

## SUBMISSION

### **NSW Parliamentary Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales**

September 2023





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## Recommendations summary

**Recommendation 1:** Conduct an audit of service delivery of mental health services and appropriate funding flows into rural and regional NSW by State and Commonwealth agencies.

**Recommendation 2:** NSW Health to change its data collection methodology to reflect place of residence and the place of health service provision.

**Recommendation 3:** The mental healthcare and support needs of a community to be factored into disaster recovery plans at both a local and state government level.

**Recommendation 4:** NSW and Australian Government to provide targeted assistance to rural and regional communities to support them in the recruitment and retention of appropriately qualified mental healthcare workers.

**Recommendation 5:** Investigate new models for rural and regional infrastructure, service delivery, health, mental health care and aged care, including consideration of council coordination and/ or implementation that avoids cost shifting and is built on close collaboration between local, state, and federal governments and NGOs<sup>1</sup>

**Recommendation 6:** Practical reforms and initiatives that improve public health and safety must be accompanied by adequate funding or cost recovery mechanisms to avoid any cost shifting or burden on the limited resources of local government.

**Recommendation 7:** The NSW and Australian governments to investigate a partnership between councils and Headspace to ensure young people in rural, remote, isolated, and public transport-deprived areas gain access to appropriate and relevant youth mental health services.

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<sup>1</sup> Local Government NSW Policy Platform May 2023

## *Recommendations summary continued.....*

**Recommendation 8:** The NSW and Australian governments sufficiently resource proactive and preventative health measures including mental health check-ups, particularly in remote, rural, and regional NSW

**Recommendation 9:** Deliver a targeted recruitment campaign to encourage more individuals to consider a career in the mental health workforce.

**Recommendation 10:** Increase funding for specialised and appropriate youth and community mental health and wellbeing services to bolster resilience.

**Recommendation 11:** NSW Health to include Closing the Gap socioeconomic targets in all planning and resourcing for mental health service implementation and delivery.

## Introduction

Local Government NSW (LGNSW) is the peak body for local government in NSW, representing general purpose councils and related entities. LGNSW aims to strengthen and protect an effective, democratic system of local government across NSW by supporting and advocating on behalf of member councils, including actively representing the views of local government to the state and federal governments.

This submission was endorsed by the LGNSW Board in February 2024.

LGNSW welcomes this inquiry from the NSW Parliament to address the mental health crisis and ensure adequate access to care across NSW.

- Around 8% of the NSW population or close to 650,000 people reported on the ABS 2021 census as having a mental health condition (including depression or anxiety). Over two in five Australians aged 16–85 years (43.7% or 8.6 million people) had experienced a mental health disorder at some time in their life.<sup>2</sup>

Councils across NSW are a key stakeholder in preventative health initiatives and the successful delivery of health services within their communities. This is most evident in rural and regional council areas where they often fill any gaps in the health service systems and delivery within their communities.

Because of this, LGNSW has been engaged in advocacy for more resourcing to be allocated to the rural and regional health districts and councils in general, to meet the growing costs and needs within their communities.

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<sup>2</sup> ABS National Study of Mental Health and Wellbeing 2020-2021

LGNSW has previously submitted the following papers to the Parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW (Health Outcomes Inquiry):

- December 2020 – [Submission](#): Parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW
- September 2021 – [Supplementary submission](#): The Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW.

Some of the recommendations of this submission into the equity, accessibility, and appropriate delivery of outpatient and community mental health care in New South Wales are sourced from previous LGNSW submissions. They are being included here as they have not yet been actioned.

## Terms of reference of the inquiry

LGNSW welcomes and supports the full terms of reference of the inquiry but will be addressing the following components:

- (a) equity of access to outpatient mental health services
- (c) capacity of State and other community mental health services, including in rural, regional, and remote New South Wales
- (e) appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers
- (h) accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability.

## Councils' role in the mental health service landscape.

Local Government provides a range of services to their local communities, far beyond the expected "roads, rates and rubbish". Over recent years we have seen local government taking an increasingly pro-active role in the provision of healthcare services. Some examples of the initiatives councils undertake to support their community's mental health and well-being are:

- facilitation of mental health inter-agencies and networks.
- capacity building initiatives that build resilience within their communities.
- promoting programs and initiatives such as "R U Ok days", mental health month, "Walk and Talk" initiatives and other awareness raising campaigns.
- offering grant opportunities and venue hire services within their communities.
- promoting and marketing mental health awareness in their communities.
- becoming signatories of the National Communication Charter or other mental health campaigns.

An initiative that LGNSW has recently embarked on is to become a signatory to the National Communication Charter, an evidence-informed resource to guide the way mental health and suicide prevention sectors, government, business, and community talk about mental ill-health and suicide.<sup>3</sup> LGNSW has committed to the eight principles within the charter to support better mental health and suicide prevention within our organisation and our membership base of all 128 councils in NSW.

## LGNSW response to the inquiry terms of reference.

### **a) equity of access to outpatient mental health services**

#### Geographical disadvantage

It is acknowledged that access to outpatient mental health services is more difficult in rural and regional areas in NSW. Issues relating to transport, appropriate location of services, allocation of resources, the lack of services and living in smaller communities impacts on the availability and quality of outpatient mental health services in many rural and regional local government areas.

Improvement in data collection by NSW Health to collect accurate data of place of residence as opposed to place of health service location when people access a health service could improve service planning. Capturing a more precise view of the geographical locations of people accessing health services could assist in better service delivery planning and improve resource allocation.

Living in regional and remote communities can add further barriers to accessing services due to limitations in accessing meaningful employment, education, transport and housing options. These compounding factors can lead to further disadvantage for people with mental health issues, which can impact on their ability to access appropriate care.

**Recommendation 1:** Conduct an audit of service delivery of mental health services and appropriate funding flows into rural and regional NSW by State and Commonwealth agencies.

**Recommendation 2:** NSW Health to change its data collection methodology to reflect place of residence and the place of health service provision.

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<sup>3</sup> [National Communications Charter | Everymind](#)

## Disaster declared Local Government Areas

Access to mental health services in rural and regional areas is an ongoing matter of concern. In times of natural disasters, the need for greater support comes at a time when access and availability may be more difficult than usual. Since 2019 councils in NSW have experienced a range of natural disasters at unprecedented levels. Over 2019–2020 Bega Valley Council was declared a disaster LGA five times in ten months due to fires and floods.<sup>4</sup> At the other end of the state, the Northern Rivers communities of Ballina Shire Council, Byron Shire Council, Clarence Valley Council, Kyogle Council, Lismore City Council, Richmond Valley Council and Tweed Shire Council were devastated by recent floods in 2022 which left their communities traumatised.

The period of recovery sees much of the focus and funding devoted to the rebuilding of infrastructure, but the psychological scars are deep and less documented and therefore harder to resource. As communities face an uncertain future, feelings of hopelessness and abandonment are compounded by a lack of provision in adequate mental health care. Emergency Management and Disaster Response plans need to adequately plan for and provide for mental health support for damaged communities.

**Recommendation 3:** The mental healthcare and support needs of a community to be factored into disaster recovery plans at both a local and state government level.

## Rural and regional workforce challenges

Many rural and regional areas across the state regularly report that they struggle to fill vacant positions in the medical and healthcare sector, including much needed psychologists, counsellors, social workers and other health and wellbeing positions. LGNSW welcomes the state government's recent announcement of increasing the incentives for healthcare workers to relocate to rural and regional areas but a targeted strategy focusing on mental healthcare specialists in particular is required to appropriately address the acute need for these professionals in rural and regional areas.

**Recommendation 4:** NSW and Australian Government to provide targeted assistance to rural and regional communities to support them in the recruitment and retention of appropriately qualified mental healthcare workers.

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<sup>4</sup> [Interactive map: which areas of Australia were hit by multiple disasters in 2020? | Bushfires | The Guardian](#)

## **(b) capacity of State and other community mental health services, including in rural, regional, and remote New South Wales**

### Cost Shifting

LGNSW strongly advocates for an end to cost shifting onto local government by the State and Commonwealth Governments.<sup>5</sup>

All councils in NSW play an essential part in improving and safeguarding the health and safety of their communities and they have statutory responsibilities for public health protection under the Public Health Act 2010 and Food Act 2003. Councils can provide their communities with facilities that contribute to improving community mental health through services such as recreation and leisure centres, youth centres, school holiday programs, arts and cultural facilities and community spaces. Councils deliver their services under their community strategic plans created in consultation with their communities. They work hard to provide for the basic needs and expectations of their communities but cannot be continually expected to carry State Government responsibilities in healthcare delivery.

Councils in NSW are financially stretched to the limit and are continually finding creative ways to provide the services their communities want and need. But the limitation on generating revenue by way of rate pegging, coupled with the growing financial impost of taking on responsibilities of other levels of government, has resulted in many councils now expressing concern about their ongoing financial sustainability.

LGNSW estimates that the recent re-introduction of the Emergency Services Levy cost onto councils, has meant the 128 councils in NSW have to collectively find an extra \$77million to fund this levy for the 2023-24 financial year. Most councils must now re-prioritise or reduce services to their communities to find the money to fund this levy. Unfortunately for some communities, it will be the healthcare services or wellbeing facilities that will suffer these budget cuts.

Small, widely dispersed and remote communities struggle to reconcile high delivery costs with a small revenue base and face a range of economic, demographic, and environmental challenges such as structural change, ageing populations, skills shortages, population decline and water insecurity that undermine long term financial sustainability. The abrogation of responsibility for service delivery by State and Commonwealth Governments has added to these challenges and councils often have no choice other than to take on additional responsibilities.<sup>6</sup>

Councils across NSW welcome collaboration with the state government to ensure their communities have the essential and preventative mental health services they require for their communities without bearing the unmitigated costs.

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<sup>5</sup> Local Government NSW Policy Platform May 2023

<sup>6</sup> LGNSW submission, Parliamentary inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales December 2020, pg. 18



**Recommendation 5:** Investigate new models for rural and regional infrastructure, service delivery, health, mental health care and aged care, including consideration of council coordination and/ or implementation that avoids cost shifting and is built on close collaboration between local, state, and federal governments and NGOs<sup>7</sup>

**Recommendation 6:** Practical reforms and initiatives that improve public health and safety must be accompanied by adequate funding or cost recovery mechanisms to avoid any cost shifting or burden on the limited resources of local government

**(e) appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers**

Partnership with Headspace

According to 2019 research from Headspace’s National Youth Mental Health initiative, mental health is the number one issue of concern for young people in Australia today. People in rural and remote areas face further challenges in their ability to cope with mental health issues, including poorer access to specialised care.

The 2020 LGNSW annual conference resolved to call on the NSW Government and Federal Government to investigate and explore a partnership between local government and Headspace National Youth Mental Health Foundation to ensure young people in rural, remote, isolated, and public transport-deprived areas gain access to appropriate and relevant youth mental health services.

The motion, originally submitted by Lake Macquarie City Council, was in response to increasing concern about the acute mental health difficulties experienced by the youth in our state, recognising that local government has a unique capacity to promote mental health services such as the federally funded Headspace providers.

Funding to properly resource a link between local councils and Headspace providers would help young people and their families identify the need for support and access the services required to assist them.

Formalising a national partnership with Headspace will mean young people in rural, remote, and isolated areas all over the country will receive improved access to vital mental health services. A partnership which operates on a local level can allow local government to work with their local Headspace centre to find access solutions that could work best for their communities.

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<sup>7</sup> Local Government NSW Policy Platform May 2023

This type of initiative would ensure young people in rural, remote, isolated, and public transport deprived areas gain access to appropriate and relevant youth mental health services.

**Recommendation 7:** The NSW and Australian governments to investigate a partnership between councils and Headspace to ensure young people in rural, remote, isolated, and public transport-deprived areas gain access to appropriate and relevant youth mental health services.

### Preventative mental health care

LGNSW consulted with councils in developing its submission to the Parliamentary Inquiry into health outcomes and access to health and hospital services in rural and regional and remote NSW in late 2020. Council feedback suggested that in many ways the health system in rural and remote NSW is a system of crisis management and is insufficiently resourced to focus on preventative practice. The inability to access annual check-ups can have negative effect on the longer-term health outcomes for people living in rural and regional areas. This can also be paralleled with the flow on effects of not having access to preventative mental health services as well.

As stated in the LGNSW submission to the Health Outcomes Inquiry, the window of opportunity for prevention or medical early intervention can often be narrow, not just for physical health concerns but also for drug rehabilitation, mental health, sexual health, or specific Aboriginal and Torres Strait Islander health programs.

**Recommendation 8:** The NSW and Australian governments sufficiently resource proactive and preventative health measures including mental health check-ups, particularly in remote, rural, and regional NSW

### Workforce issues

The challenges in the recruitment and retention of appropriately qualified mental healthcare staff are well documented across the state. In late 2020, the Mental Health Commission of NSW stated that demand for psychiatrists across the State will exceed supply, with a projected shortage of 74 FTE psychiatrists in 2025 and 124 FTE in 2030<sup>8</sup>.

Similarly in 2021, the *Mental Health Workforce Profile*, commissioned by the Mental Health Coordinating Council, the peak NSW group for non-government and community run organisations, identified the need for more skilled workers. Although it found there is growth within the sector, it is not keeping up with the growing demand for services. The report cites estimates from the Productivity Commission, suggesting that 154,000 people are not receiving crucial psycho-social support services.

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<sup>8</sup> [https://www.nswmentalhealthcommission.com.au/sites/default/files/old/documents/lwif\\_fact\\_sheet\\_7\\_0.pdf](https://www.nswmentalhealthcommission.com.au/sites/default/files/old/documents/lwif_fact_sheet_7_0.pdf)

In terms of recruitment and retention the report outlined a number of challenges, including the fact that almost half of all community mental health workers are employed on a temporary contract or casual basis<sup>9</sup>. A targeted recruitment campaign is required to encourage more individuals to consider a career in the mental health workforce across the broad range of roles including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers. Of course, the challenges of recruitment and retention are exacerbated in rural and regional areas – a need addressed in recommendation #4 above.

**Recommendation 9:** Deliver a targeted recruitment campaign to encourage more individuals to consider a career in the mental health workforce.

## **h) accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability**

### Young people

Suicide is the leading cause of death among Australians aged 15–24 years.<sup>10</sup> Male youth suicide in regional, rural and remote areas as a whole is estimated to occur at almost twice the rate as in metropolitan areas.<sup>11</sup> Youth suicide in rural and regional communities particularly is worsened by a lack of youth counselling services, programs, and community centres.

Councils across NSW operate youth centres and services, but often cannot fund these for full time staff or hours of operation. Appropriate funding for services supporting youth and community wellbeing will also improve the resilience of rehabilitation of communities' post disaster. The recent natural disasters, experienced throughout NSW, has shown us there is a clear need for increased funding for specialised and appropriate youth services, counselling, and support – particularly in bushfire, drought and disaster affected communities.

Targeted, long-term funding is required to deliver resilience programs in various settings to children from pre-school up to high school. It is vital that this funding is provided over a longer period, not just one or two years. Longer term funding gives recognition that recovery from significant trauma takes years rather than months, and that children and young people are particularly sensitive to community upheaval.

**Recommendation 10:** Increase funding for specialised and appropriate youth and community mental health and wellbeing services to bolster resilience.

<sup>9</sup> [https://mhcc.org.au/wp-content/uploads/2021/09/MHCC\\_WorkforceSurvey\\_2021.pdf](https://mhcc.org.au/wp-content/uploads/2021/09/MHCC_WorkforceSurvey_2021.pdf)

<sup>10</sup> [Suicide among young people - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/mental-illness/suicide-among-young-people)

<sup>11</sup> [fact-sheet-14-suicide in rural australia\\_0.pdf \(ruralhealth.org.au\)](https://www.ruralhealth.org.au/fact-sheet-14-suicide-in-rural-australia-0.pdf)

## Aboriginal and Torres Strait Islander people

According to the ABS 2021 census a total of 15% of Aboriginal and Torres Strait Islander people in NSW reported to having a mental health condition (including depression or anxiety) and approximately two thirds of the First Nations population in NSW resided regionally. The top five areas with the greatest proportion of Aboriginal and Torres Strait Islander people were all in regional and remote areas in NSW: Brewarrina (51.4%), Central Darling (36.5%), Coonamble (33.9%), Bourke (30.3%) and Walgett (21.2%).<sup>12</sup>

Having such large numbers of Aboriginal and Torres Strait Islander people living in regional and remote NSW means that a significant number of people from those communities, due to where they live, may currently not be adequately serviced for their mental health needs.

## Closing the Gap

Closing the Gap identifies the following outcomes and targets:

*Socioeconomic Outcome (SEO) Area 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.*

*Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero*

During 2017-2021, suicide rates in Aboriginal people in NSW were below the National average and NSW had the lowest rates compared with WA, NT, QLD, SA for which this data is available. However, in NSW both the suicide rate and the number of suicides among Aboriginal people have increased since 2014. NSW is not on track to meet the target of zero suicides Closing the Gap responses may take years to translate into improvements in suicide reduction.<sup>13</sup>

The Closing the Gap Jurisdictional Implementation Plan commits the NSW Government to improving socioeconomic outcomes for First Nations people by working in partnership with First Nations communities and organisations.

As a stakeholder on the NSW Partnership Working Group in the Closing the Gap strategy, LGNSW encourages the NSW Government and the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO) to collaborate with councils to help Close the Gap on suicides and mental health issues of Aboriginal and Torres Strait Islander peoples. And endorses the development of an implementation plan for an effective, culturally safe and quality mental health model of care for Aboriginal and Torres Strait Islander peoples.

**Recommendation 11:** NSW Health to include Closing the Gap socioeconomic targets in all planning and resourcing for mental health service implementation and delivery.

<sup>12</sup> [New South Wales: Aboriginal and Torres Strait Islander population summary | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/news/2022/01/new-south-wales-aboriginal-and-torres-strait-islander-population-summary)

<sup>13</sup> [Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing - Dashboard | Closing the Gap Information Repository - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/research/indicators/closing-the-gap)

## Conclusion

As councils are the closest level of government to their communities, they are best placed to provide advice, to consult with, to build partnerships with, and to collaborate with, to ensure state government and non-government services are adequately resourcing and planning for the needs of the people within their communities. Councils want their communities to be properly serviced, to be healthy and to thrive.

LGNSW commends the Parliamentary Committee for holding this important inquiry into the provision of mental healthcare services. We welcome the opportunity to give evidence at the hearing if deemed necessary to speak on issues relating to the local government sector. We look forward to receiving and reviewing the Committee's report and to seeing some recommendations and actions that will improve the mental health outcomes of communities across the state.