

The Hon Rose Jackson MLC

Minister for Water, Minister for Housing, Minister for Homelessness,
Minister for Mental Health, Minister for Youth, Minister for the North Coast



Ref: INQ23/17

Mr David Blunt
Clerk of the Legislative Council
Parliament House
Macquarie Street
SYDNEY NSW 2000

NSW Government Response to Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Dear Mr Blunt David

The Legislative Council's Portfolio Committee No,2 – Health tabled a final report on 4 June 2024.

The NSW Government's response to the final report is enclosed for tabling.

Your assistance in facilitating the tabling of the response is appreciated.

Yours sincerely

Rose Jackson MLC

Minister for Water, Minister for Housing, Minister for Homelessness,
Minister for Mental Health, Minister for Youth, Minister for the North Coast

Encl. NSW Government Response to Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Received at 10:30am
Wednesday 4 September
2024

OFFICIAL



NSW GOVERNMENT RESPONSE

Inquiry into equity, accessibility and appropriate delivery of
outpatient and community mental health care in New South Wales

OFFICIAL

CONTENTS

Introduction	3
Response to recommendations	5
Recommendation 1	5
Recommendation 2	5
Recommendation 3	6
Recommendation 4	7
Recommendation 5	7
Recommendation 6	9
Recommendation 7	10
Recommendation 8	11
Recommendation 9	12
Recommendation 10	13
Recommendation 11	14
Recommendation 12	15
Recommendation 13	16
Recommendation 14	16
Recommendation 15	17
Recommendation 16	18
Recommendation 17	18
Recommendation 18	19
Recommendation 19	20
Recommendation 20	20
Recommendation 21	21
Recommendation 22	21
Recommendation 23	22
Recommendation 24	23
Recommendation 25	24
Recommendation 26	24
Recommendation 27	25

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

OFFICIAL

Recommendation 28	25
Recommendation 29	26
Recommendation 30	26
Recommendation 31	27
Recommendation 32	27
Recommendation 33	27
Recommendation 34	28
Recommendation 35	28
Recommendation 36	29
Recommendation 37	29
Recommendation 38	30
Recommendation 39	30

OFFICIAL

INTRODUCTION

The NSW Government is committed to ensuring that timely, equitable and appropriate mental health care services are accessible to all people experiencing a mental health condition, including their family or kinships groups, and carers. With an estimate that 1 in 5 Australians experience mental health condition in any given year¹, it is critical that the mental health system is flexible to the needs of the community and responsive to the challenges faced by people with lived experience of a mental health condition.

The NSW Government acknowledges the need to ensure that outpatient and community mental health care in NSW is responsive to the needs of the community. The NSW Government is grateful for the insightful contributions of the organisations and individuals who took the time to make submissions and those who additionally appeared as witnesses at the inquiry hearings. In particular, the voices of those with lived experience of a mental health condition and who have accessed mental health care in NSW are especially valued.

The NSW Government acknowledges that people continue to face challenges accessing the mental health care they need. Ongoing work is required to deliver equitable services to community and to support people to navigate available services to easily access care. The NSW Government notes several key learnings from the inquiry, including:

- The need for better coordination and integration across the sector to support access to information.
- The need for increased awareness of the available mental health services across NSW, including the ability of carers to navigate the mental health system.
- Opportunities to enhance the skill set and knowledge of the mental health workforce.
- Improving the coordinated responses of crisis services for people experiencing acute mental distress.

It is pleasing that many of the recommendations from the inquiry are consistent with the significant work that is underway across NSW to enhance mental health care. This includes:

- A \$111.8 million package to support community mental health and wellbeing by increasing the essential services available to people across NSW, announced as part of the 2024-25 NSW Budget.
- A 4-year investment of more than \$40 million to 2025-26 for Closing the Gap programs and Aboriginal mental health workforce development. The funding and investment aim to improve the mental health and wellbeing of Aboriginal people.

¹ Productivity Commission. (2020). *Productivity Commission Inquiry – Mental Health Report no.95*. Productivity Commission, Canberra.

- A ‘Memorandum of Understanding’ is being negotiated between NSW Health, NSW Police and NSW Ambulance to support agency response to mental health in the community.
- Growth of the mental health consumer peer workforce in NSW.
- Implementation of Towards Zero Suicides initiatives that address priorities in the Strategic Framework for Suicide Prevention 2022-27.

The NSW Government has carefully considered the Inquiry’s recommendations and thanks the Committee for its detailed examination of community and outpatient mental health care in NSW. The report and recommendations provide a valuable guide to support the improvement of community mental health service delivery. Of the 39 recommendations:

- 24 are supported
- 8 are supported in principle and
- 7 are noted.

The NSW Government’s response to the Report’s recommendations is outlined in the following section. In conjunction with the finalisation of a comprehensive Gap Analysis aimed at identifying priority areas, the NSW Government has identified further opportunities to build on the work already underway and explore new opportunities for reform as an outcome of this inquiry. NSW Health will continue to work with other NSW Government agencies to engage consumers, families and carers, as well as key stakeholders to work towards the implementation of supported recommendations.

The NSW Government thanks the Committee for their commitment to this essential area of health services and to the people who will benefit from improved community and outpatient mental health services.

RESPONSE TO 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.

Position	Supported
Response	<p>The NSW Government is committed to a whole-of-government approach to reform of the mental health system, including suicide prevention reform, that accounts for social and environmental determinants of health.</p> <p>The NSW Government remains committed to the introduction of suicide prevention legislation to support a whole-of-government approach to driving down suicide rates.</p> <p>The NSW Mental Health Taskforce, made up of senior officials from across government, provides strategic oversight of mental health and suicide prevention reform. The Taskforce oversees the governance and accountability arrangements to support the implementation of whole-of-government priorities for mental health reform in NSW, including:</p> <ul style="list-style-type: none"> • Living Well in Focus 2020-2024 • Shifting the Landscape for Suicide Prevention in NSW: A whole-of-government Strategic Framework for a whole-of-community response 2022-27 • NSW Closing the Gap Implementation Plan 2022-2024.

RECOMMENDATION 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.

Position	Supported
Response	<p>The NSW Government is committed to addressing funding and workforce gaps in the primary care and mental health systems in partnership with the Australian Government.</p>

The NSW Government notes that the [Better Access evaluation](#) highlighted barriers to access for people in rural and regional areas, older people, and people who are financially disadvantaged. NSW will advocate to the Australian Government to enable better outcomes for the people of NSW.

It is noted that the [2024-25 Federal Budget](#) included a mental health package to be rolled out over 8 years that aims to relieve pressure on the Better Access initiative.

The NSW Government continues to work with the Australian Government and other states and territories to implement the recommendations of the [Independent review of health practitioner regulatory settings](#), to build the workforce by making it simpler, quicker and cheaper for international health practitioners to work in Australia. The Health Workforce Taskforce will oversee implementation of the recommendations over the next 18 months.

RECOMMENDATION 3

That NSW Government ensure funding for carer education, supports and resources, including respite services.

Position	Supported in principle
Response	<p>NSW Health provides core funding for Mental Health Carers NSW to support and empower families and carers of people with a mental health condition in NSW. The NSW Family and Carer Mental Health Program is also funded statewide.</p> <p>NSW Health also has responsibilities specific to mental health and/or health under the <i>Carer (Recognition) Act 2010</i>, which includes initiatives to support carers across the health system. For example, to publish and implement an updated <i>NSW Health Recognition and Support for Carers: Key Directions 2023-2027</i>.</p> <p>Emergency respite services are available through Carer Gateway funded by the Australian Government.</p> <p>The Australian Government is responsible for funding respite care.</p>

RECOMMENDATION 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.

Position	Supported
Response	<p>The NSW Health Single Front Door program connects people with urgent, unplanned care needs to the right care through one point of phone-based nurse assessment, triage, and referral. It is delivered in partnership with healthdirect.</p> <p>The NSW Government has announced that the Single Front Door will be expanded to include the Mental Health Single Front Door. An additional \$39 million over 4 years from 2024-25 has been committed to this expansion.</p> <p>The Mental Health Single Front Door will centralise and streamline consumer access to appropriate services by providing timely assessment and referrals. It will be supported by the National Health Service Directory which provides consistent, reliable, and easily accessible information on health and related services to enable appropriate referrals according to need. The National Health Service Directory is the leading source of information about Australian health and related services, and is an initiative of all Australian governments, developed and delivered by healthdirect Australia.</p> <p>The phased implementation of the Mental Health Single Front Door will begin in early 2025.</p>

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.

Position	Supported
Response	<p>NSW Health has a range of processes in place to facilitate referrals and information sharing between state and Australian Government agencies, non-government and community managed organisations and private health care service.</p>

There are several existing Government commitments focused on improved information sharing across the mental health sector. For example, NSW Health funds and promotes programs that develop data and information sharing between Aboriginal Community Controlled Health Organisations and NSW Health services. This is part of the NSW Government's commitment to the [National Agreement on Closing the Gap](#).

NSW Health's Policy Directive, *Discharge Planning and Transfer of Care for Consumers in NSW Mental Health Services (PD2019_045)* guides sharing of consumer information with a range of government and non-government services. The review of the policy, due in September 2024, will consider service and referral pathways for people leaving hospital after a mental health related presentation or admission.

The [National Mental Health and Suicide Prevention Agreement](#) commits national and state governments to sharing detailed data on mental health activity. Data-sharing agreements have been signed between the NSW Government and the Australian Government.

A [Joint Statement between NSW Health, the NSW Primary Health Networks and the Primary Care Division of the Australian Government Department of Health](#) sets out a shared commitment to working together to deliver person-centred health care in NSW. This includes information and data sharing and integrated pathways for care.

Existing interstate mental health agreements between NSW and other jurisdictions (including Victoria, Queensland, Australian Capital Territory and South Australia) support information sharing and are periodically reviewed. Information can also be disclosed under the *Health Records Information Privacy Act 2002*, including to other jurisdictions, where there is a serious and imminent threat to the life, health or safety of the individual or another person. NSW Health is also working with other jurisdictions on the National Mutual Recognition of Mental Health Orders Project. The Project aims to develop a national legislative scheme to support mutual recognition of civil inpatient and community-based mental health orders between jurisdictions.

A priority of the NSW Government under the 10-year Mental Health Reform agenda outlined in [Living Well: A Strategic Plan 2014-2024](#) is to grow the peer workforce.

To support this priority, the NSW Government has funded local health districts (LHDs) and specialty health networks (SHNs) to employ Aboriginal Mental Health Care Navigators and Aboriginal Mental Health Peer Workers.

A draft statewide peer workforce framework for peer workers employed in NSW Health funded services is being finalised by an expert reference group. Once published, it will provide guidance in the development and support of the mental health and suicide prevention peer workforce including peer navigators.

RECOMMENDATION 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.

Position	Supported in principle
Response	<p>NSW Health supports enhancing integration of programs and recognises the importance of collaboration and information sharing across the mental health sector for effective care coordination.</p> <p>Existing NSW Health funded programs require community managed organisations, including Aboriginal Community Controlled Health Organisations, to work in partnership with LHDs, SHNs, NSW Health and mainstream health providers to provide integrated and holistic supports to consumers.</p> <p>For example, the Building on Aboriginal Communities' Resilience Program and the Model of Care Program Grants promote cross-collaboration between public mental health services and Aboriginal Community Controlled Health Organisations in increasing shared access to data and information as well as creating fluid referral pathways for Aboriginal consumers accessing multiple mental health services.</p> <p>NSW Health also acknowledges the importance of building workforce capability to ensure a 'no wrong door' approach and better support the management of co-occurring mental health and other needs. Targeted workforce development activities for staff working in community managed organisations can improve staff capacity to manage co-occurring conditions and enable program integration more effectively.</p> <p>In 2024, NSW Health published the position paper Understanding the charity and local community sector in regional NSW. A key finding was that non-government organisations and local community groups would benefit from greater awareness of grant opportunities and administrative process to access funding opportunities. NSW Health has</p>

identified a range of opportunities to enhance collaboration with non-government organisations and community managed organisations and community groups and this work is ongoing.

RECOMMENDATION 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.

Position	Supported
Response	<p>NSW Health will investigate opportunities to support the provision of information to the community to improve visibility of care pathways, and support awareness of (and access to) mental health services. This will include an integrated communications approach that aligns with other system-wide 'access to care' initiatives, including the recently announced Mental Health Single Front Door (outlined at Recommendation 4).</p> <p>NSW Health is committed to reviewing eligibility criteria and service models to ensure services reflect a contemporary approach that meets the needs of people experiencing a mental health condition. These reviews are supported by evidenced-based program evaluations. Examples include the large-scale review of the Housing and Accommodation Initiative and Community Living Supports service models and the evaluation of eating disorder tertiary hubs.</p> <p>Additionally, an outcome of the delivery of the Statewide Mental Health Infrastructure Program has been the development and standardisation of statewide clinical service delivery models of care for several populations, including acute adult, child and adolescent, low secure forensic, medium secure forensic, and mothers and babies. These improvements will increase service capacity across NSW and enhance the provision of therapeutic and recovery focussed services through redesigned contemporary consumer and carer focused care.</p> <p>NSW Health continues to implement the NSW Health Integrated Trauma-Informed Care Framework: My story, my</p>

[health, my future](#), which brings together elements of trauma-informed care and integrated care to enhance the experiences of clients and their families and carers accessing NSW Health services.

NSW Health is also investing in a range of programs to support access to mental health services for priority populations. These include, but are not limited to the:

- Transcultural Mental Health Line
- Intellectual Disability Mental Health Network
- Aboriginal Mental Health Peer Navigator roles (refer to recommendation 5 and 8).

RECOMMENDATION 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.

Position	Supported
Response	<p>The Wellbeing and Health In-reach Coordinator program supports children, young people and family members from priority population groups to access health and social care services, including mental health services. In 2024, the NSW Government invested ongoing funding for the program, to support 106 wellbeing nurse positions in schools.</p> <p>NSW Health recognises the value of mental health care outside of traditional clinical settings to support priority populations to access targeted, specialised, mental health support. NSW Health currently provides a range of mental health initiatives to target populations outside clinical settings. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Towards Zero Suicide Safe Havens provide a calm, culturally sensitive and non-clinical alternative to hospital emergency departments, for people experiencing distress or suicidal thoughts. • The Transcultural Mental Health Centre works in partnership with mental health services to support and supplement their work with culturally and linguistically diverse populations across their lifespan. • Getting on Track in Time (Got It!), Teen Got It! and Aboriginal Got It! programs provide support, including engagement of carers and schools, to help children and young people address behavioural issues.

- Mental Health Community Living Supports for Refugees provides psychosocial supports for refugees and people seeking asylum who are experiencing psychological distress, mental ill health and impaired functioning.
- Building on Aboriginal Communities' Resilience program - a key component of the Towards Zero Suicides initiative that seeks to provide leading best practice crisis care and support, build on local community resilience and improve systems and practices to reduce the suicide rate of Aboriginal people in NSW.
- The Aboriginal Mental Health and Wellbeing Model of Care Program initiative seeks to implement locally tailored, co-designed and evidenced based models of care that enhance partnerships and support the knowledge sharing and connected care between Aboriginal health services, NSW Health, the community, and Aboriginal people and their families' accessing services.

There are several innovative initiatives progressing under the [National Mental Health and Suicide Prevention Agreement](#) Bilateral Schedule.

LHDs and SHNs also develop local innovative programs to meet specific local needs.

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.

Position	Supported in principle
Response	<p>NSW Health entities are working to support the delivery of evidence-based therapies in trauma informed care.</p> <p>The Health Education and Training Institute is a centre for excellence in education and training that also supports trauma informed care and practice as an integrated part of mental health capability development. There are several learning pathways available to cater for professional development. These were developed in partnership with the Agency for Clinical Innovation and their statewide networks.</p> <p>NSW Health's Office of Health and Medical Research was established to implement the NSW Government's strategic plan to build research capability in NSW. Research funding is provided to support health system research priorities, including locally identified areas of need, through the</p>

Translational Research Grant Scheme. The Scheme supports new approaches and models of care to support community health, including mental health, through a competitive, merit-based processes.

The Agency for Clinical Innovation has developed the [Trauma-informed Care in Mental Health Services Across NSW: A Framework for Change](#) that supports the implementation of trauma-informed care in mental health services across NSW. To support implementation of the Framework for Change, the Agency for Clinical Innovation developed the [Trauma-Informed Mental Health Care Organisational Self-Assessment Tool](#). This tool and related resources support mental health services across NSW to understand their current capabilities around providing trauma-informed care and take steps towards meeting the requirements outlined in the Framework for Change.

RECOMMENDATION 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.

Position	Noted
Response	<p>NSW Health acknowledges the challenges currently facing the mental health workforce. In particular, the importance of attracting and retaining skilled mental health staff. This is a continued focus of the Future Health: Strategic Framework alongside equipping staff with the skills and capabilities to care for our community.</p> <p>The NSW Government is committed to strengthening the mental health system, including through additional staffing investment as part of the 2024-25 NSW Budget. The Mental Health budget includes \$30.4 million over four years for community mental health staff, and \$40 million over four years for the Pathways to Community Living Initiative.</p> <p>Remuneration arrangements are the subject of current negotiations between the employer and industrial associations. The NSW Government has abolished the wages cap, legislated a new attraction and retention objective into the Industrial Relations Act and restored the power of the</p>

independent Industrial Relations Commission to ensure there are fair and reasonable wage outcomes.

RECOMMENDATION 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.

Position	Noted
Response	<p>NSW Health are aware of the challenges faced by mental health clinicians with accessing supervision at a local level.</p> <p>There are existing forums that support mental health clinicians to maintain a strong workforce network, share innovations and workshop ideas or challenges. Some of these include the Aboriginal Mental Health Social Emotional Wellbeing Community of Practice and the Reducing Restrictive Practices Community of Practice.</p> <p>An innovative example of a LHD initiative is the establishment of a cross-district Family Focused Recovery Clinical Supervision Group. The Group is made up of Children of Parents with Mental Illness Coordinators that meet monthly to provide support to one another, sharing experiences and wisdom as well as resources.</p> <p>NSW Health will be conducting a mapping exercise to see how Directors of Training, Site Directors of Training and Education and Education Support Officers positions support and assist in the supervision of psychiatry trainees in NSW.</p> <p>NSW Health also recognises the importance of ensuring specific clinical fields of expertise are supported to undertake supervision requirements to maintain registration.</p> <p>The Australian Government holds primary responsibility for primary health care, including service providers, such as General Practitioners.</p>

RECOMMENDATION 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.

Position	Supported
Response	<p>NSW Health is committed to the professional development of its staff to meet the growing and changing needs of the community.</p> <p>The Future Health Guiding the next decade of care in NSW 2022-2032: Report, Regional Health Strategic Plan and NSW Health Workforce Plan have objectives to support allied health clinicians to work to the top of their scope of practice and extended practices. These objectives are being progressed by NSW Health in collaboration with internal and external stakeholders. Programs of work have commenced in pharmacy and physiotherapy to develop this further and will be extended to other professions and clinical areas, including mental health. To support this, NSW Health has developed the Principles in Allied Health Governance and the Allied Health in Mental Horizon Scan and Scenario Generation report.</p> <p>Educational resources have been developed to support mental health nurses and other clinicians in the development of their practice. The Mental Health Pathways in Practice program boosts the capabilities of nurses and allied health clinicians in mental health settings. Using a combined approach of online and workplace-based elements, the program emphasises the application of therapeutic skills. Combined with other educational opportunities developed within NSW Health, this equips nurses and allied health professionals with effective therapeutic skills to work to the top of their scope of practice, improve quality of care while supporting resilience and workforce sustainability.</p> <p>NSW Health provides a range of mechanisms including scholarships, cadetships, and grants to support nursing students and NSW Health nurses at all career stages, from entry-level to advanced practice.</p> <p>The Health Education and Training Institute also provides self-paced and supported education and training to upskill NSW Health staff across a broad range of disciplines.</p>

RECOMMENDATION 13

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

Position	Supported
Response	<p>The NSW Government is working with the Australian Government and other jurisdictions to feed the States essential workforce needs into the development of a 'managed growth' model for the funding of higher education.</p> <p>NSW Health will consider existing financial incentives such as subsidies, scholarships, and grants to support students studying health related courses and will work with the Department of Education on making representations to the Australian Government for mental health priority courses.</p>

RECOMMENDATION 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.

Position	Supported in principle
Response	<p>TAFE NSW offers mental health courses which provide the key skills needed to work in the mental health industry. TAFE NSW also offers entry level courses in mental health such as a TAFE Statement in Youth Mental Health First Aid, though to a TAFE NSW Diploma in Mental Health.</p> <p>NSW has well-established fee exemption, concession, scholarship and waiver criteria for disadvantaged students undertaking government-subsidised training through Smart and Skilled, delivered by TAFE NSW and other contracted registered training organisations. Fee free apprenticeships and traineeships were also recently extended to 30 June 2025 in the 2024-25 NSW Budget.</p> <p>In addition, through the Fee Free TAFE Skills Agreement with the Australian Government, the NSW Department of Education (Training Services NSW) is funding additional fee-free training places.</p> <p>The NSW Government is investing an additional \$200.1 million to increase key health worker accommodation across rural and regional areas of the state as part of the 2024-25 NSW Budget. This investment builds on the \$45.3 million in</p>

accommodation for key health workers in the Murrumbidgee, Southern and Far West Local Health Districts.

NSW Health is working collaboratively with LHDs, NSW Ambulance and Homes NSW to address key health worker accommodation requirements. The key health worker accommodation program also considers the need for cultural and social supports to enable community connectedness and a sense of belonging for staff and their families moving to regional areas.

RECOMMENDATION 15

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

Position	Supported
Response	<p>NSW Health has existing multi-disciplinary teams across NSW that integrate primary care and mental health services.</p> <p>Under the NSW Primary Health Network-NSW Health Joint Statement there is a shared commitment to work collaboratively to advance a one health system mindset, enhance coordination and integration of care, and address key priorities in relation to care in the community, regional planning processes and governance, and data and outcomes. Under the shared implementation plan, priority actions include requiring each NSW LHD and Primary Health Network partnership to have a joint governance mechanism. Joint governance arrangements between LHDs and Primary Health Networks are now in place or in development in all areas. LHDs and Primary Health Networks are also required to have joint Mental Health and Suicide Prevention plans in place.</p> <p>In addition to this, the National Mental Health and Suicide Prevention Agreement provides opportunity for states, territories and the Australian Government to work together to deliver mental health and suicide prevention reform, with the aim of moving towards a unified and integrated mental health and suicide prevention system. The Australian Government holds responsibility for services provided in general practice. The NSW Government is taking innovative approaches to linking general practice with NSW Health system records through the Lumos Program. The Lumos program links deidentified extracts of patient records from participating general practices with other NSW Health system records. This is used for supporting and improving health service</p>

delivery for patients, including those with mental health diagnoses, across primary and acute care sectors.

NSW Government also welcomes the opportunity to work with the Australian Government on the recently announced Federal Budget initiative to invest \$71.7 million over four years (and \$24.4 million ongoing) to provide wrap-around care for complex patients in primary care.

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.

Position	Supported
Response	<p>The National Mental Health and Suicide Prevention Agreement and the National Agreement on Closing the Gap commits national and state governments to sharing detailed data on regional mental health activity. Data-sharing agreements have been signed between NSW and the Australian Government. This includes the commitment to continue to collaborate to build the data and systems needed to understand and improve mental health and suicide prevention workforce planning.</p> <p>NSW Health is finalising technical work for the Australian Institute of Health and Welfare to support the regular sharing of aggregated state and national mental health services data. This will summarise activity for individual local areas by age and sex. The Australian Institute of Health and Welfare is planning the publication of regional profiles to support planning and coordination.</p>

RECOMMENDATION 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.

Position	Supported
Response	NSW Health recognises the importance of developing data collection on gender and sexuality. Consistent data collection of sexuality, gender and intersex variations at the point of

care is required to improve healthcare experiences of LGBTIQ+ people, to plan services and monitor health outcomes.

The [NSW LGBTIQ+ Health Strategy 2022-2027](#) includes a strategic priority focused on improving system-wide LGBTIQ+ data collection.

NSW Health led a LGBTIQ+ Data Collection Discovery Project from March to August 2023. The project reviewed the way NSW Health collects and uses data and information about LGBTIQ+ people. The next phase of work will involve working across NSW Health to review the project recommendations and to consider implementation and resourcing requirements.

NSW Health is also working with other jurisdictions, national data organisations and peak bodies to understand technical and implementation requirements for data collection on gender and sexuality. NSW has begun implementing changes to allow this data to be provided by LHDs. For example, NSW recently included optional questions on gender and sexuality in the Your Experience of Service survey of mental health service users, and the Carer Experience of Service survey.

RECOMMENDATION 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.

Position	Supported
Response	<p>As outlined in Recommendation 5, NSW Health's draft statewide peer workforce framework is being finalised. The Framework will provide a clear scope of practice and mechanisms to support, strengthen and integrate peer workers into the broader mental health and suicide prevention workforce.</p> <p>The Mental Health Commission of NSW is also working on a statewide peer workforce roadmap to support the development of the NSW mental health peer workforce. It is anticipated the Roadmap will be completed by mid-2025.</p> <p>NSW Health is committed to including the peer workforce in the NSW Health Award reform process. NSW Health and the Health Services Union will work collaboratively to modernise industrial instruments that establish wages and conditions for</p>

the peer workforce to enhance workplace productivity and resolve current workforce challenges.

The Australian Government funds scholarship places for the Certificate IV qualification in Mental Health Peer Work to increase the number of peer workers in both regional/rural areas and Aboriginal peer workers. A review of the scholarship program funded by NSW Health and other professional development opportunities are being explored this financial year.

NSW Health monitors the recruitment and retention of peer workers by a Key Performance Indicator in Service Level Agreements with LHDs and SHNs. Additionally, all projects initiated through the Statewide Mental Health Infrastructure Program ensure that all Project Workforce Plans consider allocated and recurrently funded roles for peer workers.

RECOMMENDATION 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.

Position	Noted
Response	<p>The 2024-25 NSW Budget includes a \$111.8 million package over 4 years to support community mental health and wellbeing by increasing the essential services available to people across NSW.</p> <p>This includes \$30.4 million for additional frontline services through Community Mental Health Teams and Mental Health and Housing Liaison Officers; \$40 million for the Pathways to Community Living Initiative; and \$39 million over four years to establish the Mental Health Single Front Door through healthdirect.</p>

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.

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

OFFICIAL

Position	Supported
Response	<p>The NSW Government supports the Secure Jobs and Funding Certainty Commitment, led by the Department of Communities and Justice. Five-year funding agreements (where appropriate) will provide greater job security for the mental health workforce and continuity of care for consumers.</p> <p>NSW Health is considering introducing 5-year funding agreements for the suite of NSW Mental Health Community Living Programs (including the Housing and Accommodation Initiative and Housing and Accommodation Initiative Plus). Broader implementation of five-year mental health contracts would require further consideration and a staged approach. The availability of funding is noted as a consideration in the Secure Jobs and Funding Certainty Commitment Roadmap.</p> <p>All mental health funding agreements have clearly outlined key performance indicators with an outcomes focus and where appropriate are subject to evaluation. The Mental Health Commission of NSW's Mental Health Investment Decision Tool will also be considered to evaluate effectiveness of program and services.</p>

RECOMMENDATION 21

That the NSW Government explore innovative revenue streams to fund mental health services.

Position	Noted
Response	<p>The NSW Government supports efforts towards a financially sustainable health and mental health system.</p> <p>Potential revenue streams will need to be considered holistically with other factors that contribute to system financial sustainability and patient centred outcomes.</p>

RECOMMENDATION 22

That NSW Health support the additional provision of lower-stimulus and safer spaces within emergency departments for mental health assessment and care.

Position	Supported in principle
----------	------------------------

Response	<p>NSW Health seeks to minimise time spent in emergency departments (EDs) for people experiencing acute mental distress, through investing in clinical personnel to enable timely and appropriate mental health assessment and care.</p> <p>NSW Health offers a range of alternatives to EDs as highlighted in the response to Recommendation 8 and will continue to consider opportunities for lower-stimulus and safer spaces within EDs for mental health assessment and care for future redevelopments based on the service requirements outlined in the LHD/SHN Service Plans. This will be informed by close collaboration with local mental health and other clinical services.</p> <p>There are examples of dedicated low stimulus pods in recently delivered developments including at Campbelltown, Prince of Wales, Nepean and Tweed EDs. The Psychiatric Emergency Care Centre model is also used in several EDs.</p> <p>NSW Health has also funded three new Safe Assessment Units as part of the Ice Inquiry response. Safe Assessment Units are short stay units that aim to provide a safe, low stimulus environment for stabilisation and assessment of patients presenting with complex needs (e.g. acute alcohol/drug use, mental health, toxicology or psychosocial crisis). They are located adjacent to, or within, EDs. The Units will be evaluated, with the evaluation also considering the existing model of care at the Psychiatric Alcohol and Non-Prescription Drug Assessment Unit at St Vincent's Hospital.</p>
-----------------	--

RECOMMENDATION 23

That NSW Health examine opportunities for peer workers in emergency departments to support patients and staff.

Position	Supported
Response	<p>A report published by the Mental Health Commission of NSW indicates peer navigators and peer workers can play a valuable role in emergency departments (EDs) through supporting both patients, their families and carers and staff.</p> <p>NSW Health has a designated Principal Statewide Peer Workforce Officer role that will explore opportunities to grow the numbers of peer navigator and peer workforce roles in EDs.</p> <p>Peer navigators are included in the draft NSW Peer Workforce Framework (as referred to in Recommendation 5 and 18) as a specialisation of the peer workforce. To support</p>

upskilling of peer navigators, a new nationally accredited peer navigation unit is being rolled out in conjunction with Certificate IV in Mental Health Peer Work.

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.

Position	Supported
Response	<p>The Health Education and Training Institute has established a wide range of training that is relevant to ED staff including e-modules and workshops for how to assess and engage individuals who may be suicidal, and safety planning and counselling to reduce access to the means to attempt suicide.</p> <p>The Agency for Clinical Innovation has also developed the <i>NSW Health Suicide Care Pathway: a Framework for Clinicians</i>. It provides a framework and guidance for comprehensive identification, assessment, intervention, and transition of care for all individuals who enter NSW Health facilities with suicidal ideation and suicidal behaviours. The Agency for Clinical Innovation is supporting LHDs in developing local pathways of care for people with suicidality.</p> <p>Planned work to further embed the Zero Suicides in Care pathway within LHDs and SHNs from 2024-25 and 2025-26 includes:</p> <ul style="list-style-type: none"> • Capability building for redesign and change to support the implementation of local suicide care pathways in LHDs and SHNs • Development of a whole of NSW Health Policy to respond to people with suicidality across the health system. <p>NSW Health is undertaking a review of mental health emergency care services in EDs to address recommendation 24 and 74 of the Final report - Improvements to security in hospitals. The review is examining key enablers and barriers to timely mental health assessments in EDs and decisions to admit, transfer or discharge the patient. The review will identify system improvement opportunities and seek to understand ED staff confidence and skills in caring for people with mental health concerns, as well as training needs. The</p>

final report is expected to be delivered in late September 2024.

RECOMMENDATION 25

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

Position	Supported
Response	<p>As outlined in Recommendation 5, NSW Health is guided by the Policy Directive <i>Discharge Planning and Transfer of Care for Consumers in NSW Mental Health Services</i> (PD2019_045) when working with a range of government, community managed, private and philanthropic health and wellbeing services to best support the needs of people with mental health problems in NSW. This policy directive is due for review in September 2025. The review process will consider service and referral pathways for people leaving hospital after a mental health related presentation or admission.</p> <p>NSW Health also monitors effective performance on the delivery of Mental Health Acute Post-discharge Community Care Within 7-days (%) – an official Key Performance Indicator embedded in the annual Service Agreements with LHDs/SHNs.</p>

RECOMMENDATION 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.

Position	Supported
Response	<p>As outlined in recommendation 24, NSW Health is reviewing mental health emergency care services in EDs to address recommendation 24 and 74 of the Final Report - Improvements to security in hospitals.</p> <p>NSW Health will look for opportunities to support LHDs to determine what localised mental health service information could be provided to EDs as part of this review, and as part of the integrated communications approach outlined in Recommendation 7.</p>

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.

Position	Noted
Response	<p>There are 20 Safe Havens operating across NSW, including metropolitan, rural, regional remote locations. These services are funded under the NSW Government's Towards Zero Suicides initiative, a \$143.4 million investment over four years to 2025-26 to address priorities in the NSW Strategic Framework for Suicide Prevention 2022-27.</p> <p>There are local planning, resource, workforce and financial implications associated with the expansion of Safe Haven services in NSW. Each LHD undertook an extensive co-design process in the establishment of their Safe Havens considering local need, availability of appropriate facilities and locations, impact of operating hours, escalation pathways and peer workforce staffing supports. Depending on locally identified demand, the delivery of 24/7 services may not be required in some communities, as there are other support services already available.</p> <p>An evaluation of NSW suicide prevention initiatives, including Safe Havens, is underway. Findings from the evaluation will inform further expansion of the Safe Haven initiative.</p>

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.

Position	Supported in principle
Response	<p>The NSW Government continues to invest in community living initiatives. The 2024-25 NSW budget includes \$40 million over 4 years for the Pathways to Community Living Initiative. This will ensure that long stay patients continue to be supported to recover and prepare for transition to community living. Operational funding for Specialist Living Support residences will also be provided for approximately 20 beds.</p> <p>The Housing and Accommodation Initiative and Community Living Supports and Housing and Accommodation Initiative Plus have a strong evidence base with independent evaluations from 2022 demonstrating the programs make a</p>

real difference to people's lives, reduce the number of hospitalisations and length of stay and they support people to transition to living in the community.

RECOMMENDATION 29

That the NSW Government return the mental health line to public operation in all Local Health Districts.

Position	Noted
Response	<p>Across the State, LHDs have adopted different approaches to operational arrangements and staffing of the Mental Health Line based on their local needs.</p> <p>The 2024-25 NSW Budget includes \$39 million over 4 years to establish a new 24/7 Mental Health Single Front Door (see Recommendation 4 for further detail).</p>

RECOMMENDATION 30

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

Position	Noted
Response	<p>NSW Police Force recently conducted a comprehensive review of mental health training provided to operational police.</p> <p>NSW Police Force provides annual mental health training for police in relation to the operational response of police in mental health incidents commencing at recruitment and continuing throughout their career. Training includes signs and symptoms of mental health, communication and de-escalation, and a focus on lived experience.</p> <p>NSW Police Force continue to review and revise mental health training including engagement with partner agencies and external stakeholders where appropriate.</p> <p>Additionally, the NSW Police Force has established a Mental Health Command to strengthen engagement and enhance police interventions when responding to mental health incidents. The Command will provide oversight, strategic guidance and advice as well as engage with external stakeholders.</p>

The Mental Health Command is part of an ongoing commitment to enhancing policing services and the safety and support of the community.

RECOMMENDATION 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.

Position	Supported in principle
Response	NSW Police Force, in conjunction with partner agencies (NSW Health and Ambulance NSW), continues to work collaboratively through the review of the 'Memorandum of Understanding' to support agency responses to mental health in the community.

RECOMMENDATION 32

That the NSW Police Force publicly release their report on the UK Right Care, Right Person model.

Position	Supported
Response	Summary Report to be released.

RECOMMENDATION 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.

Position	Supported
Response	NSW Health, NSW Ambulance and NSW Police Force are exploring options for a future model to ensure that people experiencing mental distress in the community receive a compassionate Health-led response where it is safe to do so.

RECOMMENDATION 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.

Position	Supported
Response	<p>NSW Police Force recently conducted a review of the organisational response to mental health in the community.</p> <p>NSW Health, Ambulance NSW and NSW Police continue to work collaboratively to address agency responses to mental health in the community, including engagement with external stakeholders and Aboriginal Community Controlled Health Services where appropriate.</p>

RECOMMENDATION 35

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

Position	Supported
Response	<p>The NSW Government recognises that there is opportunity for greater awareness of the availability of free legal information and advice for patients and carers.</p> <p>Legal Aid NSW currently provides legal advice and information regarding Community Treatment Orders (CTOs) to all members of the community, including carers, through LawAccess.</p> <p>It is also noted that the <i>Mental Health Act 2007</i> was recently amended to require carers to be notified when an application for an CTO is made. This provision aims to ensure carers are given sufficient notice of CTO applications, helping to support them in the lead up the application going before the Mental Health Review Tribunal (Tribunal). NSW Health is currently considering the development of state-wide forms to be used to notify patients and carers of CTO applications under these provisions. These forms can also include guidance around the availability of legal assistance.</p> <p>NSW Health will consider if any further legislative amendments are required to increase facilitation of support for patients and carers leading up to CTO application hearings before the Tribunal.</p>

NSW Health is in the process of drafting policy guidance for clinicians around the use of CTOs. NSW Health will consider inclusion of guidance around supporting a patient and carers prior to CTO application hearings before the Tribunal.

RECOMMENDATION 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.

Position	Supported in principle
Response	<p>The NSW Mental Health Act 2007 requires that consumers receive care in the least restrictive manner possible.</p> <p>NSW Health will consider operation of the <i>Mental Health Act 2007</i> and whether any amendments are required, specifically in relation to the concerns raised in the Inquiry Report regarding the perceived difficulties in reviewing whether a CTO remains relevant for an individual's care. NSW Health is also drafting policy guidance for clinicians around the use of CTOs. NSW Health will consider inclusion of guidance to address some of the issues raised around the appropriate use of CTOs.</p>

RECOMMENDATION 37

That NSW Health adequately fund the digitisation of the records of the NSW Mental Health Review Tribunal to improve data access and analysis.

Position	Supported
Response	<p>The Mental Health Review Tribunal (Tribunal) is undertaking a comprehensive digital transformation to modernise its technology capabilities and address critical operational risks.</p> <p>\$2.4 million has been allocated in the 2024-25 NSW Budget to deliver this critical upgrade to the Tribunal. The program will commence in July 2024 and is estimated to be a 4-year initiative. The digital transformation program comprises three key work streams:</p> <ul style="list-style-type: none"> • Case Management System Replacement • Website Redevelopment • Digitisation of Client Records. <p>The Tribunal collects valuable mental health data, including use of various mental health treatments, CTOs and other</p>

treatment orders. While the primary purpose of the Tribunal is mandated by its statutory functions, it can also be a repository of deidentified data, which will be enabled through digitisation and modernisation processes.

RECOMMENDATION 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.

Position	Supported
Response	<p>The recommendation will be delivered on via the Tribunals Digital Transformation program outlined in Recommendation 37. \$2.4 million has been allocated as part of the 2024-25 Health Budget to deliver this critical upgrade to the Tribunal. The Program will commence in July 2024 and the Case Management System Replacement workstream is expected to be completed by July 2025.</p> <p>The Tribunal will be a key partner in this work providing specialist knowledge of the Tribunals operations and requirements.</p>

RECOMMENDATION 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.

Position	Supported
Response	<p>NSW Police Force, NSW Health and Ambulance NSW continue to work collaboratively through the review of the 'Memorandum of Understanding' to support responses to mental health in the community.</p> <p>As mentioned in response to Recommendation 36, recent amendments were made to the <i>Mental Health Act 2007</i> to include additional ways in which to notify a patient of a breach of their community treatment order have been included in the Act. This is expected to give clinicians more options with which to ensure patients are engaged in the</p>

most appropriate way considering the circumstances and any risk assessment considerations.

NSW Health is in the process of drafting policy guidance for clinicians around the use of community treatment orders. NSW Health will consider including guidance around when it would be deemed essential to engage Police when following up with patients in the community.

An additional \$30.4 million was recently announced in the 2024-25 NSW Budget for community mental health teams. Future resourcing decisions will be considered through the budget process.

NSW Health monitors effective performance on the delivery of Mental Health Acute Post-discharge Community Care Within 7-days key performance indicators embedded in the annual Service Agreements with LHDs/SHNs.
