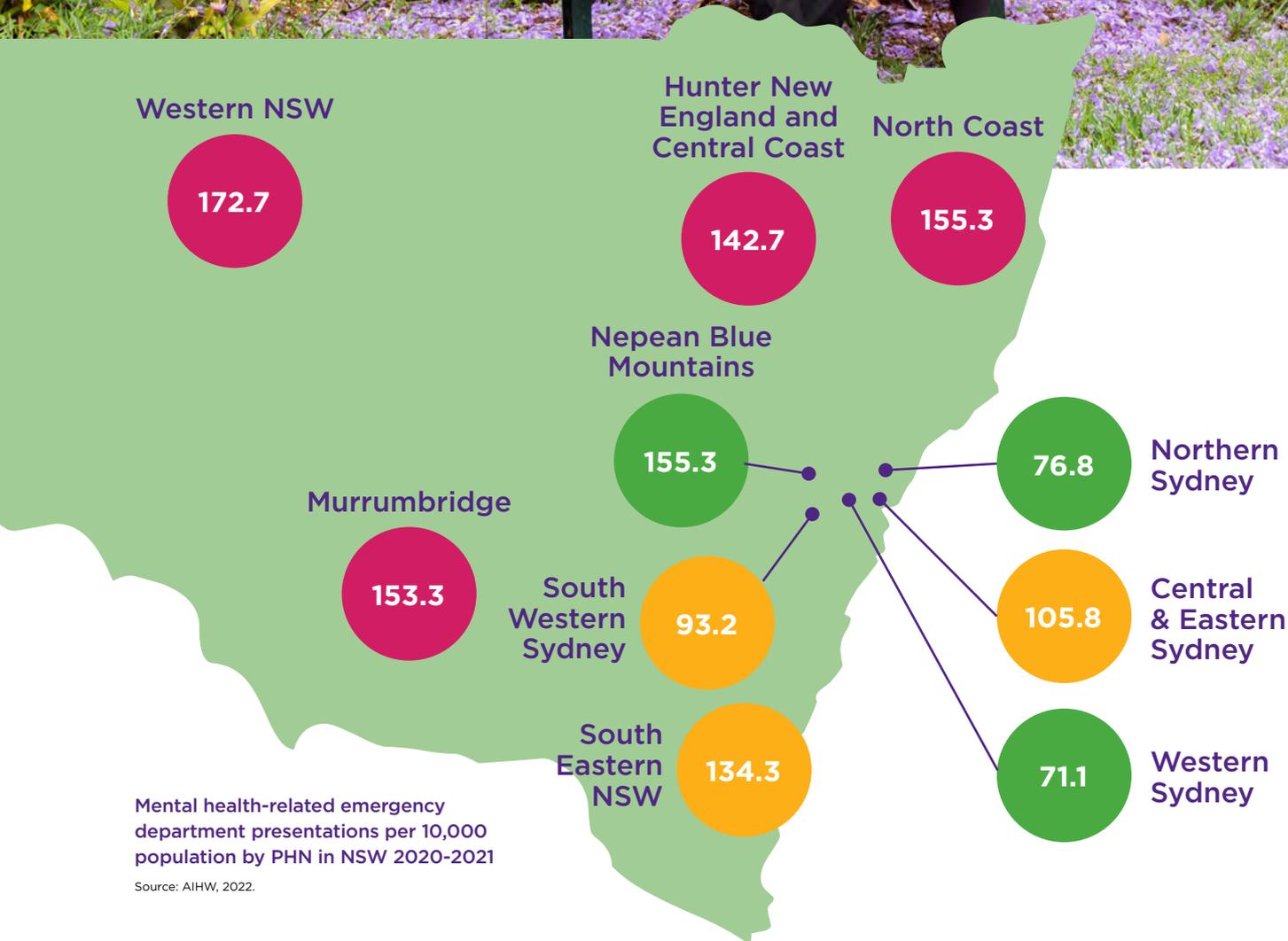**Step Up Step Down services per capita across Australia**

Source: Various service and population data from AIHW, 2022.

- Victoria has at least one SUSD service available per **260,000** people in the state.

- NSW has at least one SUSD service available per **1,633,200** people in the state.

To match Victoria's level of service availability, NSW would have to invest in a further 26 SUSD services across the state. This indicates there is a significant service gap for SUSD services in NSW.

The following heatmap shows the mental health-related emergency department presentation rate per 10,000 population in NSW by PHN to give an indication of where the investment would most strategically benefit the population.

Western NSW

172.7

Hunter New England and Central Coast

142.7

North Coast

155.3

Nepean Blue Mountains

155.3

Northern Sydney

76.8

Murrumbridge

153.3

South Western Sydney

93.2

Central & Eastern Sydney

105.8

South Eastern NSW

134.3

Western Sydney

71.1

Mental health-related emergency department presentations per 10,000 population by PHN in NSW 2020-2021

Source: AIHW, 2022.

Mental Health Coordinating Council projected last year that NSW requires at least one service in each metropolitan and rural LHD, with an additional three services to meet the needs of highly populated areas of NSW.[15] Overall, MHCC recommends that NSW invest in 18 SUSD services in NSW with 13 new services available across the state.[15]

The way forward

Greater and strategic investment by NSW Government is required to build on existing and establish new Step Up Step Down services that provide a secure referral pathway out of inpatient mental health services and an alternative to hospitalisation.

KEY RECOMMENDATION

Establish a network of Step Up Step Down services across NSW by adding an extra 130 places, to ensure more people have access to recovery-focused residential programs that minimise the risk of hospital admission. The additional 130 places will provide services for an extra 2,000 people a year across the state, at an annual cost of $18.2 million.[50]

This report recommends the expansion of SUSD places be supplemented by an evaluation and cost analysis study embedded in the NSW Budget. Any expansion would also need to be supported by workforce supports to ensure there is adequate workforce for services to operate.

	Short-term	Long-term
Costs	$9,306	$9,306
Savings	$9,599	$51,879
ROI	1.03	5.57

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