

## Submission to the NSW Mental Health Commission: Strategy for Mental Health and Wellbeing in NSW

13 August 2025

Thank you for the opportunity to contribute to the Mental Health Commission of NSW's consultation.

**Mindgardens Neuroscience Network** is a membership organisation comprising UNSW Sydney, South Eastern Sydney Local Health District (SESLHD), Black Dog Institute and Neuroscience Research Australia (NeuRA), focused on translation of research results into practice. Established to improve the lives of people who experience mental health, drug and alcohol and neurological disorders, Mindgardens brings together people with lived experience of these disorders with clinicians, researchers and health system managers to co-design new models of care that are ready to be applied in everyday practice. **Mindgardens has a current focus on severe mental illness, including psychosis.** Fostering collaboration, building capacity and integrating diverse skills across our Member organisations and other partners, Mindgardens forms a unique and highly concentrated hub of expertise, centred on the south eastern Sydney region but able to serve the whole NSW community and influence practice across Australia and internationally. Mindgardens operates independently as a not-for-profit company limited by guarantee, with deductible gift recipient status, under the strategic direction of a Board that includes representatives from each Member organisation and independent directors.

As the Commission undertakes its review of NSW's Mental Health and Wellbeing Strategy, and drawing from Mindgardens' particular expertise in severe mental illness, we recommend that the Commission consider the following issues:

## **1. Responses to adults living with schizophrenia and other severe mental illness**

People who experience psychosis are some of the most disadvantaged and stigmatised in our community; addressing their needs is a matter of social justice<sup>i</sup>. They have distinct and higher levels of clinical and psychosocial support need, disproportionate to the lifetime prevalence of psychosis in the community (around 3%), as evidenced by national statistics:

- Schizophrenia is by far the biggest contributor to specialist psychiatric admissions to public hospitals at 19% of overnight stays<sup>ii</sup>.
- Schizophrenia is the third most common mental health-related reason for attending emergency departments (following substance use and stress disorders)<sup>iii</sup>.
- Schizophrenia is the most common diagnosis among clients of state-run community mental health services<sup>iv</sup>.

A comprehensive focus on this group, to ensure they receive timely, trauma-informed services, has potential both to improve health and psychosocial outcomes for individuals and to improve the performance of the NSW mental health system. Imbalances in the types of support available through the public mental health system can result in potentially avoidable emergency presentations and hospital admissions<sup>v</sup>.

The NSW Government has recognised people with severe and persistent mental health disorders through its June 2024 Budget investment of \$30.4 million to expand Community Mental Health Teams in some regions, in order to support community and assertive outreach, extended hours of service, more comprehensive case management, and housing liaison. It has also committed \$39 million to provide mental health assessment through the NSW Single Front Door, directing people with complex conditions towards the most appropriate services<sup>vi</sup>.

The Commission should encourage the state to build on these positive foundations through the present strategic planning process, to ensure people living with psychosis can receive appropriate levels of support in the community, matching the diversity and complexity of their needs.

## **2. Responses to young people experiencing first episode and early psychosis**

Young people experiencing first episode and early psychosis are a critically important population because the trajectory of their illness and their own and their families' adjustment to it may be influenced by the treatment and care they receive, with implications for their long-term health, educational, occupational and psychosocial outcomes.

- The Commonwealth government has committed \$700 million to support young people with complex conditions through expanded headspace centres as well as 20 Youth Specialist Care Centres.

- However there has been little attention to how these standalone centres would integrate with other elements of the mental health system including community mental health services. This is an essential consideration in NSW, because of the overlapping age range of headspace (age 12 to 25) with the age range of community services (typically 18+) and Child and Adolescent Mental Health Services (CAMHS), and because access to the new centres will not be available in all NSW regions.
- Evidence suggests young people may experience better outcomes if they receive support from mental health services that are integrated with others in the same region<sup>vii</sup> or with education and/or employment support<sup>viii</sup>.

The Commission's preparation of an updated NSW Mental Health and Wellbeing Strategy presents an opportunity to ensure all tiers of the youth mental health system collaborate or integrate in ways that support improved outcomes for young people.

Headspace Bondi Junction, commissioned through SESLHD and one of only a handful of headspace centres nationally with a public health service as its lead agency, has achieved highly integrated services including co-located and co-commissioned programs that allow young people to transition readily between the supports they need. This provides one positive example of how greater service integration in youth mental health could be implemented. Mindgardens has supported the development of a Youth Service Integration Resource Kit<sup>ix</sup> to promote service integration.

### **3. Physical health of people living with severe mental illness**

The life expectancy of people with the most severe mental health conditions is reduced by 10 to 20 years compared to the general population, largely as a consequence of potentially preventable physical health conditions.

Validated decision tools are available that support mental health clinicians to screen for physical health conditions and intervene appropriately. The tools include:

- [Positive Cardiometabolic Health Resource](#) (Adult)<sup>x</sup> and related [Evidence Guide](#)<sup>xi</sup>
- [Positive Cardiometabolic Health Resource](#) (Adolescent)<sup>xii</sup> and related [Evidence Guide](#)<sup>xiii</sup>
- [Tobacco Treatment Resource](#)<sup>xiv</sup>, [Simplified Tobacco Treatment Resource](#)<sup>xv</sup> and related [Evidence Guide](#)<sup>xvi</sup>

These resources are being used to support the physical health of people living with mental illness in the SESLHD region and could be deployed state-wide through LHD community mental health services.

It is widely accepted that targeted physical health care for people living with mental illness should be a routine element of mental health service provision, with benefits for both physical and mental health outcomes<sup>xvii</sup>. The Commission has an important role to play in making this happen by ensuring physical health care is viewed as an essential investment and built into forecasting and planning for mental health services in NSW.

#### **4. Workforce**

A strong, fit-for-purpose workforce is essential for the delivery of effective mental health services in NSW. The continuing crisis in NSW public sector psychiatry demonstrates how damaging under-investment in a key workforce can be, both directly to patients and by undermining continuity and confidence in the system<sup>xviii</sup>.

The Commission should focus on building a diverse workforce that appropriately values the distinctive contributions of psychiatrists, psychologists, other allied health professionals including exercise physiologists and dietitians, nurses and peer workers. The workforce should be matched to current and emerging understanding of the ideal mix and level of supports for service users, and include a training and development pipeline mapped to population projections.

The Mindgardens Tertiary Referral Service for Psychosis, a NSW-statewide service, includes capacity-building for clinicians via a program of webinars as an important parallel objective alongside direct support for patients and their treating teams<sup>xix</sup>. This model, which has reached hundreds of mental health clinicians from every NSW LHD, offers a blueprint for cost-effectively extending the clinical skills and confidence of diverse and distributed workforces.

The Commission should also have regard to current national proposals to define a scope of practice for peer workers, as summarised by the Productivity Commission<sup>xx</sup>, to ensure peer roles can be embedded, and properly valued and remunerated, at all levels of the NSW mental health system.

#### **5. Translational research is essential to improving outcomes**

The mental and physical health outcomes of people living with severe and enduring mental illness, including psychotic disorders, have been neglected for many years.

Investment in health research is in one sense primarily a Commonwealth responsibility, including through the National Health & Medical Research Council. However translational research, focused on optimising services for improved consumer outcomes and conducted in NSW public care settings

with support from academic researchers, is a legitimate focus for the NSW Government and the Commission.

The position paper [\*Enhancing Psychosis Research: Addressing Gaps in Knowledge, Lived Experience Inclusion and Implementation\*](#)<sup>xxi</sup> outlines a translational research agenda, advocating for the following priorities:

- Establish targeted research funding for people living with psychosis, including a focus on marginalised and minority communities, youth, older adults, and individuals with co-occurring conditions.
- Integrate lived experience into all stages of psychosis research.
- Invest in research to improve both psychosocial services and biomedical treatments for people living with psychosis.
- Accelerate the translation of research into practice, to address the average 17-year lag between discovery and implementation.

## **Contact**

To address any matters raised in this submission, please contact Ms Julie Robotham, Director of Strategic Engagement.

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## REFERENCES

- <sup>i</sup> Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne (2021). Reducing stigma and discrimination towards people with mental illness: Final summary and recommendations. Available: <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-08/misred---report-5---final-summary-and-recommendations.pdf>
- <sup>ii</sup> Australian Institute of Health and Welfare. Topic Area: Mental Health, Admitted Patients. Figure AC.2 (2024). Available: <https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients>
- <sup>iii</sup> Australian Institute of Health and Welfare. Topic Area: Mental Health, Emergency Departments. (2025). Available: <https://www.aihw.gov.au/mental-health/topic-areas/emergency-departments>
- <sup>iv</sup> Australian Institute of Health and Welfare. Topic Area: Mental Health, Community Mental Health Services. (2024). Available: <https://www.aihw.gov.au/mental-health/topic-areas/community-services>
- <sup>v</sup> Duggan. M., Harris. B., Chislett. W.K., & Calder. R., (2020). Nowhere else to go: Why Australia's health system results in people with mental illness getting 'stuck' in emergency departments. Mitchell Institute Commissioned Report, Victoria University
- <sup>vi</sup> Ministerial media release, NSW Budget: Support for community mental health, 2024. Available: <https://www.nsw.gov.au/media-releases/nsw-budget-support-for-community-mental-health>
- <sup>vii</sup> McHugh C, Hu N, Georgiou G, et al. Integrated care models for youth mental health: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*. 2024;58(9):747-759. doi:[10.1177/00048674241256759](https://doi.org/10.1177/00048674241256759)
- <sup>viii</sup> Nicholas, J., Ardill-Young, O., Levy, P., Pearce, K., Chinnery, G., Sim, E., Scully, A., Ottavio, A., Curtis, J., & Killackey, E. (2024). A supported education programme implemented in youth mental health services: Outcomes and lessons from the first year of COVID-disrupted delivery. *Early Intervention in Psychiatry*, 18(8), 652–658. <https://doi.org/10.1111/eip.13530>
- <sup>ix</sup> <https://www.mindgardens.org.au/youth-service-integration/>
- <sup>x</sup> Mindgardens Neuroscience Network. Adult Positive Cardiometabolic Resource - Update 2023. Adapted from Curtis J, Newall H, Samaras K. ©HETI 2011. 2023.
- <sup>xi</sup> Mindgardens Neuroscience Network. Adult Positive Cardiometabolic Resource – Evidence Guide. 2023
- <sup>xii</sup> Mindgardens Neuroscience Network. Adolescent Positive Cardiometabolic Resource - Update 2023. Adapted from Curtis J, Newall H, Samaras K. ©HETI 2011. 2023.
- <sup>xiii</sup> Mindgardens Neuroscience Network. Adolescent Positive Cardiometabolic Resource – Evidence Guide. 2023
- <sup>xiv</sup> Mindgardens Neuroscience Network. Tobacco Treatment Resource. 2023
- <sup>xv</sup> Mindgardens Neuroscience Network. Simplified Tobacco Treatment Resource. 2023
- <sup>xvi</sup> Mindgardens Neuroscience Network: Tobacco Treatment Resource – Evidence Guide 2023
- <sup>xvii</sup> Implementing lifestyle interventions in mental health care: third report of the *Lancet Psychiatry* Physical Health Commission, Teasdale, Scott B et al., *The Lancet Psychiatry*, Volume 12, Issue 9, 700 - 722
- <sup>xviii</sup> 1. Looi JC, Robinson N, Robson SJ. Each hour injures, the last one kills. *Australasian Psychiatry*. 2025;33(3):315-317. doi:[10.1177/10398562251316408](https://doi.org/10.1177/10398562251316408)
- <sup>xix</sup> Available: <https://www.mindgardens.org.au/what-we-do/psychosis/the-nsw-tertiary-referral-service-for-psychosis/>
- <sup>xx</sup> Australian Government. Productivity Commission. Mental Health and Suicide Prevention Agreement Review Interim report, Draft Recommendation 4.14. Available: <https://www.pc.gov.au/inquiries/current/mental-health-review/interim/mental-health-review-interim.pdf>
- <sup>xxi</sup> Psychosis Australia and Mindgardens Neuroscience Network. Position Paper: Enhancing Psychosis Research: Addressing Gaps in Knowledge, Lived Experience

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Inclusion and Implementation. 2025. Available: <https://www.mindgardens.org.au/wp-content/uploads/2025/04/PA-2024-Position-Paper-FINAL.pdf>