



Special Commission of Inquiry into Healthcare Funding

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Response to the Special Commission of Inquiry into Healthcare Funding

of the NSW Government

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Introduction

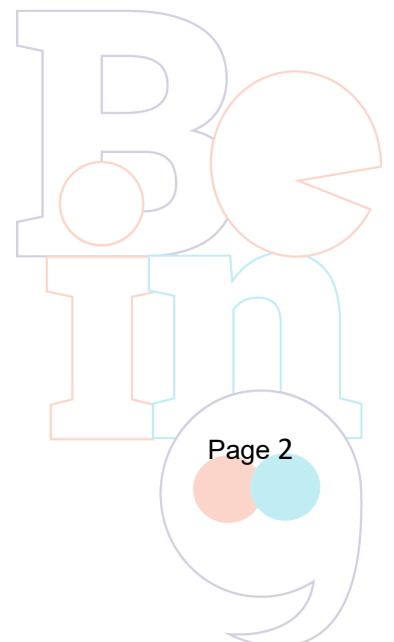
BEING – Mental Health Consumers is the independent, NSW peak organisation speaking with and for people with lived/living experience of mental health issues and emotional distress. Our primary focus is to ensure the voices of people with mental health challenges (“consumers”) are heard by decision makers, service providers, and the community, to lead and influence systemic change.

BEING – Mental Health Consumers is committed to human rights principles and believes that recovery is possible for all people who live with mental health issues and emotional distress. BEING would like to see human rights conventions upheld across the whole mental health sector, inclusive of but not limited to the Convention on the Rights of Persons with Disabilities (CRPD). More work needs to be done in this area.

As such our responses will focus specifically on the provision of mental health services in NSW.

Recommendations

1. A better balance between acute care and community mental health funding and services provision.
2. Ensure that governance structures of mental health services in NSW include consumer representation.
3. Increase funding for the mental health sector in alignment with burden of disease.
4. Increase lived experience-based service provision options and fund them in all areas of NSW.
5. Increase funding for alternatives to emergency services which can provide a calmer environment for people experiencing mental health crises.
6. Provide funding to establish a professional body for the peer workforce.



BEING's Response

BEING is responding to the points listed in the Terms of Reference as follows.

A. The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future;

- As regards funding of mental health services in NSW, BEING's key concern is the lack of funding for, and an adequate number of, community focused non-acute mental health services. Most NSW Government mental health service funding flows into hospital based acute services which focus on providing support to those people experiencing a mental health crisis. While it is well known that the first 28 days after leaving inpatient are a period of high risk for consumers we do not have enough community mental health services to ensure that everyone is supported. It is also likely that more and more easily accessible community mental health services, would reduce the number of people in need of acute supports BEING would like to see more money directed towards community mental health services and peer driven services so that they can be available in more locations, and open seven days a week so consumers can access them when these services are needed. Current examples of successful models of peer run service provision include the Safe Haven and Safe Spaces available in some locations across the state. Some of these are funded by NSW Health.
- BEING believes that a better balance between funding for community supports and funding for acute mental health services is needed. Sometimes, when advocating for this balance, we are told there is not enough money. Yet, provision of more community mental health services will ensure that more consumers are supported to avoid costly hospital admissions. For this to happen though there is also a need for a shift within the culture of NSW Mental Health services towards valuing community based supports for people with mental health challenges as an important preventive strategy. This also has the potential to be a cost-saving strategy if it reduces the number of people going into hospital-based inpatient services.

Recommendation 1: A better balance between acute care and community mental health funding and services provision.



B. The existing governance and accountability structure of NSW Health, including:

i) **the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);**

- BEING believes that having a balance between central oversight and local devolvement is vital to ensuring that service and policy development and implementation are aligned with local needs and differences across the state.
- According to our discussions with mental health consumers, the most obvious examples of local differences within NSW is the difference between the resources available to, and the needs of, urban and rural communities. There are also other significant differences across the state and even within Sydney that result from a mix of cultures and socioeconomic differences.
- At the most general level what makes better local representation possible is ensuring that there are appropriate levels of consumer and carer representation within Local Health Districts and at a Ministry of Health level. We note that in comparison to Victoria, which has a team providing Lived Experience expertise and advice in their mental health unit within their department for mental health, Ministry of Health is currently behind in this area.

ii) **the engagement and involvement of local communities in health service development and delivery;**

- BEING as the peak body for mental health consumers in NSW is deeply committed to supporting mental health consumers to represent their experiences of the mental health system as a way of ensuring that user experience of mental health services is improved. We receive funding from Mental Health Branch to enable us to do this important work.
- BEING recognises and welcomes the efforts that have been made over recent years by the Ministry of Health to include people with lived experience in policy and service development, and we also believe that there is room for further progress to be made in terms of genuine inclusion of mental health consumers. This might include codesign, which means that consumers set the parameters to develop strategies and design projects right from the beginning, rather than being bought in simply to share their opinions about projects.
- Further, another way of involving local communities is the employment of more peer workers and local lived experience advisory groups. We would also add that funding needs to be invested in the

existing peer workforce in addition to growing its size. This needs to include peer supervision, and a training allowance for each peer worker.

iii) how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;

- As best practice in the mental health space, governance structures need to ensure that consumer and carer representation is an ongoing part of health service governance. This includes ensuring that appropriate levels of consumer and carer representation are included at all levels of government health service providers.

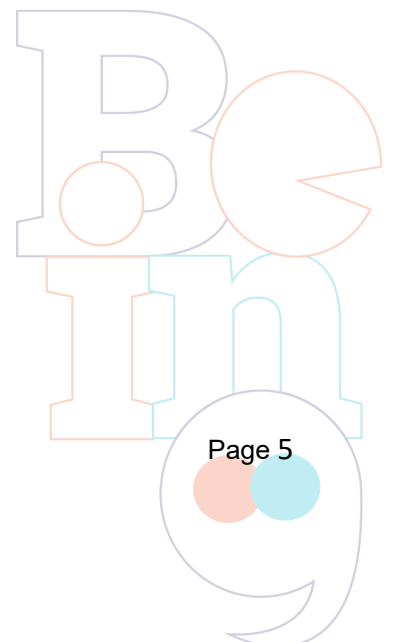
iv) the impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW;

- BEING is not in a position to comment on this as our focus is primarily on publicly-funded services.

v) how governance structures can support a sustainable workforce and delivery of high quality, timely, equitable and accessible patient-centered care to improve the health of the NSW population;

- BEING believes that ensuring the inclusion of consumers as a standard part of governance practice will mean that services are more patient centered because lived experience will inform development and implementation of services and policies from the ground up.
- Ensuring that inclusion of consumers is reflective of the local communities that feed into services will also ensure that ethnic and cultural differences in different local health districts are reflected in service provision decisions.

Recommendation 2: Ensure that governance structures of mental health services in NSW include consumer representation.



C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

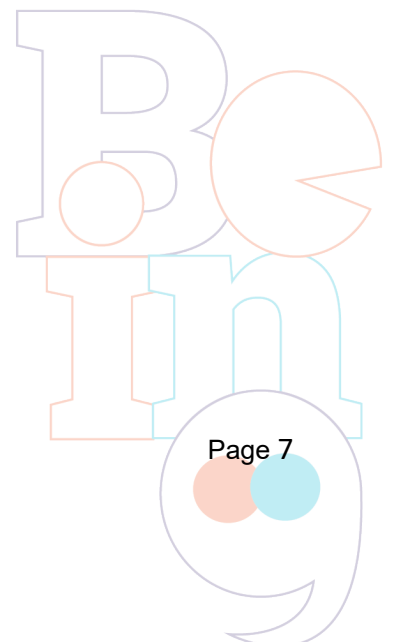
- BEING would like to reaffirm our response to topic A above. We note again that we believe more funding should be committed to preventive mental health and to non-acute and lived experiences service modalities.
- BEING would also reiterate that mental health funding generally is substantially lower than its burden of disease. Despite mental health representing 13% of NSW's total burden of disease, funding for mental health services represent 7% of NSW's total health budget.
- NSW currently invests the least into mental health services per capita, compared to all other Australian States and Territories, and is the only State where mental health spending per capita has decreased in the past decade.
- This lack of funding in mental health has left all corners of mental health services under-resourced at a time when there is an increase in mental health service need.

Recommendation 3: Increase funding for the mental health sector in alignment with burden of disease.

D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;

- BEING would like to note that in many areas -- and especially so in rural areas -- the challenge with mental health service provision is not overservicing, but rather lack of resources and under servicing. In many rural areas both recruitment and retention of skilled mental health staff is very challenging. The outcome from this is that mental health services can be very challenging to access in rural areas.
- Although mental health services in urban areas are not subject to the same staffing issues as those in rural areas, there can still be very long waiting times to access federally funded services such as psychotherapy via a mental health plan.
- Some key areas of public health services in urban areas, such as emergency departments, can also be very challenging for mental health consumers. Some consumers wait for many hours in emergency departments in NSW, only to be told to return home.

Recommendation 4: Increase lived experience-based service provision options and fund them in all areas of NSW.



E. Opportunities to improve NSW Health procurement process and practice, to enhance support for operational decision-making, service planning and delivery of quality and timely health care, including consideration of supply chain disruptions;

- BEING does not have any comment to make about this.

F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:

i) the distribution of health workers in NSW;

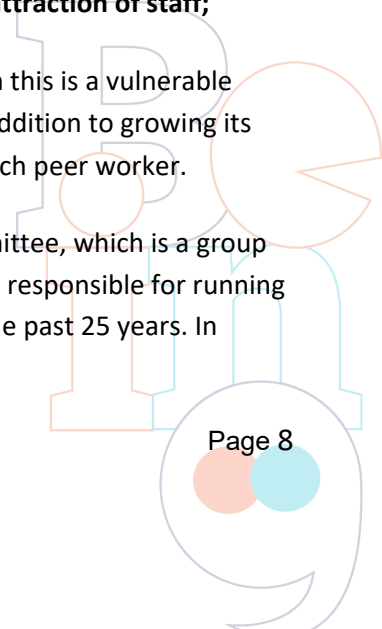
- BEING's understanding is that mental health workers are much harder to recruit and retain in rural areas of NSW. This means that there are more challenges regarding the accessibility of mental health workers in rural and remote areas.

ii) an examination of existing skills shortages;

- BEING believes that across NSW much better use could be made of mental health peer workers as an adjunct to clinical services. There is also a need to expand the number of peer workers available with the mental health system.
- Many people who live with mental health issues benefit a great deal from the support provided by mental health peer workers, because these peer workers can support consumers by drawing on their own lived experience. They provide people who are in recovery with a source of hope, as well as peer understanding.

iii) evaluating financial and non-financial factors impacting on the retention and attraction of staff;

- BEING strongly supports the notion of employing more peer workers. Given this is a vulnerable workforce, funding needs to be invested in the existing peer workforce in addition to growing its size. This needs to include peer supervision, and a training allowance for each peer worker.
- This also needs to include support for the Consumer Peer Workforce Committee, which is a group of two senior peer workers from most LHDs around the state. They are also responsible for running the annual Consumer Peer Workforce Forum which has been running for the past 25 years. In



recent years it has benefitted from funding from NSW Health. For some peer workers this Conference is their only form of professional learning in the year. Investment in professional learning and development would seem to be one obvious way to increase retention and attraction of peer workers.

iv) existing employment standards;

- BEING does not have any comment to make about this.

v) the role and scope of workforce accreditation and registration;

- BEING does not have any comment to make about this.

vi) the skill mix, distribution and scope of practice of the health workforce;

- BEING does not have any comment to make about this.

vii) the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;

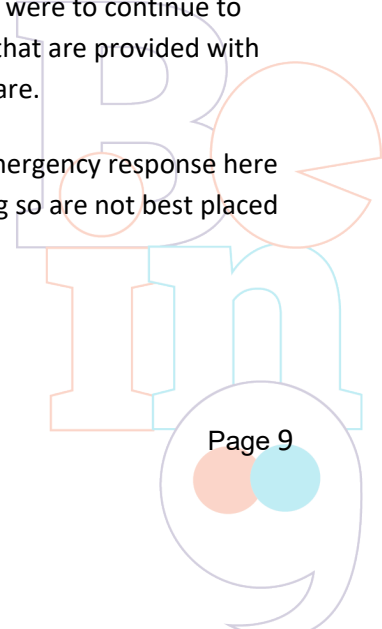
- BEING does not have any comment to make about this.

viii) the relationship between NSW Health agencies and medical practitioners;

- BEING does not have any comment to make about this.

ix) opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;

- We note that although paramedics currently attend many mental health crisis situations, they are not always provided with appropriate mental health training. If paramedics were to continue to provide more mental health services, it would also be necessary to ensure that they are provided with appropriate training and supports, including training in Trauma Informed Care.
- Currently it is also not unusual for police to be involved in mental health emergency response here in NSW. We understand that Police do not undertake mental health training so are not best placed to respond to mental health crises.



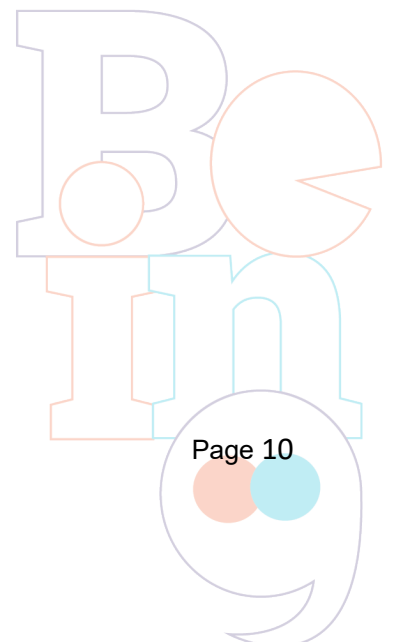
x) the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;

- BEING does not have any comment to make about this.

xi) opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;

- BEING does not have any comment to make about this.

Recommendation 5: Increase funding for alternatives to emergency services which can provide a calmer environment for people experiencing mental health crises.



G. Current education and training programs for specialist clinicians and their sustainability to meet future needs

BEING does not have specific comments on this question as it has been posed. However, there remains no college or professional body for peer workers. This workforce would benefit from placements, training, and advocacy supplied by a professional body, in the same way that other specialist health workers are supported. BEING would like to see the NSW government fund a college or peak body for peer workers to close this gap.

Recommendation 6: Provide funding to establish a professional body for the peer workforce.

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation

- BEING does not have any comment to make about this.

I. Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

- BEING does not have any further comments.

