

RANZCP NSW 2022-23
Pre-Budget Submission

Improving community mental health – targeted initiatives



The Royal
Australian &
New Zealand
College of
Psychiatrists





Introduction

The NSW Branch of the Royal Australian and New Zealand College of Psychiatrists (NSW Branch) welcomes the opportunity to make this 2022-23 Pre-Budget Submission to the NSW Government.

Our Pre-Budget Submission was developed in consultation with members of the NSW Faculty and Section Subcommittees, members of the NSW Branch Committee, and other relevant stakeholders.

The Submission draws on their knowledge and expertise of the mental health care system, in identifying issues affecting people living with mental health conditions, and evidence based solutions to improve their lives and the mental health care system. It brings together concerns raised by Psychiatry Fellows across the State and key stakeholders about the most pressing mental health issues faced by the NSW community, and the latest research evidence and data to support those concerns.



About the Royal Australian New Zealand College of Psychiatrists

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

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college, has strong ties with associations in the Asia and Pacific region. The RANZCP has more than 7400 members including more than 5400 qualified psychiatrists and members who are training to qualify as psychiatrists.

The NSW Branch represents nearly 1900 members including some 1330 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Message from the Chair

It gives me great pleasure to present our 2022-23 Pre-Budget Submission ('Submission'), "Improving community mental health – targeted initiatives" to the NSW Government on behalf of members of the NSW Branch.

Last year saw one of the largest Government investments in mental health in this State's history. We commend the Government for committing the \$109 million over four years to establish 25 Safeguards teams to meet the increasing mental health needs of children and adolescents. As a Branch, we are pleased to have been able to assist the Government with the development of this program and funding package, which will go a long way to meeting the acute mental health needs of children and adolescents. The \$130 million funding boost announced in October to fast-track help for those whose mental health has been impacted by COVID-19 is also welcomed and will particularly see significant enhancement to youth mental health.

This year, the timing is right to highlight the mental health needs of people in other vulnerable groups with longstanding under-met mental health needs and who have been particularly affected by the pandemic. Specifically, we target for enhancement those at the other end of the age spectrum - people aged 65 and over, as well as women and families affected by domestic, family and sexual violence. We also recommend enhancing services for those with traumatic brain injury.

Community mental health services for older people

Australia's population is ageing. In NSW, the number of people aged over 65 is expected to increase to 2.1 million people by 2036, growing at nearly three times the rate of the general NSW population. Moreover, it is expected people aged 85 years and over will double over this period. These population projections suggest that people with long standing mental illness will be joined by those who develop mental illnesses later in life. Such illnesses include depression, anxiety disorders, schizophrenia and other psychotic illnesses, bipolar disorder, alcohol and substance misuse disorders, dementia, personality disorders, and acute, early, complex, and chronic trauma.

Concerns of and about older Australians regarding their care have been in the spotlight for some time now, most notably through the Federal Royal Commission into Aged Care Quality and Safety. However, we have yet to see any significant action from Governments to implement the Royal Commission's recommendations. Among the raft of recommendations, a number relate to the critical need to improve access to mental health care for people in residential aged care and in the community. The Royal Commission's Report specifically notes a lack of public funding as one of the causes of such poor access.

While acknowledging that residential aged care is a federal government responsibility, the great majority of elderly people with mental health needs reside in their own homes. The NSW Branch contends that the NSW Government, with its responsibility for community mental health, is ideally placed to improve mental health services for older Australians in the community and can also play a significant role in access for residents of aged care homes.

Domestic, Family and Sexual Violence services

A second focus of our Submission is the impact of domestic, family and sexual violence (DFSV) on victim survivors' mental health.

We applaud the Government for the steps it has taken this last year in recognising some of the system changes and supports needed to both reduce the prevalence of DFSV and address the trauma experienced by survivors. The Government's criminalisation of coercive control, following the parliamentary inquiry into the issue, is a major system change, by providing explicit, legal recognition that DFSV does not need to be physical violence in order to be violence. This legislation presents a significant step towards recognising the insidious nature of DFSV, improving community understanding of DFSV, and ultimately, improving the safety of women and children across NSW.

We also acknowledge the importance of the Government's significant expansion of supports for victim survivors, announced in October 2021, focusing on immediate support with an expansion

of refuges, but also including supports for legal, employment and educational needs. The NSW Branch appreciates that this major investment is a positive step, particularly in providing immediate crisis care and accommodation.

However, more needs to – and can – be done to better deal with the trauma and the significant mental health issues suffered because of the trauma. We strongly support the innovative model of care proposed by the Illawarra Women's Health Centre and the University of NSW, following their extensive and collaborative research. A Trauma Recovery Centre, offering wrap-around, co-located services including mental health treatment and support and other services (legal, financial matters, housing, education, and employment) is an evidence-based approach to addressing the multi-faceted needs of victim survivors. Accessing the array of services required is a major obstacle for victims in crisis.

The NSW Branch is aware of the investment the Government has already made in supporting the development of this model of care, and recommends that the Government take the next step and fully fund the establishment of the proposed Illawarra Trauma Recovery Centre as per the Business Case submitted to the Government in July 2021. Given the long-term costs of DFSV to the community, this is a small investment with enormous benefits.

Traumatic Brain Injury mental health consultation services

Lastly, our Submission recommends a small yet vital investment to establish a consultation service advising on the treatment of people with severe traumatic brain injury. The College's collaboration with iCare, funding Advanced Training Fellowships in Brain Injury, had seen a significant increase in clinical expertise and capacity, but this funding stream has ended. Consequently, there is an opportunity to ensure a lasting clinical service emerges from this initiative, and that we continue to build a workforce with expertise in this neglected area.

On behalf of the NSW Branch of the RANZCP, I would like to express our appreciation for the significant inroads the NSW Government has made in recent times to address some of the critical mental health needs of the community of NSW. We look forward to working with the Government to continue to improve access to mental health services across all age groups.

Dr Angelo Virgona

Chair

RANZCP NSW Branch Committee

1. More services for older people

In a snapshot

The need

NSW Health Older People's Mental Health (OPMH) teams provide specialist mental health clinical care to older people¹ who have mental health disorders or issues including suicidality and self-harm. They provide support to families and carers, and expert consultation to partner services such as aged health and aged care services. Older people's access to NSW OPMH teams is currently limited, with many teams unable to keep up with increasing demand. This access gap is expected to widen exponentially over the next 30 years, with Australia's older population (65+ years) predicted to more than double by 2057.²

The [Royal Commission into Aged Care Quality and Safety](#) recently highlighted variability in access and quality issues for people receiving residential aged care or personal care at home. To improve equity of access, the Royal Commission recommended funding of outreach services from jurisdictional OPMH teams. It also recommended restrictions on prescribing of antipsychotics for people in residential aged care. Implementing these recommendations will further increase demand on psychiatrists and specialist community based OPMH teams. This demand will need to be met.

The target population

Our aim is to improve equity of access to OPMH community services for people living in residential care and receiving care at home. This would include those older people living with neurocognitive disorders/dementia with severe behavioural and psychological symptoms, including psychosis and depression, older people with mental illness and increasing frailty requiring care, and older people presenting with distress and suicidal ideation.

The proposal for older people has one goal ... to improve equity of access to NSW specialist community mental health services for older people living in residential care and receiving care at home.

The solution ... boost existing NSW Health Older People's Mental Health (OPMH) services by 60 Full Time Equivalent (FTE) clinicians in 2022-23.

The cost ... \$15.7 million in 2022-23 and ongoing.

The solution

The solution is to immediately enhance NSW OPMH teams including old age consultant psychiatrists and trainees, nursing and allied health professionals. This is needed to meet NSW obligations in response to the Royal Commission, address current workforce shortages and keep pace with population growth. Although a staged, longer-term expansion of specialist community based OPMH teams is needed to bring NSW in line with recommended service levels, this proposed enhancement would be a strong first step to rapidly improve needed service access for consumers.

NSW has a robust community specialist OPMH model being implemented across districts. The proposed enhancement will expand these services, increase outreach, strengthen clinical and strategic OPMH leadership in districts, grow workforce capacity in adult mental health and partner services, and support evaluation and quality improvement in OPMH.

¹ 'Older people' generally refers to people aged 65 years and over. Older Indigenous Australians are considered to be aged 50 and over. NSW Older People's Mental Health services provide public specialist mental health clinical care for these groups.

² [AIHW Older People Overview](#)

Table 1 provides an overview of the proposed OPMH model for investment. Further detail on the model is provided on pages 13-14.

The model	
<p>60 FTE additional OPMH community clinicians in 2022-23 providing specialist mental health services to older people with moderate to severe mental health issues and their families/carers, and expert advice to aged care, aged health and other service partners.</p>	
Core components	
<p>1. WORKFORCE Additional specialist clinical workforce positions</p>	<ul style="list-style-type: none"> • 7 FTE old age psychiatrists (Consultants) • 17 FTE psychiatry registrars (Trainees) • 19 FTE senior nurses or senior allied health professionals • 17 FTE junior nurses or allied health professionals.
<p>2. OUTREACH SERVICES Expanded specialist OPMH outreach services</p>	<ul style="list-style-type: none"> • Outreach to consumers in homes and residential aged care • In-reach to consumers in hospital-based services including Emergency Departments (EDs) and inpatient services • Face-to-face and telehealth services • Expert consultation for partner service providers (e.g. aged health and aged care providers, GPs).
<p>3. LEADERSHIP Strengthened OPMH leadership in districts</p>	<ul style="list-style-type: none"> • Old age psychiatry positions will provide OPMH clinical leadership • Senior nursing or allied health positions will provide an OPMH Service Coordination role – establishing this role in districts currently without a service coordinator/ manager role and contributing to local strategic leadership in districts with an existing service coordination role. The OPMH service coordination role will also be central in implementing aftercare pathways and partnering with a training and education institution to develop and implement training (see below).
<p>4. CAPACITY BUILDING and QUALITY IMPROVEMENT Workforce development and quality improvement</p>	<ul style="list-style-type: none"> • Capacity building: Engagement of a training and education institution, e.g. the Health Education and Training Institute (HETI) to partner with districts, consumers, carers and other stakeholders to develop a state-wide training module for adult mental health and other partner workforces to enhance their capacity to respond to the mental health needs of older people including implementing a trauma informed care approach • Implementation and evaluation of the state-wide training module • Evaluation and quality improvement activities for community OPMH • Local supervision and support for implementing trauma-informed psychological care.
Benefits	
<p>The proposed model for investment is quick to implement and able to bring services to the community rapidly. More specialist mental health services for older people, including responsive outreach to homes and residential aged care homes, and more hospital in-reach and aftercare services, will:</p> <ul style="list-style-type: none"> • Result in improved consumer (including those in residential aged care) access to specialist mental health advice and old age psychiatry consultation • Enhance integration of OPMH with other service partners • Divert demand from EDs and inpatient beds • Support transition planning from consumers in inpatient services to community • Build on established robust OPMH model and evidence-based interventions, telehealth models and district infrastructure • Provide supported, attractive training places which will build the old age psychiatry workforce. 	
Cost	\$15.7 million in 2022-23 and recurrent (costing detail available on request)



What we know about older people's mental health

Prevalence

Although the prevalence of mental illness is thought to decrease with increasing age, there is only a small decrease in the proportion of older age groups who experience high or very high levels of psychological distress³ - this population is most likely to require specialist mental health services.

There is a compounding effect of risk factors for older people and a strong association between ageing, health issues (including physical conditions), mental illness and dementia. Older people carry a significantly higher proportion of the burden of disease than younger age groups. In 2015, people aged 65 and over represented 15% of the population but experienced one-third (33%) of the burden of ill health.⁴ The incidence of dementia increases as people age, which may complicate the picture of the mental health of older people.⁵

Specialist mental health services provide essential assessment and care planning services and advice to older people, their families and carers, and associated services such as GPs and residential care teams for those with complex mental health issues with or without dementia.

³ [Australia's welfare 2015](#)

⁴ [AIHW - Australia's health data insights 2020](#)

⁵ Haralambous, B., Lin, X., Dow, B., Jones, C., Tinney, J. and Bryant, C., 2009. Depression in older age: a scoping study. Australia: National Ageing Research Institute.

⁶ Wand, A; Browne, R; Jessop, T; Peisah, C. et al A systematic review of evidence-based aftercare for older adults following self-harm. Australian and New Zealand Journal of Psychiatry (Accepted 29/11/21)

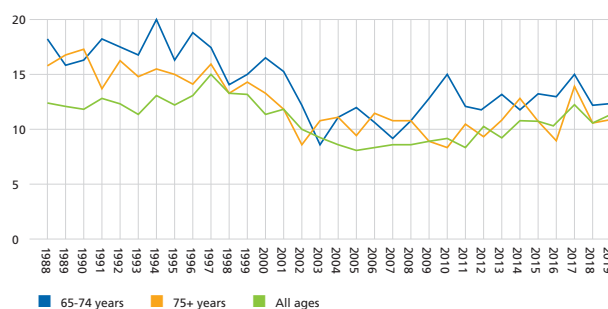
⁷ National Institute for Care Excellence. Clinical guideline [CG16]: Self-harm in over 80s – Short-term management and prevention of recurrence. Report, National Institute for Care Excellence, London

⁸ [Australia's welfare 2015](#)

Suicide and self-harm

With increasing age, non-fatal suicide attempts reduce and death by suicide rates increase.^{6,7} Table 2 shows that older people in NSW, particularly those 75 years+, have consistently had a higher rate of death by suicide than other age groups.

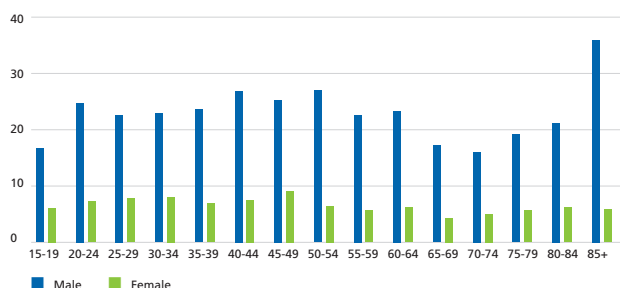
Table 2: Suicide rate, comparison by age, NSW 1998-2019



Source: [HealthStats NSW](#)

Table 3 shows that men 85 years and over have the highest rate of suicide in Australia. In 2020, the rate for men aged 85+ was 36.2 per 100,000 compared to the national rate of 12.1 per 100,000 people. Improved outcomes for this group require enhanced access and prioritisation for OPMH services.⁸

Table 3: Age-specific suicide rates by sex, 2020



Source: [ABS, Causes of Death, Australia 2020](#)

A recent systematic review of aftercare for older people following self-harm events found differing referral pathways across settings and a lack of clear guidelines. This has resulted in older people not receiving the specialist community mental health care they need and is in contrast to contemporary (NICE) guidance.^{6,7}

Groups at higher risk

The mental health of older people may be impacted by losing the ability to live independently; bereavement (particularly with the death of a life partner); a drop in income following retirement; and subsequent increasing isolation, loneliness, loss of independence and increased psychological distress. Groups known to be at higher risk of experiencing poorer mental health include permanent aged care residents, people who are in hospital, people with physical comorbidities, people with dementia and older people who are carers.⁸

People living in cared-accommodation

Most older people (95.3%) live in households (private dwellings or self-care retirement villages), with a small proportion (4.6%) living in cared-accommodation (hospitals, nursing homes, aged care hostels and other cared-accommodation).⁹ People over 80 years are around 10 times more likely to reside in cared-accommodation than those aged 65-79 years.

An Australian study found that the burden of mental health conditions in older people living in residential care is high, there is an additional high burden of physical health comorbidities, and an increasing prevalence of mental health disorders and depression.¹⁰ Similarly, overseas studies have found a high prevalence of dementia, behavioural change and mental health disorders such as depression, in older people living in residential care.^{11,12}

The [Royal Commission into Aged Care Quality and Safety](#) identified ongoing use of restrictive practices in residential aged care settings (including both physical and chemical restraint) and concerns about prescribing of antipsychotics for residents. Australian research has also found that the prevalence of psychotropic medication prescribing increased within months of a move to residential care, with 21.3% of residents receiving at least one antipsychotic medication, in contrast to the prevalence of schizophrenia or other psychosis in residential care settings of 3.3%. The prevalence of antipsychotic prescribing was even higher for those residents with dementia, at a rate of 32.9%.¹³

Impacts of COVID-19

The COVID-19 pandemic has brought special challenges for older people. Impacts considered to increase mental health risks for older people include physical health risks associated with the virus and greater loneliness/isolation for those living alone or in residential aged care because of social distancing measures and potentially poorer access to communication technologies than other age groups.¹⁴

COVID funding enhancements have included a focus on increasing telehealth services, but we have heard that older people are less likely than other groups to use these services and are more likely to require face-to-face appointments. Our Fellows have observed an increase in presentations to EDs which they have attributed in part to a decrease of face-to-face appointments.

⁹ [ABS- Disability, Ageing and Carers, Australia: Summary of Findings](#)

¹⁰ Amare, A; Gillian E ; Caughey, G; Whitehead, C; Lang, C; Bray, S; Corlis, M; Visvanathan, R; Inacio, M. The prevalence, trends and determinants of mental health disorders in older Australians living in permanent residential aged care: Implications for policy and quality of aged care services. Dec, 2020; 54 (12): 1200-1211.

¹¹ Stewart R, Hotopf M, Dewey M, Ballard C, Bisla J, Calem M, Fahmy V, Hockley J, Kinley J, Pearce H, Saraf A, Begum A. Current prevalence of dementia, depression and behavioural problems in the older adult care home sector: the South East London Care Home Survey. Age Ageing. 2014; 43(4): 562-7. doi: 10.1093/ageing/afu062. Epub 2014 May 22. PMID: 24855111.

¹² Fornaro, M; Solmi, M; Veronese, M; et al. Prevalence and correlates of major depressive disorder, bipolar disorder and schizophrenia among nursing home residents without dementia: systematic review and meta-analysis BJPsych. 2020; 216: 6-15.

¹³ Harrison, S.L., Slugggett, J.K., Lang, C., Whitehead, C., Crotty, M., Corlis, M., Wesselingh, S.L. and Inacio, M.C. The dispensing of psychotropic medicines to older people before and after they enter residential aged care. Med. J. Aust. 2020; 212: 309-313. <https://doi.org/10.5694/mja2.50501>

¹⁴ [Productivity Commission Inquiry Report into Mental Health Vol 1, June 2020](#)

The case for change

Shortfalls in older people's access to specialist community mental health services

The [Productivity Commission Inquiry Report Vol 1 Mental Health](#) identified significant shortfalls across Australia in access to state funded community mental health services for older people, as well as children and adolescents, and a shortage of psychiatrists who specialise in treating older people and children and adolescents. The NSW Government has commendably responded to addressing these issues for children and young people particularly last year; a similar investment is required now for NSW older people.

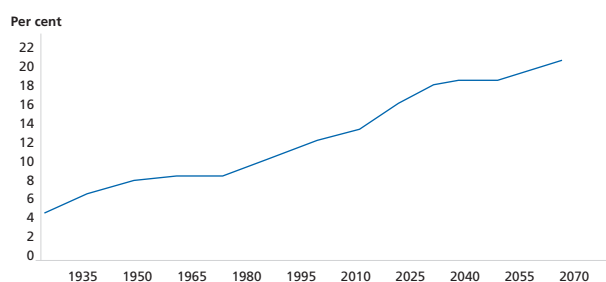
The [Royal Commission into Aged Care Quality and Safety](#) found variable service delivery of OPMH services to people living in residential care, with both differences in service eligibility and under-funding being problematic.

The [NSW Older People's Mental Health Services Service Plan 2017-2027](#) identifies that many OPMH services experience shortages in workforce supply and there is an uneven distribution of the workforce across NSW, with recruitment and retention challenges particularly in rural, remote and some metropolitan areas. The service plan also notes that there is a general lack of private psychiatrists, psychologists and other mental health professionals specialising in the care of older people limiting older people's access to private services. This is expected to increase older people's reliance on the public system.

Older people - the fastest growing population group

Australia's population is ageing due to increasing life expectancy and declining fertility rates.¹⁵ The number of people at the older ages is growing rapidly and older people are representing an increasing share of the total population,¹⁶ particularly those living in regional areas. Between 2009-2018 there was an estimated 35% increase in the number of Australians aged 65+, compared to only a 10% increase for those aged 0-64 years.¹⁷ Figure 1 shows the consistently increasing population of older Australians since 1935.

Figure 1: Percentage of the Australian population aged 65 and over, at 30 June, over time



Source: [AIHW Older Person's Web Report](#)

The general population of NSW is continuing to grow, so diverting mental health resources from other population groups is not a solution. In June 2021, the NSW population was 8,189,300¹⁸ and it is expected to grow by 29.1% to 10,572,700 by 2041.¹⁹

¹⁵ [AIHW Older Australians Web Report - Demographic Profile](#)

¹⁶ [CEPAR Population Ageing Futures Data Archive](#)

¹⁷ [ABS - Disability, Ageing and Carers, Australia: Summary of Findings](#)

¹⁸ [ABS National, state and territory population June 2021](#)

¹⁹ [NSW Planning, Industry and Environment, Population Explorer, Population projections by age \(accessed 21 Dec 2021\)](#)

Figures 2a and 2b show the expected changes by 5-year age group over the next 20 years, from 2021 to 2041. In line with the national trend, the greatest growth is expected in the older (65+) age group, particularly the population aged 85+.

Figure 2a: Projected NSW population by age 2021

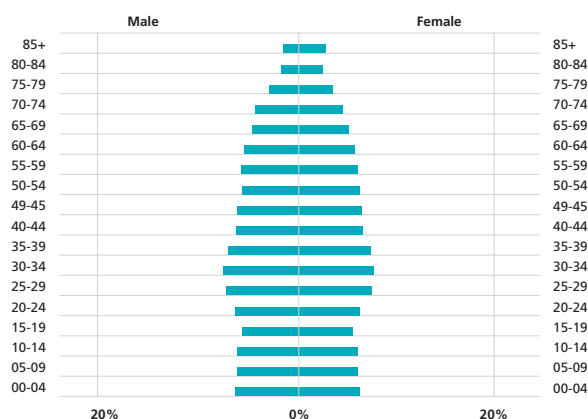


Figure 2b: Projected NSW population by age 2041



Source: [NSW Planning, Industry and Environment, Population Explorer, Population projections by age \(accessed 21 Dec 2021\)](#)

Investment is not keeping up for older people

National recurrent expenditure, adjusted for inflation, for public sector specialised mental health services has seen moderate per capita expenditure increases between 2014–15 and 2018–19 for children and adolescents, adults (general) and forensic services.

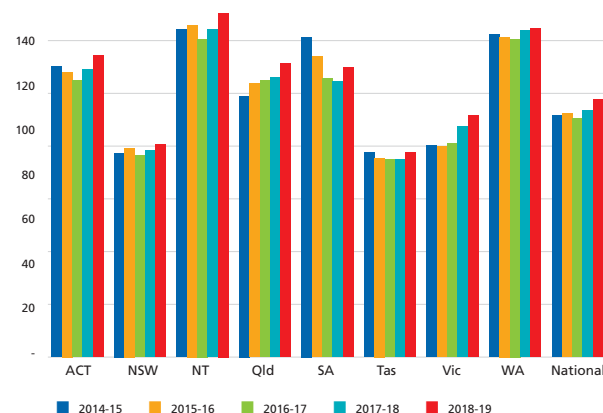
Older people’s services have not kept pace with the increase in population of older people. While the adjusted expenditure on older people’s services had an annual average increase of 2.8% between 2014–15 and 2018–19, the population (65 years and over) increased by 13.7% over the same period.²⁰

Per capita expenditure increased by an average of 9.0% per year for youth services, but decreased by an average of 0.5% per year for older people’s services.

NSW investment in community mental health is consistently lower than most other jurisdictions

Both [Living Well – A Strategic Plan for Mental Health in NSW 2014-2024](#) and [Living Well in Focus 2020 - 2024](#) identified that NSW is one of the Australian jurisdictions with the lowest per capita spending on community mental health care. Table 4 shows this consistent trend over five years from 2014-15 to 2018-19.

Table 4: Recurrent expenditure per capita (\$) on state and territory specialised community mental health care services, constant prices, states and territories, 2014-15 to 2018-19



Source: [Mental health services in Australia: Expenditure on mental health services, Table EXP.4](#)

²⁰[Mental Health Services in Australia Web Report, Expenditure on mental health-related services 2018-19 \(last updated 8 Dec 2021\)](#)

Policy priorities

The NSW Government has been steadily increasing community mental health investment under the [NSW Mental Health Reform 2014-2024](#) and [Towards Zero Suicides](#) and has recently responded to gaps in specialist community mental health services for children and adolescents through a significant investment in Safeguards teams, which include child and adolescent psychiatry training positions. It is now time to focus on another significant gap: community specialist mental health services for older people and old age psychiatry training positions.

An investment in OPMH Teams will deliver against the following policy priorities:

1. [NSW Government Premier's Priorities](#)
2. [Royal Commission into Aged Care Quality and Safety recommendations](#)
3. [Strategic Framework for Suicide Prevention in NSW 2018–2023](#)
4. NSW Mental Health Commission's [Living Well in Focus 2020–2024](#)
5. [NSW Health's Strategic Framework and Workforce Plan for Mental Health 2018–2022](#)

1. Premier's priorities

The proposed enhancement will address the following Premier's Priorities: [Towards Zero Suicides](#) (Target: Reduce the rate of suicide deaths in NSW by 20% by 2023), [Improving outpatient and community care](#) (Target: Reduce preventable visits to hospital by 5% through to 2023 by caring for people in the community) and [Improving service levels in hospitals](#) (Target: commencing ED treatment on time by triage category by 2023).

2. Royal Commission recommendations

A number of [Royal Commission into Aged Care Quality and Safety](#) recommendations relate to specialist community OPMH services. These include increasing access to specialist OPMH services for people (with or without dementia) in residential

aged care and receiving community aged care services ([Recommendation 59](#)) and restricting the prescription of antipsychotics in residential aged care ([Recommendation 65](#)). These recommendations and others (reducing restrictive practices) require increased access of consumers and aged care service providers to community based old age psychiatrists and specialist OPMH teams.

3. Strategic Framework for Suicide Prevention

The [Strategic Framework for Suicide Prevention in NSW 2018–2023](#) identified that older people (especially men) are one of the groups at higher risk for suicide than the general population. Framework priority areas for action include expanding community-based mental health services, promoting recognition of mental health issues in older people, and addressing stigma.

4. Living Well

The NSW Mental Health Commission's [Living Well in Focus 2020–2024](#) recommends enhancing public community mental health services to bring NSW up to the national average and keep people out of hospital and living well in the community. It notes that improvements will only be achieved when a joined-up system is in place. OPMH teams working with GPs, hospital based health services, aged care services and other health, disability and social care providers is an essential element of the proposed enhancement.

5. NSW Health strategic framework and workforce plan for mental health

The [NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022](#) recommends enhancing specialist mental health capacity in community based settings and growing and supporting the psychiatry, allied health and nursing workforces in mental health (strategic priorities 4.1, 2.3, 2.4 and 2.5).

The model for investment

What works?

NSW has a robust community specialist OPMH model being implemented as outlined in the NSW Older People's Mental Health Services SERVICE PLAN 2017-2027 and NSW Specialist Mental Health Services for Older People (SMHSOP) Community Model of Care Guideline.

In general, older people living in residential care or receiving care at home require services that can visit them, as frailty, cognitive and mobility impairments reduces their ability to access healthcare externally. Telehealth may sometimes be used effectively with staff; however it is often impacted by health conditions such as cognitive, visual, speech and hearing impairments.

NSW OPMH teams are ideally placed to provide outreach, particularly as the teams are multidisciplinary, specialise in older people's mental health assessment and care, are mobile and community based and have working relationships with aged care, aged health and other care providers.

The proposed enhancement to specialist community OPMH services leverages these partnerships and builds on a service which offers evidence based interventions and is supported by a benchmarking and quality improvement program.

Old age psychiatrists have an important role on OPMH teams and in the comprehensive assessment and management of older patients with complex mental health needs.²¹ These include neurocognitive disorders with neuropsychiatric symptoms, and mental health conditions with comorbid cognitive impairment and frailty.

Old age psychiatrists play a pivotal role in reducing restrictive practices, including chemical restraint, as per the Royal Commission Recommendation 65. Meeting this recommendation requires enhancement of the old age psychiatrist workforce.

Allocations

Tailored allocations should be developed by the Ministry of Health in collaboration with districts. Districts with the highest population need should be prioritised for the largest enhancements.

All enhancements must be multidisciplinary and contribute to the four core components of increased workforce, outreach, leadership, capacity building and quality improvement as per Table 1.

Core component 1 – Workforce

An immediate and recurrent enhancement of NSW community specialist OPMH teams by 60 Full Time Equivalent (FTE) clinicians will be a strong first step to improving consumer access. The NSW Ministry of Health is best placed to work with the 15 districts to determine local need and the quantum and type of workforce required in each district.

It is expected that 13 of the 15 districts will each be able to absorb a minimum enhancement of 3.4 FTE comprising:

- 0.4 FTE old age psychiatrist
- 1.0 FTE psychiatry registrar
- 1.0 FTE senior OPMH clinician (Clinical Nurse Consultant [CNC] or senior Allied Health clinician)
- 1.0 FTE OPMH clinician (e.g. nursing /allied health).

Most of the 13 districts will require a much larger enhancement than 3.4 FTE.

Four of these 13 districts have significantly higher need and the proposed budget allows for double the investment (6.8 FTE) in these districts.

The remaining two (rural) districts should also be enhanced in line with the core components, as appropriate to local need. These districts should each receive at least 1.0 FTE Senior Nurse/Allied Health and increased access to psychiatry consultation. Arrangements could be made with partnering districts receiving larger enhancements to increase psychiatry consultation to these districts (e.g. via outreach arrangements or telehealth).

²¹Royal Australian and New Zealand College of Psychiatrists (RANZCP) (2019): Position statement 22 Psychiatry Services for Older People. Melbourne. Available at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/psychiatry-services-for-older-people>: RANZCP.

Core component 2 – Outreach

An essential function of the enhanced teams is outreach. This includes outreach to people in their homes and care accommodation settings and in-reach to Emergency Departments and hospital-based settings. Outreach should be provided primarily through face-to-face services but should also include telehealth options. Expert consultation and advice should be provided to residential aged care, aged health and other partner service providers to ensure the mental health needs of older people are being met.

Senior OPMH positions under the enhancement should have an additional role in improving initial aftercare and timely OPMH input for older people presenting to EDs, OPMH services and those living in residential care with suicidal ideation.

In-reach by OPMH teams should be provided to medical wards when consumers are admitted following a suicide attempt for initial medical care. OPMH clinicians, particularly the old age psychiatrist and psychiatry registrar (where possible) are best placed to provide specialist mental health assessment and care alongside teams providing medical care.

Core component 3 – Leadership

Clinical and strategic leadership for the OPMH subspeciality is essential to effective operations of teams and partnerships between OPMH and other services. District enhancements should include old age psychiatry positions and senior nursing/allied health positions to provide clinical and strategic leadership as per Table 1.

Conclusion

Enhancing OPMH teams will improve the quality of life and care provided to older people with complex mental health issues, enable the NSW Government to address the needs of a rapidly increasing NSW older population, and respond to the recommendations of the [Royal Commission into Aged Care Quality and Safety](#).

Core component 4 – Capacity building and quality improvement

The proposed budget allows for development and implementation of OPMH training, and evaluation and quality improvement activities.

A training and education institution (e.g. HETI) should be engaged by the Ministry of Health to partner with districts, consumers carers and other stakeholders to develop a state-wide training module for adult mental health and other partner workforces to enhance their capacity to respond to the mental health needs of older people. This module should be implemented and evaluated in the first two years of the enhancement, supported by district strategic and clinical OPMH leads. Training should incorporate a trauma-informed care approach, in line with guidance being developed by the Agency for Clinical Innovation - *Trauma-informed care in mental health services across NSW – A framework for change*.

Monitoring and evaluation

Allocations to districts should include clear KPIs and monitoring should be established to ensure the intended target group is being reached.

Funding should also be allocated for evaluation to ensure the investment in specialist community OPMH services is implemented successfully and delivers the desired outcomes, including expanding access for the target population.

2. Support for women and children violence survivors

In a snapshot

The need

Domestic, family and sexual violence (DfSV) is an enormous public health issue, affecting all communities, cultures, religions and socio-economic groups. DfSV is insidious and destructive and negatively impacts all aspects of health and wellbeing.

Individuals who have experienced DfSV can suffer from a variety of long-term, chronic conditions such as post-traumatic stress disorder, major depressive illness, eating disorders, problematic substance use, chronic pain, generalised anxiety disorders and panic disorder.²² Children who have developed in the context of ongoing danger, maltreatment and inadequate caregiving systems are likely to develop emotional, social and health related complications as adults with the potential to replicate trauma within future families.

Addressing DfSV

The RANZCP submission to the next National Plan to Reduce Family Violence Against Women and Their Children highlights the importance of trauma-informed practice, based on the principles of safety, trustworthiness and empowerment to support recovery.

We applaud the significant support of the Government in tackling DfSV, including the announcement in October 2021 of close to \$500 million investment to fund extra refuges for women and children enabling them to flee their homes, as well as other supports and services. The RANZCP understands that much of that investment will support accommodation that is located close to services offering other assistance, including legal, employment and education support.²³ This signals the Government's understanding that leaving a violent and coercive

We recommend that the NSW Government -

Support the proposal from the Illawarra Women's Health Centre, submitted to the NSW Government in July 2021, and invest \$25 million over an initial period of 5 years to establish the Illawarra Women's Trauma Recovery Centre.

relationship takes considerable resources, support and planning. Housing security, access to legal assistance, financial stability and employment opportunities are factors that can reduce dependence and decrease the risk of family violence.

However, more is needed and integration is the key.

Table of Quick Facts

- Domestic, family and sexual violence costs NSW at least \$7.4 billion each year (KPMG, 2019, based on 2015-16 data)
- Sexual violence increased by 15% from February to March 2021 (reported by BOCSAR)
- There is significant evidence that COVID-19 has exacerbated pre-existing violence and intensified demand for DfSV services by new clients
- One in four women in Australia has experienced violence by an intimate partner since the age of 15
- Between June 2020 and June 2021, nearly 15,000 children in NSW were reported to be at risk of significant harm, with DfSV the primary reported issue.

²²Position Statement 102: Family violence and mental health: Royal Australian and New Zealand College of Psychiatrists; 2021. Available from: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/family-violence-and-mental-health>

²³Sydney Morning Herald, NSW makes its biggest investment in tackling domestic violence, 19 October 2021, <https://www.smh.com.au/politics/nsw/nsw-makes-its-biggest-investment-in-tackling-domestic-violence-20211018-p5910u.html>



The Trauma Recovery Centre Model

The RANZCP NSW Branch strongly supports the concept of a Women's Trauma Recovery Centre (TRC), as proposed by the Illawarra Women's Health Centre. The Business Case, developed in partnership with the University of NSW and with funding from the Ministry of Health, was submitted to the Government in July 2021. It makes a strong case for this new model of care for women and children experiencing trauma.

The Model has attracted broad support. Its implementation was a key recommendation of the [Federal Parliamentary Inquiry into Family, Domestic and Sexual Violence](#),²⁴ and there has been significant engagement at both State and Federal level with various Ministries, including the Prime Minister's Office. That said, the strength of the Model (cross-portfolio integration) is perhaps its greatest weakness, as, to date, no single authority has taken responsibility for its development. We see the NSW Government, and NSW Health, as being the natural partner and leader in this initiative, as recovery from trauma is, primarily, a health issue.

As stated in the Business Case, the TRC is: community-led and co-designed with women with lived experience, professional experts and service providers and will:

- be an **integrated, specialised, and dedicated service**, offering individualised multidisciplinary and multisectoral wrap-around support to women, as needed over their lifespan.
- comprehensively address the impacts of DFSV, to improve **long-term health and psychosocial outcomes for women and families**, including breaking the cycles of ongoing exposure to violence, and intergenerational trauma.
- provide opportunities for **research partnerships** to lead recovery responses to domestic and family violence.
- be an evidence-based model of care that can be **replicated and scaled up** across Australia.²⁵

An evidence-based, holistic approach to supporting the recovery of survivors of DFSV

²⁴House of Representatives Standing Committee on Social Policy and Legal Affairs, Parliament of Australia, Inquiry into family, domestic and sexual violence (2021)

²⁵A new model of care for women experiencing trauma from domestic, family, and sexual violence. Co-design report July 2021. Sydney: University of New South Wales. Cullen, P., Stevenson, S., Baffsky, R., & Walker, N. (2021), p.24



*Jasmine, Voices for Change Advocate
Photograph by Sylvia Liber 2020*

What sets the new model of care of the TRC apart is that it offers an integrated recovery service – located in one place – and based on an understanding that recovery is a key component of prevention. An investment in recovery reduces overall costs to the public health system, across the criminal justice system, education sector and community services. Extensive research conducted by a team from the University of New South Wales and the Illawarra Women's Health Centre to aid the preparation for the Business Case shows that:

Recovery is prevention – by investing in the safety, health and healing of women we will address not only the longer-term impacts of trauma stemming from DFSV, but also work toward breaking pervasive cycles of violence and abuse and preventing intergenerational transmission of trauma.

Effective mental health services for women and children suffering from trauma requires a cross-agency interventional approach, utilising trauma and violence-informed practice.

Conclusion

The TRC model embodies that cross-agency approach – in one place.

By fully funding the Illawarra TRC, the NSW Government has the opportunity of implementing an Australian-first, evidence-based, holistic and integrated model of care for the survivors of DFSV.

3. Support for people with brain injury

In a snapshot

The need

Brain injury affects 1 in 45 NSW residents, or about 180,000 people, and is the leading acquired cause of severe disability. It often leads to young adults being inappropriately accommodated in nursing homes, most commonly due to severe behavioural and psychiatric consequences of the brain injury. Brain injury is also commonly associated with homelessness, mental health and substance use disorders and aggression.

Timely psychiatric intervention is difficult to arrange for two reasons: the very small number of psychiatrists experienced in this area, and the concentration of specialist services in Sydney and other large metropolitan areas. We have survey data showing a high rate of demand for these services, especially in regional, rural and remote areas.

A telepsychiatry consultation service

RANZCP NSW Branch suggests the establishment of a telepsychiatry consultation service to improve service availability and access for patients. Such a service would be able to assess and advise on the treatment of people with severe traumatic brain injury.

A consultation service will involve recurrently employing, for one year, a full-time Fellow in brain injury who would be an advanced trainee of the RANZCP. The Fellow will be supervised by a 0.4 FTE psychiatrist with expertise in traumatic brain injury to meet training requirements set by the RANZCP. Together they will run the service providing liaison with families and carers, GPs, brain injury physicians and other health professionals. The telepsychiatry sessions would be augmented by fly-in site visits according to need. A 0.2 FTE clerical assistant would be necessary for running the telepsychiatry service, including booking in patients, corresponding and generally coordinating care.

We recommend that the NSW Government -

invest \$860,000 over three years to establish a state-wide telepsychiatry consultation service to assess and advise on the treatment of people with severe brain injury.

The Royal North Shore Hospital liaison psychiatry Service, led by Dr Ralf Ilchef, and Royal Rehab Brain Injury Unit, led by Dr Clayton King, have overseen the integration of psychiatric services into both inpatient and outpatient brain injury medicine over the last twenty years. We draw on an extensive pool of clinical experience and goodwill in proposing this service.

Costs (annualised):

1.0 FTE senior registrar + on costs	\$158,000
0.4 FTE staff specialist psychiatrist+ on costs	\$ 92,000
0.2 FTE clerical assistant + on costs	\$12,500
Funding for monthly rural site visits (\$2000 x 12)	\$24,000
Total:	\$286,500

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