Science.
Compassion.
Action.

NSW Pre-Budget Submission 2024-25

January 2024

About the Black Dog Institute

We all know mental health in Australia needs to be better and that's our goal at Black Dog Institute. As a global leader in mental health research and the only Medical Research Institute in Australia to investigate mental health from childhood through to later stages of life, we know there is no one-size-fits-all solution to the challenges we're facing together.

Our research findings give us hope for the future and by rapidly translating our research into evidence-based programs, services, and products, that hope can become reality. We want the best information we have available to be in the hands of the people who need it. To assist them, their loved ones, their students, their workplaces, and their communities.

The Institute is proud to be a trusted partner of government, clinicians, First Nations leaders, industry, workplaces, schools, and philanthropists across the country. We know that through hard work, continuous knowledge sharing, and being led by evidence, we can help to provide better mental health for all Australians and transform the mental health system.

Our areas of strength include suicide prevention, digital mental health, workplace mental health, new treatments, and prevention in young people. We connect research answers, expert knowledge, and the voices of lived experience – to deliver better solutions across the healthcare system for patients and practitioners alike.

We're for better mental health through:

Science

Our research identifies the scientific foundations on which we can develop practical and real-world programs. We're always searching for new and better ways to do things and we won't stop there.

Compassion

We listen and learn from those with lived-experience of mental illness – who know first-hand the mornings, the nights, the moments when someone just wants to feel better, just wants to have a better day. This guides and informs everything we do.

Action

We connect the dots to turn research into better treatments, programs, policies, workplaces, classrooms and understanding of community and ways for reconciliation and healing.

Executive summary

NSW has the opportunity to move from being Australia's laggard to leader in mental health. In doing so, it will not only lift wellbeing and quality of life outcomes for NSW citizens, but will also unlock productivity in workplaces, increase rates of educational engagement for young people, and protect essential workforces (particularly teachers, nurses and emergency service workers) from burnout and mass attrition.

The current numbers are not encouraging. Psychological distress in NSW has almost doubled in the past decade[1]. Rates of depression, anxiety and suicidality have steadily increased by significant margins, especially among young people[2]. At the same time, investment into state-funded mental health services has flatlined, leaving an ever-widening gap between what the community needs and the resources available to provide these critical services[3].

NSW now invests the least per capita into mental health services, compared to all other states and territories in Australia[4]. NSW is the only Australian jurisdiction that has reduced its per capita investment over the past decade[5]. This underinvestment has devastating effects on both people trying to seek help and the mental health workforce trying to provide support – wait-times are prohibitively long, services are stretched and understaffed, and help seekers often reach crisis point before they are able to access care[6]. The situation is even worse for those living in rural, regional, and remote areas[7].

Timing is critical and the window of opportunity is narrowing. Without immediate investment and reform, leading mental health organisations in the state warn that the workforce is on the brink of collapse, which will take decades to rebuild[8].

Despite this, we believe a better system is not only possible but urgently necessary. The following submission provides evidence-based, policy-aligned and costed recommendations for achieving better mental health in NSW. This involves reform not only in the mental health system itself but also in the wider health system, schools, workplaces and research institutions.

Turning the tide of mental health in NSW will require a visionary whole-of-government approach. It will require intensive, long-term investment and systemic reform. The legacy of such a reform, however, will extend for generations and have benefits for a wide range of sectors. From cost savings in the areas of emergency care, justice, child protection, housing and homelessness, to uplifts in productivity, innovation and social equity; investment into mental health has a multiplier effect on all other areas of government policy.

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[1] HealthStats NSW. (2021).
[2] Ibid.
[3] Productivity Commission (2023)
[4] Australian Institute of Health and Welfare (AIHW; 2023)
[5] Ibid.
[6] NSW Mental Health Commission (2023)
[7] Ibid.
[8] NSW Mental Health Alliance (2023)

Recommendations

1. Better mental health services in NSW

1.1. Appropriate and equitable funding for mental health: NSW Health allocates funding to mental health proportionate to burden of disease, with yearly increases tied to population growth and projected demand. Within this, funding should be prioritised for community-based mental health services, particularly in rural, regional and remote areas and areas of low socio-economic status.

1.2. Mental health revenue stream: The NSW Government develop a reoccurring revenue stream to provide dedicated ongoing funding for mental health services, which may include implementing a Mental Health Payroll Levy, similar to that implemented in Victoria and Queensland.

1.3. Regular service and workforce planning: NSW Government conduct a regular independent gap analysis of State-funded mental health services in NSW to identify funding and workforce gaps, including providing a clear view on service demand and role vacancies in NSW, publishing annually at a region-level, by PHN–LHN groupings.

1.4. Scale up existing programs: Expand the existing psychosocial support packages (HASI/CLS) in NSW by 2,500 in the first year, increasing to 10,000 within four years. Establish a network of 'Step-up Step-Down' services by an additional 130 places for people to access short-term residential programs that reduce hospital admission in NSW.

2. Better mental health in NSW schools

2.1. Evidence-based mental health programs in schools: Develop evidence-based guidelines for mental health and wellbeing programs run in school settings, including a process for regular evaluation.

2.2. Invest in teacher wellbeing: Fund the implementation and evaluation of the NSW teacher mental wellbeing program to address increased psychological stress and burnout in the education workforce.

3. Better mental health for the NSW health workforce

3.1. Prioritise nurse wellbeing: Fund the NSW Nurse Wellbeing Proposal in conjunction with additional health reform initiatives.

3.2. Cultural training: Mandate that 95% of staff in the NSW healthcare workforce to have completed First Nations Cultural Training each financial year, with the training content reviewed every two years to ensure continued community support.

3.3. Care for First Nations workforce: Provide genuine support for the social and emotional wellbeing of First Nations healthcare workers through investing in Aboriginal and Torres Strait Islander Employee Assistance Programs and provisioning

specialised psychological services adept in addressing grief, trauma, lateral violence, loss, and the ramifications of racism and oppression.

4. Better health in NSW workplaces

4.1. Promote mental health in the workplace: Roll out and evaluate the Protecting and Promoting Mental Health at Work program in NSW, to educate workplaces about psychosocial risks at work, with an initial focus on the NSW public sector.

4.2. Empowering workplaces: Make the Mentally Healthy Workplace Assessment Tool (MHAT) available to all workplaces in NSW via a dedicated online platform.

4.3. Workplace compensation: Continue efforts to reform the Workers Compensation Scheme to promote evidence-based early intervention for workers with psychological injury.

5. Better suicide prevention in NSW

5.1. Suicide Prevention Act: Allow for extensive public consultation on the proposed Suicide Prevention Act including making provisions for a lived experience working group.

5.2. Safe Havens: Expand the Safe Haven program to be open in times of heightened need, with a view of opening additional Safe Havens in high-need rural, regional and remote areas.

5.3. Emergency Department Reform: NSW Health to pilot and roll out best practice guidelines for suicide prevention in emergency departments.

6. Better mental health research

6.1. Medical Research Funding: Continue funding ground-breaking research in NSW through the Medical Research Support Program.

6.2. Medical Research Strategy: Develop a new Medical Research Strategy with sector collaboration to ensure it meets the needs of both government and industry.

6.3. BDI Better Mental Health Centre: Support proposal to develop Australia's first comprehensive mental health care centre (full proposal to come jointly from BDI and SESLHD in the near future).

1. Better mental health services in NSW

Issue

The mental health system in NSW is in crisis, driven by decades of systemic underinvestment[9]. NSW invests the least per capita into mental health compared to all other jurisdictions. Despite mental health representing 13% of NSW's total burden of disease, investment into mental health only represents 7% of NSW's total health budget.[10] In fact, NSW is the only State in which public spending on specialised mental health services per capita has gone backwards since 2016-17 (See Figure 1 below). Without urgent investment, the gap between what is needed and what is provided will continue to grow year on year.

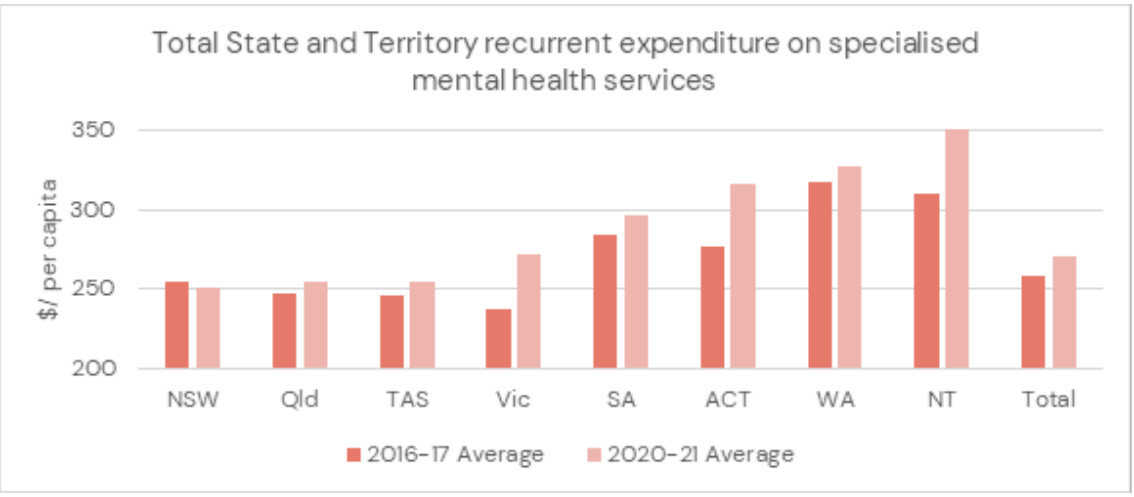


Figure 1: Total State and Territory recurrent expenditure on specialised mental health services. Productivity Commission. (2023 -1). Table 13A.2

This has impacted the provision of mental health service for consumers and clinicians across the sector. For consumers, they have found it harder to access timely, affordable care, especially if they are from a First Nations background, live in our regions or from areas with higher levels of socioeconomic disadvantage.[11] Consumers consistently report difficulty finding and accessing the service that they need, with a fractured and underfunded system leaving the consumer to navigate it for themselves or their loved one, and many falling through the cracks. As one member of our Lived Experience network described:

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[9] Mental Health Coordinating Council. (2023 -1).
[10] Australian Institute of Health and Welfare. (2021).
[11] Australian Bureau of Statistics. (2021 – 2), Pirkis, J., Currier, D., Harris, M & Mihalopoulos, C. (2022) and Productivity Commission. (2023 -1). Table 13A.17

"Unless you are very wealthy, which most of us are not nor ever likely to be, you cannot get the care you need in the public system, when you need it, for as long as you need it, throughout your life, not even in Sydney."
– Stephen (Consumer)

For the mental health workforce, the continued lack of funding has led to a system that is in a constant state of crisis and workplace conditions are leading to high rates of staff attrition and burnout.[12] The lack of funding means that hospitals simply cannot provide the workplace conditions to attract enough staff to deliver the care that people need, causing significant moral injury to mental health clinicians that are left. The incredibly committed workforce cannot deliver the evidence-based care they know that consumers need because of under-resourcing.[13] This leaves them feeling overworked and under resourced, with high levels of burnout, all contributing to ongoing low staff morale and a staff attrition.

Approach

The most urgent step for the NSW government to take to address the above issues, is to raise the proportion of health funding for mental health services to make it commensurate with the burden of disease.

The question is always, how would the government fund such an investment? We acknowledge that there are significant economic headwinds that the State faces, much of which is beyond the control of the government. To raise funds for this critical investment, the NSW government should implement a payroll tax surcharge providing a dedicated stream of funding for mental health services in NSW. The idea has precedence and has already been implemented successfully in Victoria and Queensland.

The Victorian Mental Health and Wellbeing Levy imposes a surcharge of 0.5% on employers whose taxable wages are more than $10 million and 1% on those with total Australian wages of more than $100 million. This measure raised $912 million for mental health services in 2023-24 – greatly increasing the investment levels into mental health from the previous budget, before the levy was implemented.[14]

In addition to increasing overall funding, there are several other actions that the government should take to improve current funding arrangements. Currently, NSW spends a higher proportion of its mental health budget on in-patient acute care versus community mental health services. Whilst acute care is vital, community mental health services provide crucial care to people experiencing moderate or severe mental health concerns which are being

[12] Mental Health Coordinating Council. (2023 -1).
[13] Ibid
[14] Victoria Department of Treasury and Finance. (2023)

treated in the community. Consumers consistently rate community mental health services as being a better overall experience for them.[15]

Two such community mental health programs are 'supported mental health housing through the HASI/ CLS programs' and 'short-term residential programs' for people experiencing severe episodes of mental ill health. Both these programs minimise the risk of hospitalisation and take strain off the already stretched acute care settings.

The NSW government should ensure that mental health funding is allocated equitably amongst mental health services and that programs such as the HASI/ CLS and short-term residential programs are expanded to meet increasing demand.

Lastly, to track the increase in demand for mental health services, the NSW government should commit to annual reviews of the gaps in the mental health system overall using the National Mental Health Service Planning Framework. We welcomed the commitment made by the Minister for Mental Health Rose Jackson on a gap analysis for mental health beginning in 2024. However, this needs to be an ongoing process to ensure mental health services are meeting the needs of the community.

Recommendations

1.1. **Appropriate and equitable funding for mental health:** NSW Health allocate funding to mental health proportionate to burden of disease, with yearly increases tied to population growth and projected demand. Within this, funding should be prioritised for community-based mental health services, particularly in rural, regional, and remote areas and areas of low socio-economic status.

1.2. **Mental health revenue stream:** the NSW Government develop a reoccurring revenue stream to provide dedicated ongoing funding for mental health services, which may include implementing a Mental Health Payroll Levy, similar to that implemented in Victoria and Queensland.

1.3. **Regular service and workforce planning:** NSW Government conduct a regular independent gap analysis of State-funded mental health services in NSW to identify funding and workforce gaps, including providing a clear view on service demand and role vacancies in NSW, publishing annually at a region-level, by PHN–LHN groupings.

1.4. **Scale up existing programs:** Expand the existing psychosocial support packages (HASI/CLS) in NSW by 2,500 in the first year, increasing to 10,000 within four years. Establish a network of 'Step-up Step-Down' services by an additional 130 places for people to access short-term residential programs that reduce hospital admission in NSW.

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[15] NSW Health. (2022)

2. Better mental health in NSW schools

CC: Minister for Education and Early Learning

Issue

Almost one in three children in Year 8 in NSW are experiencing significant levels of psychological stress, with 15% experiencing severe symptoms of depression and almost 20% experiencing severe anxiety. Most concerningly, one in twenty Year 8 students are experiencing high or very high levels of suicidal ideation. These statistics, from our Future Proofing Study, the largest longitudinal survey of the mental health of adolescents in Australia, are even higher amongst young people who are gender or sexuality diverse.[16]

Without investment in the prevention and treatment of mental ill health in our young people, these concerning rates will continue and could negatively impact psychosocial and educational aspects of their lives. For example, mental ill-health has significant effects on a student's school attendance, engagement, attainment and achievement.[17] When a child is struggling with a mental health condition, they miss double the number of school days.[18] Missing school for extended periods each year can leave the student years behind their cohort in terms of educational attainment and social skills.

Teachers are another group within NSW who are struggling with mental ill health concerns at an increasing rate. The COVID pandemic, increased job demands, and job insecurity have led to rising levels of stress, anxiety, depression and burnout in the profession.[19] Almost half of the 5000 teachers surveyed by the Black Dog Institute were considering leaving the profession in the next 12 months, highlighting the seriousness of this issue.

Approach

There has been approximately $500 million in Commonwealth and State funding allocated for student wellbeing in the National Student Wellbeing Program and the Student Wellbeing Boost. But there are currently no guidelines for how this substantial sum of money should be used by schools.[20] Positive mental health outcomes for students cannot be achieved without guidelines ensuring that funded programs are evidence based.

This call out was echoed in the recent Review to Inform a Better and Fairer Education system (the Review), with the expert panel specifically recommending that there be a national

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[16] Black Dog Institute. (2023 – 1)
[17] Goodsell B et al (2017).
[18] Productivity Commission. (2020.)
[19] Black Dog Institute. (2023. - 2)
[20] Australian Government Department of Education, Skills and Employment. (2023)

measure to evaluate the effectiveness of mental health and wellbeing programs in schools.[21] To enact this expert recommendation, the NSW government should develop evidence-based guidelines for mental health programs in schools with a mechanism for regular independent evaluation to ensure effectiveness.

Secondly, there is currently no dedicated funding towards teacher wellbeing programs. The Black Dog Institute has a NSW Teacher Wellbeing Proposal which, if funded, could be implemented and evaluated, and rolled out across the State at scale. This program aims to address the increased psychological stress and burnout in the education workforce described above and can help to reverse the concerning trend of teacher attrition.[22]

Recommendations

2.1. Evidence-based mental health programs in schools: Develop evidence-based guidelines for mental health and wellbeing programs run in school settings, including a process for regular evaluation.

2.2. Invest in teacher wellbeing: Fund the implementation and evaluation of the NSW teacher mental wellbeing program to address increased psychological stress and burnout in the education workforce.

[21] O'Brien et al. (2023).
[22] Full proposal available on request

3. Better mental health for the NSW health workforce

CC: Minister for Health and Department of Health, Minister for Aboriginal Affairs and Treaty and Aboriginal Affairs New South Wales

Issue

Healthcare workers in NSW have kept the State running during some of the most difficult times in recent memory, and that has taken a toll on the mental health of its workforce. Prior to the pandemic, frontline healthcare workers were already at high risk of mental illness compared to the general population.[23] The pandemic had a compounding negative impact on this already at-risk group. A recent Australian study of nurses found a high prevalence of depression (32%), anxiety (41%) and stress (41%).[24] Concerningly, there has also been a rise in the percentage of nurses and midwives with clinically significant symptoms of PTSD.[25]

These worrying statistics correspond to the growing number of nurses considering leaving the profession. Workforce retention within healthcare is a major concern, with experiences of work stress, burnout, and mental illness being known risks for absenteeism and workforce exodus.[26] A recent report from the NSW Nurses and Midwives Association found over half (58%) of those who responded to questions on career intentions plan to leave their current roles within the next five years, and 37% plan to resign within 12 months.[27] This type of exodus of highly skilled workers would decimate NSW's healthcare system.

For the First Nations healthcare workforce, issues of burnout and attrition have been particularly profound. A strong Aboriginal and Torres Strait Islander workforce within the health care system is essential in adapting the health system to meet the unique requirements of First Nations Australians. First Nations health and community service professionals merge technical skills with an inherent sociocultural insight, optimising consumer care, broadening service reach, and providing culturally responsive care.[28]

Speaking to our network of First Nations healthcare workers and their workplaces, many of these highly skilled First Nations workers are experiencing overwhelming cultural workload in addition to the industry-wide stress also felt by their counterparts. This has resulted in this

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[23] Harvey, S.B., et al. (2021.) Mata, D.A., et al., (2015) Petrie, K., et al., (2021.) Petrie, K., et al., (2018.) Gärtner, F.R., et al.,
[24] Maharaj, S., T. Lees, and S. Lal, (2018.)
[25] Sharpin, G., M. Brinn, and M. Eckert, (2023)
[26] Davey, M.M., et al., (2009) & Salvagioni, D.A.J., et al., (2017.)
[27] Scanlan, J.N. and M. Still, (2019.) & Sharpin, G., M. Brinn, and M. Eckert, (2023.)
[28] Anderson I, Ewen SC & Knoche DA (2009) & West R, Usher K & Foster K (2010)

workforce enduring considerable social and emotional wellbeing (SEWB) disturbances and organisations reporting high attrition rates.

Approach

Since 2020, the Black Dog Institute has been collaborating with WorkSafe Victoria to improve the mental health of Victorian nurses. The optics of NSW's only mental health medical research institute having funding from Victoria to support its healthcare workers, but not within our own State is concerning. Using the work we have already done with WorkSafe Victoria, we propose to rapidly implement a similar program in NSW through our NSW Nurse Wellbeing Proposal.

In Victoria, we consulted with nurses employed across 12 Victorian healthcare organisations, to develop a new intervention program for nurse leaders. The aim of this program is to upskill nursing and midwifery leaders to address work-related risk factors that may impact on the mental health of their staff and to be able to respond better when they notice a staff member struggling. The small group intervention, which has been co-designed with nurses and their leaders, is delivered face-to-face or via live webinar and is developed utilising evidence-based practices.

In addition to upskilling senior nurses and midwives with evidence-based practices in managing mental health matters in the workplace, it is essential that the new wellbeing program also provides training to individual nurses and midwives. Between 2018 and 2021, the Black Dog Institute partnered with NSW Health to develop a new smartphone app for doctors, which could rapidly be modified for nurses and midwives. This app, called *Shift,* provides an unobtrusive and anonymous way to access mental health-related content and tailored information. *Shift* can also deliver therapeutic component adapted from cognitive behavioural therapy (CBT), acceptance and commitment therapy, mindfulness, and psychoeducational material.

While the results of our work to date can inform the first phase of the NSW Nurse Wellbeing Proposal, we need more granular data on the mental health of nurses and midwives in NSW. To better understand the needs of nurses and midwives to be able to provide the State government with real time feedback on the effectiveness of programs and the current mental health status of this workforce, we will engage 5,000 NSW nurses and midwives in an ongoing evaluation of the programs.

For the First Nations Healthcare workforce, there is substantial work that is needed to mitigate the risks of burnout and SEWB disturbance to reverse high attrition rates among staff. From an organisational point of view, this could involve mandating an increased percentage of staff attend Aboriginal Cultural Training each financial year. Training should include in-depth professional training for non-indigenous personnel, decisive management of cultural misunderstandings, and encouraging staff introspection concerning potential implicit biases. This training should also be reviewed every two years by key representatives of the First Nations community to ensure that it is still seen as effective and meaningful.

On an individual level, there is a pressing need to expand the cultural appropriateness of support services made available for First Nations workers. There should be rapid investment in Aboriginal and Torres Strait Islander Employee Assistance Programs (EAP) to provide culturally appropriate support for First Nations healthcare workers. Furthermore, provisions should be made for specialised psychological services adept in addressing grief, trauma, lateral violence, loss, and the ramifications of racism and oppression.

Implementing resources that are tailored to support First Nations healthcare workers aims to address not only the attrition rates among this group but also promote NSW Health as an employer of choice for First Nations healthcare workers. Boosting the number of health and community service workers who identify as First Nations is essential for sustaining and enhancing the SEWB of Australia's First Nations communities in New South Wales. Achieving this relies on making the health and community services sector a culturally secure environment and promoting it as a career choice that nurtures the social and emotional well-being of its workforce.

Recommendations

3.1. **Prioritise nurse wellbeing:** Fund the NSW Nurse Wellbeing Proposal in conjunction with additional health reform initiatives.

3.2. **Cultural training:** Mandate that 95% of staff in the NSW healthcare workforce to have completed First Nations Cultural Training each financial year, with the training content reviewed every two years to ensure continued community support.

3.3. **Care for First Nations workforce:** Provide genuine support for the social and emotional wellbeing of First Nations healthcare workers through investing in Aboriginal and Torres Strait Islander Employee Assistance Programs and provisioning specialised psychological services adept in addressing grief, trauma, lateral violence, loss, and the ramifications of racism and oppression.

4. Better mental health in NSW workplaces

CC: Minister for Work Health and Safety

Issue

The rising burden of mental ill health is being felt across all parts of NSW. However, the economic and social impact is particularly evident in NSW workplaces. There has been a 100% increase in psychological injury claims made to Workcover in NSW and psychological injury is the only major cause of worker injury that continues to rise in the State.[29] Because cases of mental ill health amongst workers tend to take longer to recover, the total cost of mental ill health amongst NSW workers has risen even more precipitously.

Overall, the latest figures show that the annual cost of active psychological injury cases costs the NSW Government more than $1.2 billion dollars. The average yearly cost of one psychological claim in 2022-23 was $52,000, three times as much as an average claim for a physical injury. This number has risen by 114% since 2018-19 and given that in 2022/23, the NSW government had to inject over $2.5 billion into icare to fund claims made, there are serious concerns for the financial sustainability of the scheme.

In response to this worsening crisis, NSW has recently joined other states in modifying the work health and safety laws to include a more explicit focus on psychosocial hazards. Changes to the NSW Work Health and Safety Regulation 2017 (WHS Regulation), which took effect on 1 October 2022, enshrined into law the obligations on employers to eliminate psychosocial risks so far as is reasonably practicable, or otherwise, to minimise these risks as far as practicable.

While Black Dog Institute welcomes this greater emphasis on creating mentally health workplaces, it is apparent that this change in legislation and the accompanying code of practice has caused much confusion within NSW workplaces. Black Dog Institute has been approached by many workplaces desperate to gain further guidance on how they should respond to this change. Without further guidance there is a great risk that, in an attempt to meet their new legal obligations, NSW workplaces will waste time and resources on workplace interventions that are ineffective or, worse still, harmful to workers. Ultimately, the intent of this legislation will go unrealised and NSW workplaces will not become more mentally healthy places that are urgently needed.

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[29] State Insurance Regulatory Authority (SIRA). (2022). & Standing Committee on Law and Justice. (2023). All further references on this page are from the same source.

Approach

The combination of the legislative changes outlined above and the rising burden on mental ill health within NSW workplaces means that a new investment in NSW workers' mental health is urgently needed.

The Black Dog Institute has previously worked productively with SafeWork NSW, SIRA and icare to ensure that NSW workplaces have the best possible information and interventions to protect the mental health of NSW's workers. The NSW government has also previously funded research specifically focused on how to create more mentally healthy workplaces. Independent reviews have shown that these partnerships and government investments have been very productive and beneficial, with an estimated return on investment of $65 for every dollar spent and NSW now seen as leading Australia in knowing how to create more mentally healthy workplaces.[30]

Black Dog Institute is in the unique position to be able to offer the NSW government an integrated package of both ready to implement, practical solutions for NSW workplaces, combined with an embedded program of evaluation. This combination of science and action means that NSW workplaces can get assistance immediately, but with the knowledge that it is based on the best available science and that ongoing evaluation will ensure only the most effective interventions continue to be offered.

Black Dog Institute has already developed a world-first Mentally Healthy Workplace Assessment Tool (MHAT), which allows workplaces to rapidly assess the psychosocial hazards present in their organisation and provides tailored advice for how any issues can be addressed. The scientific validation of this tool has already been conducted, so it is ready to be made available to NSW workplaces. What is required is funding to make the tool accessible via a dedicated online platform.

Black Dog Institute has also developed an educational program for workplaces focused on psychosocial hazards and the new legislative requirements our Protecting and Promoting Mental Health at Work program. In NSW, public sector workers have substantially higher rates of psychological injury than those who work in the private sector. Despite this, they are much less likely to receive this preventative intervention, which is typically provided by larger, commercial organisations. The NSW government should ensure that public sector workers can benefit from this type of training, so that public sector workplaces can be an example of best practice mentally healthy workplaces.

[30] Icare Foundation. (2019).

Recommendations

4.1. **Promote mental health in the workplace:** Roll out and evaluate the Protecting and Promoting Mental Health at Work program in NSW, to educate workplaces about psychosocial risks at work, with an initial focus on the NSW public sector.

4.2. **Empowering workplaces:** Make the Mentally Healthy Workplace Assessment Tool (MHAT) available to all workplaces in NSW via a dedicated online platform.

4.3. **Workplace compensation:** Continue efforts to reform the Workers Compensation Scheme to promote evidence-based early intervention for workers with psychological injury.

5. Better Suicide Prevention in NSW

Issue

Suicide is a complex tragedy in our society, something which impacts not only the individual who dies by suicide, but their family and community. The rate of suicide in NSW has remained steady for a decade at approximately around 10.8 deaths by suicide per 100 000 of population.[31] Whilst it is comforting to see a general plateau, but for some groups, including males and First Nations peoples, it is going up.[32] The cost of suicide is not just a societal one. It is also an economic cost, with estimates putting the cost of suicide in the hundreds of millions, or even billions, for NSW.[33]

At the Black Dog Institute, we have welcomed the strategic initiatives and investments made by the NSW government into suicide prevention. The Strategic Framework for Suicide Prevention in NSW lays out key directions for a whole of government approach to suicide prevention across NSW. It speaks to the need for a whole of community approach to suicide – something which our LifeSpan studies at the Black Dog Institute have shown to reduce self-harm presentations to emergency departments (EDs).[34] However, the long term, high level actions set out in the Strategic Framework will take time and resources to implement, and there are opportunities that are more in the short and medium term where the NSW government can make targeted investments to lower suicide risk more immediately.

Approach

Emergency departments are one setting where immediate reform can take place to lower the risk of suicide in the community. EDs are often the first port of call for someone experiencing suicidal crisis, however, they are not designed for someone in acute crisis and can be retraumatising for the individual who is seeking help, putting them off from accessing services in the future. As one member of our Lived Experience Network described:

> *"I will never go back again (to an ED) because they make me feel unsafe, I feel like I never will be able to get help and I have to sit there, manage an acute active crisis and hope that I have the strength to get out of it. It makes me feel so worthless." (Anonymous)*

At the Black Dog Institute, we have developed a world leading set of Recommendations for EDs to care for someone experiencing suicidal crisis. Originally produced in 2017, our *Recommendations for Integrated Suicide-Related Crisis and Follow-Up Care in Emergency*

[31] There is a fluctuation upwards in 2019, but the rate has remained generally steady.
[32] New South Wales Mental Health Commission. (2022.)
[33] Productivity Commission. (2023 -2)
[34] Black Dog Institute. (2023 -3.)

Departments and Other Acute Settings (the Recommendations) have been updated this year following extensive sector consultation. The Recommendations contain best practice care guidelines for people experiencing suicidal crisis, while addressing the issues that can lead to low patient and carer satisfaction with ED care and lower engagement with ongoing care. They are ready to be piloted by NSW Health and rolled out in hospitals across the State.[35]

However, EDs are not the only place for people to go when they are in a suicidal crisis and there are other alternative pathways for care for people who are experiencing a suicidal crisis. One such pathway is Safe Havens. They provide a calm, non-clinical alternative to hospital emergency departments for people in crisis, which are staffed by peer support workers and can connect consumers to other mental health professionals as required.[36]

There are currently 20 safe havens operating in NSW across the State, and an independent evaluation is being undertaken, but the signs are promising so far.[37] The main issue with the Safe Haven project as of now is that these are only open for limited hours on some days of the week. The NSW government should take immediate action to fund these centres so that they are open at times of urgent need, which, by our estimates will cost the State around $30 million but delivering real and tangible benefits to individuals in the system.

There are also avenues to improve outcomes in the medium term. The Black Dog Institute welcomes the proposed Suicide Prevention Act committed to by the Minns Government. A Suicide Prevention Act can create meaningful change, as seen in the South Australian laws which were passed in 2021.[38] For these laws to be successful and make this change however, the NSW government must make it a genuinely co-designed document with Lived Experience and sector consultation. The NSW government should invest in a Lived Experience Advisory group to oversee the development of the Act whilst also allowing for public consultation from sector stakeholders.

Recommendations

5.1. **Suicide Prevention Act:** Allow for extensive public consultation on the proposed Suicide Prevention Act including making provisions for a lived experience working group.

5.2. **Safe Havens:** Expand the Safe Haven program to be open in times of heightened need, with a view of opening additional Safe Havens in high-need rural, regional and remote areas.

5.3. **Emergency Department Reform:** NSW Health to pilot and roll out best practice guidelines for suicide prevention in emergency departments.

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[35] The Recommendation are available on request
[36] New South Wales Ministry of Health. (2023 -1)
[37] Ibid
[38] Suicide Prevention Australia. (2021.)

6. Better Mental Health Research and Care Delivery

CC: Premier of New South Wales

Issue

Mental Health problems in Australia are becoming increasingly chronic and complex.[39] Chronic conditions require generally longer care periods and engage multidisciplinary care teams.[40] They have a significant impact on the community, with 9 in 10 preventable deaths caused by a chronic condition, causing huge social and economic loss. To prevent and treat chronic conditions, of which mental health is the most prevalent, the NSW government needs to be strategic in its plans and investment to help people live healthier lives.[41]

However, in 2024, NSW Health does not have a current Medical Research Strategy, with the most recent plan lapsing in 2022.[42] Without a strategic plan, the government risks hurting the over $1.9 billion that Medical Research Institutes (MRIs) in NSW, like Black Dog Institute, generate for the State in better health outcomes in the community. It is important that NSW creates a strategic plan to guide resources and investment into medical research. This will strengthen the research capabilities of the State, align the goals of the sector and government and create better conditions for the commercialisation of medical research, unlocking a potentially lucrative market as well as producing life changing treatments for the population in NSW.

The way we deliver our health services must also adapt to this change. Our hospitals and health precincts need to be set up in a way to match the consistently higher rates of mental ill health and provide care that helps people to get better. Yet investment in mental health research, research translation, and the trial and implementation of emerging models of care is still languishing behind other health care areas. New South Wales (NSW) has an opportunity to lead Australia's response to the mental health crisis. With smart investment, New South Wales could establish itself as the Mental Health State.

Approach

The rising levels of chronic illness in Australia requires both investment and strategic planning from the NSW government to unlock the opportunities of medical research. Firstly, the NSW government must continue to fund the ground-breaking research undertaken by MRIs like Black Dog Institute through the Medical Research Support Program (MRSP). The unique translational lens that MRIs bring take the very best research and translate that into real world

[39] Sax Institute. (2022)
[40] Australian Institute of Health and Welfare. (2023)
[41] Ibid
[42] New South Wales Ministry of Health. (2022)

outcomes for consumers. MRIs bring an economic return of almost 4x for every dollar invested by government in social and economic benefits.

Secondly, the NSW government should begin immediate consultation for a new medical research strategy in the State and include provisions for an expert committee to act as an advisory group. Without a strategic plan for medical research in the State, the goals of the sector may not always be aligned with the government, leading to inefficient outcomes for both parties. This should begin as a matter of urgency as there is no current plan for medical research in the State.

Lastly, with the right investment in health infrastructure, the NSW government can also make NSW the mental health State and revolutionise mental health care. Black Dog Institute is currently working together with Southeast Sydney Local Health District (SESLHD) and the Randwick Health and Innovation Precinct (RHIP) to develop a proposal for how new models of combining healthcare, research and education could help address the rising burden of mental ill health. The NSW government's vision for the RHIP is "to be a transformative and collaborative place of excellence solving global challenges to enhance and nurture lifelong health."[43]

At the core of the proposal will be an ambition to build Australia's first Comprehensive Mental Health Care Centre, the BDI Better Mental Health Centre. The model of care provided would be a modified version of that first developed within cancer care services. Comprehensive Cancer Care Services have emerged over recent decades with a key aim of co-locating research and clinical services, creating a culture of discovery, scientific excellence, transdisciplinary research, and collaboration extending far beyond the generation of new knowledge.

There is now a large body of research that shows patients receiving care from a Comprehensive Cancer Care Service, have substantially better outcomes.[44] The patient experience of these services can be a seamless integration of research, education, and clinical care. Just as these centres have revolutionised cancer care, we believe that this model of care can transform mental health care in NSW. The co-location and integration of research will allow for faster, more meaningful translation of promising research into new clinical care.

The proposed new facility will bring together research and innovation with both local, state-wide, and private clinical services to encourage greater collaboration and more rapid research translation. The success of this new model of care requires a broad range of clinical services to be present. This type of proposal will require support at all levels of government and could potentially benefit greatly from being able to include one of the proposed Head to Health Centres. The inclusion of a Head to Health Centre would allow the site to become a beacon of best practice for how other centres can be operated in line with best practice and the latest evidence.

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[43] New South Wales Ministry of Health (2023 -2).
[44] Wolfson, A et al, (2015) & Black Dog Institute. (2023-4)

Recommendations

6.1. **Medical Research Funding:** Continue funding ground breaking research in NSW through the Medical Research Support Program

6.2. **Medical Research Strategy:** Develop a new Medical Research Strategy with sector collaboration to ensure it meets the needs of both government and industry.

6.3. **BDI Better Mental Health Centre:** Support proposal to develop Australia's first comprehensive mental health care centre (full proposal to come jointly from BDI and SESLHD in the near future).

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%20psych%20distress,Moderate%20level%20of%20psych%20distress,High%20level%20of%20psych%20distress,Very%20high%20level%20of%20psych%20distress)
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