Health Services Union – NSW/ACT/QLD - September 2023

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

Summary

The HSU acknowledges the unremitting efforts of staff within the NSW mental health system. These dedicated and highly skilled professionals demonstrate a steadfast commitment to delivering exceptional care to those in need, and their assiduity frequently leads to transformative, life-changing mental health outcomes for patients. This submission invites the New South Wales Government to consider how it can strengthen and improve existing industrial and workforce structures that enable and equip experts to expand their vital work. What is apparent to all who work within mental health in NSW is that the system is struggling to meet patient demand. HSU notes that the escalating administrative burden imposed on clinicians, excessive workloads, short staffing, and inadequate distribution of services across the entire mental health system creates both risk and sub-optimal treatment environments. We submit the following recommendations to address these concerns:

Recommendations for the NSW Government:

I. Create a mechanism within NSW Health to collect data on workforce gaps and unfilled staff vacancies. This mechanism should continuously map, project, and publicly report on the current and future mental health workforce needs of communities in metropolitan, regional, and remote locations.

II. Expand the eligibility requirements, access and incentives provided to encourage the additional take-up of free vocational mental and community health courses offered in NSW.

III. Partner with unions, workers, and professional bodies to design and implement new and comprehensive measures to support the health and well-being of the workforce to reduce unacceptable levels of occupational stress, fatigue, and burnout.

IV. Immediately develop a workforce committee to examine and provide solutions to the high and escalating administrative burden mental health clinicians face. Staff should have the time, training, and infrastructure to focus on clinical care.

V. Conduct an audit of all mental health inquiries conducted in New South Wales and other Australian justifications to identify how previous findings and recommendations have been responded to and implemented, and if not, examine and investigate why this is the case.

VI. Accelerate the shift away from a crisis-driven model of care towards a multi-disciplinary and evidence-based community model of mental health care that prioritises reducing social inequity, improves access to services and delivers beneficial health and well-being outcomes to citizens and residents in NSW.

Introduction – Who We Are

1. Health Services Union – NSW/ACT/QLD (HSU) thanks the Parliament of New South Wales (NSW) for inviting us to make a submission to the Inquiry into the delivery of mental health care (Inquiry) – we do so on behalf of nearly 48,000 union members.

2. Our members work in public and private health, ambulance, aboriginal health, aged care, disability sectors and mental health across NSW[1]. They are pathologists, paramedics, aged care workers, physiotherapists, cooks, radiographers, cleaners, administrators, laundry staff, dental assistants, junior doctors, theatre technicians, ward clerks, mental health practitioners and approximately 100 additional unique health occupations.

3. Specific to mental health services - HSU members have a long and proud history of providing highly skilled patient-centred care to those managing and living with mental ill-health across New South Wales. HSU members serve as social workers, clinical psychologists, peer support workers, mental health education officers, occupational therapists, mental health managers, counsellors, case managers, personal care assistants, mental health ward staff, alcohol and other drug workers, community support staff, and neuropsychologists. They work in metropolitan, regional, and rural settings. Without their dedication and professionalism, we would not have a mental health system in New South Wales.

4. A defining aspect of our mission as a union is to continuously advocate to ensure citizens and residents have access to equitable, affordable, and accessible patient-centred mental health services in New South Wales. We note that access to appropriate mental health care should be a fundamental right afforded to all in a modern liberal democratic society. We further note that best practice mental health care is only attained when the workforce is properly supported and equipped to meet increasing levels of complexity and expanding demand for services.

5. To be clear, this submission does not intend to address all structural deficiencies evident within the provision of mental health care in New South Wales - this is the responsibility of others – primarily Department of Health executives and discerning political leaders. Instead, this submission provides a snapshot of the evidence and advice gathered from clinicians and staff on the ground – those who comprise the mental health system. HSU pays particular attention to the Terms of Reference marked ‘C, E, J’ as they refer to the role of workers in the delivery of mental health services.

6. Notwithstanding point five, HSU acknowledges the genuine obstacles, stigma and often extreme levels of structural inequality and discrimination faced by culturally and linguistically diverse people, First Nations people, LGBTIQA+ people, young people, people with a disability, and victims of gendered violence is accessing mental health services.

[1] HSU also represents health workers in the Australian Capital Territory and Queensland.

7. Our arguments are straightforward: without appropriate workforce settings that allow, support, and equip experts to perform their critical work, the NSW mental health system will fail to meet optimal patient outcomes. A holistic approach to mental health practice, founded upon evidence-based community models of care and intervention, coupled with adequately staffed and resourced acute and outpatient systems of treatment, is paramount to confronting the current cracks in mental health service delivery.

The data – a workforce snapshot

8. To prepare for this submission, HSU surveyed members who work in mental health service delivery in NSW. The survey received close to one hundred submissions and responses from members across the state. Of the respondents, approximately 37% were clinical psychologists employed in the public health system. The mean years of service in mental health for survey participants is 10.2 years – with experience levels ranging from 1 to 38 years.

9. In designing this survey, HSU sought a sample size of close to one hundred staff across all areas of our membership base engaged in mental health service delivery in NSW. This sample size represents a vaild spread of data points to analyse on-the-ground trends and has a statistical margin of error of less than 10 per cent at a confidence rate of plus 90 per cent for the quantitative questions. We contend that this data should therefore serve as a generally accurate snapshot of trends.[2]

10. Quantitative questions have been designed to limit speculation and open-ended responses. We note that the information provided by our members is not readily available through either government or non-government workforce analyses. Accordingly, the data obtained should be viewed as new and original research.

11. HSU asked members the following questions:

    - Are there long-term staff vacancies in your department?
    - If your department had no staff vacancies, would you have enough staff to provide safe care to patients?
    - Has understaffing contributed to adverse patient outcomes in your workplace in the previous 12 months?
    - Has your workload increased your level of stress in the previous 12 months?
    - Have you considered leaving NSW Health or your role in mental health in the previous six months?

12. HSU received the following responses:

[2] Size of the mental health workforce in NSW is difficult to detail accurately, given the fragmentation between private and public services, and community and hospital services – and challenges in exactly defining who is a mental health worker, and those engaged in mental health service provision. HSU has located its analysis based on the most recent NSW Government mental health workforce plan and the Mental Health Coordinating Council's Mental Health Workforce Profile.

- **Seventy-seven per cent** of respondents stated that there were long-term staff vacancies in their mental health unit (classified as staff vacancies for more than three months). More than **60 per cent** reported that there are more than five current vacancies. One respondent noted that 8 out of 14 full-time equivalent (FTE) positions needed to be filled in their department.
- **Sixty-one per cent** of respondents believe that if all current staff vacancies were filled, there would still be **insufficient staff to provide safe patient care**.
- **Eighty-five per cent** of respondents have observed **adverse patient care outcomes** in the previous 12 months due to understaffing in their department.
- Over **90 per cent** of respondents have experienced increased **stress** as a direct consequence of their workplace environment in the previous 12 months.
- **Seventy-seven per cent** of respondents stated that they had considered **leaving the profession** in the previous six months due to workplace pressures.

13. Observations from data: Data obtained through our survey provides a detailed picture from staff and clinicians of a system struggling to meet the escalating demands of patients and growing community expectations. HSU is concerned but unsurprised to confirm that most respondents reported long-term understaffing in their mental health unit. Of greater concern is the finding indicating that in the expert opinion of staff, the current allocated FTE positions, even if filled, would still not provide safe patient care in their setting. This is further confirmed in the proportion who observed adverse patient care outcomes due to understaffing. The corollary of this dataset is a workforce impacted by serious psychosocial harms and facing the critical decision of whether to exit the workforce.

The experiences of mental health workers – in their words

14. HSU survey participants were also asked to submit detailed responses in their own words to questions about the status of the NSW mental health system. We have focused on contemporary experiences and ways to improve service delivery. This qualitative data draws upon our members' wealth of experiences and expertise.

15. Participants identified several areas of concern that they believe warrant examination and a response from the NSW Government and the NSW Department of Health[3]:

- Escalating administrative requirements are limiting the capacity of clinical staff to address and meaningfully treat the needs of patients.
- Excessive and increasingly complex workloads are leading to workforce fatigue, burnout, and heightened stress levels. This mix directly contributes to the difficulties in attracting and retaining staff, especially in the public health sector.

[3] We have purposely de-identified all responses to protect the privacy of our members.

- Inadequate investment and an absence of appropriate focus on community-level intervention drive patients into higher-acuity treatment settings.

16. The overwhelming position for survey participants was that high administrative burden creates significant bottlenecks in providing care. '*It's ballooning*' noted one worker. Another stated that current documentation requirements '*take more time to complete than actual face-to-face clinical work*'. A further respondent said '*we can't get through current caseloads with the existing administrative requirements*'.

17. Complex and excessive workloads are cited repeatedly as a factor fueling high levels of stress and worker burnout. A peer support worker remarked 'w*e need caseloads that factor in patient acuity*' as we have limited capacity to '*meet the demand*'. Others said that industrial conditions and remuneration settings directly impact attraction and retention: '*We never have enough staff…it's nearly impossible to attract people…nobody is paid enough'*. The rise of psychosocial hazards in the workforce often contributes to severe psychological harm to those providing care to patients.

18. A new employee to the mental health system learnt quickly that a considerable proportion of workers are being asked '*to do something that is different to what they have trained for…and they are not paid at a level that reflects the difficulty of their work*.' Another noted a near complete *'absence of tailored workplace support systems'* for staff.

19. The problems of attraction and retention are also marked by a maldistribution of resources and capabilities across the mental health system. A regional-based clinical expert put it bluntly: '…regional areas have no dieticians, no occupational therapists, nor exercise physiologists' – questioning how holistic mental health care can be delivered without appropriate staff.

20. The most prevalent response from survey participants was to bring attention to the '*missing*' mental health services - community models and structures of care. One respondent noted the severe shortage of available community-based mental health appointments results in '*services becoming more and more focused on acute care, short-term care, and prioritising [off-boarding] statistics'*. This individual further commented that '*mental health care is now predominantly a 'patch up' care service'*. Dozens of respondents implored the government to appropriately fund and staff community-based mental health services as this constitutes '*the most pressing gap in the system'*.

21. In an alarming finding, one non-metropolitan-based clinician lamented '*the system is not fit for purpose and is not keeping up. If you have a complex care need – e.g., PTSD, autism, or a borderline personality diagnosis, then you are not eligible for care unless it is a crisis - so this reinforces the need for people to have a crisis to access care'*.

22. HSU notes that funding inequity and service distribution imbalance lead to increased acute mental health presentations in NSW health services. Our members frequently observe that hospital-based patients in the public mental health system are discharged in 'sub-optimal' circumstances as bed

space is needed for more severe or urgent clinical presentations. Many survey respondents commented that this short-cycling triage process creates a negative and reoccurring feedback loop.

23. The responses above align with the recommendations submitted. Mental health staff are calling for the institution of adequate staffing levels, greater staff support systems, a focus on properly structuring mental health services to meet patients at the community level, and less administrative burden to allow professionals to focus on clinical care.

    *As a supplement to this section, HSU comments below on suicide prevention mental health services offered in NSW.

24. HSU also acknowledges, yet has deliberately chosen not to publish in detail, the extreme concern conveyed by a high proportion of survey participants regarding the state of suicide prevention services across NSW – and refers to the under-resourcing of Suicide Prevention Outreach Teams (SPOT) and Community Mental Health teams. In numerous case studies provided to HSU, staff have noted the ongoing difficulty many patients face in accessing clinically correct community health services upon discharge from acute hospital-based and emergency settings. Patients experiencing major depressive episodes, suicidal ideation, and psychosis (among other conditions) are being routinely discharged and referred to private practice clinicians with long wait lists and high fees not covered by Medicare. It is a widely held view of HSU members that too often patients wait too long for help - or fail to meet the rigid criteria to access the community crisis care they require.

Reviews, Reviews, Reviews - Reflections from other reviews and jurisdictions

25. HSU points out that there has been no shortage of reviews, inquiries and commissions examining the status and role of mental health services in NSW and other Australian jurisdictions.

26. The mental health system has been subject to multiple inquiries by the NSW Parliament in recent years. These include the 2017 *Prevention of Youth Suicide Inquiry*, the 2016 *Inquiry into the Management of Health Care Delivery in NSW*, and the 2020 *Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional, and Remote New South Wales*.

27. As the Committee would be aware, between 2006 and 2012, 32 separate statutory inquiries were conducted at the state or commonwealth level specifically investigating the mental health sector and service delivery across Australia.

28. In addition to these inquiries, the Productivity Commission and the Victorian Government have undertaken examinations of mental health systems in their jurisdictions. These two processes handed down final reports in 2020 and 2021, respectively – with the Victorian Mental Health Royal Commission (VMHRC) representing the benchmark work of mental health analysis and reform.

29. HSU notes the following guiding themes embedded within the VMHRC:[4]

- 'Demand has overtaken capacity'.
- 'Community-based services are undersupplied'.
- 'The system is imbalanced..and a 'missing middle' exists.
- 'The system is antiquated'.
- 'The system is driven by crisis'.
- 'There is a patchwork of services that do not reflect local need'.
- 'The workforce is under-resourced'.

The VMHRC made 65 final recommendations – the following are highlighted:

- Implement a new 'workforce strategy and structural reform…to attract and retain staff'.
- Provide 'additional resources for regional and rural communities…and incentives to attract workers to regional and rural services'.
- Institute a new 'system-based approach to suicide prevention and response'.
- Establish 'the core functions of community-based mental health and well-being services'.
- 'Work with service providers, workers (including lived experience workers), unions, representative and professional bodies to set clear expectations and implement a range of measures to support the professional wellbeing of the mental health and wellbeing workforce'.

30. In investigating the historical response of the NSW Parliament to mental health reform, we also reference the NSW *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled* conducted in 1983. The 400-page report, also known as the 'Richmond Review', consisted of 102 recommendations and urged the establishment of multidisciplinary community mental health teams. Despite this, most state-funded mental health services are still provided in hospital or emergency settings.

Conclusion

31. In our submission to this Inquiry, HSU has brought attention to the pressing issues faced by the mental health workers in NSW. The rising demand for mental health services has put significant strain on the workforce, which is struggling to manage excessive workloads, high administrative burden, inadequate staffing levels, and an inequitable allocation of resources.

[4] See State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and Recommendations, Parl Paper No. 202, Session 2018-21, Document 1-6.

32. We have also demonstrated that the structural problems confronting the NSW mental health system will likely worsen with time. HSU members have, in alarming numbers, signalled that a large proportion of clinical experts are actively contemplating leaving their role in mental health. Given the existing shortfalls in staffing and the inability of services to fill vacancies, this should be a cause for concern and requires urgent action.

33. We note that the task of comprehensively analysing and reporting on the status of Australia's biggest state-based community and outpatient mental health system is an enormous and vital undertaking. However, as referenced above, a parliamentary inquiry, with limited secretariat staff resources, can only initiate and perhaps expand a discussion, mainly for the benefit of politicians, as to the scope of the present challenges.

34. Further, HSU encourages Committee members to avail themselves of the opportunity, potentially through a joint submission, to engage with the recently constituted *Special Commission of Inquiry in Healthcare Funding (NSW)*. This process, governed by the *Special Commission of Inquiry Act 1983* and given all the requisite powers of a commission, is the most significant health-based inquiry ever undertaken in NSW.

35. To conclude, HSU looks to the NSW Parliament and Government to exhibit the leadership required to ensure that the citizens and residents of NSW have access to equitable, affordable, and best-practice mental health services. What has been made abundantly clear after decades of inquiries, and through the expertise and experience of our members, is that reform is now critical – and that in the absence of reform, too many individuals will slip through the cracks of a system and workforce spread too thin.

36. As one HSU mental health worker put it, *'a paradigm shift needs to occur*'.

*HSU wishes to thank the thousands of committed, passionate and highly skilled mental health clinicians and staff across NSW.

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