

Media Release

Stop Playing Politics and Start Real Reform, Says NSW Mental Health Alliance

June 4, 2024, Sydney, NSW – The NSW Mental Health Alliance is calling on the Minns Government to take decisive action to fully implement the recommendations outlined in the today's Upper House Inquiry report into mental health care in New South Wales.

The report, developed after months of consultation with stakeholders, highlights critical issues within the current mental health system and provides a clear roadmap for necessary reforms to improve mental health services and outcomes across the state.

Recommendations include (full list of recommendations in Appendix 1):

- **immediate increase in funding to mental health care**, with particular investment in community-based mental health services, including exploration of innovative revenue streams to fund mental health services
- **a whole of government reform approach** to the mental health system, which addresses social and environmental determinants of health including housing, cost of living, transport, education, employment, climate change and impact of natural disasters;
- **expansion of Safe Haven** program to be a 24/7 service where feasible, with a view of opening additional Safe Havens in high-need rural, regional and remote areas;
- **expansion of supported living services** such as the Housing and Accommodation Support Initiative (HASI), Housing and Accommodation Support Initiative Plus (HASI+) and Pathways to Community Living Initiative (PCLI) programs;
- **mandatory comprehensive mental health training to police officers** in consultation with consumers and carers;
- **a new approach to responding to mental health crises** involving NSW Police Force, NSW Health and NSW Ambulance and to ensure that any review or new model be co-designed with consumers and carers.

Also announced this morning was the Mental Health Minister's proposal for some new mental health spending in the upcoming Budget.

While the Alliance is pleased to see the Minns Government acknowledge that NSW mental health system is in urgent need of more funding, it is disappointed with the measures announced. The announced Budget measures not only fall far short of the recommendations in the Inquiry report but also includes hidden cuts to critical mental health programs.

The announcement includes \$111 million over four years into mental health in the next Budget, a mere 0.95% per year of the annual mental health budget of \$2.9 billion.

The announced \$10 million a year for the Pathways to Community Living Initiative (PCLI), a program that supports people living in long-term in-patient care to live safely in the community, was originally tendered for circa \$40 million each year. This constitutes a significant hidden cut, which will inevitably mean a reduction to services provided by this essential program.

\$30 million, over four years, of the new funding will be invested to expand community mental health teams across the state, resulting in an additional 35 extra mental health positions. The Alliance fully supports the shift to increasing funding for these core teams but notes that much more will need to be invested to meet the mental health needs of the NSW population.

According to the Government's own gap analysis report, released last month, there are an estimated 58,000 people in NSW with severe and complex mental health concerns, who are currently unable to access care because of lack of services, funding and staff.

The announced funding comes nowhere near the amount required to address the structural gaps in the NSW mental health system.

We urge the Minns Government to act swiftly on the recommendations of the Inquiry report. It's time to prioritize mental health and build a system that truly supports everyone in New South Wales. The Alliance stands ready to support these transformative changes.

-ENDS-

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Quotes from Key Spokespeople:

- “We can no longer ignore the growing mental health crisis in our state. More people are experiencing mental ill health than ever before, meaning NSW’s mental health care system has never been under greater strain. The Inquiry report released today shows us both the scale of the crisis NSW is facing, but also the opportunity the Minns’ government has to create a lasting legacy by undertaking real reform of NSW mental health care system. We call on the Minns Government to urgently implement these recommendations in full to ensure that all residents of New South Wales have access to the mental health care they need and deserve.” **Professor Samuel Harvey, Executive Director, Black Dog Institute.**
- “Without enough mental health workers, there is no mental health system. Our mental health workforce is stretched thin, with high caseloads and inadequate support for mental health professionals. While the recommendations for increased funding and community-based services are essential, they must be accompanied by robust strategies to recruit, train, and retain mental health professionals. Without addressing these workforce challenges head-on, we risk undermining the very reforms intended to improve mental health care in NSW. I urge the Minns Government to prioritize workforce development as a cornerstone of their response to this report.” **Dr Angelo Virgona, Chair, RANZCP NSW Branch**
- “The RACGP commends this essential report, that outlines essential and urgent recommendations to stop the downward spiral of worsening mental health in our community. This spiral can be stopped by adequate funding to improve the mental health care sector, provided to the people of NSW. GPs are acknowledged for their role and value in this sector, and we join the call on the NSW government, to increase essential funding as per this report to allied health, community and primary care services.” **Dr Rebekah Hoffman, Chair RACGP NSW**
- “BEING Mental Health Consumers is delighted to see the Inquiry’s recommendations calling for a health response to mental health crises without the automatic involvement of police. There was near unanimous agreement from submissions and evidence that Police are not best placed to respond to consumers when they are in distress, but nevertheless that Police require mandatory mental health training. Further, we welcome Recommendation 27 calling for an expansion of the Safe Haven program to support consumers experiencing suicidality, but we are disappointed that the NSW Government chose not to provide any additional funding in its mental health budget today to increase opening hours or open new Safe Havens in rural, regional or remote areas of the state.” **Priscilla Brice, CEO, BEING Mental Health Consumers**
- “The committee have made 39 recommendations to improve community and outpatient mental health care in NSW, of those, there are 23 that relate directly to MHCC recommendations. We recognise the NSW Government’s announcement of a \$111.8 million package of initiatives. These announcements simply do not go far enough to address the recommendations of the Inquiry. The critical plea to Government is to immediately commit to increase and maintain funding across the entire mental health system with a priority investment in community-based mental health services.” **Dr Evelyne Tadros, CEO Mental Health Coordinating Council (MHCC)**
- “Navigating the mental health system presents significant challenges for individuals, parents, carers and families. The inquiry has shed light on the fragmented nature of the mental health system, with a lack of service integration. Recommendation 5, which advocates for the expansion of service navigators’ employment to strengthen service navigation, holds significant importance. Additionally, the stigma associated with seeking help creates substantial barriers to obtaining support. To address these obstacles, funding for peer service navigators is crucial. Service navigators can provide much-needed early intervention and help individuals, parents, carers, and families to overcome barriers.” **Sharon Grocott, CEO Wayahead,**

Mental Health Association NSW

- “The findings and 39 recommendations of the Parliamentary Inquiry into community and outpatient mental health services echoes what families and carers have been saying for decades. The ‘system’ is not planned to work cohesively or to effectively meet the needs of people experiencing serious mental health concerns. Families and carers do their best to ‘fill the gaps’ to meet all the needs of their loved ones, but they need better support from government. The NSW government must heed the work of this Parliamentary Committee and work with the federal government to develop and finally deliver a mental health system that is safe, accessible for all, fair and fully funded. The human rights of our citizens demand it.” **Jonathan Harms, CEO, Mental Health Carers NSW inc.**

About the NSW Mental Health Alliance: The NSW Mental Health Alliance is a coalition of organizations dedicated to advocating for equitable and accessible mental health care across New South Wales. We work to ensure that all individuals receive the support they need to live healthy, fulfilling lives.

Joint Statement endorsed by:

- Australian College of Mental Health Nurses
- Australian Society for Psychological Medicine
- BEING Mental Health Consumers
- Black Dog Institute
- Mental Health Carers NSW
- Mental Health Coordinating Council (MHCC)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- The Royal Australian College of General Practitioners
- Wayahead – Mental Health Association NSW

Spokespeople available for interview:

- Professor Samuel Harvey, Executive Director, Black Dog Institute
- Priscilla Brice, CEO, BEING Mental Health Consumers
- Dr Angelo Virgona, Chair, RANZCP NSW
- Sharon Grocott, CEO, Wayahead Mental Health Association NSW
- Dr Evelyne Tadros, CEO, Mental Health Coordinating Council (MHCC)

Appendix 1: Recommendations in the Inquiry Report

1. That the NSW Government undertake a whole of government reform approach to the mental health system, which addresses social and environmental determinants of health including housing, cost of living, transport, education, employment, climate change and impact of natural disasters.
2. That the NSW Government make representations to the Australian Government to address the gaps in funding and workforce for primary care and mental health services, including improved equitability of the Better Access scheme, and incentive schemes equivalent to those for procedural skills to better enable primary care services to support mental health.
3. That NSW Government ensure funding for carer education, supports and resources, including respite services.
4. That the NSW Government ensure that the existing mental health service directories are widely publicised, updated every three months, and search engine optimised, as appropriate for the type of directory.
5. That NSW Health enhance service and referral pathways and information sharing between State and Commonwealth Government agencies, non-government and community-managed organisations, and private health care services to facilitate better access, affordability, and navigation of services, and to look to expand the employment of peer navigators to strengthen service navigation.
6. That the NSW Government, in providing grants to non-government organisations for mental health service provision, explore the inclusion of funding for the integration of programs within the sector and collaboration including information sharing with other providers.
7. That NSW Health improve access to mental health services by:
 - Documenting care pathways for providers and making them visible to the community,
 - Reviewing and refining eligibility and appropriateness criteria and making this information readily accessible,
 - Redesigning service models to build more flexibility to meet diverse needs,
 - Investing in navigational supports concentrated on support for priority populations.
8. That the NSW Government look to initiatives that provide mental health care outside of traditional clinical settings, such as the Wellbeing and Health In-reach (WHIN) program, which assist target populations to access appropriate mental health services.
9. That the NSW Government consider establishing a centre of excellence for research, training, clinical supervision and support, in order to deliver specific evidence-based therapies in trauma informed care.
10. That NSW Government immediately increase pay for NSW public mental health clinicians including staff specialists, junior doctors, nurses, and allied health professionals to at a minimum on par with other states and territories, with consideration given to the number of staff lost to the private sector. Changes to pay grades for staff working in community mental health services should also take into account the level of expertise, further training, independent practice and risk associated with a role.
11. That NSW Health increase resourcing for formal clinical supervision for all clinicians providing mental health care in NSW Health, as well as General Practitioners with a high case load of mental health patients.
12. That NSW Health explore mechanisms to enable the greater application of therapeutic services and discipline specific expertise to ensure clinicians are working to the top of their scope of practice in order to provide safe, effective, patient-centred care including assertive outreach.
13. That the NSW Government urgently request the Federal Government provide HELP fee relief for mental health priority courses.
14. That the NSW Government provide fee free TAFE courses and qualifications in mental health care. The NSW Government facilitate relocation and housing for mental health care workers in the public system and address social and cultural barriers to relocation.
15. That the NSW Government explore opportunities for integration between primary care and mental health services including embedding mental health clinicians within general practice.
16. That the NSW Government explore, with the Australian Institute of Health and Welfare, the provision of any information necessary for the timely publication of data on mental health services at a national, State and Territory level, to help coordinate and develop the national mental health workforce.
17. That the NSW Government investigate and implement the best means for the collection of data on gender and sexuality to assist with service referral and planning.
18. That the NSW Government look for ways to integrate peer workers into the broader mental health workforce, determine clear role definitions, framework and qualifications, and funding additional scholarship places for the Certificate IV qualification in Mental Health Peer Work.
19. That the NSW Government immediately commit to increase and maintain funding across the entire mental health system to support both the workforce and consumers, with a priority investment in community-based mental health services.

20. That the NSW Government explores the increase of funding cycles to five years, to support the growth and stability of the workforce and improve the consistency of care for consumers. All government funding is to be contingent on programs and services demonstrating that they meet agreed KPIs relating to mental health outcome, that their program or service has met and engaged successfully with a consumer need, and that this need is ongoing.
21. That the NSW Government explore innovative revenue streams to fund mental health services.
22. That NSW Health support the additional provision of lower-stimulus and safer spaces within emergency departments for mental health assessment and care.
23. That NSW Health examine opportunities for peer workers in emergency departments to support patients and staff.
24. That NSW Health look to improve both the experience of people with mental illness who present at an emergency department and emergency department staff, by providing additional mental health training for emergency department staff, in particular including suicide prevention.
25. That NSW Health improve the timely provision of discharge summaries for people leaving hospital after mental health related presentation or admission.
26. That NSW Health ensure Local Health Districts support emergency department staff with specific localised information and referral pathways to community and outpatient mental health services and address current barriers to appropriate information sharing.
27. That NSW Health expand the Safe Haven program to be a 24/7 service where feasible, with a view of opening additional Safe Havens in high-need rural, regional and remote areas.
28. That the NSW Government invest in the expansion of supported living services such as the Housing and Accommodation Support Initiative (HASI), Housing and Accommodation Support Initiative Plus (HASI+) and Pathways to Community Living Initiative (PCLI) programs.
29. That the NSW Government return the mental health line to public operation in all Local Health Districts.
30. That the NSW Police Force improve mandatory comprehensive mental health training currently provided to police officers in consultation with consumers and carers.
31. That in conjunction with NSW Health, NSW Police explore being activated as a secondary response to mental health emergencies only where required to support the safety of primary responders.
32. That the NSW Police Force publicly release their report on the UK Right Care, Right Person model.
33. That the NSW Government continue to explore the implementation of a health-led response to mental health emergencies, informed by the experiences of the successful South Australian Mental Health Co-Responder program, the Western Sydney Mental Health Acute Assessment Team and PACER, including informed risk assessment through access to medical records, as well as support for carers of the person experiencing crisis.
34. That in seeking to develop a new approach to responding to mental health crises, NSW Police Force, NSW Health and NSW Ambulance ensure that any review or new model be co-designed with consumers and carers.
35. That NSW Health increase support to patients and carers in the lead up to hearings before the Mental Health Review Tribunal.
36. That the NSW Government review the Mental Health Act 2007 with regard to community treatment orders and the overriding principal as least restrictive means of providing care.
37. That NSW Health adequately fund the digitisation of the records of the NSW Mental Health Review Tribunal to improve data access and analysis.
38. That NSW Health investigate the feasibility of implementing similar processes in NSW to improve the administrative processes of the Mental Health Review Tribunal and mental health agencies, including the development of digital orders and a document portal.
39. That NSW Health adequately resource community mental health services to assertively follow up patients on community treatment orders without involving police, unless their attendance is deemed essential following an informed risk assessment performed on a case-by-case basis.

Appendix 2: Contentious Recommendations by Party Support

Recommendation	Greens Position	Labor Position	Liberal Position	Supporting Stakeholders
Safe workloads and remuneration for clinicians	Support	Partial Support	Partial Support	Various clinicians and health service providers
Extended funding cycles	Support	Partial Support	Partial Support	Mental Health Coordinating Council, Black Dog Institute, headspace, NSW Council of Social Service
Health-led responses to mental health crises	Support	Partial Support	Partial Support	Police Association of NSW, mental health professionals, and advocacy groups
Mental health payroll surcharge	Support	Oppose	Oppose	Black Dog Institute, Mental Health Coordinating Council, One Door Mental Health
Comprehensive digitization and data integration	Support	Partial Support	Partial Support	NSW Health, Mental Health Review Tribunal
Training and education for police overseen by mental health practitioners	Support	Partial Support	Partial Support	Various mental health advocates and service providers

Appendix 3: Amendments to Final Report

Issue	Votes For	Votes Against	Outcome
Amend Recommendation 14 to include KPI requirements for government funding	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Omit Recommendation 21 entirely	Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann, Ms Suvaal, Mr Buttigieg, Mr Donnelly	Negative
Amend Recommendation 21 to omit payroll tax surcharges consideration	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 21 to change 'pursue' to 'explore' for innovative revenue streams	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 22 to include 'additional' before 'provision of lower-stimulus'	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 22 to add 'look to' before 'support the provision'	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative

Amend Recommendation 27 to 'explores expanding' the Safe Haven Program	Ms Suvaal, Mr Buttigieg, Mr Donnelly	Dr Cohn, Ms Faehrmann, Mrs Carter, Mrs Taylor	Negative
Amend Recommendation 27 to add 'where feasible' for Safe Haven program to be 24/7	Mrs Taylor, Mrs Carter	Dr Cohn, Ms Faehrmann, Ms Suvaal, Mr Buttigieg, Mr Donnelly	Negative
Amend Recommendation 28 to include 'supported living services such as' and 'PCLI'	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 28 to change 'invest in the expansion of' to 'explores continued investment in'	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Amend paragraph 4.177 to reflect stakeholder support for PACER not funded past 2025	Mrs Carter, Mrs Taylor, Ms Suvaal, Mr Buttigieg, Mr Donnelly	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 33 to explore continued implementation of PACER	Mrs Carter, Mrs Taylor, Ms Suvaal, Mr Buttigieg, Mr Donnelly	Dr Cohn, Ms Faehrmann	Affirmative
Amend Recommendation 34 to explore activation of secondary response with NSW Health	Ms Suvaal, Mr Buttigieg, Mr Donnelly, Mrs Carter, Mrs Taylor	Dr Cohn, Ms Faehrmann	Affirmative
Omit Finding 1 regarding whole-of-government approach to mental health reform	Mr Buttigieg, Mr Donnelly, Ms Suvaal	Mrs Carter, Mrs Taylor, Dr Cohn, Ms Faehrmann	Negative