

# The case for investing in Psychosocial Supports to improve the lives of South Australians

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# SA needs a new psychosocial support strategy to improve the lives of people with mental illness

*South Australia needs a new strategy to ensure people with mental illness are receiving the psychosocial supports they need to manage their illness, remain well and live contributing lives in our community.*

*We need to drastically reduce the number of people who are having to inappropriately access acute mental health services via our hospitals. Not enough people are connected to psychosocial supports that would enable them to better manage their illness on a daily basis, overcome stressors in their lives and address other factors that can undermine their mental health.*

*This is harmful to people with mental illness and their families, distressing for our dedicated health care workers and increases demand in our busy, expensive hospitals.*

*We can and must do better to improve the lives of people with mental illness and in doing so, also make a significant contribution to enhancing the performance of our health system.*

Psychosocial supports are highly effective in assisting people to build a better life in the community, while simultaneously reducing reliance on unplanned emergency department and other hospital-based care. **Evaluations have shown a 39% reduction in the number of people hospitalised due to mental ill-health<sup>1</sup>.** Providing people with mental illness with the range of supports they need - both clinical and non-clinical - enables them to manage their illness, remain well and fully participate in the life of our community. Our current system does not honour the rights people living with mental illness have to receive the full range of supports they need.

South Australia currently spends more on emergency department and other hospital-based services for people with mental illness than we would need to if there was adequate access to psychosocial supports that keep people well in their homes and needing less support from our hospital system.

## What are psychosocial supports?

Psychosocial supports play a key role in the lives of people with mental illness by focussing on the 'interaction between psychological and social or cultural components of life, giving recognition to the potential impacts of mental ill-health on a person's ability to take part in day-to-day activities'.<sup>2</sup>

Supporting people in the community through a range of services to help people 'manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment'<sup>3</sup> plays a significant role in helping to reduce the frequency and severity of acute episodes.

Psychosocial supports are a critical component of effective mental health systems. They play a vital role in improving many aspects of the lives of people with mental illness and help people to access and connect with other services. Importantly, psychosocial support services can also significantly reduce the frequency and duration of hospitalisations, which delivers huge benefits to individuals, as well as reducing strain on our hospitals.

People with lived experience of mental illness have expressed concern about insufficient psychosocial supports available in community settings and those that are available are hard to get into. It is difficult for people to know how and where they can access the different services they need and get support to do this if required. Access to housing is a growing concern across the state.

South Australia needs a psychosocial support strategy that:

1. Reduces demand at the crisis end of health care, by addressing unmet psychosocial support needs and helping people to stay well more of the time.
2. Reduces unnecessary reliance on emergency departments and other hospital-based services by diverting people to alternative care settings and improving discharge pathways to better connect people to psychosocial supports they need- especially addressing the critical shortfall in appropriate housing options.

Realising these outcomes will involve reducing duplication and service gaps, leveraging existing services and funding pathways, improving navigation and wayfinding and embedding lived experience in system design and governance.

<sup>1</sup> Productivity Commission Mental Health Inquiry Report (2020)

<sup>2</sup> Mind Australia, Neami National, Wellways and SANE Australia, sub.1212, p 7

<sup>3</sup> Above, n1.

# The current state of mental health services in South Australia

*People with mental illness are entering our hospital system too often - especially for short-term, repeat admissions - but there are not enough services available to keep people well and reduce their reliance on acute hospital-based services.*

The mental health system in South Australia is under strain. Each year, there are approximately 20,700 mental health presentations to emergency departments, with 9,200 acute admissions to hospital beds<sup>1</sup>. Unfortunately, for patients discharged from hospital, **15% of people are readmitted** within 28 days of being discharged. This cycle causes harm to people with mental illness, distress to hospital staff and consumes large volumes of our health system's resources, including further straining emergency departments.

Additionally, not all psychiatric presentations are followed up within 7 days of leaving hospital, with only 69.1% of patients being followed up<sup>2</sup>. Of the patients that presented to emergency departments, only 57.3% were seen on time based on their triage status on arrival<sup>3</sup>, further indicating that the system is under pressure. South Australia also experienced an 5.8% increase in the age-standardised rate of suicide from 2018-2019<sup>4</sup>.

**Demand is projected to increase** for mental health services, which will put further pressure on the already stretched system, evidenced by a doubling in the number of adolescents and young adults accessing services in the past ten years. In 2019-2020, 12% of 12 to 18 years olds had contact with an MBS subsidised mental health care service; 14.7% of 18-25 year olds and 9.5% of 25 years and above also accessed services<sup>5</sup>. To respond to the projected increase in demand, the supply of workforce also needs to be considered. Thought needs to be given to the workforce development requirements (especially for lived experience roles) of community based support services to support people to stay well.

Not only are emergency departments and hospitals strained, other related systems such as housing are also under significant pressure. A lack of appropriately supported housing options is **preventing people from being discharged** from hospital and creating backlogs. About 30% of mental health hospital inpatients could potentially be discharged if appropriate clinical and accommodation services were available in the community<sup>6</sup>.

Many people with lived experience of mental illness have insecure housing. The latest shortfall of supported housing in South Australia is estimated as at least **double the current availability** of places. Providers of homelessness services in South Australia also reported that 24.6% of clients who require mental health services did not have any provided to them, or were not referred on to another provider. Concerningly, **two thirds** of people requiring long term housing were not provided with any accommodation, or referred to another service provider<sup>7</sup>.

The current average costs to provide care in the hospital setting in South Australia are **higher than the national average**. Across Australia, the average cost per inpatient bed day in a psychiatric hospital (non-acute wards) was **\$953.78**, compared with a cost per day of **\$1,554.25** for South Australia<sup>8</sup>. Not only are more people utilising hospital services than would otherwise need them, it costs more to provide care in South Australia when hospital services are used.

Recent and proposed investments in crisis care alternatives and easing pressure on emergency departments such as the Urgent Mental Health Care Centre and the Crisis Stabilisation Centre are positive, but significant gaps still remain in community based mental health services. By 2018-19 just 6.4% of the SA mental health budget was allocated to community services provided by NGOs – **a 30% reduction in real terms from 2014-5**<sup>9</sup>.

## What needs to be done?

South Australia needs to reduce inappropriate hospital presentations and eliminate avoidable readmissions. Significant further investment into community based care is required to fill gaps in the availability and delivery of psychosocial services. This is further highlighted by SA Health's Mental Health Services Plan, which acknowledges that services provided under the current mental health system work in isolation, resulting in confusion and potential gaps<sup>10</sup>.

1 Mental Health Services Plan 2020-2025, SA Health

2 Report on Government Services 2021, Services for mental health

3 Australian Institute of Health and Welfare (2021), Mental health services in Australia

4 Australian Institute of Health and Welfare (2021) Deaths by suicide, by states and territories 2019-20,

5 Above, n2

6 Australian Institute of Health and Welfare (2020) *Mental health services in Australia: Specialised mental health care facilities*

7 Australian Institute of Health and Welfare (2021) Specialist homelessness services 2019-20.

8 Above, n2.

9 Australian Institute of Health and Welfare (2021) *Mental Health Services in Australia. Expenditure on Mental Health Tables.*

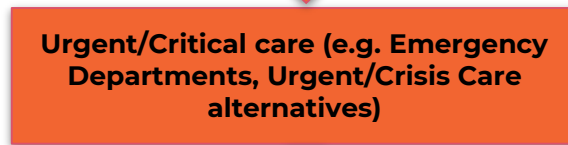
10 Above, n1.

# The role of psychosocial support in a balanced and effective mental health system

*People are supported by 'navigators' to access and connect with the range of supports that meet their needs to remain well*



*If their illness becomes more acute, there are clear pathways for people to access the right level of care at the right time, including non-hospital services*



*People are connected with dedicated services to support recovery and avoid the need for admission or readmission to hospital-based services*



The purpose of psychosocial supports is to improve people's lives by enabling them to remain well more of the time, build a good life in the community and reduce the frequency and intensity of acute episodes when they occur. This reduces lifelong impacts of illness and the need for hospital-based services.



To remain well, there is a need to connect people to the right types of services based on their individualised needs. Support must be tailored and impactful to an individual's needs in order to be effective.



Timely person centred intervention and support in the community will build capacity for people to manage the trajectory of their illness and reduce reliance on emergency departments as the 'front door' into the mental health system.



Targeted programs and services based on individual needs assessments can help set people up for success in managing daily tasks and integrating back into society on their own terms.



People are supported to remain well after they have recovered from an acute episode of emotional distress, and avoidable hospital admissions and readmissions are minimised.



Creating tailored and personalised connections between supports to remain well and surging support intensity can reduce the need for/length of hospital-based services.

# The benefits of improving psychosocial supports are far reaching for individuals, the health system and our economy

*"The provision of psychosocial support not only directly benefits the psychosocial capability of users, but is also associated with benefits to the wider community, such as greater social inclusion, participation and contribution to the community through employment and volunteering"*<sup>1</sup>

## People with mental illness

**51.4%** 

Of people in metropolitan Adelaide receiving a psychosocial support program said it helped them avoid hospital admission<sup>1</sup>. This is even higher in regional South Australia, with **60.7% of participants avoiding admission**<sup>2</sup>.



## South Australian Health System

 **39% reduction**  
in mental health related hospital admissions

**16% reduction**  
In the average length of hospital stay<sup>5</sup>.

Increased skills and capacity to manage mental illnesses  Reduce the need for more acute care




**Decrease admission and readmission**  
rates to hospital and emergency care

## South Australian Economy

**59.1%** of people aged between 16-64 with a mental illness were employed in South Australia<sup>3</sup>...

...this is below the National average of **63.9%**

 Provide more employment and volunteering opportunities



Better support to access education and training

Psychosocial supports help to **reduce reliance** on crisis and emergency care

Therefore demand for more expensive interventions **decreases**

Which results in **cost savings** to the Government<sup>4</sup>.

<sup>1</sup> Evaluation of Intensive Home Based Support Services, UNSW Social Policy Research Centre, March 2015

<sup>2</sup> Above, n1.

<sup>3</sup> Report on Government Services 2021, Services for mental health, Figure 13.

<sup>4</sup> <https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/health/services-for-mental-health>


<sup>5</sup> Productivity Commission Mental Health Inquiry Report (2020)

<sup>6</sup> Productivity Commission Mental Health Inquiry Report (2020)

# There are huge benefits for people when they receive the range of psychosocial supports they need

*People with lived experience have made it clear that limited access to psychosocial supports restricts a person's ability to recover and remain well. Psychosocial supports improve many aspects of a person's life and enable them to better live contributing lives.*

 Support to navigate the service system

 Support to access housing & accommodation\*

 Daily independent living skills\*

 Support to access education & employment\*

 Participating in the community\*

 Support for families and carers\*

What people tell us about their experiences

I didn't know what supports were available and how they might be able to help, especially psychosocial supports.

This was complicated by differing eligibility criteria and access pathways.

Being unable to access appropriate housing increased my instability and negatively impacted on my mental health.

I was unable to access support to manage symptoms of illness and build daily living skills such as catching public transport, shopping, and managing finances.

I lacked confidence to consider participating in education or employment as a viable option for me.

I had low levels of engagement in social, or recreational activity. I lacked a sense of belonging or social connectedness.

This has been exacerbated by COVID-19.

I did not trust that the 'system' would work with me to help my family member. Despite contact with mental health services for a long time (years) I didn't know that I was a 'carer' and didn't know that there was a range of support that I could access to help me.

What we want people to be able to tell us

I was able to self-navigate to connect with and get help from the services I needed to help me recover. Support was available, if required, to explain what services are available and to help me get what I needed from them.

I was able to test my eligibility for NDIS.

I was supported to access safe, affordable, appropriate housing. I have ongoing support to help me adjust to having a stable home and meet my obligations as a tenant.

I was supported to build confidence and skills to recover and live independently in the community. I have become more self-reliant and reduced my reliance on crisis and emergency care.

I was supported to develop and achieve my education and employment goals. I have increased my the amount of time I spend in employment (paid or unpaid) and education.

I spend more of my time spent on activities that are meaningful and purposeful to me. I have an increased sense of belonging and feel valued by the community.

I have trust that I and my loved one(s) will get the support we need. I received clear, practical information explaining what services were available for me, how they might be helpful to me and how to access them..

\*Productivity Commission Mental Health Inquiry Report (2020)

# How can South Australia do better?

*While the Mental Health Services Plan sets out good foundations to increase community supports, more investment is needed to embed lived experience into system design and ongoing governance. A strategy with lived experience at its core is required to facilitate the provision of services to help people remain well and focus on early intervention.*

South Australia can focus on increasing access to adequate psychosocial supports. People should have access to supports at all stages of their journey through the mental health system, not just after being discharged from hospital.

## Increasing psychosocial supports

Work is needed to reduce the number of people needing to enter the mental health system through the emergency department in the first instance. Psychosocial supports act as a preventative measure for people experiencing mental ill-health, and the right support at the right time can **prevent more complex issues arising later.**

South Australia needs to address unmet demand for psychosocial supports in order to reduce the amount of people who are inappropriately having to access care in our hospitals. The concerns of people with lived experience that current supports are insufficient and hard to get into need to be addressed by **increasing the availability** and accessibility of current supports services, as well as **providing more supports** to fill gaps in service coverage.

## Person-centric supports

Increasing the availability and accessibility of psychosocial supports and services in the community is a critical part of ensuring that people are receiving the care that they need whenever they need it. In order for psychosocial supports to be effective, services need to be **designed by people who have lived experience.**

South Australia needs to establish an ongoing lived experience advisory group to be actively involved in designing supports and system governance. This ensures that supports are person centric and **human rights are honoured** in every interaction with a support service.

## Reducing the complexity of navigating the system

South Australia should support people to find services that meet their needs through adopting a 'system navigator' role as part of service models. The navigator would **actively connect people with services**, and help people to be able to 'self-navigate' the system to know how and where to access the right support for them. Flexibility will be required to assist people to access the mental health, health, housing and other social or welfare services they need.

Work is also needed to **improve the linkages between different systems** and services. A seamless connection between systems is important to enhance the social and economic participation of people affected by mental illness<sup>2</sup>. The navigator role can help to guide people through the system to connect with different service providers, however the system should be linked up to the extent that people can 'self-navigate' and know where to go.

## Interface with NDIS services

There also needs to be a **clear delineation between the NDIS and the mental health system**. Clarification is needed over what services are covered by the NDIS and what services are not. This will help to prevent gaps in service provision, allow for more efficient service delivery and avoid duplication of services<sup>3</sup>. It is important to know where the shortfall of psychosocial services are outside of the NDIS so that these gaps can be appropriately addressed. Understanding which services fall in and out of the NDIS will provide clarity around eligibility and accessibility of services.

*"If we use that analogy of stepping up and stepping down, we imagine a staircase ... psychosocial services are the handrail[s] that help people step up and step down ... the thing that keeps everything stable and allows people ... to just hang on to while they're working stuff out. So it doesn't matter whether they're stepping up or stepping down or just staying where they are at the moment, because where I am is just okay, that handrail is a thing that keeps them safe at that point in time"<sup>3</sup>*

<sup>1</sup> Productivity Commission Mental Health Inquiry Report (2020)

<sup>2</sup> Above, n 1.

<sup>3</sup> Skylight Mental Health, Adelaide Transcript, pp 26-27

# South Australia urgently needs...

The Productivity Commission report identified there is a significant unmet need for psychosocial supports. Crucial steps need to be taken to enhance access to supports in South Australia. Getting this right means working with people who have lived experience to provide support options better suited to an individual's needs at any given time.

1

## A strategy to reduce psychosocial service gaps by 50% within 3 years

Understanding the current supply and demand for psychosocial supports in South Australia is a fundamental first step in addressing unmet need at the crisis end of demand. The government needs to quantify the benefits that would be realised by addressing the gaps in service provision and invest accordingly.

Key activities:

- Statewide needs analysis
- Business case to quantify benefits of investing in psychosocial services
- Identify service gaps and invest in priority services, populations and locations

3

## To prioritise access to suitable, sustainable housing to recover and remain well

Work is required to prevent backlogs in the hospital system by providing appropriate and sustainable housing options (with support if required) that people can be safely discharged to. By proactively engaging with groups who have been identified as requiring housing services, psychosocial resources and supports can be provided to help them manage their illness in a safe community environment.

Key activities:

- Strategy for proactive engagement with people in the housing system who need psychosocial support
- Establish priority access agreements with South Australia housing and accommodation providers
- Connecting the provision of housing with the provision of psychosocial supports

2

## To eliminate avoidable Emergency Department presentations

Diverting people from the emergency department into alternative care settings is crucial to reducing avoidable and repeated hospital presentations. Investing in more efficient and personalised discharge pathways and supporting better system navigation will allow more care to be provided in the community rather than in a hospital emergency department, relieving stress on the system.

Key activities:

- Continue to invest in alternatives to ED that support people to manage their mental health crisis in the community
- Post discharge support (including psychosocial support) to reduce cycling back into the hospital system
- Navigator role to connect people to the supports they need including mental health, health, social and welfare services

4

## To embed lived experience in system design, delivery and ongoing governance

The implementation and development of effective and proactive strategies for psychosocial supports will require lived experience to be at the forefront of strategic and system design and delivery. Investment in lived experience leadership, advocacy and workforce is required. The Mental Health Services Plan provides a foundation for doing this, however further work is required to ensure strategies and supports are person-centric and have human rights at their core.

Key activities:

- Investment in Lived Experience Leadership and Advocacy
- Investment in Lived Experience workforce and Lived Experience-led services
- Human Rights lens and co-design shapes governance and all aspects of service design and delivery



# Thank you

This report was developed in consultation with representatives from across the mental health system and it summarises the consistent views of the pressing need for investment in psychosocial support.

MHCSA would like to thank everyone who contributed to the development of this report.

