

15 October 2024

The Hon Rose Jackson, MLC
Minister for Mental Health

Pre-Budget Proposal 2025-2029

Priorities for Mental Health in NSW in respect to the Government's response to the Portfolio Committee 2 Recommendations following the *Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales*

Mental Health Coordinating Council (MHCC) was encouraged to see many of its recommendations to the Upper House *Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales (NSW)*¹ mirrored in the Report and Recommendations provided by the Portfolio Committee and subsequently supported by the NSW Government. As the peak body for community-managed mental health organisations (CMOs) in NSW and an industry-based registered training organisation (RTO) we welcomed the strong focus demonstrated by initiatives embedded in community-based solutions, which aim to support people living with mental health challenges to maximise their recovery outcomes in the community.

We were disappointed that the Government's response on the 4 September to the Inquiry recommendations showed little in the way of concrete commitments to the investments necessary to bring about the reforms so urgently needed; and focused primarily on commitments already announced in the 2024/25 Budget.

While welcoming the additional investments, MHCC will not forsake its principal objectives. We will continue to campaign for what we believe are critical additional investments in mental health, particularly in relation to the community-managed mental health service system.

This paper provides information from MHCC and our constituents to inform the Government's implementation planning for those recommendations of the Inquiry that were supported.

¹ MHCC 2023, [Submission to the NSW Portfolio Committee 2: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales](#), Mental Health Coordinating Council.

Need for additional investments in mental health care

As part of its work on the National Mental Health and Suicide Prevention Agreement, Health Policy Analysis prepared a report on the *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme*.² This report estimated that in 2022-23, of the almost 206,000 people in NSW aged 12-64 who required psychosocial support for moderate or severe needs, only about 40,000 received that support. This means that in NSW, over 166,000 people aged 12–64 years require, but do not receive, psychosocial support services.

The methods used in developing these estimates are broadly consistent with those used in the Productivity Commission's Report into *Mental Health*³, including the use of the National Mental Health Service Planning Framework (NMHSPF).

The work undertaken throughout this most thorough and collaborative Inquiry by the NSW Upper House Health Portfolio Committee should not go to waste, as so many reviews and inquiries have done in the past. The 2025-2026 Budget represents an opportunity to respond to community needs and safety concerns and make real the right of all Australians to have the mental health care and supports they need and aspire to receive.

The Budget must be developed against the backdrop of ongoing discussions between State, Territory and Commonwealth Governments about the review of the 2020-2025 National Health Reform Agreement (NHRA); the HPA Commonwealth Psychosocial Gap Analysis⁴; the NDIS Review (focusing on Foundational Supports); the Royal Commission into Violence, Abuse, Neglect and Exploitation Of People With Disability and the Better Access Evaluation; the NSW Psychosocial Research Project; the Mental Health Alliance: Gap analysis of ambulatory care and clinical services; the Special Commission of Inquiry into healthcare funding and the Secure Jobs Funding Certainty.

This Budget Proposal identifies and quantifies opportunities to assist the Government over the next three to five years in improving mental health services in NSW, particularly in relation to the community-managed mental health sector and its workforce, to meet growth in service delivery needs in a sustainable way.

In preparing this proposal, MHCC mapped the Inquiry's recommendations to our own priorities, and we have identified opportunities for us to assist the Government's implementation of the supported recommendations.⁵ Some priorities are similarly reflected in our [Mental Health Workforce Solutions](#) publication as well as aligned to some key recommendations identified during the recent MHCC and NADA, [Collaborative Connections, Mental Health and Alcohol & other Drugs Symposium Report](#). This work has required MHCC to move from high-level recommendations to stating precisely what is required in terms of:

- Exact investment
- Target numbers in certain categories; and
- Policy, systemic and legislative reforms to achieve the desired outcomes, and by when.

² HPA 2024, [Analysis of unmet need for psychosocial supports outside the NDIS](#).

³ Productivity Commission 2020, [Mental Health Inquiry Report](#).

⁴ HPA 2024, [Analysis of unmet need for psychosocial supports outside the NDIS](#).

⁵ MHCC 2023, [Submission to the NSW Portfolio Committee 2: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales](#), Mental Health Coordinating Council.

Those recommendations that were supported by the NSW Government will make a real difference to the lives of people living with mental health challenges, as well as their carers, supporters, families and kin, and the community in the broadest sense. MHCC welcomes the opportunity to assist the Government to plan the implementation of these recommendations. Where we have identified preliminary cost estimates, we would be happy to provide more details of our calculations to help refine the estimates.

Summary of financial implications

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
Supported recommendations that MHCC can help to implement					
Recommendations 2, 18					
Professional Development (PD) Training for 200 students	98,800	98,800	98,800	98,800	395,200
100 Accredited Peer Work Scholarships	610,000	610,000	610,000	610,000	2,440,000
Recommendations 5					
45 Peer Navigator Scholarships	22,500	22,500	22,500	22,500	90,000
Recommendation 9					
PD Training in Trauma-informed Care & Practice for 200 students	98,800	98,800	98,800	98,800	395,200
Recommendation 13					
6 x 12-month Trainee Trainer program scholarship positions	120,000	120,000	120,000	120,000	480,000
Recommendation 16					
Mental Health CMO Database*	756,000	758,000	631,000	667,000	2,812,000
Supported recommendations that MHCC member organisations can help to implement					
Recommendation 3					
Mental Health Carers NSW	6,100,000	6,100,000	6,100,000	6,100,000	24,400,000
MHCC advice on other supported recommendations					
Recommendations 12, 15 and 6					
Expanding the Integrated Primary Care Service	1,975,000	1,975,000	1,975,000	1,975,000	7,900,000

*Note: figures for the Mental Health CMO Database include inflation.

Supported recommendations that MHCC can help to implement

Recommendations 2 and 18

- *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.*
- *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.*

The Inquiry's recommendation focuses on the primary health workforce, however the CMO sector workforce will be critical to delivering the recommendation and achieving the desired outcomes for people with mental health needs. The Government must consider the workforce required to support an expansion in psychosocial supports delivered by the not-for-profit community sector.

The additional mental health workforce required to deliver the recommendation and address existing workforce gaps will require additional training and professional development.

In support of the Peer Workforce Framework currently under development by NSW Health, MHCC recommends continued investment into CHC43515 Certificate IV in Mental Health Peer Work scholarships for the mental health peer workforce. This investment should be coordinated and provide consistent and reliable opportunities for peer workers, new or existing, to gain this qualification for a sustainable workforce.

Based on the figures we anticipate will be identified in the NSW Psychosocial Research Project, the NSW Government should invest in peer work roles across all LHDs, ensuring that roles are supported in a way that accommodates the wellbeing and sustainability of peer work. Independent supervision must be provided and sufficient back-up to allow for non-full-time work where appropriate, including time off to study whilst employed.

MHCC already provides training programs for new trainees, and ongoing professional development for existing workers. We also provide Accredited Mental Health Peer Work Scholarships to students to support their education in the provision of mental health care.

MHCC could provide up to 10 additional 2-day professional development courses annually, for a total of 200 additional students, at a cost of \$98,800 p.a. MHCC could also provide up to 100 additional students per annum with an Accredited Mental Health Peer Work Scholarship worth \$6,100 per student, for a total cost of \$610,000.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
PD Training for 200 students	98,800	98,800	98,800	98,800	395,200
Peer Work Scholarships for 100 students	610,000	610,000	610,000	610,000	2,440,000
TOTAL					2,835,200

Recommendation 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.*

The *National Mental Health Workforce Strategy 2022–2032*⁶ noted that “*The analysis identified several data gaps, including a paucity of data on non-AHPRA regulated professions and on full workforce delivering psychosocial support services. Hence the results were limited by available data.*” MHCC strongly advocates that the CMO workforce must be a priority area for future investment to deliver this recommendation. Mental Health Peer Navigators will represent an important part of that workforce.

The NSW Government should support scholarships for Peer Navigator training through the course developed by MHCC with funding from the NSW Mental Health Commission. This course is approved by the Australian Skills Quality Authority (ASQA) and officially live on the National VET Register as of 3 June 2024. The course has one unit attached to it: NAT11275001- Navigate systems for mental health peer support and recovery, which requires 40 hours of supervised training and 30 hours of unsupervised study.⁷

Peer Navigators should include peers with lived experience and expertise in First Nations, LGBTIQ+, Culturally and Linguistically Diverse, Youth and Older Persons groups (which include a 25% loading for additional support to ensure equity (which aligns with the cost methodology of the Department of Education’s Smart & Skilled program).

MHCC estimates there is demand for 45 scholarships for the accredited 11275NAT - Course in Mental Health Peer Navigation, at \$500 per student per scholarship.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
Peer Navigator Scholarships for 45 students	22,500	22,500	22,500	22,500	90,000

Recommendation 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.*

MHCC considers there is no need to establish a research, training, clinical supervision and support centre to deliver specific evidence-based therapies in trauma-informed care. Those bodies already exist through, for example the Blue Knot Foundation: National Centre of Excellence for Complex Trauma⁸ and Project Air at the University of Wollongong⁹.

However, it is necessary is to roll out more evidence-based training in a trauma-informed, recovery-oriented practice approach, through MHCC and other accredited organisations, with training targeted at the CMO mental health and psychosocial disability workforces.

⁶ Australian Government Department of Health and Aged Care, [National Mental Health Workforce Strategy 2022–2032](#)
⁷ [training.gov.au - 11275NAT - Course in Mental Health Peer Navigation](#)

⁸ National Centre of Excellence for Complex Trauma, [Blue Knot Foundation](#)

⁹ University of Wollongong (UOW), [Project Air](#)

For the CMO sector alone, a training event should be available every month. This would involve PD training 200 workers over 10 courses, or a total of 20 face to face training days per student per year. The cost per student would be \$494 for a total cost of \$98,800 per year.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
Evidence-based PD training in trauma-informed care for 200 students	98,800	98,800	98,800	98,800	395,200

Recommendation 13

- *That the NSW Government urgently request the Federal Government provide HELP fee relief for mental health priority courses.*

In addition to HELP fee relief to improve access to mental health priority courses, MHCC can deliver 6 scholarship positions for existing Mental Health Peer Workers to complete a 12-month Trainee Trainer program. This program provides participants the opportunity to complete the TAE40122 Certificate IV in Training and Assessment qualification and receive on the job training and mentoring. Expanding this program will increase the supply of trainers and assessors delivering the mental health priority VET qualifications. This would cost \$20,000 per trainee per scholarship each year.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
6 x 12-month Peer Trainee Trainer program scholarship positions	120,000	120,000	120,000	120,000	480,000

Recommendation 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.*

The NSW Government, through the Mental Health Branch of the NSW Ministry of Health, should fund MHCC for a mental health equivalent to the NADAbase (the database which NADA operates, and which has been in place for more than 12 years funded through its core grant) to collect data from all its members.

As the peak body for CMOs, MHCC is best placed to deliver this initiative. We have long advocated for consistency in data collection and will ensure security and anonymity of the data collected. MHCC can provide the portal for its members to enter their data, gather the data to send to the AIHW, and can themselves utilise the data for sector research, quality improvement and advocacy endeavours.

MHCC has sourced a competitive quote to develop and implement a CMO database, which would include the following features to cover data collection from approximately 150 MHCC member organisations.

- This software includes a minimum data set, plus screening tools, outcome and experience measurement e.g., K10, CANSAS.
- Small organisations log in and enter data into the fields; larger organisations have their own systems which will interface with the CMO database.
- An inhouse team produce quarterly reports to AIHW and NSW funders and the PHNs.
- Each organisation may have multiple programs funded by different funders. Each will be provided with an individual deidentified code.
- Every program participant/client/ consumer will have a deidentified code.

The database will enable mental health CMOs to report on demographics, inputs, outcomes, experience and quality improvements to be actioned. It will provide the evidence required to better understand what the services do and how well they achieve their objectives. It would provide consistency of data collection while supporting mapping of funds to activity and be comparable to data collection in the public services.

A MHCC database would be linked to AIHW data and would enable reporting across mental health more broadly by including CMO services. Ongoing staffing would be required to support operations and ongoing data entry and analysis, customer support, and reporting.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
Feature/Component	366,000	180,000	36,000	36,000	618,000
Monthly Dev & Input Software Support	250,000	260,000	280,000	305,000	1,095,000
Hosting& Licences		38,000	24,000	24,000	86,000
People Year 1 - 1 FTE / Year 2-4 – 2 FTE	140,000	280,000	291,000	302,000	1,013,000
TOTAL*	756,000	758,000	631,000	667,000	2,812,000

**Note that these figures are based on a market quote for developing and maintaining the database over 4 years and include inflation.*

Supported recommendations that MHCC member organisations can help to implement

Recommendation 3

- *That NSW Government increase funding for carer education, supports and resources, including respite services.*

Mental Health Carers NSW (MHCN) has provided the following cost estimates to support implementation of this recommendation, which the NSW Government supported in principle. At this early stage, MHCC has not validated MHCN's estimates, however we would be pleased to facilitate further discussions with MHCN to refine the estimates.

Carer Education

MHCN has advised that it could increase the number of carer education/skills development events that it provides by an additional event per week. This would provide capacity for 500 additional participants each year, at a cost of \$250,000 per year.

MHCN has advised that it could provide 5 additional carers per week (250 per year) with access to education and skills development provided by other organisations in NSW. This would cost \$250,000 per year.

Support and Resources

MHCN has advised that it could manage funds for 17 additional carer support groups across NSW, one in each Local Health District (LHD) each month, at a cost of \$50,000 per LHD each year.

MHCN has identified specific needs for LGBTIQ+ carers, and carers from Culturally and Linguistically Diverse communities. There are also unmet needs in the corrective services' context. MHCN has capacity to provide additional family therapy and support for distressed carers and consumers at a cost of \$1m per year.

MHCN could provide additional carer support groups for specific target groups including older persons, younger persons, LGBTIQ+ carers, indigenous carers, and carers in a forensic and/or corrections context. MHCN estimates that this would cost \$350,000 per year.

MHCN has considerable experience of producing information resources, include sixteen products recently funded by the NSW Ministry of Health, although that funding has now ended. MHCN could develop, print, and administer additional carer information material at a cost of \$150,000 per year.

MHCN has advised that it could expand and improve its webpage communications, refresh, and upgrade the page and improve the timely maintenance of the information with additional staff support. This would cost an estimated \$50,000 per year.

The Family & Carers Mental Health Program is currently funded by the NSW Ministry of Health to provide the Family and Carers Mental Health Program through 5 community-based organisations with multiple outlets across LHDs, associated with hospitals and community mental health services. Distribution of the program is patchy, and some hospitals are not covered directly. Expansion of the program, with particular focus on the employment of mental health Carer Peer Workers, would enable better coverage to fill known gaps, at an estimated cost of \$1m per year.

Respite

MHCN currently operates a very limited respite program with grants of \$1,000 for each successful applicant. Funding for this program is based on a bequest and is limited to the investment earnings from this bequest. Access to the program is currently through a twice-yearly lottery, which is always oversubscribed. Based on the number of requests received, there is an unmet need for 800 additional grants each year, supported by funding for additional administrative costs of 20%, at a total estimated cost of \$1m per year.

A small number of providers currently provide 'respite type' services, e.g. Recovery Camp run by the Recovery College. MHCN has advised that expanding the Residential Respite service to provide one additional respite bed (most likely in a non-government facility) in each LHD, for up to 3 months each year, would cost an additional \$1m per year.

There is currently a very small number of existing services associated with live-in training programs. Additional funding of \$200,000 p.a. would enable them to expand the current offerings based on known demand and capacity.

	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
MHCN Carer education/skills development events for 500 participants	250,000	250,000	250,000	250,000	1,000,000
MHCN Access to education/skills development for 250 carers	250,000	250,000	250,000	250,000	1,000,000
MHCN 17 carer support groups	850,000	850,000	850,000	850,000	3,400,000
MHCN Family therapy and support	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
MHCN Carer support for specific target groups	350,000	350,000	350,000	350,000	1,400,000
MHCN Improved online information	50,000	50,000	50,000	50,000	200,000
MHCN Additional carer information material	150,000	150,000	150,000	150,000	600,000
Expansion of the Family and Carers Mental Health Program*	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
MHCN Expansion of the at home respite grants program	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Expansion of the Residential Respite service*	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
Expansion of live-in training programs*	200,000	200,000	200,000	200,000	800,000
TOTAL					24,400,000

Note: The items above that state 'MHCN' are services to be provided by Mental Health Carers NSW, totalling \$3,900,000 per annum.

*These items in bold represent funding towards other community-based services, totalling \$2,200,000 per annum.

MHCC advice on other supported recommendations

Recommendation 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.

The Department of Premier and Cabinet should facilitate improved cross portfolio collaboration, and guide cross-governmental cooperation across social determinants of mental health, such as housing, disability and other co-existing conditions, alcohol and other drugs.

The NSW Government should provide greater flexibility to fund mental health outcomes across portfolios, such as NSW Health and Homes NSW. This should include mental health portfolios actively cooperating to co-commission co-located services from the CMO sector to meet the complex needs of people living with mental health and coexisting challenges such as homelessness and substance use.

The NSW Government should invest in workforce training and professional development across mental health and human services, so that workers understand how to work holistically, are confident supporting people with complex needs, and have knowledge of cross sectorial services and referral opportunities across all parts of the service system.

MHCC is ideally placed to facilitate and coordinate the NSW Government's engagement with the diverse CMO sector, to foster linkages and referral pathways across the sector, and to provide advice on the capacity and capability of CMO providers across NSW. We look forward to assisting the NSW Government to implement this recommendation.

Recommendations 12, 15 and 6

- *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.*
- *That the NSW Government explore opportunities for integration between primary care and mental health services including embedding mental health clinicians within general practice.*
- *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.*

In partnership with the Commonwealth Government, the NSW Government currently funds an Integrated Primary Care pilot in the North Sydney Primary Health Network (PHN), with Uniting providing in-kind services.

There is an opportunity to expand this Integrated Primary Care trial, to establish an Integrated Primary Care Service in one GP practice in each of NSW's 10 PHNs, enabling each PHN to derive key learnings from implementation, to prepare for full implementation in 5 years.

In each PHN, one GP practice would be identified through a local EOI process coordinated by the PHN. The selected GP practice would have 1.0 FTE "Wellbeing Clinician" (trained mental health clinician such as a social worker, psychologist, mental health nurse, or counsellor) and 1.0 FTE "Health Coaching + Link Worker" (non-clinical support or peer worker role that moves flexibly between the GP practice and community settings, accompanying the consumer to local community services and activities). The CMO would manage and support the roles through recruitment, workforce supervision, and training. In this way, critical fidelity to the practice model would be maintained.

This program should be funded through the Bilateral Agreement, which requires 50/50 funding between the NSW and the Commonwealth governments. The funds should be distributed to the PHNs, who would commission the service from CMOs.

Total annual funding to expand the Integrated Primary Care Service into 10 general practices (inclusive of room rental) would be \$3,950,000 (See MHCC & Uniting Submission to the Inquiry), of which the NSW Government's share would be \$1,975,000 per year.	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2028-29 (\$)	Total over 4 years
Expanding the Integrated Primary Care Service into 10 PHNs (NSW Govt 50% share)	1,975,000	1,975,000	1,975,000	1,975,000	7,900,000

Recommendation 13

- *That the NSW Government urgently request the Federal Government provide HELP fee relief for mental health priority courses.*

CMOs must be supported with a supply of adequately trained workers to address workforce shortages. Investment is necessary to increase funding for HELP fee relief for priority skill shortages in areas such as Social Work, Psychology and Residential Care.

In addition to increasing HELP fee relief, CMOs must be supported and funded to increase the number of work placements available to students completing a mental health qualification across VET and tertiary institutions. In the current circumstances, many organisations do not have the capacity to take on students and ensure a positive and valuable experience that will result in recruitment down the track. Such opportunities are vital in championing the sector as a great place to work and demonstrate that the sector can provide real career pathways. MHCC recommends that CMO funding be increased to allow a training budget of 2.5% of contracted wages and salaries, to support mental health training placement across disciplines.

In addition to HELP fee relief, MHCC recommends that the Federal Government extend the Commonwealth Practice Payment model to relevant mental health VET qualifications, such as CHC43315 Certificate IV in Mental Health, and CHC43515 Certificate IV in Mental Health Peer Work. MHCC also recommends that funding is provided for RTOs delivering the TAE40122 Certificate IV in Training and Education qualification to ensure the CMO sector has qualified trainers and assessors delivering these courses.

Recommendation 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 outcomes, that their program or service has met and engaged successfully with a consumer need, and that this need is ongoing.*

MHCC recommends the NSW Government deliver its *Secure Jobs and Funding Certainty 2023* election commitment and approve the Whole of Government Roadmap, which should deliver:

- five-year funding cycles for all CMOs (including departmentally funded peaks) delivering mental health and suicide prevention services/programs.
- annual indexation in line with increases in wage costs, based on the Wages Price index (WPI) for Health Care and Social assistance or a reasonable alternative.

Recommendation 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.*

The NSW Government should require all front-line staff in Emergency Departments to undertake trauma and suicide prevention training provided by the Health Education and Training Institute (HETI), as part of the orientation of new staff, and mandated for existing staff.

MHCC is available to train staff either in accredited or non-accredited courses. An overview of the courses MHCC provides can be found in our [Learning and Development Courses document](#).

Recommendation 25

- *That NSW Health improve the timely provision of discharge summaries for people leaving hospital after mental health related presentation or admission.*

MHCC recommends that NSW Health Regulation 2019, s,40: *Information as to follow-up care after discharge*, should be amended to provide:

- (e) that a discharge summary must be made available at discharge of consumer if they are to be discharged into the care of an AOT or MATT team
- (f) that a discharge summary should be available to a CMH Team within four days of discharge if no immediate risk of harm or neglect is assessed of a person discharged on a CTO
- (g) that a summary be provided to the person, their nominated GP, or carer (if nominated) as appropriate, for a person discharged voluntarily.

Recommendation 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.*

MHCC recommends that the existing psychosocial support programs HASI and CLS be expanded to support an additional 2,500 people in NSW each year.

MHCC further recommends that the PCLI2 program be implemented as originally intended, with funding of \$40 million p.a. for 4 years. The original tender specified the program should include 29 facilities and 230 beds.

Recommendations 31 and 33

- *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.*

- *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.*

MHCC supports the roll-out of the NSW Health led PACER program across all police area commands and LHDs in NSW. Designated multidisciplinary crisis teams should be available in each LHD across NSW and include a peer worker in each team.

The number teams available should reflect population and demographic need as identified in gap analysis, measured by ED presentations per area that have involved police presence.

Recommendation 35

- *That NSW Health increase support to patients and carers in the lead up to hearings before the Mental Health Review Tribunal.*

MHCC recommends that the NSW Government:

- Establish a specific peer worker role in all Declared Mental Health Facilities in NSW, with hours allocated to support inpatients known to have forthcoming reviews.
- Fund Legal Aid to train peer workers to understand the legislation so that Peers trained in Supported Decision-Making can assist patients and carers to better prepare and represent themselves at hearings; noting that MHCC could deliver this training.

MHCC advice on noted recommendations

Recommendation 30

- *That the NSW Police Force improve mandatory comprehensive mental health training currently provided to police officers in consultation with consumers and carers.*

Quality mental health training should be made available to all services that intersect or work alongside the mental health sector. For the NSW Police Force, MHCC recommends training that supports the 'Right Care, Right Person' model centred on trauma-informed responses to people experiencing mental distress and/or suicidal ideation.

MHCC has worked with, and delivered professional development training to, both the NSW and Victorian Police Forces. MHCC is best placed to offer support in understanding and implementing trauma-informed responses, particularly relating to the use of force or restraint and powers under the *Mental Health Act 2007*. MHCC's training is experiential and allows for examples and scenarios of the participants in the room to be incorporated into the training design and delivery.

MHCC can work with the NSW Police Force to co-design tailored mental health training delivered by trainers with lived and living experience of mental health distress and recovery to build the NSW Police Force's internal capacity when responding.

MHCC can also deliver annual mental health training that is customised to the existing experience levels of officers, and can be delivered face-to-face, online, or via a combination of the two. The cost to deliver such training will depend on an understanding of the needs of the NSW Police Force and other stakeholders, such as NSW Health, and the volume of training required.

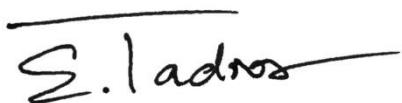
Recommendation 27

- *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.*

Currently most 20 Safe Havens in NSW operate to 9pm. MHCC recommends that the NSW Ministry of Health work with current operators to determine the cost of providing a 24/7 service at existing Safe Havens.

Final Commentary

MHCC expresses gratitude to the Government for their interest in reviewing this submission and hopes that the Minister, Treasury and MoH will thoughtfully consider our proposals, especially given the Government's general support or principled backing of almost all recommendations.

A handwritten signature in black ink, appearing to read 'E. Tadros', with a horizontal line above it.

**Dr Evelyne Tadros
Chief Executive Officer
Mental Health Coordinating Council**