Make Mental Health Count
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About the Royal Australian and New Zealand College of Psychiatrists</td>
<td>4</td>
</tr>
<tr>
<td>Message from the Chair – Dr Angelo Virgona</td>
<td>5</td>
</tr>
<tr>
<td>What's needed?</td>
<td>7</td>
</tr>
<tr>
<td>Addressing the shortfall in NSW mental health funding compared to the burden of disease and making the system work better for everyone who works in it and needs mental health care</td>
<td>9</td>
</tr>
<tr>
<td>Perinatal</td>
<td>11</td>
</tr>
<tr>
<td>Increase capacity and access to psychiatric care for people living in rural communities</td>
<td>15</td>
</tr>
<tr>
<td>People with mental illness need safe and stable housing</td>
<td>17</td>
</tr>
<tr>
<td>Youth</td>
<td>18</td>
</tr>
<tr>
<td>Children and adolescents</td>
<td>21</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>23</td>
</tr>
<tr>
<td>Forensic</td>
<td>25</td>
</tr>
<tr>
<td>Old People</td>
<td>27</td>
</tr>
<tr>
<td>Addiction</td>
<td>29</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>31</td>
</tr>
<tr>
<td>Neuropsychiatry</td>
<td>34</td>
</tr>
<tr>
<td>Leadership</td>
<td>35</td>
</tr>
</tbody>
</table>
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a bi-national college, has strong ties with associations in the Asia and Pacific region.

The RANZCP has more than 5500 members including more than 4000 qualified psychiatrists and around 1400 members who are training to qualify as psychiatrists.

The RANZCP NSW Branch represents over 1600 members including over 1200 qualified psychiatrists.

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

How this pre-budget submission/election platform was developed

Our pre-budget submission/election platform was developed in consultation with members of the NSW Faculty and Section Subcommittees and members of the NSW Branch Committee.

It draws on their knowledge and expertise of the mental health-care system, in identifying issues affecting people living with mental health conditions and evidence-based solutions to improve their lives and the mental health-care system. For the most part, it relies on the views and concerns of the individual psychiatrists consulted for this pre-budget submission/election platform, and where appropriate, quantitative data to validate key issues raised by them.
Message from the Chair –
Dr Angelo Virgona

On 23 March 2019, the citizens of NSW will go to the polls and vote. Between now and election day, the people of NSW will be taking a close look at what each political party has to offer to make our state a better place.

With one in five of us living with a mental health condition at this time, and with nearly one in two affected by the condition at some stage in our lives, many will be thinking about the policies our political leaders will pursue to make our mental health care system the best it should be; one where people are treated on time, are seen to by experts in their field, are given the right level of care and attention, and are able to trust and have confidence in the system that they depend upon.

Now, more than ever, the public mental health system needs improved government investment. Although ‘reform’ is talked about, what most people want are dependable mental health services, where there is equity, consistency and where a minimum standard of care is guaranteed for all taxpayers. We have long been advocating for a level of investment in mental health that reflects the burden of disease and that delivers better health outcomes for people living with mental health conditions.

In this year’s state budget, the NSW Government allocated $2.1 billion to mental health or 9.5% of the entire health budget. To bridge the gap between 9.5% and 13% would be $500 million. The sum total of our proposals (per annum) is approximately $150 million, or equal to an extra 7% of the current outlays on mental health. To put this amount into perspective, the government will be handing back $1 billion in gaming (poker) machine concessions to clubs this year and spending close to $2 billion on two new sporting stadiums in Sydney.

The NSW Branch acknowledges the recent investments in community mental health funding and infrastructure projects in areas that have been neglected for decades, but these projects are not keeping pace with the growth in population and demand for mental health services. Our emergency departments are often paralysed by mental health patients waiting for beds and millions, literally, are spent providing security and nursing “specials” for these patients, when the money should be spent on mental health beds and other clinical services to support them.

What follows are the opinions of experts in subspecialty areas about what is urgently needed to address the service delivery crises they confront, but there are also state-wide issues that need urgent attention. Access (and equity of access) is a fundamental principle in service delivery which is lacking across the state. The most obvious example here is the entry point to mental health services. A decade ago, the Iemma Government allocated $9 million for a state-wide mental health access line (MHAL), to be manned by mental health clinicians, 24/7, providing triage and assessment, then directing consumers/carers to the most appropriate physical access point of their local service, and providing that service, live, with critical triage information. The $9 million proved to be insufficient to establish such a service. Area Health Services started establishing their own services, or commissioned the private sector to do same. When the smaller Local Health Districts (LHDs) were created, these services didn’t have the manpower or funding to support a 24 hour district wide service. The current situation is patchy and often appalling. Some services divert their MHAL number to a state-wide general health line, manned by non-clinicians, who often have no idea what mental health services are in what areas (a typical example was my trying to contact a local acute care team after hours for urgent follow-up of a patient and this service had no contact details for that service, didn’t know of its existence).
We call on the Government to fund an appropriate, state-wide MHAL, to ensure that consumers and carers around the state can get 24/7 access to appropriate triage, assessment and advice. It would also provide mental health services with standardised triage and up to date information, preventing duplication of triage/assessment functions and freeing local staff up for clinical intervention. There would also be capacity for psychiatrists and other clinicians to have a dedicated line within the system, to ensure seamless transfer of care. The cost of such a service is of the order of $30 million annually.

On a similar point, with the creation of LHDs as independent legal entities, has come the complication that there are obstacles, between LHD mental health services, to the transfer of clinical information about mental health consumers. The electronic medical record has been an excellent development, but its utility is grossly limited when clinicians can only view records made within their LHD. Mental health consumers are a mobile population, and being able to have access to their records state-wide, would improve the quality of care they receive, and stop duplications in assessment, investigations and inappropriate changes to treatment, etc. Overcoming this technical/jurisdictional obstacle is an easy win, and would make a significant difference to quality of care delivery.

RANZCP Fellows working in the public mental health system are passionate about their work and want the best outcomes for people living with mental illness and their families, but as our Fellows point out, it is not an easy system to work in or to work your way through if you’re a consumer. It needs to be fairer and more responsive.

It also needs to be better planned for the future. In the next 10 years our state’s population is set to reach 10 million people, two million more than it is now. The government is spending record amounts on infrastructure projects to accommodate our growing population but it’s not matching this level of investment in other important areas, such as our public mental health system. This needs to be addressed if we are to insure the wellbeing of future generations.

Over coming months, the NSW Branch of the College will be doing all it can to ensure politicians and policymakers hear about our ideas for improvement and change. This election, and the budget that follows, is an opportunity for the new government to build on recent efforts to develop a more cohesive and efficient mental health system for all NSW citizens.

It is a no-brainer that investments in mental health care are among the best investments government can make, improving the welfare, wellbeing and productivity of all NSW citizens.

The Branch Committee and Fellows are committed to advocating for the adoption and implementation of these proposals. My sincere thanks to everyone involved in the development of this document.

Dr Angelo Virgona

NSW Branch Chair
Addressing the shortfall in NSW mental health funding compared to the burden of disease and making the system work better for everyone who works in it and needs mental health care

- Increase the mental health budget by $500 million annually so that it reflects the total burden of disease presented by mental illness; that is 13% of the total health budget (or $2.6 billion)
- Invest $30 million to ensure the Mental Health Access Line is able to provide timely, effective health triage, advice and referral for patients in crisis and users of this service (e.g. psychiatrists)
- Amend Health policy to enable sharing of patient records across Local Health Districts

Ensuring equality of mental health care for mothers and babies

- Invest $60 million over 4 years to establish three 8-bed Mother-Baby Unit (MBU) for mothers with moderate to severe mental health conditions living in the greater Sydney Metropolitan, Hunter-New England and Illawarra-Shoalhaven regions
- Invest $1.6 million annually to train nine perinatal and infant psychiatrists

Increase capacity and access to psychiatric care for people living in rural communities

- Invest $500,000 annually to employ a project officer to manage and provide program support for the delivery of a rural psychiatry training program

People with mental illness need safe and stable housing

- Invest $30 million annually to provide an additional 200 supported accommodation packages under the Housing Accommodation and Support Initiative program. This program supports mental health consumers to live well in the community.

Give our young people the best start in life

- Invest $86 million over 4 years to expand public acute and inpatient mental health services to ensure every young person with severe mental health conditions gets the care and treatment they need
- Invest $7.5 million over 4 years to provide appropriate care and support to people experiencing gender dysphoria
Ensure every child and adolescent has access to the best quality care in our public health system
- Invest $86 million over 4 years to establish 25 Child and Adolescent Acute Response Teams across our public mental health system to ensure that children and adolescents with severe mental health issues get the treatment, care and attention they need

Give people with an intellectual disability the access and support they need to our public mental health care system
- Invest $19.6 million over 4 years to establish seven specialist multidisciplinary community-based mental health teams dedicated to supporting people with an intellectual disability who have mental health conditions. The focus of this service will be to provide assessment and treatment as well as support mainstream services.
- Invest $10.8 million over 4 years to establish a network of specialised intellectual disability nurses (Clinical Nurse Consultants) across NSW to work with people with intellectual disability, their families, carers and clinical staff to plan and coordinate services and facilitate pathways for this client group through the public mental health system.

Forensic patients need access to quality health care and post-release support including proper psychiatric services and housing
- Invest $43.2 million over 4 years to increase bed capacity (by up to 60) for forensic patients and $12 million over 4 years for transitional housing to ensure their successful transition into the community. If a new facility is to be built to enable such an expansion, then an additional appropriation of funds will be required.

More support is needed for older people with mental illness
- Invest $10.8 million over four years to employ clinical nurse specialists across NSW to enable increased access to mental health services for older people with a mental illness who are at risk of social isolation.

Reduce opioid misuse
- Invest $1.5 million annually to employ 15 project officers across the state to deliver smoking cessation program to people undergoing treatment for opioid addiction.
- Invest $450,000 annually to employ three addiction psychiatrists (one stage 2, and two stage 3) in high need areas (Illawarra, Northern Rivers, and South Western Sydney).

Boost support for people with complex traumatic and personality disorders
- Invest $4.2 million over 4 years to retain the Westmead Psychotherapy Program to ensure local and state-wide service delivery for people with complex mental health conditions.
- Invest $5.6 million over 4 years to establish a Complex Trauma and Psychotherapy Centre of Excellence at Westmead Hospital.

Invest in state-wide specialised services
- Invest $3.9 million over 4 years expanding specialist neuropsychiatric services for people with complex clinical neuropsychiatric conditions and high level needs.

Invest in clinical leadership
- Invest $100,000 annually to employ a project officer to administer a leadership mentoring program for consultants and senior registrars wanting to work in clinical director roles. The position would be located at the RANZCP NSW Branch.
Addressing the shortfall in NSW mental health funding and making the system work better

Increase the mental health budget by $500 million annually so that it reflects the total burden of disease presented by mental illness; that is 13% of the total health budget (or $2.6 billion).

Invest $30 million to ensure the Mental Health Access Line is able to provide timely, effective health triage, advice and referral for patients in crisis and users of this service (e.g. psychiatrists).

Amend Health policy to enable sharing of patient records across Local Health Districts.

What we heard in our College consultations

In any one year, one in five NSW citizens will experience mental illness, representing around 1.3 million people.\(^1\) Mental health conditions affect people of all ages, in all locations and in every aspect of life: school, work, friendships and family.

Compared with high profile public health issues, mental health services and supports fall far short of the required need. Although mental illness represents around 13% of total burden of disease and injury in NSW and is the leading specific cause of non-fatal burden of disease, it receives only 9.5% (or $2.1 billion) of the NSW health budget.

We heard in consultations with our Fellows that large numbers of people in regional, rural and remote communities, and in growing areas like western Sydney, are missing out on mental health services that should be available to them. We heard they are missing out because of challenges with attracting clinical staff to these areas, under-resourcing, rising costs of health care, and lack of supports around transfer of care.

We heard that our public hospitals that deliver the bulk of acute inpatient mental health care are stretched to the limit and are unable to provide the level and quality of ongoing care people with mental health conditions need. As shown in the table below, admissions of people with mental health conditions in NSW hospitals has been increasing year on year out with little sign of slowing or abating.

> Unless the mental health system is reformed, we’re going to see very high costs in disability support pensions, more people going to prison, and more homelessness. Mental health spending needs to increase if we’re to have any chance of stopping the knock-on effects in other policy areas.

*NSW Branch Chair*

---

1. RANZCP NSW Branch 2019 Pre budget submission
2. Australian Institute of Health and Welfare: Mental Health Services in Australia
We know from the proposals put forward in our submission that current levels of investment are not enough and that an extra $500 million annually is urgently needed to satisfy unmet need and reduce the burden of disease caused by mental illness. A portion of this funding has been costed in proposals outlined in our pre-budget submission/election platform but there is an urgent need for further investment across all parts of the mental health care system from acute to community-based care to home support.

We also heard parts of the mental health care system could be improved if existing technologies and services worked better and simple changes to operational policy were made. For instance, our Fellows told us the Mental Health Access Line (MHAL)\(^3\) is not working well and compromising patient care because clinicians trying to refer patients are finding the process frustratingly time intensive and inefficient, being unable to liaise directly with a psychiatrist or trainee within the relevant community health centre or mental health team who is going to be directly involved in coordination of the engagement, assessment and management process. There have been many stories from Fellows about inconsistent, chaotic and negative outcomes occurring as a result of the overly impersonal, bureaucratic and uncongenial process in place.

Examples of problems include a lack of understanding of the rationale for referrals due to a lack of opportunity for doctor-to-doctor discussion, and a loss of undertaking due to mixed messaging taking place because the verbal referral is shifted around between different teams operating from the intake point and the ultimate team taking responsibility for engagement with the patient. There have been instances of written information being lost during this process, and patients and their families suffering as a result of incomplete information being available to the assessing teams. The negative experiences of protracted time taken for clinicians to undertake what is often an overly bureaucratic referral process has led to an avoidance of many clinicians making referrals, encouraging their patients to refer themselves, to the detriment of patients and their families.

Our Fellows told us they are unable to access patients’ medical records from other Local Health Districts in real time because operational policy does not allow this to happen. Fixing this problem would not be expensive but would alleviate some of the frustrations many psychiatrists experience when dealing with patients who move across LHDs for treatment in our hospitals. Improving access to such records is good for patient care because it prevents multiple and potentially inconsistent histories being taken. It also means treatments can be provided a lot quicker.

### Action needed

The shortfalls in mental health service delivery in NSW are well known and have been documented in our pre-budget submission/election platform. As we have highlighted, there are insufficient inpatient beds and community-based wrap-around services in most areas to meet unmet need particularly in regional communities and outer-metropolitan areas where these are needed most.

To improve efficiency and effectiveness of clinician referrals and to facilitate clinician-to-clinician liaison processes to improve patient care, we call on the government to invest $30 million in developing a State-wide MHAL, with both specific clinicians’ line separate from the line designed for members of the community, referring themselves or their family members.

As a matter of urgency, the NSW Government must commit to increasing funding and levels of service to deal with the current and future mental health needs of the populations for which they are responsible. This level of funding needs to reflect the burden of disease which we estimate to be around $2.6 billion annually.

---

\(^3\) The State Mental Health Line was established in 2005 to provide access to mental health triage, advice and referral via a single state-wide mental health telephone service. It is a single state-wide telephone number which links callers to local mental health services 24 hours a day, 7 days a week.
Perinatal

Ensuring equality of mental health care for mothers and babies

Invest $60 million over 4 years to establish three 8-bed Mother-Baby Unit (MBU) for mothers with moderate to severe mental health conditions living in the greater Sydney Metropolitan, Hunter-New England and Illawarra-Shoalhaven regions.

Invest $1.6 million annually to train nine perinatal and infant psychiatrists

What we heard in our College consultations

All mothers and babies deserve access to high-quality and affordable maternity care from our public health system. Unfortunately, for new and expecting mothers with moderate to severe mental health conditions, this system has a long way to go.

In consultation with our members, we heard that there is a lack of appropriate mental health beds to which a mother can be admitted without separation from her baby, and there is need to strengthen specialist clinical training for this under-resourced area of mental health care in NSW.

There is well-established research showing women are at greater risk of developing a mental illness during pregnancy and following childbirth than at any other time. The Black Dog Institute estimates that around 20% of women will experience depression or anxiety during this period and that a further one in 20 will experience severe depression after childbirth. In rare but extreme cases (between 2 and 4 per 1000), women will develop perinatal psychosis, a condition that is very serious and invariably requires hospitalisation. Alarmingly, suicide is one of the leading causes of death among this group (Thornton et al. 2013), and infants are at very high risk of developing insecure attachment and mental health difficulties later on in life.

Mental health conditions developing during the perinatal period can have devastating effects on families by contributing to the breakdown of parental relationships, parenting confidence and infant attachment. The impact on the infant of having a parent with significant psychosocial impairment is significant with the child experiencing anxiety, stress, and development and behavioural problems.

4 We estimate that around 390 perinatal women with severe mental health conditions will be admitted into hospital and that approximately 10% of these will be re-admitted after discharge. We expect the average length of stay will be 21 days. Thus: [429 patients x 21 days / 365 days] = 24.6 beds
8 RANZCP Response to Parliament of Victoria’s inquiry into perinatal services July 2017
Mother and baby units are not a luxury, they are a necessity. They provide a safe and supportive place where mothers can recover from their mental health episode without being separated from their baby.

NSW mothers with severe illness and their babies are one of the most vulnerable groups in terms of lack of appropriate mental health service provision. Without mother and baby units, the majority of these mothers only have one option: admission without their baby to an acute psychiatric ward in the public system.

The advantages of a specialist mother-baby unit include opportunities, not only for treatment, but for prevention and early intervention. The mother is able to receive specialised mental health treatment while simultaneously having expert support in developing her relationship with her infant and assistance in mastering sleep and settling skills. Partners and key family members are also actively included in this process thus facilitating the mothers’ recovery and safe return home with her baby.

NSW Representative of the Binational RANZCP Committee for the Section of Perinatal and Infant Psychiatry

Actions needed

Our Fellows told us that there are significant gaps in the provision of affordable mental health care and support for perinatal women with moderate to severe mental health conditions. They told us the public health system is not equipped to effectively care for these women because there are no facilities that can accommodate both mother and baby, and attend to their unique needs, even though national and international best practice unanimously recommend that this is the best arrangement.9

In consultations with our membership, we heard that NSW lags behind other states in addressing this critical gap in the state’s mental health system, and this was also a key point made in the RANZCP report to the NSW Parliamentary inquiry into support for new parents and babies (2017). We heard that Victoria, South Australia, Queensland and Western Australia each have dedicated perinatal units supporting new and expecting mothers with severe mental conditions and their babies, and are way ahead of what NSW has to offer.

Because of their high levels of vulnerability and clinical risk, these mothers need access to effective treatment that includes assessment of the mother’s capacity to care for her baby and appropriate support to ensure mother-infant attachment and prevent potential risk to the child.

In light of this situation, the NSW Branch is calling on the NSW government to make perinatal mental health a priority by investing $60 million over 4 years to create three 8 bed Mother-Baby Units. These units should be established in the following Local Health Districts/Primary Health Networks:

- Western Sydney region (to service Northern Sydney, Sydney, and South Western Sydney LHDs)
- Hunter-New England and Central Coast regions
- Shoalhaven-Illawarra and South Eastern Sydney regions.

Our Fellows have chosen these areas because their demographic, socio-economic and health profiles suggest a high degree vulnerability and clinical risk for new and expecting mothers and their babies. As shown in Tables 1 and 2, these areas have high rates of socio-economic disadvantage (as measured by their SEIFA scores),10 large and growing populations as a result of high birth and immigration rates, and higher than average rates of psychological distress. The socio-economic and demographic profile of these areas also have characteristics that correspond to some of the most common causes of mental health problems such high levels of unemployment, social disadvantage and poverty.

9 The 2017 Australian Clinical Practice Guideline for Mental Health Care in the perinatal period recommends that mothers needing psychiatric admission be jointly admitted with their infant as do the UK National Institute for Health and Care Excellence (NICE) Guidelines
10 A score of less 1000 indicates relative economic disadvantage
Table 1 – social, demographic and health profiles A score of less 1000 indicates relative economic disadvantage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Sydney 15</td>
<td>980</td>
<td>906,000</td>
<td>1,247,000</td>
<td>14,667</td>
<td>12.2</td>
<td>326,000</td>
<td>59</td>
</tr>
<tr>
<td>South Western Sydney 16, 17</td>
<td>811</td>
<td>966,450</td>
<td>1,057,080</td>
<td>13,750</td>
<td>14</td>
<td>425,000</td>
<td>55</td>
</tr>
<tr>
<td>Northern Sydney 18</td>
<td>1090</td>
<td>910,260</td>
<td>1,069,690</td>
<td>10,804</td>
<td>NA</td>
<td>200,257</td>
<td>43</td>
</tr>
<tr>
<td>Sydney 19</td>
<td>1006</td>
<td>639,530</td>
<td>832,790</td>
<td>8,345</td>
<td>10.2</td>
<td>227,530</td>
<td>33</td>
</tr>
<tr>
<td>Central Coast 20</td>
<td>980</td>
<td>339,550</td>
<td>374,850</td>
<td>3,816</td>
<td>10.1</td>
<td>17,996</td>
<td>15</td>
</tr>
<tr>
<td>Hunter-New England 21</td>
<td>950</td>
<td>873,741</td>
<td>1,063,870</td>
<td>10,690</td>
<td>12.6</td>
<td>63,000</td>
<td>43</td>
</tr>
<tr>
<td>South-Eastern Sydney 22</td>
<td>1041</td>
<td>911,510</td>
<td>1,071,930</td>
<td>11,318</td>
<td>12</td>
<td>464,870</td>
<td>45</td>
</tr>
<tr>
<td>Illawarra-Shoalhaven 23</td>
<td>954</td>
<td>384,000</td>
<td>421,000</td>
<td>4,534</td>
<td>12.0</td>
<td>34,000</td>
<td>18</td>
</tr>
<tr>
<td>All-LHDSsNSW 24</td>
<td>976</td>
<td>7,467,520</td>
<td>9,386,850</td>
<td>97,306</td>
<td>11.1</td>
<td>1,569,660</td>
<td>389</td>
</tr>
</tbody>
</table>

The NSW Branch is advocating for this investment to be made in two stages to ensure effective planning and the development of appropriate models of care. We are recommending that stage one be rolled out in 2019/20 in Western Sydney to cover this part of the state plus Sydney, Northern Sydney, and South Western Sydney, where the need for an MBU is high and urgent, and to use learnings from the implementation of this service to inform roll-out of the other two (stage 2): Hunter New England/Central Coast and Shoalhaven-Illawarra and South Eastern Sydney in 2020/21 (see map on page 13).

11 The ABS Socio-economic Indexes for Areas (SEIFA) is a summary indicator of economic disadvantage across a defined geographical area. A score below 1000 usually an indicator of poorer health outcomes for the region
12 NSW Department of Planning and Environment (2016) New South Wales State and Local Government Area Population Projections
14 Our target group consists of the estimated number (4/1000) of perinatal women who develop severe mental health conditions requiring admission into hospital
Table 2 – Maternal care risks

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
</table>
| Western Sydney        | More perinatal psychiatric admissions than the NSW average  
Highest rate of teen pregnancies of any NSW PHN: 5.1% (cf. 2.2% for NSW)  
More low birth weight babies born to Aboriginal than non-Aboriginal mothers: 11.1% to 6.2%  
High rates of smoking during pregnancy of any NSW PHN: 19.6% compared to 8.3% across NSW                                                                 |
| South Western Sydney  | More high risk pregnancies requiring complex care in women with mental health & drug/alcohol issues  
Higher rates pregnancy smoking highest among Aboriginal women (45.5 vs 14.8 per 100,000)                                                                                                                   |
| Illawarra-Shoalhaven  | Suicide rates in the Illawarra Shoalhaven region are higher than NSW averages  
High rates of smoking during pregnancy 12.5% compared to 8.3% across NSW  
Highest rate of youth unemployment in NSW, 30% compared to the 12.2% for the nation                                                                                                                         |
| Hunter-New England    | High rates of chronic mood and behavioural problems (14.4 vs 13.1 per 100 for NSW)  
Hospitalisations for intentional self-harm for the region above state average (12.2% to 11.1%)  
Aboriginal people higher rates of mental illness and risk-associated pregnancy behaviours  
Highest rate of perinatal mortality in NSW (10.6 per 1000 to 8.2 per 1000 in NSW)                                                                                                                     |

At a minimum, each MBU should have a core-multidisciplinary team with specialist skills and knowledge. Typically, it would comprise:

- 1.5 FTE consultant psychiatrist
- 1 FTE psychiatric registrar
- 1 Nurse Unit Manager
- 15 nursing staff ideally aiming for daytime staff to woman ratios of 1:3
- Access to allied health such as clinical psychologist, occupational therapy and social work
- Administration support.

Our Fellows highlighted the need to invest in perinatal mental health opportunities to build capacity and capability in specialist perinatal and infant mental health training to help mothers and families get the care and mental health support they need over the longer term. As such, funding needs to be made available for trainee psychiatric positions in each MBU and major maternity hospitals. We estimate this to be $1.6 million per year.

25 Ibid
Rural communities

Invest $500,000 annually to employ a project officer to manage and provide program support for the delivery of a rural psychiatry support program

What we heard in our College consultations

Compared with their city counterparts, people living in rural communities face significant challenges accessing mental health care services. Distance, lack of services, and cost are some of the factors putting access to mental health services out of reach for many people living in rural NSW.

It is a fact that people living in rural communities have higher rates of self-harm and suicide than people living in cities even though both groups experience similar rates of mental illness. Stigma, resistance to seeking help and lack of access to timely care and support are often cited as reasons for these high rates.29

We heard from our Fellows that the recruitment and retention of health professionals in rural and remote communities continues to be a major barrier for providing equal access to mental health services, and psychiatrists are no exception.

We heard that there are a number of factors that work against psychiatrists working in rural areas, including but not limited to: professional isolation; family factors including difficulties with spouse finding employment; career opportunities; size of

QUICK FACTS

The most recent data shows that major cities in Australia have approximately 15.1 full-time equivalent (FTE) employed psychiatrists per 100,000 population, while that figure is 5.8 for inner regional areas, 3.4 in outer regional areas, 5.0 in remote areas and only 1.4 in very remote areas. Generally, the more remote the location, the worse the access is to psychiatric services.30
patient base; and remuneration. Trainees report similar reasons for preferring to work and train in urban centres, and the lack of experienced psychiatrists in rural areas to supervise only adds to this problem. When we speak with our Fellows, they tell us that the key to attracting and retaining health professionals like psychiatrists in rural areas is through providing opportunities and incentives to train in rural and remote settings and careful management of positions, including psychiatrists who provide the training. They told us that psychiatrists supervising trainees need adequate support and incentives when supervising trainees, such as time off to provide proper supervision and continuous professional development.

The government has experience of rolling out the Rural Psychiatry Project, in collaboration with RANZCP, which provided essential support to trainees, many of whom remain in rural areas when their training was completed.

**Action needed**

There is a need to deliver more training in rural areas, which will require identifying and developing new supervisors, and developing new, innovative supervision models to attract and keep trainees and psychiatrists. Robust and properly resourced programs are needed to ensure that trainees and supervisors are adequately supported. This includes providing financial assistance for training materials, accommodation, relocation costs, internet access etc. We are therefore calling on the government to invest $500,000 annually for the provision of a rural psychiatry support program that supports both trainees and psychiatrists in rural based positions. Funds will be used to employ a full time project officer to deliver program objectives and program support to trainees and supervisors (psychiatrists).

---

29 RANZCP (2018) Submission to the Senate Community Affair’s Inquiry into accessibility and quality of mental health services in rural and remote Australia
30 Ibid
31 NSW Government NSW Homelessness Strategy 2018-2023
34 Ibid
35 NSW Health (2006) Housing and Accommodation Support Initiative (HASI) for people with mental illness: resource manual
Stable housing

Invest $30 million annually to provide an additional 200 supported accommodation packages under the Housing Accommodation and Support Initiative (HASI) program. This program supports mental health consumers to live well in the community.

What we heard in our College consultations

When the ABS census was conducted in 2016, more than 37,000 people in NSW said they were experiencing homelessness. Five years before then, that number was 23,000.

The link between homelessness and mental illness is long-established. According to Homeless NSW, some 75% of people who are homeless have a mental health condition and a quarter of these are aged 12–25 years.

Almost two thirds of people who are sleeping rough who have a mental health issue also have issues with drug or alcohol abuse.

People with mental health conditions often experience difficulties in accessing and maintaining affordable, safe and stable housing. Mental health issues can disrupt tenancies and reduce an individual’s capacity to live independently.

At the same time, unstable housing arrangements can also contribute to the deterioration of mental wellbeing. Individuals at risk of tenancy failure because of mental illness are particularly vulnerable because of the limited alternative housing options they have and the consequences that tenancy loss brings. They may become homeless or have to move to unsafe or inappropriate housing and risk losing any supports that were in place.

Our Fellows expressed concern about the lack of integration of support services and housing for those people with mental illnesses. We heard there aren’t enough step-up/step-down facilities providing support to ensure patients are linked into to the appropriate services.

Action needed

We heard from our Fellows that long-term housing is critical to recovery from mental illness, and community-based multidisciplinary supports are vital to staying housed and breaking the cycle of homelessness. Accordingly, we are calling on the government to build on the success of existing supported accommodation programs for people with a mental illness, such as HASI, by increasing the number of packages to provide holistic and wrap-around supports to people with mental illness to prevent homelessness.
Youth

Give our young people the best start in life

Invest $86 million over 4 years to expand public acute and inpatient mental health services to ensure every young person with severe mental health conditions gets the care and treatment they need

Invest $7.5 million over 4 years to provide appropriate care and support to people experiencing gender dysphoria

What we heard in our College consultations

We all want our young people to do well in life, to be safe, healthy and able to handle life’s challenges. However, for a large and growing number of young people with a mental illness, achieving their potential can be challenging.

Mental illness affects a large and growing number of young people. In NSW, it is estimated that one in four people aged 15–24 years is affected by some kind of mental health condition. This equates to around 300,000 people. It is further estimated that around 75% of all lifetime mental health disorders emerge by the age of 24 years. While prevalence of mental illness is high among young people, they are under-represented in visits to mental health services.36

Tragically, suicide is the leading cause of death amongst this group accounting for one in three deaths. As shown in Table 1, these rates have doubled in the period between 2007 and 2016, and based on research in this area, are highest among Aboriginal people, young people living in rural communities, and lesbian, gay, bisexual, transgender and intersex and questioning (LGBTIQ) people.37

Emergency presentations by young people with mental health conditions in NSW has increased by 32% from 257,046 in 2003/04 to 338,095 in 2013/14. In particular, the number of Emergency Department (ED) presentations of females aged 16–24 years has increased since 2011–2012, and has overtaken that of males in the same age-group. The greatest increase has been in the category of mental health and behavioural disorders.38

Despite the high prevalence of these issues among young people, it is well established that young people are the least engaged consumers in the mental health system with only 25% of young people with mental health problems accessing services.39

Our Fellows told us that there are still too many gaps in current programs and services, resulting in many young people with mental health conditions falling out of the health care system. They told us the situation is particularly precarious for young people with co-morbid health problems, such as alcohol and drug addiction, and young people who are homeless and/or have adverse contact with the justice system.

The problem members told us is that patients who require acute care for their mental health problems cannot be assured that they will have swift access to care when it is needed – whether admitted to hospital or looked after in the community. This is largely because of pressures within the system that make it hard for treating medical teams to engage effectively with young people with mental health conditions. Too few psychiatrists with expertise in working with young people was another reason highlighted in consultations.

Our Fellows told us the youth mental health system is fragmented and difficult for young people to navigate because the pathways to care are unclear or non-existent – some young people simply do not know where or how to get help. The tragic consequences of this gap are higher rates of suicide and poorer life expectancy.

Our Fellows acknowledged that while there has been improvement in investment in community-based mental health care there was strong consensus amongst them that this has come at the expense of investment in acute care. We heard that a critical gap remains with patients being able to access appropriate levels of acute care in our public hospitals and that a rebalancing of investment is needed in this part of the mental health care system.

We heard from our Fellows that NSW lags behind other states in the care and support of young people experiencing gender dysphoria. They stressed that people with gender dysphoria have high rates of self-harm, comorbidity issues and progression to personality disorder and need specialised care and support.

We heard little progress has been made in establishing a dedicated service for this vulnerable group even though states like Victoria and Queensland are way ahead of the game in this area. Fellows told us the existing service at Westmead operates in a piecemeal way receiving funding on a short-term basis – 6 months at a time – which makes it almost impossible to provide safe effective medical and mental health services to individuals with high levels of mental health need.

SPOTLIGHT
The Royal Children’s Hospital Gender Service in Victoria provides a family centred and multidisciplinary approach to the care and support of young people with gender identity concerns. The service has been experiencing significant growth since it began operations in 2003 and expects to treat some 300 young people in 2019, up from 250 in 2018. Queensland Health also provides a similar service.
**Action needed**

The NSW Branch believes it is time that every young person in NSW had access to appropriate help in our public health system for the health problem most likely to affect them. Early treatment of young people with mental health conditions in a person-centred manner saves lives, money and distress. Access to specialist care should not be a quirk of geographic location.

With this in mind, the NSW government needs to build more intensive treatment capacity in our public hospitals to ensure mental health services continuum is achieved. It needs to do this by investing $86 million to boost capacity and capability in our public health system and provide young people greater access to multidisciplinary teams including psychiatrists, psychologists, psychotherapists, nurses, social workers, child and youth care practitioners, and a range of other providers.

Now, more than ever, the NSW Government needs to address the significant gap in service that exists for young people with gender dysphoria and gender identity concerns. Models of care exist in other states except ours. The NSW Branch recommends that $7.5 million funding over four years be provided to establish a tertiary specialist metropolitan network ‘hub’ as stage 1 of developing a state-wide health service for children and young people with gender dysphoria in NSW. A four year costing model to estimate staffing, establishment and ongoing administration costs of the metropolitan hub was conducted by the NSW Branch and RACP and a detailed submission made to the NSW Mental Ministry in December 2016. The NSW government’s delay in responding to and implementing this expert advice, backed up by close consultation with all stakeholders including consumers, has left a growing gap in addressing the healthcare of this highly complex and seriously at risk population. The submission indicates that mortality and morbidity is high for this disorder and the risks of adverse outcomes with inadequate or poor healthcare decisions are also high. The NSW Health Ministry needs to now act on the direction given to it over two years ago as a matter of urgency.
Children and adolescents

Ensure every child and adolescent has access to the best quality care in our public health system

Invest $86 million over 4 years to establish 25 Child and Adolescent Acute Response Teams across our public hospital system to ensure that children and adolescents with severe mental health issues get the treatment, care and attention they need.

What we heard in our College consultations

Mental illness impacts us all. One in five children and young people in NSW experience a mental health problem at any given time; however, as reported by our Fellows who specialise in this area, a large majority of these kids do not receive the specialised care and treatment they require. This is partly because parts of the mental health care system are ill-equipped to deal with the unique concerns of children and young people with mental health concerns but also because many young people do not actively engage with mental health services for one reason or another.

We heard from our Fellows that when the signs of mental illness are identified early in young children and they are supported with appropriate services, they are more likely to develop resilience and avoid mental health issues that can persist well into adulthood. However, when children and young people fail to get the help they need, the results can be devastating, even fatal: suicide is the leading cause of death after accidents for young people in NSW (see Graph 2).

QUICK FACTS

A study citing NSW Ministry of Health data reports that approximately one in five children and adolescents have mental health problems. That is the equivalent of around 310,000 people. 70% of mental health problems have their onset during childhood or adolescence.

Presentations of 0–15 year olds to emergency departments (in Australia) have doubled over a 10 year period from 5,803 in 2007 to 11,478 in 2017 (see Table 3).

In the period between 2008/9 and 2015/16 there was a 45% increase (53,539 to 77,444) in the number of community care contacts in NSW by this age group (see Table 3).

Of major concern is the level of increase in emergency department presentation of 10–19 year olds for suicidal ideation and behaviour, self-harm and intentional poisoning (see Graph 2).

---

41 ABS 2017 Estimated Resident Population by Single Year of Age, New South Wales
Concerns were expressed by our Fellows about the number of children and young people experiencing mental health problems and the barriers they come against when trying to access help in a timely manner, particularly acute care and early intervention services that may have the greatest impact. The problem, we heard, is quite significant among young people living in rural communities and exiting the juvenile justice system.

Our Fellows told us that EDs are of critical importance in the management of acute care needs, and play a pivotal role in the health system, yet governments are not investing the right amounts of money or resources in this part of the mental health care system to have the right level of impact.

**Table 3- Mental health-related emergency department presentations in public hospitals, by triage category, 0-15 age cohort, 2004-05 to 2016-17 and community care contact among 2007-08 to 2016-17, 0-15 age cohort**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Australia ED</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>overnight – all ages</td>
<td>138,729</td>
<td>149,566</td>
<td>178,595</td>
<td>162,721</td>
<td>171,976</td>
<td>172,445</td>
<td>176,016</td>
<td>188,739</td>
<td>213,826</td>
<td>244,881</td>
<td>254,901</td>
<td>273,439</td>
<td>276,954</td>
</tr>
<tr>
<td><strong>NSW ED overnight – all ages</strong></td>
<td>53,549</td>
<td>58,920</td>
<td>77,699</td>
<td>56,001</td>
<td>55,173</td>
<td>53,254</td>
<td>50,301</td>
<td>51,354</td>
<td>65,027</td>
<td>85,395</td>
<td>88,469</td>
<td>98,025</td>
<td>94,259</td>
</tr>
<tr>
<td><strong>0-15 Australia - ED overnight</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>5,803</td>
<td>6,275</td>
<td>6,035</td>
<td>6,868</td>
<td>8,366</td>
<td>N/A</td>
<td>9,494</td>
<td>10,387</td>
<td>11,478</td>
</tr>
<tr>
<td><strong>0-15 Community care contact - All of Australia</strong></td>
<td>N/A</td>
<td>388,972</td>
<td>432,360</td>
<td>438,425</td>
<td>442,223</td>
<td>466,814</td>
<td>472,996</td>
<td>400,135</td>
<td>473,093</td>
<td>556,724</td>
<td>585,325</td>
<td>631,686</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>0-15 Community mental health care contact - NSW</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>53,539</td>
<td>55,617</td>
<td>53,036</td>
<td>55,345</td>
<td>54,886</td>
<td>48,440</td>
<td>75,214</td>
<td>77,444</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Action needed**

We heard from our Fellows that one of the major gaps in acute and crisis care for children and adolescents with mental health conditions is specialised care and active follow-up when patients leave hospital. This is because EDs are the ‘help’ gateway for many young people presenting with mental health problems. Yet, the vast majority of them do not need admission to a mental health facility; rather they need appropriate assertive care in the community.

We heard that many young people present with issues that should be dealt with by specialist care teams with expertise in youth mental health that can provide intensive and rapidly accessible care and assertive community follow-up (for up to 8 weeks). It is envisaged that these teams will facilitate the discharge of young people from the EDs/paediatric wards and assertively follow them up in the community (homes, schools etc.) until they are well enough to be transitioned to a centre-based service.

We are therefore calling on the government to invest $86 million over 4 years to establish 25 Child and Adolescent Acute Response Teams across NSW to provide acute crisis care and assertive outreach that assesses, treats and links young people with mental health conditions with appropriate community-based care services. In addition to providing specialist and timely care to young people and their families in need, these teams will also help relieve the immense pressure that currently exists in our busy EDs and child and adolescent mental health inpatient facilities.

As a minimum, each team will consist of staff (one part-time) specialists, (one full-time) registrars, clinical nurse consultants, and allied health professionals (e.g. clinical psychologist, social worker, clinical nurse specialist, etc.).
Intellectual disability

Give people with an intellectual disability the access and support they need to our public mental health care system

Invest $19.6 million over 4 years to establish 7 specialist multidisciplinary community-based mental health teams dedicated to supporting people with an intellectual disability with mental health conditions. The focus of the service will be to provide assessment and treatment as well as support mainstream services.

Invest $10.8 million over 4 years to establish a network of specialised intellectual disability nurses (Clinical Nurse Consultants) across NSW to work with people with intellectual disability, their families, carers and clinical staff to plan and coordinate services and facilitate pathways for this client group through the public mental health system.

What we heard in our College consultations

People with intellectual disability and mental illness deserve access to the best treatment our public health system has to offer. However, as our Fellows reported in consultations, the system is not properly resourced or set up to provide the level of care and support this consumer group needs.

According to the NSW Mental Health Commission, there are more than 125,000 people in NSW with intellectual disability and up to 40% of them also live with mental illness. We heard from our Fellows that this consumer group makes up 6% of all mental health presentations and consumes 13% of the state's 2018/19 mental health budget, or the equivalent of $213 million. We also heard from our Fellows that despite this level of investment, NSW lags behind international best practice in the development of accessible mental health services for people with intellectual disability and mental illness.

Our Fellows told us that despite the over-representation of mental disorders in people with an intellectual disability, access to mental health care falls far short of what is required to meet the needs of this population. Many consumers encounter significant barriers that prevent timely access to appropriately skilled mental health supports and services and they also struggle to engage with the system at a level that ensures their care needs are met. We heard that workforce capacity in this area is lacking, and mental health professionals have limited training, education and expertise in intellectual disability mental health. Poorly developed pathways of care and complexity of needs are also factors.

Action needed

We have seen the Government make some good progress in this area by establishing specialist intellectual disability mental health services and employing nursing specialists to help consumers navigate and stay within the mental health care system but the location and resourcing of these services are limited and funding is due to run out within 2 years.

To meet the fundamental rights of people with an intellectual disability and mental illness to access free or affordable mental health care, we call on the government to expand and provide recurrent funding for the following two initiatives:

---

44 $2.1 billion was allocated to the NSW Mental Health Budget in 2018/19
1. **Invest $19.6 million over 4 years** to establish 7 specialist multidisciplinary community-based mental health teams dedicated to supporting people with an intellectual disability with mental health conditions. The focus of the service will be to provide the following community-based and outreach services to regional and rural LHDs:

- In community or non-inpatient settings, the team would review complex cases especially where there is an escalation of problematic behaviour in a person with intellectual disability and a suspected mental health condition or where there is the possibility of inpatient treatment being required. The team would ensure the consumer receives adequate post-discharge care.
- In inpatient settings, the team would provide consultancy and review of admissions of patients with an intellectual disability and mental illness.
- In the Emergency Department, the team would provide consultancy and support emergency department staff in their roles; i.e. training and back up as required.

In all of the above three settings, the specialist multidisciplinary mental health team is to provide a training and equipping role.

2. **Invest $10.8 million over 4 years** to establish a network of specialised intellectual disability nurses (Clinical Nurse Consultants) across NSW. As already highlighted, people with an intellectual disability and mental illness often have complex needs, which require a coordinated approach across multiple service sectors including mental health, health and disability. This includes the development of service pathways. The role of the CNCs will be to ensure consumers are fully engaged within the mental health-care system to ensure their needs are fully met.
Forensic

Forensic patients need access to quality health care and post-release support including proper psychiatric services and housing

Invest $43.2 million over 4 years to increase bed capacity (by up to 60) for forensic patients and $12 million every 4 years for transitional housing to ensure their successful transition into the community. Funds will need to be made available for capital works if a new facility is required.

What we heard in our College consultations

Forensic patients are individuals with serious mental illnesses who have committed serious offences; they have complex health and criminogenic needs and are detained in custody.

As at June 2017, there were 424 forensic patients in NSW representing around 3% of the state’s prison population. Forensic patient numbers have grown in recent years as courts refer more people to the system than are discharged from it. Between 2012 and 2015, the number of forensic and correctional patients increased almost 10%, from 387 to 448.

NSW has the largest prison population in Australia and continues to grow year in year out. In the past 7 years, the state’s prison population increased by 30% from 10,247 in 2011 to 13,360 in 2018. A quarter of these prisoners are Aboriginal people and three-quarters have been assessed or treated for a mental illness. The very high rate of mental illness among prisoners means that as prisoner numbers increase, so too does the demand for mental health services within the correctional system.

We heard from our Fellows who specialise in forensic medicine that forensic patients are increasingly being held in overcrowded jails and unable to get the treatment they need because of a lack of beds, adding to the risk of self-harm, death, or reoffending.

We also heard that many forensic patients are being cared for in parts of the mental health care system that are either inappropriate for their particular needs or in facilities where there are too few staff and resources to provide adequate treatment and supervision. This affects the care, treatment, recovery, mental health and wellbeing of the forensic patient, and can delay their access to leave provisions.

Our Fellows told us that one of the reasons (besides lack of beds) forensic patients are being indefinitely or inappropriately detained is because of the lack of safe and affordable housing for them to go to when released from secured care. We heard that the wait time can be as long as 2 years.

We heard the prevalence of ageing patients in forensic psychiatric settings is increasing and that urgent action is needed to address their unique needs. We heard these patients have complex medical, physical and cognitive disabilities and are in facilities that are ill-equipped to help them.

SPOTLIGHT

The Van der Hoeven Kliniek is a centre for clinical forensic psychiatry that operates in the Netherlands and was highlighted by our Fellows as a model of best practice in the care and treatment of forensic patients that should be adopted in NSW.

Action needed

The NSW Branch is concerned that the forensic mental health system in NSW does not have the capacity to meet the needs of forensic patients. From a human rights perspective, this is unacceptable. All people with serious mental illness deserve access to the same level of service in correctional facilities that is available to people in the general community.

As such, we are calling on the NSW Government to invest $10.8 million annually on expanding bed capacity by an additional 60 beds with 10 of these to be dedicated to ageing forensic patients who have significant disabilities and high levels of support needs.

Ideally, the new facility should be located (and built if necessary) in western Sydney to ensure patients are able to maintain contact with family members and to enable the new facility to recruit suitably skilled and qualified staff.

Access to stable and affordable housing is a critical element in achieving successful rehabilitation and return to the community for forensic patients, and is generally seen as a key factor in stopping people from reoffending. Beds cannot be made available in forensic hospitals without appropriate step-down transitional housing for existing patients. To that end, we are calling on the NSW Government to invest $3 million annually for 20 transitional housing to provide a pathway out of detention and ensure people are not detained for longer than necessary.46

---

46 The Housing Accommodation and Support Initiative (HASI) is an effective program on which to base this initiative. It is an initiative referred to in the NSW Mental Health Commission’s Living Well: A Strategic Plan For Mental Health In NSW 2014 – 2024
Old People

More support is needed for older people with mental illness

Invest $10.8 million over four years to employ clinical nurse specialists across NSW to enable increased access to mental health services for older people with a mental illness who are at risk of social isolation.

What we heard in our College consultations

The number of people aged 65 years and older in NSW is expected to reach over two million by 2036, which is almost double what it was in 2011.47 Taken from 2016, the number of people aged 85 years and over is also tipped to double by 2036, from 172,000 to 367,000 people. These population projections suggest that there will be more people living longer with mental health problems, more people developing mental health problems in old age, and more people requiring care and support.

We heard from our Fellows that some people develop mental health conditions as they age, while others grow older with the ongoing experience the condition that developed earlier in their lives. We heard that old people living with mental illness are at an increased risk of developing physical health problems, being isolated, having few supports, and living in unstable housing.

We also heard from our Fellows that as a society we are spending proportionately less on the mental health of older people than on younger age groups (excluding dementia care) and this is creating challenges in how existing services respond to the unique needs of this group.

Quick Facts

- 52% of all permanent aged-care residents had symptoms of depression, about 87,000 people out of a population of 166,000
- 45% of people admitted for the first time to residential aged care between 2008 and 2012 also indicated symptoms of depression - about 160,000 out of a population of 235,000

47 Department of Planning and Environment (2016) New South Wales State and Local Government Area population projections
We heard that a blanket approach to addressing the complex needs of older people with mental illness simply will not do, and that services need to expand by providing more holistic care and support to this vulnerable group.

We heard that the availability of and access to services for older people with mental illness are often lacking, and their complex needs are not being met by the mental health or aged-care sectors. For those over 85, who are at the highest risk of suicide, use of supports is even lower.

<table>
<thead>
<tr>
<th>Population projections by age cohort 65 and 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>65+</td>
</tr>
<tr>
<td>85+</td>
</tr>
</tbody>
</table>

We know that the majority of older people want to live in their homes and everything should be done to ensure that happens. Entry into an aged-care facility should be a measure of last resort and we need to do what we can to have older people settled in the community.

**Action needed**

Our Fellows suggest that the best way to care for people who are ageing with mental illness and who do not want to be cared for in residential aged care is by investing ($2.7 million per year) in a network of clinical nurse specialists to work with vulnerable people who are experiencing the impacts of persistent mental illness, severe behavioural and psychological symptoms of dementia, or drug and alcohol issues clients in coordinating multidisciplinary care, planning, and follow-up monitoring. This is the same approach recommended for people with intellectual disability and mental illness.
What we heard in our College consultations

Opioid addiction is fast becoming a major problem in NSW and across Australia. A recent study by the Australian Institute for Health and Welfare showed that the rate of dispensed prescriptions for opioid analgesics has increased by 24% in the period from 2010–11 to 2014–15, from 36,900 dispensed prescriptions per 100,000 population to 45,600.  

As a consequence, an increasing number of people have developed pharmaceutical opioid dependence. As we heard from our Fellows who specialise in this area of mental health care, these patients need assistance in managing dependence as well as their underlying medical conditions (e.g. chronic pain conditions, depression, trauma, abuse, etc.). As we also heard, a large number proportion of people with opioid addiction also smoke with prevalence rates ranging from 84-98%. There is a great need therefore for the development of novel interventions for tobacco smoking for those in drug addiction treatment that can increase the efficacy of current interventions. Moreover, as research shows, those in treatment for opioid addiction report high rates of interest in stop smoking treatment which makes them an ideal candidates for the development of interventions for tobacco smoking in substance abuse treatment.

QUICK FACTS

Nearly three million people were prescribed at least one opioid listed by the Pharmaceutical Benefits Scheme in the 12 months to March 2014.

A total of 1045 people from 15 to 64 years old died from opioid overdoses in Australia in 2016. In NSW, opioid-related deaths rose from 3.6 to 6 per 100,000 people between 2007 and 2016.

The rate of opioid induced deaths almost doubled in 10 years, from 3.8 to 6.6 deaths per 100,000 Australians between 2007 and 2016.

More than three-quarters of all drug deaths involved pharmaceutical opioids.

Almost half of the people who died from opioid overdoses had mixed the drugs with benzodiazepine (45%), 23% had mixed antidepressants, 14% had been drinking alcohol, 13.5% antipsychotics.

49 Ibid
50 Ibid
51 Ibid
54 Ibid
Across the state, we see the unmet need – young men and women who are anxious and at risk of self-harm, men and women with mental illnesses released from jails without housing or access to care.

Severe substance use disorders are a marker of significant disadvantage in NSW. Those who experience them are at risk of chronic health problems, both physical and mental. Their life circumstances usually mean they deal with multiple barriers to change and better health. Addiction services need to able to provide comprehensive, integrated, accessible services, that cater for people with complex needs.

Opportunity for change and hope for recovery, along with access to respectful, best-practice treatments are what addiction services want to provide, as a way to help people with substance use disorders develop their own strengths and capacities, and manage their own health better.

NSW Chair Faculty of Addiction Psychiatry

In our consultations we also heard that many people with this form of addiction are underserved because of a lack of qualified psychiatrists to address issues of mental health or substance use disorder. For this reason, we are calling on the government to fund more trainee positions - three in total - in high need areas: Illawarra, Northern Rivers and South Western Sydney.

**Action needed**

There is a great need to deliver smoking cessation programs to people with opioid addiction in order to increase chances of success in treatment of opioid addiction. As such, we are calling on the government to invest $1.5 million annually to employ project officers across the state to deliver smoking cessation programs to opioid dependent people.

Given the reciprocal impact of psychiatric and substance use disorders upon one another, there is a critical need for specialists trained in the diagnosis and treatment of both conditions. As there is a critical shortage of these positions to sustain capacity and capability now and in the future, the NSW Branch is calling on the government to invest $450,000 annually to train three trainees in addiction psychiatry.
Psychotherapy
Boost support for people with complex traumatic and personality disorders

Invest $4.2 million over 4 years to retain the Westmead Psychotherapy Program to ensure local and state-wide service delivery for people with complex mental health conditions.
Invest $5.6 million over 4 years to establish a Complex Trauma and Psychotherapy Centre of Excellence at Westmead Hospital.

What we heard in our College consultations

Consumers with complex trauma contributing to mental health challenges need access to integrated care including stepped care and long-term affordable expert help to support their recovery.

While significant progress has been made in treating people with Borderline Personality Disorders (BPD) and other personality disorders through services and programs like Project Air, a number of challenges still exist in the care and support of people with complex trauma, which can present as a number of disorders and is often associated with treatment comorbidity and complexity.

Complex trauma is an experience of difficulties in relationships, often in early development, that is associated with many mental health conditions, substance use and addictions, BPD and other personality disorders. These traumatic experiences can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to manage their emotions and impulses safely. They also have downstream medical problems like inflammation that can affect heart, metabolic and immune health.

QUICK FACTS

According to Project Air, the prevalence of BPD/personality disorders among the general population is estimated to be 11%. The condition is estimated to account for 40% of psychiatric inpatient hospitalisations. There is strong evidence to suggest trauma plays a causal role in BDP and adverse childhood events have powerful downstream health consequences.

In Australia, admissions classified as ‘reaction to severe stress and adjustment disorders’, which includes post-traumatic stress disorder and other anxiety or depressive conditions caused by severe stress, make up over 10% of admitted mental health separations. In NSW, 22,000 (or 23%) people with mental health conditions presented to emergency departments with the principal diagnosis ‘Neurotic, stress-related and somatoform disorders’.

People with personality disorders are more likely to self-harm or commit suicide. They are also more likely to experience stigma, depression, and anxiety disorders and to misuse alcohol and other drugs.

55 National Health and Medical Research Council (2012) Clinical Practice Guideline for the Management of Borderline Personality Disorder
56 Australian Institute of Health and Welfare Mental Health Services in Australia: Overnight admitted mental health care 2015/2016
57 Australian Institute of Health and Welfare Mental Health Services in Australia: Services provided in public hospital emergency departments 2016-17
Research has not identified exactly how a particular person develops BPD and other personality disorders but there is growing evidence to suggest that trauma and biological factors have a significant causal role. Indeed, it is estimated that over 80% of people living with BPD report a history of trauma, with many also having a diagnosis of post-traumatic stress disorder.60

In consultations, members told us that there is chronic and significant underfunding in public mental health services for people with BPD/personality disorders and trauma-related conditions. This is despite the forthcoming acknowledgement in ICD-11 of Complex Post-Traumatic Stress Disorder. Similarly, for over 20 years we have been aware that complex trauma contributes to many health conditions.61 We heard that people with these conditions often fall through the cracks of our public mental health system because there is a lack of access to integrated care, stepped care and affordable long-term effective treatment and support services and a lack of trauma-informed psychotherapy.

We also heard that it is not uncommon for people with these conditions to present to emergency departments or be admitted into inpatient units because of poor service delivery. As our members point out, these treatment settings may not be therapeutic for people with co-existing trauma and/or personality disorders.

A significant concern raised by our members in consultation is the number of people with complex trauma and/or personality disorders who have adverse contact with the criminal justice system including the prison system. This is backed up by evidence that shows some 60–70% of the prison population has a personality disorder.62 Consumers of an Aboriginal or Torres Strait Islander background are particularly affected by complex trauma and are over-represented in the justice system.

We heard alarming news from our members during consultations that the Westmead Psychotherapy Program, which has been in operation for 30 years, has had to cut services to people with BPD and trauma-related conditions because of budget cuts. The program has not only helped people living in the local community

While Project Air has made a significant contribution to the area, we believe NSW lacks the kind of coordinated approach on a state-wide basis that has been developed in Victoria (Spectrum). There are some really good services and programs for people with BPD/personality disorders doing great work; Project Air is one; the Westmead Program has been another. But what’s missing are services for people with complex mental health conditions and the coordinated approach that’s been developed in Victoria, like Spectrum. Many people with these conditions need an integrated and stepped care approach including long-term care that’s affordable.

NSW Chair of Faculty for Psychotherapy

SPOTLIGHT

Spectrum is a public mental health service operating across various locations in Victoria. It provides specialised intensive assessment and treatment services for clients with complex care needs. It also trains mental health professionals, conducts research and provides advocacy.

but people living in all parts of the state including rural and remote communities. It has provided leadership, clinical training to psychiatrists and other mental health professionals as well as consultancy and advice to mental health services across NSW on the treatment of BPD and co-existing trauma. It has also undertaken important evaluation of trauma-informed psychotherapy approaches. Over the last years, the program has offered cutting-edge training to clinicians in stepped care approaches for acute, brief and long-term psychotherapeutic interventions in trauma-informed psychotherapy. Cuts to the program are likely to see a corresponding reduction in capacity and capability across the mental health care system in supporting a highly vulnerable group.

**Actions needed**

Consumers with BPD and/or complex trauma need access to affordable integrated care and stepped care, including affordable long-term options for treatment. Integration between the consumer, carer, families and their GPs, psychiatrists, and other mental health professionals is needed to support a recovery journey.

Complex trauma is fast emerging as a serious health problem affecting a broad cross section of our community and requiring significant and long-term investment in responsive care and treatment options to both individuals and their families. Trauma-informed care and trauma-informed psychotherapy for this group needs support. To that end, the NSW Branch recommends the government make the following investments:

- Invest $4.2 million over 4 years to retain the Westmead Psychotherapy Program so that it can continue to provide affordable specialised assessment and treatment to people with significant complex trauma and to train local clinicians and continue local quality assurance.

- Invest $5.6 million over 4 years establishing a Complex Trauma and Psychotherapy Centre of Excellence with a hub and spoke model to provide state-wide specialised consultation, strong links with community mental health services and other stakeholders to provide, stepped-care, education, training, research and consumer/family carer support for people with complex trauma, BPD and related conditions across settings and across the continuum of care.

---

64 Would comprise 1 x FTE Director (Staff Specialist equivalent), 0.5 x Staff Specialist, 5 x 0.1 VMO, 1 x Clinical Project Officer, and 1 x Admin.

65 Would comprise 2 x FTE Psychiatrists, 2 x Clinical Psychologists, 2 x Research Psychologists, and 1 x Admin.
Neuropsychiatry
Invest in state-wide specialised services

Invest $3.9 million over 4 years expanding specialist neuropsychiatric services for people with complex clinical neuropsychiatric conditions and high-level needs

QUICK FACTS
Neuropsychiatric disorders are mental or emotional disorders that arise as a result of underlying diseases or conditions affecting the patient’s nervous system. These disorders can include mood disorders, sleep disorders, psychotic episodes and more.

It is estimated that one in six people have a neurological disorder (such as those listed below) and that between 40 and 55% of these individuals have an associated mental health condition.66

There are many illnesses and diseases that cause neuropsychiatric conditions. Some of the most common conditions treated in specialist clinics include traumatic brain injury, alcohol use disorders, Alzheimer’s disease, stroke, Parkinson’s, epilepsy, autism, Huntington’s disease, Tourette syndrome and ADHD.

What we heard in College consultations

We heard from our Fellows who specialise in neuropsychiatry that neuropsychiatry services in NSW remain underdeveloped and underprovided. These services are not provided by Psychiatry or Neurology, and patients tend to fall between the cracks.

We heard that there are many people with mental health conditions arising from neurological problems such as traumatic brain injury, stroke, epilepsy, and degenerative diseases like Alzheimer’s and Parkinson’s disease who are falling through the gaps of our mental health care system. We heard that this is causing unnecessary distress and placing excessive burdens on their families and carers. It is also resulting in inappropriate service placements.

We heard that the gap between existing levels of service provision and what could be considered adequate is vast and getting worse.

Our Fellows told us there has been no expansion of neuropsychiatry services in a long time and some existing services have been forced to downsize.

Action needed

To bridge this gap and address unmet need, the NSW Branch is calling on the NSW Government to make a modest investment of about $3.9 million over 4 years to increase access to neuropsychiatry service in NSW by an additional four beds.

At present, there are 14 beds, 12 in Hunter-New England (LHD) and just two in Sydney. The expanded service should contain an appropriate skill-mix, be adequately staffed to meet needs and demand, and be closely allied to both mental health services and neurosciences services. We are advocating for the two existing services to provide both inpatient care and outreach (acting as a hub and spoke) services to increase access.

Leadership
Invest in clinical leadership

Invest $100,000 annually to employ a project officer to administer a leadership mentoring program for consultants and senior registrars wanting to work in clinical director roles. The position would be located at the RANZCP NSW Branch.

What we heard in our College consultations

A highly capable and engaged workforce is key to an effective mental health care system. To provide people with mental health conditions with the right level of service, we need a workforce that is equipped to provide high quality of care to everyone who needs it and to respond to changing circumstances including rising demand for service.

When we spoke to our Fellows, we heard that there are critical shortages of psychiatrists in our public health system and that heavy workloads, complex mental health cases and lack of beds and resources across the system overall were impacting adversely on service delivery, patient care and staff morale.

We heard such shortages in the public system pushes work to other parts of the health system, such as hospital emergency departments, ambulance services and community health care. Often people working in these areas have little or no experience managing mental health issues and the settings in which they provide care are also often inappropriate for patients.

We heard many psychiatrists burn-out and leave altogether to take up working as a private practitioner. When this happens it can take months to find a replacement. Oftentimes these positions are filled on a temporary basis adding more pressure to the system when the position becomes vacant again. This is also having an impact on clinical leadership and quality of care.

Action needed

We heard that now, more than ever, clinical leadership is needed in and across our public mental health system to ensure it operates effectively and sustainably providing high-quality care to people with mental health conditions. It is needed to create and strengthen organisational culture focused on taking responsibility for the care of people with mental health conditions and training our future clinical leaders.

The NSW Branch believes a leadership development and mentoring program could provide a solution to ensure the public mental health sector is able to attract and hold on to psychiatrists aspiring to work in clinical leadership roles.

We are seeking funds for a resource to implement and coordinate such a program.
Contact

**Ben Folino**  
Policy and Advocacy Advisor  
The Royal Australian and New Zealand College of Psychiatrists  
RANZCP NSW Branch  
PO Box 280  
Rozelle NSW 2039  
Australia  
Tel: +61 (0)2 9352 3604  
Email: ben.folino@ranzcp.org  
Web: www.ranzcp.org