



Special Commission of Inquiry into Healthcare Funding

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The Special Commission of Inquiry into Healthcare Funding

Submission by the Mental Health Commission of NSW

October 2023



Acknowledgement of Country

The Mental Health Commission of NSW acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging while celebrating the strength, resilience, and wisdom of Aboriginal people on this land which has never been ceded.

Lived Experience Acknowledgement

The Mental Health Commission of NSW acknowledges people who have lived experience of mental health issues and distress, and the lived experience of their carers, families, and kinship groups. The Commission is committed to amplifying the voices of all those with lived experience. We value and respect their wisdom and expertise, and the bravery it can take to speak up. Together we will work to ensure people's right to live meaningful, healthy lives, free from stigma and discrimination.

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1

The Mental Health Commission of NSW

1.1 The role of the Commission

The Mental Health Commission of New South Wales (The Commission) was established in July 2012. The role of the Commission is to monitor, review and advocate for the mental health and wellbeing of people in New South Wales (NSW). The Commission achieves this through strategic planning and frameworks, systemic reviews and advocacy – guided by the voices of people with lived experience of mental health issues and caring, families and kinship groups. The vision of the Commission is that:

The people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.

1.2 Living Well in Focus

<https://www.nswmentalhealthcommission.com.au/report/living-well-focus-2020-2024> *Living Well in Focus 2020-2024* takes forward the current priorities of the whole-of-government ten-year mental health strategy for New South Wales, *Living Well*.

Living Well in Focus identifies three whole-of-government priorities that inform the direction of mental health reform. These strategic priorities provide the best opportunity to improve the mental health and wellbeing of all people in New South Wales.

The strategic priorities set out in this plan:

1. Strengthen community recovery and well-being
2. Strategically invest in community wellbeing and mental health
3. Ensure the right workforce for the future.

The principles which underpin the implementation of the strategic plan are:

- People with lived experience of a mental health issue and caring, families and kinship groups will be included in service design, delivery, monitoring, reporting, research, evaluation and improvement.
- The actions apply to all people living in NSW, and across all communities. It is through the adoption and implementation of the actions outlined in this plan that the needs and attributes of diverse communities in the state will be brought forward.

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This submission

2.1 Guiding principles

This submission is guided by the following priorities and principles deemed essential for an integrated, efficient and fair mental health system:

- Prioritise evidence-based solutions/initiatives that are contemporary, recovery-focused, strength-based, person and family centred, culturally safe, trauma informed and built on a foundation of sustainability.
- Establish tailored support structures and systems that span across the lifespan, with a specific emphasis on prevention and early intervention models. Additionally, bolster community supports for individuals living with severe and enduring mental health issues.
- Address inequalities that stem from the social determinants of health. This includes priorities outlined in the *National Agreement on Closing the Gap* which aim to rectify the inequalities experienced by Aboriginal and Torres Strait Islander people.
- Empower communities to develop and implement their own solutions to meet the unique and diverse needs that exists across various communities in NSW.
- Facilitate opportunities for people with lived experience of mental health issues and caring, families and kin to actively contribute their leadership, perspectives, and drive transformation through co-design at every stage of governance, design, delivery, evaluation and research.
- Foster collaboration and co-designed solutions across state and national government agencies, non-government and private organisations, and with local communities.
- Strengthen cross portfolio partnerships and embrace a whole-of-government approach to mental health care, encompassing initiatives such as the *Shifting the Landscape in Suicide Prevention in NSW 2022 – 2027*.
- Encourage the exploration and application of emerging practice, peer-led reform and new advancements to enhance the delivery of mental health care services and supports.

2.2 Submission response

Under the *Mental Health Commission Act 2012* the Commission advocates for and promotes the mental health and wellbeing of people in NSW.

This submission has been informed by the Commission's key programs of work and consultations which have been held in over 60 communities across the State, including regional, rural and remote NSW. In developing *Living Well in Focus*, the Commission met with nearly 3,000 people over 12 months who shared what was working well, their challenges and what they hoped for the future¹.

While this submission does not address all the Terms of Reference, the Commission supports further action and reform in how we deliver high quality, compassionate and timely responses across all areas of mental health care. This submission will respond to Terms of Reference A, Bii, C, F, G and H.

3

Response to Terms of Reference

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

The funding of mental health services in NSW continues to present as a challenge for individuals accessing, navigating and receiving timely and equitable support.¹ The fragmented nature of funding models across State, Commonwealth, non-government and private entities has often resulted in service gaps and at times unnecessary duplication.¹

NSW invests a smaller proportion of government funding into community-based mental health service compared to hospital-based services, in comparison to any other Australian state and territory.¹⁴ This leaves a significant gap for people who are not ‘unwell enough’ for tertiary mental health services, but cannot access mental health care due financial cost, long waiting lists, geographical and other access barriers.² It also underplays the critical role of community-based services in supporting people to remain well and out of hospital.³

One of the most difficult challenges in healthcare is the equitable allocation of resources. It is well recognised that people’s mental health is greatly shaped by their social, economic and physical environments, with psychosocial inequalities being associated with greater risk of mental health issues.^{4,5} However, research into Australian and international health service funding models found that health systems often do not adjust funding allocation for social determinants such as health literacy.⁶ Additional emphasis must be placed to address the social determinants of health that impact equitable access, quality and experience of mental health services.

This action must also be focused on the early stages of life, to improve population mental health and reduce the risk of mental health issues associated with social inequalities.⁴ Frameworks such as *The first 2000 days of life* (NSW Health) emphasise how early childhood experiences can shape the development of people’s physical and mental health throughout life.⁷ When planning and resourcing health services to improve the mental health and wellbeing of people in NSW, a broader picture must be considered outside of mental health services alone. For example., continued investment into Collaborative Commissioning to create joint responsibility between providers and organisations, stronger community engagement, local design, and flexible funding arrangements.⁸

To address these issues effectively, it is imperative to continue a rigorous focus on cross-agency, place-based partnerships that foster regular collaboration between agencies such as Primary Health Networks, Local Health Districts, and community-based organisations. Such partnerships and bilateral agreements can facilitate enhanced connectivity and coordination among services, ensuring that individuals can readily access and receive the appropriate services they require.⁹⁴

The Commission supports the implementation of a strategic, cross-agency mental health and wellbeing resource investment strategy. This recognises that a joined-up funding approach can lead to smarter investments and better health and community outcomes. In response to Action 15 of *Living Well in Focus 2020 – 2024*, NSW Treasury and Department of Premier and Cabinet (currently The Premier’s Department and The Cabinet Office) have developed ‘*A Guide to Mental Health Resource Allocation*’ (the Guide).

The Guide provides direction from a central agency perspective to help agencies maximise their investment in mental health programs and services and can be applied to all existing and proposed NSW Government investments to improve mental health. This includes funding for programs or services that target specific mental health issues or initiatives that more broadly seek to improve mental wellbeing and resilience. The Guide is consistent with the *NSW Government Outcome Budgeting Framework* and investment appraisal policies and guidelines¹⁰.

The Guide highlights key points such as the important role that all NSW Government agencies have to play in improving mental health outcomes for the people of New South Wales, recognising that this cannot be achieved by only focusing on clinical care alone. It recognises the social determinants that impact people's mental health and opportunities to provide support across a range of touchpoints that individuals have with state government services.

Treasury NSW also recently reported to the Commission in its *Living Well in Focus 2020 – 2024 mid-term progress report* that data on how much the NSW government spends on mental health across government agencies is still maturing. Mental health outcomes tend to be collected irregularly or focused on the acute end. They also reported that evidence has not kept up with the rapidly evolving mental health landscape, and evaluations can often be irregular and inconsistent.

The Guide recognises that while evaluations of mental health programs and initiatives consider the impact on mental health outcomes, experience and reduction on hospital-related demands, they often do not assess the broader social and economic impacts. This limits the ability for agencies to compare the cost benefit of different programs when making resource allocations. The Commission has recently developed a tool to assist in this process (further detailed in Terms of Reference C), however further investment is required to regionalise and implement the tool.

To improve the effectiveness of mental health funding provided by Health, parallel or complementary investments in other human services and social service portfolios can drive better value outcomes for communities as a whole, as well as for individual agencies.

Recommendations:

- Additional investment into community-based, evidence-based and peer-led models that improve service navigation, access and outcomes (see Terms of Reference C).
- Continue investment into prevention healthcare models that recognise the impacts of social determinants of mental health across the lifespan. For example, *The First 2000 Days*.
- Establish partnerships that facilitate the sharing and/or pooling of funding and resources to support people experiencing mental health issues to access adequate care. This may include *Collaborative Commissioning* or funding place-based partnerships between State and Commonwealth Government agencies, non-government and community-managed organisations services to facilitate better access, affordability, and navigation of services.
- Implementation of the NSW Treasury and Department of Premier and Cabinet's *Guide to Mental Health Resource Allocation* which supports a whole-of-government approach to resource investment that is outcome-driven and supported by clear lines of accountability.
- Improve mental health and wellbeing funding data reporting, collection and analysis, which also includes the cost savings of preventative and early intervention approaches to inform reinvestment decisions.

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

(ii) Engagement and involvement of local communities in health service development and delivery

The importance of community engagement and involvement is becoming increasingly recognised in the mental health sector. The Commission supports the critical role of local communities and people with lived experience in the co-production of mental health services. It is known that effective engagement promotes trusting relationships, transparency and accountability, and ensures the development of appropriately tailored, context-specific services designed to support local needs. These, in turn, increase the likelihood of service uptake and sustainability.

The Commission's own model of working with communities has stepped up beyond engagement and consultation, to one that is designed for a co-design and co-production approach. While for some projects consultation may still remain appropriate, embedding the voice of people with mental health issues, carers and the community requires diligence. The Agency for Clinical Innovation offers a number of resources and toolkits to guide co-design methodology, such as the *Working Together Toolkit 2018 - 2025*.¹¹ This includes approaches that move away 'doing to' and 'doing for people' but rather 'doing with' people and is guided by five guiding principles: safety, humanity, authenticity, equity and diversity.¹²

The *5th National Mental Health and Wellbeing Plan* calls for full involvement of people with lived experience in the planning, design, delivery and evaluation of services and supports provided for them. The Commission is currently funding work with Being NSW and Mental Health Carers NSW to develop a lived experience network and advocacy support program. This aims to enable and support people with lived experience to have the opportunity to develop and enhance their skills, capacity and expertise in participating and contributing effectively to consultation and other engagement fora. These networks once finalised and initiated should be funded by Government to implement a clear mechanism for its agencies to demonstrate its commitment to inclusion of the voice, expertise and experience of people into their processes and plans.

The Commission recognises the challenges in governance and accountability for NSW Health to ensure effective and meaningful community engagement, particularly posed by the agency's size. A tiered approach to governance and accountability is recommended, with mandated community and lived experience representatives on governance structures across the sector.

Governance structures should be ongoing and include designated lived experience positions with equal roles and responsibilities. This approach would ensure consistent community involvement, reduce tokenism and mitigate power imbalances. Obtaining regular advice on, and input into, the development and delivery of services via lived experience bodies (e.g., BEING, Mental Health Carers NSW), effectively utilising internal committees (e.g. NSW Public Mental Health Consumer Worker Committee and Consumer Sub-Committee to Program Council) and recruiting to lived experience positions (e.g. Statewide Peer Workforce Coordinator). These practices must be supported through inclusivity, psychological and cultural safety, and diverse representation.

In addition to representation on governance structures, health services must also proactively reach into local communities at regular intervals and for project-specific engagements. Engagement strategies must take account of the dynamics and diversity of communities, with strategies specific to engagement of specific populations. This should be intentional with all communities, including those who are viewed as difficult to engage. For example, people experiencing acute and complex mental health issues. Effective reasonable adjustments must also be factored into engagement strategies, such as translated materials, using facilitators from the specific communities or groups being engaged, and accessible times and considered venues.

People with lived experience may have very different priorities from other NSW Health stakeholders, such as health practitioners. Often services are designed and implemented through a top-down approach. Community engagement must begin at the initial stages of service design to establish an understanding of local contexts and ensure that on-the-ground issues are identified, with a focus on bottom-up solutions.

The Commission advocates for the use of *Community Collaboratives* which can be government funded. These can involve key stakeholders from multiple sectors working together to achieve a common purpose. Shared features include local community members and organisations coming together to determine and act on local needs. By fostering stronger relationships within and between collaborators, these groups are well placed to formulate more effective tailored, local responses to challenges.¹³ They facilitate bottom-up solutions and can be used successfully as community engagement mechanisms for the development and delivery of health services.

Recommendations:

- Prioritise designated funding for effective community engagement on NSW Health projects and research on understanding how to best engage local communities.
- Facilitate a culture that embeds local community and lived experience engagement in the development, design, delivery and evaluation of mental health services.
- Mandate and fund governance structures that ensure accountability for community and lived experience engagement at all levels. This may include governance committees, standing agenda items to report on this action, and partnerships with specific community and lived experience bodies. Ensure there is appropriate representation that reflect the diversity of these groups, including those that are conventionally hard to reach or difficult to engage.
- Devise proactive engagement policies, strategies and mechanisms that reach into local communities and bring engagement to where they are. For example, resourcing and building mechanisms for community engagement as part of the project planning process.
- Build awareness on how communities can engage with NSW Health and vice versa. This can be done through general or tailored communications to encourage community input. Staff should also be provided with education, training and 'how to' resources on best practice community engagement. For example., the Agency for Clinical Innovation offers a number of co-design and co-production tools and resources.
- Conduct a periodic review that identifies and evaluates the structures and mechanisms in place that aim to provide effective community and lived experience engagement. Compulsory reporting and action planning is also crucial for system governance.
- Capture local data that supports contextual understanding of local issues as an accountability measure and to inform health service delivery and development. While the existing *Your Experience of Service (YES) Survey* and *Mental Health Carer Experience Survey* provide rich sources of information, it can be beneficial to capture tailored data through more meaningful and reflective engagement strategies that include co-design and co-production.

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

One of the Commission's legislative functions is to assess the mental health and wellbeing of residents in NSW. It exercises this function through the utilisation of Living Well indicators, which are publicly accessible on its website. One of these indicators pertains to the proportion of recurrent NSW government expenditure allocated towards community-based mental health services. For the fiscal year 2020-21, NSW allocated 43.8% of its recurrent mental health funding towards community-based mental health care in contrast to the national average which stood at 51.4%.¹⁴ Further investment into community-based mental health care is required as there is increasing research-evidence into the social, health and economic benefits of such models.

When allocating resources to community-based services and workforces, it is imperative to pivot towards a greater reliance on evidence-based models. This includes the application of socioecological models for health promotion, early intervention, residential respite, and longer-term community supports.¹ To guide investment decisions, the Commission has developed a *Mental Health Investment Decision Tool (MhIND-T)* which is informed by the population and service nomenclature of the *National Mental Health Service Planning Framework* and uses evidence from evaluations to project both health and economic outcomes stemming from various combinations of programs/models and funding levels.

Through its work, the Commission also recognises the systemic issues and fragmentation that exist by separately funding mental and physical health services in NSW Health settings. Further efforts are required to effectively implement the NSW Health *Strategic Framework for Integrating Care* through improved governance structures, accountability frameworks, delineation of roles and responsibilities across organisations, review and evaluation of integrated care delivery.¹⁵

Recommendations:

- Increase the percentage allocation of NSW government funding towards community-based mental health services, with a focus on funding mechanisms for frontline, peer, and carer workers to address the needs of the population.
- Leverage evidence-based and outcome-focused evaluation frameworks and tools such as the *Mental Health Investment Decision Tool (MhIND-T)* to inform strategic investments.
- Implement the NSW Health *Strategic Framework for Integrating Care* which includes incentivising providers to use integrated healthcare models to improve health outcomes as distinct from or in addition to existing Activity Based Funding models.

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

A central objective of *Living Well in Focus 2020 – 2024* is to advance the capacity of community-based mental health service supports to meet population needs and reduce the demand on inpatient and acute services. For many people, community mental health services provide a viable alternative to receiving hospital-based care. Redirecting resources towards community-based services, can effectively broaden the spectrum of support options available to individuals, thereby enabling them to maintain their wellbeing and remain in their community.¹⁶ To augment service capacity, the adoption of interdisciplinary models which harness the established expertise of peer and carer workers is crucial. Such evidence-models are outlined in Terms of Reference H.

To build the capacity of the NSW mental health workforce, the Commission recommends the implementation of strategies and plans, such as the National Mental Health Workforce Strategy 2022 – 2032. This incorporates four strategic pillars to attract, support, connect and retain staff. Recommendations include mobilising the broader workforce, increasing supervision, developing training and career pathways; strengthening evidence-based and coordinated care, and adopting funding models and arrangements that drive quality of care and promote retention.¹⁷

It is also critical to acknowledge that the workforce is not limited to health professionals, and we must also drive the expansion of the peer, carer and Aboriginal workforce. The lived experience workforce has exemplified its invaluable contribution, and efforts must be made to grow and build the capacity of this workforce. Drawing guidance from the Lived Experience Framework for NSW (2018), between 2021 and 2023, the Commission undertook the funding and evaluation of four pilot sites for ‘peer navigation’ across NSW. A peer navigator is an individual who has lived experience and is employed by the service to offer support. Their role is to bolster individuals’ capacity to navigate through the intricacies of the healthcare and related systems.¹⁰

The Peer Navigation Project demonstrated improvement in referral pathways and a reduction in waiting lists, improved personal recovery outcomes, reduction in distress, increased willingness to seek help and enhanced access to services that better reflected the person’s diverse needs¹⁸. It also reduced staff workload, while improving their experience, practice and understanding of the benefits of peer work. Despite these benefits, it has been reported that Peer Workers currently only make up 14% of the total community-managed workforce.¹⁹

The Commission also supports and builds upon Aboriginal Community Controlled Health Organisations (ACCHO) and the National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018 - 2023. As such, the Commission funded an ACCHO to test the Rural Mental Health Workforce Guide and Toolkit within a rural and remote community in NSW²⁰. The proof-of-concept guide and toolkit is intended to build the capacity of local communities to identify local assets that can support people’s mental health needs.

Recommendations:

- Expand evidence-based community mental health models, detailed in Terms of Reference H.
- Scale up the peer, carer and First Nations workforce, for example., guided by the National Mental Health Workforce Strategy and Lived Experience Framework for NSW (2018).
- Foster the representation and active involvement of diverse communities and build their capacity to support people’s mental health needs at a local level, such as through the implementation of the Rural Mental Health Workforce Guide and Toolkit.

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

The higher education and training of specialist clinicians is a Commonwealth Government responsibility, where in NSW the Health Education and Training Institute is a registered Higher Education provider, that provides accredited post graduate level programs in mental health.

The Commission acknowledges the substantial time to undertake training in mental health across medical, nursing and allied health professions. Consequently, the well documented shortfall in the current number of mental health clinicians and allied health professionals requires a workforce strategy that broadens to encompass more pathways into mental health and expanding the type of roles that can supplement and support existing clinical expertise of the workforce.²¹ This approach can also contribute to geographical inequities. People in local regional and remote communities can be trained and educated to step into a mental health role via certificate and diploma courses, delivered locally or through online learning.

The Commission strongly advocates for the training, support and professional development of the Aboriginal mental health and the lived experience workforces. The *Djirruwang Aboriginal Mental Health Worker Education and Training Program* is provided by Charles Sturt University and in partnership with NSW Health. This unique program offers Aboriginal students to study their health degree in a cultural context with graduates from the program awarded a Bachelor of Health Science (mental health). The partnership with NSW Health provides students with trainee positions during the course. The continuation and support for this unique program is essential to increase the Aboriginal mental health workforce, to ensure that mental health supports are provided to Aboriginal people within the cultural context of social and emotional wellbeing. Working as part of a multidisciplinary team, Aboriginal mental health professionals can bring experience, expertise and knowledge to the team as a whole, for the benefit of all clients. The unique Djirruwang Aboriginal Mental Health Worker education program is essential to building the Aboriginal mental health workforce, to bridge geographic inequities, build workforce numbers and improve service accessibility for those who need mental health services support. Ongoing investment in this education and training program is vital to build a sustainable mental health workforce across NSW.

With over two in five Australians having experienced a mental disorder at some time in their life, the peer workforce is increasingly being looked to enhance the capacity and capability of the workforce.²² Their invaluable contribution must not only be recognised, but valued and supported through suitable education, training and professional development.

Additionally, there is also a significant number of people with lived experience as a family member, carer or loved one of a person experiencing mental health issues. Similar to peer workers, carer workers can play an essential role in providing effective and inclusive mental health care, whilst offering a different set of expertise and perspectives. However, education and training programs to build this workforce is needed to meet future needs.

The workforce can play a critical role in mental health services offering support to mental health carers. The dollar value of unpaid mental health carers in Australia is \$13.2 billion annually, which is 1.7 times the current national expenditure across all mental health services.²³ Additional education, training and support is required to invest in carers, given the substantial and economic benefits. Since 2019, the Commission partnered with Mental Health Carers NSW to establish the *Mental Health Carer Advocacy Network*. The Network deeps opportunities for carers to contribute to service improvement by sharing their experiences, providing feedback and representing the carer voice. Members are also supported to build their skills and learn through resources and training.²⁴

Living Well in Focus 2020 – 2024 calls for an expansion of both the peer and carer workforce. While the Commission's *Living Well* indicators report an increase of peer workers above the national average, there has been a declining rate of carer workers in 2020-21 (4.1 per 100,000) compared to 2014-15 (7.7 per 100,000)²⁵. This is significantly lower than the current national average. While there have been some good practice examples of building the carer workforce, this has not been replicated across a state level and further work is required to ensure the value of the carer peer workforce is realised.

To expand the Peer Workforce, the National Mental Health Workforce Strategy 2022-2032 recommends providing different entry points (e.g. training variations from Cert II – Cert IV to Bachelor and Postgraduate qualifications) to provide the broadest opportunity possible for prospective peer workers. Co-design with people with lived experience is also essential to the design and delivery of training programs for the workforce.²⁶

In January 2023, the *Commonwealth Department of Health and Aged Care* funded scholarship opportunities for people with lived experience of mental health issues/ and or suicide to gain a formal qualification via the Mental Health Coordinating Council's (MHCC) RTO in a Certificate IV in Mental Health Peer Work. The nationally recognised course administered by the MHCC with 100 peer work scholarships funded by the Commission provides people with the opportunity to build on their lived experience and work as a peer worker in the mental health sector²⁷. The training offered by MHCC has demonstrated higher student satisfaction (96%) and significantly higher course completion rates (85% as opposed to 51 – 54%) compared to other training providers²⁸. In the final project findings, it was identified that students who withdrew or found the course challenging had experienced competing priorities in their personal life and employment. Recommendations to enhance outcomes and sustainability include:

- Additional Peer Educators who can offer/facilitate the training
- Regular review of education and training materials with input from the mental health sector, including people with lived experience of mental health issues
- Student support staff who can provide learner support and reasonable adjustments

The NSW Health Aboriginal Cadetship Program supports First Nation medical, nursing and allied health students by offering paid employment, study allowances, clinical support and mentorship. The Aboriginal Mental Health Workforce Training Program also provides students completing a Bachelor degree to undergo a three year traineeship with paid employment. However, for students who are undertaking Certificate III or IV courses to become an Aboriginal Health Worker or Peer worker, there are no similar opportunities available.²⁹ This highlights a critical need to build pathways that will support entry into the lived experience workforce, while also acknowledging the number of trainee positions across the sector can also function as a rate limiter on the number of eligible students. Broadening the availability of traineeships across the community managed sector would provide additional opportunities to train and grow the Aboriginal mental health workforce.

The National Lived Experience (Peer) Workforce Development Guidelines emphasises the importance of professional training, support and recognition in underpinning a thriving workforce. For Peer Workers currently in the sector, it is often reported that there are limited opportunities for professional development. This is particularly the case for individuals in rural and remote locations where a lack of education and training can disincentivise participation in the sector.³⁰

To create governance and accountability, there is a highlighted need for a state and national Professional Peer Workforce Association, as well as accreditation that recognises peer work and its benefits as evidence-based mental health practice.³¹ For example., this may resemble the Queensland Lived Experience Workforce Network. This form of governance would support embedding practices such as supervision and continued professional development. In 2021/22, NSW Health funded BEING to develop a cross-sector peer supervision model. Given its success, the Commission advocates for ongoing funding of supervision and peer support for this workforce.³²

To support workforce sustainability, targeted lived experience positions need to be created, recruited to and supported at all levels of service delivery, leadership and decision-making. This requires targeted positions to be available, as well as education and career pathways that support Peer Workers to diversify across NSW Health.³³

The Commission recently developed the *Lived Experience Inclusion Toolkit and Checklist* which can assist agencies to value and improve their inclusive practices to promote participation, influence and lived experience leadership. The Toolkit is currently being finalised and will soon be available on the Commission's website. Another key recommendation of *Living Well in Focus 2020 – 2024* is to create a roadmap that outlines the steps to build capacity and diversify the peer workforce in NSW. This will build on the *National Lived Experience (Peer) Workforce Development Guidelines* which provides a roadmap at a national level.

Recommendations:

- Scale up positions across the Peer, Carer and Aboriginal Mental Health workforce and at all levels of service delivery, design, leadership, education and research. This approach can be supported by the *National Mental Health Workforce Strategy 2022 – 2032* and *Lived Experience Framework for NSW (2018)*.
- Develop a NSW Carer Workforce program or strategy given the significantly low proportion of carer workers compared to the national average.
- Offer cadetships, scholarships, and student placements across all Local Health Districts and the community managed sector for students undertaking Certificate IV in Mental Health Peer Work and other similar courses.
- Train and employ Peer Educators and Supervisors who can facilitate training courses, provide supervision and professional support to Peer Workers in the mental health workforce.
- Fund ongoing professional development and training available to Peer Workers currently employed in the workforce. For example, Intentional Peer Support, Emotional CPR (eCPR), Just listening, and Hearing Voices training. This should include a combination of face-to-face and online training courses to enable rural and remote equity.
- Establish a State and National Professional Peer Workforce Association and accreditation bodies that can provide formal worker recognition, governance and accountability.
- Conduct assessments of the lived experience workforce, for example using the Commission's *Lived Experience Inclusion Toolkit and Checklist* (to be available by mid-2024) and *Peer Workforce Roadmaps* to guide workforce developments and career pathways.

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW

When establishing new models of care, the Commission recommends the implementation of Frameworks and tools such as the *Mental Health Investment Decision Tool (MHiND-T)* as outlined in *Terms of Reference C*. The initiatives included in the MHiND-T have demonstrated reduced mental health related presentations to emergency departments, reduced admissions, improved societal impact (productivity gains, carer impact) and overall economic benefits. These initiatives in the tool have also been recommended for scaling up as part of the strategic plan, *Living Well in Focus*, including Community Living Support (CLS), Housing and Accommodation Support Initiative (HASI), Youth Community Living Support (YCLSS), and Whole Family Teams. Step-up step-down facilities in particular demonstrated the highest level of economic and health impact.

It is recommended that these models are scaled up across locations, so they can be accessible to all people in NSW, and programs such as Safe Havens operate 7 days a week with extended hours across their sites. This recognises that people experience distress irrespective of the location, time or day of the week, and expanding these programs would not only offer more tailored and individualised care, but also alleviate the burden on tertiary services.

The Commission recommends continuous exploration of alternate models of care to improve system and funding efficiency. For example, the *Evidence check: Models of care for people with severe and enduring mental illness* report provided recommendations for models of care across the lifespan, settings (community, acute and non-acute inpatient/residential services) and for Indigenous populations. Models that were explored included the Assertive Community Treatment (ACT), Housing First, Strengths-Based and Recovery Oriented Care, and Critical Time Interventions as opposed to standard case management that remains a common feature of secondary mental health care. Partnerships with universities and research institutes is also recommended to adapt new models of care that are currently being investigated, for example those by the *Black Dog Institute*.

For community-based mental health models of care to be effective, responsive, and sustainable, it is essential to fund, resource and implement the following essential elements outlined in the Commission's *Building Community-Based Mental Health Services and Supports*:

- Clear pathways and linkages between services/supports
- Timely sharing of data and information
- Joint regional planning and collaboration between agencies, organisations and communities
- Services working together to provide holistic care.³⁴

A comprehensive whole-of-government approach is also paramount, one that takes into account the social determinants of mental health (housing, employment, finances) and builds the capacity of frontline workers (e.g. teachers, police) to respond to mental health issues.³⁵ This ensures that the 'bigger picture' is considered when implementing new models of care across agencies.

Recommendations:

- Embrace a whole-of-government approach when implementing new models of care, one that takes into the account the social determinants of health, service linkages, timely sharing of data and information, and joint regional planning.
- Leverage evidence-based and outcome-focused tools such as the *National Mental Health Service Planning Framework (NMHSPF)* and *Mental Health Investment Decision Tool (MHiND-T)* to inform strategic investments in mental health.
- Scale up community-based initiatives that are outlined in *Living Well in Focus 2020 – 2024* and have been evaluated in the *MHiND-T* which demonstrate improved health, social and economic benefits to the people living in NSW, in particular step-up step-down facilities.

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