

FINDINGS SUMMARY

Why Investing in SA's Psychosocial Supports is Good for our Mental Health.

“People have qualities beyond the diagnosis of a mental health issue. People are members of the community. They’re the neighbour who gives you a wave as you’re driving out the gate or walking out the gate. You know, they’re like anyone else.” - Carer

The Mental Health Coalition of South Australia commissioned Price Waterhouse Cooper to review the evidence and outline the case for investing in psychosocial supports to end our mental health crisis.

Psychosocial supports are mental health services delivered in the community that work with people to manage their day to day activities and build a life meaningful for them while keeping them out of acute care. Most people do not know what these services are or that they even exist yet they are vital in helping people manage their illness and live well in the community. This is often referred to as ‘recovery’.

“I went to an NGO and I met people who really understood what I was experiencing, and I can’t talk highly enough about the impact that had. I still needed medication. I still needed clinical help. But, I had people who I could identify with.” - Consumer

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

“A lot of the system is about diagnosis and prescribing, and that’s only one aspect. Things like transition to employment and to study, and those things don’t get the effort and the time. The person is left to do those things, pretty much alone.” - Carer

WHAT WE FOUND WAS;

- 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.
- 51.4% Of people in metropolitan Adelaide receiving a psychosocial support program said it helped them avoid hospital admission. This is even higher in regional South Australia, with 60.7% of participants avoiding admission.
- 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.
- About 30% of mental health hospital inpatients could potentially be discharged if appropriate clinical and accommodation services were available in the community.
- 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.
- South Australians with mental illness currently spend more time in emergency departments and other hospital-based services than they would need to if there was adequate access to psychosocial supports that support them to stay well in their homes and needing less support from our hospital system.

“In those first months for people, especially those who had a real crisis of admission or, you know, have attempted suicide or you’ve had a long admission. They have no tangible support, regular tangible support for the person to really get back into a rhythm of life after admission.” - Carer

SOUTH AUSTRALIA NEEDS A MENTAL HEALTH STRATEGY THAT:

1. Reduces demand at the crisis end of health care, by addressing unmet psychosocial support needs and helping people to stay well in the community 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.

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.

WHAT NEEDS TO BE DONE?

Significant further investment into community based support and 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.

“I think that it’s no secret that the system, especially the Government mental health system, is a traumatized system and that goes for the people who use the services, as well as the people who are working within Government mental health. And I think that is not only crisis driven, but it’s in crisis. And when you have people who are working in the mental health system who are constantly in crisis, constantly under pressure and stress, you’re not going to get the best outcomes for the people using the system.” - Consumer

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.

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 tasks:

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

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 tasks:

- 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

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 tasks:

- 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

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 tasks:

- 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