Addressing the Unmet Need for Psychosocial Support

in the Barossa Valley

Summary

Psychosocial[1] support services are delivered by non-government mental health organisations across South Australia, with a focus on supporting people with mental illness to increase their social and economic participation, avoid preventable hospitalisations, and improve their quality of life, health and wellbeing. These services are person-centred and recovery-oriented and assist people to work towards their goals.

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

In 2023, an SA Unmet Needs Study[2] commissioned by the Office of the Chief Psychiatrist (SA Health), found that more than 19 000 people with severe mental illness in South Australia are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people are getting access to the psychosocial supports that they need, with 75% (three out of four) missing out. The Report estimated that the cost to address this gap is $125m per annum.

The need to improve psychosocial supports for people with psychosocial disability outside of the NDIS has been repeatedly emphasised within the NDIS Review[3], and in December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover these additional supports. While the timing of this funding is yet to be announced, now is an opportune time to be talking with local communities about place-based solutions to address the gap in psychosocial support services outside of the NDIS.

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

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

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

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

Feedback from local GPs in the Barossa indicates that mental health issues are the most common presentation in their general practice settings, in line with recent findings by the RACGP.[4] GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component. General Practitioners see around 80% of the population in any one year, and in rural areas, there is additional pressure to provide services to their patients not just in primary care, but also to provide clinical management of patients in local hospital settings, or to organise transfers to services outside of the region.[5]

Integrated with psychosocial support services, the GP role can better address the physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated. Research indicates that the co-location of primary care and specialist mental health staff can provide significantly improved integration of care for people with mental health problems[6] and some General Practitioners in the Barossa have expressed interest in the concept of locating a Peer Worker employed by NGO mental health services within their practices. The effectiveness and safety of Peer Workers in mental health care is supported by numerous studies, with peer support leading to improved self-esteem, self-efficacy and overall mental health outcomes, as well as reducing hospital re-admissions, and enhancing patient engagement with treatment plans.[7]

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[4] Higgins, N *Time to recognise GPs' mental health contributions: RACGP President,* NewsGP, 10 October 2023

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

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

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

Professor Sharon Lawn from Flinders University is currently researching the impact of Peer Workers in several GP practices across Australia, including rural settings, and has advised that it would be possible to share key elements of this approach such as the service model, job descriptions and referral pathways to support further exploration of this option within general practice in the Barossa.

Additionally, New Zealand's Mental Health and Wellbeing Commission is delivering a successful model called Access and Choice, integrating Peer Support Workers, Health Improvement Practitioners (HIPS) and Health Coaches into general practice settings, and an evaluation report of the model is now available.[8] Feedback from the Barossa indicates that GPs spend a considerable amount of time in providing lifestyle coaching, and Health Coaches could free up this time. Further mechanisms for integrating psychosocial support services into general practice settings could also be explored, including shared electronic health records and joint training sessions.

The Enhance Barossa Mental Health Final Report May 2023[9], has identified key service access and entry issues, missing services, long wait times for services, a lack of transport options and uneven knowledge among GPs regarding mental health care and accessing specific services. It must be noted that addressing unmet need for psychosocial support will not fix all of the issues identified by EBMH, and they remain high priorities for the community.

Prejudice and discrimination surrounding mental health is prevalent in the Barossa, and service providers have emphasised the need for increased education and awareness around mental health issues in general. The SA Mental Health Commissioner is currently working to adapt New Zealand's Tall Trees training program to South Australia, to empower communities to address prejudice and discrimination in mental health locally through community action and storytelling, and the Commissioner has flagged the Barossa as a potential site for partnership in this training as a result of the unmet need project work to date.

Our consultation emphasised the need to integrate the "warm referral" approach, increasingly used in Commonwealth services such as Head to Health. Warm referral involves contacting a service for, or with the person, rather than simply providing contact information, and can include organising introductions, sharing information and making appointments. Consultations identified high levels of goodwill amongst the service provider leadership teams in the Barossa, making this a particularly effective mechanism.

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

[9] Upstream Social Innovation, *Enhance Barossa Mental Health Final Report May 2023*

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

Additionally, it should be noted that The Barossa Council and Flinders University have undertaken a substantial amount of work to begin co-designing a model of social prescribing for the Barossa region, led by Dr Candice Oster. Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services, and the recently released report, Co-Designing Social Prescribing for the Barossa[10] highlights the need to raise awareness and determine processes for social prescribing for local community and health providers. The MHCSA is now in conversation with Mental Health GP Shared Care, Office of the Chief Psychiatrist (OCP) SA Health, to explore social prescribing workforce education opportunities.

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

Advice from current non-government mental health service providers in the area is that recruitment for the approximately 20FTE staff required for this level of investment would be possible. The suggested approach to contracting is to call expressions of interest followed by a detailed co-design process, similar to that undertaken for the Urgent Mental Health Care Centre[11]. The expression of interest would specify key program parameters, including broad accessibility, a strong focus on Head to Health and GP referral, and a minimum number of 3.5 FTE Peer Workers. Additional funding of $100,000 pa would be allocated to independent University-based capacity to co-design impact data collection and reporting, supporting quality improvement and including assessing economic impact.

[10] Flinders University, *Co-Designing Social Prescribing for the Barossa* Caring Futures Institute 2024

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

Addressing the Unmet Need for Psychosocial Support

in the Barossa Valley Area

Background:

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

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

The Richmond Report of 1983[12] and the Burdekin Report[13] released ten years later, highlighted the need to redress the gap created as de-institutionalisation was occurring but without sufficient investment in community support. The imbalance between hospital care and community based supports was recognised in Australia's original National Mental Health Policy[14], and this policy included the aspiration to change the mental health investment mix to increase investment in NGO delivered community-based services. However, after five National Mental Health Plans and a Roadmap, the problem has not yet been addressed.

In 2020, the Productivity Commission[15] estimated that 11,000 South Australians had severe mental ill-health and a need for psychosocial support. In Action 17-3 the Commission wrote that *'State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.'* This has been the catalyst for the commissioning of an unmet needs study on psychosocial support services nationally, and South Australia was the first jurisdiction to do this work.

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

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

[14] Commonwealth of Australia, *National Mental Health Policy 1992,* Commonwealth of Australia 1992

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

The Unmet Mental Health Service Need in South Australia That Could Be Met by the NGO Sector 2023[16], commissioned by the Office of the Chief Psychiatrist (SA Health), compares existing purchased and provided psychosocial support services from known commissioning bodies in SA and the Commonwealth, against the resource needs for psychosocial support predicted by the National Mental Health Services Planning Framework (NMHSPF). The study found that more than 19 000 people with severe mental illness are going without the psychosocial support services that they need. To put this in perspective, this means that only 25% of people with severe mental illness are getting access to the psychosocial supports that they need, with 75% missing out. The Report estimated that the cost to address this gap for the whole of SA is $125m per annum.

The largest psychosocial support programs in SA (until recent re-tendering) were the Individual Psychosocial Rehabilitation Support Service (IPRSS) and Intensive Home Based Support Services (IHBSS). Both have been independently evaluated and shown to be highly effective for the people able to access them. The independent evaluation funded by SA Health, of the SA Intensive Home Base Support Service (IHBSS) program for example, found that 51.4% of people (60.7% regional) receiving access to the community psychosocial supports said these helped them to avoid a future hospital admission.[17]

Investing in Foundational Supports for people with psychosocial disability outside of the NDIS was the subject of strong recommendations in the NDIS Review[18]. This includes addressing the unmet need for psychosocial support. In December 2023, National Cabinet agreed to a 50-50 funding model with states and territories to cover these additional supports, but the timing of this funding is yet to be announced. The Barossa Unmet Need Project is the first to consider a place-based approach to service design and delivery to this expanded cohort.

In their report, Mental Health Services in Australia 2018[19], the Australian Institute of Health and Welfare reported that South Australia utilises emergency departments for mental health presentations at a greater rate, admits more patients to an inpatient setting and has longer wait times in the emergency department than any other state, as well as having a higher seclusion rate than the national average.

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

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

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

[19] AIHW, *Mental health services in Australia 2018*, Australian Government 2018

The Australian College for Emergency Medicine State of Emergency Report November 2022[20], highlighted that South Australian emergency departments continued to have the highest percentage of patients presenting with mental health or behavioural problems in Australia in 2020 - 2021, with on average, 75 patients presenting with mental health or behavioural problems at South Australian emergency departments per day.

In considering the Barossa Valley area for this project, it is noted that the Country SA PHN Needs Assessment Report 2022 - 2025[21], identified a statistically significant increase in the proportion of individuals living with a mental health condition in rural, regional and remote South Australia, and flagged the Barossa Hills Fleurieu Region as the area of highest psychological distress. The report identified the following areas of need:

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

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

Additionally, The Barossa Council and Flinders University have undertaken a substantial amount of work to begin co-designing a model of social prescribing for the Barossa region, led by Dr Candice Oster. Utilising the concept of link workers, social prescribing identifies individual needs to refer people to social activities and social services, and the recently released report, Co-Designing Social Prescribing for the Barossa[22] highlights the need to raise awareness and determine processes for social prescribing for local community and health providers. The MHCSA is now in conversation with Mental Health GP Shared Care, Office of the Chief Psychiatrist (OCP) SA Health, to explore social prescribing workforce education opportunities.

[20] ACEM, *The Australian College for Emergency Medicine State of Emergency Report November 2022*

[21] Country SA PHN *Country SA PHN Needs Assessment Report 2022 - 2025*. Country SA PHN 2022

[22] Flinders University, *Co-Designing Social Prescribing for the Barossa* Caring Futures Institute 2024

As part of the SA Mental Health Services Plan[23], the Department for Health and Wellbeing has undertaken a process of re-tendering the majority of the NGO psychosocial services in South Australia, with re-tendered services offering two streams. The Non-Acute Psychosocial Support Services are for people aged 16 – 64 who have serious mental health conditions, with the aim of enhancing mental wellbeing, improving level of functioning and establishing longer term community connections. These supports will be offered as high, moderate or low levels of care for up to 4 months with possible extension to 12 months. People over 65 unable to access 'other appropriate programs' can also be eligible, and the service can also support people who are likely to be eligible for the NDIS but require support with NDIS access, planning and plan implementation. Safety net support can also be provided to support re-engagement with the NDIS. Referral is only via Community Mental Health teams and the Urgent Mental Health Care Centres.

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

Guiding Principles - From the Re-tendering of NGO Psychosocial Services in SA

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

[23] SA Health *SA Mental Health Services Plan 2020 – 2025*, Government of South Australia 2020

Service elements from LELAN's guiding framework[24] include:

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

LELAN was also invited to co-create a Philosophy of Care[25] for the Urgent Mental Health Care Centre (which has since been revised and updated), to act as a reference point for decision-making, and to ensure that the care that people need in times of distress is always provided. The Philosophy of Care outlines an on-going process looking at physical, environmental and sensory modulation, utilising peer roles, and including personal stories and reflection as part of evaluation processes. The Philosophy of Care and Co-design Report provide guidance regarding how to ensure that the lived experience voice is at the heart of service design and delivery.

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

- Recovery focused, goal-based services

- Designated Peer Worker roles

- Providing early intervention to reduce psychosocial stressors

- Easily accessible when people determine they need support

- Offering open referral to services including walk-in, and with no wrong door

- Providing support across a stepped model of care

- Assisting with navigation of the system

- Providing complex care coordination and outreach

- Offering referral pathways for people with less chronic mental health issues

- Assisting people to learn the skills that they need in their own environment

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

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

- Preventing hospitalisation and filling a gap for those not eligible for the NDIS

- Allowances for more intensive and longer-term support

- Easily re-established care when people transfer between services

- No pressure to exit services

Furthermore, addressing the needs of carers requires specific attention. Family and friends often take on the role of providing primary support for people experiencing mental ill-health, and The 2022 National Carer Wellbeing Survey[26] reported that Australian carers are three times less likely to have high levels of wellbeing compared to the average Australian.

The following Partnership Standards[27] were designed to combine the knowledge and skills of mental health staff with the knowledge and lived experience of mental health carers, and will also act as guiding principles for services developed via this project:

1. Carers and the essential role they play are identified at first contact, or as soon as possible thereafter

2. Staff are 'carer aware' and trained in carer engagement strategies

3. Policy and practice protocols regarding confidentiality and sharing of information are in place

4. Defined staff positions are allocated for carers in all service settings

5. A carer introduction to the service and staff is available, with a relevant range of information across the care settings

6. A range of carer support services is available

[26] Carers Australia *Caring for Others and Yourself: 2022 National Carer Wellbeing Survey Full Report* 10 October 2022

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

Project Setting – Barossa Valley

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

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

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

Feedback from local GPs in the Barossa indicates that mental health issues are the most common presentation in their general practice settings, in line with recent findings by the RACGP[28]. For a sixth consecutive year, GPs nationally have reported that psychological issues were the most common general practice presentation, with almost 40% of consultations in a typical week including some mental health component. A preliminary data extraction from one GP Practise showed that 25% of patients had a presenting diagnosis that may be associated with a need for psychosocial support.

General Practitioners see around 80% of the population in any one year, and in rural areas, they are under pressure to provide services to their patients in primary care, but also to provide clinical management of patients in local hospital settings, or to organise transfers to services outside of the region.[29] Integrated with psychosocial support services, the GP role can better address physical health needs of people with severe mental ill-health, who experience lower life expectancy and poorer physical health outcomes than the general population, and face fragmentation in how mental and physical health care are coordinated.

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[28] Higgins, N *Time to recognise GPs' mental health contributions: RACGP President,* NewsGP, 10 October 2023

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

Consultation

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

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

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

At the time of the Barossa consultation in March 2024, the state-wide re-tendering of SA Department for Health and Wellbeing (DHW) funded one-on-one psychosocial support services was completed, and the NGO service providers who were successful in the BHFLHN attended the Barossa consultation workshop. While core components of current tender specifications for NGO services will remain central to the delivery of new services including minimum qualifications and a recovery focus, the workshop noted some key features that are currently not possible in the current DHW funded services and, in particular, accessibility. Discussions highlighted the need for a specific focus on child and youth mental health, given that more than 75% of mental health issues are established by the age of 25.[30]

[30] Beyond Blue https://www.beyondblue.org.au/mental-health/youth Accessed 27 May 2024

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

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

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

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

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

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

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

How to Address the Barossa Unmet Need?

Access and Entry Points

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

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

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

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

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

1. Head to Health Phone Service

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

2. General Practice

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

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

3. Community Mental Health Service

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

4. Direct Referral – Including Self-Referral

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

Integration of access and entry processes with other services will also require local co-design work and a range of services were identified in the consultation as places attended by people with severe mental illness and psychosocial support needs as follows:

- COBH Country Wellness Connections provides free community-based metal health support
- Regional Access offers three counselling sessions funded by Country PHN, and can offer more than three if required
- Lutheran Care Community Connections offers bridging services to connect people to targeted support
- Feros Care provides free welfare checks for people not on the NDIS, along with other NDIS related support
- Rent Rite SA provides referral to financial counselling, advice on rights as a tenant and representation at SACAT hearings

Intake and Needs Assessment

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

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

Key features of intake and needs assessment:

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

Individual Support Planning

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

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

NGO staff will work alongside the person to assist them to access the support that they need, and this may require coordination across multiple providers and settings. Priority areas may include accessing counselling, accessing or maintaining suitable housing, developing daily living skills, managing finances and budgeting, meal planning and cooking, accessing social and recreational activities, accessing education, training, vocational activities or employment. NGO services will flex up or down as needed to assist with avoiding or recovering from crisis, including supporting clinicians such as GPs to make the least restrictive choices such as avoiding hospitalisation in settings out of the community. Support to improve physical health will include working with a GP to encourage a healthier lifestyle, and support to manage comorbidities such as AOD.

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

Service Design Considerations

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

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

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

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

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

Partnerships and Integration

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

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

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

The new NGO psychosocial services could play a role in social prescribing to this cohort of people, and utilise a Peer Worker link with GP practices. The opportunity for this would be through the Barossa Social Prescribing Co-Design Project and the work of Flinders

University and The Barossa Council. Implementing the new NGO psychosocial services is also an opportunity to meet the elements of the Equally Well Consensus Statement.[31]

Additionally, New Zealand's Mental Health and Wellbeing Commission is delivering a successful model called Access and Choice, integrating Peer Support Workers, Health Improvement Practitioners (HIPS) and Health Coaches into general practice settings, and an evaluation report of the model is now available.[32] Feedback from the Barossa indicates that GPs spend a considerable amount of time in providing lifestyle coaching, and Health Coaches could free up this time. Further mechanisms for integrating psychosocial support services into general practice settings could also be explored, including shared electronic health records and joint training sessions.

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

Workforce Considerations

Research indicates that the co-location of primary care and specialist mental health staff can provide significantly improved integration of care for people with mental health problems, but only if staff understand their roles and responsibilities and work collaboratively together. Integrated care arrangements could include information sharing systems including shared electronic health records, shared protocols and training, the co-location of services, and the provision of multidisciplinary teams.[33] Additionally, New Zealand's Mental Health and Wellbeing Commission is delivering a successful model called Access and Choice, integrating Peer Support Workers, Health Improvement Practitioners (HIPS) and Health Coaches into general practice settings, and an evaluation report on the first three years of its operation is now available.[34]

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

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

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

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

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

In 2021, the Australian Government Department of Health released the guidance document, *Peer workforce role in mental health and suicide prevention*[35], highlighting the importance of the peer workforce as especially helpful for vulnerable groups such as children and adolescents, older persons, and people from CALD, Aboriginal and Torres Strait Islander or LGBTIQA communities, as Peer Workers with this shared experience and expertise can help people to better communicate their needs, feel more comfortable, and support their recovery efforts. The lived experience of Peer Workers can lead to a unique connection with and motivation of people requiring psychosocial support. Experienced NGO mental health services already employ people in designated lived experience roles and are aware of their obligation to support Peer Workers to work to their full scope of practice.

The Fifth National Mental Health and Suicide Prevention Plan[36] recognises the strengthening of the mental health peer workforce as an important element of the wider mental health workforce and of the multidisciplinary team environment, however Peer Workers are the most underutilised resource in rural and remote mental health service provision[37]. Country areas experience a high level of prejudice and discrimination surrounding mental health, and country participants of the 2023 MHCSA Mental Health Month Roundtable emphasised the importance of building the lived experience workforce as well as the potential role of Peer Support Workers in providing psychosocial support within rural general practice settings as a way to address this[38].

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

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

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

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

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

Extrapolating from the SA Unmet Needs study based on the NMHSPF, the workforce required to meet the unmet psychosocial support needs of a population of 25,000 in the BHFLHN is approximately 20 FTE including a minimum of 3.5 FTEs in designated Peer Worker roles. Local NGO providers advised that recruitment of this quantity of qualified workers will be possible without investing in workforce development. The expression of interest should encourage proposals with higher numbers of Peer Workers, incentives for rural work, and support for ongoing professional development, and this would increase the range of options that the co-design process could consider.

Impact Reporting and Continuous Improvement

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

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

estimated that the IHBSS program would more than pay for itself in terms of cost-offsets of reduced hospitalisation.[39]

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

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

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