



IT'S TIME TO GET OUR HEADS AROUND MENTAL HEALTH.

Addressing South Australia's Unmet Needs

There are 19,000 South Australians with complex mental illness living without the support they need to live well in our community. How do we find them and connect them to the services they need?

WHAT WE KNOW

- In South Australia, non-governmental mental health organisations provide psychosocial support services to help individuals with mental ill-health increase their social and economic participation, avoid presenting at Emergency Departments, and improve their quality of life, health, and wellbeing.
- A 2023 study commissioned by the Office of the Chief Psychiatrist (SA Health) revealed that over 19,000 people with severe mental ill-health in South Australia are not receiving the necessary psychosocial support services. This means that every year only 25% of individuals have access to the support they need, leaving 75% without adequate assistance.
- The estimated cost to address this gap is \$125 million per annum (that is just 1.4% of our current health budget).
- Nearly 40% of Carers in South Australia are caring for a person who is accessing mental health services, they do this experiencing their own heightened psychological distress due to the demands of caregiving.

THE PROBLEM

- The lack of access to psychosocial support services for individuals with severe mental ill-health in South Australia is a massive gap. This unmet need can have detrimental effects on an individuals' overall well-being and quality of life.
- Specific regions, such as the Barossa Valley and Northern Adelaide, have been identified as areas of high need and service delivery challenges.
- We know we have approximately 19,000 people without support, but how do we find them?

THE SOLUTION

- The Mental Health Coalition of South Australia (MHCSA) initiated investigations into developing place-based solutions to address the unmet need for psychosocial support services delivered by non-governmental mental health organizations.
- The MHCSA, in collaboration with government and non-government mental health services, police, general practice, local council, community services, and lived experience participants, looked at this and designed approaches to address the unmet need for psychosocial support in the Barossa and Northern areas.



IT'S TIME TO GET OUR HEADS AROUND MENTAL HEALTH.

THE SOLUTION (cont.)

- We now know an investment of \$2 million per annum for the Barossa region and \$30 million per annum for the Northern Adelaide region is required to implement the solution, including workforce development and impact measurement/reporting.
- This investment would include lived experience Peer Workers based in GP Practices working with Doctors on 'social prescribing' for patients. This will support the GP, as part of a patient's overall mental health plan, to connect patients with services which are able to assist them with other problems or pressures in their life that are impacting on their mental health.
- For some this could mean connecting them to a housing provider, employment service, community centre for social connections, a domestic violence service or a drug and alcohol program. For others it might be a sporting, recreational or volunteering opportunity. Instead of the GP with limited time having to determine how to refer in detail - they just need to refer the person to the Peer Worker in the practice. The Peer Worker would then work with the person on an individual basis to refer them to the services they need, that referral is something our research also found is lacking.

We know that investing in psychosocial support is far cheaper than continuing to invest in hospital based services and with this approach it takes pressure off GPs to solve all of a person's mental health challenges.

What are community based psychosocial supports?

- It is a type of support that helps people with their emotional journey, physical health, community engagement, personal relationships and/or housing.
- When in recovery from a mental health crisis or challenge just one of those factors not going well prevents people from living their best life. When we have those things in balance we have the best chance of living well and avoiding future admissions and presenting to Emergency Departments.
- Community-based psychosocial supports reduce hospitalisation (39%) and bed days (16%) and over 50% of people in a metropolitan psychosocial support program stated it helped them avoid a hospital admission. In the regions it was higher at 60.7%.
- Independent evaluation of community based psychosocial support stated 'Projections indicate the program is plausibly generating cost offsets above program costs.'

Addressing the Unmet Need for Psychosocial Support in the Barossa



Introduction

In March 2023 the South Australian Government completed an unmet needs report that quantified the level of unmet need for psychosocial support in the state. Called the Unmet Needs Report for Psychosocial Support Services in SA it was commissioned by the Chief Psychiatrist.

We know that psychosocial supports are highly effective in helping people recover in the community and reduce their use of crisis and acute services.

The South Australian Government's report showed that 19000 South Australians with severe mental illness had an unmet need for psychosocial support. The cost of meeting that need was estimated at \$125m.

This level of unmet need is breathtaking as it means only one in four people with severe mental illness are getting their psychosocial support needs met which means that three out of four are missing out.

The Unmet Needs Report did not provide information on how to design services to engage and support this additional 19000 people. So the MHCSA Board decided to fill this gap and to do this work.

The Award-winning (TheMHS 2023) Northern Alliance for Mental Health was a perfect partner with a diverse membership and strong local understanding of mental health and community needs.

Through the Northern Alliance for Mental Health we were able to get localised advice about how to address the unmet need in the Northern Adelaide Local Health Network region which covers 23% of SA's population. Our thanks go to all of the people with lived experience and mental health stakeholders who provided valuable input.

The diversity of the population in the northern metropolitan area highlighted the opportunity to provide targeted and co-designed approaches to meeting the needs of First Nations (2.5%) and culturally and linguistically diverse (CALD) population groups (30%) in the area.

General Practitioners expressed interest in the concept of Peer Workers in General Practice and the potential for this to achieve better physical health outcomes and support social prescribing.

The consultation also highlighted the opportunity to expand referrals to psychosocial supports into the growing clinical pathways between primary, secondary and tertiary service infrastructure to increase access to holistic mental health support.

There is also a need to invest in workforce development, especially the Peer Workforce, to be able to deliver the services required. Investment in independent research capacity is also proposed to ensure focus on achieving positive impacts and to support continuous improvement.

We now need Governments to allocate the funding required to address this critical gap in the northern metropolitan region and use this Report as a blueprint to work with local stakeholders to get the best value for this investment.

Geoff Harris
Executive Director
Mental Health Coalition of South Australia



Contents

Introduction.....	2
Executive Summary.....	4
Background.....	9
Guiding Principals.....	13
Project Setting.....	15
Consultation.....	16
How to Address the Barossa Unmet Need?.....	19
Access and Entry Points.....	19
Intake and Needs Assessment.....	22
Individual Support Planning.....	23
Service Design Considerations.....	24
Partnerships and Integration.....	25
Workforce Considerations.....	26
Impact Reporting and Continuous Improvement.....	28

MHCSA acknowledges those with Lived Experience, past and present, who have worked tirelessly and advocated for the acknowledgement and acceptance of the values lived experience brings.



Addressing the Unmet Need for Psychosocial Support in the Barossa

Psychosocial¹ support services are delivered by non-government mental health organisations across South Australia, with a focus on supporting people with mental ill-health to increase their social and economic participation, avoid preventable hospitalisations and improve their quality of life, health and wellbeing. These services are person-centred, recovery-oriented and assist people to work towards their goals.

NGO staff work with consumers on priority areas including accessing counselling, suitable housing, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support. Overall, the targeted services provided assist people with severe mental ill-health to stay physically well, to develop social skills, build qualifications and facilitate and strengthen resilience to keep people well in the community.

The Richmond Report of 1983² and the Burdekin Report³ released ten years later, highlighted the need to redress the gap created as de-institutionalisation was occurring but without sufficient investment in community support. The imbalance between hospital care and community based supports was recognised in Australia's original National Mental Health Policy⁴, and this policy included the aspiration to change the mental health investment mix to increase investment in NGO delivered community-based services. However, after five National Mental Health Plans and a Roadmap, the problem has not yet been addressed.

In 2023, an SA Unmet Needs Study⁵ commissioned by the Office of the Chief Psychiatrist (SA Health), found that more than 19 000 people with severe mental illness in South Australia are going

1 The term 'psychosocial' has broader meaning in mental health. In this document refers to a narrower band of services delivered by NGOs as defined in Specialised Mental Health Community Support Services, within the Taxonomy of the National Mental Health Services Planning Framework. Relevant documents can be found at: <https://www.aihw.gov.au/nmhspf>

2 Richmond, DT Inquiry Into Health Services for the Psychiatrically Ill and Developmentally Disabled, NSW Department of Health, March 1983

3 Burdekin, B Report of the National Inquiry into the Human Rights of People With Mental Illness, Human Rights and Equal Opportunity Commission 20 October 1993

4 Commonwealth of Australia, National Mental Health Policy 1992, Commonwealth of Australia 1992

without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people are getting access to the psychosocial supports that they need, with 75% (three out of four) missing out. The Report estimated a cost of \$125m per annum to address this gap.

The need to improve psychosocial supports for people with psychosocial disability outside of the NDIS has been repeatedly emphasised within the NDIS Review⁶, and in December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover these additional supports. While the timing of this funding is yet to be announced, now is an opportune time to be talking with local communities about place-based solutions to address the gap in psychosocial support services outside of the NDIS.

The Enhance Barossa Mental Health Steering Committee (EBMH) has been discussing mental health needs in the Barossa Valley for a number of years, and partnered with the Mental Health Coalition of SA (MHCSA) to host a consultation on psychosocial supports for the region. A workshop with local stakeholders identified key issues including how to improve access to peer support, and remove barriers to integrated care particularly across primary care settings but also with other health, housing, social and welfare services in the community. Also highlighted was the opportunity for improved outcomes for physical health, and ways to reduce the impact of chronic disease for people with mental ill-health.

Feedback from local GPs in the Barossa indicates that mental health issues are the most common presentation in their general practice settings, in line with recent findings by the RACGP⁷. GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component. General Practitioners see around 80% of the population in any one year, and in rural areas, there is additional pressure to provide services to their patients not just in primary care, but also to provide clinical management of patients in local hospital settings, or to organise transfers to services outside of the region⁸.

Integrated with psychosocial support services, the GP role can better address the physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated. Research indicates that the co-location of primary care and specialist mental health staff can provide significantly improved integration of care for people with mental

6. Commonwealth of Australia, Department of the Prime Minister and Cabinet Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report 2023

7. Higgins, N Time to recognise GPs' mental health contributions: RACGP President, NewsGP, 10 October 2023

8. Dubecki, L 80% of Australians have a regular GP: The importance of continuity of care, NewsGP 22 November 2017



health problems⁹ and some General Practitioners in the Barossa have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices, to assist with creating an effective referral pathway into psychosocial support services.

The effectiveness and safety of Peer Workers in mental health care is supported by numerous studies, with peer support leading to improved self-esteem, self-efficacy and overall mental health outcomes, as well as reducing hospital re-admissions, and enhancing patient engagement with treatment plans¹⁰. Feedback from GPs indicates that they spend a considerable amount of time providing lifestyle coaching, and Peer Workers could free up this time. There are examples of integrating Peer Workers into General Practice elsewhere, and the evaluation of New Zealand's model called Access and Choice, has proven to be highly successful¹¹. Professor Sharon Lawn from Flinders University is currently researching the impact of Peer Workers in several GP practices across Australia, including rural settings, and key elements of this approach such as the service model, job descriptions and referral pathways could be used as the basis for establishing this option within general practice in the Barossa.

Additionally, The Barossa Council and Flinders University have undertaken a substantial amount of work to begin co-designing a model of social prescribing for the Barossa region, led by Dr Candice Oster. Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services and is included in Australia's National Preventative Health Strategy 2021 - 2023, and Primary Health Care 10 Year Plan 2022 - 2032. Adelaide PHN is currently working with Flinders University on a social prescribing project to reduce social isolation for older people, and MHCSA, DHS, SA Health and PHN staff will participate in a Social Prescribing Think Tank in October 2024.

The Enhance Barossa Mental Health Final Report May 2023¹², has identified key service access and entry issues, missing services, long wait times for services, a lack of transport options and uneven

9. Rogers, M *Integrated Care to Address the Physical Health Needs of People with Severe Mental Illness: A Mapping Review of the Recent Evidence on Barriers, Facilitators and Evaluations*, *International Journal of Integrated Care* 25 January 2018

10. Repper, J., & Carter, T 2011 A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392-411.

11. Te Hīringa Mahara New Zealand Mental Health and Wellbeing Commission, *Access and Choice Programme: Report on the First Three Years 2022*

12. *Upstream Social Innovation, Enhance Barossa Mental Health Final Report May 2023*

knowledge among GPs regarding mental health care and accessing specific services. It must be noted that addressing the unmet need for psychosocial support will not fix all of the issues identified by EBMH, and they remain high priorities for the community. Prejudice and discrimination surrounding mental health is prevalent in the Barossa, and service providers have emphasised the need for increased education and awareness around mental health issues in general. The SA Mental Health Commissioner is currently working to adapt New Zealand's Tall Trees training program to South Australia, to empower communities to address prejudice and discrimination in mental health locally through community action and storytelling, and the Commissioner has flagged the Barossa as a potential site for partnership in this training as a result of the unmet need project work to date. Our consultation emphasised the need to integrate the "warm referral" approach, increasingly used in Commonwealth services such as Head to Health. Warm referral involves contacting a service for, or with the person, rather than simply providing contact information, and can include organising introductions, sharing information and making appointments. Consultations identified high levels of goodwill amongst the service provider leadership teams in the Barossa, making this a particularly effective mechanism.

There has been a lot of attention on steps and pathways in mental health both at state and Commonwealth levels across tertiary to primary care settings, but to date these have not adequately addressed the need for psychosocial support for people in the various 'steps'. An investment in psychosocial support services would address this layer of need, and having a strong referral pathway via Head to Health and General Practitioners would ensure that psychosocial supports integrate well with existing and proposed steps in clinical services. Detailed local co-design would enable broad accessibility to ensure that the new psychosocial supports are integrated appropriately and effectively to complement existing and planned services.

The SA state-wide unmet need study indicated that a \$1.86m pa investment is required to address the entire gap in psychosocial support services for the Barossa Valley, and it is proposed that the amount be invested in full to reduce the risk of barriers to access, for example due to long waiting lists or a lack of time to build relationships. This would also help to develop effective GP engagement, as the services would be useful for all patients in primary care who have psychosocial support needs.

Advice from current non-government mental health service providers in the area is that recruitment for the approximately 20 FTE staff required for this level of investment would be possible without investing in workforce development. To meet the unmet need for psychosocial support services in the Barossa, we propose an Expression of Interest process to determine the preferred provider, who would then be required to engage in local co-design processes to address the next layers of detail, similar to that undertaken for the Urgent Mental Health Care Centre¹³. The Expression of Interest would specify key program parameters, including broad accessibility, a strong focus on Head to Health and GP referral, and a minimum number of 3.5 FTE Peer Workers.

13. SA Lived Experience Leadership & Advocacy Network A Co-Created Philosophy of Care The Australian Centre for Social Innovation March 2020



As part of the Barossa initiative, additional funding of \$100,000 pa would be allocated to independent University-based capacity to co-design impact data collection and reporting, to support quality improvement and assess economic impact. Measuring the effectiveness of psychosocial support programs in meeting the intended outcomes of increasing social and economic participation of participants, avoiding preventable hospitalisations, and improving quality of life, health and wellbeing for people with mental ill-health or psychological distress would build on an existing evidence-base.

Independent evaluations of SA programs, such as Intensive Home Base Support Service (IHBSS) program, have shown that they are highly effective in supporting individuals in their recovery as well as system impacts such as reducing reliance on crisis and acute hospital services. The IHBSS evaluation found that 51.4% of people supported (60.7% regional) said that it helped them to avoid a future hospital admission, and the evaluators also estimated that the IHBSS program would more than pay for itself in terms of cost-offsets of reduced hospitalisation¹⁴.

14. Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S *Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015)*. Sydney: Social Policy Research Centre, UNSW Australia 2015

Psychosocial support services are delivered by non-government mental health organisations across South Australia, with a focus on increasing the social and economic participation of participants, avoiding preventable hospitalisations, and improving the quality of life, health and wellbeing for people with mental ill-health. The services are person-centred, recovery-oriented, assist people to work towards their goals.

NGO staff work with consumers on priority areas including accessing counselling, suitable housing, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support. Overall, the targeted services provided assist people with severe mental ill-health to stay physically well, to develop social skills, build qualifications and facilitate and strengthen resilience to keep people well in the community.

The Richmond Report of 1983¹ and the Burdekin Report² released ten years later, highlighted the need to redress the gap created as de-institutionalisation was occurring but without sufficient investment in community support. The imbalance between hospital care and community based supports was recognised in Australia's original National Mental Health Policy³, and this policy included the aspiration to change the mental health investment mix to increase investment in NGO delivered community-based services. However, after five National Mental Health Plans and a Roadmap, the problem has not yet been addressed.

In 2020, the Productivity Commission⁴ estimated that 11,000 South Australians had severe mental ill-health and a need for psychosocial support. In Action 17-3 the Commission wrote that *'State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.'* This has been the catalyst for the commissioning of an unmet needs study on psychosocial support services nationally, and South Australia was the first jurisdiction to do this work.

¹ Richmond, DT *Inquiry Into Health Services for the Psychiatrically Ill and Developmentally Disabled*, NSW Department of Health, March 1983

² Burdekin, B *Report of the National Inquiry into the Human Rights of People With Mental Illness*, Human Rights and Equal Opportunity Commission 20 October 1993

³ Commonwealth of Australia, *National Mental Health Policy 1992*, Commonwealth of Australia 1992

⁴ Australian Government Productivity Commission *Productivity Commission Inquiry Report Mental Health Actions and Findings No. 95*, 30 June 2020. Australian Government Productivity Commission 2020



*The Unmet Mental Health Service Need in South Australia That Could Be Met by the NGO Sector 2023*⁵, commissioned by the Office of the Chief Psychiatrist (SA Health), compares existing purchased and provided psychosocial support services from known commissioning bodies in SA and the Commonwealth, against the resource needs for psychosocial support predicted by the National Mental Health Services Planning Framework (NMHSPF). The study found that more than 19 000 people with severe mental illness are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people with severe mental illness are getting access to the psychosocial supports that they need, with 75% missing out. The Report estimated that the cost to address this gap for the whole of SA is \$125m per annum.

The largest psychosocial support programs in SA (until recent re-tendering) were the Individual Psychosocial Rehabilitation Support Service (IPRSS) and Intensive Home Based Support Services (IHBSS). Both have been independently evaluated and shown to be highly effective for the people able to access them. The independent evaluation funded by SA Health, of the SA Intensive Home Base Support Service (IHBSS) program for example, found that 51.4% of people (60.7% regional) receiving access to the community psychosocial supports said these helped them to avoid a future hospital admission⁶.

Investing in foundational supports for people with psychosocial disability outside of the NDIS was the subject of strong recommendations in the NDIS Review⁷. This includes addressing the unmet need for psychosocial support. In December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover these additional supports, but the timing of this funding is yet to be announced. The Barossa Unmet Need Project is the first to consider a place-based approach to service design and delivery to this expanded cohort.

5 David McGrath Consulting Unmet mental health service need in South Australia that could be met by the NGO sector An analysis on behalf of the South Australian Government Final Report. South Australian Office of the Chief Psychiatrist 2023

6 Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015). Sydney: Social Policy Research Centre, UNSW Australia 2015

7 Commonwealth of Australia, Department of the Prime Minister and Cabinet Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report 2023

In their report, Mental Health Services in Australia 2018⁸, the Australian Institute of Health and Welfare reported that South Australia utilises emergency departments for mental health presentations at a greater rate, admits more patients to an inpatient setting and has longer wait times in the emergency department than any other state, as well as having a higher seclusion rate than the national average.

The Australian College for Emergency Medicine State of Emergency Report November 2022⁹, highlighted that South Australian emergency departments continued to have the highest percentage of patients presenting with mental health or behavioural problems in Australia in 2020 - 2021, with on average, 75 patients presenting with mental health or behavioural problems at South Australian emergency departments per day.

In considering the Barossa Valley area for this project, it is noted that the Country SA PHN Needs Assessment Report 2022 - 2025¹⁰, identified a statistically significant increase in the proportion of individuals living with a mental health condition in rural, regional and remote South Australia, and flagged the Barossa Hills Fleurieu Region as the area of highest psychological distress. The report identified the following areas of need:

- Access to specialist mental health services
- Access to specialist mental health services for young people
- Access to low intensity mental health services
- Access to suicide prevention and services
- Community led suicide prevention approaches
- Integrated and coordinated care across the health system
- Whole of person care for people with complex mental ill-health

The Enhance Barossa Mental Health (EBMH) Steering Committee has been working with local stakeholders since 2021 to develop proposals to improve mental health support in the area, and the existence of such an active, diverse and knowledgeable group of mental health stakeholders was the key reason for choosing the Barossa as the first area to host discussions on developing a place-based approach to addressing the unmet needs for psychosocial support. The Barossa Unmet Need Project will not address all of the issues already identified by the EBMH and therefore should not detract from the priorities already identified by the group.

8 AIHW, *Mental health services in Australia 2018*, Australian Government 2018

9 ACEM, *The Australian College for Emergency Medicine State of Emergency Report November 2022*

10 Country SA PHN *Country SA PHN Needs Assessment Report 2022 - 2025*. Country SA PHN 2022



Additionally, The Barossa Council and Flinders University have undertaken a substantial amount of work to begin co-designing a model of social prescribing for the Barossa region, led by Dr Candice Oster. Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services and is included in Australia's National Preventative Health Strategy 2021 - 2023, and Primary Health Care 10 Year Plan 2022 - 2032. Adelaide PHN is currently working with Flinders University on a social prescribing project to reduce social isolation for older people, and MHCSA, DHS, SA Health and PHN staff will participate in a Social Prescribing Think Tank in October 2024.

As part of the SA Mental Health Services Plan¹¹ the Department for Health and Wellbeing has undertaken a process of re-tendering the majority of the NGO psychosocial services in South Australia, with re-tendered services offering two streams. The Non-Acute Psychosocial Support Services are for people aged 16 – 64 who have serious mental health conditions, with the aim of enhancing mental wellbeing, improving level of functioning and establishing longer term community connections. These supports will be offered as high, moderate or low levels of care for up to 4 months with possible extension to 12 months. People over 65 unable to access 'other appropriate programs' can also be eligible, and the service can also support people who are likely to be eligible for the NDIS but require support with NDIS access, planning and plan implementation. Safety net support can also be provided to support re-engagement with the NDIS. Referral is only via Community Mental Health teams and the Urgent Mental Health Care Centres.

The second stream is Intensive Crisis Psychosocial Support Services for people who require intensive support for a time limited period to resolve immediate distress, improve personal safety and establish links with services that can provide longer term community support. These services will be provided to people at risk of requiring acute care, at risk of self-harm or relapsing without support or experiencing a situational crisis, people who are frequent users of emergency departments or SA Ambulance Services, people who have recently been discharged from an acute or intermediate care setting, and those who may benefit from intensive transitional support whilst awaiting commencement of a longer-term service. This service will provide high, moderate or low levels of care for up to 6 weeks in duration.

11 SA Health SA Mental Health Services Plan 2020 – 2025, Government of South Australia 2020

As part of the Department for Health and Wellbeing re-tendering process, the Lived Experience Leadership and Advocacy Network (LELAN) was engaged by the Office of the Chief Psychiatrist to lead a NGO co-design process with representatives from key agencies and people with lived experience who had previously accessed NGO mental health services as a consumer or carer. Key considerations during the co-design centred around current experiences with NGO mental health services, and what would be needed to ensure communities receive high quality support when they need it.

Service elements from LELAN's guiding framework¹² include:

- Non-linear with loop back access
- No gap pathways
- Owning our stories
- Culturally safe and intersectional
- Lived experience at the heart

LELAN was also invited to co-create a Philosophy of Care¹³ for the Urgent Mental Health Care Centre (which has since been revised and updated), to act as a reference point for decision-making, and to ensure that the care that people need in times of distress is always provided. The Philosophy of Care outlines an on-going process looking at physical, environmental and sensory modulation, utilising peer roles, and including personal stories and reflection as part of evaluation processes. The Philosophy of Care and Co-design Report provide guidance regarding how to ensure that the lived experience voice is at the heart of service design and delivery.

Relevant guidance from these documents for this project includes the following elements of success:

- Recovery focused, goal-based services
- Designated Peer Worker roles
- Providing early intervention to reduce psychosocial stressors
- Easily accessible when people determine they need support
- Offering open referral to services including walk-in, and with no wrong door
- Providing support across a stepped model of care
- Assisting with navigation of the system
- Providing complex care coordination and outreach
- Offering referral pathways for people with less chronic mental health issues
- Assisting people to learn the skills that they need in their own environment

*12 SA Lived Experience Leadership & Advocacy Network Co-Design Report: NGO Redesign Project
Office of the Chief Psychiatrist June 2021*

13 SA Lived Experience Leadership & Advocacy Network A Co-Created Philosophy of Care The Australian Centre for Social Innovation March 2020



- Preventing hospitalisation and filling a gap for those not eligible for the NDIS
- Allowances for more intensive and longer-term support
- Easily re-established care when people transfer between services
- No pressure to exit services

Furthermore, addressing the needs of carers requires specific attention. Family and friends often take on the role of providing primary support for people experiencing mental ill-health, and The 2022 National Carer Wellbeing Survey¹⁴ reported that Australian carers are three times less likely to have high levels of wellbeing compared to the average Australian.

The following Partnership Standards¹⁵ were designed to combine the knowledge and skills of mental health staff with the knowledge and lived experience of mental health carers, and will also act as guiding principles for services developed via this project:

1. Carers and the essential role they play are identified at first contact, or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols regarding confidentiality and sharing of information are in place
4. Defined staff positions are allocated for carers in all service settings
5. A carer introduction to the service and staff is available, with a relevant range of information across the care settings
6. A range of carer support services is available

14. Carers Australia *Caring for Others and Yourself: 2022 National Carer Wellbeing Survey Full Report* 10 October 2022

15. Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network, Mental Health Carers Arafmi Australia and Mental Health Australia *A practical guide for working with carers of people with a mental illness*, March 2016

The Barossa Valley is a rural area with a strong sense of identity. The Enhance Barossa Mental Health Steering Committee (EBMH) was established in 2021 to advocate for the achievement of a sustainable level of service delivery in the Barossa, and effectively address the needs of residents requiring support for mental health, suicide prevention, and alcohol and other drug (AOD) concerns. Through this work, the EBMH has engaged a strong, diverse and active group of mental health stakeholders.

The EBMH Steering Committee has highlighted several challenges including increased demand for mental health services, long waiting times, gaps in services for young people, homelessness, and a lack of health literacy, and has provided the following recommendations:

- Improve service navigation, focus on digital offerings, provide clear pathways for accessing services, and support connections to services and community resources including engaging with peer support workers and community connectors
- Establish a non-clinical safe space in the Barossa, work with people with lived experience to understand specific needs, and pilot a site
- Invest in provider collaborations and partnerships

Feedback from local GPs in the Barossa indicates that mental health issues are the most common presentation in their general practice settings, in line with recent findings by the RACGP¹⁶. For a sixth consecutive year, GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component. A preliminary data extraction from one GP Practise showed that 25% of patients had a presenting diagnosis that may be associated with a need for psychosocial support.

General Practitioners see around 80% of the population in any one year, and in rural areas, they are under pressure to provide services to their patients in primary care, but also to provide clinical management of patients in local hospital settings, or to organise transfers to services outside of the region¹⁷. Integrated with psychosocial support services, the GP role can better address physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated.

¹⁶ Higgins, N Time to recognise GPs' mental health contributions: RACGP President, NewsGP, 10 October 2023

¹⁷ Dubecki, L 80% of Australians have a regular GP: The importance of continuity of care, NewsGP 22 November 2017



On the 14th of March 2024, the Mental Health Coalition of SA and Enhance Barossa Mental Health brought together 30 participants from Government and NGO mental health services, police, general practice, local council, community services and lived experience participants to begin work on a place-based model to meet the unmet demand for psychosocial support services in the Barossa Valley. Held at Nuriootpa, the evening focused on developing a joint, multidisciplinary, integrated approach to addressing the unmet need for psychosocial support with a specific focus on the features of access and referral processes, needs assessment, service design and integration and workforce considerations.

Many people in the room were members of Enhance Barossa Mental Health Steering Committee (EBMH), and the group brought a wealth of experience and knowledge to the consultation, with participants focused on improving service navigation, providing clear pathways for accessing services, engaging with peer support workers and investing in provider collaborations and partnerships.

Participating organisations developed case studies for small group discussion to identify the current local pathways to mental health support, identify gaps and to propose new pathways to maximise the impact of any new psychosocial service. The discussion emphasised the need for clear referral pathways to assist the service user and frontline staff, the engagement and support of family and other primary support people, and the identification of restrictions or barriers to accessing services based on policy. Our consultation emphasised the need to integrate with the “warm referral” approach, increasingly used in Commonwealth services such as Head to Health. Warm referral involves contacting a service for, or with the person, rather than simply providing contact information, and can include organising introductions, sharing information and making appointments. Consultations identified high levels of goodwill amongst the service provider leadership teams in the Barossa, making this a particularly effective mechanism.

16. Higgins, N *Time to recognise GPs' mental health contributions: RACGP President*, NewsGP, 10 October 2023

At the time of the Barossa consultation in March 2024, the state-wide re-tendering of SA Department for Health and Wellbeing (DHW) funded one-on-one psychosocial support services was completed, and the NGO service providers who were successful in the BHFLHN attended the Barossa consultation workshop. While core components of current tender specifications for NGO services will remain central to the delivery of new services including minimum qualifications and a recovery focus, the workshop noted some key features that are currently not possible in the current DHW funded services and, in particular, accessibility. Discussions highlighted the need for a specific focus on child and youth mental health, given that more than 75% of mental health issues are established by the age of 25¹⁸.

A requirement of new NGO programs is for staff to be qualified with a minimum of Certificate IV Mental Health or Certificate IV Mental Health Peer Work, with the tender also specifying the requirement to use the Camberwell Assessment of Need to provide the scope of conversations with the client to identify priorities areas for support. The Barossa Unmet Need Workshop case studies highlighted the need for staff to take the time for effective engagement, and to be able to deliver tailored and flexible approaches to suit the individual consumer including ability to increase or decrease the intensity in response to changing needs.

The workshop was an opportunity to explore new ways of thinking about the settings in which this workforce could operate, how to improve access to peer support and remove barriers to integrated care particularly across primary care settings but also with other health, housing, social and welfare services in the region. The workshop also helped to identify and translate useful elements of other national work such as the NDIS Review and co-design work led by LELAN.

Broad accessibility to the new NGO programs was identified as essential, but with a strong GP referral pathway and relationship, and one strategy identified was the location of Peer Support Workers in general practice settings.

A lack of transport options in the Barossa was flagged by local service providers as one of the most significant issues to address and so the outreach capacity of psychosocial services is essential for effectiveness. Without services such as Paediatricians in the Barossa or Gawler regions, families are required to travel a considerable distance to access a range of health services for their children, such as assessments required to apply for the NDIS, and to manage medication for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

The Unmet Need Study and the Barossa consultation indicated that a \$1.86m pa investment is required to address the gap in psychosocial support services for the Barossa Valley region, and it is proposed that the amount be invested in full to reduce the risk of barriers to access, for example due to long waiting lists or lack of time to build relationships.

¹⁸ Beyond Blue <https://www.beyondblue.org.au/mental-health/youth> Accessed 27 May 2024



Our advice from current NGO mental health service providers in the area is that recruitment for all staff required for this level of investment would be possible. Investing to meet all of the unmet need, not just part, would also help to develop simple and effective GP engagement as the services would be useful to all patients in primary care who have severe mental illness and psychosocial support needs.

The approach to contracting should be via an expression of interest that specifies key program parameters, such as strong focus on referral via GPs and links to Peer Workers. The preferred provider would then work with local stakeholders on a detailed co-design process, similar to that undertaken for the Urgent Mental Health Care Centre.

Access and Entry Points

There has been a lot of attention on steps and pathways in mental health, but to date they have not adequately addressed psychosocial support needs. Work undertaken by Enhance Barossa Mental Health (EBMH) has identified key service access and entry issues including long wait times for services, a lack of transport options and uneven knowledge among GPs regarding mental health care and accessing specific services. Prejudice and discrimination surrounding mental health is prevalent in the Barossa, and service providers have emphasised the need for increased education and awareness around mental health issues in general.

With regards to suicide prevention issues raised included criteria restrictions for services, lack of awareness of available options, prejudice and discrimination, limited outreach services, and inadequate follow-up with individuals after seeking support. Stakeholders emphasised the importance of increased community awareness, educating GPs, earlier intervention, accessible services, and increased opportunities for lifestyle changes in the community.

The consultation highlighted the importance of having a strong referral pathway via GPs to psychosocial support. The psychosocial support option would potentially enhance the effectiveness of their role as the gateway to the full range of mental health services that people with severe mental illness need. Access to reliable psychosocial for their patients could become an option that GPs can refer to instead of, in addition to, or in sequence with the other available pharmaceutical, psychiatric, psychological options. The consultation also identified the need to maximise opportunities to enter the support system, running parallel to community education strategies to promote help-seeking and raise awareness of pathways into services. Further local co-design work is required to identify effective community education strategies to engage groups such as employers, front line workers, carers and men. The consultation identified the need to promote entry points as the beginning of a continuing cycle of support that can be stepped up or down as required.

The primary target groups for access to psychosocial support would be people who have serious mental health conditions and associated functional disability, people with complex needs, comorbidities including drug and alcohol issues, and psychosocial comorbidities including carer or family relationship breakdown, housing instability, domestic violence, socio-economic and legal issues. People with Borderline Personality Disorder would be welcome, including those accessing significant clinical support (such as CBT), as psychosocial support can enhance the effectiveness of clinical treatments.



The Barossa Unmet Need Workshop highlighted the need for broad accessibility to new services to address the unmet need for psychosocial support, and key access and entry points from the consultation included:

1. Head to Health Phone Service

The Australian Government's Head to Health Phone Service operates from 8.30am - 5.00pm weekdays, with clinicians using the Initial Assessment and Referral Decision Support Tool (IAR-DST) over the phone to provide assessment and warm referral into mental health and wellbeing services. The IAR-DST already supports referral to stepped levels of clinical care for an individual seeking mental health support. Direct referral from Head to Health to the new NGO psychosocial services was proposed as essential, and the IAR-DST would provide key referral information to the NGO. The consultation also flagged the desirability of a tandem GP involvement to assist the person to access both the clinical and psychosocial supports as they need.

2. General Practice

Based on broad population attendance rates, General Practitioners are likely to see 80% of the people who need psychosocial supports in a 12-month period, and a strong partnership between GPs and the new NGO providers can increase the chance of engagement with people who need support but may be hard to engage. A strong desire for two-way information sharing was expressed to ensure high quality and coordinated services from both parties. This included the potential for better physical outcomes. GPs could undertake an assessment using the IAR-DST face-to-face or via a telehealth appointment to support a referral to the NGO, or alternatively, the GP could receive an IAR-DST if the patient is referred from Head to Health. Direct referral from GPs to the new NGO psychosocial services is proposed as a key pathway to encourage broad access, with simple referral requirements to be developed via local discussion.

The option of a Peer Support Worker, co-located within the general practice was discussed and at least one General Practice was interested in further discussions. As a specialised member of the multi-disciplinary team, Peer Support Workers can provide consumers, families and support people with proactive, person-centred and trauma-informed support within a confidential space in the clinic. Key advantages of this approach include ease of referral, potential to underpin strong two-way communication and higher success rate in terms of engagement with the psychosocial service.

3. Community Mental Health Service

Community Mental Health Services already have exclusive referral rights to existing state-funded psychosocial support services through the two program streams. The Barossa Community Mental Health Team (CMHT) is currently being established as part of Barossa Hills Fleurieu Local Health Network, to provide assessment, treatment, case management and support for people with psychological ill-health or psychiatric disorders. Local co-design will be required to develop protocols for the CMHT to determine whether to refer people to existing or new psychosocial services.

4. Direct Referral – Including Self-Referral

The consultation highlighted the importance of enabling people to be able to self-refer directly to NGO psychosocial services to minimise the risk of people who need these services and are eligible, from falling through the gaps. This is in accordance with South Australia's Mental Health Service Plan 2020 - 2025 which envisaged broader access to state funded NGO services. The NGO re-tendering of services extended access to three urgent mental health centres, and the case studies discussed in the consultation showed that broader accessibility via referral from other first responder, social, community, housing and welfare services would be beneficial for people with severe mental illness who are engaged with these services. Local co-design work will be required to determine direct referral protocols, including self-referral and referral by family, carers and friends. Integration of access and entry processes with other services will also require local co-design work and a range of services were identified in the consultation as places attended by people with severe mental illness and psychosocial support needs as follows:

- COBH Country Wellness Connections provides free community-based mental health support
- Regional Access offers three counselling sessions funded by Country PHN, and can offer more than three if required
- Lutheran Care Community Connections offers bridging services to connect people to targeted support
- Feros Care provides free welfare checks for people not on the NDIS, along with other NDIS related support



Referrals received by NGO mental health services may already include a completed needs assessment such as an IAR, however the NGO will undertake their own needs assessment as part of the process to develop an individual support plan. The NGO needs assessment will be developed through conversations where people are able to articulate the help they require, and the scope of the conversations will be guided by the domains in the Camberwell Assessment of Need.

Peer Worker roles will be discussed in the local co-design work, and examples in SA to consider include the Peer Worker roles in the Urgent Mental Health Care Centre and the Peer-Led Connections Program, and further discussions could lead to Peer Workers located in GP Practices.

Key features of intake and needs assessment:

- A workforce skilled in trauma-informed, recovery focused service provision
- outreach and mobile support,
- Peer Workers co-located within general practice settings (subject to further discussion)
- The investment of time required to engage people in the service
- Flexibility and responsiveness as required to support episodic fluctuations
- Warm referral to other services to support effective engagement
- Ensuring follow-up to check whether connection has occurred
- Including follow-up for missed appointments

The NGO psychosocial service will be required to develop a support plan within two weeks of first contact with the person, and this plan will be collaboratively written with the person (and their family or primary support person where appropriate). The scope of the plan will be guided by the domains in the Camberwell Assessment of Need.

To undertake this effectively, NGO staff will need to spend time to engage and build rapport, particularly where the person is reluctant to engage. The approach needs to be trauma-informed, recovery oriented, and take into consideration the needs of younger, middle-aged and older people, people from CALD backgrounds, Aboriginal and Torres Strait Islander and LGBTIQ+ members of the community.

NGO staff will work alongside the person to assist them to access the support that they need, and this may require coordination across multiple providers and settings. Priority areas may include accessing counselling, accessing or maintaining suitable housing, developing daily living skills, managing finances and budgeting, meal planning and cooking, accessing social and recreational activities, accessing education, training, vocational activities or employment.

Support to improve physical health will include working with a GP to encourage a healthier lifestyle, and support to manage comorbidities such as AOD.

NGO mental health services will flex up or down as needed to assist with avoiding or recovering from crisis, including supporting clinicians such as GPs to make the least restrictive choices such as avoiding hospitalisation in settings out of the community.

In the context of the NDIS Review, these services would be viewed as a key strand of the Foundational Supports that are to be developed outside of the NDIS. Where eligibility is likely and it is deemed a more appropriate service, people would be supported to apply for the NDIS. As the NDIS Review recommendations are implemented, any role relating to the NDIS would likely become the remit of the proposed 'navigator' roles.



The necessity to improve service navigation has been raised in the Enhance Barossa Mental Health Report and in our consultation, with a need for clear and consistent information about where to seek help to reduce delays in accessing services, the expansion of existing navigational tools to assist people to find local supports, and the investigation of opportunities for integrating face-to-face and telehealth consultations, digital interventions, and phone support.

Strategies from the Enhance Barossa Mental Health Report include the establishment of a non-clinical Safe Space in the Barossa region, similar to the Lifeline Connect Centre in Clare, which provides an early intervention space for suicide prevention and connects the community to local services. A Barossa Safe Space would provide an alternative environment for individuals to receive support and assistance, particularly for those who may not feel comfortable in clinical settings. The Enhance Barossa Mental Health Report recommends working with people with lived experience to understand the specific needs in the Barossa, in order to pilot a Safe Space to test the demand and feasibility.

The co-location of multiple service providers, and collaborative partnership arrangements would reduce the need for a person to repeat their story multiple times, and strong relationships between service providers would ensure smoother transitions, avoid duplication and improve the sustainability of services.

The co-location of Peer Workers within general practice settings could improve physical health outcomes, and AOD lived experience community education could be utilised to reduce the prejudice and discrimination associated with help-seeking, and raise awareness of pathways to support. Parenting education and school-based interventions may also be considered.

A lack of transport options in the Barossa has been flagged by local service providers as one of the most significant issues to address, and the outreach approach of NGO psychosocial services will be appropriate given this issue.

This consultation has highlighted the key elements of a place-based approach to address the unmet need for psychosocial support in the Barossa. We propose an Expression of Interest process to determine the preferred provider who would then be required to engage in a local co-design process to address the next layers of detail. Through the detailed co-design process, the preferred provider will work with Enhance Barossa Mental Health, general practice, other mental health service providers, The Barossa Council and other sectors to facilitate information sharing and collaboration in support planning and service delivery.

Co-design work will consider how to best coordinate mental, physical health and other needs and preferences of individuals through integration with GPs, housing providers, AOD services, and other health, social and welfare services. This will include attention to effective and efficient referral pathways and appropriate protocols with other psychosocial service providers funded by the Commonwealth and State Government including the NDIA, to ensure that people get the right service and there is no overlap or duplication.

Some General Practitioners in the Barossa have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices. As Professor Sharon Lawn from Flinders University is currently researching the impact of this approach in several GP practices across Australia, including rural settings, and has advised that it would be possible for her to share key elements of this approach such as job descriptions and referral pathways, further discussions will take place with all general practices within the Barossa as to how this integration could be achieved.

The new NGO psychosocial services could play a role in social prescribing to this cohort of people, and utilise a Peer Worker link with GP practices. The opportunity for this would be through the Barossa Social Prescribing Co-Design Project and the work of Flinders University and The Barossa Council. Implementing the new NGO psychosocial services is also an opportunity to meet the elements of the Equally Well Consensus Statement¹⁹.

This place-based co-design will facilitate the sharing of information effectively across the network of services, joint support planning with individuals and family carers, proactive planning and management of anticipated transition points, and monitoring the implementation of partnership agreements, to increase the value of each local organisation as part of an integrated mental health network.

¹⁹ <https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>. Accessed 29 April 2024



Research indicates that the co-location of primary care and specialist mental health staff can provide significantly improved integration of care for people with mental health problems, but only if staff understand their roles and responsibilities and work collaboratively together. Integrated care arrangements could include information sharing systems including shared electronic health records, shared protocols and training, the co-location of services, and the provision of multidisciplinary teams²⁰. Additionally, New Zealand's Mental Health and Wellbeing Commission is delivering a successful model called Access and Choice, integrating Peer Support Workers, Health Improvement Practitioners (HIPS) and Health Coaches into general practice settings, and an evaluation report on the first three years of its operation is now available²¹.

The SA Department for Health and Wellbeing requires minimum qualifications for Mental Health Support Workers to be the Certificate IV in Mental Health, and for Peer Workers the Certificate IV in Mental Health Peer Work, and these should also be the minimum qualifications for the workforce in new services to address the unmet need for psychosocial support.

In 2021, the Australian Government Department of Health released the guidance document, *Peer workforce role in mental health and suicide prevention*²², highlighting the importance of the peer workforce as especially helpful for vulnerable groups such as children and adolescents, older persons, and people from CALD, Aboriginal and Torres Strait Islander or LGBTIQ communities, as Peer Workers with this shared experience and expertise can help people to better communicate their needs, feel more comfortable, and support their recovery efforts. The lived experience of Peer Workers can lead to a unique connection with and motivation of people requiring psychosocial support. Experienced NGO mental health services already employ people in designated lived experience roles and are aware of their obligation to support Peer Workers to work to their full scope of practice.

²⁰ Rogers, M *Integrated Care to Address the Physical Health Needs of People with Severe Mental Illness: A Mapping Review of the Recent Evidence on Barriers, Facilitators and Evaluations*, *International Journal of Integrated Care* 25 January 2018

²¹ Te Hīringa Mahara New Zealand Mental Health and Wellbeing Commission, *Access and Choice Programme: Report on the First Three Years* 2022

²² Australian Government Department of Health, *Peer workforce role in mental health and suicide prevention* Australian Government 2021

The *Fifth National Mental Health and Suicide Prevention Plan*²³ recognises the strengthening of the mental health peer workforce as an important element of the wider mental health workforce and of the multidisciplinary team environment, however Peer Workers are the most underutilised resource in rural and remote mental health service provision²⁴.

Country areas experience a high level of prejudice and discrimination surrounding mental health, and country participants of the 2023 MHCSA Mental Health Month Roundtable emphasised the importance of building the lived experience workforce as well as the potential role of Peer Support Workers in providing psychosocial support within rural general practice settings as a way to address this²⁵. Additionally, The SA Mental Health Commissioner is currently working to adapt New Zealand's Tall Trees training program to South Australia, to empower communities to address prejudice and discrimination in mental health locally through community action and storytelling, and the Commissioner has flagged the Barossa as a potential site for partnership in this training as a result of the unmet need project work to date.

Extrapolating from the SA Unmet Needs study based on the NMHSPF, the workforce required to meet the unmet psychosocial support needs of a population of 25,000 in the BHFLHN is approximately 20 FTE including a minimum of 3.5 FTEs in designated Peer Worker roles. Advice from current non-government mental health service providers in the area is that recruitment required for this level of investment would be possible without investing in workforce development. To meet the unmet need for psychosocial support services in the Barossa, we propose an Expression of Interest process to determine the preferred provider, who would then be required to engage in local co-design processes to address the next layers of detail, similar to that undertaken for the Urgent Mental Health Care Centre²⁶. The Expression of Interest would specify key program parameters, including broad accessibility, and a strong focus on Head to Health and GP referral. The Expression of Interest should encourage proposals with higher numbers of Peer Workers, incentives for rural work, and support for ongoing professional development, and this would increase the range of options that the co-design process could consider.

23 National Mental Health Commission, *The Fifth National Mental Health and Suicide Prevention Plan 2021 Monitoring mental health and suicide prevention reform Australian Government 2021*

24 Jackson, J Heffernan, T Orr, M Young, R.B Puckett, C & Daly, S *Peer work in rural and remote communities and mental health services in Carey, T.A & Gullifer, J Handbook of Rural, Remote, and Very Remote Mental Health Services Springer 2020*

25 Mental Health Coalition of SA *Summary of the Mental Health Month Roundtable hosted by the Mental Health Coalition of South Australia (MHCSA) October 2023*

26 SA Lived Experience Leadership & Advocacy Network *A Co-Created Philosophy of Care The Australian Centre for Social Innovation March 2020*



The importance of collecting data on psychosocial support interventions, particularly relating to their cost and impact on quality of life and healthcare use, has been highlighted in the Evaluation of National Psychosocial Support Programs: Final Report Prepared for the Australian Government Department of Health 2021, to better understand service capacity, quality, gaps and psychosocial support needs.

Furthermore, in 2022 the South Australia Auditor General identified that SA Health's key planning, monitoring and reporting processes for the provision of access to mental health services were not operating effectively. Because of these gaps, SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time.

Measuring the effectiveness of psychosocial support programs in meeting the intended outcomes of increasing social and economic participation of participants, avoiding preventable hospitalisations, and improving quality of life, health and wellbeing for people with mental ill-health or psychological distress would build on an existing evidence-base. Independent evaluations of SA programs, such as Intensive Home Base Support Service (IHBSS) program, have shown that they are highly effective in supporting individuals in their recovery as well as system impacts such as reducing reliance on crisis and acute hospital services. The IHBSS evaluation found that 51.4% of people supported (60.7% regional) said that it helped them to avoid a future hospital admission, and the evaluators also estimated that the IHBSS program would more than pay for itself in terms of cost-offsets of reduced hospitalisation²⁷.

Allocation of additional and specific funding for independent University-based capacity would enable researchers to work with a local co-design group to determine the data to collect and report on regarding effectiveness and impact, develop a framework to support future evaluations, and use this to support quality improvement over time.

27 Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015). Sydney: Social Policy Research Centre,UNSW Australia 2015

Economic evaluation is required to support the prioritisation of limited resources, and would require information on the intervention costs, and change in downstream healthcare utilisation and health outcomes for those participating compared to those not participating in the psychosocial intervention. In the absence of a comparator group, the information from those participating could be compared to existing literature and evaluated over time using methods such as Interrupted Time Series Analysis. Considerations could include measuring quality of life (QOL) impact, cost of intervention and if possible, pre and post data on use of inpatient, outpatient, emergency and primary care services (including GPs) to enable the Interrupted Time Series Analysis. The best option for economic analysis will depend on access to data, and the current study by Professor Sharon Lawn on the impact of Peer Workers in general practice settings could assist with the economic analysis of this component of the service.



Mental Health Coalition of South Australia

L5/195 North Terrace, Adelaide SA 5000

P: 08 8212 8873

E: administration@mhcsa.org.au

www.mhcsa.org.au

Addressing the Unmet Need for Psychosocial Support in Northern Adelaide



Introduction

In March 2023 the South Australian Government completed an unmet needs report that quantified the level of unmet need for psychosocial support in the state. Called the Unmet Needs Report for Psychosocial Support Services in SA it was commissioned by the Chief Psychiatrist.

We know that psychosocial supports are highly effective in helping people recover in the community and reduce their use of crisis and acute services.

The South Australian Government's report showed that 19000 South Australians with severe mental illness had an unmet need for psychosocial support. The cost of meeting that need was estimated at \$125m.

This level of unmet need is breathtaking as it means only one in four people with severe mental illness are getting their psychosocial support needs met which means that three out of four are missing out.

The Unmet Needs Report did not provide information on how to design services to engage and support this additional 19000 people. So the MHCSA Board decided to fill this gap and to do this work.

The Award-winning (TheMHS 2023) Northern Alliance for Mental Health was a perfect partner with a diverse membership and strong local understanding of mental health and community needs.

Through the Northern Alliance for Mental Health we were able to get localised advice about how to address the unmet need in the Northern Adelaide Local Health Network region which covers 23% of SA's population. Our thanks go to all of the people with lived experience and mental health stakeholders who provided valuable input.

The diversity of the population in the northern metropolitan area highlighted the opportunity to provide targeted and co-designed approaches to meeting the needs of First Nations (2.5%) and culturally and linguistically diverse (CALD) population groups (30%) in the area.

General Practitioners expressed interest in the concept of Peer Workers in General Practice and the potential for this to achieve better physical health outcomes and support social prescribing.

The consultation also highlighted the opportunity to expand referrals to psychosocial supports into the growing clinical pathways between primary, secondary and tertiary service infrastructure to increase access to holistic mental health support.

There is also a need to invest in workforce development, especially the Peer Workforce, to be able to deliver the services required. Investment in independent research capacity is also proposed to ensure focus on achieving positive impacts and to support continuous improvement.

We now need Governments to allocate the funding required to address this critical gap in the northern metropolitan region and use this Report as a blueprint to work with local stakeholders to get the best value for this investment.

Geoff Harris
Executive Director
Mental Health Coalition of South Australia



Contents

Introduction.....	2
Executive Summary.....	4
Addressing the Unmet Need for Psychosocial Support in Northern Adelaide....	11
Background.....	11
Project Setting.....	14
Integration with General Practice.....	18
Re-tendering of NGO Psychosocial Services in SA.....	19
Guiding Principals for Co-Design and Philosophy of Care.....	20
Consultation.....	22
How to Address the Northern Adelaide Unmet Need.....	25
Access and Entry Points.....	26
Intake and Needs Assessment.....	28
Individual Support Planning.....	29
Service Design Considerations.....	30
Partnerships and Integration.....	31
Workforce Considerations.....	32
Impact Reporting and Continuous Improvement	34

MHCSA acknowledges those with Lived Experience, past and present, who have worked tirelessly and advocated for the acknowledgement and acceptance of the values lived experience brings.



Addressing the Unmet Need for Psychosocial Support in Northern Adelaide

Psychosocial¹ support services are delivered by non-government mental health organisations across South Australia, with a focus on supporting people with mental ill-health to increase their social and economic participation, avoid preventable hospitalisations, and improve their quality of life, health and wellbeing. These services are person-centred, recovery-oriented and assist people to work towards their goals.

NGO staff work with consumers on priority areas including accessing counselling, suitable housing, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support.

The targeted services provided assist people with severe mental ill-health to stay physically well, to develop social skills, build qualifications and facilitate and strengthen resilience to keep people well in the community. The Richmond Report of 1983² and the Burdekin Report³ released ten years later, highlighted the need to redress the gap created as de-institutionalisation was occurring but without sufficient investment in community support. The imbalance between hospital care and community based supports was recognised in Australia's original National Mental Health Policy⁴, and this policy included the aspiration to change the mental health investment mix to increase investment in NGO delivered community-based services. However, after five National Mental Health Plans and a Roadmap, the problem has not yet been addressed.

1 The term 'psychosocial' has broader meaning in mental health. In this document refers to a narrower band of services delivered by NGOs as defined in Specialised Mental Health Community Support Services, within the Taxonomy of the National Mental Health Services Planning Framework. Relevant documents can be found at: <https://www.aihw.gov.au/nmhspf>

2 Richmond, DT Inquiry Into Health Services for the Psychiatrically Ill and Developmentally Disabled, NSW Department of Health, March 1983

3 Burdekin, B Report of the National Inquiry into the Human Rights of People With Mental Illness, Human Rights and Equal Opportunity Commission 20 October 1993

4 Commonwealth of Australia, National Mental Health Policy 1992, Commonwealth of Australia 1992

In 2023, an SA Unmet Needs Study⁵ commissioned by the Office of the Chief Psychiatrist (SA Health), found that more than 19 000 people with severe mental illness in South Australia are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people are getting access to the psychosocial supports that they need, with 75% (three out of four) missing out. The Report estimated a cost of \$125m per annum to address this gap. Additionally, the recently released national assessment of unmet need for psychosocial support outside of the NDIS⁶, estimated that in Australia in 2022-23, a total of 335,800 people aged 12 - 64 years with severe mental illness would benefit from 21.9 million hours of psychosocial support services. This reflects an increase of around 46,000 additional people compared to the Productivity Commission's 2019-20 estimate of 290,000 people needing psychosocial supports. A further 311,500 people aged 12-64 years with moderate mental illness would benefit from 3.3 million hours of psychosocial support services.

The need to improve psychosocial supports for people with psychosocial disability outside of the NDIS has been repeatedly emphasised within the NDIS Review⁷, and in December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover these additional supports. While the timing of this funding is yet to be announced, now is an opportune time to be talking with local communities about place-based solutions to address the gap in psychosocial support services outside of the NDIS.

In considering the Northern Adelaide area for this project, it is noted that the Northern Adelaide Local Health Network (NALHN) services 23% of South Australia's population, and 32% of the metropolitan Adelaide population⁸.

NALHN is a partner organisation of the Northern Adelaide Mental Health Alliance, a collaborative group driving integration and advocacy among mental health and community stakeholders in Adelaide's northern region. The Alliance has developed and implemented new multi-agency, peer led initiatives that are informed by those with lived experience to provide alternatives to the emergency department for people seeking support.

5 SA Health Office of the Chief Psychiatrist The unmet mental health service need in South Australia that could be met by the NGO sector 2023

6 Health Policy Analysis, Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme - Final Report May 2024 further updated August 2024

7 Commonwealth of Australia, Department of the Prime Minister and Cabinet Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report 2023

8 Australian Bureau of Statistics Population: Census 2021



Partners in the Alliance are a range of organisations and lived experience representatives including Sonder, Skylight, Uniting Communities, NEAMI, Flourish Australia and MIND Australia. The Alliance welcomed the Mental Health Coalition of SA (MHCSA) to host a consultation workshop focusing on how to address the unmet need for psychosocial support in the northern metropolitan area. Attended by Government, NGO mental health services, community service providers and lived experience participants, the consultation focused on access and referral processes, needs assessment, service design, integration and workforce considerations.

Key issues identified through the consultation included access and navigation challenges, the need to enhance referral pathways, effective transfer of information between service providers, the importance of building relationships with people accessing services, the narrow scope of some programs resulting in people falling through the gaps, and the ability to deliver services with a range of options to meet the needs of diverse population groups.

Overall, the need for services with capacity was highlighted, as well as the need to remove barriers to integrated care particularly across other health, housing, social and welfare services in the community. A strong theme was the influence of external factors, such as involvement by the Department of Child Protection or the Department of Correctional Services resulting in transactional or superficial relationships due to the compulsory nature of outcomes. This is making it harder and more time consuming for services seeking voluntary participation to build authentic therapeutic relationships.

Additional consultations with NGO mental health services in Northern Adelaide flagged the geography of the area as a significant challenge in service integration and partnership, and the misconception of transport not being a problem. Public transport to and from the CBD is good for those on the major routes, however the poor connectivity for large numbers of people within the region was identified as problematic to attend some services. A large unmet need for Aboriginal and Torres Strait Islander clients was also raised.

A range of health, welfare and community organisations are currently working with Aboriginal and Torres Strait Islander clients in Northern Adelaide, and consultations flagged the need for more integrated pathways into these services. KWHY Aboriginal Corporation is a leading provider of the new DHW contracted psychosocial support services to Aboriginal clients, and has also embarked on a PHN funded collective impact venture with lived experience organisation Aspire Recover Connection, to deliver

placed-based responses to suicide prevention for Aboriginal people in Northern Adelaide. Additionally, Aboriginal health service,

Nunkuwarrin Yunti has a strong presence in the north through their Brady Street Clinic at Elizabeth Downs, and with an expansion of mental health services underway at a new hub at Waterloo Corner. The residential population of NALHN sits at 414 155, with the largest local council population of 145 806 located within the City of Salisbury⁹. Community Mental Health Australia (CMHA) recently released the Householder Survey Data for the City of Salisbury¹⁰, as one of 27 sites across Australia participating in their Assisting Communities Through Direct Connection (ACDC) Project. Survey data flagged 53% of respondents as having moderate, high or very high levels of psychological distress, as well as a high proportion of CALD respondents (42% of respondents were born outside of Australia) and a high proportion of respondents in a carer role (28% of respondents were providing care for someone with a disability, chronic condition or mental health issue). Additionally, 11% of respondents identified as part of the LGBTIQA+ community.

Our consultations also flagged that some people from CALD backgrounds who moved to the area many years ago have relatively well established community support organisations and networks, compared to more recent arrivals. This diversity of population groups within the NALHN region presents opportunities to develop effective engagement and support services. It was also identified that the new NGO psychosocial services could play a role in significantly improving integrated care for people with mental ill-health within a general practice setting. General Practitioners see around 80% of the population in any one year, and recent findings by the RACGP indicate that mental health issues are the most common presentation in general practice settings¹¹.

For a sixth consecutive year, GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component. General Practitioners in Northern Adelaide have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices, to assist with creating an effective referral pathway into psychosocial support services. Through this integrated approach, the GP role could better address physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated.

⁹ Australian Bureau of Statistics Population: Census 2021

¹⁰ Centre for Social Impact, The University of Western Australia City of Salisbury (SA) ACDC Project Householder Survey Data Published April 2024

¹¹ Higgins, N Time to recognise GPs' mental health contributions: RACGP President, NewsGP, 10 October 2023



The effectiveness and safety of Peer Workers in mental health care is supported by numerous studies, with peer support leading to improved self-esteem, self-efficacy and overall mental health outcomes, as well as reducing hospital re-admissions, and enhancing patient engagement with treatment plans.¹²

Professor Sharon Lawn from Flinders University is currently researching the impact of Peer Workers in several GP practices across Australia, including rural settings, and key elements of this approach such as the service model, job descriptions and referral pathways could be used as the basis for establishing this option within general practice in Northern Adelaide.

There are examples of integrating Peer Workers into General Practice elsewhere, and the evaluation of New Zealand's model called Access and Choice, has proven to be highly successful.¹³ Feedback from GPs indicates that they spend a considerable amount of time providing lifestyle coaching, and Peer Workers could free up this time. Additionally, Flinders University has undertaken a substantial amount of work to begin co-designing a model of social prescribing led by Dr Candice Oster.

Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services, and is included in Australia's National Preventative Health Strategy 2021 - 2023 and Primary Health Care 10 Year Plan 2022 - 2032. Adelaide PHN is currently working with Flinders University on a social prescribing project in Northern Adelaide to reduce social isolation for older people, and MHCSA, DHS, SA Health and PHN staff will participate in a Social Prescribing Think Tank in October 2024.

There has been a lot of attention on steps and pathways in mental health both at state and Commonwealth levels across tertiary, secondary and primary care settings, but to date these have not adequately addressed the need for psychosocial support for people in the various 'steps'. An investment in unmet need for psychosocial support services provides an opportunity to utilise existing and emerging referral pathways, for example via Head to Health and General Practitioners, to ensure that psychosocial supports integrate well with existing and proposed steps in clinical services.

¹² Repper, J., & Carter, T 2011 A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392-411.

¹³ Te Hiringa Mahara New Zealand Mental Health and Wellbeing Commission, *Access and Choice Programme: Report on the First Three Years 2022*

Referral into psychosocial support services delivered by NGO mental health organisations has traditionally occurred via Community Mental Health Teams, however as a result of re-tendering, referrals are now becoming possible from hospital emergency departments, and urgent mental health services such as Safe Haven. Detailed local co-design would ensure that the new psychosocial supports are integrated appropriately and effectively to complement existing and planned mental health pathways, but also via community, social and welfare services. The SA state-wide unmet need study indicated that a \$29m pa investment is required to address the entire gap in psychosocial support services for Northern Adelaide. It is proposed that the amount be invested in full to reduce the risk of barriers or inequities arising if the resources available are insufficient to meet the need.

Investing to address the full need would also enable specialisations to meet the specific needs of target populations, especially First Nations people and people from CALD backgrounds. This would also help to develop and motivate effective GP engagement, as the services would be useful for a greater number of patients with psychosocial support needs rather than potentially just a small number.

To meet the unmet need for psychosocial support services in Northern Adelaide, we propose an Expression of Interest process to determine the preferred providers, who would then be required to engage in local co-design processes to address the next layers of detail, similar to that undertaken for the Urgent Mental Health Care Centre ¹⁴.

The Expression of Interest should seek a diversity of providers, to deliver a workforce able to effectively build relationships with population groups including Aboriginal and Torres Strait Islanders, CALD, LGBTIQ+ and carers, and the targeting of resources to specific population groups with less established community support should be a focus. Furthermore, the Expression of Interest should specify key program parameters including broad accessibility, a strong focus on establishing robust referral pathways and a minimum number of Peer Workers. Recruitment for the approximately 270 FTE staff needed for the Northern Adelaide initiative includes a minimum of 50 FTE Peer Workers, and this would require a specific workforce recruitment strategy and an investment of an additional \$400,000 per annum to support workforce development, including growing the number and quality of the Peer Workforce.

14 SA Lived Experience Leadership & Advocacy Network A Co-Created Philosophy of Care The Australian Centre for Social Innovation March 2020



The MHCSA currently delivers a Lived Experience Workforce Program (LEWP), to support the development of a quality, qualified, sustainable and highly skilled Lived Experience workforce for the non-government mental health sector. LEWP staff engage people with lived experience of mental health issues in education, training and work-ready activities to improve skills and increase opportunities for paid employment in mental health support roles.

The Program offers a full suite of recruitment and retention activities from developing position descriptions and participating on interview panels, as well as delivering courses and peer supervision, and is well placed to provide specialist workforce services for the Northern Adelaide initiative. Additionally, LEWP has successfully worked with training organisations and employers to deliver scholarship intakes, aiming for both high completion rates as well as high rates of employment as designated Peer Workers.

Given the complexity of the region, a tender for an additional \$500,000 pa would engage independent University-based capacity to co-design impact data collection and reporting, support quality improvement and assess economic impact. Measuring the effectiveness of psychosocial support programs in meeting the intended outcomes of increasing social and economic participation of participants, avoiding preventable hospitalisations, and improving quality of life, health and wellbeing for people with mental ill-health or psychological distress would build on an existing evidence-base. Independent evaluations of SA programs, such as Intensive Home Base Support Service (IHBSS) program, have shown that they are highly effective in supporting individuals in their recovery as well as system impacts such as reducing reliance on crisis and acute hospital services. The IHBSS evaluation found that 51.4% of people supported (60.7% regional) said that it helped them to avoid a future hospital admission, and the evaluators also estimated that the IHBSS program would more than pay for itself in terms of cost-offsets of reduced hospitalisation.¹⁵

15 Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015). Sydney: Social Policy Research Centre, UNSW Australia 2015

Background

Psychosocial¹ support services are delivered by non-government mental health organisations across South Australia, with a focus on supporting people with mental ill-health to increase their social and economic participation, avoid preventable hospitalisations, and improve their quality of life, health and wellbeing. These services are person-centred, recovery-oriented and assist people to work towards their goals.

NGO staff work with consumers on priority areas including accessing counselling, suitable housing, developing daily living skills, managing finances, meal planning, accessing social and recreational activities, and accessing education, training and employment support. The targeted services provided assist people with severe mental ill-health to stay physically well, to develop social skills, build qualifications and facilitate and strengthen resilience to keep people well in the community.

The Richmond Report of 1983² and the Burdekin Report³ released ten years later, highlighted the need to redress the gap created as de-institutionalisation was occurring but without sufficient investment in community support. The imbalance between hospital care and community based supports was recognised in Australia's original National Mental Health Policy⁴, and this policy included the aspiration to change the mental health investment mix to increase investment in NGO delivered community-based services. However, after five National Mental Health Plans and a Roadmap, the problem has not yet been addressed.

In 2020, the Productivity Commission⁵ estimated that 11,000 South Australians had severe mental ill-health and a need for psychosocial support. In Action 17-3 the Commission wrote that 'State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.' This has been the catalyst for the commissioning of an unmet needs study on psychosocial support services nationally, and South Australia was the first jurisdiction to do this work.

1 The term 'psychosocial' has broader meaning in mental health. In this document refers to a narrower band of services delivered by NGOs as defined in Specialised Mental Health Community Support Services, within the Taxonomy of the National Mental Health Services Planning Framework. Relevant documents can be found at: <https://www.aihw.gov.au/nmhspf>

2 Richmond, DT Inquiry Into Health Services for the Psychiatrically Ill and Developmentally Disabled, NSW Department of Health, March 1983

3 Burdekin, B Report of the National Inquiry into the Human Rights of People With Mental Illness, Human Rights and Equal Opportunity Commission 20 October 1993

4 Commonwealth of Australia, National Mental Health Policy 1992, Commonwealth of Australia 1992

5 Australian Government Productivity Commission Productivity Commission Inquiry Report Mental Health Actions and Findings No. 95, 30 June 2020. Australian Government Productivity Commission 2020

6 David McGrath Consulting Unmet mental health service need in South Australia that could be met by the NGO sector An analysis on behalf of the South Australian Government Final Report. South Australian Office of the Chief



The Unmet Mental Health Service Need in South Australia That Could Be Met by the NGO Sector 2023 ⁶, commissioned by the Office of the Chief Psychiatrist (SA Health), compares existing purchased and provided psychosocial support services from known commissioning bodies in SA and the Commonwealth, against the resource needs for psychosocial support predicted by the National Mental Health Services Planning Framework (NMHSPF).

The study found that more than 19 000 people with severe mental illness are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people with severe mental illness are getting access to the psychosocial supports that they need, with 75% missing out. The Report estimated a cost of \$125m per annum to address this gap.

Additionally, the recently released national assessment of unmet need for psychosocial support outside of the NDIS ⁷, estimated that in Australia in 2022–23, a total of 335,800 people aged 12–64 years with severe mental illness would benefit from 21.9 million hours of psychosocial support services, reflecting an increase of around 46,000 additional people compared to the Productivity Commission’s 2019–20 estimate of 290,000 people needing psychosocial supports.

A further 311,500 people aged 12–64 years with moderate mental illness would benefit from 3.3 million hours of psychosocial support services. The findings of this national assessment were discussed at a meeting of national Mental Health Ministers held in Canberra on the 16 August 2024, with Ministers agreeing to work with mental health stakeholders, including lived experience and First Nations, to develop a robust plan for future psychosocial support arrangements.

Investing in foundational supports for people with psychosocial disability outside of the NDIS was the subject of strong recommendations in the NDIS Review ⁸. This includes addressing the unmet need for psychosocial support. In December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover foundational supports outside of the NDIS, but the timing of this funding is yet to be announced. The Northern Adelaide Unmet Need Project is the first to consider a place-based approach to service design and delivery to this expanded cohort.

7 Health Policy Analysis, Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme - Final Report May 2024 further updated August 2024

8 Commonwealth of Australia, Department of the Prime Minister and Cabinet Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report 2023

The largest psychosocial support programs in SA (until recent re-tendering) were the Individual Psychosocial Rehabilitation Support Service (IPRSS) and Intensive Home Based Support Services (IHBSS). Both have been independently evaluated and shown to be highly effective for the people able to access them. The independent evaluation funded by SA Health of the SA Intensive Home Base Support Service (IHBSS) program for example, found that 51.4% of people (60.7% regional) receiving access to the community psychosocial supports said these helped them to avoid a future hospital admission.⁹

In their report, Mental Health Services in Australia 2018¹⁰, the Australian Institute of Health and Welfare reported that South Australia utilises emergency departments for mental health presentations at a greater rate, admits more patients to an inpatient setting and has longer wait times in the emergency department than any other state, as well as having a higher seclusion rate than the national average.

The Australian College for Emergency Medicine state of Emergency Report November 2022¹¹, highlighted that South Australian emergency departments continued to have the highest percentage of patients presenting with mental health or behavioural problems in Australia in 2020 - 2021, with on average, 75 patients presenting with mental health or behavioural problems at South Australian emergency departments per day.

Recent system changes at a state level are now allowing emergency departments, as well as Safe Haven Drop-In Mental Health Service at Salisbury, to refer directly to state-funded psychosocial support programs, and the development of Head to Health and the use of the Initial Assessment and Referral Decision Support Tool (IAR-DST) to provide assessment and warm referral, has strengthened the referral pathways for clinicians between tertiary and primary care.

The Northern Adelaide Unmet Need Project provides the opportunity to utilise these pathways to further improve access to psychosocial treatment interventions delivered by the NGO mental health sector, with a focus on personal recovery, reduced hospitalisations for people with mental ill-health, and enhanced access to primary care. An investment in an appropriately skilled workforce, as well as independent capacity for data collection, quality improvement and assessment of economic impact would be critical to deliver this.

⁹ Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015). Sydney: Social Policy Research Centre,UNSW Australia 2015

¹⁰ AIHW, Mental health services in Australia 2018, Australian Government 2018

¹¹ ACEM, The Australian College



In considering the Northern Adelaide area for this project, it is noted that the Northern Adelaide Local Health Network (NALHN) services 23% of South Australia's population, and 32% of the metropolitan Adelaide population¹². NALHN is a partnering organisation of the Northern Adelaide Mental Health Alliance, a collaborative group driving integration and advocacy among mental health and community stakeholders in Adelaide's northern region.

The Alliance has developed and implemented new multi-agency, peer led initiatives that are informed by those with lived experience to provide alternatives to the emergency department for people seeking support. Partners in the Alliance are a range of organisations and lived experience representatives including Sonder, Skylight, Uniting Communities, NEAMI, Flourish Australia and MIND Australia.

The residential population of NALHN sits at 414 155, with the largest local council population of 145 806 located within the City of Salisbury¹³. Community Mental Health Australia (CMHA) has recently released Householder Survey Data for the City of Salisbury¹⁴, as one of 27 sites across Australia participating in their Assisting Communities Through Direct Connection (ACDC) Project. Partner organisation Flourish Australia, trained their staff to engage people through door knocking and offering information about supports and services, rather than waiting for people to present to services to ask for help.

A total of 3002 doors were knocked on, with 1042 people (35%) engaging with staff in their role as People Connectors. Staff initiated conversations around mental health and social and emotional wellbeing, having been involved in service provider engagement before door knocking, resulting in the establishment of strong referral relationships with services. A total of 1042 householders engaged with staff, while 114 people responded to a survey about mental health needs and access to services in their community.

12 Australian Bureau of Statistics Population: Census 2021

13 Australian Bureau of Statistics Population: Census 2021

14 Centre for Social Impact, The University of Western Australia City of Salisbury (SA) ACDC Project Householder Survey Data Published April 2024

Survey findings were analysed by the Centre for Social Impact at The University of Western Australia, with:

- 53% of respondents having moderate, high or very high psychological distress
- 33% of respondents worrying about their housing or living conditions
- 31% of respondents having or living with a mental health issue
- 46% of respondents wanting to seek help in the last 12 months (and 53% of this group not receiving the care that they needed)

Additionally:

- 40.2% of respondents were born outside of Australia
- 28.6% of respondents spoke a language other than English at home
- 27.6% of respondents provided care for someone with a disability, chronic condition or mental health issue

Barriers to accessing services included not feeling unwell enough (27%), feeling afraid, embarrassed or ashamed to ask for help (21%) and not knowing where to get help (20%). The process of accessing support was considered too complex, difficult or overwhelming for 18% of respondents.

Overall, 30% of respondents reported that they would benefit from more support for their mental health and wellbeing, with preferences including talking to a professional face-to-face (50%), practical assistance (43%) and peer support, to talk to others who have experienced the same issue (39%).

The People Connector role, and doorknocking in particular, identified householders who were in need of a conversation, appreciated the connection and wanted help with linking to supports. As an approach to address a range of psychosocial needs and issues that intersect with mental health vulnerabilities, the ACDC Project has been able to reach people who otherwise would remain isolated and unsupported, and facilitate discussions around connecting to supports.

A third round of evaluation of the ACDC Project nationally raised questions around the suitability of door knocking in an Aboriginal community context, where community characteristics and the extent that a community is experiencing multiple crises seemed to influence the effectiveness of such an intervention. This required an adaption of approach by People Connectors, working in conjunction with Aboriginal leaders.



Given that the Aboriginal and Torres Strait Islander population within the area serviced by NALHN sits at 10 409 (or 2.5% compared to 1.7% for Adelaide PHN), and the CALD population within the area serviced by NALHN sits at 124 247 (or 30% compared to 28.7% in Adelaide PHN)¹⁵, this raises considerations around the most suitable service delivery methods and interventions for priority population groups in the area. A range of health, welfare and community organisations are currently working with Aboriginal and Torres Strait clients in Northern Adelaide, and consultations flagged the need for more integrated pathways into these services.

KWY Aboriginal Corporation is the leading provider of the new DHW contracted psychosocial support services to Aboriginal clients, and has also embarked on a PHN funded collective impact venture with lived experience organisation Aspire Recover Connection, to deliver placed-based responses to suicide prevention for Aboriginal people in Northern Adelaide. Additionally, Aboriginal health service, Nunkuwarrin Yunti has a strong presence in the north through their Brady Street Clinic at Elizabeth Downs, and with an expansion of mental health services underway at a new hub at Waterloo Corner.

Furthermore, the Commonwealth and South Australian Government have agreed to co-fund the establishment and operation of a new Aboriginal Mental Health and Wellbeing Centre in Adelaide, and the tender process will commence in late 2024.

The largest CALD populations in the NALHN region are residents from the United Kingdom (26 953), India (18 415), Afghanistan (7052), Vietnam (6305), Philippines (5217) and China (4442)¹⁶. The individual CALD population groups within the NALHN region present opportunities for targeted and co-designed interventions, to address specific mental health issues or challenges that an ethnic group may be experiencing.

In 2024, SA Health provided funding for a three-month program within the NALHN region to enhance mental health support for people affected by war in the Middle East, which has had a significant impact on the Palestinian community in Northern Adelaide, and largely on Muslim communities including people from Syria and Afghanistan.

Racism, Islamophobia and interruptions to family lives and routines have been the most reported issues, all of which have impacted on people's mental health, sleep and family relationships.

15 Australian Bureau of Statistics Population: Census 2021

16 Australian Bureau of Statistics Population: Census 2021

The program was delivered by the Peace Multicultural Service Team and Relationship Counsellors from Relationships Australia, and the most important factor in the successful delivery of the program, was having both language and cultural expertise alongside mental health practitioners to respond to individual need. Evaluation findings of the program could guide future CALD co-design mental health interventions in the NALHN region.

Furthermore, addressing the needs of carers requires specific attention, given the high number of carers identified in the City of Salisbury alone, and the impact on carers of people experiencing mental ill-health. Family and friends often take on the role of providing primary support for people experiencing mental ill-health, and The 2022 National Carer Wellbeing Survey¹⁷ reported that Australian carers are three times less likely to have high levels of wellbeing compared to the average Australian. The Survey also found that almost 40% of carer respondents often or always felt lonely, with ongoing social isolation and loneliness significantly impacting on physical and mental health.

The following Partnership Standards¹⁸ were designed to combine the knowledge and skills of mental health staff with the knowledge and lived experience of mental health carers, and will also act as guiding principles for services developed via this project:

1. Carers, and the essential role that they play are identified at first contact, or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols regarding confidentiality and sharing of information are in place
4. Defined staff positions are allocated for carers in all service settings
5. A carer introduction to the service and staff is available, with a relevant range of information across the care settings
6. A range of carer support services is available

17 Carers Australia Caring for Others and Yourself: 2022 National Carer Wellbeing Survey Full Report 10 October 2022

18 Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network, Mental Health Carers Arafmi Australia and Mental Health Australia A practical guide for working with carers of people with a mental illness, March 2016



It was also identified that the new NGO psychosocial services could play a role in significantly improving integrated care for people with mental ill-health within a general practice setting. General Practitioners see around 80% of the population in any one year, and recent findings by the RACGP indicate that mental health issues are the most common presentation in general practice settings¹⁹. For a sixth consecutive year, GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component.

General Practitioners in Northern Adelaide have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices, to assist with entry into psychosocial support services. Through this integrated approach, the GP role could better address physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health how mental and physical health care are coordinated.

Our Northern Adelaide consultation flagged GP education on appropriate referral pathways specifically for psychosocial assistance as the key to getting the initial referral right. It was felt that the differentiation between counselling or therapy and psychosocial assistance was generally not acknowledged or ascertained, resulting in everyone being referred for counselling or therapy by the GP.

¹⁹ Higgins, N Time to recognise GPs' mental health contributions: RACGP President, NewsGP, 10 October 2023

As part of the SA Mental Health Services Plan²⁰, the Department for Health and Wellbeing has undertaken a process of re-tendering the majority of the NGO psychosocial services in South Australia, with re-tendered services offering two streams.

The Non-Acute Psychosocial Support Services are for people aged 16 – 64 who have serious mental health conditions, with the aim of enhancing mental wellbeing, improving level of functioning and establishing longer term community connection. These supports will be offered as high, moderate or low levels of care for up to 4 months with possible extension to 12 months.

People over 65 unable to access ‘other appropriate programs’ can also be eligible, and the service can also support people who are likely to be eligible for the NDIS but require support with NDIS access, planning and plan implementation. Safety net support can also be provided to support re-engagement with the NDIS.

The second stream is Intensive Crisis Psychosocial Support Services for people who require intensive support for a time limited period to resolve immediate distress, improve personal safety and establish links with services that can provide longer term community support. These services will be provided to people at risk of requiring acute care, at risk of self-harm or relapsing without support or experiencing a situational crisis, and people who are frequent users of emergency departments or SA Ambulance Services, people who have recently been discharged from an acute or intermediate care setting, and those who may benefit from intensive transitional support whilst awaiting commencement of a longer-term service. This service will provide high, moderate or low levels of care for up to 6 weeks in duration.

Referral into psychosocial support services delivered by NGO mental health services has traditionally only been via Community Mental Health Teams, however as a result of re-tendering, referrals are now becoming possible from hospital emergency departments, and urgent mental health services such as Safe Haven Drop-In Mental Health Service at Salisbury.

20 SA Health SA Mental Health Services Plan 2020 – 2025, Government of South Australia 2020



As part of the Department for Health and Wellbeing re-tendering process, the Lived Experience Leadership and Advocacy Network (LELAN) was engaged by the Office of the Chief Psychiatrist to lead a NGO co-design process with representatives from key agencies and people with lived experience who had previously accessed NGO mental health services as a consumer or carer. Key considerations during the co-design centred around current experiences with NGO mental health services, and what would be needed to ensure communities receive high quality support when they need it.

Service elements from LELAN's guiding framework ²¹ include:

- Non-linear with loop back access
- No gap pathways
- Owning our stories
- Culturally safe and intersectional
- Lived experience at the heart

LELAN was also invited to co-create a Philosophy of Care ²² for the Urgent Mental Health Care Centre (which has since been revised and updated), to act as a reference point for decision-making, and to ensure that the care that people need in times of distress is always provided. The Philosophy of Care outlines an on-going process looking at physical, environmental and sensory modulation, utilising peer roles, and including personal stories and reflection as part of evaluation processes.

The Philosophy of Care and Co-design Report provide guidance regarding how to ensure that the lived experience voice is at the heart of service design and delivery. Relevant guidance from these documents for this project includes the following elements of success:

- Recovery focused, goal-based services
- Designated Peer Worker roles
- Providing early intervention to reduce psychosocial stressors
- Easily accessible when people determine they need support
- Offering open referral to services including walk-in, and with no wrong door
- Providing support across a stepped model of care
- Assisting with navigation of the system

21 SA Lived Experience Leadership & Advocacy Network Co-Design Report: NGO Redesign Project Office of the Chief Psychiatrist June 2021

- Providing complex care coordination and outreach
- Offering referral pathways for people with less chronic mental health issues
- Assisting people to learn the skills that they need in their own environment
- Preventing hospitalisation and filling a gap for those not eligible for the NDIS
- Allowances for more intensive and longer-term support
- Easily re-established care when people transfer between services
- No pressure to exit services



The Northern Adelaide Mental Health Alliance is a collaborative group driving integration and advocacy among mental health and community stakeholders in Adelaide's northern region encompassing the City of Playford, The City of Salisbury, The City of Tea Tree Gully and some areas of the City of Port Adelaide Enfield. The Alliance has developed and implemented new multi-agency, peer led initiatives that are informed by those with lived experience to provide alternatives to the emergency department for people seeking support, and the Alliance welcomed the Mental Health Coalition of SA (MHCSA) to host a consultation workshop focusing on psychosocial supports delivered by the NGO mental health sector.

On the 3 of May 2024, the MHCSA brought together participants from Government, NGO mental health services, community service providers and lived experience participants to begin work on a place-based approach to meet the unmet demand for psychosocial support services in Northern Adelaide. Held at Elizabeth, the workshop focused on developing a joint, multidisciplinary, integrated approach to addressing the unmet need for psychosocial support with a specific focus on the features of access and referral processes, needs assessment, service design, integration and workforce considerations.

Key issues identified through the consultation included access and navigation challenges, the need to enhance referral pathways and the transfer of information between service providers, the importance of building relationships with people accessing services, the narrow scope of some programs resulting in people falling through the gaps, and the ability to deliver services with a range of options to meet the needs of diverse population groups.

Overall, the need for services with capacity was highlighted, as well as the need to remove barriers to integrated care particularly across health, housing, family violence and other social and welfare services in the community. A strong theme was the influence of external factors, such as involvement by the Department of Child Protection or the Department of Correctional Services, resulting in transactional or superficial relationships due to the compulsory nature of outcomes. This is making it harder and more time consuming for services seeking voluntary participation to build authentic therapeutic relationships.

The need to invest time in relationships across agencies was identified as necessary, to create opportunities to work more flexibly and to achieve better relationships and outcomes with mutual clients. Participating organisations discussed local pathways to mental health support, identified gaps and proposed new pathways to maximise the impact of any new psychosocial service. Discussions emphasised the need for clear referral pathways to assist the service user and frontline staff, the engagement and support of family and other primary support people, and the identification of restrictions or barriers to accessing services based on policy.

At the time of the North Adelaide consultation, the state-wide re-tendering of SA Department for Health and Wellbeing (DHW) funded one-on-one psychosocial support services was completed, and the NGO service providers who were successful in the NALHN including Sonder, Skylight, Flourish Australia and MIND Australia have provided input into priorities for the north as follows.

- There is a need for improved entry into services, assistance with navigating referral pathways and accessing service information
- Referral processes could be simpler without the need to fill out a booklet-sized form
- Funding, the narrow scope of the programs and limitations to home visits are a challenge
- Because of the vastness of the area of Northern Adelaide, service integration and partnerships could be enhanced
- One of the greatest challenges is homelessness and housing, as people in the north are being sent down south and removed from their support networks
- Many specialist services are based in city rather than north like Shine SA for the LGBTIQ+ community as well Drug & Alcohol Services SA and the Urgent Mental Health Care Centre
- There is a misconception that transport is not a problem in Northern Adelaide, however transport is not straight forward and includes many interconnecting trains and buses, and north of Munno Para transport options are limited
- There appears to be some level of gatekeeping of services by medical practitioners, based on stigma and discrimination of people from lower socio-economic areas
- Clients may fall into the “too hard basket” due to the complexity of their cases, and as a result of barriers faced, clients are reluctant to re-use a service



- Clients may be NDIS participants, as well as their children, and also have involvement with the Department of Child Protection. In some cases, children may be placed away from Northern Adelaide without transport provided for the parents.
- There is a large unmet need for Aboriginal and Torres Strait Islander clients
- The importance and benefit of the peer workforce needs to be understood across services
- It can be difficult to find clinicians with the expertise and appropriate training wishing to work in a potentially high risk and challenging (but highly rewarding) space
- Inappropriate referrals draw out the wait listing

There is scope to utilise the spaces where community congregates, for example libraries and TAFE, as a lot of people wouldn't feel comfortable walking into a mental health service

While core components of current tender specifications for NGO services will remain central to the delivery of new services including minimum qualifications and a recovery focus, consultations noted some key features that are currently not possible in the current DHW funded services, in particular, accessibility. Discussions highlighted the need for a specific focus on child and youth mental health, given that more than 75% of mental health issues are established by the age of 25.²³

Consultations in Northern Adelaide have highlighted the need for staff to take the time for effective engagement, and to be able to deliver tailored and flexible approaches to suit the individual consumer including ability to increase or decrease the intensity in response to changing needs. Our consultations also flagged that some people from CALD backgrounds who moved to the Northern Adelaide region many years ago have relatively well established community support organisations and networks, compared to more recent arrivals.

²³ Beyond Blue <https://www.beyondblue.org.au/mental-health/youth> Accessed 27 May 2024

The individual population groups within the NALHN region present opportunities for targeted and co-designed interventions to address specific mental health issues or challenges that Aboriginal and Torres Strait Islanders, people from CALD backgrounds, carers and people from the LGBTIQA+ community may be experiencing. These interventions could identify the most effective and appropriate engagement and relationship building strategies for more recent arrivals, as well as the workforce needs for individual population groups.

The Unmet Need Study and the Northern Adelaide consultation indicates that a \$29.022m pa investment is required to address the gap in psychosocial support services for the Northern Adelaide region, and it is proposed that the amount be invested in full to reduce the risk of barriers to access, for example due to long waiting lists or lack of time to build relationships.

When considering workforce requirements for the Northern Adelaide initiative, approximately 270 FTE staff are needed, including a minimum of 50 FTE Peer Workers. This will require a specific workforce recruitment strategy, and an investment of an additional \$400,000 per annum to support workforce development to grow the number and quality of the Peer Workforce. Investing to meet all of the unmet need, not just part, would also help to develop simple and effective GP engagement as the services would be useful to all patients in primary care who have severe mental ill-health and psychosocial support needs.

To meet the unmet need for psychosocial support services in Northern Adelaide, we propose an Expression of Interest process to determine the preferred providers, who would then be required to engage in local co-design processes to address the next layers of detail, similar to that undertaken for the Urgent Mental Health Care Centre²⁴. The Expression of Interest would specify key program parameters, including broad accessibility, a strong focus on Head to Health and GP referral, and a minimum number of Peer Workers, and should seek a diversity of providers to deliver a workforce able to effectively build relationships with population groups including Aboriginal and Torres Strait Islanders, CALD, LGBTIQA+ and carers, and the targeting of resources to specific population groups with less established community support should be a focus.

24 SA Lived Experience Leadership & Advocacy Network A Co-Created Philosophy of Care The Australian Centre for Social Innovation March 2020



Consultations have identified the need to maximise opportunities to enter the support system to ensure earlier intervention, running parallel to community education strategies to promote help-seeking, reduce prejudice and discrimination and raise awareness of pathways into services. Additionally, discussions identified the need to promote entry points as the beginning of a continuing cycle of support that can be stepped up or down as required.

The primary target groups for access to psychosocial support would be people who have serious mental health conditions and associated functional disability, people with complex needs, comorbidities including drug and alcohol issues, and psychosocial comorbidities including carer or family relationship breakdown, housing instability, family violence, socio-economic and legal issues. People with Borderline Personality Disorder would be welcome, including those accessing significant clinical support (such as CBT), as psychosocial support can enhance the effectiveness of clinical treatments.

Broad accessibility to new psychosocial support services delivered by the NGO mental health sector would include the following key access and entry points:

1. Head to Health Phone Service, Northern Adelaide Head to Health and Safe Haven

The Australian Government's Head to Health Phone Service operates from 8.30am - 5.00pm weekdays, with clinicians using the Initial Assessment and Referral Decision Support Tool (IAR-DST) over the phone to provide assessment and warm referral into mental health and wellbeing services. The IAR-DST already supports referral to stepped levels of clinical care for an individual seeking mental health support, and direct referral from Head to Health to the new NGO psychosocial services is proposed as essential, with the IAR-DST providing key referral information to the NGO.

No referral or appointment is needed for Northern Adelaide Head to Health walk-in service located at Elizabeth, offering free support for adults experiencing psychological distress, suicidal thoughts or a crisis, as well as direct referral into state-funded NGO mental health services. Open from Monday to Friday from 8.30am - 9.00pm and Saturday and Sunday from 12pm - 6.30pm, the service is provided by Sonder and funded by Adelaide PHN, the Australian Government and the Northern Adelaide Local Health Network.

Direct referral into state-funded NGO mental health services is also now available through Safe Haven Drop-In Mental Health Service at Salisbury, also delivered by Sonder and open from 5pm - 9pm Tuesday to Friday.

2. General Practice

A strong partnership between GPs and the new NGO providers could increase the chance of engagement with people who need support but may be hard to engage, and a strong desire for two-way information sharing was expressed to ensure high quality and coordinated services from both parties, including the potential for better physical outcomes.

GPs could undertake an assessment using the IAR-DST face-to-face or via a telehealth appointment to support a referral to the NGO, or alternatively, the GP could receive an IAR-DST if the patient was referred from Head to Health. Direct referral from GPs to the new NGO psychosocial services is proposed as a key pathway to encourage broad access, with simple referral requirements to be developed via local discussion.

The option of a Peer Worker, co-located within the general practice was discussed, and GPs in Northern Adelaide are interested in further discussions around this workforce strategy. As a specialised member of the multi-disciplinary team, Peer Workers can provide consumers, families and support people with proactive, person-centred and trauma-informed support within a confidential space in the clinic. Key advantages of this approach include ease of referral, the potential for strong two-way communication and higher levels of engagement with the psychosocial service.

4. Community Mental Health Service and Hospital Emergency Departments

Community Mental Health Services already have referral rights to existing state-funded psychosocial support services through the two program streams, and local co-design will be required to develop protocols for the Community Mental Health Team to determine whether to refer people to existing or new psychosocial services. Hospital Emergency Departments can now refer directly to the state-funded NGO psychosocial support services.



5. Direct Referral - Including Self-Referral

Consultations highlighted the importance of enabling people to self-refer directly to NGO psychosocial services to minimise the risk of people who need these services and are eligible, from falling through the gaps. This is in accordance with SA Health Mental Health Service Plan 2020 - 2025 ²⁵ which envisaged broader access to state funded NGO services. The NGO re-tendering of services extended access to three urgent mental health centres, and broader accessibility via referral from other first responder, social, community, housing and welfare services would be beneficial for people with severe mental ill-health who are engaged with these services.

Local co-design work will be required to determine direct referral protocols, including self-referral and referral by family, carers and friends. Integration of access and entry processes with other services would also require local co-design work, and a range of services were identified in the consultation as places attended by people with severe mental ill-health and psychosocial support needs. Capacity in the funding model will be required to allow psychosocial support service providers to build relationships in the community with diverse population groups including Aboriginal and Torres Strait Islanders, CALD, LGBTIQA+ and carers, by utilising approaches that are not considered mainstream.

Intake and Needs Assessment

Referrals received by NGO mental health services may already include a completed needs assessment such as an IAR, however the NGO will undertake their own needs assessment as part of the process to develop an individual support plan. The NGO needs assessment will be developed through conversations where people are able to articulate the help that they require, and the scope of the conversations will be guided by the domains in the Camberwell Assessment of Need. Peer Worker roles will be discussed in the local co-design work, and examples in SA to consider include the Peer Worker roles in the Urgent Mental Health Care Centre and the Peer-Led Connections Program, and further discussions could lead to Peer Workers located in GP Practices.

25 SA Health Mental Health Service Plan 2020 - 2025, Government of South Australia

Key features of intake and needs assessment:

- A workforce skilled in trauma-informed, recovery focused service provision
- Outreach and mobile support
- Peer Workers co-located within general practice settings (subject to further discussion)
- The investment of time required to engage people in the service
- Flexibility and responsiveness as required to support episodic fluctuations
- Warm referral to other services to support effective engagement
- Follow-up to check whether connection has occurred
- Follow-up for missed appointments

Individual Support Planning

The NGO psychosocial service will be required to develop a support plan within two weeks of first contact with the person, and this plan will be collaboratively written with the person (and their family or primary support person where appropriate). The scope of the plan will be guided by the domains in the Camberwell Assessment of Need.

To undertake this effectively, NGO staff will need to spend time to engage and build rapport, particularly where the person is reluctant to engage. The approach needs to be trauma-informed, recovery oriented, and take into consideration the needs of younger, middle-aged and older people, people from CALD backgrounds, Aboriginal and Torres Strait Islander and LGBTIQ+ members of the community.

NGO staff will work alongside the person to assist them to access the support that they need, and this may require coordination across multiple providers and settings. Priority areas may include accessing counselling, accessing or maintaining suitable housing, developing daily living skills, managing finances and budgeting, meal planning and cooking, accessing social and recreational activities, and accessing education, training, vocational activities or employment.

NGO services will flex up or down as needed to assist with avoiding or recovering from crisis, including supporting clinicians to make the least restrictive choices such as avoiding hospitalisation. Support to improve physical health will include working with a GP to encourage a healthier lifestyle, and support to manage comorbidities such as AOD.

In the context of the NDIS Review, these services would be viewed as a key strand of the foundational supports that are to be developed outside of the NDIS. Where eligibility is likely and it is deemed a more appropriate service, people would be supported to apply for the NDIS. As the NDIS Review recommendations are implemented, any role relating to the NDIS would likely become the remit of the proposed 'navigator' roles.



Broad accessibility to the new NGO programs has been identified as essential, but with a strong GP referral pathway and relationship, and the psychosocial support option would potentially enhance the effectiveness of the GP role as the gateway to the full range of mental health services that people with severe mental ill health need. Access to reliable psychosocial services for their patients could become an option that GPs could refer to instead of, in addition to, or in sequence with the other available pharmaceutical, psychiatric and psychological options.

The co-location of Peer Workers within general practice settings could improve physical health outcomes, and AOD lived experience community education could be utilised to reduce the prejudice and discrimination associated with help-seeking, and raise awareness of pathways to support.

Implementing the new NGO psychosocial services is also an opportunity to meet the elements of the Equally Well National Consensus Statement, to improve the physical health and wellbeing of people living with mental ill-health.²⁶

The necessity to improve service navigation has been raised in the Northern Adelaide consultation, with a need for clear and consistent information about where to seek help to reduce delays in accessing services. A strong focus on the building of relationships between psychosocial support service providers and diverse population groups could work to reduce barriers to accessing support, engage people who otherwise would remain isolated and unsupported, and facilitate discussions around help-seeking.

Additionally, The SA Mental Health Commissioner is currently working to adapt New Zealand's Tall Trees training program to South Australia, to empower communities to address prejudice and discrimination in mental health, and encourage help seeking through community action, and the Commissioner has flagged Northern Adelaide as a potential site for partnership in this training as a result of the unmet need project work to date.

Parenting education and school-based interventions may also be considered, as our member NGO services including Mind Australia are already providing school based mental health support groups and interventions for young people and their families in other areas of the state.

Difficult to navigate transport options in Northern Adelaide have also been flagged by local service providers as a barrier to accessing services, and the outreach approach of NGO psychosocial services would be appropriate given this issue.

²⁶ <https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>. Accessed 29 April 2024

Consultations have highlighted the key elements of a place-based approach to address the unmet need for psychosocial support in Northern Adelaide. Through the detailed co-design process, the preferred provider would work with NALHN, general practice, other mental health service providers, local council and other sectors to facilitate information sharing and collaboration in support planning and service delivery.

Co-design work would consider how to best coordinate mental, physical health and other needs and preferences of individuals through integration with GPs, housing providers, AOD services, family violence services and other health, social and welfare services. This will include attention to effective and efficient referral pathways and appropriate protocols with other psychosocial service providers funded by the Commonwealth and State Government including the NDIA. The enhancement of collaborative partnership arrangements would reduce the need for a person to repeat their story multiple times, and strong relationships between service providers would ensure smoother transitions, avoid duplication and improve the sustainability of services.

A place-based co-design will facilitate the sharing of information effectively across the network of services, joint support planning with individuals and family carers, proactive planning and management of anticipated transition points, and monitoring the implementation of partnership agreements, to increase the value of each local organisation as part of an integrated mental health network.

General Practitioners in Northern Adelaide have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices, and research indicates that the co-location of primary care and specialist mental health staff can provide significantly improved integration of care for people with mental health problems. This relies on staff understanding their roles and responsibilities and working collaboratively together.²⁷ New Zealand's Mental Health and Wellbeing Commission is currently delivering a successful model called Access and Choice, integrating Peer Support Workers, Health Improvement Practitioners (HIPS) and Health Coaches into general practice settings, and an evaluation report on the first three years of its operation is now available.²⁸

Additionally, Flinders University have undertaken a substantial amount of work to begin co-designing a model of social prescribing led by Dr Candice Oster. Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services and is included in Australia's National Preventative Health Strategy 2021 - 2023, and Primary Health Care 10 Year Plan 2022 - 2032. Adelaide PHN is currently working with Flinders University on a social prescribing project in Northern Adelaide to reduce social isolation for older people, and MHCSA, DHS, SA Health and PHN staff will participate in a Social Prescribing Think Tank in October 2024.

²⁷ Australian Government Department of Health, *Peer workforce role in mental health and suicide prevention Australian Government 2021*

²⁸ Te Hīringa Mahara New Zealand Mental Health and Wellbeing Commission, *Access and Choice Programme: Report on the First Three Years 2022*



In 2021, the Australian Government Department of Health released the guidance document, Peer workforce role in mental health and suicide prevention ²⁹, highlighting the importance of the peer workforce as especially helpful for vulnerable groups such as children and adolescents, older persons, and people from CALD, Aboriginal and Torres Strait Islander or LGBTIQ+ communities, as Peer Workers with this shared experience and expertise can help people to better communicate their needs, feel more comfortable, and support their recovery efforts.

The lived experience of Peer Workers can lead to a unique connection with and motivation of people requiring psychosocial support, and experienced NGO mental health services already employ people in designated lived experience roles and are aware of their obligation to support Peer Workers to work to their full scope of practice.

The Fifth National Mental Health and Suicide Prevention Plan ³⁰ recognises the strengthening of the mental health peer workforce as an important element of the wider mental health workforce and of the multidisciplinary team environment, however Peer

Workers are the most underutilised resource in rural and remote mental health service provision ³¹. Country areas experience a high level of prejudice and discrimination surrounding mental health, and country participants of the 2023 MHCSA Mental Health Month Roundtable emphasised the importance of building the lived experience workforce as well as the potential role of Peer Workers in providing psychosocial support within rural general practice settings as a way to address this ³².

When considering workforce requirements for the Northern Adelaide initiative, approximately 270 FTE staff are needed, including a minimum of 50 FTE Peer Workers.

29

30 National Mental Health Commission, The Fifth National Mental Health and Suicide Prevention Plan 2021 Monitoring mental health and suicide prevention reform Australian Government 2021

31 Jackson, J Heffernan, T Orr, M Young, R.B Puckett, C & Daly, S Peer work in rural and remote communities and mental health services in Carey, T.A & Gullifer, J Handbook of Rural, Remote, and Very Remote Mental Health Services Springer 2020

32 Mental Health Coalition of SA Summary of the Mental Health Month Roundtable hosted by the Mental Health Coalition of South Australia (MHCSA) October 2023

This will require a specific workforce recruitment strategy, and an investment of an additional \$400,000 per annum to support workforce development to grow the number and quality of the Peer Workforce.

A requirement of new NGO programs is for staff to be qualified with a minimum of Certificate IV Mental Health or Certificate IV Mental Health Peer Work, with the tender also specifying the requirement to use the Camberwell Assessment of Need to provide the scope of conversations with the client to identify priorities areas for support.

The MHCSA currently delivers a Lived Experience Workforce Program (LEWP), to support the development of a quality, qualified, sustainable and highly skilled Lived Experience workforce for the non-government mental health sector. Program staff engage people with lived experience of mental health issues in education, training and work-ready activities to improve skills and increase opportunities for paid employment in mental health support roles. The Lived Experience Workforce Program offers a full suite of recruitment and retention activities including:

- Delivering workshops for resume writing and job ready activities
- Goals exploration to support self-determination of career interest
- Developing position descriptions and participating on interview panels
- Delivering courses and peer supervision
- Providing online peer networking and educational forums
- Offering case management for setting up work placements
- Investigation of specific employment challenges and support needs

LEWP also offers a scholarships program, to support people who are undertaking a Certificate IV in Mental Health Peer Work. The SA Department for Health and Wellbeing requires minimum qualifications for Mental Health Support Workers to be the Certificate IV in Mental Health, and for Peer Workers the Certificate IV in Mental Health Peer Work, and these should also be the minimum qualifications for the workforce in the new services proposed. Workforce investment to allow for the delivery of scholarships will be required for the Northern Adelaide initiative, to ensure that a quality Peer Workforce is strengthened as an important element of the wider mental health workforce.



The importance of collecting data on psychosocial support interventions, particularly relating to their cost and impact on quality of life and healthcare use, has been highlighted in the Evaluation of National Psychosocial Support Programs: Final Report Prepared for the Australian Government Department of Health 2021, to better understand service capacity, quality, gaps and psychosocial support needs. Furthermore, in 2022 the South Australia Auditor General identified that SA Health's key planning, monitoring and reporting processes for the provision of access to mental health services were not operating effectively. Because of these gaps, SA Health is not able to demonstrate how well it is performing in providing the public with access to the right mental health services at the right time.

Additionally, in 2020 The Productivity Commission³³ reported on the data gaps related to mental health services and outcomes for CALD communities, recommending the effective collection and use of data and co-design practices by policymakers to encourage more person-centred care. Overall, the Report specifically recommended mental health reforms that required expenditure of up to \$4.2 billion per year, with modelling showing these recommendations would generate savings of up to \$1.7 billion per year, and drive benefits of up to \$1.3 billion per year as a result of increased economic participation and productivity. Investing in independent capacity to report on impacts and support continuous improvement, would help to ensure that we are on a path to realising the savings and benefits outlined in the Report.

Measuring the effectiveness of psychosocial support programs in meeting the intended outcomes of increasing social and economic participation of participants, avoiding preventable hospitalisations, and improving quality of life, health and wellbeing for people with mental ill-health or psychological distress would build on an existing evidence-base. Independent evaluations of SA programs, such as Intensive Home Base Support Service (IHBSS) program, have shown that they are highly effective in supporting individuals in their recovery as well as system impacts such as reducing reliance on crisis and acute hospital services, with the IHBSS evaluation finding that the program would more than pay for itself in terms of cost-offsets of reduced hospitalisation.³⁴

³³ Australian Government Productivity Commission (2020). *Productivity Commission Inquiry Report Mental Health Actions and Findings No. 95*, 30 June 2020. Australian Government Productivity Commission

³⁴ Zmudzki, F., Valentine, K., Katz, I., Loebel, A., & Bates, S *Evaluation of Intensive Home Based Support Services for SA Health (SPRC Report 03/2015)*. Sydney: Social Policy Research Centre, UNSW Australia 2015

Economic evaluation is required to support the prioritisation of limited resources, and would require information on the intervention costs, and change in downstream healthcare utilisation and health outcomes for those participating compared to those not participating in the psychosocial intervention. In the absence of a comparator group, the information from those participating could be compared to existing literature and evaluated over time using methods such as Interrupted Time Series Analysis. Considerations could include measuring quality of life (QOL) impact, cost of intervention and if possible, pre and post data on use of inpatient, outpatient, emergency and primary care services (including GPs) to enable the Interrupted Time Series Analysis.

The best option for economic analysis will depend on access to data, and the current study by Professor Sharon Lawn on the impact of Peer Workers in general practice settings could assist with the economic analysis of this component of the service.

Given the complexity of the Northern Adelaide region, a tender for an additional \$500,000 pa would engage independent University-based capacity to co-design impact data collection and reporting, support quality improvement and assess economic impact. The allocation of additional and specific funding for independent University-based capacity for this project, would enable researchers to work with a local co-design group to determine the data to collect and report on regarding effectiveness and impact, develop a framework to support future evaluations, and use this to support quality improvement over time.



Mental Health Coalition of South Australia

L5/195 North Terrace, Adelaide SA 5000

P: 08 8212 8873

E: administration@mhcsa.org.au

www.mhcsa.org.au