



## **A new Strategy for Mental Health and Wellbeing in NSW**

### **St Vincent de Paul Society NSW Submission<sup>1</sup>**

The St Vincent de Paul Society NSW (Society NSW) welcomes the opportunity to make a submission on a new Strategy for Mental Health and Wellbeing in NSW. A significant proportion of the people we assist are affected by mental health concerns and this submission is informed by the work of our frontline staff from homelessness, health, disability and inclusion services, as well as the support delivered by members and volunteers to people experiencing hardship.

Responses have been set out as per the submission template provided. If there are any questions regarding this submission, please contact Jonathan Edwards, Manager of Policy Advocacy ([jonathan.edwards@vinnies.org.au](mailto:jonathan.edwards@vinnies.org.au)).

#### **Questions about the mental health service system**

##### **1.1. What is working?**

There are several programs and services, coordinated by the NSW Ministry of Health and other government agencies, delivered in partnership with non-government organisations, that are leading to positive outcomes for individuals and families. The success of these programs is often tied to their adoption of a holistic model of care, recognising the interrelatedness of co-occurring issues for people with mental health conditions, including alcohol and/or other drug (AOD) dependence, housing security and financial stress or exclusion.

The Housing Accommodation Support Initiative (HASI), HASI Plus and Community Living Supports programs have [repeatedly received positive feedback](#) from consumers around an improved sense of wellbeing, renewed sense of safety and security in housing, increased connectedness to communities and reduced hospital stays (as evidenced in the Social Policy Research Centre evaluations). Also, HASI and HASI-Plus are pivotal in providing backbone support and coordination at the key transition point when people exit institutional settings and are at a higher risk of experiencing homelessness.

For people with AOD concerns, the Continuing Coordinated Care Program (CCCP) provides another key support through intensive case management and outreach to support and maintain engagement with AOD, health and psychosocial services. With its person-centred focus, the program also supports individuals achieve their goals associated with health, wellbeing, housing, financial support, employment, education, living skills.

With remote and flexible support, CCCP care coordinators can support individuals who often fall within the gaps in the service system due to multiple barriers, including unavailability of

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<sup>1</sup> Via upload using set template: [https://www.haveyoursay.nsw.gov.au/mental\\_health\\_wellbeing](https://www.haveyoursay.nsw.gov.au/mental_health_wellbeing).



local services, exclusionary criteria and complexity of presentation. With before and aftercare integrated in CCCP, the program maintains the continuum of care that people with co-occurring AOD issues and mental health conditions need to maximise the impact of each treatment intervention. This is particularly significant as other AOD treatment programs are not funded to provide this ongoing support.

AOD Hubs, including the Regional AOD Connection Hub in Armidale (delivered in partnership by St Vincent de Paul Society NSW and Armajun Aboriginal Health Service) are also proving pivotal in linking people in community to access mental health and other support services.

Additionally, there is a large cohort of people managing mental health issues that are positively supported through other government-funded programs in other sectors, including Sustaining Tenancies in Social Housing and Assertive Outreach. Clients in these programs have a higher incidence of mental health support needs and with a multidisciplinary, holistic approach they are supported to maintain housing while building trust to engage with, perhaps for the first time, the mental health system.

These programs have been positively received and evaluated to reflect their success in reducing pressure on the health system. With increased funding, their impact could be scaled up to support the significant unmet need across NSW as [highlighted by the Mental Health Coordinating Council of NSW](#).

## **1.2 What is not working?**

While the programs outlined above do achieve positive outcomes for people with mental health concerns, the focus is often on providing support for people experiencing 'crisis', whether that crisis is a health crisis, experience of homelessness or engagement with the criminal justice system. The current system, with the lack of sufficient in-community supports or timely access to clinical psychologists and psychiatrists, fails to assist the 'forgotten middle' who fall within gaps in the service system and are restricted in their care due to:

- Prohibitive costs for private care,
- Long wait times and limited numbers of sessions for public health services,
- A lack of culturally appropriate or available care, or
- Face stigma and discrimination.

The lack of access to early interventions, particularly for this cohort, compounds co-occurring issues and increases the risk of suicide, overdose and homelessness.

Siloing of systems through funding streams, exclusionary requirements and a lack of interagency collaboration, all create barriers to accessing much needed services, even for those in crisis. This does not reflect a truly 'no wrong door' approach or recognise the need to fit the service to the person, rather than the person to the service. Additionally, many services are not safe or accessible for priority populations, including First Nations peoples, people from CALD backgrounds, young people, people from the LGBTQIA+ community and those living in regional and remote areas.



Additionally, many processes and systems prove particularly challenging for people with mental health conditions and/or those experiencing social isolation and loneliness. Service navigation and the administrative burden of many processes to receive mental health and other supports, including in applications for social housing, is significant. Without the right supports, including mental health supports, to navigate the system and the lack of a 'no wrong door' approach, the risk of people disengaging with the system or discarding unfinished applications for assistance is high.

This is of particular concern for people who have developed a lack of trust in institutions due to past poor experiences engaging with government services, agencies or representatives. These past poor experiences are often due to a lack of training by staff in adopting a trauma-informed, culturally safe, person-centred approach.

### **1.3 What needs to change?**

A whole-of-government approach to mental health and wellbeing needs to be adopted to align priorities across agencies and enable flexible, place-based responses, across the spectrum of prevention, early intervention, crisis and recovery, to meet the diverse needs of people across all NSW communities. The system should be enhanced through an increased, sustainable funding stream to support evidence-based interventions to ensure that the estimated [50,000 people across NSW who would benefit from psychosocial supports but are currently missing out](#) can receive timely, appropriate support.

Irrespective of the specific funding stream, existing mental health, AOD and other sectors' services and programs (including those listed above), should be flexible and sufficient both in terms of eligibility requirements, so as not to exclude people presenting with mental health concerns, and to enable service providers to employ a multidisciplinary staff, including mental health specialists. This flexibility will allow support services to be more responsive to specific local events, [including natural disasters, when the incidence of mental health crises intensifies](#), and more people present to a range of community services.

Support for people with mental health needs should be further bolstered by funding co-location of mental health specialists, including psychologists and psychiatrists, from existing community support services and multidisciplinary hubs. Additionally, focusing on recruitment and retention of peer workers as well as First Nations and CALD mental health workers will improve the cultural and clinical safety of mental health services.

Additionally, expanding and increasing eligibility and access to [residential Step Up Step Down services](#) is a critical higher level intervention for people at risk of experiencing a mental health or other crisis, and scaling up these programs will reduce the burden on other services that would otherwise be required in times of crisis.

### **1.4 How should that change happen?**

The changes listed above should involve close consultation with relevant stakeholders, including organisations such as Society NSW and people with lived and living experience.



Further any new initiatives, programs or policy changes should be implemented and monitored on a regular basis in coordination with these stakeholders.

Knowledge and access to other supports, including [Safe Havens](#), needs to be enhanced across all stakeholders and integration of data across systems will facilitate the development of timely care plans based on all available information.

Additionally mental health and suicide prevention training and first aid should be conducted across government and non-government stakeholders and be integrated into publicly funded courses at TAFE and at universities for students across different community services courses, including mental health, AOD, homelessness and social work.

A public campaign targeting both general and specific audiences, including priority populations, should also aim to reduce stigma and discrimination that prevents people from seeking support for their mental health needs.

### **Questions about mental health and wellbeing in communities**

#### **2.1 What could improve mental health and wellbeing across our communities?**

Adequate funding to meet actual need across the mental health sector, as well as other sectors, including AOD and housing and homelessness, is critical. Existing multidisciplinary community hubs should be better resourced and staffed to reach a wider cohort of people living in community and connect them with timely mental health supports that meet their needs before they fall into crisis. There should be greater long-term investment in supporting a multidisciplinary workforce through encouraging or incentivising current mental health professionals to work part-time or full-time from these hubs or from other in community service sites.

There needs to be greater recognition when designing initiatives and interventions of the social determinants of health of the intersections between physical and mental health and financial hardship, food and housing insecurity. Many interventions for people experiencing hardship are insufficient, time-limited or focus on providing immediate relief, rather than on building capability and referring people to further support (including mental health services). As such, these interventions may simply delay possible triggers for a deterioration in mental health and wellbeing.

Public awareness campaigns that seek to reduce stigma and feelings of shame around seeking support for financial hardship are also critical to decrease deterioration of mental health and increase the likelihood of help-seeking behaviours. This must involve aligning language and messaging, focusing on resilience, strength and recovery, in collaboration with people with lived and living experience.

Assisting people in times of hardship, in which they are at greater risk of experiencing mental health deterioration, requires access to multidisciplinary support, involving financial services, counselling, social workers, charities, utilities, government services, health and legal/justice.



Access to a wide range of support at this critical time can provide longer-term stability and support to maintain better mental health and wellbeing.

## **2.2 What roles should NSW Government departments and agencies play in that?**

The NSW Government should play a coordinating role in facilitating close, ongoing consultation with services and people with lived and living experience; providing long-term, flexible funding packages for evidence-based interventions; education and aware raising; monitoring and reporting. Investment must be adequate and appropriate to meet the actual, ongoing needs of people; focused on enhancing the whole system; and adequately fund prevention and early intervention initiatives to ensure that people do not fall into crisis.

This involves recognising the universal role of government agencies across health, housing, justice, child protection, education and others, in alleviating the pressures that lead to mental health concerns, including housing insecurity, cost-of-living pressures, natural disasters, physical health conditions. The NSW Government should also participate in advocacy to Federal and local governments to support their initiatives or policy changes that would in turn alleviate these pressures.

## **General reflections**

### **3.1 How will we know that we are making a difference?**

Several measures will reflect progress in improving mental health and wellbeing in NSW including:

- A reduction in the rate of suicide and reduction of death post-contact with a mental health inpatient unit, emergency department or other mental health service,
- Increase in investment and number of accessible community health mental health services,
- Reduced wait times for public health funded community psychiatry services,
- Existing data sources (including the NSW Mental Health Commission's Living Well Indicators),
- Data on loneliness and social isolation (including the existing data from the Australian Institute for Health and Welfare as well as any new standardised data sources that are developed following the Strategy's establishment).

### **3.2 Is there anything else you would like to say?**

The role of organisations like the Society NSW in promoting better mental health and wellbeing in communities across NSW is critical and provides an accessible point of contact for people with mental health concerns at risk of experiencing crisis and those already on their recovery journey.

The Society NSW has a significant footprint across NSW with close to 5000 members and 6000 volunteers, as well as over 100 local services and programs across the state. While many people we assist request support with more immediate needs, including food and other



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*good works*

material relief, additional mental health needs are often identified. With a focus on building trust, companionship and person-centred approach, members, volunteers and staff are well-equipped to engage people who may otherwise be excluded from mainstream services. This is particularly significant as people navigating the mental health system often report feeling more comfortable engaging with community initiated and managed services.

The organisation's existing role in prevention and early intervention is critical and with a wider range of affordable or free, in-community mental health supports and services, the Society NSW could act as an active partner in referring people with mental health support needs before entering crisis.

Additionally, the Society NSW's focus on reducing social isolation and loneliness, through programs including Vinnies Vans, Vinnies Connect and other volunteer opportunities, as well as our existing Community Engagement Hubs and Support Centres in metropolitan and regional areas, assists in shifting the focus from crisis responses to prevention and early intervention and looking to pathways to future stability and sustainability of outcomes.

Through our services and member engagement we provide a point of human contact for those experiencing hardship, and those at risk of mental health issues, social isolation and/or chronic loneliness. Hardship can create barriers to society, but organisations like the Society NSW have a role in tearing down those barriers by creating a sense of community and providing ways in which people can once again engage with each other.