

Analysis of unmet need for psychosocial support for people with mental health conditions in New South Wales

An analysis on behalf of New South Wales Health

Final Report

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A NOTE ON LANGUAGE

Language in the mental health field changes over time, and in doing so seeks to increasingly provide a more precise representation of the experiences of people in contact with the mental health system or those providing services within that system.

The language in this document is bound in many cases by the source documentation used to illustrate principles or technical arguments, and as such can be inconsistent both internally to the document, and with accepted best practice terminology in the field at the time of publication. Best endeavours have been made to utilise preferred language where the author had liberty to choose terms, however in many cases the language utilised by the National Mental Health Services Planning Framework (NMHSPF) technical documentation, other source documents or that used by the individuals submitting data to the process was required to be used for a more accurate representation of the circumstances under discussion.

The terms ‘mental illness’, and ‘client’ appear frequently in the report due to their frequent referencing in the technical documentation, although it is acknowledged that alternative terms are often preferred.

CAVEATS

This work attempts to identify gaps in psychosocial support service delivery in NSW with regard to an agreed reference point of ‘ideal’ service provision. This gap has real consequences for individuals living with mental health challenges, and no disrespect is intended by the technical nature of the tone of the report.

There is no completely accurate representation of this gap, or ‘true’ result. This work is based on a series of models and assumptions that are open to challenge, as is the ‘agreed’ reference point of the NMHSPF itself. The author encourages all with an interest in this area to work towards continuously improving the NMHSPF, to pursue the research necessary to improve its modelling, and to improve consistency in data collection in order to ensure a transparent and objective debate about mental health service resourcing need in Australia, using the context and strength of a ministerially approved framework.

The NMHSPF is a planning tool to assist Ministers and their executive staff to prioritise investment decisions. As such it takes a service delivery perspective rather than a consumer oriented human rights approach. It is not a tool for policy change in its own right, although participation, data provision and advocacy as part of its regular review cycles can achieve change in policy around investment priorities and future decisions.

This analysis is limited by its point in time nature. The NMHSPF looks at annual periods of allocation and so any audit must do the same. New investment, changes in the drivers of mental health challenges in the community, and other changes to key parameters could easily make the findings of this report outdated over a medium-term horizon.

There are no national definitions or data sets for psychosocial support that are universally accepted. As such data quality is impacted by the significant breadth in the number of individuals who submitted data, and the variability in their understanding and interpretation of psychosocial support. Many services offer psychosocial support as part of a service offering branded and funded under another service delivery heading, and these resources will not be captured as a result.

The data provided records the investment and the number of individuals who received services, but it does not attempt to account for whether the services were delivered well, within the bounds of the funded intent, or whether they were a match to the individual's actual needs. No findings can be made in this regard.

This report must be contextualised by the 2021 National Mental Health and Suicide Prevention Agreement¹ (described in the Introduction to the report) and its objectives that spurred its initiation. Assumptions and modelling decisions are influenced by the agreement and no assumption should be made regarding the authors view on the relative merits of a given program or investment priority based on the decisions and assumptions made.

¹ https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf

Executive Summary

This report was commissioned by the Mental Health Branch of the NSW Ministry of Health and maps psychosocial support service delivery in relation to an objective reference point provided by the NMHSPF. The project was run in parallel with similar work being led by the Commonwealth Government on behalf of all jurisdictions to inform future arrangements for the provision of psychosocial supports, including roles and responsibilities between the Commonwealth and states and territories. The work in this report uses a ministerially agreed reference point for service need, the NMHSPF, identifying psychosocial support activity required in NSW under the NMHSPF and then discounting for existing services provided by the NSW Government, Primary Health Networks and the NDIS.

The NMHSPF produces reports on the number of persons requiring care, the care types they need, how much service is needed and how much expenditure is required to achieve that service. This provides a quantifiable target for the ideal amount of service provision required in NSW for both psychosocial support and reports can also be run for all other service modalities.

It is then possible to assess how many individuals are being supported by current funding and service delivery and to identify the gap to the ideal target. Additionally, the amount of existing investment will be identified relative to the required investment prediction.

There are four sources of funds that were investigated as possible contributors to psychosocial mental health service delivery in NSW:

1. NSW Government through NSW Health either funded directly or funded through local health districts (LHDs).
2. Commonwealth Government through the National Disability Insurance Scheme (NDIS)
3. The ten Primary Health Networks (PHNs) in NSW
4. Other NSW Government Departments such as Communities and Justice.

Following the audit of existing service delivery and reconciling these against the outputs of the NMHSPF it was identified that there were approximately 125,000 consumers and 95,000 carers in NSW who were not receiving a required psychosocial support service in 2022/23.

Consistent with earlier work done in South Australia there was, paradoxically, evidence that overall expenditure on specialized mental health community support services in NSW in the 2022/23FY exceeds estimated need by approximately \$723m, or 80% above the NMHSPF estimated need. Expenditure within the NDIS alone accounts for around \$550m more than the estimated need.

The NDIS is spending around 11.5 times the average estimated expenditure per consumer modelled by the NMHSPF, and more than 5 times the Ministry of Health average expenditure. This may be appropriate for some people due to their complex support needs. However, given total expenditure on the NDIS exceeds total modelled need, it is unlikely to be appropriate for all of the NDIS consumers.

All data in this project must be treated cautiously. There are no nationally agreed funding and performance definitions for psychosocial support, no nationally agreed units of measurement for capacity and no national data set to accurately capture contract deliverables or activity. The quality of the audit data depends on how each agency thought about the requests made of them, and with total frankness, how much time they were able to allocate to categorising their programs. There was, of course, variability between agencies on this. Further, comparability across agencies and departments required the use of assumptions which are open to challenge. There may also be omissions from the data set despite best endeavours to capture activity across government portfolios.

There is clearly an existing and significant shortfall in the number of consumers receiving psychosocial support services in NSW. The accountability across levels of government and across agencies for addressing this immediate concern must be resolved transparently as a matter of urgency. A failure to do so will have a material effect, on an ongoing basis, for a significant number of vulnerable individuals in NSW with mental health concerns. This will likely have flow on cost impacts to other government portfolios.

Introduction

Background

This report was commissioned by the Mental Health Branch of the NSW Ministry of Health. The project maps psychosocial support service delivery in relation to an objective reference point provided by the NMHSPF. It is intended to inform the next phase of commissioning for some of the NSW Government's key community-based psychosocial support programs and should be considered in the context of implementation of the National Mental Health and Suicide Prevention Agreement (National Agreement).

The project was run in parallel with similar work being led by the Commonwealth Government on behalf of all jurisdictions to inform future arrangements for the provision of psychosocial supports, including roles and responsibilities between the Commonwealth and states and territories. NSW wished to run a parallel psychosocial research project for two main reasons. Firstly, the timeframes for the Commonwealth project did not align with other NSW priorities and the level of detail of the Commonwealth analysis was not expected to meet NSW's needs.²

In 2020, the Productivity Commission estimated that 154,000 individuals not participating in the NDIS with severe and persistent mental health conditions were missing out on the psychosocial supports they need. This includes services such as assistance participating in the community, finding accommodation, managing daily tasks, financial management and budgeting, help to find and maintain a home, assistance with maintaining physical wellbeing and improving connections with family and friends. The Productivity Commission estimated that the funding shortfall was approximately \$610 million per annum.³ Using a straight population proportion calculation this would equate to 43,000 persons in NSW. This work will look at what the gap was in 2022-23 and its resourcing implications and assess its veracity, distribution and impact.

² Scoping document provided by NSW Health to the consultant.

³ Productivity Commission, *Volume 3: Mental Health inquiry report*, Productivity Commission website, 30 June 2020, p. 862. Accessed @ <https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis/endnotes#edn153>

The work in this report uses an agreed reference point for service need, the NMHSPF, identifying psychosocial support activity required in NSW under the NMHSPF and then discounting for existing services funded by the NSW Government, the Commonwealth Health budget and the NDIS. The NMHSPF is agnostic regarding the source of funds and the sector that provides services, but rather works to identify the total volume of service needed for a population. As such, consideration of other relevant funding sources that could contribute to the gap analysis will also be made. This could then guide future planning and resource allocations and assist in framing state/Commonwealth negotiations pertaining to the National Agreement.

Terms of Reference

The following outlines the Project Scope provided by NSW Health for the work contained in this report:

- map current psychosocial supports in NSW outside of the NDIS
- identify demand for psychosocial supports in NSW using the NMHSPF V4.3, and
- undertake gap analysis and modelling between the current supports and demand.

The mapping of current psychosocial supports will need to consider the broad range of community-based psychosocial supports that are currently available in NSW, including supports funded by NSW Health and PHNs. Consideration should also be given to the inclusion of LHD funded supports, supports funded by other NSW government departments (for example Department of Communities and Justice) as well as psychosocial supports provided by the NDIS in order to ensure the demand and gap analysis are comprehensive.

CMO Service Arrangements in NSW and defining psychosocial support

The community managed organisation (CMO) community mental health sector in NSW is a major provider of psychosocial support and other services that assist people with mental health challenges to participate in the community.

NSW is in a relatively unique position as it retained some psychosocial supports as part of the transition to the NDIS. This is primarily through Youth Community Living Support Service (YCLSS) and the NSW Mental Health Community Living Programs which include:

- Housing and Accommodation Support Initiative (HASI)
- Community Living Supports (CLS)
- HASI Plus
- Mental Health Community Living Supports for Refugees (MH-CLSR).⁴

The sector also provides services through Commonwealth Government funding arrangements, including contracts with PHNs, and provide services for psychosocial disability support through the NDIS.

The NSW Mental Health Co-ordinating Council is the peak body for the community managed mental health sector. Mental health CMOs provide services such as psychosocial rehabilitation, helpline and counselling services, subacute step-up/step down services, accommodation support, self- help and peer support, employment, education and family and carer support.⁵

CMO mental health services are recovery-oriented and, when delivered according to contemporary best practice, are trauma-informed, promote cultural change to counter stigma and discrimination and increase social inclusion.⁶

This report deals specifically with psychosocial support and rehabilitation services, while not excluding the value of the other services provided by the community managed sector. The context of the intergovernmental agreement requires a focus on this service modality.

An initial requirement of the project is to define psychosocial support and a preliminary definition was provided to the consultant by NSW Health for this purpose, noting these are

⁴ Scoping document provided by NSW Health to the consultant.

⁵ Mental Health Australia. 'How can community managed mental health providers adopt the new Australian Mental Health Care Classification? A Preliminary Needs Assessment' p9. December 2015.

⁶ Australian Commission on Safety and Quality in Health Care 2022. National Safety and Quality Mental Health Standards for Community Managed Organisations

non-clinical and recovery-oriented services, delivered in the community by funded CMOs and tailored to individual needs, which support people experiencing moderate to severe mental health conditions to live independently and participate in the community.

Examples of psychosocial supports include:

- daily living skills like self-care, shopping, looking after finances, cooking or catching public transport.
- referral to mental and physical health services where needed and support with mental and physical health appointments, medication management and other treatments.
- participating in social, leisure or sporting activities.
- building relationships with family, friends and the local communities.
- learning new skills including accessing education or help to get a job.
- help with finding and keeping housing including private or social/community housing.
- moving back into the community from a hospital or a prison.
- accessing other supports like alcohol and other drugs services and the NDIS.

A key question to be addressed in a later section of this document is the relationship between the provision of the aforementioned services and the accommodation within which the recipient of these services is housed, and whether this accommodation variable impacts on the inclusion of a program.

The Policy and Planning Context

NSW Mental Health planning is driven by the ten-year strategic plan developed by the NSW Mental Health Commission in 2014, 'Living Well: A strategic plan for mental health in NSW 2014-2024' ('Living Well'). Amongst the group of values that underpin the document are two that are heavily reliant on an effective psychosocial support and rehabilitation program, a focus on recovery, and building strong connections within community. A key indicator for

the plan is increasing community participation for those with a mental health challenge.⁷ Implementation of Living Well by NSW Health has been driven by the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022, which has reached its time limited conclusion.

Living Well reaches its conclusion in 2024 and another round of state-wide mental health planning will soon be necessary. Its implementation has also been supported by other key documents including the Strategic Framework for Suicide Prevention in NSW 2022-2027, the NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 and the Housing and Mental Health Agreement 2022.⁸ Effective psychosocial support services contribute to the objectives of each of these frameworks.

In 2021, the Commonwealth and state and territory governments endorsed the National Mental Health and Suicide Prevention Agreement ('the Agreement') which *'sets out the shared intention of Commonwealth, state and territory governments (the States) to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.'*⁹

The Agreement broadly describes the intention to enhance service provision and reduce duplication and articulates, that the Commonwealth and states are jointly responsible for 'Psychosocial support services for people who are not supported through the NDIS, including working together to develop and agree future psychosocial support arrangements (including roles and responsibilities).'¹⁰

The Agreement has a specific section on psychosocial supports outside the NDIS. Clauses 128 and 129 are pertinent to the work contained in this report and state:

⁷ NSW Mental Health Commission (2014). Living Well: A strategic plan for mental health in NSW 2014-2024

⁸ <https://www.health.nsw.gov.au/mentalhealth/Pages/key-plans.aspx#framework>

⁹ https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf, clause 1.

¹⁰ https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf, clause 47 g). Please note the grammatical error in this excerpt is taken directly from the original document.

128. *To inform future arrangements, the Parties agree to undertake further analysis of psychosocial supports outside of the NDIS, to commence within the first twelve months from the commencement of this Agreement and be completed as soon as possible within the first two years of this Agreement. This work will include:*

1. *(a) Developing and agreeing a common definition for psychosocial support that builds on the work already being undertaken through the National Mental Health Service Planning Framework, or other nationally agreed frameworks.*
2. *(b) Estimating demand for, compared to current availability of, psychosocial supports outside of the NDIS according to the agreed common definition. This will be achieved by:*
 - i. *Comprehensive state-based mapping of all current psychosocial support services outside of the NDIS, led by the States and supported by the Commonwealth;*
 - ii. *Sharing of appropriate and relevant data, including from the NDIS (subject to applicable NDIS legislation and associated definition of 'psychosocial disability'); and*
 - iii. *State-based analysis of the target cohort and demand for psychosocial supports outside of the NDIS, compared to current availability, to be jointly undertaken by the Parties through information sharing about funding, commissioning, services and clients.*

129. *The Parties agree that further clauses relating to future arrangements for psychosocial supports outside of the NDIS will be developed after the analysis work has been completed and attached to this Agreement as a Schedule.*

130. *To ensure continuity of psychosocial support services for Australians with severe mental illness and enable the sector to retain a skilled workforce, the Commonwealth and the States will maintain investments in current psychosocial support programs outside the National Disability Insurance Scheme while the further analysis work is undertaken.*

The work described in clause 128 is being delivered through a parallel project led by the Commonwealth Government on behalf of all jurisdictions and is not the subject specifically of this report, despite the highly overlapping objectives. However, the work contained in this report is intended to support the objectives of clause 129.

Project Methodology

Project Advisory Group

Upon initiation of the project NSW Health established an Advisory Group to guide the consultant. The Terms of Reference for the Advisory Group are available at Appendix 1.

The key responsibilities of the Advisory Group were to:

- provide advice to the consultant on what psychosocial supports should be included
- test assumptions on the methodology for the mapping and unmet needs analysis proposed by the consultant
- review and provide feedback on analysis and reports prepared by the consultant.

Membership included representatives from the Mental Health Branch and other relevant parts of the Ministry of Health, a LHD, peak bodies, a PHN, a CMO, the NSW Mental Health Commission and the principal consultant.

It is important to note that this project was technical in nature and the majority of work centred around collecting and validating data from agencies. The Advisory Group only met a few times throughout the project and their focus was on validating and providing feedback on what psychosocial supports to include rather than assessing the merits of the approach used and the NMHSPF itself.

The Modelling Approach¹¹

This project requires a reference point for determining gaps in service delivery. The only nationally agreed reference point in Australia is the NMHSPF, signed off by Ministers in 2017 for planning purposes in mental health. It is the only planning tool that covers both state and Commonwealth funding accountabilities in mental health and addresses all service delivery modalities, including psychosocial support.

The NMHSPF is not a resource distribution formula. State specific resource distribution formulas consider how to allocate a fixed amount of money against state funding priorities. They do not consider in the entirety, an objective reference point of ideal resource availability or encapsulate all government responsibilities. There is no national resource distribution tool developed in mental health. A resource distribution formula is most useful for prioritising allocation between LHDs when resource availability is sub-optimal.

Alternatively, operational measures of unmet demand such as waiting lists, clinical workloads relative to professional standards or consumer complaints regarding service access have been used to determine where additional funds ought to be allocated.

¹¹ This section is largely taken from a similar report, published by the author in 2023 undertaken for SA Health, McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

However, these measures rely on consistency of recording and definition, health advocacy literacy and effective governance of services. While they are useful for prioritising urgent or emergency funding allocations, they are poor predictors of unmet need.

It is possible to make state specific adjustments to resource estimates based on distortions in populations across geography that have a meaningful impact on need. The NMHSPF does incorporate socio-demographic differences associated with rurality and Aboriginal and Torres Strait Islander status, although other socio-demographic factors such as income, education, housing and employment status are not incorporated. At very small population levels this could be material but averaged across a large LHD or at a state level this is not material. This issue was considered in the development of the model and at levels above 100,000 persons there is no data that suggests a specific socio-demographic factor has a meaningful impact on outputs.

The National Mental Health Services Planning Framework¹²

The NMHSPF was commissioned by Health Ministers as a commitment arising from the Fourth National Mental Health Plan. The intention was to provide an evidence-based resource planning tool that traversed state and Commonwealth accountabilities for funding, and aggregated service delivery need across public, private and non-government sectors. As the formal documentation states:

The National Mental Health Service Planning Framework (NMHSPF) provides a comprehensive model of the mental health care required to meet population needs, and is designed to help plan, coordinate and resource mental health services. It is an evidence-based framework providing national average estimates for optimal service delivery across the full spectrum of mental health services in Australia. It provides an agreed national language for mental health services, with a detailed taxonomy and definitions of service types accompanied by national average modelling parameters

¹² This section is drawn from McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

and salaries. The associated NMHSPF Planning Support Tool (NMHSPF-PST) allows users to estimate need and expected demand for mental health care and the level and mix of mental health services required for a given population. The NMHSPF builds on state and territory expertise in population-based mental health service planning and has collated expert input from around 250 service managers and planners, public and private sector clinicians, community sector professionals, consumers, carers, technical experts and academics.¹³

It is important to have a basic understanding of the model in order to put the outputs into context. Although it has limitations, the NMHSPF model combines the best available evidence and expert opinion on the prevalence of mental health conditions and need for mental health services, the types and levels of mental health care required for different need groups, and efficient standards of mental health service operation to deliver this care. These inputs allow calculation of the resources required to deliver adequate mental health services to a nominal population of 100,000 people in each age group or a selected population region such as Australia, a state or territory, Local Health Network (LHN)/LHD or PHN. The NMHSPF model¹⁴:

1. Estimates the number of people in a defined population with mental health problems in a year, by age and levels of severity, and sets service demand targets for those who will require intervention (**epidemiology**);
2. Describes the full spectrum of interventions from self-help, digital and low intensity interventions to primary and specialist clinical treatment, to mental health community support services (**taxonomy** and **modelling parameters**);
3. Describes service needs within age and severity target groups, including types of intervention, intensity, provider and current funder (**care profiles** and **funder type**);
4. Drawing on all of the above, produces **resource estimates** to deliver those interventions over a twelve-month period.

¹³ Diminic, S., Gossip, K., Page, I., & Woody, C. 2021. Introduction to the National Mental Health Service Planning Framework – Commissioned by the Australian Government Department of Health. Version AUS V4.0. The University of Queensland, Brisbane.

¹⁴ Ibid.

The NMHSPF starts with the Australian average population and stratifies it into 'need groups' based on severity of mental health diagnosis or other identified mental health need, and functioning. NMHSPF estimates of the prevalence of mental illness in the Australian community are primarily drawn from burden of disease studies, supplemented by other national and international survey data where necessary. Prevalence estimates are determined for the age groups: 0-4, 5-11, 12-17, 18-24, 25-64 and 65+.¹⁵ The model uses a 'standard' population and does not attempt to modify the epidemiology based on an individual state, territory, LHN/LHD or region, as the research evidence indicates that there are not substantial diagnostic differences across populations of sufficient size. As such, the model applies the same severity distribution across all Australian populations and no modification will be made in this work for NSW specific epidemiology. It applies to diagnostic categories that are the responsibility of the mental health system and excludes diagnoses of autism spectrum disorder, intellectual disability, substance misuse disorders and dementia.¹⁶

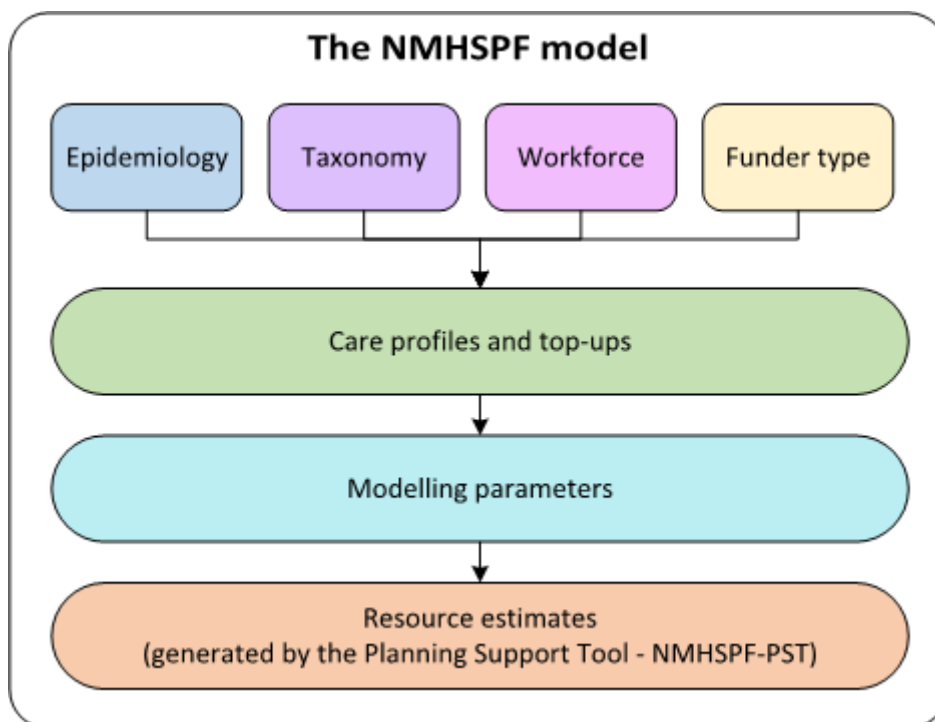
These prevalence estimates have modifiers applied that reflect expected service demand and for each age group, the prevalence and demand rates are used to model the populations expected to require services across the levels of severity. At each level of severity, the target group is then further subdivided into need groups according to identifiable differences in their service needs, such as their level of complexity and functional impairment. Using available evidence on service requirements, data on patterns of service utilisation and expert consensus, across the six age groups, the NMHSPF defines a total of 116 need groups. For each of these 'need groups' a 'care profile' is developed of expected service need over a twelve-month period. This is drawn up by applying the mix of services the group will need and determining how much of each service is required in a twelve-month period. The mix of services is drawn from a nationally agreed taxonomy of service types, which is part of the overall NMHSPF model.¹⁷

¹⁵ Diminic, S., Gossip, K., Page, I., & Woody, C. 2021. Introduction to the National Mental Health Service Planning Framework – Commissioned by the Australian Government Department of Health. Version AUS V4.0. The University of Queensland, Brisbane.

¹⁶ Ibid.

¹⁷ Ibid.

Figure 1 - the NMHSPF model¹⁸



The above parameters, epidemiology, expected demand, need grouping and care profiles are fixed in the model and no decision making is required on these to progress the current work. However, to identify the relevant outputs from the model, delineation of the relevant parts of the taxonomy is required. The constituent parts are called service elements and they define the range of service types applied across the mental health service system.

There are then specific estimated resource outputs from the model that include bed days, separations, workforce, and workforce cost. The work also models community support programs and primary and ambulatory care programs from the NMHSPF taxonomy including individual support and rehabilitation, individual peer work, group-based peer work, group carer support services, family support services, day respite, flexible respite, day program teams, evidence based physical therapies and structured psychological therapies. For each of these the work identifies the necessary annual hours of client demand, occasions of service, workforce FTEs and workforce FTE cost in dollars.

¹⁸ Figure taken from Diminic et al, page 9. See reference above.

In 2018 the Commonwealth Government Department of Health in conjunction with all state and territory health departments commissioned the University of Queensland to undertake a program of work spanning three years to further develop and refine aspects of the NMHSPF to better support regional mental health planning. At the end of 2021 a new NMHSPF version 4.0 was released, and this included:

- Revision of the epidemiology to incorporate current evidence and provide a clearer and more streamlined structure for future updating.
- Development of specific service modelling to better account for the needs of:
 - o Aboriginal and Torres Strait Islander peoples;
 - o People living in rural areas; and
 - o Young adults.
- Consolidation and streamlining of need groups and care profiles across the model to incorporate specific clinical advances, reduce model complexity and support future updates.
- Incremental enhancements of the model, Excel-based NMHSPF-PST and user documentation, including development and release of public documentation and review of specific modelling assumptions such as achievable readmission rates to bed-based services.

The most recent update to version 4, version 4.3, was released in June 2023.

The NMHSPF Taxonomy¹⁹

The taxonomy utilised in the NMHSPF is tiered. At the highest tier it differentiates population-based universal interventions, such as prevention and mental health promotion activity, from services tailored to the needs of individuals. It is only the latter grouping that is in scope for this project.

¹⁹ This section is modified from McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

Within the services tailored to the needs of individuals, there are four major groupings of service elements. These are 'primary and specialised clinical ambulatory mental health care services (ambulatory care)', 'specialised mental health community support services (community support)', 'specialised bed based mental health care services (bed-based services)' and 'medications and procedures'. It is the 'specialised mental health community support services' that cover psychosocial support services and are relevant to this project. All of the service elements contained in this major grouping will be modelled. This includes

- **Group Support and Rehabilitation Services**
 - Group Support and Rehabilitation
 - *Group Support and Rehab linked to accessing and maintaining safe and secure housing*
 - *Group Support and Rehab linked to early childhood, education and/or employment*
 - *Group Support and Rehab linked to enhanced relationships and social participation*
 - *Group Support and Rehab linked to navigating the primary and mental health care systems*
 - *Group Support and Rehab linked to community aged care*
 - Group Based Peer Work
 - *Group Based Consumer Peer Support*
 - *Group Based Carer Peer Support*
- **Individual Support and Rehabilitation Services**
 - Individual Support and Rehabilitation
 - *Individual Support and Rehab linked to accessing and maintaining safe and secure housing*
 - *Individual Support and Rehab linked to early childhood, education and/or employment*
 - *Individual Support and Rehab linked to enhanced relationships and social participation*
 - *Individual Support and Rehab linked to navigating the primary and mental health care systems*
 - *Individual Support and Rehab linked to youth development*
 - *Flexible Funding Pool – Consumer*
 - Individual Peer Work
 - *Individual Peer Support*
 - *Individual Carer Peer Support*
- **Other Residential Services**
 - Residential Crisis and Respite Services
- **Family and Carer Support**
 - Flexible Respite
 - Day Respite
 - Family Support Services

- Group Carer Support Services
 - *Group Carer Support linked to accessing and maintaining safe and secure housing*
 - *Group Carer Support linked to education and/or employment*
 - *Group Carer Support linked to enhanced relationships and social participation*
 - *Group Carer Support linked to navigating the primary and mental health care systems*
- Individual Carer Support Services
 - *Individual Carer Support linked to accessing and maintaining safe and secure housing*
 - *Individual Carer Support linked to education and employment*
 - *Individual Carer Support linked to enhanced relationships and social participation*
 - *Individual Carer Support linked to navigating the primary health care systems (health management)*
 - *Flexible Funding Pool - Carer*

The relationship between the NMHSPF and the NDIS²⁰

NDIS activity is broadly analogous to the definitions in the NMHSPF taxonomy and can therefore be mapped to population need via an audit process. The rationale for this can be verified via a comparison of funded program activity in the NDIS against the modelled service activity in the NMHSPF.

There are three types of supports available in a NDIS support plan, core supports, capacity building supports and capital supports.

The Core budget is the most flexible, and includes four categories of support:²¹

1. Consumables (e.g. purchasing everyday use items such as continence aids)
2. Daily Activities (e.g. assistance with self-care activities during the day or evening)
3. Assistance with Social and Community Participation (e.g. supports to enable engagement in social or recreational activities)
4. Transport (e.g. if unable to use public transport because of a disability).

²⁰ Content from this section is drawn from the NDIS website <https://www.ndis.gov.au> ;and from McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

²¹ <https://www.ndis.gov.au/participants/creating-your-plan/plan-budget-and-rules> accessed on February 11, 2024.

A significant proportion of plan funding is allocated for core supports, however funds can be moved between the four support categories in the 'core' section.

The Capacity Building funding is allocated across eight support sub-categories, each matched with the goals in a plan. A participant can choose how to spend these funds to purchase any approved individual support within its category but cannot move funding from one category to another.

The Capacity Building support categories include:²²

1. Choice and Control e.g., training in planning and plan management
2. Daily Activity e.g., therapy aimed at building capacity to participate
3. Employment e.g., employment related assessment and counselling
4. Health and Wellbeing e.g., exercise advice required because of impact of disability
5. Home Living e.g., support to obtain/retain appropriate accommodation
6. Lifelong Learning e.g., assistance moving from school to further education
7. Relationships e.g., positive behavioural support strategies to reduce behaviours of concern
8. Social and Community Participation e.g., Individual life skills development and training including public transport training and support, developing skills for community, social and recreational participation.

Support Coordination (if required) is included in the Capacity Building budget. This is a fixed amount for strengthening participant's abilities to coordinate and implement supports in their plans and to participate more fully in the community.²³

The capacity building categories are the most analogous to psychosocial support activities funded from other sources outside the NDIS, and therefore most analogous to NMHSPF taxonomy elements.

²² Ibid.

²³ Ibid

The Capital Support budget relates to supports such as assistive technology or modifications to the home and as such depends on a critical needs assessment and quotes from suppliers. Funds within this budget can only be used for their specific purpose (e.g., a rail in the bathroom or a wheelchair) and cannot be used to fund other items.²⁴

The Capital Support budget has two support categories:²⁵

1. Assistive Technology – includes equipment items for mobility, personal care, communication and recreational inclusion (e.g., wheelchairs or vehicle modifications)
2. Home Modifications (e.g., rail in the bathroom).

The capital support budget has limited applicability in a psychosocial support context alone but may have application where more than one disability exists.

Within the NDIS core budget activities, both ‘daily activities’ and ‘assistance with social and community participation’ map readily to the categories of individual support and rehabilitation (ISR) and its constituent elements as described in the NMHSPF taxonomy as listed below. Reference to the table below (drawn from the work in South Australia) also has clear overlap with almost all of the capacity building categories of activity, with the exclusion of ‘training in planning and plan management’, although an argument could be made that even this element is foundational to achieving all of the objectives in the NMHSPF list below within the context of how NDIS funding is administered.²⁶

Table 1 – Comparison of funded activity in the NDIS with the NMHSPF taxonomy

NDIS Activity Categories	NMHSPF Taxonomy elements
<p><u>Core Activity</u></p> <ul style="list-style-type: none"> • Daily Activities (e.g., assistance with self-care activities during the day or evening) 	<ul style="list-style-type: none"> • Individual (or group) support and Rehab linked to accessing and maintaining safe and secure housing

²⁴ Ibid

²⁵ Ibid

²⁶ Drawn from McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

<ul style="list-style-type: none"> • Assistance with Social and Community Participation <p><u>Capacity Building activity</u></p> <ul style="list-style-type: none"> • Daily Activity e.g., therapy aimed at building capacity to participate • Employment e.g., employment related assessment and counselling • Health and Wellbeing e.g., exercise advice required because of impact of disability • Home Living e.g., support to obtain/retain appropriate accommodation • Lifelong Learning e.g., assistance moving from school to further education • Relationships e.g., positive behavioural support strategies to reduce behaviours of concern • Social and Community Participation e.g., Individual life skills development and training including public transport training and support, developing skills for community, social and recreational participation. • Choice and Control e.g., training in planning and plan management 	<ul style="list-style-type: none"> • Individual (or group) support and Rehab linked to enhanced relationships and social participation • Individual (or group) support and Rehab linked to enhanced relationships and social participation • Individual (or group) support and Rehab linked to early childhood, education and/or employment • Individual (or group) support and Rehab linked to navigating the primary and mental health care systems • Individual (or group) support and Rehab linked to accessing and maintaining safe and secure housing • Individual (or group) support and Rehab linked to early childhood, education and/or employment • Individual (or group) support and Rehab linked to enhanced relationships and social participation • Individual (or group) support and Rehab linked to enhanced relationships and social participation • This can only be added to an aggregated total for Individual Support and Rehabilitation (ISR) rather than allocated to a particular ISR sub-category
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The important point to retain, is that the audit process needs to be able to map NDIS expenditure to the NMHSPF and not the other way around. Thus, as long as the amount of funded activity can be identified within the NDIS expenditure then the total of all supplied

‘individual support and rehabilitation’ provided through the NDIS can be aggregated for NSW and included alongside other funded ISR activity from other funding streams to identify the funding gap.²⁷

Source of funds

A brief note on the source of funds for the activity estimated as required in the NMHSPF outputs is needed. As identified in the NMHSPF documentation²⁸ funding accountability for psychosocial support is not mandated to any one level of government. As such the NMHSPF does not prescribe accountability to either level of government. The final gap analysis therefore will not identify which level of government is accountable for funding any deficit. Similarly, while the model will aggregate required resource need across the spectrum of severity of illness, it will not allocate funding accountability to either level of government for responses to a particular level of severity.

Population Parameters Used in the project

Population projections are a key variable in determining the amount of future need predicted by the NMHSPF for a given region. There are three key population variables in version 4 of the NMHSPF that need to be identified; total population to be modelled; the rural/urban split; and the proportion of the population that identify as Aboriginal or Torres Strait Islander. It is also possible to split demand estimates for the total population into age bands and into regional distributions.

The NMHSPF-PST (v 4.3) contains population projections for 2016 up to 2036. Concordance files have been used to create the following options for selection: Statistical Area 3, Local

²⁷ For a detailed analysis of these comparisons the AIHW website for the NMHSPF (<https://www.aihw.gov.au/nmhspf>) provides a definitional document for each service element in the taxonomy and this can be compared to the ‘operational guidelines’ for each individual support available on the NDIS website.

²⁸ <https://www.aihw.gov.au/nmhspf>

Government Area, PHNs, LHN/LHDs, and state and territories.²⁹ While these boundaries are available in the tool, the NMHSPF warns against making resource allocations based on the tool in populations of less than 300,000 persons.³⁰

The NMHSPF v4.3 also models rurality using the seven levels of the Modified Monash Model (MMM). Areas considered to be levels 1 and 2 of the MMM are considered urban and those areas rated at levels 3 to 7 are non-urban.

Total population and urban/rural splits

The forward population projections used in this analysis are drawn from the in-built populations in the NMHSPF planning tool v4.3 drawn from ABS data. This includes built in population splits by age, urban and non-urban, Aboriginal and Torres Strait Islander status, and by geographic sub-region.

The table below provides the overall population data used for calculating population need in NSW, drawn from Standard Report 0 in the NMHSPF PST v 4.3.

Table 2 - NSW Population data used for NMHSPF calculations 2022/23 FY³¹

Local Health District	Pop Category	Age Group						All Ages
		0-4	5-11	12-17	18-24	25-64	65+	
Central Coast Local Health District	Rural Indigenous	<100	<100	<100	<100	<100	<100	<100
	Rural non-Indigenous	107	140	159	154	1,197	420	2,178
	Urban Indigenous	2,145	2,562	2,244	2,369	6,963	1,048	17,331
	Urban non-Indigenous	20,466	29,038	25,787	26,999	168,278	76,888	347,455
	Total	22,726	31,744	28,206	29,529	176,466	78,362	367,033
Far West Local Health District	Rural Indigenous	452	579	452	432	1,818	275	4,008
	Rural non-Indigenous	1,504	1,991	1,729	1,671	13,175	6,630	26,700
	Total	1,957	2,570	2,182	2,103	14,992	6,905	30,708
Hunter New England Local Health District	Rural Indigenous	5,267	6,526	5,424	5,140	17,199	2,961	42,516
	Rural non-Indigenous	20,918	30,774	28,606	27,881	185,477	98,742	392,398

²⁹ Australian Institute of Health and Welfare. 2021. The National Mental Health Service Planning Framework – Planning Support Tool Tableau User Guide – Commissioned by the Australian Government Department of Health. Version AUS TAB V4.0. Australian Institute of Health and Welfare, Canberra.

³⁰ Ibid, p29.

³¹ Drawn from standard report 0 of the NMHSPF v4.2 for NSW in 2022/23

Local Health District	Pop Category	Age Group						
		0-4	5-11	12-17	18-24	25-64	65+	All Ages
	Urban Indigenous	3,559	4,643	3,773	3,874	12,393	1,594	29,837
	Urban non-Indigenous	32,870	45,433	37,797	46,827	271,680	100,371	534,979
	Total	62,614	87,376	75,600	83,722	486,749	203,669	999,730
Illawarra Shoalhaven Local Health District	Rural Indigenous	992	1,193	962	1,033	3,182	560	7,922
	Rural non-Indigenous	5,333	7,739	6,926	7,104	49,130	30,995	107,227
	Urban Indigenous	1,274	1,724	1,485	1,588	4,794	661	11,527
	Urban non-Indigenous	19,422	26,684	23,124	32,016	162,934	60,329	324,509
	Total	27,022	37,341	32,498	41,741	220,040	92,545	451,186
Mid North Coast Local Health District	Rural Indigenous	1,964	2,656	2,165	2,112	6,868	1,141	16,906
	Rural non-Indigenous	11,274	17,350	16,176	14,104	103,176	61,067	223,146
	Total	13,238	20,006	18,341	16,216	110,044	62,208	240,052
Murrumbidgee Local Health District	Rural Indigenous	1,958	2,481	2,012	1,885	6,235	1,039	15,610
	Rural non-Indigenous	15,207	20,826	18,971	18,419	115,587	53,595	242,606
	Urban Indigenous	297	333	314	259	766	<100	2,052
	Urban non-Indigenous	4,055	5,130	4,352	5,075	29,235	11,200	59,047
	Total	21,518	28,770	25,648	25,639	151,823	65,916	319,315
Nepean Blue Mountains Local Health District	Rural Indigenous	215	278	210	223	891	164	1,983
	Rural non-Indigenous	1,502	2,279	2,073	2,030	15,213	7,844	30,941
	Urban Indigenous	2,064	2,451	2,085	2,248	6,919	796	16,562
	Urban non-Indigenous	24,866	32,648	27,485	31,928	187,393	54,584	358,905
	Total	28,648	37,656	31,854	36,429	210,417	63,387	408,390
Northern NSW Local Health District	Rural Indigenous	1,450	1,947	1,690	1,675	5,452	815	13,028
	Rural non-Indigenous	11,075	16,575	15,491	14,116	104,239	54,394	215,890
	Urban Indigenous	488	729	695	690	2,055	394	5,051
	Urban non-Indigenous	4,879	7,253	6,241	6,190	42,428	24,978	91,969
	Total	17,891	26,504	24,116	22,671	154,174	80,580	325,937
Northern Sydney Local Health District	Rural Indigenous	<100	<100	<100	<100	<100	<100	<100
	Rural non-Indigenous	<100	111	<100	<100	617	251	1,215
	Urban Indigenous	306	524	639	663	2,313	313	4,758
	Urban non-Indigenous	57,733	88,042	74,472	84,913	535,107	169,033	1,009,299
	Total	58,110	88,681	75,213	85,660	538,049	169,602	1,015,313
South Eastern Sydney Local Health District	Rural Indigenous	<100	<100	<100	<100	<100	<100	<100
	Rural non-Indigenous	193	236	213	181	1,729	708	3,261
	Urban Indigenous	1,051	1,279	1,127	1,766	6,032	849	12,104
	Urban non-Indigenous	56,210	68,244	56,612	98,530	571,758	154,352	1,005,706
	Total	57,454	69,777	57,962	100,478	579,561	155,916	1,021,150

Local Health District	Pop Category	Age Group						
		0-4	5-11	12-17	18-24	25-64	65+	All Ages
South Western Sydney Local Health District	Rural Indigenous	292	324	351	371	949	168	2,457
	Rural non-Indigenous	4,212	6,581	6,321	5,829	35,180	17,875	75,999
	Urban Indigenous	2,687	3,413	2,732	2,828	8,838	1,209	21,707
	Urban non-Indigenous	76,917	97,495	82,314	96,610	524,476	133,963	1,011,775
	Total	84,109	107,814	91,718	105,639	569,443	153,216	1,111,938
Southern NSW Local Health District	Rural Indigenous	898	1,172	1,004	868	3,227	553	7,722
	Rural non-Indigenous	8,634	12,976	11,881	10,543	80,231	41,824	166,090
	Urban Indigenous	246	293	287	241	906	116	2,088
	Urban non-Indigenous	3,504	4,421	3,749	3,958	28,439	6,916	50,987
	Total	13,282	18,862	16,921	15,609	112,804	49,409	226,887
Sydney Local Health District	Urban Indigenous	716	876	701	1,124	4,760	660	8,836
	Urban non-Indigenous	42,630	45,514	34,680	80,984	437,256	96,821	737,886
	Total	43,346	46,390	35,382	82,108	442,016	97,481	746,722
Western NSW Local Health District	Rural Indigenous	4,812	5,766	5,001	4,659	16,045	2,680	38,962
	Rural non-Indigenous	16,110	22,519	19,360	19,376	126,722	55,505	259,591
	Total	20,921	28,285	24,361	24,034	142,767	58,185	298,553
Western Sydney Local Health District	Rural Indigenous	<100	<100	<100	<100	<100	<100	<100
	Rural non-Indigenous	<100	125	104	<100	674	238	1,316
	Urban Indigenous	2,320	2,865	2,342	2,737	8,613	1,096	19,972
	Urban non-Indigenous	83,178	104,436	77,708	96,125	591,898	134,087	1,087,433
	Total	85,593	107,433	80,164	98,957	601,206	135,428	1,108,780
NSW Total	Rural Indigenous	18,458	23,338	18,947	18,292	63,414	10,466	152,916
	Rural non-Indigenous	94,807	141,372	124,546	117,239	852,621	428,175	1,758,761
	Urban Indigenous	17,033	21,437	18,862	20,282	64,356	8,874	150,845
	Urban non-Indigenous	428,128	553,061	457,809	614,722	3,530,159	1,025,293	6,609,172
	Total	558,426	739,209	620,165	770,536	4,510,550	1,472,808	8,671,694

The NMHSPF-PST also provides data on the subset of the NSW population expected to require mental health services during the 2022/23 year. The table below lists the expected population in NSW with a mental health condition in 2022/23 by severity and age. The population demand for mental health services by LHD is available in Appendix 2.

Table 3 - Population with a demand for mental health service in NSW in 2022/23 by age and severity

Indigenous Status	Age Group	Severity Scale						Grand Total
		Selective Prev	Indicated Prev	Relapse Prev	Mild	Mod	Severe	
Non-Indigenous	0–4	22,486			16,424	11,255	7,372	57,538
	5–11	21,361	20,825	17,187	36,244	16,910	8,319	120,846
	12–17	20,802	26,041	26,835	45,779	30,099	13,557	163,114
	18–24		9,799	10,086	70,090	44,054	21,495	155,525
	25–64		60,754	111,314	378,581	237,160	116,599	904,408
	65+		8,285	14,825	86,988	54,263	22,970	187,332
	65+BPSD ³²				6,761	6,295	6,105	19,161
	Total	64,649	125,704	180,248	640,869	400,036	196,418	1,607,923
Indigenous	0–4	1,537			1,672	1,146	1,501	5,856
	5–11	1,387	1,714	1,108	3,505	1,635	1,609	10,959
	12–17	1,360	2,463	1,742	5,945	3,908	2,200	17,619
	18–24		2,045	532	7,425	4,667	3,398	18,066
	25–64		6,103	3,245	22,184	13,897	13,257	58,686
	65+		432	197	2,222	1,386	520	4,758
	65+BPSD				494	460	446	1,400
	Total	4,284	12,758	6,824	43,447	27,099	22,931	117,343
NSW Total		68,933	138,462	187,072	684,315	427,135	219,349	1,725,267

Not all of the people in the table above would require a psychosocial support service. Many in the mild category would require only a brief primary care intervention. The majority of people requiring a psychosocial support would be in the 'severe' category, however not all of those people with a severe mental health condition would require a psychosocial support either. There will be a detailed discussion later in this report on how best to approach the total number of unique persons requiring a psychosocial support in the 2022/23 financial year as there is no single report in the NMHSPF-PST version 4.3 that calculates this.

³² BPSD is Behavioural and Psychological Symptoms of Dementia

Outcomes of the Analysis

Baseline In-scope services

The baseline modelling that maps to traditional psychosocial support service delivery categories is drawn from the ‘Specialist Community Mental Health Support’ grouping of the taxonomy. ‘These services are predominantly non-clinical in nature and are largely centred on community-based outreach services, with some group support and crisis respite residential services.’³³ It is expected that the majority of services that are currently provided will be individual support and rehabilitation services. These are described as:

‘Individual support and rehabilitation services aim to improve the quality of life and psychosocial functioning of people using mental health services, through the provision of personalised individual social, recreational or prevocational activities. The service occurs in the context of outreach to the appropriate setting and may be linked to an individual’s accommodation. This is a non-clinical service.’³⁴

The standard NMHSPF reports do not specifically refer to psychosocial support services, although the term does appear in some of the taxonomy and service element descriptions outside of the specialised community mental health support stream. As a result, there are two key delineations to make on inclusions and exclusions from the standard NMHSPF reports.

There are a few prevention related care packages that include specialised community mental health support activity.³⁵ As a result, this activity appears in the standard report 7a on specialised community mental health support as part of the aggregated data. However, the consultants brief for this project asks for an articulation of unmet need for psychosocial supports in NSW, using the context of the requirements of the intergovernmental agreement to assess this unmet need, and with a focus on moderate and severe mental

³³ Comben, C., Page, I., Gossip, K., John, J., Wright, E., & Diminic, S. 2022. The National Mental Health Service Planning Framework – Service Element and Activity Descriptions – Commissioned by the Australian Government Department of Health. Version AUS V4.1. The University of Queensland, Brisbane.

³⁴ Ibid.

³⁵ It’s important to be clear here that I am referring to the cohort of the population streamed into prevention related activity (care packages) from the epidemiological analysis in the NMHSPF, not prevention related service elements in the taxonomy. The prevention cohort can receive more than just prevention related service elements in their care packages.

health conditions. Therefore, reference to the intergovernmental agreement is required to determine whether activity in the prevention sphere was anticipated as part of this analysis.

There are references in the intergovernmental agreement that indicate that prevention targeted activity (that is population-based activity not directly related to an individual with a mental health condition requiring one to one care) is not considered to be ‘psychosocial supports’ for the purposes of this analysis. For example, clause 47 articulates the shared responsibilities of the Commonwealth and states and lists the various types of activity for which they hold joint accountability. Subclauses a) and e) both reference prevention activity, while a separate clause, g), references ‘*Psychosocial support services for people who are not supported through the NDIS, including working together to develop and agree future psychosocial support arrangements (including roles and responsibilities)*’. It is clear that psychosocial supports in this context relate to specific ‘people not supported through the NDIS’ and not population-based interventions and are considered separate activity from population-based prevention.

However, the specialised community mental health support activity generated from prevention packages by the standard report 7a is drawn from care packages related to selective prevention (specifically children of a parent with a mental illness), indicated prevention and relapse prevention. It is only included in age profiles up to the age of 24 years old. The description of these cohorts in the care profiles tool is as follows³⁶:

- *Selective prevention* - This need group includes the psychoeducation and support provided to children of parents with a mental illness. The individual receives care whether or not they have a formal diagnosis. If the child has a diagnosable mental illness they will also be eligible for services under the relevant care profile (e.g. Mild, Moderate or Severe). There is also a top-up of services for parents with severe mental illness.
- *Indicated prevention* - This need group includes individuals who are experiencing symptoms of mental illness but do not meet the threshold for a formal diagnosis. The needs of these individuals can vary. Some may be experiencing *low* impact on their day-to-day functioning, whilst others may exhibit moderate to high functional impairment (e.g. ability to participate in education or social settings). Individuals in this group would benefit from interventions focused on coping strategies and preventing progression to a formal diagnosis.

³⁶ The care profiles excel tool, ‘descriptions and epidemiology’ sheet available at <https://www.aihw.gov.au/nmhspf/licensed-users/licensed-user-information>

- *Relapse Prevention* - The relapse prevention need group includes people who have previously had a formal diagnosis of mental illness. At present they do not currently meet criteria for mental illness but would benefit from access to supports to help them to remain well.

While each of these descriptors relate to individuals with a predisposition to mental illness, none are considered to currently meet diagnostic thresholds or to be subject to intervention by the care system, and would not meet the definition of moderate or severe mental illness in the relevant 12 month financial year period being assessed. This does not mean they would not meet the criteria for moderate or severe mental illness at an earlier or later time. Taking into account the wording of the intergovernmental agreement, on balance, it is a truer reflection of the agreement's intent to exclude prevention cohorts from the calculations. This determination is open to conjecture but will be the basis of the modelling undertaken.

The other delineation required is the inclusion or exclusion of non-acute bed-based services as defined by the NMHSPF, in calculations associated with 'psychosocial support services' outside the NDIS. There are three age related streams of standard non-acute bed-based services for those aged 18-24, 25-64 and 65+. These services are typically for people who 'have significant needs for community-based functional support which make living independently even with high levels of personal support difficult in the context of a severe but relatively stable mental health status.' They are non-gazetted services, can be community residential or provided on hospital campuses, and have congregate living arrangements with 24-hour oversight and clinical in reach.³⁷

The services received in these units include³⁸:

- Delivery of recovery oriented psychosocial rehabilitation and support to achieve agreed outcomes identified in an individualised person-centred recovery plan

³⁷ Comben, C., Page, I., Gossip, K., John, J., Wright, E., & Diminic, S. 2022. The National Mental Health Service Planning Framework – Service Element and Activity Descriptions – Commissioned by the Australian Government Department of Health. Version AUS V4.1. The University of Queensland, Brisbane.

³⁸ Ibid.

inclusive of support networks and support to build links within the community to sustain community integration and social connectedness.

- These services offer ongoing development of skills and strategies for managing mental and general health, promoting wellbeing, sustainable community living and meaningful engagement in the social, recreational and vocational activities of choice.
- Services also include clinical support and treatment including specialist medical psychiatric review and support of people receiving involuntary community treatment under the provisions of the relevant legislation.

It would not be unreasonable to suggest that many of the recent psychosocial support models developed since the 2006 COAG agreement on mental health³⁹, have been designed specifically as alternatives to non-acute care on hospital campuses. The predominant intervention paradigm for non-acute bed-based care is psychosocial rehabilitation, however the new models can be delivered in private community-based accommodation, the acquisition of which can sometimes be related to the program. This is a significant distinguishing factor of these new programs, that is no admission to a hospital, along with the fact that non-acute bed-based care that involves an admission to an LHD operated service is part of the existing service delivery agreements between the state and the Commonwealth and contributes to activity-based funding (ABF) calculations.⁴⁰

Referencing again the intent of the intergovernmental agreement with regard to the auditing and analysis of psychosocial support, it is clear that reducing duplication and defining roles and responsibilities are central. However, given hospital based non-acute bed-based care is subject to ABF arrangements, it would appear it is already captured in existing state and Commonwealth agreements. To prevent the risk of double counting, non-acute hospital-based services that are included in annual ABF calculations will be excluded from the modelling here, however negotiations between the parties on psychosocial support

³⁹ National Action Plan on Mental Health 2006-2011, Council of Australian Governments. Accessed @ <https://apo.org.au/node/159056> . Please note some models such as HASI in NSW and PARC in Victoria, preceded the COAG agreement.

⁴⁰ Australian Mental Health Care Classification V1.1 (2023). Independent Hospital and Aged Care Pricing Authority. <https://www.ihacpa.gov.au/health-care/classification/mental-health-care> . The delineation between LHD run and NGO run is not obviously explicit in the documentation but the inclusion of community residential and hospital based services that require an 'admission' is explicit.

arrangements must consider the potential cost savings to both levels of government in the health reform agreement arrangements, of the newer private accommodation psychosocial support programs. To be abundantly clear, the newer psychosocial support programs are generally state treasury block funded Non-Government Organisation (NGO) grants that do not contribute to ABF calculations, but do reduce non acute bed need, and LHD based non-acute bed costs do contribute to those calculations.

Community residential or supported accommodation programs however are not captured by ABF arrangements and will be considered in scope for this analysis as their predominant service modality is psychosocial support. These will appear in the analysis described as specialised psychosocial community support programs in a community residential environment. By extension, analogous programs, such as HASI Plus, would also be in scope, although these programs will be addressed in detail later in this paper.

Standard report 7a in the NMHSPF Planning tool will provide service delivery requirements for the following service elements:

- **Group Support and Rehabilitation Services**
 - Group Support and Rehabilitation
 - Group Support and Rehab linked to accessing and maintaining safe and secure housing
 - Group Support and Rehab linked to early childhood, education and/or employment
 - Group Support and Rehab linked to enhanced relationships and social participation
 - Group Support and Rehab linked to navigating the primary and mental health care systems
 - Group Support and Rehab linked to community aged care
 - Group Based Peer Work
 - Group Based Consumer Peer Support
 - Group Based Carer Peer Support
- **Individual Support and Rehabilitation Services**
 - Individual Support and Rehabilitation
 - Individual Support and Rehab linked to accessing and maintaining safe and secure housing
 - Individual Support and Rehab linked to early childhood, education and/or employment

- Individual Support and Rehab linked to enhanced relationships and social participation
- Individual Support and Rehab linked to navigating the primary and mental health care systems
- Individual Support and Rehab linked to youth development
- Flexible Funding Pool – Consumer
- Individual Peer Work
 - Individual Peer Support
 - Individual Carer Peer Support
- **Other Residential Services**
 - Residential Crisis and Respite Services
- **Family and Carer Support**
 - Flexible Respite
 - Day Respite
 - Family Support Services
 - Group Carer Support Services
 - Group Carer Support linked to accessing and maintaining safe and secure housing
 - Group Carer Support linked to education and/or employment
 - Group Carer Support linked to enhanced relationships and social participation
 - Group Carer Support linked to navigating the primary and mental health care systems
 - Individual Carer Support Services
 - Individual Carer Support linked to accessing and maintaining safe and secure housing
 - Individual Carer Support linked to education and employment
 - Individual Carer Support linked to enhanced relationships and social participation
 - Individual Carer Support linked to navigating the primary health care systems (health management)
 - Flexible Funding Pool - Carer

Population Based Need for Baseline In-scope services

The table below is drawn from NMHSPF-PST v4.3 standard report 7a and records the annual resource needs for community support services across NSW for the 2022/2023FY (excluding residential crisis and respite services which are captured in report 7b). The table does include activity related to all psychosocial support needs and so includes out of scope age groups and out of scope prevention related care packages. Adjustments will be made later

to total estimated need calculations to excise these components. The table does not include any hospital based non acute care estimated need calculations.

Table 4 – NMHSPF Resource estimates for Specialised Mental Health Community Support Services in NSW 2022/23 (excl residential crisis and respite services)

TAXONOMY ITEM	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$ ⁴¹	FLEXIBLE FUNDING POOL\$
Day Respite	0–4	266	12,772	1.80	151,614	
	5–11	350	16,817	2.36	199,635	
	12–17	286	13,735	1.93	163,049	
	18–24	358	17,201	2.42	204,193	
	25–64	1,180	56,660	7.97	672,599	
	65+	1,081	51,902	7.30	616,121	
Total		3,523	169,088	23.78	2,007,211	
Family Support Services	0–4	27,613	24,385	20.88	1,821,341	
	5–11	64,174	67,470	57.76	5,039,420	
	12–17	75,325	79,291	67.88	5,922,329	
	18–24	103,320	83,695	71.65	6,251,272	
	65+	14,259	15,133	12.96	1,130,309	
	65+BPSD	5,772	6,148	5.26	459,177	
Total		290,463	276,123	236.38	20,623,849	
Flexible Respite	0–4	2,757	23,108	19.79	1,903,163	
	5–11	3,630	30,522	26.14	2,513,824	
	12–17	2,965	24,923	21.35	2,052,712	
	18–24	3,713	30,910	26.48	2,545,775	
	25–64	12,230	102,252	87.58	8,421,555	
	65+	11,203	95,004	81.37	7,824,678	
Total		36,498	306,719	262.71	25,261,707	
Group Carer Support Services	0–4	413	2,586	0.33	38,072	
	5–11	618	3,881	0.50	57,144	
	12–17	1,134	7,137	0.92	105,095	
	18–24	13,233	82,444	10.68	1,213,954	
	25–64	5,131	32,176	4.17	473,769	
	65+	1,596	8,502	1.32	149,494	
	65+BPSD	1,055	6,726	0.87	99,041	
Total		23,181	143,452	18.80	2,136,569	
Group Support and Rehabilitation	18–24	605	3,632	0.51	45,385	
	25–64	16,475	98,853	13.90	1,235,384	
	65+	3,232	19,392	2.73	242,343	
	65+BPSD	278	1,668	0.23	20,843	

⁴¹ Based on default salary levels in the tool and not adjusted for NSW differences.

TAXONOMY ITEM	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$ ⁴¹	FLEXIBLE FUNDING POOL\$
Total		20,591	123,544	17.37	1,543,955	
Individual Carer Support Services	25–64	15,536	16,315	13.97	1,218,559	3,836
	65+	6,937	7,361	6.30	549,782	2,088
Total		22,474	23,675	20.27	1,768,341	5,924
Individual Carer Peer Support	12–17	7,886	8,334	7.25	798,691	
	18–24	124,954	49,322	42.92	4,726,495	
	25–64	15,536	16,315	14.20	1,563,440	
Individual Peer Support	12–17	6,920	7,271	6.33	696,807	
	18–24	622,233	646,936	562.91	61,996,014	
	25–64	384,849	603,291	524.94	57,813,460	
	65+	90,818	140,805	122.52	13,493,319	
	65+BPSD	3,954	6,300	5.48	603,747	
Total		1,257,150	1,478,574	1,286.54	141,691,973	
Individual Support and Rehab linked to early childhood, education and/or employment	12–17	810,211	810,211	704.98	113,316,371	302,956
	18–24	863,819	863,819	751.63	120,813,983	255,946
Individual Support and Rehab linked to enhanced relationships and social participation	65+	139,123	106,661	92.81	9,728,897	32,184
	65+BPSD	12,159	10,921	9.50	1,117,989	3,825
Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	27,825	6,956	6.05	486,445	1,609
Individual Support and Rehab linked to Youth Development	18–24	400,467	400,467	342.83	29,911,234	66,294
Individual Support and Rehabilitation	18–24	39,985	376,136	322.00	28,093,928	62,747
	25–64	1,649,197	4,293,649	3,675.71	320,696,372	794,947
	65+	412,039	1,048,975	898.01	78,348,838	258,588
	65+BPSD	20,875	28,183	24.13	2,105,020	7,202
Total		4,375,701	7,945,979	6,827.65	704,619,077	1,786,298
Structured Psychological Therapies (SPT) Group	5–11	30,696	122,786	26.71	4,293,205	
Total		30,696	122,786	26.71	4,293,205	
SPT Individual	5–11	43,657	21,829	18.99	3,052,946	
	12–17	31,899	15,950	13.88	2,230,722	
Total		75,556	37,778	32.87	5,283,668	

TAXONOMY ITEM	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$ ⁴¹	FLEXIBLE FUNDING POOL\$
Group Based Carer Peer Support	12–17	2,366	7,098	1.84	197,597	
	18–24	6,397	19,191	4.97	534,241	
	25–64	10,263	30,788	7.98	857,092	
	65+	4,668	14,005	3.63	389,862	
	65+BPSD	5,548	20,697	4.31	463,350	
Group Based Consumer Peer Support	12–17	1,577	4,732	1.23	131,731	
	18–24	24,390	95,096	18.96	2,036,986	
	25–64	177,008	681,657	137.58	14,782,910	
	65+	21,007	63,023	16.33	1,754,411	
	65+BPSD	110	331	0.09	9,226	
Group Based Peer Work	65+					
Total		253,334	936,618	196.91	21,157,405	
SPT	65+BPSD	501	334	0.29	23,343	
Total		501	334	0.29	23,343	
GRAND TOTAL		6,389,670	11,564,669	8,950.28	930,410,302	1,792,222

The report models a small amount of structured psychological therapies (SPT) for the youth age group and for the 65+ BPSD⁴² group to be provided as part of packages of care services. These are not part of the taxonomy grouping for specialised mental health community support services⁴³ and while they are included for completeness, will be deducted from the final resource allocation calculations. The terms of reference for this project also require the exclusion of funding for persons under 12 years from the calculations.

The table below is drawn from standard report 7b⁴⁴ from the NMHSPT v4.3 and covers the estimated resource need for residential crisis and respite services in 2022/23. Report 7b provides the remaining component of psychosocial support services focussed specifically on crisis and respite and these resource needs are additive to those from report 7a above.

⁴² BPSD is the standard acronym for the Behavioural and Psychological Symptoms of Dementia and is a standard age delineation category in the NMHSPT to separate resource needs related to a dementia diagnosis from other over 65 mental health resource needs.

⁴³ SPT is part of the taxonomy grouping for 'Primary and specialised clinical ambulatory mental health care services', a grouping largely focussed on clinical care in a community or outpatient setting.

⁴⁴ Report 7B presents resource estimates related to residential Crisis and Respite services by age group, locality, and financial year.

Table 5 – NMHSPF Resource estimates for residential crisis and respite services 2022/23

Service Element	Age Group	BED DAYS	SEPARATIONS	WORKFORCE FTE	FTEPRICES ⁴⁵
Residential Crisis and Respite Services	0–4	6,419	642	24.38	2,593,735
	5–11	8,452	845	32.10	3,415,248
	12–17	6,903	690	26.22	2,789,362
	18–24	8,645	865	32.83	3,493,237
	25–64	28,477	2,848	108.14	11,506,484
	65+	26,086	2,609	99.06	10,540,290
	Total	84,984	8,498	322.73	34,338,357

For planning and commissioning purposes the Ministry of Health requested a breakdown of resource need by LHD. The outputs of these reports are presented in Appendix 3 given the volume of material. It should be noted that the assumptions that underpin the model can break down at small population sizes and caution should be exercised when examining individual districts.

Now turning to the total resource need for psychosocial support in NSW in 2022/23 based on NMHSPF calculation, and the scope of the analysis requested by NSW Health. This is outlined below.

Table 6 - Total Psychosocial Support Resource Estimated Need for 2022/23 from NMHSPF

Source of Data	Amount
NMHSPF Report 7a dollar calculation ⁴⁶	\$932,202,524
Plus NMHSPF Report 7b dollar calculation	\$34,338,357
Less \$ for Out-of-Scope Service Elements (SPT)	-\$9,600,216
Less \$ for Out-of-Scope Care Packages (Prevention for persons >12yrs) ⁴⁷	-\$31,555,434
Less \$ for Out-of-Scope Age Groups (<12yrs)	-\$17,733,196
Total Required Resource Inputs for Psychosocial support in NSW in 2022/23	\$907,652,035

The 'total' resource component is only one relevant consideration in the commissioning of services, with another being the total population requiring a service. This is to allow for

⁴⁵ Based on default salary levels in the tool and not adjusted for NSW differences.

⁴⁶ Including brokerage funds from flexible funding pools.

⁴⁷ Generated from standard report 10 of the NMHSPF v4.3, with a dollar estimate generated from the 392,223 hours of client demand output.

efficient allocation of the resources at a per consumer level. The table below indicates the population to be serviced by each element of the taxonomy in 2022/23. These are not unique populations as some individuals would access more than one element in the taxonomy and therefore would be counted twice. Thus, addition of the populations identified in table 7 will lead to a total greater than the unique population to be serviced⁴⁸.

Table 7 - Population of NSW to be serviced by each taxonomy element and hours per person in 2022/23⁴⁹

Taxonomy Item	POPULATION RECEIVING THIS ELEMENT	AVERAGE HOURS PER PERSON PER YEAR	TOTAL HOURS PER YEAR	Is the element included in any out of scope care packages
Day Respite	2,325	60	139,500	
Family Support Services	57,710	3	173,130	
Flexible Respite	4,015	63	252,945	
Group Based Carer Peer Support	8,616	11	94,776	
Group Based Consumer Peer Support	93,345	9	840,105	Yes, Indicated Prevention
Group Based Peer Work	8,347		N/A	
Group Carer Support Services	56,352	2	112,704	
Group Support and Rehabilitation	11,583	11	127,413	
Individual Carer Peer Support	98,193	1	98,193	
Individual Carer Support Services	6,961	3	20,883	
Individual Peer Support	75,503	19	1,434,557	Yes, Indicated Prevention
Individual Support and Rehab linked to early childhood, education and/or employment	138,026	12	1,656,312	Yes, Mild illness, Indicated Prevention, Relapse Prevention.
Individual Support and Rehab linked to enhanced relationships and social participation	31,202	4	124,808	
Individual Support and Rehab linked to navigating the primary and mental health care systems	2,782	3	8,346	
Individual Support and Rehab linked to Youth Development	25,746	16	411,936	
Individual Support and Rehabilitation	62,851	91	5,719,441	
Residential Crisis and Respite Services	6,374	264	1,682,736	

⁴⁸ Drawn from McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

⁴⁹ This table is a modified version of standard report 8, with those under 12 excluded from the report and only in scope service elements included. Note that the individuals can receive more than one element so the population cannot be summed.

Current Need Met for Baseline In-scope Services⁵⁰

The population analysis in table 3 above identifies approximately 219,349 persons in NSW in 2022/23 with a severe mental illness and a need for any type of mental health service⁵¹. In the same year, there are 138,026 of those persons who require individual support and rehabilitation (ISR) linked to early childhood, education and/or employment at an average of 12 hours of care per year⁵². This taxonomy element however only covers those aged 12-24 and appears in care packages covering all levels of severity, including mild illness packages and some prevention packages. There is a cohort of 62,851 persons who require 91 hours per year of individual support and rehabilitation each year⁵³. This is the only ISR related taxonomy element that captures those aged 24-64 and covers only moderate and severe illness packages, and most closely resembles the traditional perception of psychosocial support activity. Thus, later discussion about the absolute number of persons missing out on support is heavily dependent upon which type, or types, of psychosocial support you believe are an accurate representation of policy intent⁵⁴.

However, to be abundantly clear 62,851 is the absolute minimum number of unique, in-scope individuals requiring psychosocial support in the 2022/23 FY in NSW. The total ideal number requiring support is much higher. An issue with the NMHSPF tool is that it does not remove duplications where an individual requires multiple types of psychosocial support. As such it is not appropriate to simply add the numbers (either population elements or average hours) in table 7. It is understood that the parallel Commonwealth led project has engaged the University of Queensland to undertake a manual task of identifying and removing duplications from source material utilised in the development of the NMHSPF tool. This will,

⁵⁰ Large parts of this section are drawn from my work on a similar report for South Australia as the articulation of the issue and solution was appropriate for this piece of work.

⁵¹ From Table 3. These people will often require multiple service elements from the taxonomy which may or may not include psychosocial support.

⁵² From Table 7

⁵³ 91 hours is not an extensive amount of support, however this includes all who require this support including those who would receive only small amounts of support, and this skews the average of the distribution down considerably. Given the breadth of the range of consumers in this category, no ideal average amount should be ascribed.

⁵⁴ It is understood that the parallel Commonwealth led project will use work undertaken by the University of Queensland to manually calculate individual users of psychosocial support using algorithms based on individual care packages. This will be, by definition, a more accurate approach than the one used in this report.

by definition, provide a more accurate figure than a 'minimum threshold' as quoted in my South Australian work and here. Once this work is published a reconciliation against the audit data contained in this report would be valid as long as the same parameters (e.g., age, severity etc) are entered into the analysis.

Population receiving support

The next task is to assess how many individuals are being supported by current funding and service delivery and to identify gaps. Additionally, the amount of existing investment will be identified relative to the required investment prediction.

There are four sources of funds that were investigated as possible contributors to psychosocial mental health service delivery in NSW:

1. NSW Government through NSW Health either administered directly or through LHDs.
2. Commonwealth Government through the NDIS
3. The ten PHNs in NSW
4. Other NSW Government Departments such as Communities and Justice.

Requests for information were provided to the NSW Ministry of Health, NSW Health LHDs and Specialty Health Networks, the ten PHNs and other relevant NSW Government agencies. Data on the NDIS was sourced from regular reporting and published data through the NDIS data portal.

A key challenge for any audit of specialised mental health community support services is finding a consistent unit of measurement. Each level of government and program commissioner is free to allocate resources based on their own modelling and demand estimates. The capacity purchased per dollar may vary across commissioning bodies, across contracts or even across programs. Some may purchase hours, others the number of people supported, and others may purchase staffing availability, all with their own costing structures. There is no nationally agreed data set for comparing activity or expenditure in

the specialised mental health community support sector on a 'like for like' basis in the way that there is for the measurement of bed-based services or ambulatory FTEs.⁵⁵

However, the data available for this project is far superior to that available in my earlier South Australian work. Almost every program entry contains data on both annual budget and consumers supported per annum. As such there is limited need to create an alternative common unit of measurement as was necessary for the work in South Australia. For the purposes of this project the common units of measurement will be annual dollars expended by commissioning bodies⁵⁶, and consumers supported per annum. Nonetheless where there is a data entry point that does not contain either of these elements a NMHSPF equivalent dollar (see the South Australian work) will be used based on the available performance indicator data provided.⁵⁷

NSW Health and Local Health Districts

The NSW Ministry of Health responded to a request for data on psychosocial support services commissioned for mental health consumers in the 2022/23 financial year. This request was also circulated by the Ministry to all 15 NSW LHDs, and the two specialty health networks, each of whom submitted relevant data.

Upon review of the data submitted by LHDs, it was immediately apparent that there were a number of genuine programs providing psychosocial support that could be viewed as substitutes for non-acute bed-based services, where the psychosocial support component could be separately identified. Examples include HASI Plus and community residential programs. In these situations, a decision on inclusion or exclusion was necessary.

⁵⁵ McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

⁵⁶ This effectively means dollars allocated to service providers by PHNs, LHDs and the Ministry. For the purposes of the NDIS it is expended dollars not plan budgets (see later section on the NDIS for fuller explanation).

⁵⁷ McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

Inclusions and exclusions

Housing and Accommodation Support Initiative (HASI) and Community Living Supports

(CLS) – These programs provide community based psychosocial support to people with severe mental health conditions throughout NSW, to live and participate in the community. HASI/CLS operate as a state-wide partnership between CMOs and LHDs. CMOs are funded to provide psychosocial, daily living and medication support while LHDs provide clinical care.

These two programs clearly are oriented towards the provision of individual rehabilitation paradigms consistent with psychosocial support programs. There is no accommodation or clinical service expenditure included in these programs. Include as a psychosocial support program.

Mental Health Community Living Supports for Refugees (MH-CLSR) - MH-CLSR provides ‘trauma informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and people seeking asylum who are experiencing psychological distress, mental ill health and/or impaired functioning.’⁵⁸ This program is in scope.

Youth Community Living Support Service (YCLSS) - YCLSS provides ‘non-clinical recovery-oriented psychosocial support services delivered in the community by funded community managed providers tailored to individual needs which support young people recovering from severe mental illness, and their families/carers, to gain independence and participate in the community.’⁵⁹ This program is in scope.

Like Mind – This program provides coordinated health and social care services in a hub setting. Targeted at adults between 25 and 65 with moderate to severe mental health conditions, consumers attending the premises can receive services in four areas: mental health, primary health, drug and alcohol, vocational and social needs including linkages to employment and housing. There are four centres in different parts of NSW. It is clear that

⁵⁸ Description provided by NSW Health

⁵⁹ Description provided by NSW Health

only the vocational and social support is in scope for this analysis, with the clinical and primary care elements out of scope. The funding and service delivery data for the psychosocial support elements have been reviewed and almost all the data relates to clinical activity provided by registered health professionals. Exclude.

Resolve - This program provides recovery-oriented community based mental health support to people living in Western NSW and Nepean Blue Mountains LHDs. The program aims to reduce hospital admissions for Resolve participants, measured by a reduction in National Weighted Activity Units (NWAU). The Resolve program is funded through a Social Impact Bond, where investors provide some capital and pay running costs to the service delivery provider, with government payments based on outcomes achieved. This program requires careful consideration for inclusion. It appears that the performance indicators are designed specifically as a clinical substitution service due to the focus on reduced NWAU, however this is more a function of the financial arrangements than the service delivery arrangements. This program is funded under a Social Impact Bond⁶⁰ and not directly by government, however eligibility for a government funded 'outcomes payment' to the investors in the bond requires an indicator that can be directly tied to a concomitant impact on government expenditure. Thus, the reliance on NWAU.

Resolve is a community-based program led by peer workers with lived experience of mental health issues and participants have access to crisis care with around-the-clock peer support, outreach support to people in their homes and in the community, group programs to develop individual capacity for managing recovery, case management, linkages to specialist drug and alcohol services, the opportunity to seek respite for short stays in a home-like environment at the Resolve centres, and a 'warm line' for after-hours peer support.⁶¹ The operational funds are only provided to Flourish Australia and not to the LHDs and therefore the clinical service 'linkages' appear to be funded outside of the program. As such Resolve is in scope.

⁶⁰ <https://www.nsw.gov.au/departments-and-agencies/osii/social-impact-investments/resolve>

⁶¹ <https://www.nsw.gov.au/departments-and-agencies/osii/social-impact-investments/resolve>

The government funded outcomes payment goes to the investors in the bond and not the service provider and no data is available on the service delivery expenditure provided by the investors, however logically it should be the amount of the 'outcomes payment' less the 'return' on the bond to the investors. Notwithstanding this the cost to government of the service is the 'outcomes payment' and it a reasonable reflection of the investment in service.

HASI Plus and similar LHD programs - HASI Plus is a more intensive form of the HASI program and is a state-wide program for people with severe mental health conditions and significant difficulties managing day to day living. The program is community-based, transitional, rehabilitation and recovery-oriented. HASI Plus integrates clinical and intensive psychosocial support that is available up to 16 or 24 hours per day, 7 days per week, with stable, community-based accommodation.

The program is clearly oriented towards the provision of individual rehabilitation paradigms consistent with psychosocial support programs. The accommodation and clinical service expenditure must be removed from the data and the psychosocial support amount isolated for the purposes of data analysis as psychosocial support. While the program appears to be a substitute for non-acute hospital bed-based care, it does not contribute to NWAU under activity-based funding arrangements. The accommodation component is not congregate group-home type (as envisaged by non-acute residential services in the taxonomy), and is community based. On balance HASI Plus, like HASI itself, is best construed as individual support and rehabilitation with clinical and accommodation adjuncts and should be included in the data set. Include with clinical funding removed.

Family and Carer Mental Health Program (FCMHP) – The FCMHP is a statewide program delivered across 15 LHDs in partnership with five CMOs and Justice Health and Forensic Mental Health Network (JH&FMHN). LHDs work to enhance the skills of staff to work with families and carers, while CMOs provide training and education, one to one support, group

support and advocacy services for families and carers of people with a mental illness.⁶² The CMO funded component of this program is in scope.

As indicated earlier in this report specialised psychosocial support in community residential programs are also in scope, however these will be separately identified in the tables pertaining to LHD expenditure.

Table 8 - Specialised mental health community support services funded by the NSW Ministry of Health in 2022/23⁶³

Program Name	Locations	Expenditure	Consumers Served	NMHSFP Taxonomy Equivalent
Resolve ⁶⁴	<ul style="list-style-type: none"> • Nepean Blue Mountains LHD • Western NSW LHD 	\$2,535,000	143	<ul style="list-style-type: none"> • Group support and rehabilitation • Group based peer work • Individual support and rehabilitation • Individual peer work • Residential crisis and respite services
Mental Health Community Living Supports for Refugees (MH-CLSR)	<ul style="list-style-type: none"> • Hunter New England LHD • Illawarra Shoalhaven LHD • Mid North Coast LHD • Murrumbidgee LHD • South Western Sydney LHD • Sydney LHD • Western Sydney LHD 	\$5,262,061	196	<ul style="list-style-type: none"> • Individual support and rehabilitation
Youth Community Living Support Service	<ul style="list-style-type: none"> • Hunter New England LHD • Nepean Blue Mountains LHD • Northern NSW LHD • South Western Sydney LHD • Western Sydney LHD 	\$2,321,635	135	<ul style="list-style-type: none"> • Individual support and rehabilitation
Family and Carer Mental Health Program ⁶⁵	<ul style="list-style-type: none"> • All Local Health Districts 	\$7,508,200	2629	<ul style="list-style-type: none"> • Individual Carer Support

⁶² Description provided by NSW Health

⁶³ Only in-scope services are included in the table

⁶⁴ The expenditure figure for Resolve reflects the annual government expenditure, not the cost of service to the service provider.

⁶⁵ The total number supported are to be counted as carers not consumers.

	<ul style="list-style-type: none"> Justice & Forensic Mental Health Network 			<ul style="list-style-type: none"> Group Carer Support
HASI ⁶⁶	<ul style="list-style-type: none"> All Local Health districts Albury 	\$52,761,597	2692	<ul style="list-style-type: none"> Individual support and rehabilitation
CLS	<ul style="list-style-type: none"> All Local Health Districts 	\$23,454,899	1539	<ul style="list-style-type: none"> Individual support and rehabilitation
HASI Plus ⁶⁷	<ul style="list-style-type: none"> Statewide referrals Sites in: <ul style="list-style-type: none"> Western Sydney LHD Hunter New England LHD Northern Sydney LHD Mid North Coast LHD 	\$11,507,804	83	<ul style="list-style-type: none"> Individual support and rehabilitation
Total⁶⁸		\$105,351,196	Consumers - 4788 Carers – 2629	

Table 9 below details psychosocial support programs submitted by LHDs. While all programs submitted provide valuable support, some did not meet the criteria for the project and they are identified in the footnotes below.

Table 9 - Specialised mental health community support services funded by NSW LHDs in 2022/23

Funder ⁶⁹	Service descriptions	Expenditure	Consumers Served	NMHSFP Taxonomy Equivalent
Central Coast LHD ⁷⁰	Nil	\$0		
Far West LHD ⁷¹	Nil	\$0		
Hunter New England LHD ⁷²	<ul style="list-style-type: none"> The Assisted Discharge Program Kaiyu Connect 	\$1,202,900	810	<ul style="list-style-type: none"> Individual Support and Rehabilitation

⁶⁶ The total number of consumers in HASI and CLS used is the actual number over the 12 month period as the contract includes a minimum number and a target range for hours per consumer annually. The actual use of the hours within that target range can increase or decrease the actual number of consumers, thus hours is the real purchasing unit and the total consumers used should be the actual and not the minimum.

⁶⁷ Funding for 1 FTE clinician per funded CMO in each LHD was deducted from the annual funding allocations as this was not psychosocial support. The deduction used was \$125k per funded organisation, or \$500k in total.

⁶⁸ The total number supported of 7,417 includes services to the carers of 2629 consumers.

⁶⁹ Some LHD programs are funded through the Ministerially Approved Grants program.

⁷⁰ The Central Coast LHD reported on two programs, both of which begun in the 23/24FY and thus were out of scope.

⁷¹ The Far West LHD reported on two programs, both of which were out of scope as they were prevention services.

⁷² Hunter New England LHD submitted one program that was out of scope as it was an out of scope service element.

	<ul style="list-style-type: none"> • ARAFMI Family and Carer Program • Billabong Clubhouse 			<ul style="list-style-type: none"> • Group Support and Rehabilitation. • Family and Carer Support
Illawarra Shoalhaven LHD ⁷³	<ul style="list-style-type: none"> • ARAFMI Family and Carer Program • New Outlook Program • Southern Youth and Family Services 	\$813,000	540	<ul style="list-style-type: none"> • Individual peer support. • Group peer support • Individual Support and Rehabilitation • Group Support and Rehabilitation. • Family and Carer Support
Justice Health and Forensic Mental Health Network ⁷⁴	<ul style="list-style-type: none"> • Nil 			
Murrumbidgee LHD ⁷⁵	<ul style="list-style-type: none"> • Supporting Recovery Service • Home Based Outreach Service 	\$601,551	52	Individual Support and Rehabilitation
Mid North Coast LHD ⁷⁶	Nil	\$0		
Nepean Blue Mountains LHD ⁷⁷	<ul style="list-style-type: none"> • Young Peoples Program 	\$430,300	71	<ul style="list-style-type: none"> • Individual Support and Rehabilitation • Group Support and Rehabilitation.
Northern NSW LHD	<ul style="list-style-type: none"> • GROW Peer Support 	\$58,000	215	Peer Support
Northern Sydney LHD ⁷⁸	<ul style="list-style-type: none"> • Pioneer Clubhouse 	\$584,300	52 ⁷⁹	<ul style="list-style-type: none"> • Individual Support and Rehabilitation • Group Support and Rehabilitation.

⁷³ Illawarra Shoalhaven LHD submitted four programs deemed out of scope as they were clinical services.

⁷⁴ JH&FMHN reported on seven programs that were clinician provided and deemed out of scope.

⁷⁵ The number of consumers supported for Murrumbidgee LHD required a conversion from the default rate of consumers supported per \$ in the NMHSPF, due to a data gap.

⁷⁶ Mid North Coast LHD submitted data on a program that was considered a specialised community psychosocial support program in a community residential environment and will be reported separately below.

⁷⁷ Nepean Blue Mountains LHD submitted data on a peer worker operating in a clinical service environment. This could potentially have been in scope however the data was unable to be disaggregated and the likely amount of expenditure trivial to final calculations so this data is not reported.

⁷⁸ Northern Sydney LHD submitted 4 services deemed out of scope as they related to service elements that were out of scope.

⁷⁹ The number of consumers supported for Northern Sydney LHD required a conversion from the default rate of consumers supported per \$ in the NMHSPF, due to a data gap.

South Eastern Sydney LHD ⁸⁰	<ul style="list-style-type: none"> • Young Peoples Outreach • Stride • Buckingham House 	\$796,000	550	<ul style="list-style-type: none"> • Individual Support and Rehabilitation • Peer Support
Southern NSW LHD	<ul style="list-style-type: none"> • Home Based Outreach Service 	\$486,720	36	<ul style="list-style-type: none"> • Individual Support and Rehabilitation • Group Support and Rehabilitation.
South Western Sydney LHD ⁸¹	<ul style="list-style-type: none"> • Kaleidoscope • Disability Trust 	\$326,624	82	<ul style="list-style-type: none"> • Individual Support and Rehabilitation
Sydney LHD ⁸²	Nil	\$0		
Western NSW LHD ⁸³	Nil	\$0		
Western Sydney LHD ⁸⁴	Nil	\$0		
Multiple LHDs	Specialised community psychosocial support programs in a community residential environment ⁸⁵	\$9,141,258	603	<ul style="list-style-type: none"> • Individual Support and Rehabilitation
Total		\$14,440,653	Consumers -2280 Carers - 731	

There are a number of community residential support services funded in NSW indicated in the table above as specialised community psychosocial support programs in a community residential environment. These services provide psychosocial support and short-term accommodation and are included in the LHD table above as a separate line item. The table below lists them for full transparency.

⁸⁰ The number of consumers supported for South Eastern Sydney LHD required a conversion from the default rate of consumers supported per \$ in the NMHSPF, due to a data gap.

⁸¹ South Western Sydney LHD submitted three programs that were out of scope due to their target group (Alcohol and Other Drug services) or clinical nature, and one program that was partly in scope as it included some out of scope age cohorts.

⁸² Sydney LHD submitted nine programs, five of which were deemed out of scope. Three were out of scope as they were clinical service elements, and the remaining two appeared to be clinical substitution services where data could not be disaggregated. The remaining four programs were determined to be specialised community psychosocial support programs in community residential environments and the data was included in that analysis.

⁸³ Western NSW LHD submitted one program with peer involvement but its purpose was deemed a clinical replacement service.

⁸⁴ Western Sydney LHD submitted data on a program determined to be a specialised community psychosocial support program in a community residential environment and the data was included in that analysis.

⁸⁵ A full list of these programs is available in table 9a.

Table 9a – List of specialised community psychosocial support programs in a community residential environment⁸⁶

LHD	Unit	Dollars	Consumers
HNELHD	Tamworth Homeless Mens Program contracted to Flourish Australia	33,300	4
MNCLHD	Momentum Collective Third Sector Australia Residential support recovery program	631,860	46
NNSWLHD	Momentum Collective	2,428,000	179
NSLHD	Northern Sydney Supported Accommodation Service	745,699	36
NSLHD	Stepping Stones: Mental Health Consumer Homelessness Intensive Rehabilitation Program	765,000	18
SESLHD	Prevention and Recovery Centre-ICLA	400,000	70
SLHD	Buduwa	1,029,000	82
SLHD	Camperdown Units including Lilyfield outreach	1,218,000	99
SLHD	Mawarra	437,700	36
SLHD	Biala	238,659	20
WSLHD	Kurinda Adolescent Service - Stride Mental Health	1,214,040	13
Total		9,141,258	603

The table below summarises the amount of activity purchased by NSW Health entities.

Table 10 - Summary of NSW Health purchased activity by taxonomy element⁸⁷

Taxonomy Element	Purchased Activity in dollars
Children 12-17	\$127,700
Youth aged 15-24	\$3,425,035
Adults 25-64	
Individual Support and Rehabilitation	\$98,890,501
Group Support and Rehabilitation	\$706,400
Individual and Group Based Peer Support	\$58,000
Carer Support	\$7,889,200
Older Adult 65+⁸⁸	
Individual Support and Rehabilitation	\$8,694,714

⁸⁶ For those cells marked in Orange an estimate was required due to data deficiencies. For Buduwa, the Mental Health Coordinating Council recommended rate of \$147,000 per place per annum as contained in their pre-budget submission was used to calculate a nominal budget. For the consumer estimates the same \$147,000 figure was divided into the available budgets to calculate the places and multiplied by 12 to reflect the average length of stay recommended for these units of 30 days.

⁸⁷ Many programs cross multiple elements and it is not possible to disaggregate the proportions with any accuracy. As such there is an under representation of peer support and group support activity with a default categorisation of ISR. Taxonomy splits in the 25-64 age group should therefore be viewed with caution.

⁸⁸ No data was provided that allowed disaggregation by age for those over 65, however NSW Health indicated that approximately 9% of all HASI/CLS consumers in the reference year were over 65. This percentage was applied to all programs that accepted people over 65 to estimate expenditure on this group.

NDIS

The NDIS is a major funder of psychosocial disability support services across Australia and within NSW. The scheme continues to grow and is in many aspects demand driven, and as such a point in time measure of its 'funded capacity' can be difficult to determine. An assessment of this funded capacity for audit purposes in this report will require clear caveats that can be adjusted and challenged over time.

Individuals admitted to the scheme are provided with an annual 'plan budget' from which they can purchase approved services. Many of these approved services are services that are in scope for the audit required in this report. However, the 'plan budget' is not necessarily the funded capacity. It is common for participants to spend less than their available plan budget, either due to their own decision making or preferences, or because there is not an available provider of a desired service in their area. As such the actual funded capacity could be considered to be less than the funded annual plan budget.

Each year the plan budget is reassessed and on average the plan budget goes up over time as a better understanding of the individual's needs is attained. Further, once admitted to the scheme most participants remain in the scheme, meaning that the funded capacity created by one individual may not match to the same category of need in the NMHSPF over different years, as the NMHSPF looks at population need over a single twelve-month period.

Data was sourced for this analysis from the NDIS data portal.⁸⁹ Each quarter the NDIS publishes the number of plan participants by primary diagnosis and by state. The data however is reported in a number of different formats and it is not always internally consistent, due to a reporting policy focused on protecting privacy and managing volatility in small data points. As such, exact figures should be treated with some caution. The June 2023 report indicates that there were approximately 18,431 NDIS participants in NSW in that quarter with a primary psychosocial disability. This was up from approximately 18,035 in the prior quarter, March 2023, and 17,574 in the December 2022 quarter. It can be seen that there is a gradual increase over time as more participants enter the scheme, with few

⁸⁹ <https://data.ndis.gov.au/data-downloads>

exiting the scheme. The table below shows the breakdown by age. The data also reports the total number of persons with a reported psychosocial disability both primary and secondary and in June 2023 that number was 40,761 in NSW. This logically suggests that there were 22,330 persons with a secondary psychosocial disability.⁹⁰

Table 11 - NDIS participants with psychosocial disability, average plan budgets and utilisation in NSW by age in June 2023⁹¹

Age (Years)	Participants	Average Plan Budget ⁹²	Implied Total Budget Allocation ⁹³	Reported Plan utilisation rate ⁹⁴	Implied Expenditure
0-6	Less than 11	Not reported	Not calculable	Not reported	Not calculable
7-14	104	\$25,000	\$2,600,000	67%	\$1,742,000
15-18	125	\$80,000	\$10,000,000	77%	\$7,700,000
19-24	635	\$125,000	\$79,375,000	73%	\$57,943,750
25-34	2451	\$108,000	\$264,708,000	74%	\$195,883,920
35-44	3893	\$103,000	\$400,979,000	76%	\$304,744,040
45-54	4955	\$103,000	\$510,365,000	76%	\$387,877,400
55-64	4824	\$111,000	\$535,464,000	78%	\$417,661,920
65+	1451	\$114,000	\$165,414,000	67%	\$110,827,380
Total⁹⁵	18438		\$1,968,905,000⁹⁶	76%	\$1,496,367,800⁹⁷

The figures above indicate that approximately \$1.97 billion was allocated to around 18,430 persons with a primary psychosocial disability in NSW in 2023. This figure does not capture

⁹⁰ 40,761-18431=22,330

⁹¹ Drawn from the NDIS data portal report 'Participant numbers and plan budgets data June 2023. Available @ <https://data.ndis.gov.au/datasets/participant-datasets>

⁹² These figures are rounded to whole numbers in the data set and therefore should not be considered exact.

⁹³ This calculation is implied by multiplying the total participants by the average plan size for a given age group.

⁹⁴ This figure is generated from a separate report the 'Plan utilisation' report which has slightly different data rules and rounds data separately. As such the individual lines will not add up exactly to the grand total.

⁹⁵ The NDIS data records the number <11 for a cell if the number is less than 11 but more than 0. This total is an example of how individual data cells when aggregated can deliver slightly different totals from different reports.

⁹⁶ This is a further example of aggregation distortions inside the data set. There is a separate line item in the data set indicating a grand total of 18431 participants with a primary psychosocial disability with an average plan budget of \$107,000 which implies a slightly different total annual budget allocation in NSW for psychosocial disability of \$1,972,117,000. This difference of around \$3m will not be material for final calculations.

⁹⁷ This figure is a simple 76% of \$1.98 billion and is not the sum of the rows above it. The figure for each age group is subject to separate rounding effects in the data set and therefore the figures will not add up precisely. No attempt has been made to discount for the 7-11 age group as their expenditure is trivial in the context of the total.

budget allocated for activities to address an individual’s psychosocial disability that was secondary to a different primary diagnostic category. It is immediately evident that approximately \$470 million of allocated budget (~24%) in NSW remained unspent in 2023. Such a large proportion of under expenditure, particularly given its size in dollar terms makes it very difficult for state and federal health agencies and their affiliated commissioning bodies to plan for adjunct complimentary service provision for their populations, especially if the areas of plan underspend are not clearly articulated or understood.

The NDIS also publishes quarterly data on payments against each support line item, broken down by state and by disability type. This allows identification of payments in NSW to those with a primary psychosocial disability by each support line item. This is important as payments reflect the actual expenditure as distinct from the allocated budget. Again, it does not however capture payments for services for a psychosocial disability that is not a primary disability. Subsequent to my report on unmet need in South Australia the NDIS data portal no longer provides the same level of detail on payments by support category to allow overall expenditure by support category to be calculated. However, it does report on average annual expenditure by each support category, without identifying how many participants received each category. This report is contained in the table below.

Table 12 - Average annual payments by Support Category for NDIS participants in NSW with a psychosocial disability in 2022/23 FY⁹⁸

Support Category	Average annual payment per participant receiving this item in \$
SUPPORT COORDINATION	5000
Capacity Building CHOICE&CONTROL	1000
Capacity Building DAILY ACTIVITY	5000
Capacity Building EMPLOYMENT	0
Capacity Building HEALTH WELLBEING	1000
Capacity Building HOME LIVING	1000

⁹⁸ This table is drawn from the ‘Average Support Category Payments Jun 23’ report on the NDIS data portal.

Capacity Building LIFELONG LEARNING	0
Capacity Building RELATIONSHIPS	7000
Capacity Building SOCIAL COMMUNITY CIVIC	2000
CORE - SOCIAL COMMUNITY CIVIC	29000
CORE - DAILY ACTIVITIES	52000
HOME MODIFICATIONS	7000
RECURRING_TRANSPORT	1000
ASSISTIVE TECHNOLOGY	3000
CONSUMABLES	1000
TRANSPORT	2000
ALL	83000⁹⁹

Actual payments are perhaps a more accurate measure of psychosocial disability capacity in a given geography than plan budgets as, unlike the other funding sources covered in this paper, the NDIS provides funds, at least in theory, to the consumer to purchase services that match their plan. Therefore, the availability of service providers by geography are subject to pricing mechanisms, workforce development initiatives and other NDIA policy controls and these can act, deliberately or unintentionally, to impede or accelerate actual funded budget plan use. The NDIS do not commission capacity from service providers directly, in the way a PHN or LHD may do. This position is open to debate, however for the purposes of this paper I will use payments as the proxy measure of funded psychosocial support in NSW rather than allocated plan budgets.

In order to get a proxy measure however that aligns to the NMHSPF, expenditure not anticipated by the NMHSPF, such as consumables, assistive technology and home modifications, must be excluded. In order to do this the capital line items will be subtracted from the total expenditure calculations in table 11.

⁹⁹ As in earlier tables the aggregate average for 'ALL' activity will not add up to the individual line items as each line is a separately calculated average only for those participants who receive that category of activity and the combination of line items varies across participants. For example, less than 11 people received the 'recurring transport' line item and as such this made a minimal contribution to the overall average plan expenditure.

Table 13 estimates the utilisation of plan budgets on items to be excluded. Note this data was calculated using the March 2023 report as the June 2023 report had reduced the available data fields. The totals reached in the table therefore need to be extrapolated slightly to account for system growth over the June Quarter.

Table 13 - Annual Expenditure on items not included in NMHSPF calculations¹⁰⁰

Age	Support Category	Average Annualised Payment	Average participants receiving during measurement period	Implied Annual Expenditure
ALL	TRANSPORT	2000	12976.5	25,953,000
ALL	RECURRING_TRANSPORT	N/A	<11	Trivial
ALL	HOME_MODIFICATIONS	6000	555.5	3,333,000
ALL	CONSUMABLES	1000	6684.5	6,684,500
ALL	ASSISTIVE_TECHNOLOGY	3000	1026.5	3,079,500
	TOTAL OF Excluded items			39,050,000
	Adjusted NDIS Expenditure in NSW in 2022/23			\$1,457,317,800

PHNs

PHNs purchase psychosocial support services on behalf of the Commonwealth Government. They are responsible for tendering for services based on regional plans and consistent with program funding received from governments.

There are ten PHNs in NSW, and in most cases their boundaries map to LHD boundaries, although some PHNs have two LHDs inside their boundaries. Data was requested from PHNs on services purchased that map to the taxonomy of specialised community mental health support services in the NMHSPF. The data provided is contained in the tables below. The data was provided based on the assessment of program relevance made by the officer at the agency. The inclusion of a program was then reviewed by the author of this report and a determination made whether its purpose met the scope of the study. There is limited

¹⁰⁰ Important caveats. This data was calculated using the March 2023 report on payments by support category which was the final report that provided participant numbers by support category. There would be a small amount of implied growth in participants for each line item up to the end of the June 2023 qtr. Based on the growth rate implied in the data set over the preceding year, it would be expected that an extra 39 received transport, with no growth in the other categories. This additional expenditure is trivial to the final calculation.

recourse for corroborating the performance data provided or identifying program omissions as there is limited public reporting of individual program expenditure.

It should be noted that one PHN reported on the rollout of new Head to Health (H2H) services and referenced the psychosocial support component of these, however the rollout was in the 2023/24 financial year and thus they were excluded. This is the difficulty of a point in time audit. It is noted that H2H services will have an impact on available psychosocial support service provision in NSW in future years.

Table 14 - NSW PHN Specialised mental health community support funding by PHN in FY 2022/23

PHN Name	Budgeted Expenditure	Consumers Serviced	NMHSFP Taxonomy element
Central and Eastern Sydney PHN ¹⁰¹	\$4,551,534	3095	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
Hunter New England Central Coast PHN ¹⁰²	\$3,388,350	992	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
Murrumbidgee PHN ¹⁰³	\$2,356,406	382	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
Nepean Blue Mountains PHN	\$1,765,280	247	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
North Coast PHN	\$1,800,000	703	Individual Support and Rehabilitation
Northern Sydney PHN	\$2,302,688	560	Individual Support and Rehabilitation

¹⁰¹ One reported program from CESPHN was deemed out of scope due to its purpose being out of scope.

¹⁰² Three reported programs from HNECCPHN were deemed out of scope on the basis of the age of the target cohort, the service type or the target cohort.

¹⁰³ Two reported programs from MPHNS were deemed out of scope due to their purpose.

South Eastern NSW PHN ¹⁰⁴	\$2,736,599	1,107	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
South Western Sydney PHN	\$3,667,648	700	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
Western NSW PHN	\$8,469,789	878	Individual Support and Rehabilitation
Western Sydney PHN ¹⁰⁵	\$2,344,903	920	Individual Support and Rehabilitation and Group Support and Rehabilitation (Split not provided)
Totals	\$33,383,197	9,584	

Only one PHN program was reported as not being targeted at adults, a \$200,000 program in Hunter New England Central Coast PHN targeting 12-18 year olds and supporting 30 people per annum. All other reported PHN expenditure was either adult cohorts or no age specified. Almost all of the expenditure was classified as individual support and rehabilitation or group support and rehabilitation.

The estimated expenditure on mental health psychosocial support in activity terms associated with PHN commissioning in NSW is \$33.383 million.

Commonwealth Health

The Commonwealth Department of Health was informed about this project, although no formal data request was made. No indication was made that there was any funding used for direct commissioning by the Commonwealth Department of Health. As such no data will be incorporated here on Commonwealth spending outside of that rolled out through the NDIS and PHNs.

¹⁰⁴ South Eastern NSW PHN submitted 7 programs related to the 2023/24 FY which had not yet begun in 2022/23 and were deemed out of scope. Three additional programs were deemed out of scope due to target cohorts.

¹⁰⁵ Three programs reported by WSPHN were deemed out of scope on the basis of purpose.

Other NSW government departments

An environmental scan of other NSW Government Departments who may have relevant programs was undertaken and a data request was made to the NSW Department of Communities and Justice (DCJ), who provide services in relation to housing, child protection and court related programs, and the Department of Education. The Department of Education advised they had no in-scope programs.

DCJ submitted data on two programs that were potentially in scope for the audit process¹⁰⁶:

- *'Mental Health In-Reach Service (MHIRS) which provides housing support and facilitates access to community mental health services for people currently in mental health inpatient facilities, to support their transition to independent living in the community, break the cycle of homelessness, and prevent discharges from mental health facilities into rough sleeping. MHIRS is a partnership between NGOs delivering care coordination supports, LHDs delivering clinical supports and DCJ. It has operated since July 2022 as a pilot project in two locations, Sydney-South Eastern Sydney and the Central Coast.*
- *Together Home is a 'Housing First' informed program for 2 years of housing and wrap-around support for clients with a history of rough sleeping. The program also aims to provide ongoing linkages with support services including mainstream services to reduce a program participant's return to homelessness.'*

Both programs were assessed for their contribution to the amount of need met in NSW. However, it should be noted that the MHIRS is a pilot project and is not confirmed for continuation beyond June 2024, and that the Together Home project incorporates expenditure directly related to the supply of tenancies.

- The MHIRS delivers support that appears to fit comfortably into the Individual Support and Rehabilitation (ISR) service element of the taxonomy. This care is delivered to 131 consumers per annum, and has actual budgeted expenditure of \$513,600.
- Together Home is a more complex offering targeting homelessness and providing tenancy supports. The data above includes only the psychosocial support components, although a clinical diagnosis is not a program pre-requisite.

¹⁰⁶ DCJ response to the reporting template data request.

Table 15 – Psychosocial support funding by NSW DCJ in FY 2022/23

Program Name	Budgeted Expenditure	Annual Consumers Serviced	NMHSFP Taxonomy element
MHIRS	\$513,600	131	Individual Support and Rehabilitation
Together Home ¹⁰⁷	\$20,128,667	383	Individual Support and Rehabilitation
Total DCJ	\$20,642,267	514	Individual Support and Rehabilitation

Allocations to illness severity

Illness severity is a parameter used in the epidemiology and care streaming approach in the NMHSFP to allocate people to care packages. Intensity of treatment within various care packages often changes as the designation of the severity of a mental health condition changes. Thus, there is a reasonable interest in allocating the ‘gap’ in service availability to the size of the population in each of the severity levels to determine which group may have the least access to their care needs. This however is not something that is easily done either within the NMHSFP tool or via an audit process.

It is a valid area of inquiry to look at severity levels as a function of service use and program funding but given the limitations of the tool and an audit of service use, this project will not do so. Consumers in this project will not be split on the basis of their likely matching to ‘moderate’ or ‘severe’ illnesses in the epidemiology and care streaming model of the NMHSFP.

Gap in population-based need relative to available resources

The resource gap between modelled population health need and actual service delivery will be examined from three perspectives:

¹⁰⁷ The data provided for this was for a three-year period and added up to approximately \$60m once tenancy support was excluded. An annual figure of just over \$20m was calculated. There were 1117 packages over the three years with each package lasting two years.

1. Total population being supported versus modelled population need for service
2. Total dollars being allocated to activity versus modelled NMHSPF dollars required
3. Efficiency and appropriateness of allocation of resources to individual consumers relative to estimated resource need.

Population receiving services versus estimated population requiring service

There is not a specific report from the NMHSPF on the unique population to be supported in a twelve-month period. A minimum and maximum threshold however can be determined from tables 4 and 7. Table 4 indicates that there are 219,349 individuals with a severe mental illness in NSW in 2022/23, however not all of these, or all of their carers, would require a specialised mental health community support in that year, although it is likely that all will access one at some point. There are also 427,135 persons in NSW in 2022/23 with a moderate mental illness requiring services, although again not all of these, or all of their carers, will require specialised mental health community support in that year.

Minimum number of consumers requiring specialised community mental health support

Table 7 provides estimated numbers of individuals requiring each service element in the 2022/23 year, with repetition of unique individuals across service elements, and thus duplication in counting if the table is simply added to a total. The service element with the greatest utilisation in FY2022/23, *Individual Support and Rehab linked to early childhood, education and/or employment*, provides services to 138,000 individuals, however this taxonomy element only covers those aged 12-24, covers all levels of severity and focusses on outcomes related to childcare, education and employment only.

There is a cohort of 62,851 persons who require access to the generic¹⁰⁸ taxonomy element 'individual support and rehabilitation' (generic ISR) each year. This is the only taxonomy element that captures those aged 18-64 and only appears in care packages related to severe mental illness. This number, 62,851, is a very reliable **minimum threshold**. There will

¹⁰⁸ Generic as distinct from the four other taxonomy elements that focus on one particular aspect of ISR such as 'employment , education and child care' or 'youth development'.

however be people with care packages that do not include this item but do include other specialised community mental health supports in their care package, and thus 62,851 can only be a minimum threshold.

However, the generic ISR element is mutually exclusive in all care packages from the four targeted ISR elements in table 7. The targeted elements include '*Individual Support and Rehab linked to early childhood, education and/or employment*', '*Individual Support and Rehab linked to enhanced relationships and social participation*', '*Individual Support and Rehab linked to navigating the primary and mental health care systems*' and '*Individual Support and Rehab linked to Youth Development*'. The four targeted ISR service elements are not mutually exclusive from each other. Only one of the four targeted elements appears in out of scope care packages, *Individual Support and Rehab linked to early childhood, education and/or employment*'. Therefore, the highest number from the other three can reliably be added to the 62,851 figure to create a valid **minimum threshold**. There are 31,202 persons who require *Individual Support and Rehab linked to enhanced relationships and social participation*' and thus the reliable minimum threshold can be adjusted to 94,053.

It is very important to state that this number, 94,053, is only the absolute minimum threshold predicted by the NMHSPF of persons in NSW who required psychosocial support in 2022/23. There remains one outstanding issue which is how to account for the 138,026 unique individuals who require targeted ISR linked to early childhood, education or employment. This cohort does not overlap with generic ISR or with targeted ISR for enhanced relationships and social participation, but it does appear in care packages within all severity levels, including those out of scope. Clearly a substantial proportion of these people are in scope for the calculation of ideal service need.

In order to identify these out-of-scope people, a review of the mild care packages for the 12-17 and 18-24 age groups was undertaken that indicated a 30% care rate for the ISR early childhood, education and employment element (this element only appears in 12-17 and 18-24 age groups). Table 3 indicates there are 129,239 persons between 12 and 24 who have a mild illness care need in 2023/24. If 30% of these receive ISR for early childhood, education and employment, that is 38,772 persons who can be deducted from the 138,023 number.

Using the same process with the prevention care packages that are out of scope reduces the number by a further 31,933 persons.¹⁰⁹ Thus the total number of persons that contribute to the ideal target from the ISR for early childhood, education and employment is 138,023 – 38,772 – 31,933 = 67,318 persons. This figure of 67,318 can be added to the 94,053 to give a target number of 161,371. This will be the number used as the target number although it remains a conservative estimate and when published it is expected the University of Queensland work will generate a more accurate and higher number.

Minimum number of consumers with carers requiring psychosocial support

The NMHSPF calculates all service delivery need on the basis of the epidemiology of mental illness in the population and the care needs of the people with mental health challenges. This includes the care needs of their carers, but the calculation is linked to the number of consumers whose carers are estimated to have that need, not the direct number of carers with the need themselves. For the purpose of analysing the gap it will be assumed that there is one carer for every consumer indicated as having a need for carer support.

Again table 7 is the point of reference and it can be seen that the minimum threshold can be determined in the same way. The service element related to carers with the highest number is individual carer peer support, with 98,193 persons. That is there are 98,193 unique individuals whose carers required individual peer support in the 2022/23 FY. This is the absolute minimum threshold for carer need, assuming one carer per consumer. Of course some consumers will have no carers needing support, and others will have more than one with a need for support, so this assumption of a one to one calculation is very open to challenge but is the most defensible in the context available.

¹⁰⁹ The care rate for indicated prevention is 0.5 and 0.3 for relapse [prevention for access to ISR related to early childhood, education and employment]. Table 3 provides the populations to which these care rates can be applied.

*The gap in the population receiving services versus population requiring services**Table 16 - Population receiving services versus population requiring service in NSW in 2022/23*

Funding Source	Estimated Unique Individuals Receiving Services in 2022/23	Estimated need in 2022/23
NSW Health entities	Consumers -7,068	
	Carers - 3,360	
NDIS ¹¹⁰	18,438	
Primary Health Networks ¹¹¹	9,584	
NSW Govt agencies	514	
Total¹¹²	Consumers – 35,604	161,371
	Carers – 3,360	98,193

Despite the overall NMHSPF equivalent expenditure exceeding estimated need (see next section) there is a substantial shortfall in the number of consumers receiving services. While the data here should be viewed with some caution, there may be as many as **125,000** consumers not receiving some form of service, dependent upon the accuracy of the number being supported by NSW Health funding. The existence of a sizeable gap is consistent with the findings of the Productivity Commission in its 2020 report on mental health¹¹³, however this gap is considerably larger than the estimate from that 2020 report. There is a deficiency, of approximately 125,000 persons, receiving necessary psychosocial support services in NSW.

It should also be noted that it is possible that there is a small number of consumers who receive services from more than one funding source and as such the 35,604 figure of people receiving support may be an overestimate, and the total number not receiving services larger. Further, this number of 125,000 also just recognises those consumers not receiving services at all, however it does not capture the consumers who receive some service but not the total service estimated to be required by the model. There is no way of determining if

¹¹⁰ Estimated number of individuals with a psychosocial disability receiving the NDIS in NSW at year end from NDIS quarterly reports

¹¹¹ Sum of service targets for funded services with the target cohort being ‘those outside the NDIS’

¹¹² The total number of individuals supported here includes carers, however the NMHSPF care packages use the population prevalence associated with the consumer and then determine how much carer support is required related to that consumers circumstances. As such the reference point in the model is still the unique consumers and aggregating the data is justified.

¹¹³ <https://www.pc.gov.au/inquiries/completed/mental-health/report>

the 35,604 persons receiving services are having their NMHSPF psychosocial support needs fully met, but it is unlikely that all of them are.

In addition to consumers not receiving specialised community mental health support there are approximately **95,000** carers¹¹⁴ in NSW who are not receiving the support that the NMHSPF indicates that they need.

The observations made in the report to the South Australian Chief Psychiatrist on unmet psychosocial support need are worthy of reiteration here¹¹⁵:

The intergovernmental agreement identified the need to identify gaps and duplication and clarify roles and responsibilities. This is predominantly with a view to health agencies working collaboratively across levels of government to identify appropriate planning and commissioning approaches to psychosocial support. The data above clarifies however that this planning and commissioning cannot progress effectively without the involvement of the NDIA and at the very least the health agencies accounting for NDIA policy and operational determinations in their decision making.

The psychosocial support modality planning must occur across jurisdictions and across agencies for both population coverage and average intensity of resource allocation per person.

Total allocated resource against modelled resource need

The second reference point for assessment of potential gaps is the financial resource expended in servicing the psychosocial support needs of the NSW population. Table 17 summarises the total expenditure identified from the data collected compared to the

¹¹⁴ Assuming one carer for every consumer requiring support for their carers.

¹¹⁵ McGrath D (2023) Unmet mental health service need in South Australia that could be met by the NGO sector. Available at <https://www.chiefpsychiatrist.sa.gov.au/news/release-of-the-unmet-needs-report-for-psychosocial-support-services-in-sa-2>

modelled estimates of need. Caution should be applied when assessing expenditure in particular rows as the allocation to rows is dependent upon the quality of the data provided and the precision of the NDIS support category allocations. Nonetheless total expenditure and expenditure by age group should be largely reliable.

Table 17 - Actual expenditure versus required expenditure in 2022/23

Taxonomy Element ¹¹⁶	Purchased Activity in dollars	Modelled estimate of need in dollars ¹¹⁷	Gap in dollars
Children 12-17¹¹⁸			
Day Respite		163,049	
Family Support Services		5,922,329	
Flexible Respite		2,052,712	
Carer Support Services		105,095	
Individual Support and Rehabilitation and Peer Support	9,822,628	114,811,869	
Group Based Peer Support		329,328	
Residential Crisis and Respite		2,789,362	
Total	9,822,628	126,173,744	116,351,116
Youth 18-24			
Day Respite		204,193	
Family Support Services		6,251,272	
Flexible Respite		2,545,775	
Carer Support Services	931,380	1,213,954	
Group Support and Rehabilitation and Group Based Peer Support	70,680	2,616,613	
Individual Support and Rehabilitation and Peer Support	66,708,493	245,541,654	
Residential Crisis and Respite Services		3,493,237	
Total	67,710,553	261,866,698	194,156,145
Adults 25-64			
Day Respite		672,599	
Flexible Respite		8,421,555	
Group Support and Rehabilitation and Peer Support	4,343,458	16,875,385	
Carer Support services	6,830,420	1,692,328	

¹¹⁶ A large number of data points did not separate out expenditure between group and individual rehabilitation. This is unsurprising as the expenditure is likely on the same staffing complement. As such an arbitrary determination has been made to apportion 10% of expenditure to group rehabilitation in these circumstances, as the predominant expenditure is likely on individual support. If a specific estimate was provided by an agency then that specific estimate was used.

¹¹⁷ While the out of scope age groups and service elements have been removed, a line by line analysis does not allow removal of the out of scope care packages and as such this column totals slightly more than the target figure for need of approx. \$907 million. The out of scope care packages account for around \$30 million of the figures in this column spread across multiple line items.

¹¹⁸ NDIS data was provided in different age categories than used here. In this case an equivalent portion of the age category expenditure was used. That is, it was assumed that 37.5% of the funds of those 7-14 was spent on those 12, 13 and 14 years old. While the other 62.5% was excluded as it was assumed to be spent on those 7, 8, 9, 10 and 11 years old.

Taxonomy Element ¹¹⁶	Purchased Activity in dollars	Modelled estimate of need in dollars ¹¹⁷	Gap in dollars
Individual Support and Rehabilitation and Peer Support ^{119, 120}	1,422,905,961	380,073,372	
Residential Crisis and Respite Services		11,506,484	
Total	1,434,079,839	419,241,723	1,014,878,280
65+			
Day Respite		616,121	
Family Support Services		1,589,486	
Flexible Respite		7,824,678	
Group Support and Rehabilitation and Peer Support		2,880,034	
Carer Support Services		798,317	
Individual Support and Rehabilitation and Peer Support	119,522,094	105,397,810	
Residential Crisis and Respite Services		10,540,290	
Total¹²¹	119,522,094	129,646,736	10,124,642
65+ BPSD¹²²			

Table 18 – Total Expenditure versus modelled expenditure by funding agency type

Funding Agency Type	Expenditure in 2022/23	Modelled Expenditure Needed
NSW Health Entities	\$119,791,849	
NDIS	\$1,457,317,800	
Primary Health Networks	\$33,383,197	
Other NSW Government Agencies	\$20,642,267	
Total	\$1,631,135,113	\$907,652,038

The primary findings from tables 17 and 18 above are:

- Overall expenditure on specialized mental health community support services in NSW in the 2022/23FY exceeds estimated need by approximately \$723m or a further

¹¹⁹ While the NDIS expenditure can be attributed accurately between the 18-24 and 25-64 age groups, the PHN, DCJ and NSW Health expenditure cannot. As such, a proportion of the expenditure from these two sources may be attributable to the 18-24 'youth' category. This could only be identified by reviewing the ages of the consumers supported at the service provider level which would be a prohibitively intrusive exercise. To account for this 12% of expenditure in those services described as for adults 18-64 was ascribed to the 18-24 age group.

¹²⁰ Differentiating Individual Peer Support expenditure from Individual Support and Rehabilitation expenditure was difficult based on the data provided. Funders advised that typically they do not separately fund Individual Support and Rehabilitation and Individual Peer Support. However, there is an expectation that a component of services funded under Individual Support and Rehabilitation is provided by the peer workforce. From a policy perspective, aggregation of these data sets was seen as a more accurate reflection of the service delivery environment as funders were not able to provide data on what component of Individual Support and Rehabilitation is provided by peer workers.

¹²¹ An estimate was made of the over 65 expenditure by NSW Health entities as described in the section on NSW Health expenditure.

¹²² There was no clear diagnostic data identifier that allowed for segregation of those with BPSD from the rest of the over 65 cohort and as such no separate accounting has been attempted.

80% above estimated need. Expenditure within the NDIS alone accounts for around \$550m more than the estimated need.

- Spending on individual support and rehabilitation for adults is more than three times estimated need, again predominantly driven by the NDIS, however the PHN and NSW Health funds also predominantly support adults. It is possible that the arbitrary allocation between 18-24 (12%), 25-64 (88%) and over 65 age groups for PHN and NSW Health expenditure, used when the breakdown was not available in the data provided, is not accurate, however the NDIS again accounts for most of the expenditure and the NDIS data does identify the age breakdowns accurately.
- Expenditure on carer support services is roughly in line with NMHSPF expectations when modelled need is aggregated across all age groups. While the funds expended appear largely in the adult column, it is likely that carers from a broader share of consumer ages access the services available.
- Individual Support and Rehabilitation for over 65s look roughly in line with modelled need, although this is driven almost completely by NDIS expenditure.
- From the data sources utilized for this report, there is insufficient expenditure on children and youth. It is possible that other departments provide comparable supports to these groups that are not captured in the funding sources. The focus on early childhood, education and employment supports for these age groups within the NMHSPF model, may relate to expenditures better captured, or commissioned in the future, by other portfolios at both the state and Commonwealth level, although it is noted that the NSW Department of Education indicated that they do not provide psychosocial supports. This is a policy matter for further consideration.
- There is insufficient expenditure on flexible respite, day respite and residential respite and crisis services in all age groups.

Efficiency and appropriateness of funding allocation

The allocation of resources by agency follows a similar pattern to that found in the work published by the South Australian Chief Psychiatrist. In that report it was noted:

The data suggests there is a discrepancy in funding allocation models being used by agencies and the model anticipated by the NMHSPF. This can be assumed, as the

total expenditure in SA exceeds the estimated need but the population receiving services is far lower than those estimated to need services.

The same allocation distortions are visible in NSW. The table below compares funding allocation against consumers supported for the NDIS with the NMHSPF estimated expenditure per consumer used to calculate.

Table 19 – Estimated expenditure per consumer by Funding Source in 2022/23

Funding Source	Estimated Annual Funding Per Consumer
NSW Ministry of Health ¹²³	\$16,088
Local Health Districts	\$4,723
Primary Health Networks	\$3,272
Department of Communities and Justice ¹²⁴	\$40,160
NDIS	\$83,000
Average NMHSPF modelled annual ISR expenditure ¹²⁵ per consumer	\$6,830

The NDIS is spending around 11.5 times the average estimate expenditure per consumer modelled by the NMHSPF, and around 5 times the Ministry of Health average expenditure. This may be appropriate for some people due to their complexity being at the extreme of the population distribution curve. However, given total expenditure on the NDIS exceeds total modelled need, it is unlikely to be appropriate for all of the NDIS participants. Co-existing conditions and secondary non-mental health related diagnoses may also contribute to this expenditure. Significant secondary diagnoses would also enhance expenditure per consumer and would also include expenditure not captured by the NMHSPF model. Counterbalancing this effect is that there is no expenditure captured in the data set of this report relating to secondary mental health diagnoses to another primary disability category.

¹²³ This includes specialised psychosocial support programs in community residential settings, but excludes funding for carer support and the number of carers receiving services.

¹²⁴ This funding is specifically targeted to those with chronic issues related to homelessness and is a small population (513 persons) relative to annual need.

¹²⁵ In order to calculate this number expenditure related to an identifiable population (from table 4) for a taxonomy element in table 7 was required. The broad based ISR taxonomy element was deemed most appropriate with the aggregated expenditure across all age categories of \$429,244,158 (table 4) divided by the 62,851 persons (table 7) who require it each year.

Given there could be as many as 24,000 of these individuals in NSW, that would certainly increase overall psychosocial support expenditure substantially.

The establishment of cross agency planning structures and data collections to monitor these possibilities is clearly necessary, along with an appropriate national governance structure incorporating an authorising ministerial level forum, with supporting officer and agency structures.

Conclusion and suggestions

All data in this project must be treated cautiously. There are no nationally agreed funding and performance definitions for psychosocial support, no nationally agreed units of measurement for capacity and no national data set to accurately capture contract deliverables or activity. The quality of the audit data depends on how each agency thought about the requests made of them, and with total frankness, how much time they were able to allocate to categorising their programs. There was, of course, variability between agencies on this. Further, comparability across agencies and departments required the use of assumptions which are open to challenge. There may also be omissions from the data set despite best endeavours to capture activity across government portfolios.

There is a substantial difference between NDIS budgets and NDIS expenditure. The NDIS data indicates that nearly \$500m of the available budgets for supports for psychosocial disability in NSW was unused in 2022/23.

The Terms of Reference for this project did not require any recommendations in response to the observations in the data set, nor did it preclude them. The following are then couched as suggested approaches within the context of the Terms of Reference.

- There is a requirement for cross agency, interjurisdictional service planning for psychosocial supports. There is evidently wide variation in resource allocation per person between programs funded in the health portfolio and services funded through the NDIS.

- Future policy changes in either the health or disability portfolios could impact the utility and appropriateness of budgets and expenditure in the other. A joint ministerial authorising entity at the national level is worthy of consideration, dependent upon the outcomes of the current process of implementation of the outcomes of the NDIS review, to provide a resolution point for policy changes that could have unintended consequences on another portfolio.
- There is clearly an existing and significant shortfall in the number of consumers receiving psychosocial support services in NSW. The accountability across levels of government and across agencies for addressing this immediate concern must be resolved transparently as a matter of urgency. A failure to do so will have a material effect, on an ongoing basis, for a significant number of vulnerable individuals in NSW with mental health concerns. This will likely have flow on cost impacts to other government portfolios.
- The current Intergovernmental Agreement in Mental Health foresees the possibility of transfer of psychosocial supports outside the NDIS to the states and territories from the Commonwealth Government. Given the size of the population gap identified here, accountability for the unmet need into the future should be clearly documented between the governments before commitments are finalised.

Appendix 1 – Advisory Group Terms of Reference

NSW Psychosocial Research Project – Advisory Group Terms of Reference

Purpose

The Mental Health Branch, Ministry of Health is engaging a consultant to conduct an analysis of unmet need for psychosocial supports in NSW.

The purpose of the Advisory Group is to:

- provide advice to the consultant on what psychosocial supports should be included in the NSW Psychosocial Research Project (the Project)
- test assumptions on the methodology for the mapping and unmet needs analysis proposed by the consultant
- review and provide feedback on analysis and reports prepared by the consultant.

Background

The Project is critical to the next phase of commissioning for some of the NSW Government's key community-based psychosocial support programs and in the context of implementation of the National Mental Health and Suicide Prevention Agreement (National Agreement).

Under the National Agreement, the Commonwealth, state and territory governments have committed to undertake an analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme (NDIS). The Commonwealth has established a Psychosocial Project Group which will oversee the engagement of a consultant to complete this work at the national level. NSW are members of this group and will participate in this research project.

NSW are engaging a consultant to run a parallel psychosocial research project in NSW as the Commonwealth Psychosocial Project timeframes do not align with other NSW priorities and NSW requires a more detailed level of analysis.

Objective

The Project aims to:

- map current psychosocial supports in NSW
- identify demand for psychosocial supports in NSW using the National Mental Health Services Planning Framework V4.2 (the Framework) and
- undertake gap analysis and modelling between the current supports and demand.

It is proposed that the Project is undertaken at the Australian Bureau of Statistics' Statistical Area Level 2 (SA2)¹²⁶ as this will allow for mapping and analysis at the local level across NSW.

¹²⁶ With the agreement of NSW Health this requirement was adjusted to the LHD level due to concerns about the robustness of the NMHSPF model at small population sizes.

Parameters for the analysis

Definition

For the purposes of the Project, psychosocial supports are non-clinical and recovery-oriented services, delivered in the community and tailored to individual needs, which support people experiencing moderate to complex mental health challenges to live independently and participate in the community.

Target cohort

The target cohort for the Project are people aged 16 years and over with moderate to complex mental health challenges and associated psychosocial impairment impacting on functional capacity. The definitions of moderate to complex mental health challenges should align with definitions used in the Framework.

Governance

- Chair: Director, Community Partnerships, Mental Health Branch, NSW Ministry of Health.
- Secretariat: Supported Living team, Mental Health Branch, NSW Ministry of Health.
- Reporting: Key issues or recommendations raised by the Advisory Group will be considered by the Supported Living team, Mental Health Branch and progressed to the Executive Director, Mental Health Branch if required.

Members

The Advisory Group will consist of experts in psychosocial supports in NSW (both NSW Health funded and broader) and experts in data analysis, modelling and the Framework.

Proposed members:

1. Chair: Director, Community Partnerships, Mental Health Branch, NSW Ministry of Health
2. Principal Policy Officer, Supported Living, Mental Health Branch, NSW Ministry of Health
3. Chief Executive Officer, Mental Health Coordinating Council (MHCC)
4. Chief Executive Officer, Mental Health Carers NSW
5. Chief Executive Officer, BEING – Mental Health Consumers
6. General Manager of Clinical Services at Central and Eastern Sydney Primary Health Network
7. NSW Mental Health Commissioner, Mental Health Commission of NSW
8. Community managed organisation representative
9. Director of Mental Health, Hunter New England Local Health District
10. Director, InforMH, NSW Ministry of Health
11. Director, Planning, Performance and Regulation, Mental Health Branch, NSW Ministry of Health
12. Director, Disability and Social Policy, Mental Health Branch, NSW Ministry of Health

Frequency

The Advisory Group will meet as required throughout the duration of the Project. It is anticipated that meetings will occur approximately monthly between May 2023 and October 2023.

Review

The terms of reference will be reviewed as required throughout the duration of the Project.

Confidentiality Agreement

Advisory Group members may have access to Confidential Information that relates to the Project. By agreeing to participate in the Advisory Group, members are agreeing to ensure that Confidential Information is kept confidential. This includes:

- acknowledging that improper use or disclosure of Confidential Information may cause harm to NSW Health
- taking all reasonable steps to ensure that any Confidential Information is kept confidential
- not disclosing or using any information, findings or reports from the Project for their own personal benefit or for the benefit of the organisation they represent.

Appendix 2: Population Demand for Mental Health Services by Local Health District for 2022/23

The table below indicates the demand for any mental health service type in the 2022/23 financial year by LHD, and not just demand for psychosocial support.

Table 20: Population Demand for Mental Health Services by Local Health District for 2022/23

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
Central Coast	Non-Indigenous	0-4	885			646	443	290	2,264
		5-11	898	875	722	1,523	711	350	5,078
		12-17	927	1,160	1,196	2,040	1,341	604	7,267
		18-24		364	374	2,600	1,634	797	5,769
		25-64		2,349	4,304	14,639	9,171	4,509	34,972
		65+		441	789	4,627	2,886	1,222	9,964
		65+ BPSD				360	335	325	1,019
		Total	2,709	5,189	7,385	26,434	16,520	8,096	66,333
	Indigenous	0-4	93			101	70	91	355
		5-11	79	98	63	201	94	92	628
		12-17	81	147	104	355	234	132	1,053
		18-24		126	33	457	288	209	1,113
		25-64		334	178	1,214	760	725	3,211
		65+		24	11	121	76	28	259
		65+ BPSD				26	25	24	75
		Total	254	729	389	2,476	1,545	1,302	6,695
	Total		2,963	5,918	7,774	28,911	18,065	9,398	73,028
	Far West	Non-Indigenous	0-4	65			47	32	21
5-11			61	60	49	104	48	24	346
12-17			62	77	80	136	89	40	484
18-24				22	23	160	101	49	355
25-64				183	335	1,138	713	350	2,719
65+				38	68	397	248	105	855
65+ BPSD						31	29	28	87
Total			188	380	554	2,013	1,260	617	5,012
Indigenous		0-4	20			21	15	19	75
		5-11	18	22	14	45	21	21	142
		12-17	16	29	21	71	47	26	211
		18-24		23	6	83	52	38	202
		25-64		87	46	316	198	189	835
		65+		6	3	32	20	7	68
		65+ BPSD				6	6	6	18
		Total	54	168	90	575	358	306	1,550

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
	Total		242	547	644	2,587	1,618	924	6,562
Hunter New England	Non-Indigenous	0-4	2,313			1,689	1,158	758	5,918
		5-11	2,344	2,285	1,886	3,977	1,856	913	13,262
		12-17	2,372	2,969	3,060	5,220	3,432	1,546	18,599
		18-24		1,000	1,029	7,154	4,496	2,194	15,874
		25-64		6,337	11,611	39,489	24,738	12,162	94,337
		65+		1,135	2,031	11,917	7,434	3,147	25,663
		65+BPSD				926	862	836	2,625
		Total	7,029	13,727	19,617	70,372	43,975	21,556	176,277
	Indigenous	0-4	382			416	285	373	1,456
		5-11	346	427	276	874	408	401	2,734
		12-17	331	599	424	1,446	951	535	4,286
		18-24		478	124	1,735	1,090	794	4,222
		25-64		1,414	752	5,138	3,219	3,070	13,592
		65+		102	46	523	327	122	1,121
		65+BPSD				117	109	106	333
Total		1,059	3,020	1,622	10,250	6,389	5,403	27,743	
Total		8,088	16,747	21,240	80,622	50,364	26,959	204,020	
Illawarra Shoalhaven	Non-Indigenous	0-4	1,064			778	533	349	2,724
		5-11	1,059	1,032	852	1,797	838	412	5,990
		12-17	1,073	1,344	1,385	2,362	1,553	700	8,417
		18-24		524	539	3,746	2,354	1,149	8,312
		25-64		2,940	5,386	18,318	11,475	5,642	43,760
		65+		521	932	5,466	3,409	1,443	11,770
		65+BPSD				425	396	384	1,204
		Total	3,197	6,360	9,093	32,891	20,559	10,078	82,178
	Indigenous	0-4	98			107	73	96	374
		5-11	90	112	72	228	107	105	714
		12-17	88	159	113	385	253	142	1,140
		18-24		139	36	505	317	231	1,228
		25-64		381	203	1,385	868	828	3,664
		65+		27	12	140	88	33	300
		65+BPSD				31	29	28	88
Total		277	818	436	2,781	1,734	1,462	7,508	
Total		3,473	7,178	9,529	35,671	22,293	11,541	89,686	
Mid North Coast	Non-Indigenous	0-4	485			354	243	159	1,240
		5-11	534	520	429	906	422	208	3,019
		12-17	578	723	745	1,272	836	377	4,531
		18-24		189	194	1,351	849	414	2,997
		25-64		1,430	2,620	8,912	5,583	2,745	21,291
		65+		348	623	3,655	2,280	965	7,871
		65+BPSD				284	264	256	805

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
		Total	1,596	3,211	4,612	16,733	10,477	5,124	41,754
	Indigenous	0-4	85			93	63	83	324
		5-11	82	102	66	208	97	95	650
		12-17	78	141	100	340	224	126	1,009
		18-24		112	29	407	255	186	989
		25-64		328	174	1,192	747	713	3,154
		65+		26	12	131	82	31	281
		65+BPSD				30	28	27	84
		Total	245	708	381	2,401	1,496	1,261	6,492
	Total		1,841	3,919	4,993	19,134	11,974	6,385	48,245
Murrumbidgee	Non-Indigenous	0-4	828			605	415	272	2,119
		5-11	798	778	642	1,355	632	311	4,517
		12-17	833	1,043	1,075	1,833	1,205	543	6,532
		18-24		315	324	2,250	1,414	690	4,992
		25-64		2,008	3,678	12,510	7,837	3,853	29,885
		65+		369	661	3,878	2,419	1,024	8,351
		65+BPSD				301	281	272	854
		Total	2,460	4,513	6,380	22,732	14,202	6,964	57,251
	Indigenous	0-4	98			106	73	95	372
		5-11	87	108	70	220	103	101	689
		12-17	84	151	107	366	240	135	1,084
		18-24		114	30	413	259	189	1,005
		25-64		334	178	1,216	761	726	3,216
		65+		25	11	129	80	30	276
		65+BPSD				28	26	25	80
		Total	268	732	396	2,478	1,544	1,303	6,720
Total		2,728	5,245	6,776	25,209	15,746	8,267	63,971	
Nepean Blue Mountains	Non-Indigenous	0-4	1,134			828	568	372	2,901
		5-11	1,074	1,047	864	1,823	850	418	6,078
		12-17	1,056	1,322	1,362	2,324	1,528	688	8,279
		18-24		455	468	3,252	2,044	997	7,215
		25-64		2,809	5,146	17,501	10,963	5,390	41,809
		65+		356	637	3,736	2,331	987	8,046
		65+BPSD				290	270	262	823
		Total	3,264	5,988	8,477	29,754	18,554	9,114	75,151
	Indigenous	0-4	99			107	74	96	376
		5-11	85	104	68	214	100	98	668
		12-17	83	150	106	361	237	134	1,070
		18-24		131	34	476	299	218	1,157
		25-64		373	198	1,356	849	810	3,587
		65+		21	10	110	69	26	236
65+BPSD				25	23	23	71		

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
		Total	266	780	416	2,649	1,651	1,405	7,166
	Total		3,530	6,768	8,893	32,403	20,205	10,519	82,317
Northern NSW	Non-Indigenous	0-4	686			501	343	225	1,755
		5-11	733	715	590	1,244	580	285	4,147
		12-17	776	972	1,001	1,708	1,123	506	6,087
		18-24		272	280	1,944	1,222	596	4,315
		25-64		2,033	3,725	12,669	7,936	3,902	30,265
		65+		452	810	4,750	2,963	1,254	10,230
		65+BPSD				369	344	333	1,046
		Total	2,195	4,444	6,406	23,186	14,512	7,102	57,845
	Indigenous	0-4	84			91	63	82	320
		5-11	83	102	66	209	98	96	655
		12-17	86	155	110	375	246	139	1,111
		18-24		125	33	455	286	208	1,107
		25-64		359	191	1,303	816	779	3,448
		65+		27	12	139	87	32	297
		65+BPSD				32	29	29	90
Total		253	769	412	2,605	1,625	1,365	7,028	
Total		2,448	5,212	6,817	25,791	16,138	8,467	64,873	
Northern Sydney	Non-Indigenous	0-4	2,485			1,815	1,244	815	6,360
		5-11	2,712	2,644	2,182	4,601	2,147	1,056	15,340
		12-17	2,663	3,334	3,436	5,861	3,854	1,736	20,885
		18-24		1,138	1,171	8,138	5,115	2,496	18,059
		25-64		7,426	13,606	46,275	28,989	14,252	110,549
		65+		965	1,727	10,131	6,320	2,675	21,818
		65+BPSD				787	733	711	2,232
		Total	7,860	15,507	22,122	77,611	48,402	23,741	195,243
	Indigenous	0-4	13			15	10	13	51
		5-11	16	20	13	41	19	19	129
		12-17	23	42	30	102	67	38	303
		18-24		35	9	129	81	59	313
		25-64		111	59	404	253	241	1,068
		65+		7	3	37	23	9	78
		65+BPSD				9	8	8	24
Total		53	216	115	736	461	386	1,967	
Total		7,914	15,723	22,236	78,346	48,863	24,128	197,209	
South Eastern Sydney	Non-Indigenous	0-4	2,425			1,772	1,214	795	6,206
		5-11	2,106	2,054	1,695	3,574	1,668	820	11,917
		12-17	2,030	2,541	2,618	4,467	2,937	1,323	15,916
		18-24		1,322	1,360	9,452	5,941	2,899	20,974
		25-64		7,950	14,565	49,537	31,032	15,257	118,342
		65+		884	1,582	9,280	5,789	2,451	19,985

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
		65+BPSD				721	672	651	2,044
		Total	6,562	14,750	21,821	78,804	49,253	24,196	195,384
	Indigenous	0-4	45			49	34	44	173
		5-11	40	50	32	102	47	47	318
		12-17	41	74	52	179	118	66	530
		18-24		94	24	340	214	156	827
		25-64		290	154	1,055	661	630	2,790
		65+		19	9	98	61	23	211
		65+BPSD				21	20	19	61
		Total	127	527	272	1,844	1,155	985	4,910
Total		6,688	15,276	22,093	80,648	50,407	25,181	200,294	
South Western Sydney	Non-Indigenous	0-4	3,489			2,548	1,746	1,144	8,927
		5-11	3,201	3,121	2,576	5,432	2,534	1,247	18,112
		12-17	3,166	3,963	4,084	6,968	4,581	2,063	24,826
		18-24		1,371	1,412	9,809	6,165	3,008	21,766
		25-64		7,758	14,214	48,343	30,284	14,889	115,488
		65+		865	1,549	9,087	5,669	2,400	19,570
		65+BPSD				706	658	638	2,002
		Total	9,856	17,079	23,835	82,893	51,637	25,389	210,689
	Indigenous	0-4	129			140	96	126	492
		5-11	116	143	92	293	136	134	915
		12-17	111	201	142	485	319	179	1,437
		18-24		170	44	616	387	282	1,498
		25-64		467	249	1,699	1,064	1,015	4,495
		65+		31	14	158	99	37	339
		65+BPSD				36	33	32	102
Total	356	1,012	541	3,427	2,135	1,807	9,278		
Total		10,212	18,091	24,376	86,320	53,772	27,195	219,967	
Southern NSW	Non-Indigenous	0-4	522			381	261	171	1,336
		5-11	535	522	431	908	424	208	3,028
		12-17	558	699	720	1,229	808	364	4,378
		18-24		194	200	1,389	873	426	3,081
		25-64		1,506	2,760	9,387	5,880	2,891	22,425
		65+		278	497	2,917	1,820	770	6,282
		65+BPSD				227	211	205	643
		Total	1,615	3,199	4,608	16,437	10,277	5,035	41,171
	Indigenous	0-4	50			54	37	48	189
		5-11	45	56	36	115	53	53	358
		12-17	46	84	59	203	133	75	602
		18-24		59	15	213	134	98	519
		25-64		197	105	718	450	429	1,898
65+			15	7	77	48	18	164	

Local Health District	Indigenous Status	Age Group	Severity Scale						Grand Total
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	
		65+BPSD				17	16	15	48
		Total	141	411	223	1,396	871	736	3,778
	Total		1,757	3,610	4,831	17,833	11,148	5,771	44,950
Sydney	Non-Indigenous	0-4	1,833			1,339	918	601	4,691
		5-11	1,400	1,365	1,126	2,376	1,108	545	7,920
		12-17	1,239	1,551	1,598	2,726	1,792	807	9,714
		18-24		1,084	1,116	7,755	4,874	2,378	17,207
		25-64		6,061	11,105	37,770	23,661	11,633	90,230
		65+		552	988	5,795	3,615	1,530	12,479
		65+BPSD				450	419	407	1,276
		Total	4,472	10,613	15,934	58,210	36,387	17,901	143,517
	Indigenous	0-4	31			34	23	30	118
		5-11	27	34	22	69	32	31	214
		12-17	25	46	32	110	72	41	327
		18-24		60	15	216	136	99	526
		25-64		227	121	826	518	494	2,186
		65+		15	7	76	47	18	162
		65+BPSD				17	16	16	49
Total		83	381	197	1,348	845	729	3,583	
Total		4,555	10,994	16,131	59,559	37,232	18,630	147,100	
Western NSW	Non-Indigenous	0-4	693			506	347	227	1,773
		5-11	693	675	557	1,175	548	270	3,919
		12-17	692	866	892	1,522	1,001	451	5,423
		18-24		259	267	1,855	1,166	569	4,117
		25-64		1,757	3,218	10,946	6,857	3,371	26,150
		65+		316	566	3,322	2,072	877	7,154
		65+BPSD				258	240	233	732
		Total	2,077	3,873	5,501	19,585	12,232	5,998	49,266
	Indigenous	0-4	208			227	155	204	794
		5-11	179	221	143	451	211	207	1,411
		12-17	180	326	230	786	517	291	2,330
		18-24		247	64	897	564	410	2,182
		25-64		766	408	2,786	1,745	1,665	7,370
		65+		60	27	308	192	72	659
		65+BPSD				67	62	60	189
Total		567	1,620	872	5,521	3,446	2,909	14,935	
Total		2,644	5,493	6,373	25,106	15,677	8,907	64,201	
Western Sydney	Non-Indigenous	0-4	3,581			2,615	1,792	1,174	9,162
		5-11	3,216	3,136	2,588	5,457	2,546	1,253	18,196
		12-17	2,779	3,480	3,586	6,117	4,022	1,811	21,795
		18-24		1,288	1,326	9,213	5,791	2,825	20,443
		25-64		8,214	15,050	51,186	32,065	15,765	122,280

Local Health District	Indigenous Status	Age Group	Severity Scale						
			Selective Prevent	Indicated Prevent	Relapse Prevent	Mild	Moderate	Severe	Grand Total
		65+		766	1,370	8,039	5,015	2,123	17,313
		65+BPSD				625	582	564	1,771
		Total	9,576	16,883	23,920	83,252	51,812	25,515	210,958
	Indigenous	0-4	101			110	75	98	384
		5-11	89	110	71	225	105	103	703
		12-17	85	153	108	370	243	137	1,096
		18-24		146	38	528	332	242	1,286
		25-64		412	219	1,499	939	896	3,966
		65+		25	11	127	79	30	271
		65+BPSD				28	26	25	79
		Total	274	846	448	2,886	1,799	1,531	7,784
	Total		9,851	17,729	24,367	86,138	53,612	27,046	218,743

Appendix 3 – Estimates of resource need for specialised community mental health support services in NSW by LHD¹²⁷

Table 21 - Estimated resource need for 2022/23 Financial Year by LHD

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
Central Coast Local Health District	Day Respite	12–17	13	641	0.09	7,611	
		18–24	14	696	0.10	8,258	
		25–64	48	2,284	0.32	27,110	
		65+	58	2,762	0.39	32,788	
	Total		133	6,383	0.90	75,768	
	Family Support Services	12–17	3,553	3,558	3.05	265,738	
		18–24	4,390	3,405	2.91	254,293	
		65+	759	760	0.65	56,775	
		65+BPSD	307	308	0.26	22,972	
	Total		9,010	8,030	6.87	599,778	
	Flexible Respite	12–17	138	1,109	0.95	91,305	
		18–24	150	1,203	1.03	99,042	
		25–64	493	3,949	3.38	325,237	
		65+	596	4,775	4.09	393,261	
	Total		1,378	11,035	9.45	908,845	
	Group Carer Support Services	12–17	52	315	0.04	4,643	
		18–24	524	3,145	0.41	46,307	
		25–64	207	1,243	0.16	18,297	
		65+	85	427	0.07	7,513	
		65+BPSD	56	337	0.04	4,967	

¹²⁷ For those aged 12 and over.

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		924	5,467	0.72	81,727	
	Group Support and Rehabilitation	18–24	24	147	0.02	1,835	
		25–64	664	3,984	0.56	49,794	
		65+	172	1,032	0.15	12,897	
		65+BPSD	15	89	0.01	1,109	
	Total		875	5,252	0.74	65,635	
	Individual Carer Support Services	25–64	647	648	0.55	48,383	4
		65+	369	370	0.32	27,619	2
	Total		1,016	1,018	0.87	76,002	6
	Individual Carer Peer Support	12–17	381	381	0.33	36,539	
		18–24	5,234	1,996	1.74	191,277	
		25–64	647	648	0.56	62,077	
	Individual Peer Support	12–17	323	323	0.28	30,994	
		18–24	24,944	24,970	21.73	2,392,897	
		25–64	15,512	23,299	20.27	2,232,730	
		65+	4,833	7,077	6.16	678,162	
		65+BPSD	210	316	0.27	30,276	
	Total		52,085	59,010	51.35	5,654,953	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	37,351	37,351	32.50	5,223,969	361
		18–24	34,230	34,230	29.78	4,787,453	278
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	7,404	5,677	4.94	517,780	31
		65+BPSD	647	581	0.51	59,487	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,481	370	0.32	25,889	2
	Individual Support and Rehab linked to Youth Development	18–24	16,147	16,147	13.82	1,206,050	69
	Individual Support and Rehabilitation	18–24	1,617	15,212	13.02	1,136,188	64

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
Local Health District		25-64	66,473	173,062	148.16	12,926,162	945	
		65+	21,928	55,824	47.79	4,169,506	249	
		65+BPSD	1,111	1,500	1.28	112,007	7	
		Total		188,390	339,954	292.13	30,164,490	2,009
		SPT Individual	12-17	1,451	725	0.63	101,458	
		Total		1,451	725	0.63	101,458	
		Group Based Carer Peer Support	12-17	110	331	0.09	9,224	
			18-24	259	776	0.20	21,606	
			25-64	414	1,241	0.32	34,546	
			65+	248	745	0.19	20,747	
			65+BPSD	295	1,101	0.23	24,654	
		Group Based Consumer Peer Support	12-17	74	221	0.06	6,149	
			18-24	977	3,797	0.76	81,623	
			25-64	7,097	27,249	5.52	592,703	
			65+	1,118	3,354	0.87	93,365	
			65+BPSD	6	18	0.00	491	
		Group Based Peer Work	65+					
		Total		10,598	38,834	8.24	885,110	
		Structured Psychological Therapies	65+BPSD	27	18	0.02	1,242	
		Total		27	18	0.02	1,242	
Far West Local Health District	Day Respite	12-17	1	58	0.01	689		
		18-24	1	60	0.01	715		
		25-64	5	235	0.03	2,792		
		65+	5	248	0.03	2,942		
		Total		13	601	0.08	7,138	
		Family Support Services	12-17	340	408	0.35	30,492	
	18-24		438	408	0.35	30,473		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+	72	86	0.07	6,429	
		65+BPSD	33	39	0.03	2,927	
	Total		883	941	0.81	70,320	
	Flexible Respite	12-17	13	120	0.10	9,906	
		18-24	13	125	0.11	10,273	
		25-64	51	487	0.42	40,144	
		65+	53	514	0.44	42,297	
	Total		130	1,246	1.07	102,619	
	Group Carer Support Services	12-17	5	33	0.00	481	
		18-24	42	303	0.04	4,463	
		25-64	21	153	0.02	2,258	
		65+	8	46	0.01	808	
		65+BPSD	5	39	0.01	576	
	Total		81	574	0.08	8,586	
	Group Support and Rehabilitation	18-24	2	13	0.00	159	
		25-64	68	410	0.06	5,129	
		65+	15	93	0.01	1,157	
		65+BPSD	1	9	0.00	107	
	Total		87	524	0.07	6,552	
	Individual Carer Support Services	25-64	79	95	0.08	7,080	78
		65+	35	41	0.04	3,096	34
	Total		114	136	0.12	10,176	112
	Individual Carer Peer Support	12-17	41	49	0.04	4,692	
18-24		503	236	0.20	22,572		
25-64		79	95	0.08	9,084		
Individual Peer Support	12-17	29	35	0.03	3,363		
	18-24	2,097	2,517	2.19	241,171		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
		25–64	1,598	2,876	2.50	275,586		
		65+	434	761	0.66	72,939		
		65+BPSD	20	37	0.03	3,510		
		Total		4,801	6,605	5.75	632,916	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	3,146	3,146	2.74	440,038	4,840	
		18–24	2,767	2,767	2.41	386,925	4,256	
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	668	512	0.45	46,717	514	
		65+BPSD	63	56	0.05	5,754	63	
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	134	33	0.03	2,336	26	
	Individual Support and Rehab linked to Youth Development	18–24	1,384	1,384	1.18	103,345	1,137	
	Individual Support and Rehabilitation	18–24	140	1,316	1.13	98,307	1,081	
		25–64	6,846	17,825	15.26	1,331,329	14,645	
		65+	1,967	5,009	4.29	374,110	4,115	
		65+BPSD	107	145	0.12	10,833	119	
		Total		17,222	32,193	27.65	2,799,694	30,797
	SPT Individual	12–17	112	56	0.05	7,847		
		Total		112	56	0.05	7,847	
	Group Based Carer Peer Support	12–17	10	30	0.01	835		
		18–24	22	67	0.02	1,869		
		25–64	43	128	0.03	3,558		
		65+	22	67	0.02	1,862		
		65+BPSD	29	107	0.02	2,385		
	Group Based Consumer Peer Support	12–17	7	20	0.01	557		
18–24		82	315	0.06	6,853			
25–64		708	2,672	0.55	59,170			

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+	100	301	0.08	8,377	
		65+BPSD	1	2	0.00	47	
	Group Based Peer Work	65+					
	Total		1,024	3,708	0.80	85,513	
	Structured Psychological Therapies	65+BPSD	3	2	0.00	120	
	Total		3	2	0.00	120	
Hunter New England Local Health District	Day Respite	12-17	38	1,814	0.26	21,534	
		18-24	43	2,065	0.29	24,510	
		25-64	138	6,646	0.93	78,898	
		65+	150	7,223	1.02	85,747	
	Total		370	17,748	2.50	210,688	
	Family Support Services	12-17	10,263	11,247	9.63	840,062	
		18-24	13,536	11,436	9.79	854,195	
		65+	2,022	2,227	1.91	166,351	
		65+BPSD	865	956	0.82	71,378	
	Total		26,686	25,866	22.14	1,931,987	
	Flexible Respite	12-17	392	3,428	2.94	282,333	
		18-24	446	3,869	3.31	318,644	
		25-64	1,435	12,490	10.70	1,028,664	
		65+	1,559	13,725	11.76	1,130,402	
	Total		3,831	33,511	28.70	2,760,042	
	Group Carer Support Services	12-17	146	958	0.12	14,108	
		18-24	1,526	9,915	1.28	145,988	
		25-64	602	3,930	0.51	57,869	
		65+	222	1,228	0.19	21,597	
		65+BPSD	152	1,004	0.13	14,786	
Total		2,648	17,035	2.24	254,349		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
	Group Support and Rehabilitation	18–24	73	436	0.06	5,448		
		25–64	1,933	11,596	1.63	144,915		
		65+	450	2,699	0.38	33,727		
		65+BPSD	40	240	0.03	2,998		
	Total			2,495	14,970	2.11	187,088	
	Individual Carer Support Services	25–64	1,987	2,172	1.86	162,200	910	
		65+	980	1,079	0.92	80,614	490	
	Total			2,967	3,251	2.78	242,814	1,400
	Individual Carer Peer Support	12–17	1,149	1,263	1.10	121,021		
		18–24	15,969	6,673	5.81	639,442		
		25–64	1,987	2,172	1.89	208,106		
	Individual Peer Support	12–17	914	1,000	0.87	95,840		
		18–24	73,505	79,691	69.34	7,636,758		
		25–64	45,144	73,690	64.12	7,061,714		
		65+	12,639	20,342	17.70	1,949,330		
		65+BPSD	569	941	0.82	90,136		
	Total			151,876	185,770	161.64	17,802,347	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	103,020	103,020	89.64	14,408,401	73,173	
		18–24	99,903	99,903	86.93	13,972,484	63,676	
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	19,400	14,874	12.94	1,356,663	7,497	
		65+BPSD	1,749	1,571	1.37	160,829	905	
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	3,880	970	0.84	67,833	375	
	Individual Support and Rehab linked to Youth Development	18–24	47,808	47,808	40.93	3,570,807	16,652	
Individual Support and Rehabilitation	18–24	4,799	45,148	38.65	3,372,180	15,786		
	25–64	193,456	503,659	431.17	37,618,761	182,525		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
		65+	57,344	145,988	124.98	10,903,939	60,173	
		65+BPSD	3,003	4,054	3.47	302,820	1,705	
		Total		534,364	966,995	830.92	85,734,716	422,467
		SPT Individual	12-17	3,889	1,944	1.69	271,932	
		Total		3,889	1,944	1.69	271,932	
		Group Based Carer Peer Support	12-17	312	937	0.24	26,096	
			18-24	768	2,304	0.60	64,126	
			25-64	1,204	3,612	0.94	100,540	
			65+	650	1,949	0.50	54,258	
			65+BPSD	798	2,977	0.62	66,656	
		Group Based Consumer Peer Support	12-17	208	625	0.16	17,398	
			18-24	2,879	11,151	2.24	240,439	
			25-64	20,465	78,168	15.91	1,709,137	
			65+	2,924	8,771	2.27	244,164	
			65+BPSD	16	48	0.01	1,327	
		Group Based Peer Work	65+					
		Total		30,224	110,542	23.49	2,524,140	
	Structured Psychological Therapies	65+BPSD	72	48	0.04	3,358		
	Total		72	48	0.04	3,358		
Illawarra Shoalhaven Local Health District	Day Respite	12-17	15	734	0.10	8,712		
		18-24	20	953	0.13	11,318		
		25-64	59	2,823	0.40	33,508		
		65+	68	3,261	0.46	38,716		
		Total		162	7,772	1.09	92,254	
	Family Support Services	12-17	4,057	4,271	3.66	319,018		
		18-24	5,852	4,749	4.07	354,678		
65+		896	958	0.82	71,553			

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+BPSD	363	388	0.33	29,003	
	Total		11,167	10,366	8.87	774,252	
	Flexible Respite	12-17	158	1,333	1.14	109,769	
		18-24	206	1,718	1.47	141,485	
		25-64	609	5,121	4.39	421,780	
		65+	704	6,017	5.15	495,587	
	Total		1,678	14,189	12.15	1,168,621	
	Group Carer Support Services	12-17	60	380	0.05	5,588	
		18-24	727	4,541	0.59	66,865	
		25-64	256	1,611	0.21	23,728	
		65+	100	539	0.08	9,468	
		65+BPSD	66	425	0.06	6,265	
	Total		1,209	7,496	0.98	111,915	
	Group Support and Rehabilitation	18-24	34	201	0.03	2,515	
		25-64	821	4,925	0.69	61,546	
		65+	203	1,219	0.17	15,228	
		65+BPSD	17	105	0.01	1,310	
	Total		1,075	6,449	0.91	80,599	
	Individual Carer Support Services	25-64	792	835	0.71	62,357	211
		65+	436	466	0.40	34,807	148
	Total		1,228	1,301	1.11	97,164	359
	Individual Carer Peer Support	12-17	432	456	0.40	43,727	
		18-24	7,033	2,792	2.43	267,519	
		25-64	792	835	0.73	80,006	
	Individual Peer Support	12-17	370	389	0.34	37,262	
		18-24	34,357	35,825	31.17	3,433,082	
		25-64	19,173	30,215	26.29	2,895,494	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+	5,707	8,918	7.76	854,619	
		65+BPSD	248	399	0.35	38,191	
	Total		68,112	79,828	69.46	7,649,900	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	42,888	42,888	37.32	5,998,380	16,540
		18-24	47,461	47,461	41.30	6,637,893	15,241
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	8,742	6,702	5.83	611,356	2,303
		65+BPSD	764	686	0.60	70,253	268
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,748	437	0.38	30,568	115
	Individual Support and Rehab linked to Youth Development	18-24	22,167	22,167	18.98	1,655,706	3,933
	Individual Support and Rehabilitation	18-24	2,216	20,848	17.85	1,557,131	3,720
		25-64	82,161	213,906	183.12	15,976,799	44,476
		65+	25,892	65,916	56.43	4,923,314	18,524
		65+BPSD	1,312	1,771	1.52	132,276	504
	Total		235,353	422,783	363.31	37,593,675	105,623
	SPT Individual	12-17	1,672	836	0.73	116,893	
	Total		1,672	836	0.73	116,893	
	Group Based Carer Peer Support	12-17	126	379	0.10	10,558	
		18-24	355	1,064	0.28	29,611	
		25-64	511	1,534	0.40	42,700	
		65+	293	880	0.23	24,498	
		65+BPSD	349	1,301	0.27	29,116	
	Group Based Consumer Peer Support	12-17	84	253	0.07	7,039	
		18-24	1,346	5,242	1.05	112,454	
		25-64	8,785	33,762	6.83	733,719	
65+		1,320	3,960	1.03	110,244		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+BPSD	7	21	0.01	580	
	Group Based Peer Work	65+					
	Total		13,177	48,395	10.24	1,100,519	
	Structured Psychological Therapies	65+BPSD	31	21	0.02	1,467	
	Total		31	21	0.02	1,467	
Mid North Coast Local Health District	Day Respite	12-17	9	438	0.06	5,200	
		18-24	9	415	0.06	4,924	
		25-64	31	1,509	0.21	17,908	
		65+	46	2,200	0.31	26,118	
	Total		95	4,562	0.64	54,150	
	Family Support Services	12-17	2,474	2,969	2.54	221,757	
		18-24	2,797	2,602	2.23	194,348	
		65+	611	733	0.63	54,751	
		65+BPSD	256	307	0.26	22,944	
	Total		6,138	6,611	5.66	493,799	
	Flexible Respite	12-17	95	908	0.78	74,764	
		18-24	90	860	0.74	70,790	
		25-64	326	3,126	2.68	257,467	
		65+	475	4,559	3.91	375,497	
	Total		985	9,452	8.10	778,517	
	Group Carer Support Services	12-17	35	254	0.03	3,745	
		18-24	302	2,177	0.28	32,052	
		25-64	137	984	0.13	14,484	
		65+	68	408	0.06	7,174	
		65+BPSD	46	329	0.04	4,840	
	Total		588	4,152	0.55	62,296	
Group Support and Rehabilitation	18-24	15	88	0.01	1,094		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
		25–64	439	2,632	0.37	32,892		
		65+	137	822	0.12	10,273		
		65+BPSD	12	72	0.01	902		
		Total		602	3,614	0.51	45,161	
	Individual Carer Support Services	25–64	453	543	0.47	40,575	446	
		65+	297	356	0.30	26,581	292	
		Total		749	899	0.77	67,156	739
	Individual Carer Peer Support	12–17	276	331	0.29	31,742		
		18–24	3,275	1,514	1.32	145,113		
		25–64	453	543	0.47	52,059		
	Individual Peer Support	12–17	221	265	0.23	25,379		
		18–24	14,685	17,622	15.33	1,688,726		
		25–64	10,247	18,444	16.05	1,767,493		
		65+	3,850	6,757	5.88	647,528		
		65+BPSD	171	308	0.27	29,507		
		Total		33,177	45,785	39.84	4,387,546	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	24,931	24,931	21.69	3,486,894	38,356	
		18–24	19,810	19,810	17.24	2,770,569	30,476	
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	5,904	4,526	3.94	412,874	4,542	
		65+BPSD	526	472	0.41	48,365	532	
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,181	295	0.26	20,644	227	
	Individual Support and Rehab linked to Youth Development	18–24	9,586	9,586	8.21	715,998	7,876	
	Individual Support and Rehabilitation	18–24	964	9,070	7.76	677,437	7,452	
25–64		43,910	114,319	97.87	8,538,600	93,925		
65+		17,467	44,467	38.07	3,321,244	36,534		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+BPSD	903	1,219	1.04	91,065	1,002
	Total		125,182	228,696	196.48	20,083,690	220,921
	SPT Individual	12-17	943	472	0.41	65,971	
	Total		943	472	0.41	65,971	
	Group Based Carer Peer Support	12-17	75	226	0.06	6,302	
		18-24	154	463	0.12	12,882	
		25-64	273	820	0.21	22,820	
		65+	198	594	0.15	16,526	
		65+BPSD	240	895	0.19	20,045	
	Group Based Consumer Peer Support	12-17	50	151	0.04	4,201	
		18-24	575	2,222	0.45	48,022	
		25-64	4,642	17,724	3.61	387,677	
		65+	890	2,672	0.69	74,370	
		65+BPSD	5	14	0.00	399	
	Group Based Peer Work	65+					
Total		7,103	25,781	5.52	593,246		
Structured Psychological Therapies	65+BPSD	22	14	0.01	1,010		
Total		22	14	0.01	1,010		
Murrumbidgee Local Health District	Day Respite	12-17	12	591	0.08	7,018	
		18-24	13	607	0.09	7,209	
		25-64	42	1,998	0.28	23,719	
		65+	49	2,329	0.33	27,649	
	Total		115	5,526	0.78	65,595	
	Family Support Services	12-17	3,295	3,839	3.29	286,720	
		18-24	3,851	3,470	2.97	259,175	
		65+	645	752	0.64	56,200	
		65+BPSD	267	311	0.27	23,255	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		8,057	8,372	7.17	625,349	
	Flexible Respite	12-17	128	1,189	1.02	97,939	
		18-24	131	1,217	1.04	100,272	
		25-64	431	4,011	3.44	330,365	
		65+	503	4,690	4.02	386,248	
	Total		1,193	11,107	9.51	914,825	
	Group Carer Support Services	12-17	48	337	0.04	4,958	
		18-24	456	3,174	0.41	46,740	
		25-64	181	1,262	0.16	18,585	
		65+	72	420	0.06	7,379	
		65+BPSD	48	336	0.04	4,943	
	Total		805	5,529	0.73	82,605	
	Group Support and Rehabilitation	18-24	21	128	0.02	1,602	
		25-64	581	3,486	0.49	43,565	
		65+	145	870	0.12	10,875	
		65+BPSD	13	76	0.01	947	
	Total		760	4,560	0.64	56,989	
	Individual Carer Support Services	25-64	576	671	0.57	50,106	468
		65+	313	365	0.31	27,296	257
	Total		889	1,036	0.89	77,402	725
	Individual Carer Peer Support	12-17	357	417	0.36	39,927	
		18-24	4,585	2,033	1.77	194,802	
		25-64	576	671	0.58	64,287	
	Individual Peer Support	12-17	298	347	0.30	33,246	
		18-24	21,758	25,250	21.97	2,419,672	
		25-64	13,571	23,666	20.59	2,267,939	
		65+	4,076	6,951	6.05	666,069	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+BPSD	180	314	0.27	30,133	
	Total		45,400	59,648	51.90	5,716,076	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	34,213	34,213	29.77	4,785,105	43,218
		18-24	29,823	29,823	25.95	4,171,067	36,696
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	6,248	4,790	4.17	436,957	3,991
		65+BPSD	552	496	0.43	50,793	466
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,250	312	0.27	21,848	200
	Individual Support and Rehab linked to Youth Development	18-24	14,093	14,093	12.06	1,052,587	9,306
	Individual Support and Rehabilitation	18-24	1,412	13,280	11.37	991,908	8,777
		25-64	58,157	151,411	129.62	11,309,046	101,112
		65+	18,491	47,074	40.30	3,515,972	32,100
		65+BPSD	948	1,280	1.10	95,637	878
	Total		165,188	296,774	255.04	26,430,919	236,744
	SPT Individual	12-17	1,319	660	0.57	92,255	
	Total		1,319	660	0.57	92,255	
	Group Based Carer Peer Support	12-17	102	306	0.08	8,505	
		18-24	226	678	0.18	18,862	
		25-64	362	1,086	0.28	30,224	
		65+	209	628	0.16	17,495	
		65+BPSD	252	940	0.20	21,051	
	Group Based Consumer Peer Support	12-17	68	204	0.05	5,670	
		18-24	852	3,310	0.66	71,194	
		25-64	6,191	23,732	4.81	517,042	
		65+	943	2,828	0.73	78,731	
		65+BPSD	5	15	0.00	419	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Group Based Peer Work	65+					
	Total		9,210	33,727	7.16	769,194	
	Structured Psychological Therapies	65+BPSD	23	15	0.01	1,061	
	Total		23	15	0.01	1,061	
Nepean Blue Mountains Local Health District	Day Respite	12-17	15	716	0.10	8,502	
		18-24	17	840	0.12	9,966	
		25-64	56	2,705	0.38	32,116	
		65+	47	2,237	0.31	26,554	
	Total		135	6,498	0.91	77,138	
	Family Support Services	12-17	3,952	4,011	3.43	299,587	
		18-24	5,195	4,079	3.49	304,694	
		65+	617	633	0.54	47,269	
		65+BPSD	254	260	0.22	19,452	
	Total		10,018	8,984	7.69	671,003	
	Flexible Respite	12-17	155	1,255	1.07	103,368	
		18-24	181	1,469	1.26	120,956	
		25-64	584	4,747	4.07	390,949	
		65+	483	3,961	3.39	326,206	
	Total		1,403	11,431	9.79	941,478	
	Group Carer Support Services	12-17	59	358	0.05	5,274	
		18-24	637	3,874	0.50	57,040	
		25-64	245	1,494	0.19	21,994	
		65+	69	354	0.05	6,232	
		65+BPSD	46	283	0.04	4,160	
	Total		1,056	6,363	0.83	94,699	
	Group Support and Rehabilitation	18-24	30	177	0.02	2,215	
		25-64	787	4,720	0.66	58,988	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+	139	836	0.12	10,445	
		65+BPSD	12	73	0.01	906	
	Total		968	5,806	0.82	72,554	
	Individual Carer Support Services	25-64	761	774	0.66	57,804	63
		65+	300	308	0.26	22,977	38
	Total		1,061	1,082	0.93	80,781	101
	Individual Carer Peer Support	12-17	420	426	0.37	40,814	
		18-24	6,229	2,397	2.09	229,690	
		25-64	761	774	0.67	74,163	
	Individual Peer Support	12-17	361	366	0.32	35,089	
		18-24	30,209	30,600	26.63	2,932,414	
		25-64	18,376	28,006	24.37	2,683,840	
		65+	3,914	5,870	5.11	562,528	
		65+BPSD	172	265	0.23	25,357	
	Total		60,442	68,704	59.78	6,583,895	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	41,943	41,943	36.50	5,866,127	4,690
		18-24	41,651	41,651	36.24	5,825,326	4,097
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	5,999	4,599	4.00	419,478	586
		65+BPSD	529	475	0.41	48,623	69
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,200	300	0.26	20,974	29
	Individual Support and Rehab linked to Youth Development	18-24	19,510	19,510	16.70	1,457,207	1,042
	Individual Support and Rehabilitation	18-24	1,951	18,357	15.72	1,371,132	984
		25-64	78,747	205,017	175.51	15,312,868	13,508
		65+	17,758	45,209	38.70	3,376,687	4,710
65+BPSD		908	1,226	1.05	91,551	130	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
Local Health District	Total		210,195	378,286	325.09	33,789,973	29,845
	SPT Individual	12-17	1,638	819	0.71	114,577	
	Total		1,638	819	0.71	114,577	
	Group Based Carer Peer Support	12-17	123	370	0.10	10,304	
		18-24	312	937	0.24	26,074	
		25-64	490	1,470	0.38	40,925	
		65+	201	604	0.16	16,802	
		65+BPSD	241	900	0.19	20,152	
	Group Based Consumer Peer Support	12-17	82	247	0.06	6,869	
		18-24	1,184	4,606	0.92	98,870	
		25-64	8,417	32,339	6.54	702,946	
		65+	905	2,716	0.70	75,612	
		65+BPSD	5	14	0.00	401	
	Group Based Peer Work	65+					
Total		11,961	44,202	9.30	998,956		
Structured Psychological Therapies	65+BPSD	22	15	0.01	1,015		
Total		22	15	0.01	1,015		
Northern NSW Local Health District	Day Respite	12-17	12	562	0.08	6,671	
		18-24	12	556	0.08	6,600	
		25-64	43	2,042	0.29	24,245	
		65+	59	2,843	0.40	33,753	
	Total		125	6,004	0.84	71,269	
	Family Support Services	12-17	3,144	3,592	3.08	268,293	
		18-24	3,629	3,206	2.74	239,478	
		65+	784	892	0.76	66,587	
		65+BPSD	322	366	0.31	27,373	
	Total		7,880	8,056	6.90	601,731	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
	Flexible Respite	12-17	121	1,109	0.95	91,302		
		18-24	120	1,094	0.94	90,125		
		25-64	441	4,030	3.45	331,913		
		65+	614	5,583	4.78	459,796		
	Total			1,296	11,815	10.12	973,135	
	Group Carer Support Services	12-17	46	313	0.04	4,608		
		18-24	412	2,816	0.36	41,467		
		25-64	185	1,268	0.16	18,672		
		65+	87	500	0.08	8,785		
		65+BPSD	58	398	0.05	5,859		
	Total			788	5,295	0.70	79,392	
	Group Support and Rehabilitation	18-24	20	117	0.02	1,467		
		25-64	594	3,563	0.50	44,531		
		65+	177	1,062	0.15	13,276		
		65+BPSD	15	92	0.01	1,152		
	Total			806	4,835	0.68	60,426	
	Individual Carer Support Services	25-64	593	677	0.58	50,602	418	
		65+	381	433	0.37	32,372	257	
	Total			974	1,111	0.95	82,974	675
	Individual Carer Peer Support	12-17	344	393	0.34	37,660		
		18-24	4,286	1,873	1.63	179,444		
		25-64	593	677	0.59	64,924		
	Individual Peer Support	12-17	283	323	0.28	30,993		
		18-24	19,811	22,578	19.65	2,163,607		
		25-64	13,872	23,777	20.69	2,278,563		
		65+	4,975	8,274	7.20	792,898		
		65+BPSD	218	373	0.32	35,718		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		44,383	58,268	50.70	5,583,807	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	32,354	32,354	28.15	4,525,046	35,447
		18-24	26,957	26,957	23.46	3,770,200	28,940
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	7,625	5,846	5.09	533,193	4,018
		65+BPSD	672	603	0.52	61,767	467
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,525	381	0.33	26,660	201
	Individual Support and Rehab linked to Youth Development	18-24	12,878	12,878	11.02	961,858	7,390
	Individual Support and Rehabilitation	18-24	1,292	12,158	10.41	908,091	6,978
		25-64	59,447	154,770	132.50	11,559,892	90,703
		65+	22,573	57,466	49.20	4,292,184	32,343
		65+BPSD	1,153	1,557	1.33	116,299	879
	Total		166,476	304,970	262.01	26,755,190	207,365
	SPT Individual	12-17	1,240	620	0.54	86,746	
	Total		1,240	620	0.54	86,746	
	Group Based Carer Peer Support	12-17	97	290	0.08	8,084	
		18-24	207	620	0.16	17,268	
		25-64	370	1,110	0.29	30,895	
		65+	256	767	0.20	21,358	
		65+BPSD	307	1,143	0.24	25,599	
	Group Based Consumer Peer Support	12-17	65	194	0.05	5,389	
		18-24	776	3,007	0.60	64,806	
		25-64	6,321	24,215	4.91	527,912	
		65+	1,151	3,453	0.89	96,112	
		65+BPSD	6	18	0.00	510	
	Group Based Peer Work	65+					

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		9,554	34,817	7.43	797,933	
	Structured Psychological Therapies	65+BPSD	28	18	0.02	1,290	
	Total		28	18	0.02	1,290	
Northern Sydney Local Health District	Day Respite	12-17	32	1,546	0.22	18,352	
		18-24	37	1,765	0.25	20,956	
		25-64	132	6,324	0.89	75,071	
		65+	124	5,930	0.83	70,396	
	Total		324	15,565	2.19	184,775	
	Family Support Services	12-17	8,208	8,211	7.03	613,283	
		18-24	9,752	7,550	6.46	563,912	
		65+	1,591	1,592	1.36	118,899	
		65+BPSD	599	600	0.51	44,785	
	Total		20,151	17,952	15.37	1,340,879	
	Flexible Respite	12-17	334	2,670	2.29	219,943	
		18-24	381	3,049	2.61	251,130	
		25-64	1,365	10,923	9.36	899,638	
		65+	1,280	10,243	8.77	843,663	
	Total		3,360	26,886	23.03	2,214,375	
	Group Carer Support Services	12-17	131	784	0.10	11,550	
		18-24	1,405	8,430	1.09	124,131	
		25-64	573	3,437	0.45	50,611	
		65+	182	917	0.14	16,119	
		65+BPSD	116	695	0.09	10,234	
	Total		2,406	14,264	1.87	212,645	
Group Support and Rehabilitation	18-24	62	373	0.05	4,658		
	25-64	1,839	11,033	1.55	137,885		
	65+	369	2,216	0.31	27,689		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		65+BPSD	31	183	0.03	2,287	
	Total		2,301	13,805	1.94	172,519	
	Individual Carer Support Services	25-64	1,600	1,600	1.37	119,509	2
		65+	778	778	0.67	58,123	1
	Total		2,378	2,378	2.04	177,632	3
	Individual Carer Peer Support	12-17	795	796	0.69	76,257	
		18-24	12,096	4,498	3.91	431,072	
		25-64	1,600	1,600	1.39	153,333	
	Individual Peer Support	12-17	779	779	0.68	74,661	
		18-24	64,747	64,761	56.35	6,206,086	
		25-64	42,954	64,447	56.08	6,175,961	
		65+	10,377	15,182	13.21	1,454,860	
		65+BPSD	434	651	0.57	62,388	
	Total		133,781	152,714	132.88	14,634,619	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	94,612	94,612	82.32	13,232,473	212
		18-24	91,492	91,492	79.61	12,796,148	148
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	15,857	12,157	10.58	1,108,870	19
		65+BPSD	1,334	1,198	1.04	122,676	2
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	3,171	793	0.69	55,443	1
	Individual Support and Rehab linked to Youth Development	18-24	41,296	41,296	35.35	3,084,404	37
	Individual Support and Rehabilitation	18-24	4,104	38,602	33.05	2,883,253	35
		25-64	184,072	479,227	410.26	35,793,875	481
		65+	47,078	119,852	102.60	8,951,835	150
		65+BPSD	2,291	3,093	2.65	230,982	4
	Total		485,307	882,322	758.15	78,259,959	1,088

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
	SPT Individual	12-17	3,869	1,934	1.68	270,538		
	Total		3,869	1,934	1.68	270,538		
	Group Based Carer Peer Support	12-17	266	799	0.21	22,241		
		18-24	657	1,970	0.51	54,829		
		25-64	1,145	3,436	0.89	95,663		
		65+	533	1,600	0.41	44,544		
		65+BPSD	609	2,271	0.47	50,843		
	Group Based Consumer Peer Support	12-17	178	533	0.14	14,827		
		18-24	2,540	9,957	1.97	212,105		
		25-64	20,000	77,547	15.55	1,670,353		
		65+	2,400	7,201	1.87	200,452		
		65+BPSD	12	36	0.01	1,012		
	Group Based Peer Work	65+						
	Total			28,340	105,350	22.03	2,366,869	
Structured Psychological Therapies	65+BPSD	55	37	0.03	2,561			
Total			55	37	0.03	2,561		
South Eastern Sydney Local Health District	Day Respite	12-17	25	1,211	0.17	14,373		
		18-24	44	2,111	0.30	25,055		
		25-64	144	6,932	0.97	82,289		
		65+	114	5,465	0.77	64,879		
	Total			327	15,719	2.21	186,596	
	Family Support Services	12-17	6,476	6,481	5.55	484,073		
		18-24	11,910	9,223	7.90	688,852		
		65+	1,478	1,479	1.27	110,490		
		65+BPSD	569	570	0.49	42,559		
	Total			20,433	17,753	15.20	1,325,974	
Flexible Respite	12-17	261	2,093	1.79	172,343			

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
		18-24	456	3,646	3.12	300,283		
		25-64	1,496	11,978	10.26	986,525		
		65+	1,180	9,447	8.09	778,029		
		Total		3,393	27,163	23.27	2,237,180	
	Group Carer Support Services	12-17	102	611	0.08	9,003		
		18-24	1,666	9,998	1.30	147,217		
		25-64	628	3,769	0.49	55,499		
		65+	168	845	0.13	14,865		
		65+BPSD	108	649	0.08	9,555		
		Total		2,672	15,873	2.08	236,138	
	Group Support and Rehabilitation	18-24	74	446	0.06	5,569		
		25-64	2,016	12,094	1.70	151,143		
		65+	340	2,042	0.29	25,519		
		65+BPSD	28	171	0.02	2,134		
		Total		2,459	14,752	2.07	184,365	
	Individual Carer Support Services	25-64	1,793	1,794	1.54	134,021	6	
		65+	721	722	0.62	53,928	3	
		Total		2,514	2,516	2.15	187,949	9
	Individual Carer Peer Support	12-17	639	640	0.56	61,294		
		18-24	14,675	5,480	4.77	525,159		
		25-64	1,793	1,794	1.56	171,952		
	Individual Peer Support	12-17	610	610	0.53	58,503		
		18-24	77,149	77,176	67.15	7,395,814		
		25-64	47,084	70,671	61.49	6,772,435		
		65+	9,563	14,001	12.18	1,341,678		
		65+BPSD	405	608	0.53	58,245		
	Total		151,919	170,980	148.77	16,385,079		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$	
	Individual Support and Rehab linked to early childhood, education and/or employment	12-17	73,503	73,503	63.96	10,280,191	445	
		18-24	108,551	108,551	94.45	15,182,022	296	
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	14,626	11,213	9.76	1,022,783	52	
		65+BPSD	1,245	1,118	0.97	114,456	6	
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	2,925	731	0.64	51,139	3	
	Individual Support and Rehab linked to Youth Development	18-24	49,314	49,314	42.22	3,683,329	71	
	Individual Support and Rehabilitation	18-24	4,906	46,152	39.51	3,447,142	66	
		25-64	201,771	525,306	449.70	39,235,554	1,368	
		65+	43,389	110,460	94.56	8,250,330	418	
		65+BPSD	2,137	2,885	2.47	215,505	11	
	Total			502,368	929,234	798.24	81,482,451	2,736
	SPT Individual	12-17	2,981	1,491	1.30	208,490		
	Total			2,981	1,491	1.30	208,490	
	Group Based Carer Peer Support	12-17	209	626	0.16	17,419		
		18-24	785	2,355	0.61	65,552		
		25-64	1,256	3,767	0.98	104,861		
		65+	492	1,475	0.38	41,053		
		65+BPSD	568	2,119	0.44	47,436		
	Group Based Consumer Peer Support	12-17	139	417	0.11	11,612		
		18-24	3,026	11,847	2.35	252,691		
		25-64	21,851	84,570	16.98	1,824,941		
		65+	2,212	6,636	1.72	184,744		
		65+BPSD	11	34	0.01	944		
Group Based Peer Work	65+							
Total			30,548	113,845	23.74	2,551,253		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Structured Psychological Therapies	65+BPSD	51	34	0.03	2,390	
	Total		51	34	0.03	2,390	
South Western Sydney Local Health District	Day Respite	12-17	41	1,955	0.27	23,208	
		18-24	47	2,273	0.32	26,988	
		25-64	145	6,940	0.98	82,379	
		65+	112	5,384	0.76	63,911	
	Total		345	16,552	2.33	196,485	
	Family Support Services	12-17	10,549	10,709	9.17	799,849	
		18-24	13,164	10,326	8.84	771,277	
		65+	1,467	1,501	1.29	112,119	
		65+BPSD	580	593	0.51	44,316	
	Total		25,760	23,129	19.80	1,727,562	
	Flexible Respite	12-17	422	3,426	2.93	282,204	
		18-24	491	3,975	3.40	327,349	
		25-64	1,498	12,139	10.40	999,811	
		65+	1,162	9,516	8.15	783,751	
	Total		3,573	29,056	24.89	2,393,114	
	Group Carer Support Services	12-17	163	994	0.13	14,644	
		18-24	1,776	10,785	1.40	158,798	
		25-64	628	3,820	0.49	56,246	
		65+	166	852	0.13	14,974	
		65+BPSD	108	663	0.09	9,764	
	Total		2,841	17,114	2.24	254,426	
	Group Support and Rehabilitation	18-24	80	480	0.07	5,998	
		25-64	2,018	12,107	1.70	151,307	
		65+	335	2,012	0.28	25,138	
65+BPSD		28	171	0.02	2,132		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		2,462	14,769	2.08	184,577	
	Individual Carer Support Services	25–64	1,837	1,861	1.59	139,033	121
		65+	715	732	0.63	54,642	83
	Total		2,552	2,593	2.22	193,675	204
	Individual Carer Peer Support	12–17	1,064	1,080	0.94	103,520	
		18–24	16,095	6,116	5.32	586,055	
		25–64	1,837	1,861	1.62	178,383	
	Individual Peer Support	12–17	985	1,000	0.87	95,796	
		18–24	82,752	83,769	72.89	8,027,553	
		25–64	47,136	71,623	62.32	6,863,643	
		65+	9,421	14,104	12.27	1,351,544	
		65+BPSD	405	621	0.54	59,521	
	Total		159,693	180,173	156.77	17,266,015	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	117,500	117,500	102.24	16,433,545	13,332
		18–24	115,809	115,809	100.77	16,197,013	10,812
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	14,418	11,054	9.62	1,008,285	1,307
		65+BPSD	1,244	1,117	0.97	114,384	148
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	2,884	721	0.63	50,414	65
	Individual Support and Rehab linked to Youth Development	18–24	53,042	53,042	45.41	3,961,775	2,692
	Individual Support and Rehabilitation	18–24	5,285	49,713	42.56	3,713,133	2,531
		25–64	201,990	525,878	450.19	39,278,248	28,101
		65+	42,741	108,811	93.15	8,127,194	10,531
		65+BPSD	2,136	2,883	2.47	215,369	279
	Total		557,049	986,528	848.00	89,099,361	69,797
	SPT Individual	12–17	4,718	2,359	2.05	329,910	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
Local Health District	Total		4,718	2,359	2.05	329,910	
	Group Based Carer Peer Support	12-17	337	1,010	0.26	28,125	
		18-24	845	2,536	0.66	70,610	
		25-64	1,257	3,771	0.98	104,975	
		65+	484	1,453	0.38	40,441	
		65+BPSD	568	2,118	0.44	47,406	
	Group Based Consumer Peer Support	12-17	225	674	0.17	18,750	
		18-24	3,245	12,683	2.52	270,987	
		25-64	21,799	84,207	16.94	1,820,595	
		65+	2,179	6,537	1.69	181,987	
		65+BPSD	11	34	0.01	944	
	Group Based Peer Work	65+					
	Total		30,950	115,023	24.06	2,584,819	
Structured Psychological Therapies	65+BPSD	51	34	0.03	2,388		
Total		51	34	0.03	2,388		
Southern NSW Local Health District	Day Respite	12-17	8	383	0.05	4,543	
		18-24	8	362	0.05	4,294	
		25-64	30	1,449	0.20	17,196	
		65+	36	1,742	0.24	20,675	
	Total		82	3,935	0.55	46,707	
	Family Support Services	12-17	2,116	2,440	2.09	182,218	
		18-24	2,250	2,002	1.71	149,530	
		65+	479	561	0.48	41,895	
		65+BPSD	194	227	0.19	16,952	
	Total		5,039	5,229	4.48	390,595	
Flexible Respite	12-17	83	762	0.65	62,730		
	18-24	78	717	0.61	59,035		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		25-64	313	2,874	2.46	236,667	
		65+	376	3,523	3.02	290,183	
	Total		849	7,875	6.75	648,615	
	Group Carer Support Services	12-17	31	217	0.03	3,195	
		18-24	274	1,886	0.24	27,771	
		25-64	131	904	0.12	13,314	
		65+	54	315	0.05	5,544	
		65+BPSD	35	249	0.03	3,665	
	Total		526	3,571	0.47	53,489	
	Group Support and Rehabilitation	18-24	13	76	0.01	954	
		25-64	421	2,527	0.36	31,584	
		65+	108	651	0.09	8,132	
		65+BPSD	9	56	0.01	700	
	Total		552	3,310	0.47	41,370	
	Individual Carer Support Services	25-64	407	468	0.40	34,944	300
		65+	233	273	0.23	20,380	197
	Total		640	741	0.63	55,324	497
	Individual Carer Peer Support	12-17	226	260	0.23	24,948	
		18-24	2,694	1,176	1.02	112,650	
		25-64	407	468	0.41	44,834	
	Individual Peer Support	12-17	193	222	0.19	21,294	
		18-24	13,005	14,920	12.98	1,429,810	
		25-64	9,839	16,954	14.75	1,624,703	
65+		3,048	5,222	4.54	500,409		
65+BPSD		133	233	0.20	22,341		
Total		29,543	39,455	34.33	3,780,988		
		12-17	22,347	22,347	19.44	3,125,459	26,210

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Individual Support and Rehab linked to early childhood, education and/or employment	18-24	17,909	17,909	15.58	2,504,740	20,252
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	4,669	3,580	3.11	326,499	3,079
		65+BPSD	408	367	0.32	37,526	353
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	934	233	0.20	16,325	154
	Individual Support and Rehab linked to Youth Development	18-24	8,404	8,404	7.19	627,688	5,089
	Individual Support and Rehabilitation	18-24	841	7,910	6.77	590,795	4,793
		25-64	42,163	109,771	93.97	8,198,912	67,080
		65+	13,827	35,200	30.13	2,629,140	24,796
		65+BPSD	701	946	0.81	70,656	665
	Total		112,202	206,667	177.55	18,127,740	152,471
	SPT Individual	12-17	870	435	0.38	60,865	
	Total		870	435	0.38	60,865	
	Group Based Carer Peer Support	12-17	66	198	0.05	5,505	
		18-24	135	404	0.10	11,235	
		25-64	262	787	0.20	21,912	
		65+	157	470	0.12	13,083	
		65+BPSD	186	695	0.14	15,553	
	Group Based Consumer Peer Support	12-17	44	132	0.03	3,670	
		18-24	510	1,982	0.40	42,561	
		25-64	4,508	17,321	3.50	376,459	
		65+	705	2,115	0.55	58,872	
		65+BPSD	4	11	0.00	310	
	Group Based Peer Work	65+					
	Total		6,576	24,114	5.11	549,159	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Structured Psychological Therapies	65+BPSD	17	11	0.01	784	
	Total		17	11	0.01	784	
Sydney Local Health District	Day Respite	12-17	15	739	0.10	8,776	
		18-24	36	1,712	0.24	20,320	
		25-64	110	5,291	0.74	62,810	
		65+	71	3,420	0.48	40,599	
	Total		233	11,162	1.57	132,506	
	Family Support Services	12-17	3,955	3,955	3.39	295,369	
		18-24	9,579	7,415	6.35	553,837	
		65+	927	927	0.79	69,261	
		65+BPSD	361	361	0.31	26,970	
	Total		14,822	12,658	10.84	945,437	
	Flexible Respite	12-17	160	1,277	1.09	105,147	
		18-24	369	2,956	2.53	243,454	
		25-64	1,142	9,137	7.83	752,528	
		65+	738	5,906	5.06	486,416	
	Total		2,409	19,275	16.51	1,587,545	
	Group Carer Support Services	12-17	62	373	0.05	5,492	
		18-24	1,355	8,132	1.05	119,742	
		25-64	479	2,875	0.37	42,335	
		65+	105	529	0.08	9,293	
		65+BPSD	68	408	0.05	6,009	
	Total		2,070	12,317	1.61	182,872	
	Group Support and Rehabilitation	18-24	60	361	0.05	4,516	
		25-64	1,539	9,231	1.30	115,366	
65+		213	1,278	0.18	15,969		
65+BPSD		18	107	0.02	1,343		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		1,830	10,978	1.54	137,195	
	Individual Carer Support Services	25–64	1,370	1,370	1.17	102,333	
		65+	452	452	0.39	33,787	
	Total		1,822	1,822	1.56	136,119	
	Individual Carer Peer Support	12–17	390	390	0.34	37,410	
		18–24	11,834	4,411	3.84	422,672	
		25–64	1,370	1,370	1.19	131,295	
	Individual Peer Support	12–17	372	372	0.32	35,693	
		18–24	62,654	62,654	54.52	6,004,116	
		25–64	35,939	53,909	46.91	5,166,061	
		65+	5,984	8,753	7.62	838,803	
		65+BPSD	255	382	0.33	36,631	
	Total		118,799	132,241	115.07	12,672,682	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	44,874	44,874	39.05	6,276,157	
		18–24	88,305	88,305	76.84	12,350,351	
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	9,155	7,019	6.11	640,200	
		65+BPSD	784	704	0.61	72,052	
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,831	458	0.40	32,010	
	Individual Support and Rehab linked to Youth Development	18–24	40,014	40,014	34.26	2,988,670	
	Individual Support and Rehabilitation	18–24	3,979	37,431	32.04	2,795,741	
		25–64	154,010	400,961	343.25	29,948,134	
		65+	27,151	69,122	59.17	5,162,772	
		65+BPSD	1,345	1,816	1.55	135,664	
	Total		371,448	690,704	593.28	60,401,750	
	SPT Individual	12–17	1,820	910	0.79	127,267	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
Local Health District	Total		1,820	910	0.79	127,267	
	Group Based Carer Peer Support	12-17	127	382	0.10	10,636	
		18-24	637	1,910	0.49	53,165	
		25-64	958	2,875	0.74	80,039	
		65+	308	923	0.24	25,690	
		65+BPSD	358	1,334	0.28	29,862	
	Group Based Consumer Peer Support	12-17	85	255	0.07	7,091	
		18-24	2,457	9,627	1.91	205,226	
		25-64	16,676	64,537	12.96	1,392,749	
		65+	1,384	4,153	1.08	115,606	
		65+BPSD	7	21	0.01	595	
	Group Based Peer Work	65+					
	Total		22,998	86,016	17.88	1,920,659	
Structured Psychological Therapies	65+BPSD	32	22	0.02	1,504		
Total		32	22	0.02	1,504		
Western NSW Local Health District	Day Respite	12-17	13	647	0.09	7,675	
		18-24	14	677	0.10	8,034	
		25-64	46	2,197	0.31	26,085	
		65+	44	2,097	0.29	24,897	
	Total		117	5,618	0.79	66,690	
	Family Support Services	12-17	3,787	4,544	3.89	339,402	
		18-24	4,878	4,540	3.89	339,064	
		65+	614	737	0.63	55,041	
		65+BPSD	292	350	0.30	26,149	
	Total		9,571	10,171	8.71	759,657	
Flexible Respite	12-17	140	1,340	1.15	110,343		
	18-24	146	1,402	1.20	115,504		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
		25-64	474	4,553	3.90	375,024	
		65+	453	4,346	3.72	357,941	
	Total		1,213	11,642	9.97	958,812	
	Group Carer Support Services	12-17	51	364	0.05	5,363	
		18-24	476	3,428	0.44	50,476	
		25-64	199	1,433	0.19	21,098	
		65+	65	389	0.06	6,839	
		65+BPSD	47	340	0.04	5,011	
	Total		837	5,954	0.78	88,786	
	Group Support and Rehabilitation	18-24	24	143	0.02	1,786	
		25-64	639	3,834	0.54	47,911	
		65+	131	784	0.11	9,793	
		65+BPSD	12	75	0.01	933	
	Total		806	4,835	0.68	60,423	
	Individual Carer Support Services	25-64	727	873	0.75	65,201	717
		65+	295	354	0.30	26,446	291
	Total		1,023	1,227	1.05	91,647	1,008
	Individual Carer Peer Support	12-17	454	544	0.47	52,153	
		18-24	5,611	2,624	2.28	251,415	
		25-64	727	873	0.76	83,654	
	Individual Peer Support	12-17	326	391	0.34	37,457	
		18-24	23,634	28,360	24.68	2,717,777	
		25-64	14,925	26,865	23.38	2,574,517	
65+		3,670	6,441	5.60	617,254		
65+BPSD		177	319	0.28	30,548		
Total		49,524	66,417	57.79	6,364,775		
		12-17	35,085	35,085	30.53	4,906,927	53,976

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Individual Support and Rehab linked to early childhood, education and/or employment	18-24	31,276	31,276	27.21	4,374,247	48,117
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	5,661	4,340	3.78	395,857	4,354
		65+BPSD	545	489	0.43	50,071	551
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	1,132	283	0.25	19,793	218
	Individual Support and Rehab linked to Youth Development	18-24	15,569	15,569	13.33	1,162,866	12,792
	Individual Support and Rehabilitation	18-24	1,573	14,799	12.67	1,105,344	12,159
		25-64	63,959	166,516	142.55	12,437,261	136,810
		65+	16,650	42,388	36.29	3,165,962	34,826
		65+BPSD	935	1,262	1.08	94,278	1,037
	Total		172,384	312,007	268.11	27,712,606	304,839
	SPT Individual	12-17	1,253	627	0.55	87,624	
	Total		1,253	627	0.55	87,624	
	Group Based Carer Peer Support	12-17	111	334	0.09	9,301	
		18-24	252	755	0.20	21,019	
		25-64	398	1,194	0.31	33,240	
		65+	189	566	0.15	15,754	
		65+BPSD	248	927	0.19	20,752	
	Group Based Consumer Peer Support	12-17	74	223	0.06	6,201	
		18-24	925	3,553	0.72	77,231	
		25-64	6,638	25,075	5.16	554,367	
		65+	849	2,547	0.66	70,893	
		65+BPSD	5	15	0.00	413	
	Group Based Peer Work	65+					
	Total		9,689	35,188	7.53	809,171	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Structured Psychological Therapies	65+BPSD	22	15	0.01	1,045	
	Total		22	15	0.01	1,045	
Western Sydney Local Health District	Day Respite	12-17	35	1,698	0.24	20,160	
		18-24	44	2,119	0.30	25,160	
		25-64	151	7,269	1.02	86,295	
		65+	99	4,756	0.67	56,458	
	Total		330	15,843	2.23	188,072	
	Family Support Services	12-17	9,140	9,143	7.83	682,867	
		18-24	12,211	9,457	8.10	706,343	
		65+	1,293	1,294	1.11	96,631	
		65+BPSD	507	507	0.43	37,872	
	Total		23,151	20,400	17.46	1,523,713	
	Flexible Respite	12-17	367	2,934	2.51	241,612	
		18-24	457	3,661	3.14	301,503	
		25-64	1,569	12,556	10.75	1,034,139	
		65+	1,027	8,216	7.04	676,667	
	Total		3,420	27,366	23.44	2,253,922	
	Group Carer Support Services	12-17	142	853	0.11	12,564	
		18-24	1,659	9,956	1.29	146,596	
		25-64	658	3,951	0.51	58,177	
		65+	146	735	0.11	12,928	
		65+BPSD	95	570	0.07	8,391	
	Total		2,701	16,065	2.10	238,655	
	Group Support and Rehabilitation	18-24	75	447	0.06	5,592	
		25-64	2,114	12,683	1.78	158,500	
65+		296	1,777	0.25	22,207		
65+BPSD		25	150	0.02	1,875		

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		2,510	15,057	2.12	188,174	
	Individual Carer Support Services	25–64	1,906	1,906	1.63	142,392	2
		65+	630	631	0.54	47,110	1
	Total		2,536	2,537	2.17	189,502	4
	Individual Carer Peer Support	12–17	916	916	0.80	87,783	
		18–24	14,952	5,605	4.88	537,090	
		25–64	1,906	1,906	1.66	182,693	
	Individual Peer Support	12–17	856	856	0.74	82,017	
		18–24	77,211	77,227	67.20	7,400,666	
		25–64	49,376	74,082	64.46	7,099,304	
		65+	8,322	12,177	10.60	1,166,884	
		65+BPSD	356	534	0.46	51,150	
	Total		153,894	173,302	150.79	16,607,587	
	Individual Support and Rehab linked to early childhood, education and/or employment	12–17	102,380	102,380	89.08	14,318,917	232
		18–24	108,168	108,168	94.12	15,128,440	171
	Individual Support and Rehab linked to enhanced relationships and social participation	65+	12,735	9,763	8.50	890,541	18
		65+BPSD	1,094	982	0.85	100,572	2
	Individual Support and Rehab linked to navigating the primary and mental health care systems	65+	2,547	637	0.55	44,527	1
	Individual Support and Rehab linked to Youth Development	18–24	49,463	49,463	42.34	3,694,462	43
	Individual Support and Rehabilitation	18–24	4,927	46,346	39.68	3,461,608	41
		25–64	211,592	550,876	471.59	41,145,382	547
		65+	37,757	96,122	82.29	7,179,447	145
		65+BPSD	1,878	2,535	2.17	189,364	4
	Total		532,541	967,273	831.18	86,153,259	1,204
	SPT Individual	12–17	4,123	2,062	1.79	288,350	

Local Health District	Taxonomy Item	Age Group	OCCASIONS OF SERVICE	HOURS OF CLIENT DEMAND	WORKFORCE FTE	FTEPRICE\$	FLEXIBLE FUNDING POOL\$
	Total		4,123	2,062	1.79	288,350	
	Group Based Carer Peer Support	12-17	293	878	0.23	24,432	
		18-24	788	2,365	0.61	65,827	
		25-64	1,317	3,950	1.02	109,965	
		65+	428	1,283	0.33	35,725	
		65+BPSD	499	1,862	0.39	41,682	
	Group Based Consumer Peer Support	12-17	195	585	0.15	16,288	
		18-24	3,028	11,838	2.35	252,850	
		25-64	22,869	88,409	17.78	1,909,904	
		65+	1,925	5,775	1.50	160,764	
		65+BPSD	10	30	0.01	830	
	Group Based Peer Work	65+					
	Total		31,351	116,974	24.37	2,618,266	
	Structured Psychological Therapies	65+BPSD	45	30	0.03	2,100	
	Total		45	30	0.03	2,100	
Total			6,215,781	11,238,378	8,774.93	911,353,560	1,793,746

Table 22 - Estimates of Residential Respite Resource need for the 2022/23 FY by LHD

Local Health District	Service Element	Age Group	BED DAYS	SEPARATIONS	WORKFORCE FTE	FTEPRICE\$
Central Coast Local Health District	Residential Crisis and Respite Services	12-17	322	32	1.22	130,209
		18-24	350	35	1.33	141,275
		25-64	1,148	115	4.36	463,787
		65+	1,388	139	5.27	560,925
		Total	3,208	321	12.18	1,296,195
Far West Local Health District	Residential Crisis and Respite Services	12-17	29	3	0.11	11,787
		18-24	30	3	0.11	12,224
		25-64	118	12	0.45	47,768
		65+	125	12	0.47	50,329
		Total	302	30	1.15	122,107
Hunter New England Local Health District	Residential Crisis and Respite Services	12-17	912	91	3.46	368,389
		18-24	1,038	104	3.94	419,301
		25-64	3,340	334	12.69	1,349,749
		65+	3,630	363	13.79	1,466,910
		Total	8,920	892	33.88	3,604,350
Illawarra Shoalhaven Local Health District	Residential Crisis and Respite Services	12-17	369	37	1.40	149,048
		18-24	479	48	1.82	193,616
		25-64	1,419	142	5.39	573,242
		65+	1,639	164	6.22	662,335
		Total	3,906	391	14.83	1,578,241
Mid North Coast Local Health District	Residential Crisis and Respite Services	12-17	220	22	0.84	88,962
		18-24	208	21	0.79	84,233
		25-64	758	76	2.88	306,362
		65+	1,106	111	4.20	446,808
		Total	2,293	229	8.71	926,365
Murrumbidgee Local Health District		12-17	297	30	1.13	120,066

Local Health District	Service Element	Age Group	BED DAYS	SEPARATIONS	WORKFORCE FTE	FTEPRICE\$
	Residential Crisis and Respite Services	18-24	305	31	1.16	123,335
		25-64	1,004	100	3.81	405,765
		65+	1,171	117	4.45	473,005
		Total	2,777	278	10.55	1,122,171
Nepean Blue Mountains Local Health District	Residential Crisis and Respite Services	12-17	360	36	1.37	145,456
		18-24	422	42	1.60	170,488
		25-64	1,360	136	5.16	549,421
		65+	1,124	112	4.27	454,267
		Total	3,266	327	12.40	1,319,632
Northern NSW Local Health District	Residential Crisis and Respite Services	12-17	282	28	1.07	114,120
		18-24	279	28	1.06	112,913
		25-64	1,027	103	3.90	414,765
		65+	1,429	143	5.43	577,429
		Total	3,017	302	11.46	1,219,227
Northern Sydney Local Health District	Residential Crisis and Respite Services	12-17	777	78	2.95	313,958
		18-24	887	89	3.37	358,508
		25-64	3,178	318	12.07	1,284,273
		65+	2,980	298	11.32	1,204,293
		Total	7,823	782	29.71	3,161,031
South Eastern Sydney Local Health District	Residential Crisis and Respite Services	12-17	609	61	2.31	245,890
		18-24	1,061	106	4.03	428,622
		25-64	3,484	348	13.23	1,407,759
		65+	2,747	275	10.43	1,109,919
		Total	7,900	790	30.00	3,192,190
South Western Sydney Local Health District	Residential Crisis and Respite Services	12-17	983	98	3.73	397,023
		18-24	1,143	114	4.34	461,696
		25-64	3,488	349	13.25	1,409,291

Local Health District	Service Element	Age Group	BED DAYS	SEPARATIONS	WORKFORCE FTE	FTEPRICE\$
		65+	2,706	271	10.28	1,093,354
		Total	8,319	832	31.59	3,361,364
Southern NSW Local Health District	Residential Crisis and Respite Services	12-17	192	19	0.73	77,711
		18-24	182	18	0.69	73,460
		25-64	728	73	2.76	294,174
		65+	875	88	3.32	353,699
		Total	1,978	198	7.51	799,044
Sydney Local Health District	Residential Crisis and Respite Services	12-17	372	37	1.41	150,139
		18-24	860	86	3.27	347,626
		25-64	2,659	266	10.10	1,074,530
		65+	1,719	172	6.53	694,549
		Total	5,610	561	21.30	2,266,844
Western NSW Local Health District	Residential Crisis and Respite Services	12-17	325	32	1.23	131,298
		18-24	340	34	1.29	137,440
		25-64	1,104	110	4.19	446,245
		65+	1,054	105	4.00	425,918
		Total	2,824	282	10.72	1,140,900
Western Sydney Local Health District	Residential Crisis and Respite Services	12-17	854	85	3.24	344,891
		18-24	1,065	107	4.05	430,421
		25-64	3,654	365	13.87	1,476,283
		65+	2,390	239	9.08	965,853
		Total	7,963	796	30.24	3,217,448
Total			70,107	7,011	266.23	28,327,110

Appendix 4: Population over 12 years old requiring each psychosocial support service element by LHD FY 2022/23

Table 23: Population over 12 years old requiring each psychosocial support service element by Local Health District FY 2022/23

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
Central Coast Local Health District	Day Respite	106	60
	Family Support Services	2,667	3
	Flexible Respite	184	60
	Group Based Carer Peer Support	402	10
	Group Based Consumer Peer Support	3,770	9
	Group Based Peer Work	444	
	Group Carer Support Services	2,292	2
	Group Support and Rehabilitation	490	11
	Individual Carer Peer Support	3,806	1
	Individual Carer Support Services	310	3
	Individual Peer Support	3,056	18
	Individual Support and Rehab linked to early childhood, education and/or employment	5,903	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,661	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	148	3
	Individual Support and Rehab linked to Youth Development	1,032	16
Individual Support and Rehabilitation	2,728	90	
Residential Crisis and Respite Services	292	264	
Far West Local Health District	Day Respite	10	60
	Family Support Services	229	4
	Flexible Respite	17	72
	Group Based Carer Peer Support	39	10
	Group Based Consumer Peer Support	353	9
	Group Based Peer Work	40	
	Group Carer Support Services	188	3
	Group Support and Rehabilitation	49	11
	Individual Carer Peer Support	360	1
	Individual Carer Support Services	30	4
	Individual Peer Support	257	24

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Individual Support and Rehab linked to early childhood, education and/or employment	487	12
	Individual Support and Rehab linked to enhanced relationships and social participation	151	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	13	3
	Individual Support and Rehab linked to Youth Development	87	16
	Individual Support and Rehabilitation	270	90
	Residential Crisis and Respite Services	27	264
Hunter New England Local Health District	Day Respite	296	60
	Family Support Services	7,354	4
	Flexible Respite	511	66
	Group Based Carer Peer Support	1,120	11
	Group Based Consumer Peer Support	10,730	9
	Group Based Peer Work	1,164	
	Group Carer Support Services	6,604	3
	Group Support and Rehabilitation	1,399	11
	Individual Carer Peer Support	11,785	1
	Individual Carer Support Services	866	4
	Individual Peer Support	8,859	20
	Individual Support and Rehab linked to early childhood, education and/or employment	16,728	12
	Individual Support and Rehab linked to enhanced relationships and social participation	4,366	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	388	3
	Individual Support and Rehab linked to Youth Development	3,038	16
Individual Support and Rehabilitation	7,714	91	
Residential Crisis and Respite Services	811	264	
Illawarra Shoalhaven Local Health District	Day Respite	130	60
	Family Support Services	3,287	3
	Flexible Respite	224	63
	Group Based Carer Peer Support	489	11
	Group Based Consumer Peer Support	4,734	9
	Group Based Peer Work	525	
	Group Carer Support Services	3,074	2
	Group Support and Rehabilitation	602	11

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Individual Carer Peer Support	5,388	1
	Individual Carer Support Services	376	3
	Individual Peer Support	4,141	18
	Individual Support and Rehab linked to early childhood, education and/or employment	7,448	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,961	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	175	3
	Individual Support and Rehab linked to Youth Development	1,421	16
	Individual Support and Rehabilitation	3,333	91
	Residential Crisis and Respite Services	355	264
Mid North Coast Local Health District	Day Respite	76	60
	Family Support Services	1,844	4
	Flexible Respite	131	72
	Group Based Carer Peer Support	294	10
	Group Based Consumer Peer Support	2,434	9
	Group Based Peer Work	354	
	Group Carer Support Services	1,376	3
	Group Support and Rehabilitation	335	11
	Individual Carer Peer Support	2,540	1
	Individual Carer Support Services	221	4
	Individual Peer Support	1,844	24
	Individual Support and Rehab linked to early childhood, education and/or employment	3,690	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,327	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	118	3
	Individual Support and Rehab linked to Youth Development	607	16
Individual Support and Rehabilitation	1,911	88	
Residential Crisis and Respite Services	208	264	
Murrumbidgee Local Health District	Day Respite	92	60
	Family Support Services	2,332	4
	Flexible Respite	159	70
	Group Based Carer Peer Support	347	10
	Group Based Consumer Peer Support	3,273	9

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Group Based Peer Work	375	
	Group Carer Support Services	2,009	3
	Group Support and Rehabilitation	425	11
	Individual Carer Peer Support	3,684	1
	Individual Carer Support Services	267	4
	Individual Peer Support	2,659	21
	Individual Support and Rehab linked to early childhood, education and/or employment	5,281	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,403	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	125	3
	Individual Support and Rehab linked to Youth Development	900	16
	Individual Support and Rehabilitation	2,363	90
	Residential Crisis and Respite Services	252	264
	Nepean Blue Mountains Local Health District	Day Respite	108
Family Support Services		2,751	3
Flexible Respite		187	61
Group Based Carer Peer Support		397	11
Group Based Consumer Peer Support		4,413	9
Group Based Peer Work		360	
Group Carer Support Services		2,728	2
Group Support and Rehabilitation		545	11
Individual Carer Peer Support		4,656	1
Individual Carer Support Services		322	3
Individual Peer Support		3,620	18
Individual Support and Rehab linked to early childhood, education and/or employment		6,893	12
Individual Support and Rehab linked to enhanced relationships and social participation		1,347	4
Individual Support and Rehab linked to navigating the primary and mental health care systems		120	3
Individual Support and Rehab linked to Youth Development		1,250	16
Individual Support and Rehabilitation	2,932	92	
Residential Crisis and Respite Services	297	264	
Northern NSW Local Health District	Day Respite	100	60
	Family Support Services	2,415	3

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Flexible Respite	173	68
	Group Based Carer Peer Support	385	10
	Group Based Consumer Peer Support	3,322	9
	Group Based Peer Work	457	
	Group Carer Support Services	1,858	3
	Group Support and Rehabilitation	449	11
	Individual Carer Peer Support	3,316	1
	Individual Carer Support Services	293	4
	Individual Peer Support	2,494	22
	Individual Support and Rehab linked to early childhood, education and/or employment	4,891	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,712	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	152	3
	Individual Support and Rehab linked to Youth Development	819	16
	Individual Support and Rehabilitation	2,546	89
	Residential Crisis and Respite Services	274	264
Northern Sydney Local Health District	Day Respite	259	60
	Family Support Services	6,452	3
	Flexible Respite	448	60
	Group Based Carer Peer Support	951	11
	Group Based Consumer Peer Support	10,594	9
	Group Based Peer Work	951	
	Group Carer Support Services	6,093	2
	Group Support and Rehabilitation	1,294	11
	Individual Carer Peer Support	10,110	1
	Individual Carer Support Services	783	3
	Individual Peer Support	8,066	18
	Individual Support and Rehab linked to early childhood, education and/or employment	15,353	12
	Individual Support and Rehab linked to enhanced relationships and social participation	3,542	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	317	3
	Individual Support and Rehab linked to Youth Development	2,682	15
Individual Support and Rehabilitation	7,038	91	

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Residential Crisis and Respite Services	711	264
South Eastern Sydney Local Health District	Day Respite	262	60
	Family Support Services	6,215	3
	Flexible Respite	452	60
	Group Based Carer Peer Support	964	11
	Group Based Consumer Peer Support	11,574	9
	Group Based Peer Work	878	
	Group Carer Support Services	6,827	2
	Group Support and Rehabilitation	1,387	11
	Individual Carer Peer Support	11,943	1
	Individual Carer Support Services	813	3
	Individual Peer Support	9,357	17
	Individual Support and Rehab linked to early childhood, education and/or employment	15,004	12
	Individual Support and Rehab linked to enhanced relationships and social participation	3,271	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	293	3
	Individual Support and Rehab linked to Youth Development	3,194	15
	Individual Support and Rehabilitation	7,427	92
Residential Crisis and Respite Services	718	264	
South Western Sydney Local Health District	Day Respite	276	60
	Family Support Services	7,347	3
	Flexible Respite	476	61
	Group Based Carer Peer Support	995	11
	Group Based Consumer Peer Support	11,625	9
	Group Based Peer Work	865	
	Group Carer Support Services	7,562	2
	Group Support and Rehabilitation	1,388	11
	Individual Carer Peer Support	12,842	1
	Individual Carer Support Services	810	3
	Individual Peer Support	9,910	17
	Individual Support and Rehab linked to early childhood, education and/or employment	19,243	12
	Individual Support and Rehab linked to enhanced relationships and social participation	3,229	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	288	3

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Individual Support and Rehab linked to Youth Development	3,425	15
	Individual Support and Rehabilitation	7,420	93
	Residential Crisis and Respite Services	756	264
Southern NSW Local Health District	Day Respite	66	60
	Family Support Services	1,567	3
	Flexible Respite	113	70
	Group Based Carer Peer Support	248	10
	Group Based Consumer Peer Support	2,341	9
	Group Based Peer Work	280	
	Group Carer Support Services	1,246	3
	Group Support and Rehabilitation	309	11
	Individual Carer Peer Support	2,211	1
	Individual Carer Support Services	196	4
	Individual Peer Support	1,657	23
	Individual Support and Rehab linked to early childhood, education and/or employment	3,321	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,047	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	93	3
	Individual Support and Rehab linked to Youth Development	538	16
	Individual Support and Rehabilitation	1,724	89
Residential Crisis and Respite Services	180	264	
Sydney Local Health District	Day Respite	186	60
	Family Support Services	4,343	3
	Flexible Respite	321	60
	Group Based Carer Peer Support	681	11
	Group Based Consumer Peer Support	8,849	9
	Group Based Peer Work	549	
	Group Carer Support Services	5,386	2
	Group Support and Rehabilitation	1,035	11
	Individual Carer Peer Support	9,673	1
	Individual Carer Support Services	588	3
	Individual Peer Support	7,478	17
	Individual Support and Rehab linked to early childhood, education and/or employment	10,970	12
	Individual Support and Rehab linked to enhanced relationships and social participation	2,049	4

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Individual Support and Rehab linked to navigating the primary and mental health care systems	183	3
	Individual Support and Rehab linked to Youth Development	2,594	15
	Individual Support and Rehabilitation	5,457	93
	Residential Crisis and Respite Services	510	264
Western NSW Local Health District	Day Respite	94	60
	Family Support Services	2,316	4
	Flexible Respite	162	72
	Group Based Carer Peer Support	356	11
	Group Based Consumer Peer Support	3,378	9
	Group Based Peer Work	340	
	Group Carer Support Services	2,082	3
	Group Support and Rehabilitation	453	11
	Individual Carer Peer Support	4,026	1
	Individual Carer Support Services	274	4
	Individual Peer Support	2,785	22
	Individual Support and Rehab linked to early childhood, education and/or employment	5,469	12
	Individual Support and Rehab linked to enhanced relationships and social participation	1,283	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	113	3
Western Sydney Local Health District	Day Respite	264	60
	Family Support Services	6,597	3
	Flexible Respite	456	60
	Group Based Carer Peer Support	946	11
	Group Based Consumer Peer Support	11,947	9
	Group Based Peer Work	764	
	Group Carer Support Services	7,039	2
	Group Support and Rehabilitation	1,420	11
	Individual Carer Peer Support	11,956	1
	Individual Carer Support Services	810	3
	Individual Peer Support	9,338	18
	Individual Support and Rehab linked to early childhood, education and/or employment	17,364	12

LOCAL HEALTH DISTRICT	TAXONOMY SERVICE ELEMENT	POPULATION REQUIRING SERVICE ELEMENT	AVERAGE HOURS PER PERSON PER YEAR
	Individual Support and Rehab linked to enhanced relationships and social participation	2,851	4
	Individual Support and Rehab linked to navigating the primary and mental health care systems	255	3
	Individual Support and Rehab linked to Youth Development	3,196	15
	Individual Support and Rehabilitation	7,502	93
	Residential Crisis and Respite Services	724	264

Appendix 5: Psychosocial Support Expenditure by LHD boundary in 2022/23

Table 24: Aggregated expenditure for psychosocial support by LHD boundary for 2022/23¹²⁸

Local Health District	Commissioning Source	Expenditure	Consumers Supported
Central Coast Local Health District	NSW Health and LHD	4,487,020	288
	NDIS	60,450,000	930
	PHN*	922,425	270
	DCJ	161,000	41
	Total	66,020,445	1,529
Far West Local Health District	NSW Health and LHD	985,796	79
	NDIS	6,600,000	110*
	PHN*	822,188	85
	Total	8,407,984	274
Hunter New England Local Health District	NSW Health and LHD	11,284,081	1,701
	NDIS	252,909,000	2,907
	PHN*	2,465,925	722
	Total	266,659,006	5,330
Illawarra Shoalhaven Local Health District	NSW Health and LHD	6,714,193	1,254
	NDIS	93,834,000	1,203
	PHN*	1,797,344	727
	Total	102,345,537	3,184
Mid North Coast Local Health District	NSW Health and LHD	4,866,741	262
	NDIS	48,516,000	622
	PHN*	767,129	300
	Total	54,149,870	1,184
Murrumbidgee Local Health District	NSW Health and LHD	5,154,676	341
	NDIS	45,220,000	646
	PHN	2,356,406	382
	Total	52,731,032	1,369
Nepean Blue Mountains Local Health District	NSW Health and LHD	6,694,311	480
	NDIS	69,255,000	855
	PHN	1,765,280	247
	Total	77,714,591	1,582
Northern NSW Local Health District	NSW Health and LHD	8,548,965	664
	NDIS	68,328,000	936
	PHN*	1,032,871	403
	Total	77,909,836	2,003

¹²⁸ This table reports NDIS funds expended, not budgeted. The NDIS expenditure was calculated by multiplying the participant numbers from each LHD from the 'participants numbers and plan budgets report June 2023' by the average annual payments figure for each LHD in the 'average payments data Jun 2023 report'. NDIS participants for Far West LHD were simply identified as less than 110 in the participants numbers and plan budgets report June 2023 thus the number 110 was used to calculate expenditure. Where an * appears the relevant PHN covers two LHDs, and the data was split on a population basis across the two LHDs.

Local Health District	Commissioning Source	Expenditure	Consumers Supported
Northern Sydney Local Health District	NSW Health and LHD	6,084,662	405
	NDIS	88,000,000	1,375
	PHN	2,302,688	560
	Total	96,387,350	2,340
South Eastern Sydney Local Health District	NSW Health and LHD	8,493,279	976
	NDIS	126,522,000	1,562
	PHN*	2,619,270	1,781
	DCJ	176,000	45
	Total	137,810,549	4,364
South Western Sydney Local Health District	NSW Health and LHD	12,239,694	658
	NDIS	258,746,000	2,441
	PHN	3,667,648	700
	Total	262,413,648	3,141
Southern NSW Local Health District	NSW Health and LHD	3,569,729	345
	NDIS	27,108,000	502
	PHN*	939,255	380
	Total	31,616,984	1,227
Sydney Local Health District	NSW Health and LHD	8,793,766	668
	NDIS	103,880,000	1,484
	PHN*	1,932,264	1,314
	DCJ	176,000	45
	Total	114,782,030	3,511
Western NSW Local Health District	NSW Health and LHD	7,324,804	431
	NDIS	58,223,000	737
	PHN*	7,648,601	793
	Total	73,196,405	1,961
Western Sydney Local Health District	NSW Health and LHD	12,069,398	474
	NDIS	200,032,000	2,128
	PHN	2,344,903	920
	Total	214,446,301	3,522
Statewide Coverage (not LHD specific)	NSW Health and LHD ¹²⁹	12,480,735	86
	NDIS	0	0
	PHN	0	0
	DCJ	20,128,667	383
	Total	32,609,402	469

¹²⁹ This includes all the funding for HASI Plus, along with a small allocation to Albury Health Service

Appendix 6: Gap in available psychosocial support by LHD in 2022/23

Local Health District	Psychosocial support population need \$ estimate ¹³⁰	Psychosocial support \$ actual ¹³¹	Surplus / Deficit in \$	Minimum population requiring support ¹³²	Actual population receiving support ¹³³	Surplus / Deficit in population supported
Central Coast LHD	39,810,518	66,020,445	26,209,927	7268	1,529	-5,739
Far West LHD	3,876,530	8,407,984	4,531,454	659	274	-385
Hunter New England LHD	115,676,388	266,659,006	150,982,618	20239	5,330	-14,909
Illawarra Shoalhaven LHD	50,353,122	102,345,537	51,992,415	8926	3,184	-5,742
Mid North Coast LHD	27,713,588	54,149,870	26,436,282	5038	1,184	-3,854
Murrumbidgee LHD	36,098,594	52,731,032	16,632,438	6342	1,369	-4,973
Nepean Blue Mountains LHD	44,660,055	77,714,591	33,054,536	7641	1,582	-6,059
Northern NSW LHD	36,433,124	77,909,836	41,476,712	6644	2,003	-4,641
Northern Sydney LHD	102,726,393	96,387,350	-6,339,043	18069	2,340	-15,729
South Eastern Sydney LHD	107,971,921	137,810,549	29,838,628	18016	4,364	-13,652
South Western Sydney LHD	117,331,398	262,413,648	145,082,250	20035	3,141	-16,894
Southern NSW LHD	24,646,000	31,616,984	6,970,984	4391	1,227	-3,164
Sydney LHD	80,383,609	114,782,030	34,398,421	12855	3,511	-9,344
Western NSW LHD	38,359,313	73,196,405	34,837,092	6422	1,961	-4,461
Western Sydney LHD	113,179,807	214,446,301	101,266,494	18822	3,522	-15,300

¹³⁰ This calculation includes prevention packages for >12 years as these cannot be extracted by report at the LHD level. Thus, the total of this column is escalated by around \$31.5m to the statewide total in table 6. This inflates each LHD figure by approximately 3.5% (see table 6 \$31.5m/\$907m)

¹³¹ These figures exclude the \$32.6m in services identified as statewide in Appendix 5

¹³² The total sum of this column is 161,367. The difference of 4 persons to the statewide minimum identified in the body of the report of 161,371 is simply due to rounding in individual calculations.

¹³³ These figures exclude the 469 persons supported by 'statewide' resources identified in Appendix 5.

Appendix 7: NDIS Plan budget expenditure by LHD Boundary 2022/23

Table 26: Average percentage of NDIS plan budget utilised by LHD 2022/23FY

Local Health District	Avg Annualised Payment	Avg Annualised Budget	Utilisation¹³⁴
Central Coast	65000	89,000	73.03%
Far West	60000	95,000	63.16%
Hunter New England	87000	112,000	77.68%
Illawarra Shoalhaven	78000	100,000	78.00%
Mid North Coast	78000	104,000	75.00%
Murrumbidgee	70000	93,000	75.27%
Nepean Blue Mountains	81000	109,000	74.31%
Northern Sydney	64000	95,000	67.37%
Northern NSW	73000	94,000	77.66%
South Eastern Sydney	81000	106,000	76.42%
South Western Sydney	106000	121,000	87.60%
Southern NSW	54000	77,000	70.13%
Sydney	70000	97,000	72.16%
Western NSW	79000	123,000	64.23%
Western Sydney	94000	120,000	78.33%
ALL	83000	107,000	77.57%

¹³⁴ Please note that the NDIS data is almost certainly rounded, and so these figures should not be considered exact.

A Note on the consultant

This analysis was undertaken by David McGrath, the principal consultant at David McGrath Consulting. David has thirty years' experience in the Mental Health and Drug & Alcohol fields incorporating research, clinical, operational, policy and leadership roles and has extensive experience in policy development, intergovernmental relations, clinical systems and governance. He has qualifications in psychology, business, and law.

David McGrath Consulting has undertaken projects in most Australian Jurisdictions including development of the Fifth National Mental Health and Suicide Prevention Plan on behalf of Commonwealth Health, a review of the forensic mental health system in the Northern Territory, an assessment of the impact of the NDIS on psychosocial service provision in mental health and the development of a new policy model for Non-Government Drug & Alcohol Services in NSW.

David was previously the Executive Director of Mental Health and Drug & Alcohol Programs for the NSW Government for ten years and held national leadership roles in both Mental Health and Drug & Alcohol. This provides extensive knowledge of the operation of mental health service systems within whole of government frameworks and the interoperation of government agencies. He was also Chair of the Executive group responsible for the development of version 1 of the National Mental Health Service Planning Framework.

More recently David was the Chief Operating Officer of the Special Commission of Inquiry into the Drug 'Ice' and other Amphetamine Type Stimulants for the NSW Government working with senior judicial and legal staff to present options to the NSW Government to respond to the use of these drugs in NSW. This experience further built on his experience in the interaction of clinical and legal paradigms.



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