phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

MENTAL HEALTH

2025-2027 Needs Assessment

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Overview

The World Health Organisation defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being. At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition (1).

The term mental illness describes conditions diagnosed by a medical professional that significantly affect how a person thinks, feels and interacts with other people. Mental health problems or concerns can also interfere with a person's cognitive, emotional or social abilities; however the severity of their impact does not meet thresholds for a mental illness or mental health disorder.

In the context of primary health care, an individual's mental health care pathway is founded upon a stepped care approach. Stepped care aims to match a person presenting to the health system with the least intensive level of care that most suits their current treatment need, with the ability to monitor treatment experiences and outcomes to enable a step up or down in treatment intensity as necessary.

To identify the most appropriate level of care, the Initial Assessment and Referral Decision Support Tool (IAR-DST), an evidence-informed tool, has been implemented by PHNs since 2022 to support the initial assessment and referral of individuals presenting with mental health concerns in primary health care settings (2). The IAR-DST is rated across 8 domains including symptom severity and distress, risk of harm, functioning, impact of co-existing conditions, service use and response history, social and environmental stressors, family and other supports, and engagement and motivation. A level of care, between 1 to 5, is recommend based on the ratings entered by the referrer into the IAR-DST after a comprehensive mental health assessment.

The five levels of care in the IAR are defined to sit across the spectrum of mental health concerns:

1. **IAR Level 1: Self-management.** Evidence based digital interventions and other forms of self-help.
2. **IAR Level 2: Low intensity services.** Services that can be accessed quickly & easily and include group work, phone & online interventions and involve few or short sessions.
3. **IAR Level 3: Moderate intensity services**. Moderate intensity, structured and reasonably frequent interventions (e.g., psychological interventions)
4. **IAR Level 4: High intensity services.** Periods of intensive intervention, typically, multidisciplinary support, psychological interventions, psychiatric interventions, and care coordination.
5. **IAR Level 5: Specialist and Acute Community Mental Health Services.** Specialist assessment and intensive interventions (typically, state/territory mental health services) with involvement from a range of mental health professionals (3).

Key needs

- 71% of GPs report psychological issues in their top 3 reasons for presentation
- There is an increase in severity of mental health related issues
- Self-reported prevalence of a mental health condition varies across the region from 11.7% in Marrickville-Sydenham-Petersham SA3 to 5.0% in Hurstville SA3
- There are a number of vulnerable population groups who experience a higher prevalence of mental health concerns, including:
    - Aboriginal people
    - Children and young people
    - LGBTIQ+ peoples
    - Multicultural communities
    - Older people
    - Veterans
    - People experiencing social isolation
    - People engaging in harmful levels of gambling
- In 2021-21 there were 106 mental health related emergency department presentations per 10,000 population and 102.4 overnight admitted mental health-related hospitalisations per 10,000 population.

Key gaps

- Access to child mental health services (including a multidisciplinary approach)
- Access to Psychiatrists across all speciality areas including Children, older people, ADHD and autism
- Availability of psychological therapies for people experiencing severe and complex mental illness
- Affordable access to services for eating disorders
- Availability of longer-term therapy for Eye movement desensitisation and reprocessing (EMDR) therapy and dialectical behavioural therapy (DBT)
- Therapy for children who have experienced Domestic and Family Violence and people have left a relationship that experienced Domestic and Family Violence
- Access to therapy in language.

Prevalence of mental health issues

Mental health in adults

The 2021 Census reported the number of people with selected long-term health conditions across the CESPHN region. A total of 102,526 people responded that they had a mental health condition (including depression or anxiety). This accounted for 6.6% of the CESPHN population and 5.9% of long-term health condition responses; the highest proportion for specific, identified long-term health conditions.

Within the CESPHN region, Marrickville-Sydenham-Petersham SA3 had the highest proportion of the population respond in the Census that they had a mental health condition (11.7%), followed by Leichhardt SA3 (8.9%) and Sydney Inner City SA3 (8.7%) (4).

Table 1: Number and proportion of population with mental health condition by SA3, CESPHN region, 2021

SA3	People with mental health condition	Proportion of people in SA3 with mental health condition
Botany	3,313	5.6%
Canada Bay	4,689	5.4%
Canterbury	6,683	4.7%
Cronulla-Miranda-Caringbah	7,684	6.5%
Eastern Suburbs – North	7,298	5.7%
Eastern Suburbs – South	8,694	6.5%
Hurstville	6,614	5.0%
Kogarah-Rockdale	7,505	5.1%
Leichhardt	5,029	8.9%
Lord Howe Island	10	2.2%
Marrickville-Sydenham-Petersham	6,427	11.7%
Strathfield-Burwood-Ashfield	10,914	6.8%
Sutherland-Menai-Heathcote	8,667	7.8%
Sydney Inner City	18,999	8.7%
CESPHN	102,526	6.6%

Source: ABS, 2022

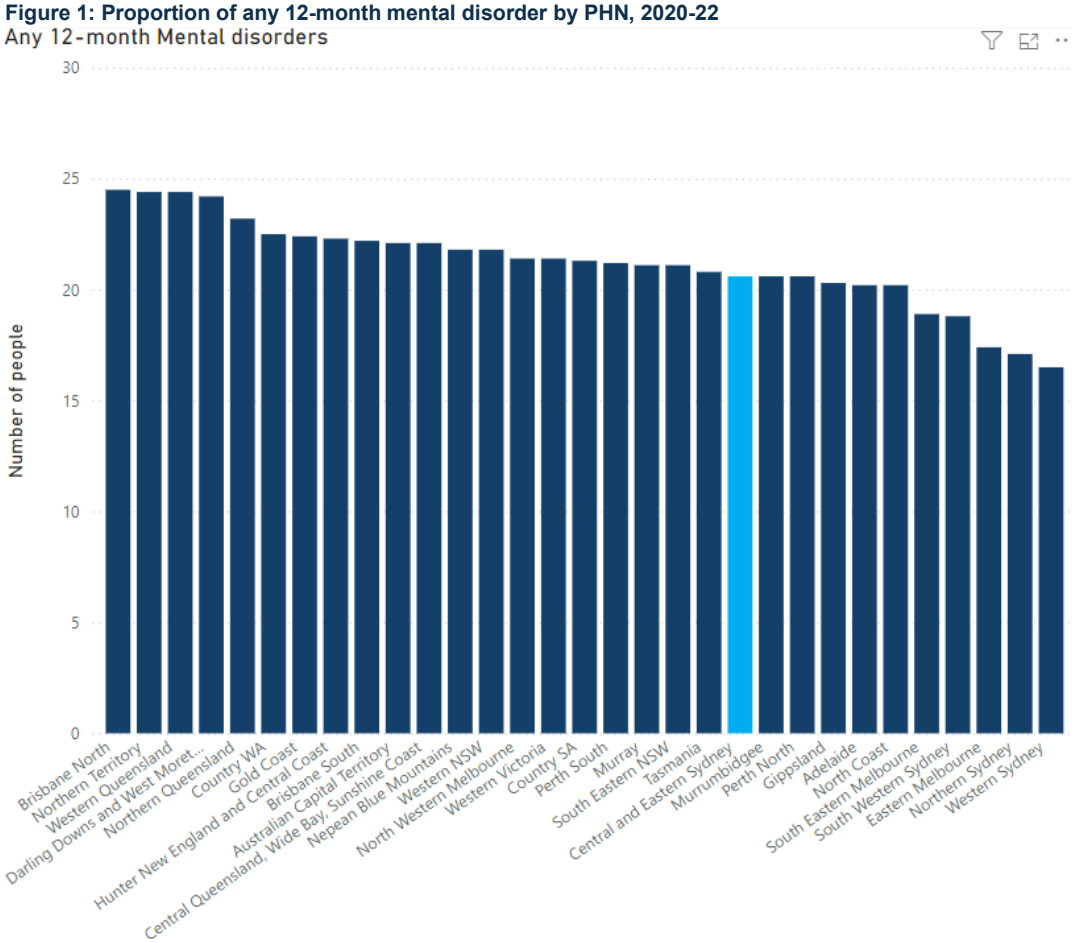
Mental health by condition

In 2024, the ABS released PHN level data from the National Study of Mental Health and Wellbeing report which measures the prevalence of mental health disorders among Australians aged 16-85 years old. The analysis of data at a PHN level used for this needs assessment has been derived using modelled estimates for people who have had symptoms of a disorder in the 12 months prior to completing the survey.

Any mental disorder

The modelled estimates show that 20.6% of the CESPHN population have been diagnosed or had symptoms of a mental disorder in the last 12 months. This is above the New South Wales rate of 19.8% but below the national rate of 21.5% (5).

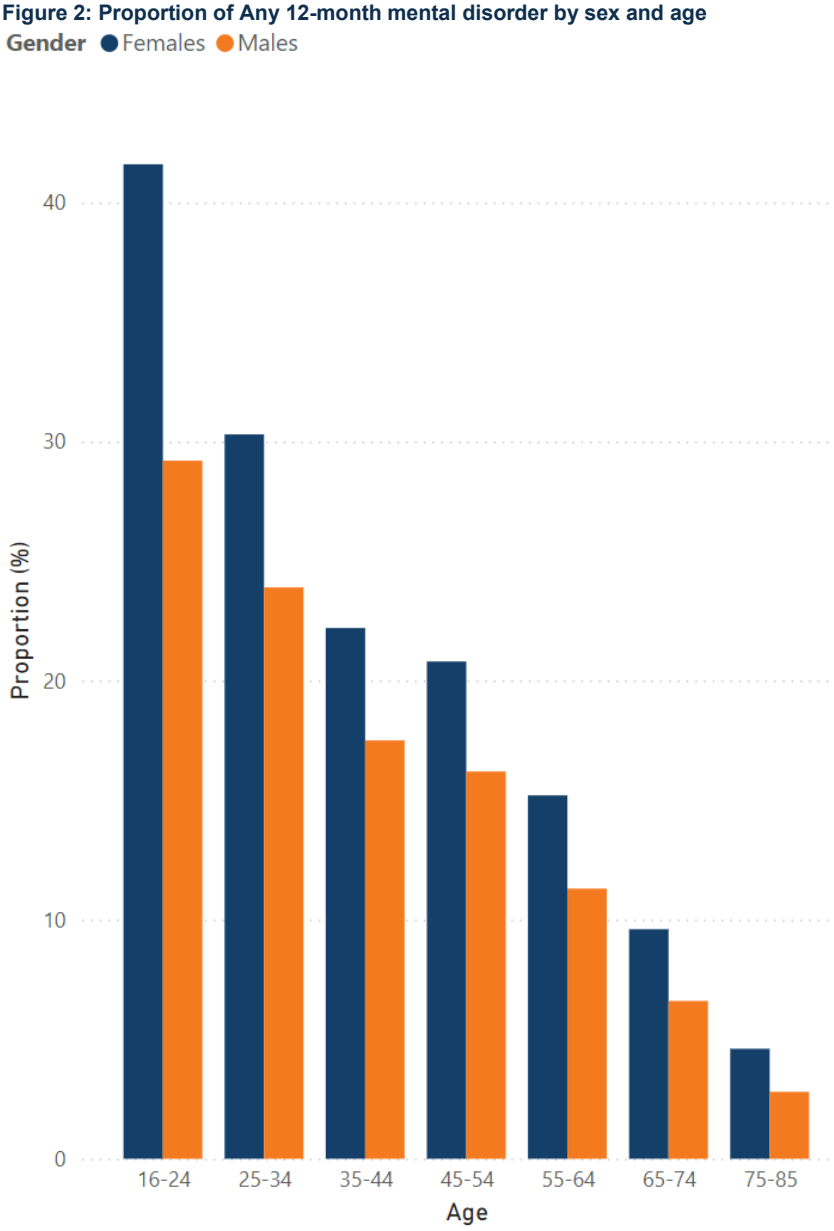
Figure 1: Proportion of any 12-month mental disorder by PHN, 2020-22



Source: ABS, 2024

Looking at the CESPHN population, prevalence is highest in the youngest age group, with 41.6% of females and 29.2% of males aged 16 – 24 years having a mental disorder. Prevalence progressively decreases across age ranges, to the oldest age group of 75-86 years where 4.6% of females and 2.8% of males have a mental health condition. Females have a higher prevalence across all age groups (5).

Figure 2: Proportion of Any 12-month mental disorder by sex and age

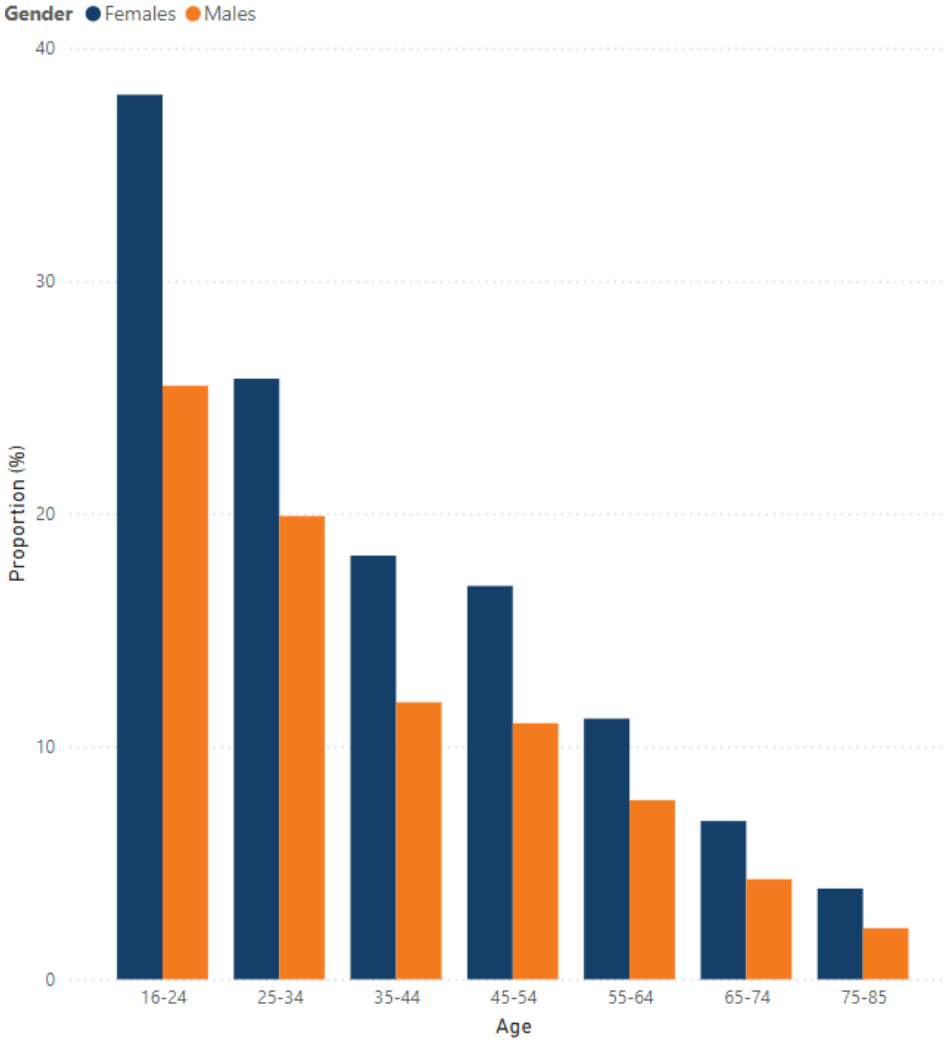


Source: ABS, 2024

Anxiety disorder

Anxiety disorders can include but are not limited to panic disorder, agoraphobia, social phobia, generalised anxiety disorder, obsessive-compulsive disorder, and post-traumatic disorder. Consistent with any mental disorder, anxiety disorder is more prevalent in younger age groups where 38.0% of females 25.5% of males aged 16-24 years report having had an anxiety disorder in the last 12 months, with only 3.9% of females and 2.2% of males aged 75-85 years old having had an anxiety disorder. Across all age groups females have a higher prevalence of an anxiety disorder (5).

Figure 3: Proportion of 12-month anxiety disorders by age and sex

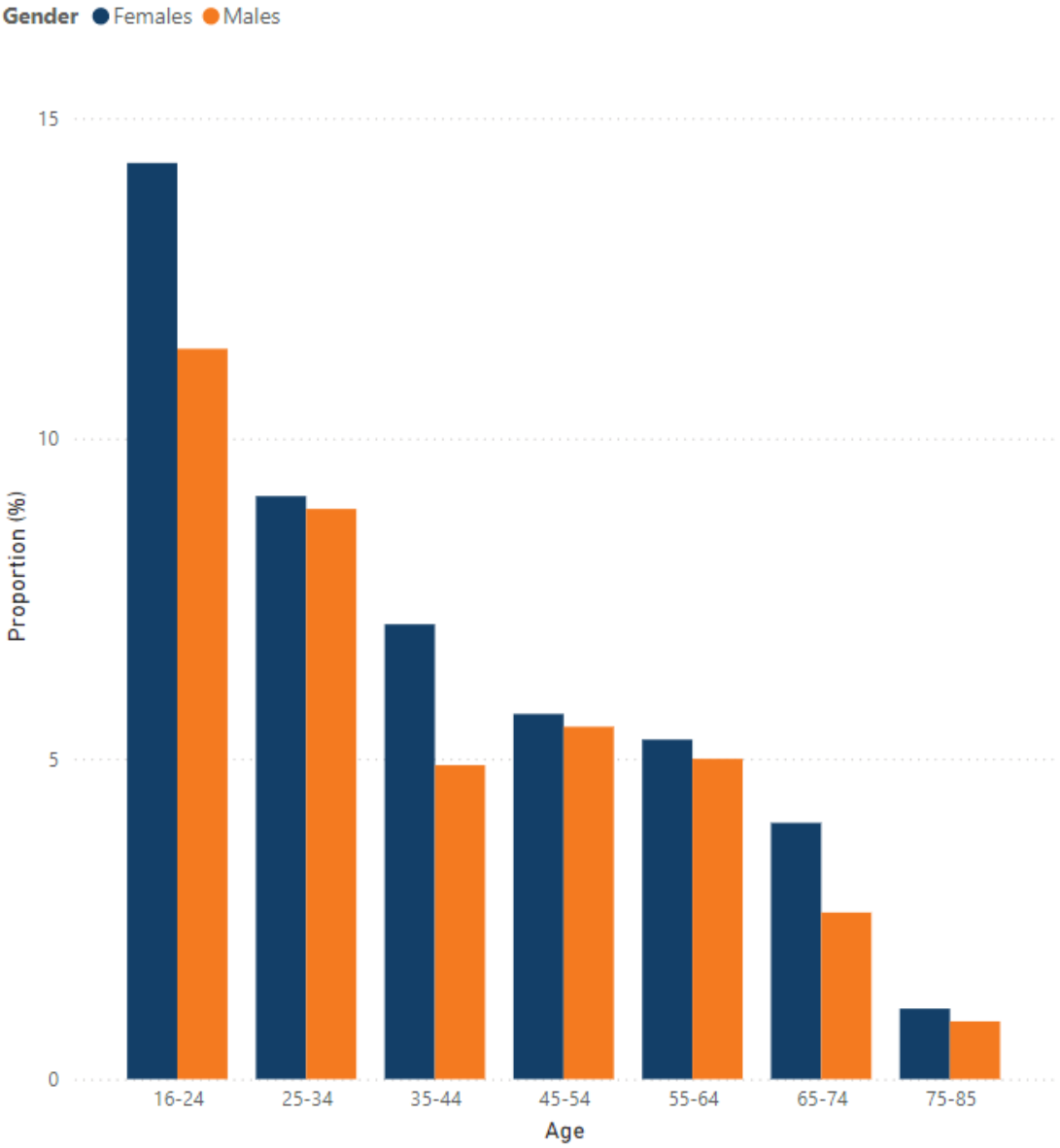


Source: ABS, 2024

Affective mood disorders

Affective mood disorders can include Depressive episodes, dysthymia and bipolar affective disorder. Affective mood disorders are also more prevalent in younger age groups where 14.3% of females and 11.4 % of males aged 16-24 years in the CESPHN region have had an affective mood disorder in the last 12 months, with only 1.1% of females and 0.9% of males aged 75-85 reporting the same (5).

Figure 4: Proportion of 12-month affective mood disorders by age and sex



Source: ABS, 2024

Comorbidity of mental disorders and physical health conditions

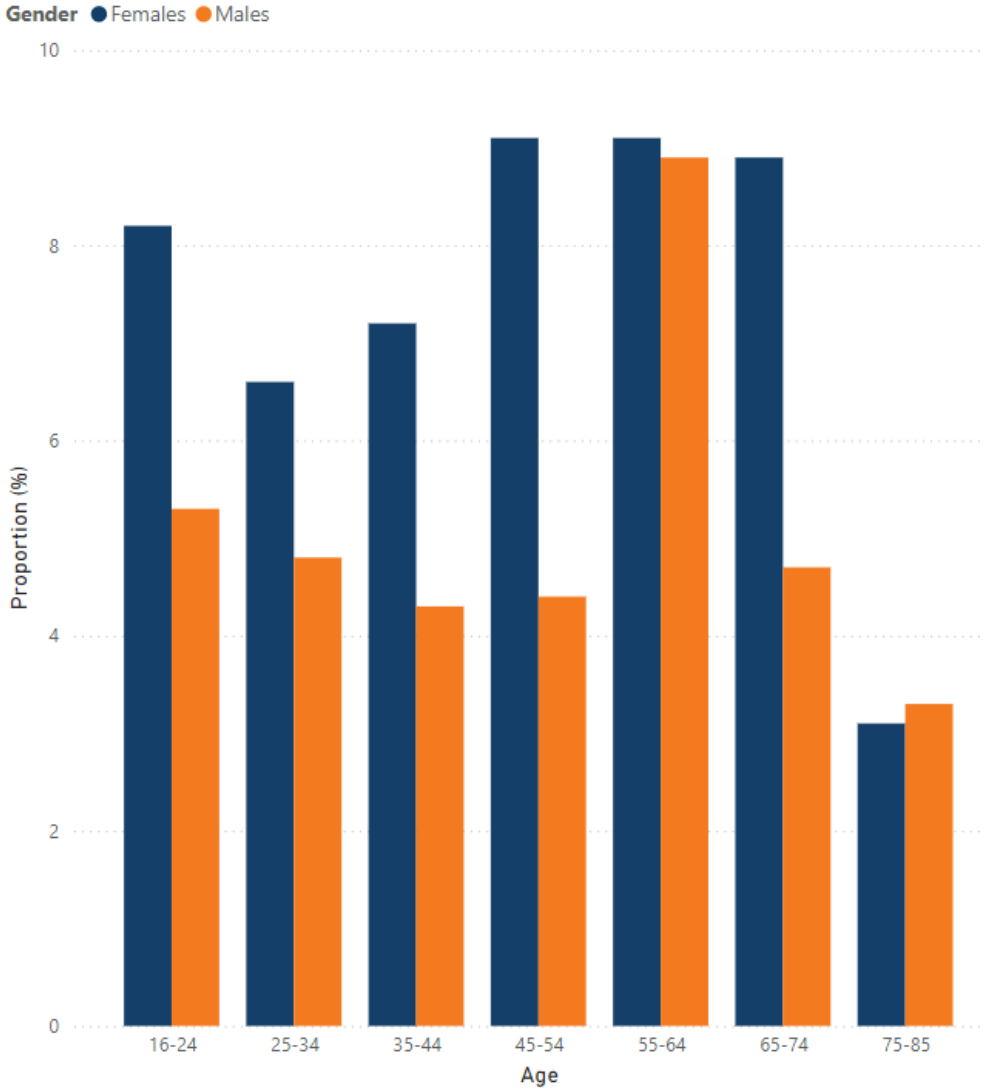
Comorbidity is the co-occurrence of more than one disease and/or disorder in an individual. A person with co-occurring diseases or disorders is likely to experience more severe and chronic medical, social and emotional problems than if they had a single disease or disorder (6).

Within the CESPHN region, 6.4% of the population have a comorbidity of a mental disorder and a physical condition. This is lower than the NSW and Australian rates of 7.5% and 8.4% respectively. Across females, the 45-54 and 55-64 age groups have the highest rate with 9.1% of people in both age groups having a comorbidity of a mental disorder and a physical condition. Among males those

aged 55-64 have the highest rate with 8.9% of this age group experiencing comorbidity of a mental disorder and a physical condition.

For the analysis, the measure of having physical conditions has only been included where a person reported having been told by a doctor or nurse that they currently had the long-term physical health condition, which had lasted, or was expected to last, for 6 months or more. The physical conditions for the analysis are arthritis, osteoporosis, asthma, cancer (including remission), dementia, diabetes (excluding during pregnancy), heart disease, effects of a stroke, chronic kidney disease, and bronchitis or emphysema (5).

Figure 5: Proportion of co-morbidity and mental health disorders by age and sex



Source: ABS, 2024

Mental health in children and young people

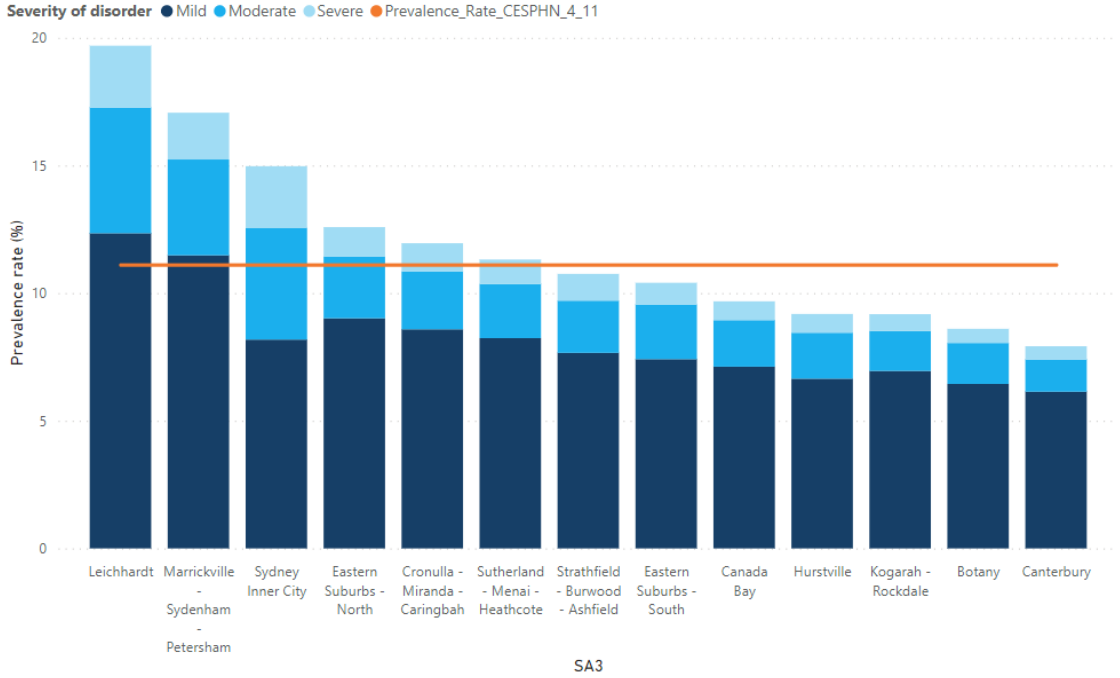
Mental illnesses have a peak age of onset at 15 years, with 63–75% of onsets occurring by 25 years (7). This is also whilst an individual is going through a period of profound biological (hormonal and neural), psychological, and social change. Being able to identify and treat young people within the 12-25 years age range can have a profound effect on the rest of their lives.

The synthetic prevalence estimates of mental health issues among 4-17 year-olds in the CESPHN region is 11.7%, which is lower than the national rate (14.9%) across all severity levels (8).

However, there are SA3 areas where the prevalence estimates are higher:

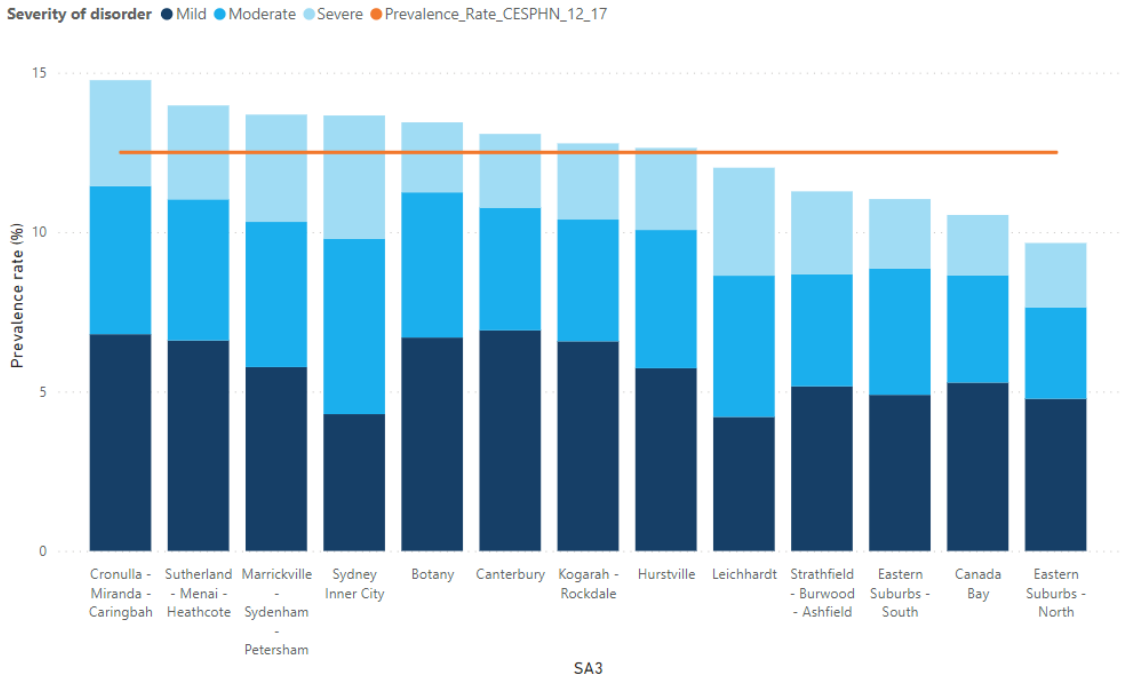
- For children aged 4-11 years old with any disorder:
  - Leichhardt (19.6%), Marrickville–Sydenham–Petersham (17.7%), Sydney Inner City (15.0%), Eastern Suburbs–North (12.6%), Cronulla–Miranda–Caringbah (12.0%), and Sutherland-Menai-Heathcote (11.3%) SA3 had higher prevalence estimates than the CESPHN rate (11.1%)
- For young people 12-17 years old with any disorder:
  - Cronulla-Miranda-Caringbah (14.8%), Sutherland-Menai-Heathcote (13.9%), Marrickville–Sydenham–Petersham (13.7), Sydney Inner City (13.66), Botany (13.4), Canterbury (13.1), Kogarah-Rockdale (12.8%), and Hurstville (12.6%) had higher prevalence estimates than the CESPHN rate (12.5%)
- For children aged 4-11 years old with moderate mental health issues:
  - Leichhardt (4.9%), Sydney Inner City (4.4%), Marrickville-Sydenham-Petersham (3.8%), and Eastern Suburbs North (2.4%) had higher prevalence estimates than the CESPHN moderate mental health rate (2.3%)
- For children aged 12-17 years old with moderate mental health issues:
  - Sydney Inner City (5.5%), Cronulla-Miranda-Caringbah (4.6%), Botany (4.6%), Marrickville-Sydenham-Petersham (4.6%), Leichardt (4.4%), Sutherland-Menai-Heathcote (4.4%), and Hurstville (4.3%) had higher prevalence estimates than the CESPHN moderate mental health rate (4%)
- For children aged 4-11 years old with severe mental health issues:
  - Leichhardt (2.4%), Sydney Inner City (2.4%), Marrickville-Sydenham-Petersham (1.8%), Eastern Suburbs North (1.2%), Cronulla-Miranda-Caringbah (1.1%), and Strathfield-Burwood-Ashfield (1.05%) had higher prevalence estimates than the CESPHN severe mental health rate (1%)
- For children aged 12-17 years old with severe mental health issues:
  - Sydney Inner City (3.9%), Leichhardt (3.4%), Marrickville-Sydenham-Petersham (3.4%), Cronulla-Miranda-Caringbah (3.3%), and Sutherland-Menai-Heathcote (2.9%) had higher prevalence estimates than the CESPHN severe mental health rate (2.6%)

Figure 6: Prevalence of mental health illness in children aged 4-11 years, by severity of disorder and SA3, 2021



Source: Young Minds Matter, 2023

Figure 7: Prevalence of mental health illness in young people aged 12-17 years, by severity of disorder and SA3, 2021



Source: Young Minds Matter, 2023

Children's mental health difficulties can present differently to adult mental health difficulties. Mental health vulnerabilities or difficulties in infants and children might include frequent or intense struggles with their emotions, thoughts, behaviours, learning or relationships. They might have trouble calming

down, struggle to control their moods, find it challenging to be separated from a parent, or have problems sleeping, eating or engaging at school.

Aboriginal people

It is well documented that Aboriginal people have poorer mental health outcomes than non-Aboriginal people. A social and wellbeing approach that is sensitive to the unique needs and experiences of Aboriginal people can promote mental health in a way that is both culturally relevant and holistic. By acknowledging the impact of historical trauma, emphasising cultural connection, strengthening community bonds, and providing access to culturally appropriate services, this approach can lead to meaningful improvements in mental health and overall wellbeing and needs to be considered when service planning.

In the 2021 Census, 2,241 people aged 15 years and over who identified as being Aboriginal and/or Torres Strait Islander reported that they had a mental health condition (including anxiety or depression). This equates to 19.5% of the CESPHN Aboriginal population. Within the CESPHN region, Leichhardt IARE had the highest rate of mental health conditions among Aboriginal and/or Torres Strait Islander peoples aged 15 and over (25.2 per 100 people), followed by Sydney – City IARE (24.2 per 100 people) and Marrickville (22.4 per 100 people) (9). In contrast the CESPHN rate is 7.5 per 100 people in the population aged 15 years and over (4).

Mental health in multicultural communities

There are considerable gaps in data and information on the prevalence of mental illness in people from CALD backgrounds and their experiences with the mental health system. Generally, people from CALD backgrounds are at greater risk of developing a mental health condition and seek treatment later. They also tend to have a higher number of involuntary admissions.

CALD populations accessing mental health support are at times unaware of mental health services that could assist, meaning that significant opportunities for early intervention are absent. For newer migrant and refugee populations, the adjustment to a new country, separation from family and past traumas can lead to mental health conditions that, when finally assessed by a mental health professional, may appear complex and enduring due to the delay in early help-seeking.

With many newer refugees arriving having been exposed to conflict, there is a higher risk of suicidality and a strong need for services that can provide a culturally led and trauma-informed response.

This is discussed in further detail in the Health and Wellbeing of people from Multicultural Backgrounds chapter of the needs assessment.

LGBTQI+ Community

The Lesbian, Gay, Bi-sexual, transgender and gender diverse, intersex, and queer community (LGBTIQ+) is a diverse cohort a with range of different health and service needs. Whilst local mental health specific data for the region for LGBTIQ+ peoples is not available, national level research is available and is applicable to this region. Research has found that compared to non-LGBTIQ+ individuals, LGBTIQ+ individuals across virtually all societal contexts experience elevated rates of

psychological distress, mood-related disorders such as depression, and anxiety, and demonstrate high rates of suicidal ideation and attempts (10). In a survey report which captures the data from six surveys across the population, established that in the LGBTIQ+ adults cohort, 57.2% (n=3,818) of respondents reported high or very high levels of psychological distress in the 10-item Kessler Psychological Distress Scale (K10). This proportion is four-times greater than the 13.0% reported among the general population in Australia (10). It is also important to recognise that within the LGBTIQ+ community there are mental health disparities between Sexually Diverse Populations, Trans and Gender Diverse Populations and Intersex population.

Research has also established that participation in LGBTIQ+ community or social events/activities may promote social protective effects against or reduce feelings of distress among trans and gender diverse individuals and contribute to improvements in their subjective sense of wellbeing (10).

This is discussed in further detail in the LGBTIQ+ chapter of the Needs Assessment.

Older people including those in aged care facilities

Mental distress and mental health conditions are common in later life (11). The modelled estimates at a PHN level from the National Study of Mental Health and Wellbeing identified that 8.2% of the population aged 65-74 years of age and 3.8% of the population aged 75-85 years have been diagnosed with or experienced symptoms of a mental disorder in the last 12 months (5).

Some of the key issues that older Australians face that may impact their mental health include:

- Depression and anxiety triggered by factors such as loss of independence, bereavement and other chronic health conditions
- Social isolation and loneliness associated with either living alone or moving away from family
- Access to mental health services where barriers such as availability of services, lack of awareness or stigma may exist.
- Access to clinicians and support systems that have experience working with older people and may not be aware of the nuanced concerns and/or support needs of older people.

Veterans

The NSW Office for Veterans Affairs 2021 census data showed that there are 42,900 veterans living in the Sydney Metropolitan area, with 9350 active Australian Defence Force (ADF) members (12). It is estimated that close to 40% of discharged members in NSW move to the Sydney area, and the CESPHN region hosts a number of military bases and facilities.

Psychosocial factors are considered one of the main risk factors in suicide ideation amongst veterans and serving members of the ADF. A 2022 report showed that rates of suicide are 27% higher amongst ex-serving males compared to currently serving members, and 107% higher amongst female veterans.

Transitional difficulties can centre around lack of civilian support systems, a perceived lack of purpose and a lack of social circles for veterans to move into upon discharge (13). The 2020-21 National Health Survey also showed that nearly 40% of veterans were living with a disability and faced several health risk factors, such as poor diet, smoking and lack of physical exercise (14).

People experiencing social isolation

Loneliness and isolation can be caused by several factors, including living alone, lack of community, economic reasons, retiring or a change in personal circumstances, or being a carer. Social isolation is universally understood to be a chronic health condition which negatively affects both physical and mental health, leading to physical symptoms such as headaches, tiredness and problems with sleeping, as well as negative mental health conditions including anxiety and depression (15).

Social isolation was identified as a key issue affecting residents of the Sydney region through CESPHN's consultation with stakeholders. Social isolation was a cause for concern amongst the priority groups identified in this Needs Assessment, such as the LGBTQI+ population, the multicultural community and the older-adults cohort.

The Voices of Solitude: Loneliness and Social Isolation Among Older Adults in NSW report (16) found that 60% of those surveyed were lonely, and 50% socially isolated. For older LGBTQI+ people this increased to 71%. This report also showed that carers, people living with a disability and First Nations residents often experienced the most severe impacts of loneliness.

Gambling harm

Gambling harm was also identified as a significant issue in the region. Australians have the largest per capita gambling losses per capita in the world, losing approximately $25 billion on legal forms of gambling each year (17).

Gambling often co-occurs with other mental health disorders such as depression, anxiety, insomnia or drug and alcohol use and smoking. The impact of gambling harm can impact family, friends and community. These harms can include financial insecurity and loss of accommodation, employment disruption or loss, coercive control and domestic and family violence, relationship breakdowns, increased suicidality and criminal behaviour. Gambling harm has been associated with an increased risk of suicidality. Gambling harm disproportionally impacts Aboriginal communities, and the greatest number of electronic gaming devices (poker machines) are in the most disadvantaged communities (17).

In 2023, people residing in the Central and Eastern Sydney region lost $5.5 million to electronic gaming machines (18). In Quarter 4 of 2022, the Canterbury-Bankstown local government area recorded the highest losses than any other local government area in NSW with over $178 million (19). Part of this LGA, the Canterbury SA3 is in the CESPHN region and it has the lowest Socio-Economic Indexes for Areas (SEIFA) values in the region at 914.

CESPHN recently commissioned a multicultural health navigator service. This program aims to provide in-language health navigation support to four multicultural communities, and as part of this support, the navigators will be trained to support people with gambling related issues access services. Navigators will also be attuned to supporting people experiencing social isolation and be able to link them with supports, services and groups in the community.

Other vulnerable groups

Additional groups who are at elevated risk and/or facing unique challenges are:

- Asylum seekers and refugees

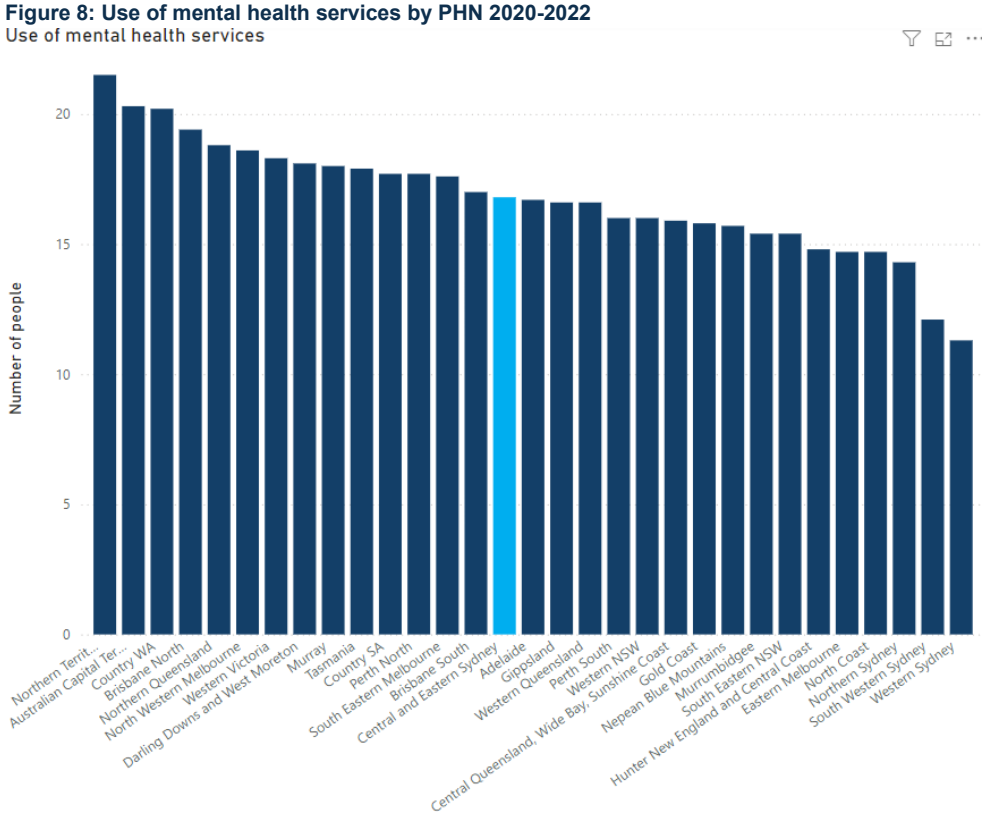
- Parents experiencing perinatal mental health issues
- People who are homeless or at risk of homelessness
- People with an intellectual disability (discussed in disability chapter)
- People living in highly disadvantaged areas
- People with co-existing alcohol and other drug issues
- Family and carers of people experiencing mental illness
- Neurologically divergent people.

Access and utilisation of mental health service

For people experiencing mental health symptoms, a General Practitioner (GP) is often the first health professional they will disclose to. The 2024 RACGP's General Practice Health of the Nation report stated that 71% of GPs (up from 61% in 2017) have reported that psychological conditions are in their patients' top three reasons for presentation. In addition, 38% of GP consultations in a typical week include a mental health component (20).

As part of the national study of Mental Health and Wellbeing, the ABS have provided modelled estimates for individuals who accessed any health professional over a 12-month period. Within the CESPHN population we can expect 16.8% of the population to have accessed any health professional for their mental health. This is lower than the national rate of 17.4% (5).

Figure 8: Use of mental health services by PHN 2020-2022

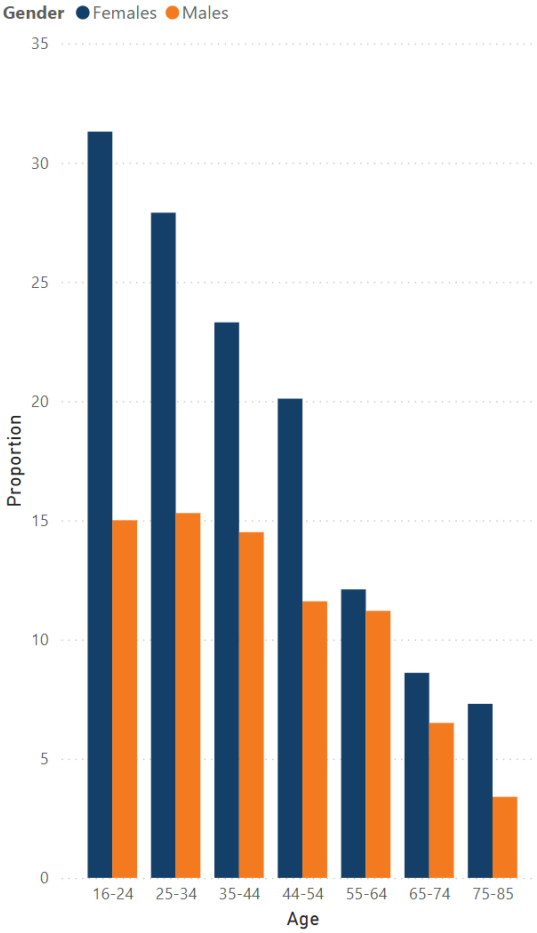


Source: ABS, 2024

When looking at age and sex breakdowns of mental health related consultations, the rate of females accessing services is higher in every age group, and younger people are more likely to access health professionals for their mental health. The rate of people accessing health professionals is decreasing across every age grouping. The same trend is seen when accessing digital technologies, with young females the most likely to access digital technologies and males aged 65-85 least likely to access digital technologies. The use of digital technologies is defined as using a phone, internet or another digital technology to access services such as crisis support or counselling services, online treatment programs and tools to improve mental health, and mental health support groups and forums. However, internet based CBT programs such as This Way Up have been found to be acceptable to

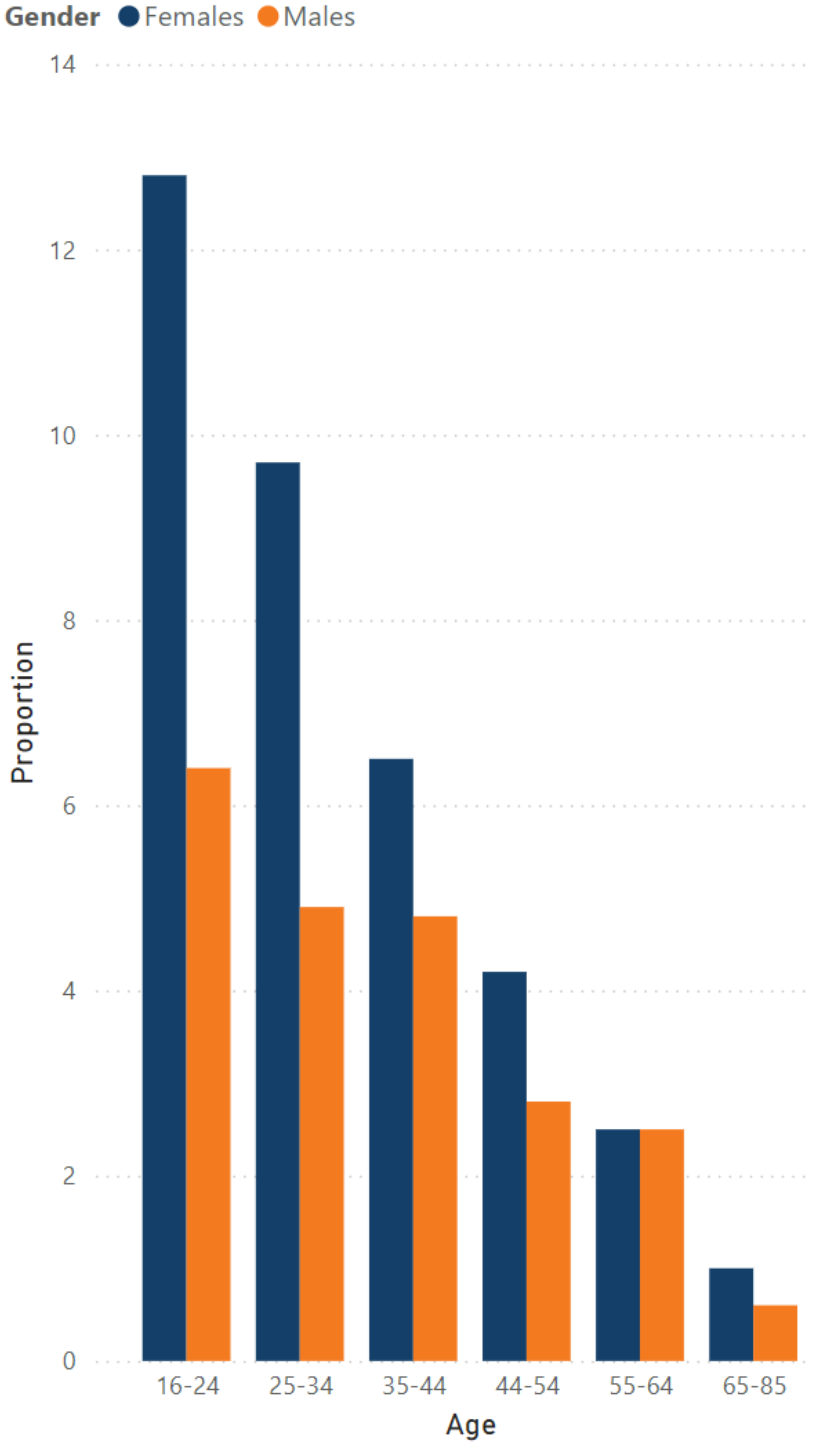
and effective with older adults. In fact, older adults have been shown to have higher completion rates of these programs which is related to a commensurate decrease in distress (21).

Figure 9: Mental health related consultations, by sex and age 2020-2022



Source: ABS, 2024

Figure 10: Mental health access using digital technologies, by sex and age 2020-2022



Source: ABS, 2024

CESPHN commissioned services

Over the 12 months July 2023 to June 2024, the Primary Mental Health Care Minimum Data Set shows that approximately 9,000 individuals have accessed CESPHN commissioned mental health services (excluding headspace) and received 130,950 service contacts. This is on average 14 service contacts each across all levels of service intensity. Across all levels of care, 48.9% of clients demonstrated a significant improvement.

When looking at access to services in the CESPHN primary care setting, mental health supports can be broken down into the following categories:

1. Young people accessing headspace services
2. Low intensity mental health services
3. Moderate intensity services
4. High intensity services
5. Psychosocial/Support services

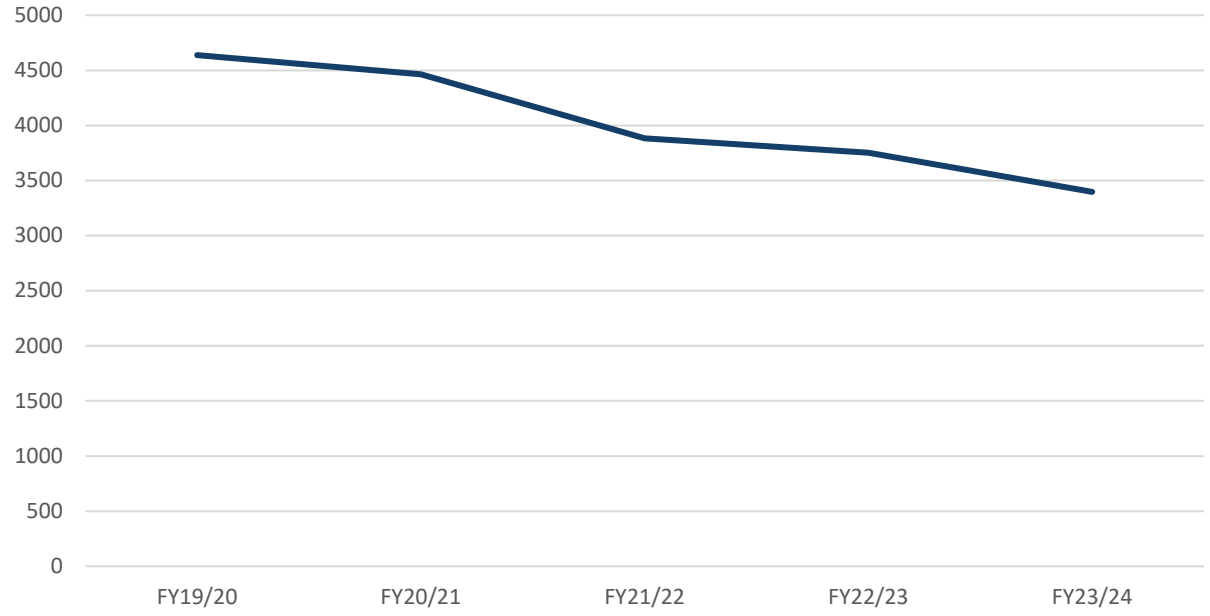
Young people accessing headspace services

Due to prevalence data, which indicates that young people aged 12 -25 are most vulnerable with greatest incidence of mental health issues, and the availability of data from headspace centres that are funded by CESPHN we can explore help seeking behaviour for this cohort.

headspace is Australia's National Youth Mental Health Foundation, providing early intervention mental health services to 12-25 year olds. headspace can help young people with their mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. Within the CESPHN region there are five headspace services that service young people both within and outside the region. These services are located in Ashfield, Bondi Junction, Camperdown, Hurstville and Miranda. It is important to note the size of each headspace centre varies so comparison between centres is not appropriate. However, trends in the sector can be identified.

Across 2023-24, 3,396 young people accessed a headspace centre in the CESPHN region. This is a slight decrease on the previous three years where 3,752 young people accessed a headspace centre in 2022-23.

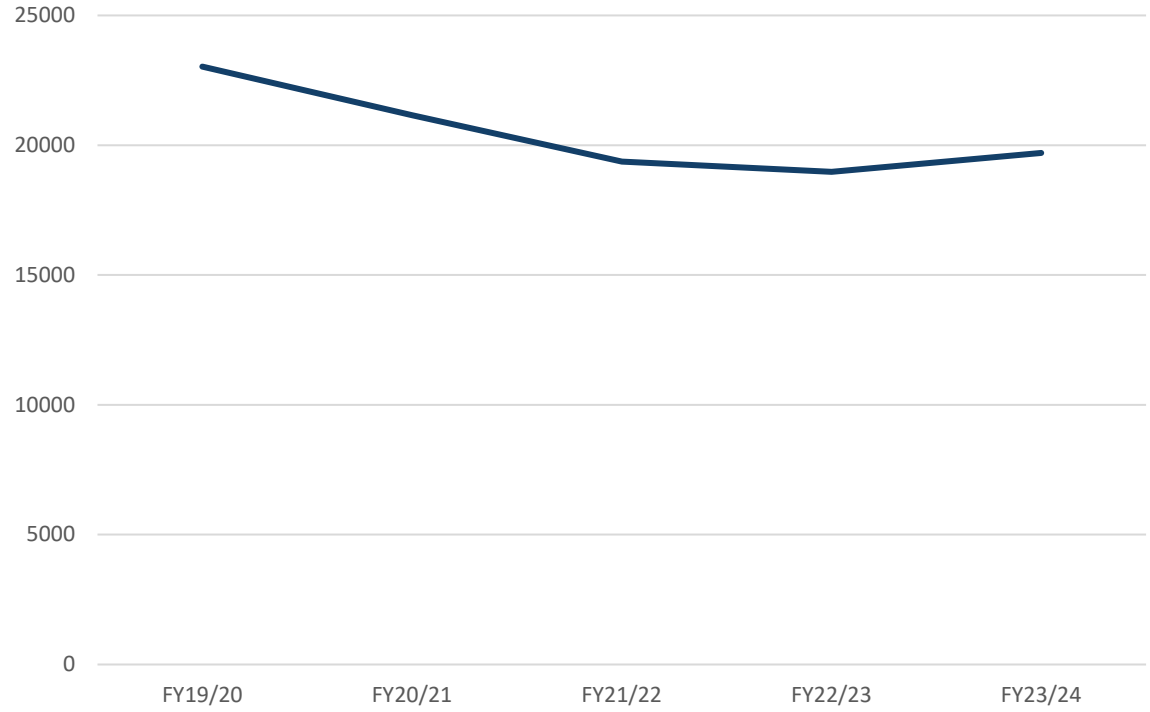
Figure 11: Number of new young people attending a headspace centre 2021-22 to 2023-34



Source: headspace Tableau, 2024

Occasions of service data also show a similar trend with a reduction in the total number of occasions of service across all headspace centres over the last four years.

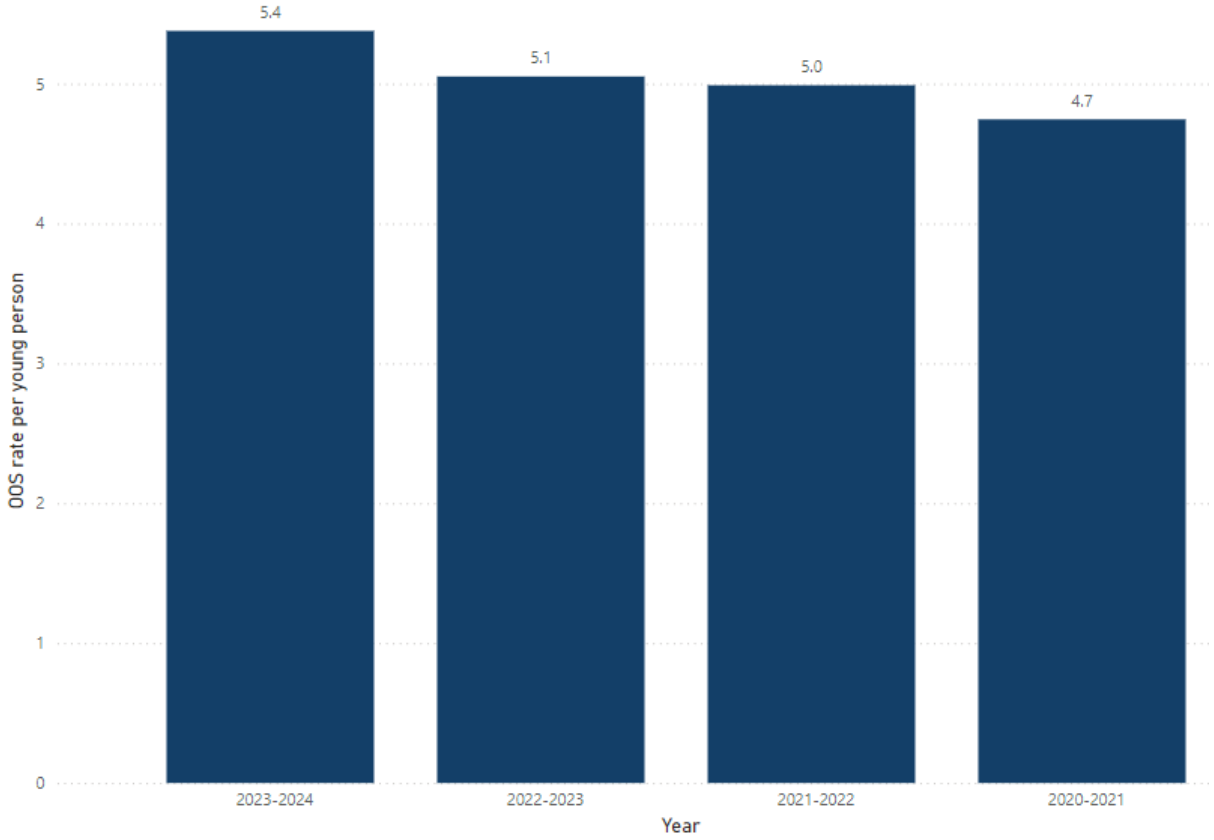
Figure 12: Occasions of service for CESPHN region, 2019-20 to 2023-24



Source: headspace Tableau, 2024

The decreases in the number of young people attending headspace centres and overall occasions of service are part of a change in how young people are being supported. Across all centres young people are receiving support for a longer period. This can be seen by an increase in the average number of services a young person receives a year. This suggests a greater intensity of support possibly due to greater client complexity which has been anecdotally reported by headspace clinicians in our region. In addition, fluctuations in occasions of service may be attributed to workforce instability with clinical and administrative staff shortages reported across all headspace centres in our region.

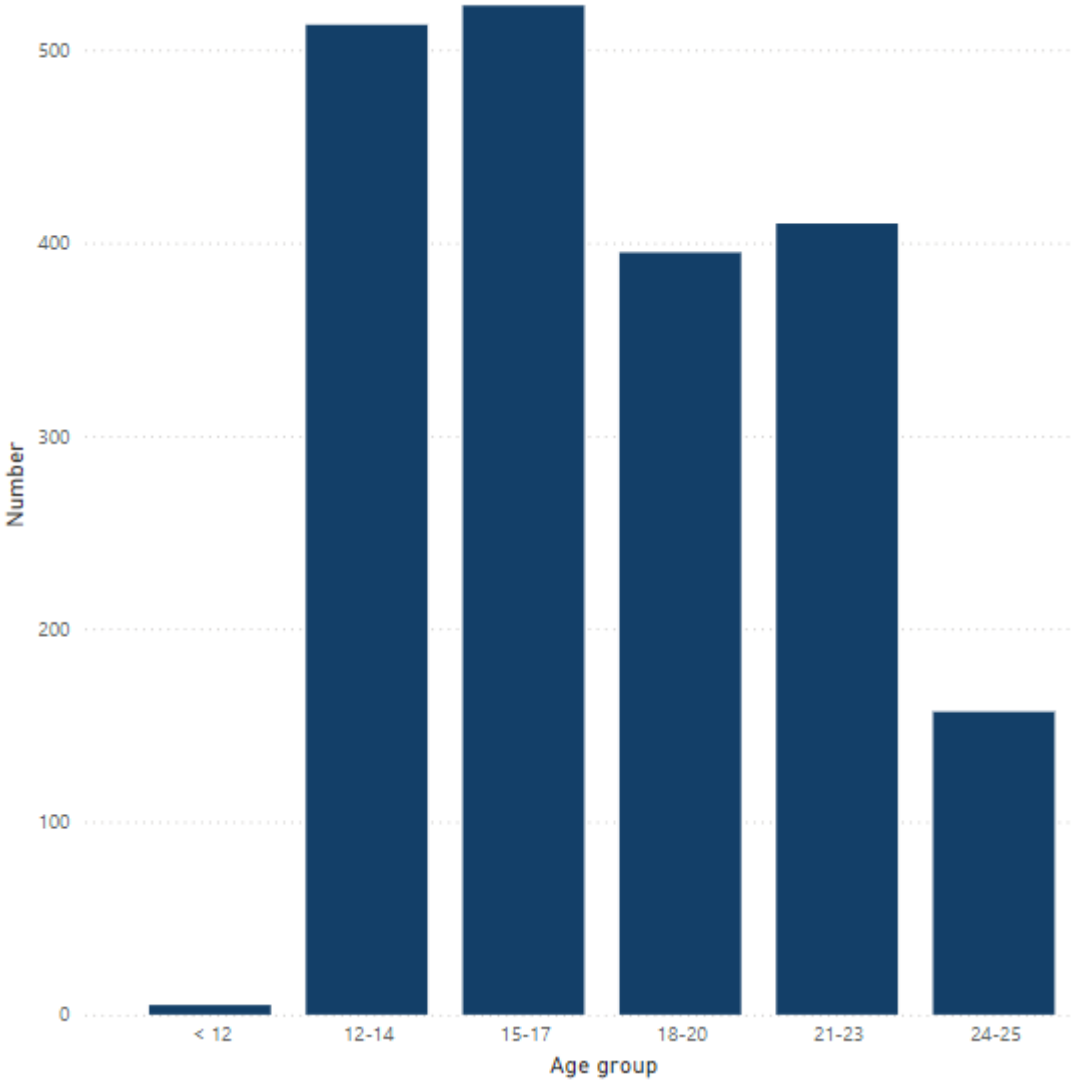
Figure 13: Average number of services received by a young person, by all centres in CESPHN, 2020-21 to 2023-24



Source: headspace Tableau, 2024

The age groups that predominantly access headspace centres are different across the region. Across all five centres 52.0% of young people accessing services are aged 17 years or younger, and 48.0% are aged 18-25 years.

Figure 14: Age range of young people accessing headspace services for all centres in CESPHN, 2023-24

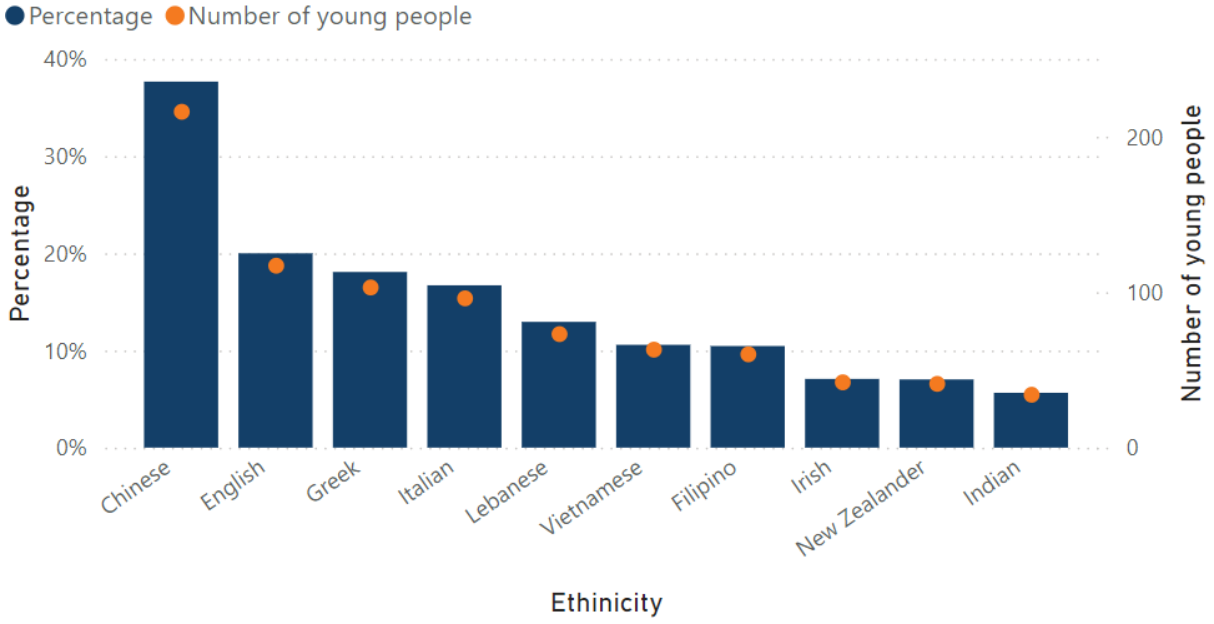


Source: headspace Tableau, 2024

1.3% of young people who attended a service in 2023-24 identified as being Aboriginal and/or Torres Strait Islander.

Young people who attend headspace centres identify as belonging to a wide variety of ethnicities outside of Australian. In 2023-24, across all headspace centres in the CESPHN region, Chinese was the ethnicity most commonly identified (37.7% of young people), followed by English (20.0%) and Greek (18.1%).

Figure 15: Identified ethnicities attending headspace centres, 2023-24

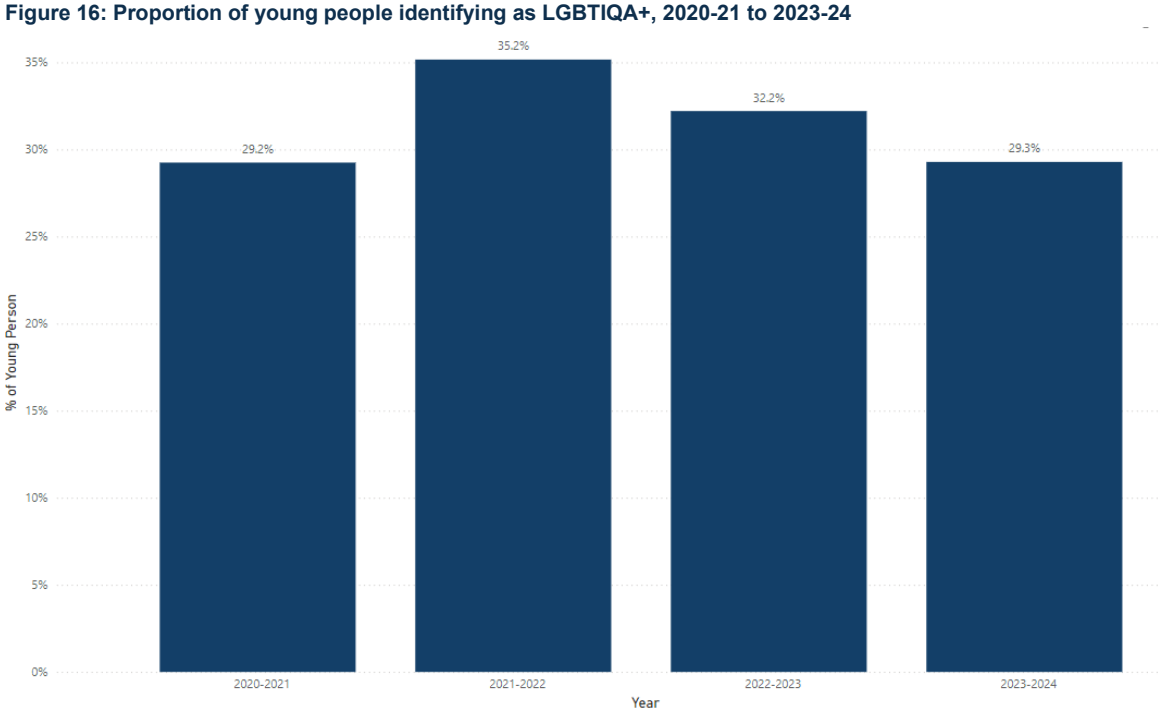


Source: headspace Tableau, 2024

Across all headspace centres in 2023-24, 72.5% of young people identified that they only spoke English at home.

Across the region, over the period between 2021-22- to 2023-24 the proportion of young people identifying as being LGBTIQA+ using a headspace service has remained stable at around 30%.

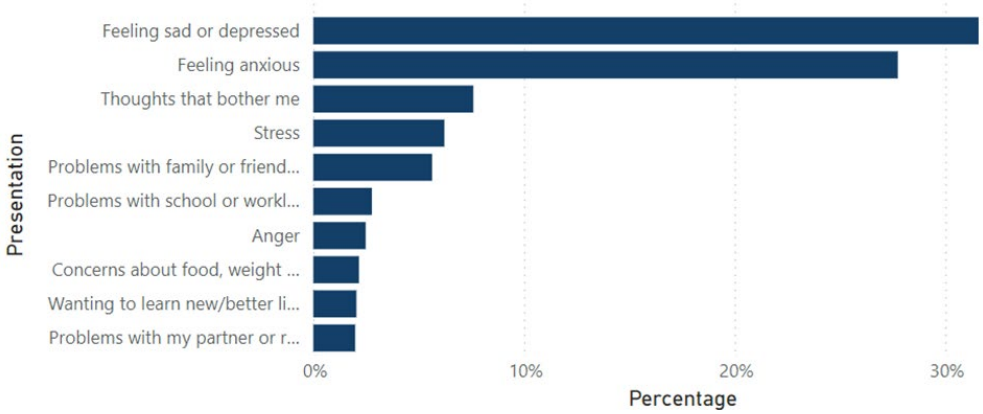
Figure 16: Proportion of young people identifying as LGBTIQA+, 2020-21 to 2023-24



Source: headspace Tableau, 2024

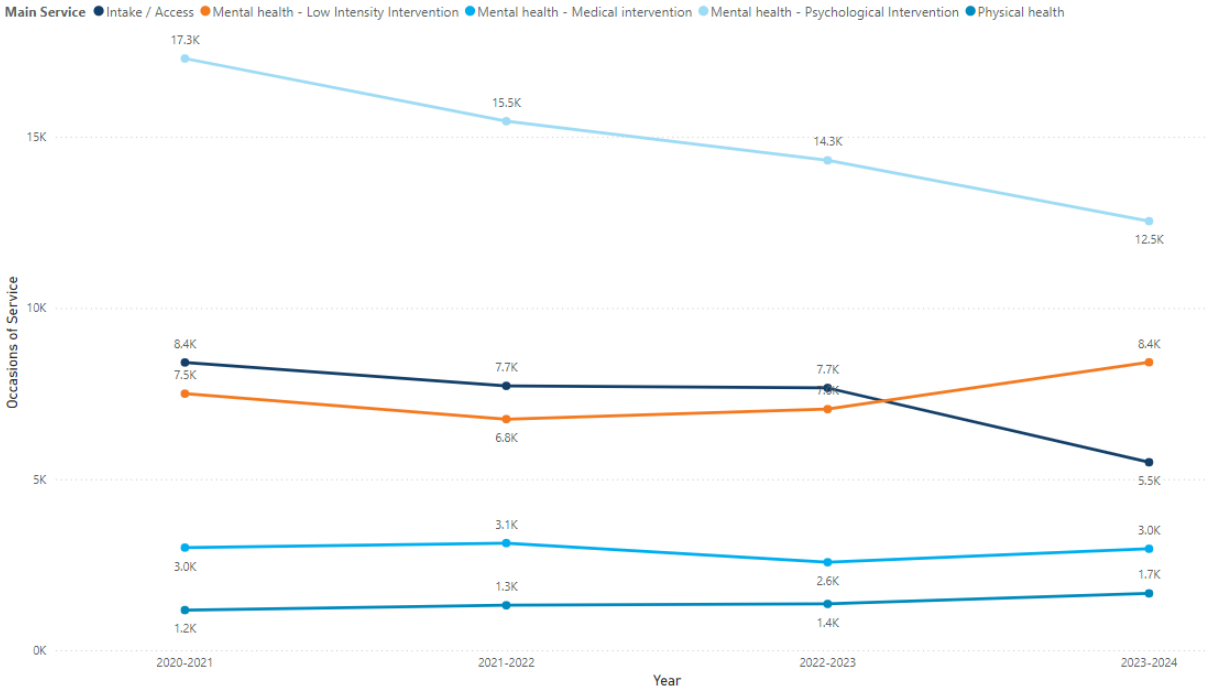
In 2023-24, feeling sad or depressed and feeling anxious were the most common reasons for presentation at a headspace centre, accounting for 56.8% of all presentations across the region. The top ten self-reported reasons for a young person to access a headspace centre within the CESPHN region are listed on the graph below.

Figure 17: top 10 self-reported reasons for presenting across headspace centre, 2023-24



Source: headspace Tableau, 2024

Figure 18: Number of the top five types of services across all headspace centres, 2020-21 to 2023-24



Source: headspace Tableau, 2024

Whilst the number of most types of services by service type have been consistent over the 4-year period, there has been a 27% decrease in psychological interventions from 2020-21 to 2023-24. This is largely due to the reduction of the MBS workforce at headspace centres since the pandemic. The headspace model heavily relied on private practitioners working under MBS to provide the main therapy interventions at the centres, however this workforce has largely ceased working from headspace centres due to other more desirable employment opportunities. Most centres have faced

recruitment and retention challenges of mental health trained allied health professionals to be able to consistently provide these services.

Younger children

Needs assessment consultations in 2024 with both internal and external staff highlighted several other areas within the child and youth mental health sector that show areas of need**.** These include the need for child mental health to be approached using a multidisciplinary team care approach, and not to be treated in silos and consideration of the role that social media plays in the incidence, diagnosis and treatment in children and young people**.**

Additionally, consultation with key stakeholders on Child and Mental Health and Wellbeing (aged 5-12 years) at CESPHN's 2023 Strategy workshop identified the following gaps:

- Flexibility is required for age-based eligibility criteria to access services, as often 12-14 year olds require child specific services.
- Access to culturally appropriate services for young people and children with severe mental health issues
- Children with Eating Disorders/Body Dysmorphic Disorder are presenting at Emergency Departments due to lack of services to support this cohort
- Ability to provide a timely safe and effective alternative to an emergency department care.
- Workforce development – the need for more training for allied health professionals, nurses and GPs in child mental health assessment and treatment.
- Improved mental health support in the juvenile justice system
- Lack of prioritisation in service of children with disabilities
- There are insufficient services for children requiring more intensive psychological support than what can be supported by current primary care services e.g. via CESPHN commissioned Psychological Support Services program, and services offered by public hospitals e.g. inpatient services, and CAMHS. This service gap is widening as community mental health services scope for service provision is narrowing and workforce shortages contribute to these challenges.
- Mental health services/programs need improved integration with schools/ education department.
- Need for timely and affordable access to paediatricians and allied health professionals, particularly to support diagnosis and treatment for children presenting with neurodivergence.

The CESPHN Joint Mental Health and Suicide Regional Plan, has several activities relating to improving access to care for children experiencing developmental and mental health related difficulties, which will be one of the key areas of focus in 2025/2026 for CESPHN and our joint partners. The gaps identified at our previous Strategy Day workshop in 2023, will be central to discussion and action as part of this regional planning process.

Low intensity mental health services

Low intensity mental health services can be accessed quickly and easily and include group work, phone and online interventions and involve few or short sessions. CESPHN commissions the following services:

- **Emotional Wellbeing for Older Persons** - This program provides psychological and psychosocial services for older people with a variety of mental health needs who reside in Residential Aged Care Facilities. In 2023-24 the program supported 581 clients at 97 aged care facilities.
- **Your Coach Plus** – This program provides coaching using low intensity CBT as well as social prescribing for people experiencing life stressors or low support needs. It has had particular

success in attracting clients from diverse cultural backgrounds, with 59% of clients born outside Australia.

- **Support for communities impacted by the Israel/ Gaza, conflict** – The Wellbeing and Resilience initiative has commissioned a range of Palestinian, Muslim and Arabic organisations in offering mental health and wellbeing supports that include assessment, referral and navigation, physical activity and community connection, traditional art and dance, healing circles for schools and community and support for Imams and faith leaders. In addition, support through Jewish Care ensures that vital care coordination services are available for Jewish communities including support for mental health, accommodation, visa issues and referral to additional support services.
- Medicare Mental Health Centres (MMHC) – (see mild-moderate section below)

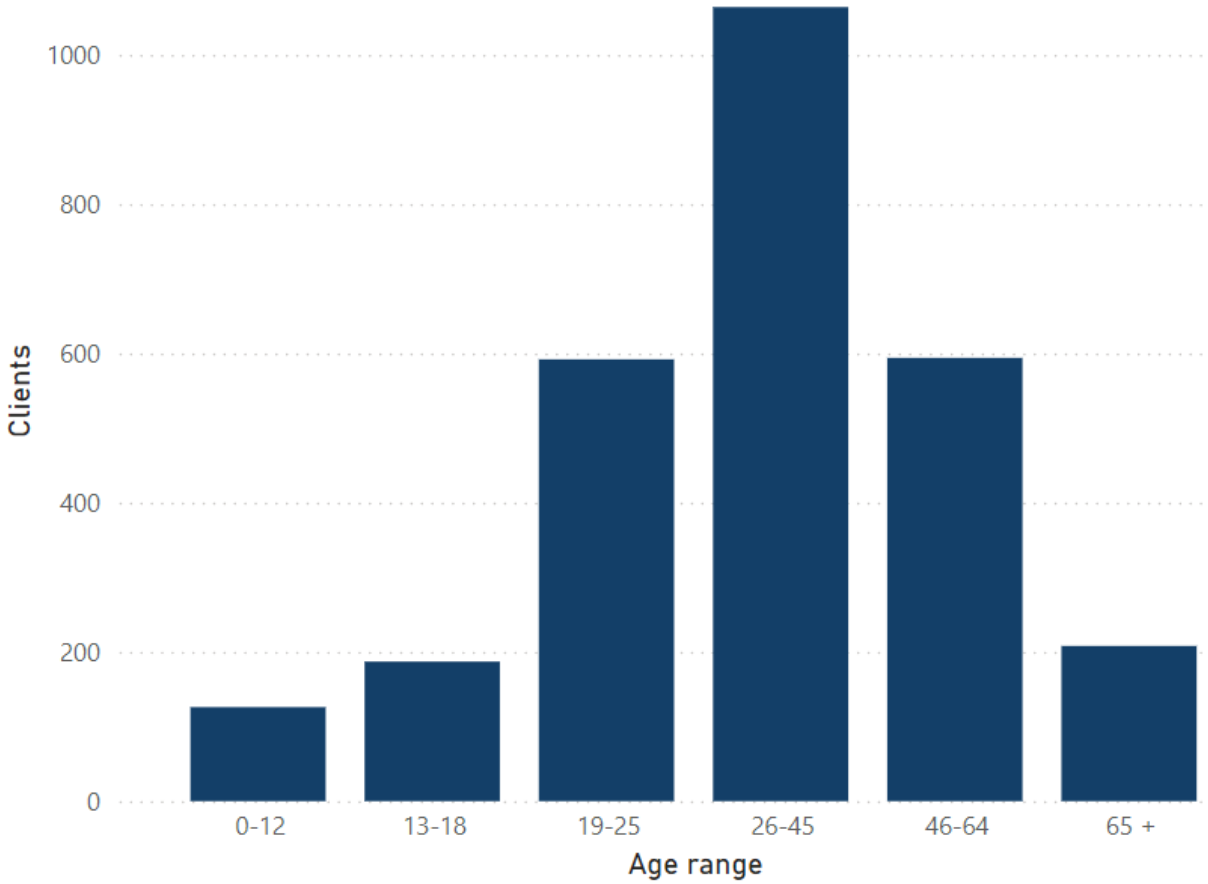
Mild - moderate intensity mental health services

For people experiencing mild to moderate intensity mental health conditions, structured and reasonably frequent interventions (e.g., psychological interventions) are utilised. CESPHN commissions the following services:

- **Cognitive Behavioural Therapy (CBT) Group for people with Autism Spectrum Disorder** – this program provides young people (16 years or older) who are on the Autism Spectrum access to an eight-week group CBT program with the aims of reducing anxiety and improving skills in social situations
- **Emotional Wellbeing for Older Persons (EWOP)** (described in low-intensity section above).
- **headspace** (see headspace section)
- **Medicare Mental Health Centre** - previously called Head to Health Centres, CESPHN commissions a service in Canterbury. MMHCs are a safe and welcoming space to talk to someone for people in distress or needing help finding the right mental health support to meet their needs. Centres have multidisciplinary teams and can provide different levels of support based on client needs. The Canterbury MMHC provided a service to 369 clients and delivered 3996 occasions of service in 23/24. Despite being predominantly a service for adults, almost 10% of clients presenting to the service were children, highlighting the significant need for child mental health services. 39% of the clients seen were born overseas.
- **Psychological Support Services (PSS)** – this program provides people with short term focussed psychological therapies and is aimed at those who would not otherwise be able to access the Better Access scheme. It supported 2,771 people in 2023-24 and:
    - In 2023-24, 14.2% of clients identified as First Nations, this was an increase from 13.4% in 2022-23. This is also a high representation with 1.05% of the CESPHN population identifying as First Nations.
    - Women make up the largest proportion of clients across both 2023-24 and 2022-23 (61.9% and 64.5% respectively). This is consistent with prevalence and service utilization data presented earlier in the chapter.
    - In 2023-24 there was an increase in number of clients identifying as either; Genderqueer/Non Binary (9.3% increase), Transgender Female/Male-to-Female (35% increase), Transgender Male/Female-to-Male (72.7%) from 2022-23. Whilst the number of clients is low, the increase suggests that there is an increase in gender diverse people engaging with services, or are more comfortable identifying their gender with a service.
    - In 2023-24, 26.0% of clients identified that their country of birth was outside of Australia, in which 93 Countries were identified. China had the highest proportion of clients (5.2%, followed by England (2.2%, New Zealand (1.1%) and Indonesia (0.9%). This is an increase from 2022-23, where 22.8% of clients identified a country of birth outside of Australia. However, this is lower than the overall CESPHN population where 40.7% of people were born overseas (Census 2021)

- When asked preferred language, following English (77.0%), Mandarin was the most preferred language (3.1%), followed by Cantonese (1.2%), Spanish (0.6%) and Arabic (0.3%).
- 0.9% of clients identified they did not speak English at all and 3.5% identified they did not speak English well.
- Clients in the 26-45 age range remain the largest group. However, this has decreased from 39.10% (2022-23) to 38.38% (2023-24). The 46-64 age range saw an increase from 18.67% (2022-23) to 21.43% (2023-24), which suggests a shift in demand among middle-aged clients. This increase may be attributable to increased need among this demographic The full age range breakdown can been seen in the Figure below.

Figure 19: Client age range in PSS program, 2023-24



Source: CESPHN, PMHC MDS

From the services that are commissioned by CESPHN that provide care to people who require a mild to moderate level of care, it has been reported that over the last 1-2 years there has been an increase in the complexity of clients who have been accessing mild to moderate commissioned services. One of the outcomes of this is a higher resource requirements per client, reducing the number of clients that can access services.

High intensity services

Periods of intensive intervention typically include multidisciplinary support, psychological interventions, psychiatric interventions, and care coordination. CESPHN commissions the following services:

- GP Mental Health Shared Care Program - aims to enhance the recovery and physical wellbeing of consumers whose care is shared by a GP and a Local Health District/Network. The focus of the program is to provide support for GPs to improve physical health outcomes for those experiencing severe mental health in primary care. CESPHN funds Sydney LHD, South Eastern Sydney LHD and St Vincents Health Network to provide Shared Care, supporting a combined total of 680 consumers and delivering 3,080 hours of support.
- GP Mental Health Shared Care – Clozapine – aims to improve the care of patients prescribed clozapine by establishing a partnership between their GP and the clozapine clinic. Patients are supported to transition smoothly between different healthcare teams while ensuring they continue to receive safe clozapine treatment. CESPHN funds SESLHD to deliver this service to 264 people per year, delivering 1,890 hours of support.
- Youth Enhanced Services- aims to provide multidisciplinary supports to young people who have more complex needs than headspace centres could normally support, and whose needs cannot be supported by the local public health service.
- Medicare Mental Health Centre (described in low-intensity section above)
- Primary Integrated Care Supports (PICS) Program - provides clinical and recovery-oriented mental health services. All participants are paired with a credentialed mental health nurse for clinical mental health supports, and with a peer worker for psychosocial supports if needed. The program offers care coordination between a person's GP and psychiatrist, liaising with family and carers, monitoring and promoting adherence to medication, and supporting self-management of mental and physical health. The PICS program supports 1,000 people experiencing severe mental illness per year and mental health nurses and peer workers deliver a combined total of 21,500 hours of essential supports per year. With rising costs of living, workforce shortages, workforce pay increases, and increased distress in the community, the program has been unable to maintain initial levels of contracted supports, which across 2019-20 to 2020-21 were to support 3,000 people and deliver 44,850 hours of support cumulatively.
- Telehealth Psychiatry Service (TPS) – provides free telehealth psychiatry services to people experiencing severe mental illness who due to socioeconomic barriers are unable to access private psychiatry support. Clinical Care Coordinators provide pre- and post-appointment psychosocial support to consumers and a large component of the program focuses on capacity building and upskilling GPs to ensure people's mental health can be effectively supported through primary care. Eligibility criteria for TPS has had to tighten since its inception in April 2022 due to increased complexity of client needs and an overwhelming demand for ADHD support. The program has had to implement compulsory Health Care Card requirements for people requiring ADHD support and cap this support to a total of 20% of accepted referrals. In 2024-25 this cap was reached within the first quarter.

Psychosocial support services

Through the Commonwealth Psychosocial Support (CPS) program, CESPHN commissions a number of psychosocial support services. These programs assist people experiencing severe mental illness who are not receiving psychosocial supports through the NDIS. Supports are non-clinical and non-therapeutic, aiming to build a person's capacity to meaningfully participate in their community and be an active part of their own recovery journey. To access psychosocial supports, people living, working, or studying in the CESPHN region must experience severe mental illness with reduced psychosocial functional capacity, however, no formal mental health diagnosis is required to be eligible. Supports are generally for people aged 16 or over, but some of CESPHN's commissioned programs have

specific age criteria (e.g., a youth group is 14-25, and an older persons' program is 65+). The psychosocial support services CESPHN commissions are:

- **Service Navigation for Psychosocial Support Services** - provides a central point in the region for information about accessing psychosocial services. It provides information and offers referral pathways to mental health services and supports that will best suit a person's needs. Service Navigation can be accessed by consumers, their families and carers, as well as GPs, Allied Health and community practitioners.
- **Yarning Circles -** Participating in a traditional Yarning Circle enables a return to historical Aboriginal cultural practices of coming together as a community, sharing, and expanding knowledge. Sitting in a Circle allows conversation and sharing to flow naturally - allowing all members of the group to be seen clearly, facing each other, and placed equally around the Circle. The Yarning circle offers an opportunity for Aboriginal and/or Torres Strait Islander men to gather on a monthly basis to network and receive psychosocial and culturally safe support.
- **Connect and Thrive** - provides individual psychosocial support with a mental health worker or peer worker to support people experiencing severe mental illness. Group support programs such as art therapy are provided, and regular social activities are planned to combat the emerging gap of social isolation. The program also offers targeted strategies supporting employment and physical health needs, as well as assisting people to test eligibility for NDIS supports.
- **Keeping the Body in Mind** - a life skills and lifestyle program offering free exercise physiology and dietician services for people living with severe mental illness. The program has recently added a Tobacco Treatment Specialist for smoking cessation support, and a Mental Health Peer Worker to support engagement across the three services offered.
- **Making Space** - supports people living with moderate hoarding disorder/compulsive acquiring who may be living in squalid conditions and/or be at risk of losing tenancy. Supports include case management, living skills training, practical 1:1 support, and support via the Buried in Treasures 16-week group program. Presently the program only runs in the SLHD area of the CESPHN region.
- **Social Rx ® -** comprises a combination of individual care coordination and group-based activities to which aims to support individuals to build capacity in functional and recreational capacities and reduce social isolation and capability, so individuals are able to of people to thrive, reconnect with, meaningfully participate in, and contribute to their community.
- **Growing Resilience** - a 6-week peer-to-peer program that aims to help people to build increase their resilience, confidence, and skills for coping with life's daily stressors. The program also supports people to combat social isolation, improve relationships with family and friends, and improve daily life coping skills.
- **Active8 Physical Health and WorkWell Employment Support** - Active8 aims to support people living with severe mental illness to also focus on their physical health needs and the overall positive health and wellbeing improvements that can come with bettering physical health. It involves Coaching for Physical Health, Eat Plant Learn, and Kick The Habit Tobacco Management.
- **WorkWell** - supports recovery through the social inclusion that occurs in the workplace and through the confidence, resilience, and self-management that comes from employment. Opportunities are found that align with a person's needs, interests, and recovery goals, and unlimited support is provided to the participant and employer while the person is working.
- **Connect with Healthy Minds and Bodies -** comprises eight group programs focusing on a range of mental and physical health supports, as well as social connection and life skills. Groups include Circles of Security, Outdoor Therapy for Disadvantaged Youth, Art Therapy, Trauma-Informed Pilates, Walk and Talk Outdoors with a Therapist, and more.
- **Older Person's Wellbeing Network** - a voluntary peer workforce model supporting older people with moderate to complex mental health challenges. A mental health worker offers 1:1 counselling and referral support, and trains 'Befrienders' (voluntary older peer supporters) for 1:1 engagement with people supported and to co-facilitate mental health workshops. The program addresses the large gap in mental health supports for older people, who find it difficult

to engage in structured and clinical support provided by people younger than them. The program is for people aged 65+ (55+ for Aboriginal and/or Torres Strait Islander peoples).

Data collected as part of the CPS program has shown that there is a continued increase in clients who are accessing CESPHN's CPS services with 991 clients accessing services in 2023-24, a 67.1% increase from 2022-23 (593), and more than double the number of clients in 2021-22 (415) and 2020-21 (485).This data is reflective of increased funding from the Commonwealth to the CPS program schedule allowing for increased capacity of programs through higher staffing levels and available client places. Additionally, a change in the commissioning approach to a consortium model, which has increased capacity through the number of available staff. Waitlist times have also progressively decreased as capacity for service delivery has increased, with 74 clients on the waitlist on 30 June 2024, compared to 117 in 2022-23 and 140 in 2021-22.

As part of the CPS program, clients are supported to test their eligibility to receive psychosocial supports through the National Disability Insurance Scheme (NDIS). The NDIS supports people who are living with psychosocial disability. In 2023-24, 112 clients were supported to test eligibility for the NDIS, however of this only 18 clients (16.1%) were found eligible. This is consistent with commentary provided by stakeholders as part of consultation of the needs assessment, where it was reported that a limited number of people experiencing severe mental illness are able to access NDIS funding to support their functional requirements. Those who are able to access NDIS funding do not receive funding towards any psychological therapies.

Under the service navigation program, in the last 2 years there has been a decrease in the number of clients who have been supported by service navigation. In 2023-24, 42 clients were supported, down from 73 clients in 2022-23 and 120 clients in 2021-22. Rather than demonstrating a decreased need for supports in navigating psychosocial services, this is attributed to the roles of mental health workers and peer workers in sourcing alternate referral pathways, providing warm handovers, and ensuring the people they support are receiving high quality care that meets their needs. As awareness of and access to CESPHN's psychosocial support services increases, the need for navigation support has decreased.

This shows that there is the demand for the services under the CPS program, and that the program is helping to meet the needs of the community. However, due to the complexity of mental health support needs experienced by people living in the central and eastern Sydney region, and the service gaps emerging with regards to lack of supports available, further investment in the provision of psychosocial supports is needed. Nationally, it is estimated that throughout 2022-23, there were 230,500 people with severe mental illness aged 12 to 64 years who required, but were not provided, psychosocial support. The total number of hours that would have been required to support this cohort is estimated to be 14.07 million. For people experiencing moderate mental illness, 263,100 people aged 12 to 64 did not receive required psychosocial supports, estimated at 2.76 million hours of unmet support (22).

Through stakeholder consultation as part of the Needs Assessment process, in relation to severe mental health and psychosocial reports, areas that have been identified as gaps, or requiring additional resourcing include being able to involve the family more in the support of clients with high needs, access to case management for coordination of services for people with higher needs that also have lower levels of function, greater resourcing to support the different intersectionalities of people with severe mental health such as housing and homelessness support, hoarding and squalor

support and alcohol and other drug support services. From a service provision perspective, it was also identified that the ability to be stepped between different levels of care within the same service to provide continuity of care and not having to move between multiple services, with the likelihood of having to join a long waitlist is a need. An additional challenge that impacts this is the short-term funding of programs, which can lead to uncertainty for clients and staff.

Access through integration

Whilst all the program areas above are designed to meet targeted specific needs of the CESPHN population, being able to access these services in an integrated approach is a gap within the community. Whilst there are models of integrated care within the region such as headspace and Medicare mental health centres, these services are not designed as a one-stop approach to support the mental health needs of the whole population.

In 2022 CESPHN undertook an analysis and consultation to co-design a service model for an Integrated mental health hub. Insights as part of the analysis showed that:

- National strategies, policies and frameworks point to a need for an integrated mental health system that provides accessible and equitable mental health services that focus on improving health and recovery outcomes through funding models such as community mental health hubs.
- There are a multiple hub-based models that are being delivered nationally that deliver support to adults with moderate to severe mental health challenges through a mix of person-centred clinical and non-clinical supports that link individuals with social supports, services and clinical care. These hub models have mixed eligibility criteria, are place-based with outreach services and are delivered by a diverse workforce.
- A review of the evidence-base and evaluation of hub models found that there has been success in models that pooled their funding, however there is an opportunity and need to improve integration at a service and system level.
- Establishment could introduce an effective data collection systems and strengthening the use of outcome measures to demonstrate recovery outcomes and overall impact.

The hub should deliver person-centred support by connecting people with the right mix of services and supports based on their individuals needs and preferences. This should be supported through an initial assessment of an individual's needs that is undertaken by a trained mental health professional, and using supported decision-making strategies to determine the service that is the best fit for the individual. Integration of the hub should be achieved through the establishment of partnerships with external agencies that are essential for connecting people to services and supports (23).

Access for vulnerable populations

Access to mental health services across all service levels does not look the same for all members of the community. There are groups in particular who face higher access issues. These groups include:

- LGBTIQ+ communities
- Culturally and linguistically diverse communities
- First nations communities
- Older people
- People with Drug and Alcohol addiction
- Veterans.

Whilst all these groups face their own unique challenges in accessing mental health services, there are some commonalities. The main barrier faced is being able to access services that are culturally appropriate and safe for their individual needs. Both individuals and communities report that there is

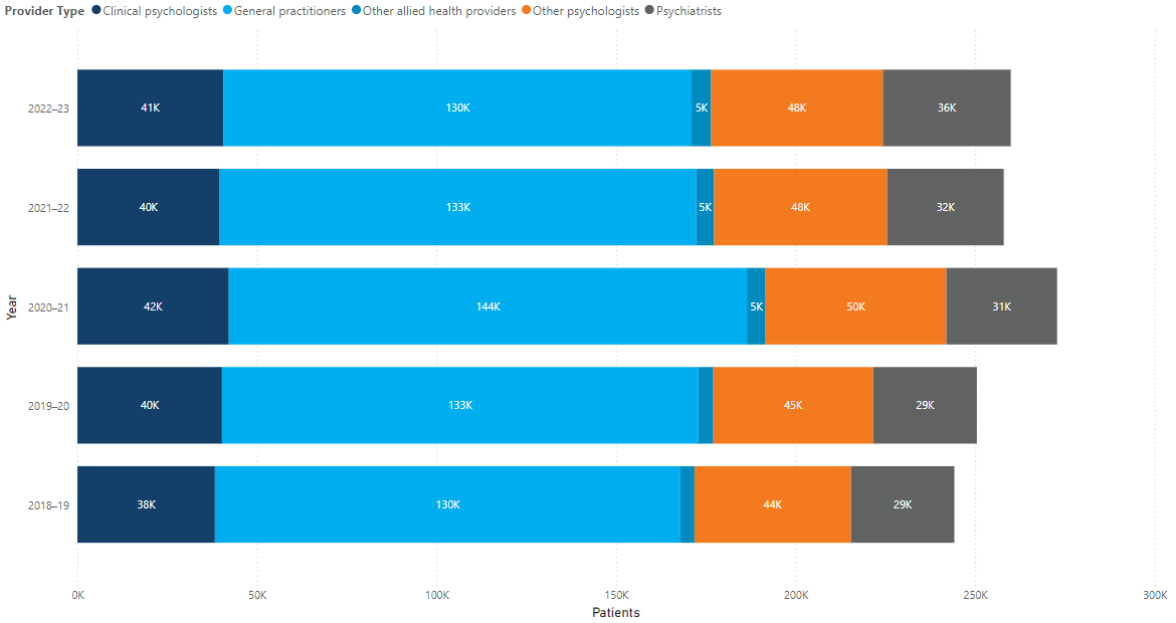
both a lack of knowledge around services they can attend, and a lack of providers that are able understand their needs outside of the clinical presentation. Being able to embed different level of cultural safety for vulnerable population groups will improve both access and quality of care.

Medicare-subsidised mental health services

Outside of the services that are commissioned by CESPHN, members of the community have access to Medicare-subsidised mental health services.

In 2022-23, 167,363 people (10.4% of the population) accessed Medicare-subsidised mental health services in the CESPHN region. This is an increase of 7,656 people (4.8%) from 2018-19. Over a five-year period from 2018-19 to 2022-23 the highest number of people accessing Medicare-subsidised mental health services was in 2020-21.

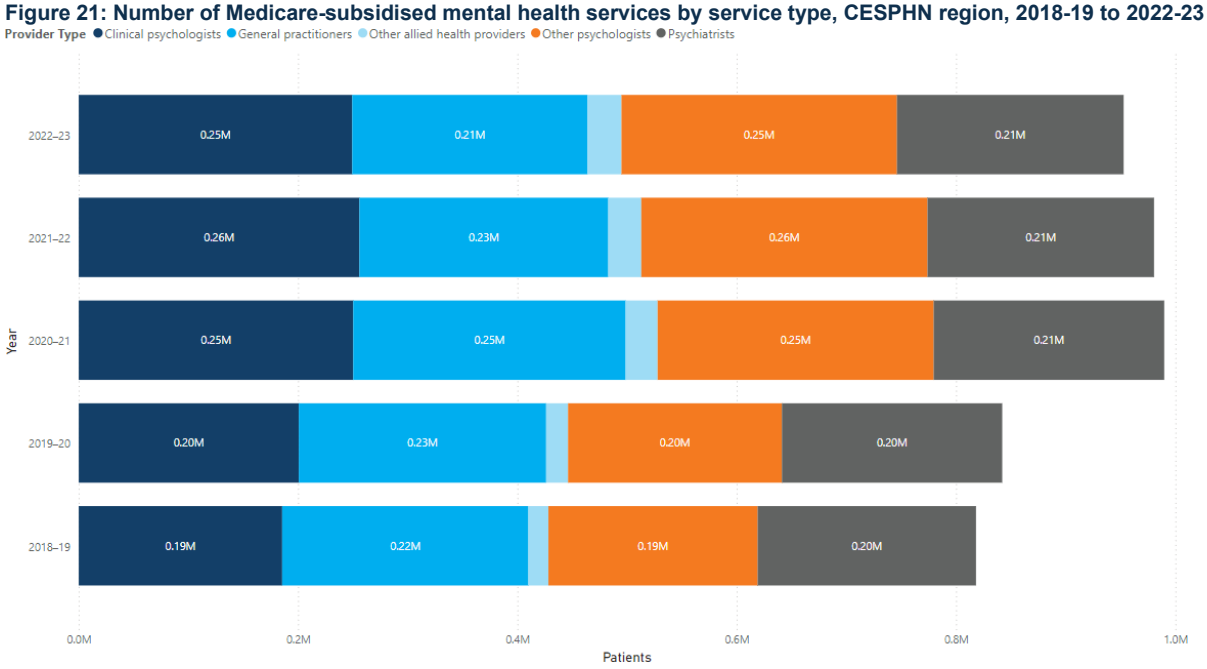
Figure 20: Number of people accessing Medicare-subsidised mental health services by service type, CESPHN, 2018-19 to 2022-23



Source: AIHW, 2023

Over the 5-year period from 2018-19 to 2022-23 the highest number of services accessed was in 2020-21 (989,796), with slight decreases in the number of services in 2021-22 (980,496) and 2022-23 (952,777).

Figure 21: Number of Medicare-subsidised mental health services by service type, CESPHN region, 2018-19 to 2022-23

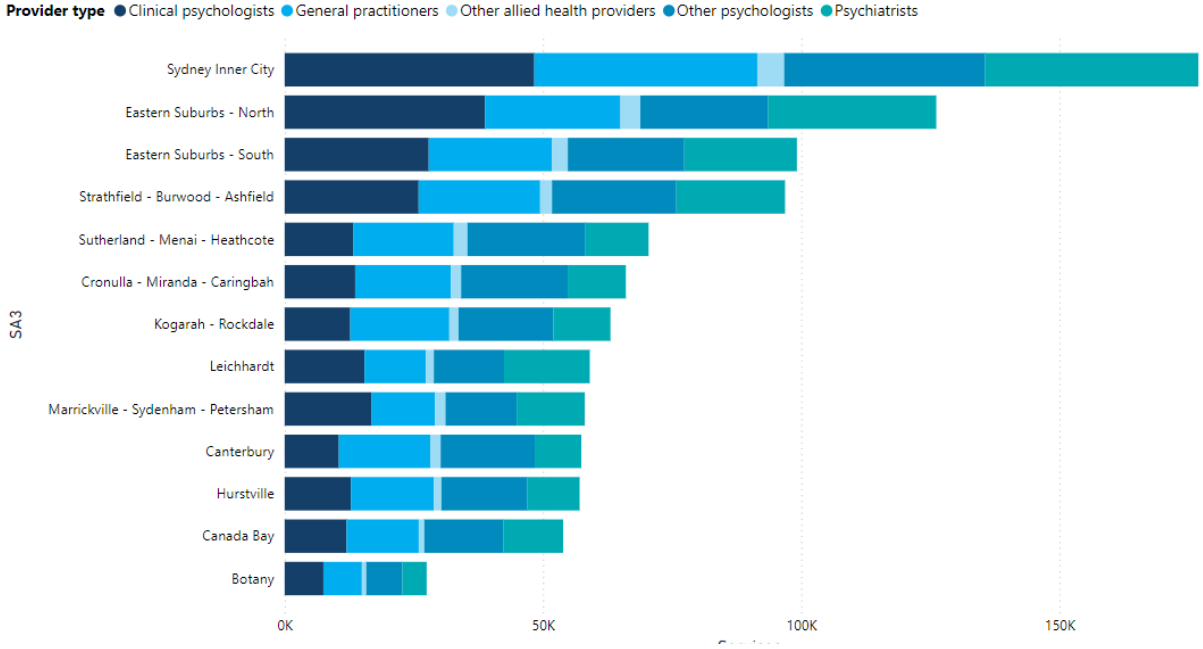


Source: AIHW, 2023

There are considerable variations in the number of Medicare-subsidised mental health services between SA3s. Sydney Inner City SA3 had the highest number of patients (45,028), followed by Eastern Suburbs-North SA3 (31,014) and Eastern Suburbs-South SA3 (26,385) across all service types. Botany SA3 had the lowest number of services (8,090) (24).

Approximately 50% of patients across all SA3s saw a general practitioner for Medicare-subsidised mental health services. (24) Across the CESPHN region, 25% of services were provided by general practitioners, within the region there is variation in the proportion of services provided by general practitioners ranging from 20.1% in Leichhardt SA3 to 30.8% in Canterbury SA3. Leichhardt SA3 had the highest proportion of services provided by a psychiatrist (28.1%).

Figure 22: Number of Medicare-subsidised mental health services by service type, by SA3, 2021-2022



Source: AIHW, 2023

Mental health related prescriptions

In 2022-23, across the CESPHN region, there were 221,864 people who had a mental health related prescription under the PBS, giving a rate of 14 per 100 population. Almost 58.9% of patients were female and 41.1% were male. In this same year, almost 1.9 million mental health related prescriptions were filled, at a rate of 1,213 per 1,000 population (24).

Across the five years to 2022-23, rates of patients per 100 population have remained stable. In contrast rates of mental health related prescriptions per 1,000 population increased by 13.3% in the same time period, indicating that the patients using mental health related prescriptions have increased their usage (24).

Table 2: Patients and mental health prescriptions, CESPHN region, 2018-19 to 2022-23

Measure	2018–19	2019–20	2020-21	2021-22	2022-23
Number of patients	206,642	212,049	209,605	216,505	221,864
Patients per 100 population	13	13	13	14	14
Number of prescriptions	1,704,464	1,814,320	1,809,141	1,868,554	1,886,722
Prescriptions per 1,000 population	1,070	1,137	1,139	1,204	1,213

Source: AIHW, 2024

Within the CESPHN region in 2022-23, patients aged 45-54 years of age accounted for 16.4% of the patient profile, and 16.9% of mental health prescriptions; this population group accounted for 12.4% of the CESPHN population. Those aged 55-64 years made up a further 14.5% of patients and 15.1% of mental health prescriptions; this population group accounted for 10.5% of the CESPHN population. Similarly, those aged between 35-44 years made up a further 14.9% of patients and 14.6% of prescriptions; this population group accounted for 15.1% of the CESPHN population (24). The

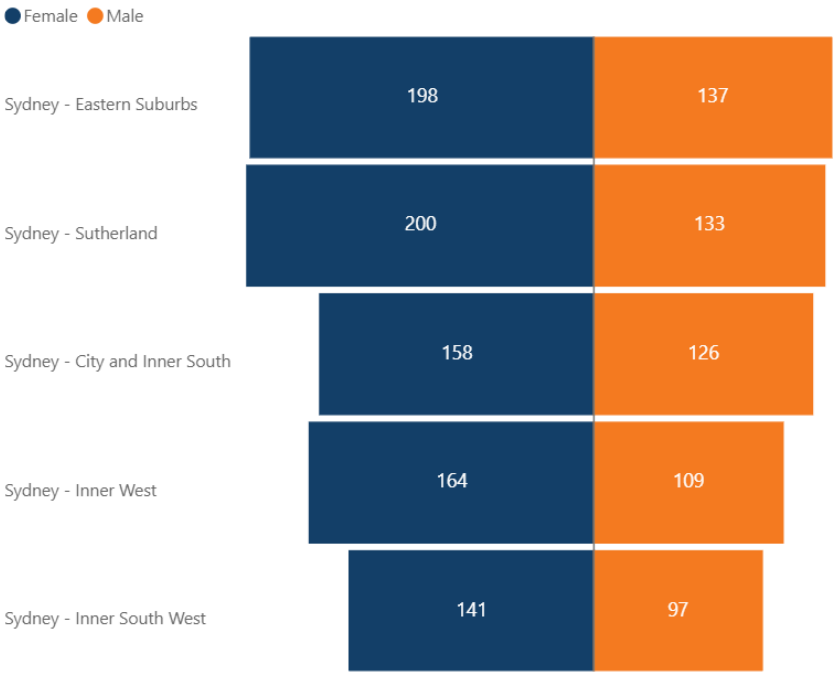
population aged 65+ has previously been reported in 10 year increments (65-74, 75-84 and 84+), with the 2022-23 65+ patient percentage and prescription percentage are lower than the 2021-22 combined age group totals. This decrease shows that the older age groups do not have the highest rates when separated out.

Table 3: Patients and prescriptions by age group, CESPHN region, 2022-23

Age Group	Patients (n)	Patients (%)	Prescriptions (n)	Prescriptions (%)
0–17 years	14,569	6.57%	114,569	6.11%
18–24 years	14,041	6.33%	114,363	6.10%
25–34 years	29,866	13.46%	232,756	12.42%
35–44 years	32,984	14.87%	270,085	14.42%
45–54 years	35,776	16.13%	311,826	16.64%
55–64 years	31,803	14.33%	277,934	14.83%
65+ years	62,825	28.32%	552,082	29.47%
Total	221,864	100.0%	1,873,615	100.0%

Source: AIHW, 2024

Figure 23: Patients sex per 1,000 population by SA4, CESPHN region, 2022-23

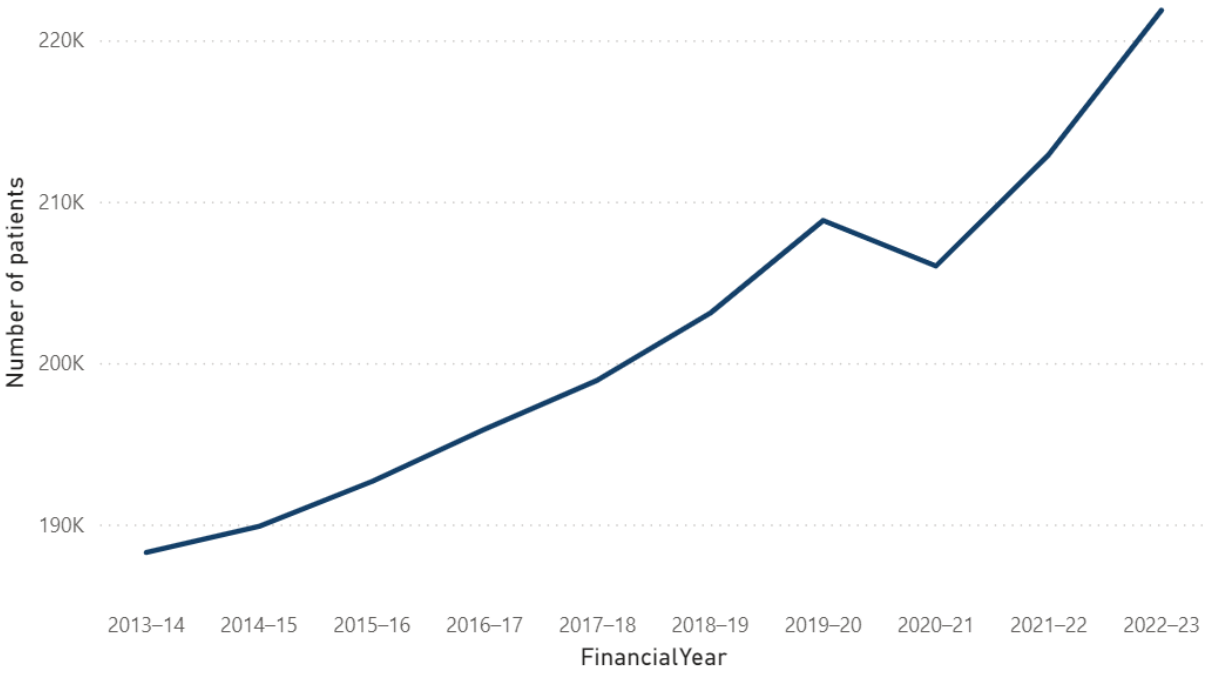


Source: AIHW, 2024

Figure 24: Prescriptions by sex per 1,000 by SA43, CESPHN region, 2022-23

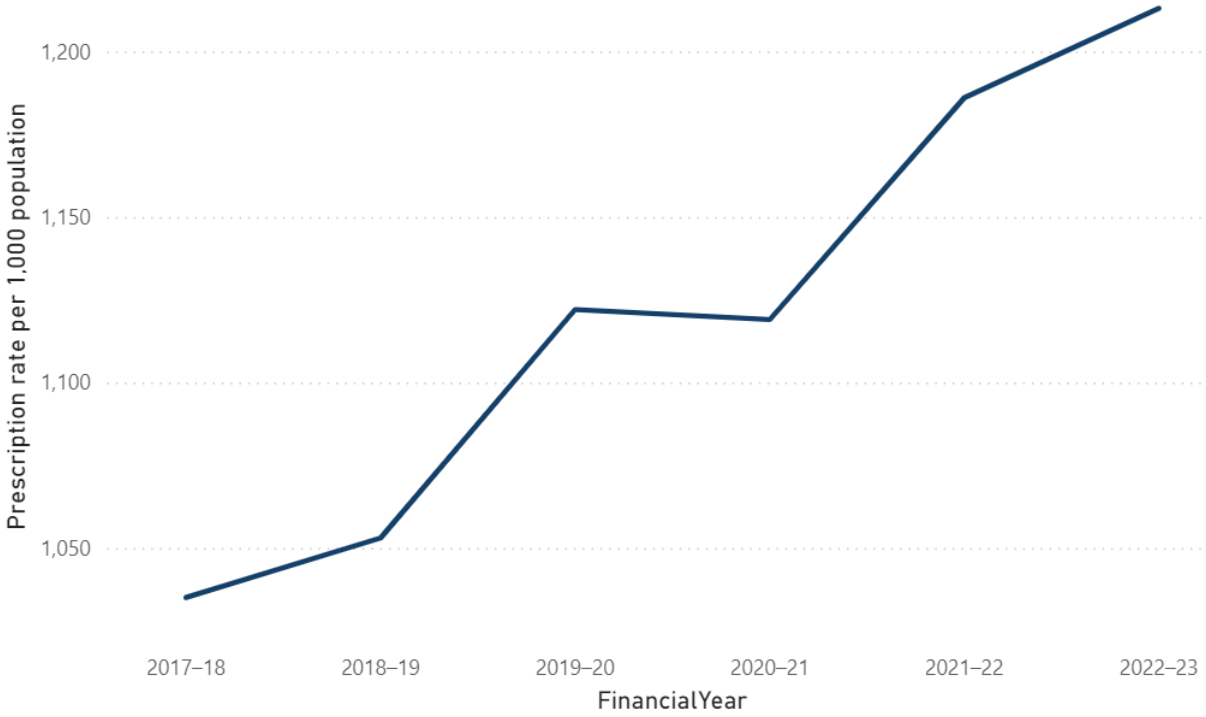
Source: AIHW, 2024

Figure 25: Number of Patients, 2013-14 to 2022-23



Source: AIHW, 2024

Figure 26: Rate of prescriptions per 1,000 population, CESPHN, 2017-18 to 2022-23

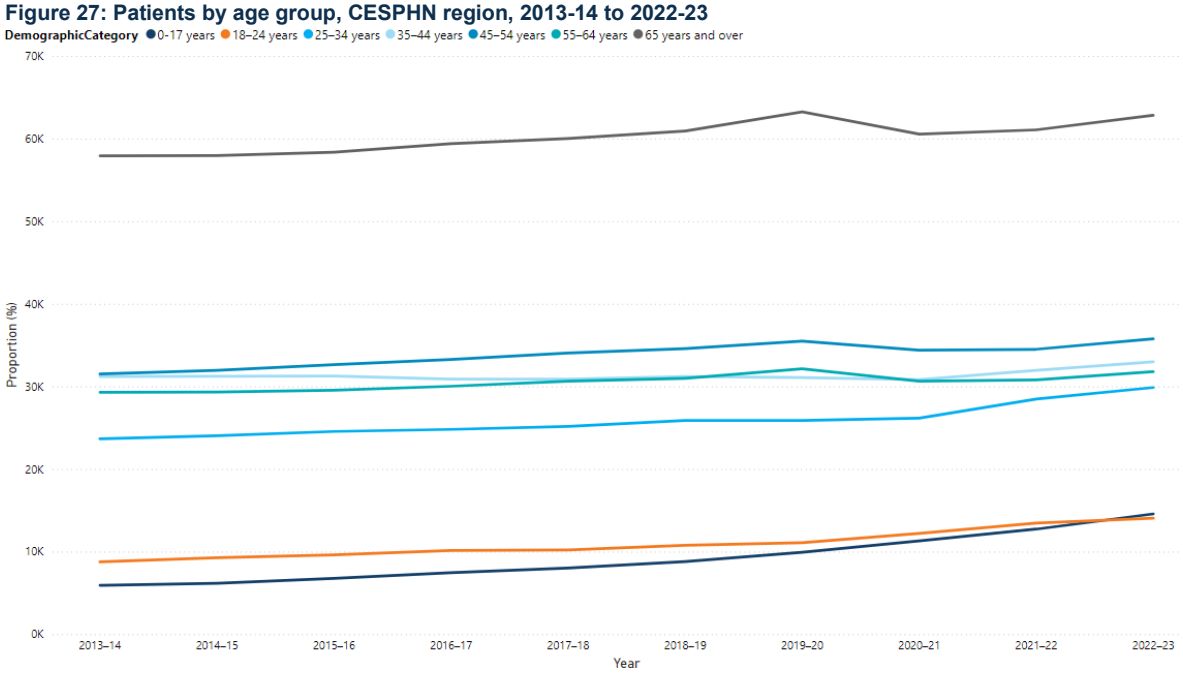


Source: AIHW, 2024

Looking at the total number of patients and prescriptions across the CESPHN region over a six -year period from 2017-18 to 2022-23, prior to 2019-20 number of people who are accessing PBS medication and the number of prescriptions dispensed were increasing between 1.5-2.0%, in 2019-20 there was an increase of 2.9% and 6.7% respectively. In 2019-20, at the start of the COVID pandemic there was a 2.9% increase in people accessing the PBS and a 6.7% increase in prescription on the PBS. Across both number of people and number of prescriptions 2020-21 saw a decline from 2019-20, however, both the 2021-22 and 2022-23 numbers have continued to increase by 3.0% and 2.9% in 2021-22 and 3.9% and 2.3% in 2022-23.

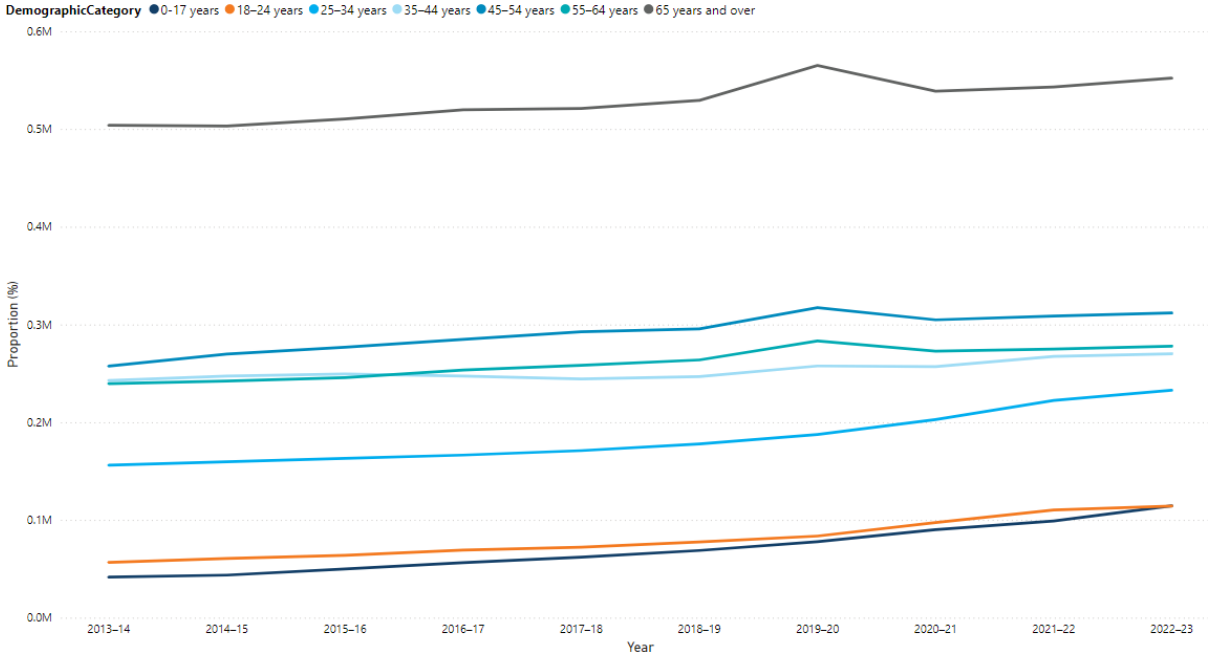
Figures 27 and 28 below show that the number of people and number of prescriptions across each age group is increasing. Across both the number of people and number of prescriptions we can see a spike in the three eldest age groups; 65 years and over, 55-64 years and 45-54 years in 2019-20.

Figure 27: Patients by age group, CESPHN region, 2013-14 to 2022-23



Source: AIHW, 2024

Figure 28: Prescriptions by age group by SA4, CESPHN region, 2013-14 to 2022-23



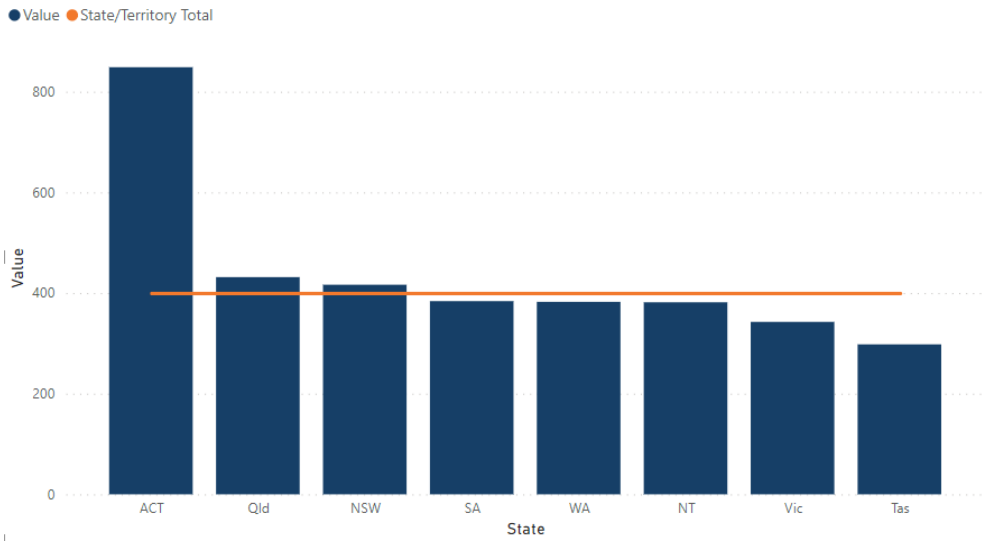
Source: AIHW, 2024

Community mental health care

Community mental health care refers to NSW government-funded and operated specialised mental health care provided by community mental health care services and public hospital-based outpatient and day clinics.

In 2021-22 there were 2,178,616 service contacts provided in major cities in NSW by community mental health care. This equates to a rate of 359.0 service contacts per 1,000 population, slightly higher than national major cities totals of 343 per 1,000 population (24). Over a 10-year period from 2011-12 to 2021-22 the rate per 1,000 population saw a spike in service contacts in 2015-16 to a rate of 409 per 1,000 population. 2016-17 and 2020-21 saw higher rates at 384 and 381 per 1,000 population respectively. All other years remained consistent at around 460 per 1,000 population. With the incidence of mental illness increasing over time, and the rate of service contacts per 1,000 population remaining stable, along with and ED related presentations and hospitalisations increasing, it could be suggestive that these individuals requiring support are either relying on the primary care system to support them, or presenting at emergency departments. This is consistent with feedback provided by primary care providers that there is greater acuity, complexity and demand for mental health services in primary care.

Figure 29: Community mental health service contacts per 1,000 population, by state, 2021-22



Source: AIHW, 2023

Figure 30: Rate per 1,000 - NSW Major cities Community mental health care service contacts, 2005–06 to 2021–22

Source: AIHW, 2023

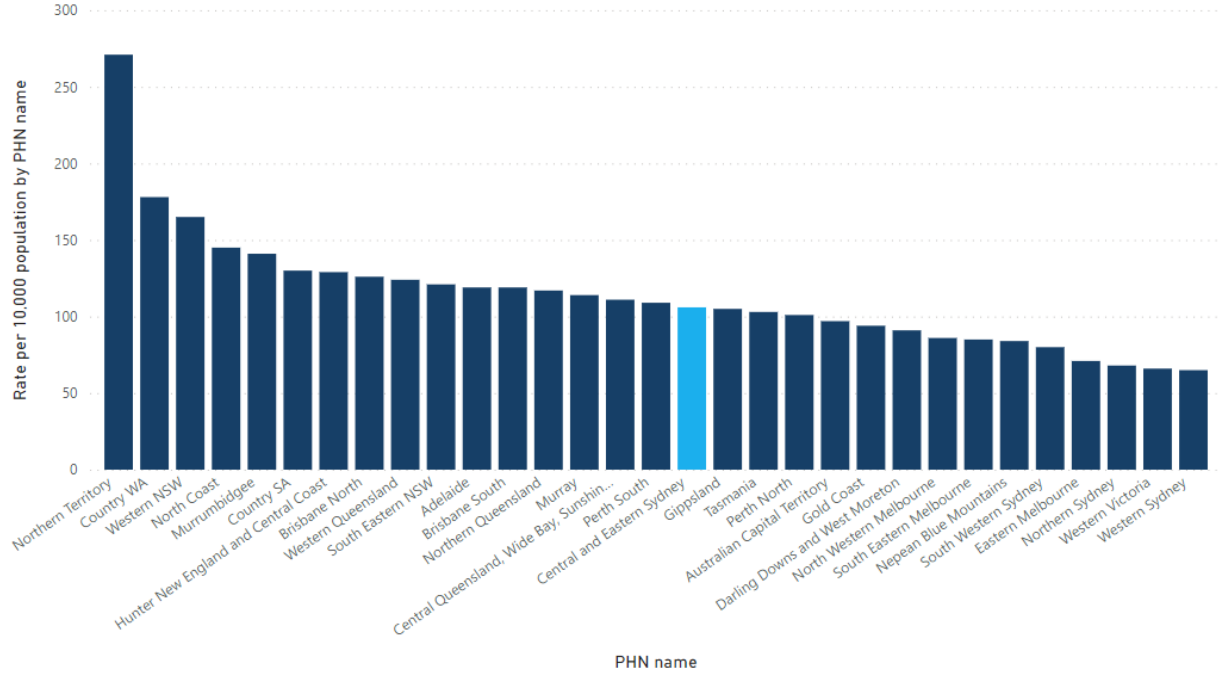
Hospitalisations for mental health conditions

Hospital emergency services

Between 2017-18 to 2021-22, there was a 9.2% increase in the number of mental health related emergency department presentations, with an average annual change of 2%. During this same period, we saw a 4.2% increase in the number of total emergency department presentations in the CESPHN region, with an average annual change of 1% (24).

In 2021-22, there were 16,418 mental health related emergency department presentations across the CESPHN region, equating to 106 mental health related emergency department presentations per 10,000 population. This is slightly higher than rates from 2018- 2019 and 2019-20 (103 and 104 per 10,000 population) but lower than the 2020-21 rate (111 per 10,000 population) (24).

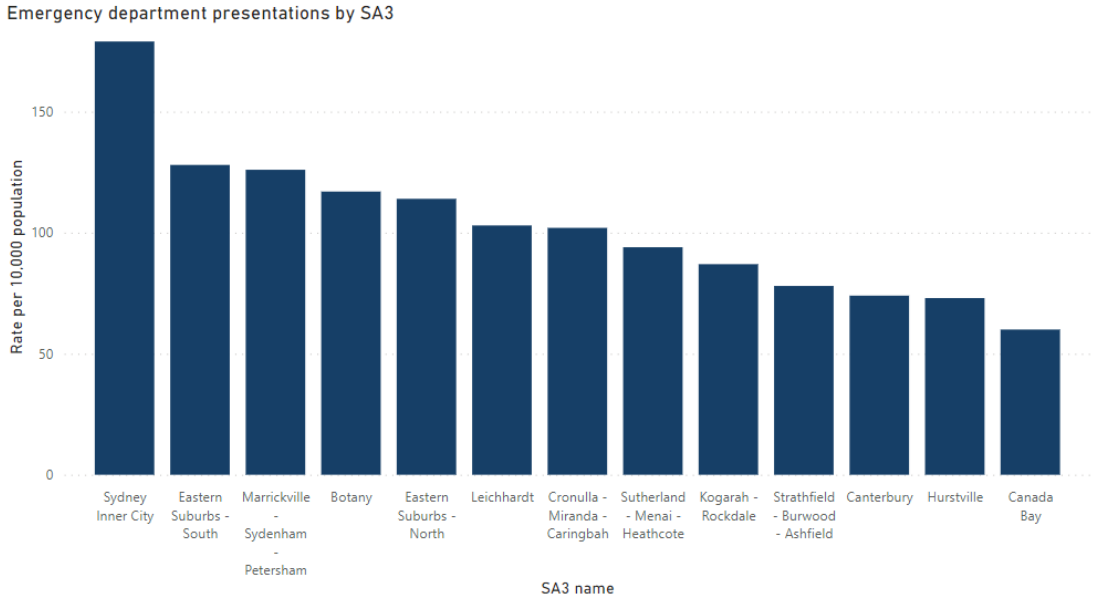
Figure 31: Mental health related emergency department presentations, PHN, 2021-22



Source: AIHW, 2023

In 2021-22 across the CESPHN region, Sydney Inner City SA3 had the highest proportion of mental health related emergency department presentations per 10,000 population (179), followed by Eastern Suburbs – South (128) and Marrickville - Sydenham-Petersham SA3 (126) (24).

Figure 32: Emergency department presentations by SA3, 2021-22



Source: AIHW, 2023

Overnight admitted mental health-related care

In 2020-21, there were 102.4 overnight admitted mental health-related hospitalisations per 10,000 population in the CESPHN region, slightly lower than the national average (109.5 per 10,000 population). There was a total of 1,655.4 patient days per 10,000 population, higher than the national average (1,245.4 per 10,000 population) (24).

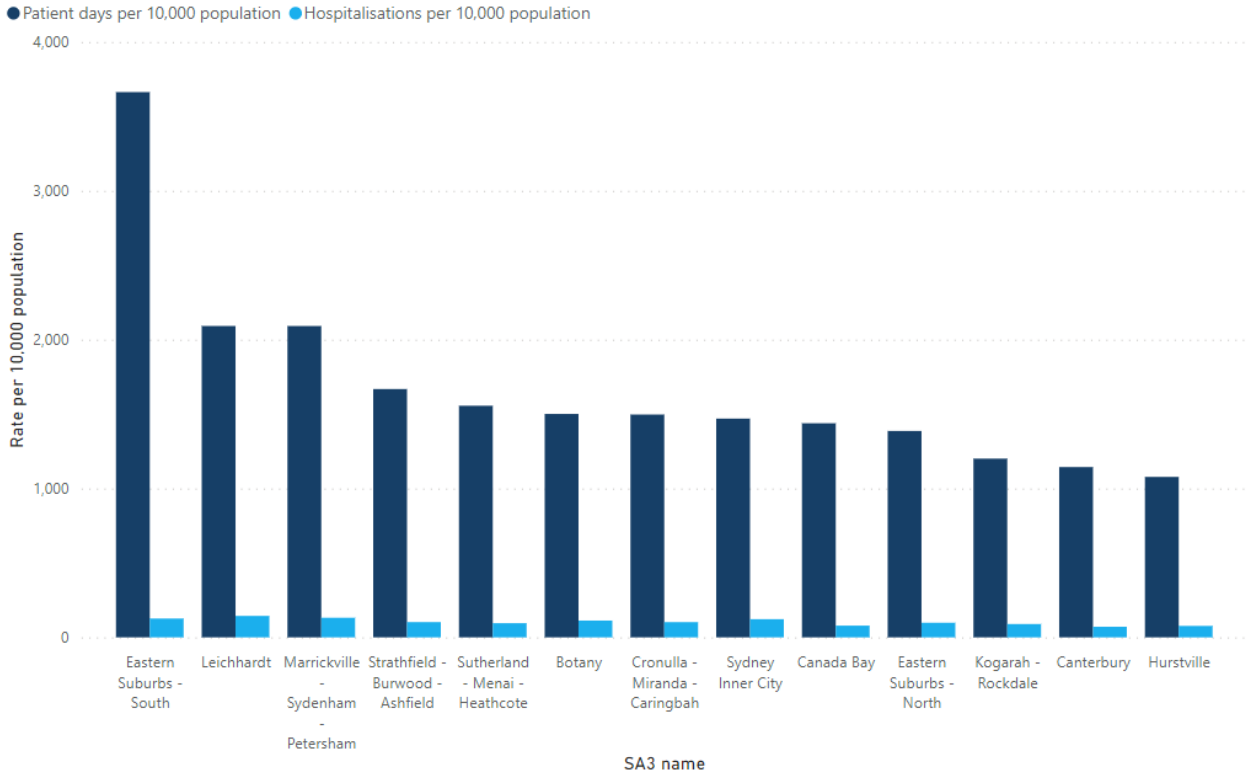
Table 4: Overnight admitted mental health related rates in the CESPHN region, 2020-21

PHN	Patient days per 10,000 population	Procedures per 10,000 population	Psychiatric care days per 10,000 population	Hospitalisations per 10,000 population
Central and Eastern Sydney	1,655.4	288.6	1,267.8	102.4

Source: AIHW, 2023

The highest rate of overnight admitted mental health-related hospitalisations were recorded in Leichhardt SA3 (144.10 per 10,000 population), Marrickville-Sydenham-Petersham SA3 (131.8 per 10,000 population), and Eastern Suburbs South SA3 (126.4 per 10,000 population) (24).

Figure 33: Overnight admitted mental health related rates by SA3, 2021-22



Source: AIHW, 2023

Residential mental health care

Residential mental health care services provide specialised mental health care on an overnight basis in a domestic-like environment and may include rehabilitation, treatment or extended care. (25)

Whilst there is no local level data available on residential mental health care, national level data is available that can provide insights into the CESPHN community. In 2021-22 it was reported that that:

- people aged 18-24 years of age have the highest rate of access (6 per 10,000 population)
- Women account for 56% people who access residential mental health care
- Aboriginal people access residential mental health at a rate of 8 per 10,000 population compared to the other Australians rate of 3 per 10,000
- 58% of people who access residential mental health care usual place of residence is a major city
- People from SEIFA quintile 1 (most disadvantaged) access residential mental health care at the highest rate (4 per 10,000) (25).

The 5 most commonly reported mental health-related principal diagnoses for residential mental health care episodes were:

- Schizophrenia (about 2,030 episodes, 22% of all episodes),
- Specific personality disorders (about 1,450, 16%),
- Schizoaffective disorders (about 900, 10%),
- Depressive episode (760, 8%), and
- Reaction to severe stress and adjustment disorders (about 730, 8%).

Psychosocial disability (NDIS) services

The CESPHN region is covered by two NDIS service districts, South Eastern Sydney and Sydney. As of 31 December 2021, 12% of participants from South Eastern Sydney and 18% of participants from Sydney had a primary disability of psychosocial disability. Both service districts have rates higher than the benchmark rate of 11% of participants (26).
Data shows that both service districts had lower average number of participants per provider where the primary disability was psychosocial disability compared to the benchmark – South Eastern Sydney (2.85), Sydney (2.82) and benchmark (3.27) (26).

Nationally, where psychosocial disability was the primary disability, there was a 72% plan utilisation. Within the CESPHN region, this varied between service districts (73% in South Eastern Sydney and 66% in Sydney) (26).

There were slightly lower proportions of participants who reported that they chose who supported them within the service districts in CESPHN region; South Eastern Sydney had 52% of participants with primary disability of psychosocial disability who chose who supported them compared to 50% in Sydney and 54% nationally. NDIS participants within the service districts in the CESPHN region reported higher proportions of participants who felt NDIS helped them have more choice and control over their life (South Eastern Sydney 75%, Sydney 79%) compared to national benchmark (75%).

Specialist homelessness services

In 2021-22, there were 85,200 clients with a mental health issue receiving specialist homelessness services in NSW. This accounts for 31% of all clients receiving specialist homelessness services in

NSW. In 2021-22 the main reasons that clients with a current mental health issue sought assistance from a specialist homelessness services agency were not commonly related to mental health issues (4.1% or 3,500 clients). Instead, the main reasons for seeking assistance were for housing crisis (21% or 18,200 clients), family and domestic violence (19% or 16,500 clients), or inadequate or inappropriate dwelling conditions (13% or almost 11,100 clients) (24).

Additional access and service gaps

Further to the above, a number of additional access and service gaps have been identified through consultation processes with **internal and external stakeholders.**

- People are not accessing or delaying the renewing their Mental Health Care Treatments Plans as the cost of seeing a GP increases with the reduction of bulk billing, and the increased cost of living
- The reduction in better access sessions from 20 to ten sessions in December 2022 is impacting clients who were already in the program, but it has allowed for an increase in new clients to be seen.
- Psychologists are being attracted to more privately run services due to better working conditions. This reduces the amount of practitioners available for publicly funded/subsidised service. Also increase staff turnover, which increases the burden of training more staff and impacts continuity of care.
- The short term funding of services has flow on effects from attracting and retaining suitable staff, to continuity of care for clients
- There is a limited availability in programs when a client needs to step up a level of care, this results in either long wait times or limited treatment options at a lower intensity.

Workforce

The mental health workforce consists of both clinically trained professionals, such as psychiatrists, psychologists and mental health nurses and non-clinical roles, such as peer support workers. Other professions that work within the mental health field include: General Practitioners, Social workers, Occupational therapists, Counsellors, Community Mental Health Workers, Aboriginal health workers, dieticians, youth workers, art therapists, pharmacists, alcohol and other drug health workers, primary care physicians, recovery and rehabilitation workers, housing specialists, Justice Health, family therapists, mental health coaches, Acute Care Teams. These professions can all play a valuable role as part of a multidisciplinary team to support individuals for improved outcomes.

There are four main mental health sectors where support can be accessed:

1. The public health system – Local Health Districts or Local Health Networks
2. The primary care system – General Practitioners and Allied Health Providers
3. The private sector – Clinicians working either in private practice or within private hospitals
4. Non-government organisations – this includes Community Managed organisations and helplines and counselling services such as Lifeline and beyond blue.

Psychiatry workforce

In 2022, there were 380 psychiatrists working in a clinician role in the CESPHN region (351.6 FTE) giving a rate of 24.3 per 100,000 population (22.5 FTE per 100,000 population), higher than the state and national rates for number of practitioners (13.4 and 14.6) and FTE (10.8 and 11.9) per 100,000 population respectively (27).

Within the region, there is an uneven distribution of psychiatrists. Sydney Inner City SA3 has the highest rate of psychiatrists (58.4 per 100,000 population), followed by Leichhardt (42.7 per 100,000) and Eastern Suburbs – South (39.8 per 100,000). The SA3s of Botany, Hurstville, Marrickville-Sydenham-Petersham and Sutherland-Menai-Heathcote all have 0 or three or less psychiatrists. For this reason, they are excluded from parts of the below analysis.

Table 5: Psychiatrists by location, 2022

Measure	CESPHN	NSW	Australia
Number of Practitioners	380	1,091	3,784
Number of Practitioners (rate per 100,000 population)	24.3	13.4	14.6
FTE Total	351.6	1,013.5	3,563.3
FTE Total (rate per 100,000 population)	22.5	12.4	13.7
FTE Clinical	301.7	882.7	3084.3
FTE Clinical (rate per 100,000 population)	19.3	10.8	11.9

Source: HWA, 2023

Years intended to work

In 2022, 39.5% of psychiatrists in the CESPHN region intended to only work up to another 10 years. Just over 59.4% of psychiatrists in Strathfield - Burwood – Ashfield and 54.1% in Leichhardt SA3 indicate that they do not intend to work more than ten years (27).

Table 6: Psychiatrist years intended to work by SA3, 2022

SA3	0-5 years (%)	6-10 years (%)	11-15 years (%)	16-20 years (%)	21-30 years (%)	31-40 years (%)	41+ years (%)
Botany	100	0	0	0	0	0	
Canada Bay	12.5	15.6	18.8	9.4	31.3	12.5	
Canterbury	50.0	0.0	0.0	0.0	50.0	0.0	
Cronulla-Miranda-Caringbah	0.0	21.4	28.6	28.6	21.4	0.0	
Eastern Suburbs – North	28.9	20.0	6.7	17.8	26.7	0.0	
Eastern Suburbs – South	17.0	9.4	15.1	20.8	28.3	9.4	
Hurstville	100.0	0.0	0.0	0.0	0.0	0.0	
Kogarah-Rockdale	12.0	12.0	24.0	28.0	12.0	12.0	
Leichhardt	33.3	20.8	12.5	12.5	20.8	0.0	
Marrickville-Sydenham-Petersham							
Strathfield-Burwood-Ashfield	29.7	29.7	8.1	18.9	13.5	0.0	
Sutherland-Menai-Heathcote	0.0	0.0	0.0	0.0	0.0	0.0	
Sydney Inner City	28.6	15.1	10.3	15.9	24.6	5.6	
CESPHN	23.5	16.0	12.3	17.4	24.1	5.6	1.1
New South Wales	22.9	16.8	15.1	19.5	19.7	4.7	1.3
Australia	21.4	18.8	14.1	20.0	20.2	4.4	1.1

Source: HWA, 2023
Note: No data available for Marrickville-Sydenham-Petersham and Sutherland-Menai-Heathcote SA3. Results for Botany and Hurstville are based on small numbers and are to be interpreted with caution.

Psychologist workforce

In 2022 there were 2,777 psychologists working in a clinical role in the CESPHN region (2,354.0 FTE) giving a rate of 177.8 per 100,000 population (150.8 FTE per 100,000 population), higher than the state and national rates for number of practitioners (116.1 and 112.6) and FTE (97.7 and 95.2) per 100,000 population respectively (27).

Sydney Inner City SA3 has the highest rate of psychologists at 425.7 per 100,000 population, followed by Eastern Suburbs – North (276.8 per 100,000) and Leichhardt (247 per 100,000). The SA3s of Canterbury, (53.9 per 100,000) and Botany (55.8 per 100,000) have a rate 3 times lower than the CESPHN rate which shows the differential physical access to psychologists across the region.

Table 7: Psychologists by region, 2021

Measure	CESPHN	NSW	Australia
Number of Practitioners	2,777	9,481	29,272
Number of Practitioners (rate per 100,000 population)	177.8	116.1	112.6
FTE Total	2,354.0	7,978.8	24,764.6
FTE Total (rate per 100,000 population)	150.8	97.7	95.2
FTE Clinical	1,844.5	6,372.8	19,781.0
FTE Clinical (rate per 100,000 population)	118.1	78.0	76.1

Source: HWA, 2023

Years intended to work

Data on psychologist years intended to work suggests Leichhardt, Marrickville-Sydenham-Petersham and Sutherland-Menai Heathcote may experience shortages in psychologists given the high proportions of psychologists intending to leave within 5 years.

Table 8: Psychologist years intended to work by SA3, 2022

Geography	0-5	6-10	11-15	16-20	21-30	31-40	41+
Botany	14.3%	8.6%	17.1%	25.7%	11.4%	14.3%	8.6%
Canada Bay	18.7%	13.4%	14.2%	21.6%	21.6%	10.4%	
Canterbury	11.6%	20.3%	7.2%	26.1%	29.0%	5.8%	
Cronulla - Miranda - Caringbah	13.9%	17.4%	18.8%	21.5%	20.8%	7.6%	
Eastern Suburbs - North	17.1%	21.4%	8.1%	19.7%	22.3%	7.2%	4.1%
Eastern Suburbs - South	15.2%	17.5%	12.6%	15.5%	23.6%	13.6%	1.9%
Hurstville	11.5%	14.4%	11.5%	24.0%	24.0%	11.5%	2.9%
Kogarah - Rockdale	13.1%	20.0%	12.3%	21.5%	23.1%	7.7%	2.3%
Leichhardt	21.9%	17.5%	16.8%	15.3%	20.4%	5.8%	2.2%
Marrickville - Sydenham - Petersham	26.4%	20.8%	4.2%	16.7%	31.9%		
Strathfield - Burwood - Ashfield	17.9%	21.0%	12.3%	13.0%	22.2%	11.1%	2.5%
Sutherland - Menai - Heathcote	22.8%	16.7%	14.9%	14.0%	18.4%	13.2%	
Sydney Inner City	12.0%	16.0%	12.0%	20.2%	27.9%	9.2%	2.6%
Central and Eastern Sydney	15.2%	17.5%	12.2%	19.1%	24.4%	9.3%	2.2%
New South Wales	16.5%	18.1%	11.8%	20.2%	22.9%	8.4%	2.1%
Australia	15.8%	18.3%	12.3%	20.4%	22.7%	8.5%	2.1%

Source: HWA, 2023

Mental health nurse workforce

In 2022 there were 1,480 mental health nurses working in a clinician role in the CESPHN region (1,461.1 FTE) giving a rate of 94.8 per 100,000 population (93.6 FTE per 100,000 population), higher than the national and state rates for number of practitioners (80.5 and 90.7) and FTE (78.8 and 87.7) per 100,000 population respectively (27).

There is an uneven distribution of mental health nurses across the region. Eastern Suburbs – South SA3 has the highest rate of mental health nurses 311.7 per 100,000 population, followed by Canada Bay (243.7 per 100,000) and Sydney Inner City (153.3 per 100,000). Sutherland-Menai-Heathcote

SA3 has the lowest rate of mental health nurses (8.9 per 100,000) with Leichhardt and Botany also having low rates (14.2 and 16.4 per 100,00, respectively).

Table 9: Mental health nurses by region, 2022

Measure	CESPHN	NSW	Australia
Number of Practitioners	1,480	6,577	23,580
Number of Practitioners (rate per 100,000 population)	94.8	80.5	90.7
FTE Total	1,461.1	6,433.0	22,807.1
FTE Total (rate per 100,000 population)	93.6	78.8	87.7
FTE Clinical	1,413.8	6,223.7	22,047.0
FTE Clinical (rate per 100,000 population)	90.5	76.2	84.8

Source: HWA, 2023

Years intended to work

In 2022, 45.2% of mental health nurses in the CESPHN region intended to only work up to another 10 years. Of note, 57% of the mental health nurses in Botany do not intend to work more than 5 years and all of the mental health nurses in Leichhardt do not intend to work more than 15 years.

Table 10: Mental health nurse years intended to work by SA3, 2022

SA3	0-5 years (%)	6-10 years (%)	11-15 years (%)	16-20 years (%)	21-30 years (%)	31-40 years (%)	41+ years (%)
Botany	57.1	0.0	0.0	0.0	42.9	0.0	0.0
Canada Bay	17.0	21.3	9.6	16.0	20.2	9.6	6.4
Canterbury	16.0	36.0	16.0	20.0	12.0	0.0	0.0
Cronulla – Miranda – Caringbah	21.5	18.5	7.7	20.0	21.5	10.8	0.0
Eastern Suburbs – North	25.8	22.6	9.7	16.1	16.1	0.0	9.7
Eastern Suburbs – South	27.6	21.0	8.8	17.0	13.8	7.7	4.2
Hurstville	0.0	23.1	23.1	0.0	30.8	0.0	23.1
Kogarah – Rockdale	22.2	22.2	10.0	18.9	16.7	10.0	0.0
Leichhardt	0.0	0.0	100.0	0.0	0.0	0.0	0.0
Marrickville – Sydenham – Petersham	0.0	33.3	0.0	0.0	33.3	33.3	0.0
Strathfield – Burwood – Ashfield	31.1	23.3	9.7	14.6	12.6	5.8	2.9
Sutherland – Menai – Heathcote	0.0	0.0	0.0	0.0	100.0	0.0	0.0
Sydney Inner City	25.5	18.4	9.4	18.0	16.9	7.5	4.3
CESPHN	24.4	20.8	9.2	17.0	16.6	7.9	4.0
NSW	23.9	20.9	10.1	18.5	16.6	7.2	2.9
Australia	21.9	20.4	11.1	17.7	18.6	7.4	2.8

Source: HWA, 2023

Lived Experience workforce

The Lived Experience workforce is made up of people who are employed in paid positions that require Lived Experience as an essential employment criterion, regardless of position type or setting. This is a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles (28). The lived experience workforce is essential to delivering quality, recover-focused mental health services in Australia. Workers act as "change agents," supporting both individual recovery and broader cultural and practice changes within services.

The Lived Experience workforce offers significant benefits to service users, families, service providers, and the broader community. Their role improves service engagement, treatment outcomes, and staff retention, while reducing critical incidents and healthcare costs. In community settings, it can relieve pressure on other services, such as GPs and youth mental health services.

The central and eastern Sydney Mental Health and Suicide Prevention Regional Plan (2024-2026) identifies the need to support and grow the mental health peer (lived experience) workforce. Currently peer workers are engaged with several of CESPHN's commissioned services including, but not limited to, the Canterbury Medicare Mental Health Centre, headspace Camperdown, the Youth Enhanced Service, CASPAR, Connect and Thrive, Active8 andAvtive9 & WorkWell, Growing Resilience, PICS, and KBIM-p and Keeping the Body In Mind.

Community managed workforce

The Community managed mental health workforce is the workforce that provides mental health services outside of the public sector (Local Health District/Network managed services). Whilst there is no local level data available for the CESPHN region we can use NSW data to provide insights into what may be happening within the CESPHN region.

The Mental Health Coordinating Council (MHCC) undertakes an annual survey of the community managed mental health workforce in NSW. In 2023 it found that:

- 25% of the total mental health workforce in NSW works at a community managed organisation
- 70% of the workforce is less than 45 years of age
- There is 2-3% growth in the workforce each year
- 72% of all workers in the sector are female
- 40% of direct support mental health worker are causal or contract employee
- 19% of the workforce has lived experience of mental health, both in peer and non-peer roles (29).

The report also highlights a reduction in psychiatrists and other medical practitioners working in the CMO sector. This category has dropped by more than 70% with only 13 Psychiatrists working in the CMO sector in NSW in 2023. Respondents of the survey reported that recruiting psychiatrist to the sector is extremely challenging (29). This was echoed by participants in CESPHN Mental Health Stakeholder consultation held in July 2024.

A breakdown of workers by the type of direct support from the survey can be seen below.

Table 11: Number of workers by type of direct support roles in NSW, 2023

Type of worker/occupation	Headcount	Proportion of total workforce (%)	FTE	Proportion of FTE workforce (%)
Identified Consumer Peer Worker	406	12.3	309.2	12.9
Identified Carer Peer Worker	51	1.5	37.4	1.6
Recovery Coach	23	0.7	16.4	0.7
Mental Health Support Worker	1236	37.5	945.3	39.3
Support Coordinator	273	8.3	240.1	10
Nurse	57	1.7	38.2	1.6
Psychiatrist	13	0.4	5.5	0.2
Psychologist/counsellor	315	9.6	137.8	5.7
Other medical practitioner	23	0.7	5	0.2
Allied Health	233	7.1	157.9	6.6
Other	663	20.1	512.1	21.3
Total	3293	99.9	2404.9	100.1

Source: MHCC, 2023

A highlight in the sector is the increase in Identified Consumer Peer Workers, who are now the second largest workforce in the community managed sector representing 12.3% of all workers. Participants at the CESPHN Mental Health Stakeholder consultation also highlighted the important role that Peer workers play in the workforce, however concerns were raised at how this sector of the workforce is supported including the need for different levels of support across different levels of experience, much like how clinicians are supported based on their skills and experience.

The MHCC annual survey also identified that CMO were finding it difficult to fill vacancies, particularly with psychiatrists, followed by psychologists and councillors. Reasons suggested for this include insufficient workers with relevant qualifications, can only offer short-term contracts and unable to offer competitive salaries (29). As PHN commission services within the CMO space, it is important to note that these challenges need to be taken into consideration for ongoing commissioning.

Service gaps within the workforce

Consultation with both external stakeholders, CESPHN staff and a community services survey have identified a number of service gaps within the workforce:

- Concerns that clinical current workforce shortages may be amplified as the number of psychiatrists and psychologists plan to retire in the next five years
- The lived experience workforce is a valuable resource but is currently underutilised or under resourced
- Psychologists are being attracted to more privately run services due to better working conditions. This reduces the amount of practitioners available for publicly funded/subsidised service. Also increase staff turnover, which increases the burden of training more staff and impacts continuity of care.
- There is a lack of Occupational Therapists to assist in Multidisciplinary Teams as most work withing the NDIS system.

- The workforce is either not supported or does not have steps in place to support vicarious trauma
- There is a high turnover of staff, and difficulty recruiting new staff with the right skills

CESPHN's current work

CESPHN is currently undertaking a large range of initiatives and commissioning to meet the needs of the community. These initiatives and services are described in the relevant sections throughout this chapter are listed below:

Low intensity services

- Medicare Mental Health Centres (MMHC)
- Emotional Wellbeing for Older Persons
- Your Coach Plus
- Support for communities impacted by the Israel/ Gaza, conflict

Mild to moderate services

- Cognitive Behavioural Therapy (CBT) Group for people with Autism Spectrum Disorder
- Emotional Wellbeing for Older Persons (EWOP)
- headspace
- Medicare Mental Health Centre
- Psychological Support Services (PSS)

High intensity services

- GP Mental Health Shared Care
- GP Mental Health Shared Care – Clozapine
- Youth Enhanced Services
- Medicare Mental Health Centre
- Primary Integrated Care Supports (PICS) Program
- Telehealth Psychiatry Service (TPS)

Psychosocial supports:

- Service Navigation for Psychosocial Support Services
- Yarning Circles
- Connect and Thrive.
- Keeping the Body in Mind
- Making Space
- Social Rx ®
- Growing Resilience -
- Active8 Physical Health and WorkWell Employment Support:
- WorkWell
- Connect with Healthy Minds and Bodies
- Older Person's Wellbeing Network

Opportunities to address health and service needs

- **Increased access to providers:** this can be achieved by expanding the mental health workforce, peer support workforce, and OTs.

- **Integrate mental health into primary health care:** this can help identify mental health issues early and allows for easier and more universal access to care
- **Establish integrated mental health hubs:** Allow for clients to access services to meet all of their recovery needs in one place
- Additional training and support for friends and families e.g., via approaches such as Open Dialogue.

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