ASPIRE | Australian Social Prescribing Institute of Research and Education

SUBMISSION TO THE NSW MENTAL HEALTH COMMISSION

DEVELOPMENT OF THE NEXT NSW MENTAL HEALTH AND WELLBEING STRATEGY

AUSTRALIAN SOCIAL PRESCRIBING INSTITUTE
FOR RESEARCH AND EDUCATION

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ASPIRE Australian Social Prescribing Institute of Research and Education

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About this submission

The Australian Social Prescribing Institute for Research and Education (ASPIRE) welcomes the opportunity to contribute to the development of the new NSW Mental Health and Wellbeing Strategy.

ASPIRE is Australia's first and foremost authority solely dedicated to advancing social prescribing through research, connections, evidence, and education.

This submission draws on insights, knowledge and evidence curated through many opportunities available through ASPIRE. These include active engagement in knowledge networks, global study tours, strategic events and policy roundtables, research conducted by several Research Partners from Australia's most reputable universities and Expert Panel Chairs who are recognised as scientific and policy experts in their fields:

- Associate Professor J.R. Baker
- Associate Professor Eric Brymer
- Dr Rosanne Freak-Poli
- Professor Thomas Astell-Burt
- Associate Professor Christina Aggar
- Professor Yvonne Zurynski
- Associate Professor Michele Bissett
- Ms Leanne Wells
- Professor Genevieve Dingle
- Professor Xiaoqi Feng
- Professor Susan Kurrle
- Dr Kuljit Singh

The mental health service system in NSW

What's working?

ASPIRE does not hold a narrow view of the NSW mental health service system. We see it extending beyond public hospitals, emergency departments, community and residential mental health care to encompass a network of public, private and community organisations, programs and services that provide comprehensive care, promotion, prevention, early intervention, treatment and recovery support for people, their families and carers affected by mental health issues or illness.

We appreciate that the NSW Government does not have direct policy and funding responsibility for some aspects of the wider system but is, nonetheless, in a position to influence the manner in which elements integrate and relate to each other as well as to play a role shaping the direction of national reform as various intergovernmental agreements are made.

There are some aspects of the NSW mental health service system that are working well. Some of these are reflective of promising policy intent and some early forays in implementation rather than across-the-board, systemic and sustained funding and implementation. They include:

- **Whole-of-government responses**: there is recognition that a coordinated, whole-of-government approach as well as collaboration across different sectors such as health, housing and education is needed to strengthen the state's mental health service system and to promote better community mental health.

- **Growing recognition of social determinants and holistic wellbeing:** NSW policy directions are increasingly acknowledging that factors other than clinical treatment such as housing, income, culture, connection and purpose shape mental health outcomes. This aligns with the international shift to personalised care approaches that ask, "What matters to me?" and co-produce support plans with consumers. Initiatives such as community-managed mental health services and recovery-oriented practice also reflect this shift.

    - In particular, the NSW Parliament's inquiry into the prevalence, causes and impacts of loneliness recognises the profound impacts that loneliness and social isolation can have on physical and mental health, including the relationship between loneliness and suicide. The impact of loneliness on health is magnified for those who live in postcodes of disadvantage where other factors such as poor public transport and a lack of green spaces come into play.

- **Scope for intergovernmental collaboration and early investment in integrated, stepped models of care:** Joint planning, and in some instances small steps towards collaborative commissioning between Primary Health Networks (PHNs), Local Health Districts (LHDs), and community services, has begun to build bridges between medical and psychosocial supports, both of which are funded by the different levels of government.

- **Integration into universal primary health care**: while largely a product of Australian Government investment through Medicare and PHNs, the availability of GP mental health plans, subsidised private psychology and mental health allied health consultations and other community based mental health services such as headspace, are of great benefit to the NSW community and offer the prospect of further integration with state initiatives.

- **Commitment to prevention and early intervention:** NSW has demonstrated a willingness to prioritise upstream, preventive approaches through school-based mental health programs, community education campaigns, and wellbeing initiatives that reach beyond hospitals and specialist services, although more investment is needed to realise this shift.

- **Attention to suicide prevention**: nominating suicide prevention as a particular focus is commendable. Given risk factors such as isolation increased anxiety, comorbid drug use and mental health conditions, suicide and self-harm rates are an indication of the effectiveness of the mental health system.

What's not working?

The Commission's Consultation Paper provides a useful summary of the many factors that continue to challenge the efficiency and effectiveness of the mental health services system in NSW around which there is much consensus primarily because they draw from several earlier but still highly relevant national and state level policy reviews and reports.

If the service system is to prevent mental health conditions and suicide, intervene earlier and strike a better balance between community based and acute care in the interests of sustainability and the delivery of fit-for-purpose care, ASPIRE believes the following are profoundly important to address:

- system fragmentation: overcoming barriers to first-time access, connected care and smooth referral pathways and ensuring a 'no wrong door' experience for consumers
- health literacy: knowing where to go and how to navigate the system
- primary care as the first take care to where people are by building the capacity of local primary care systems by introducing or strengthening stepped models of care
- making smart but safe use of digital solutions to both better connect care and support self-care
- better addressing the intersections between mental and physical health
- the intersections between mental health services and the National Disability Insurance Scheme (NDIS).

A system is not a system without appropriate workforce. ASPIRE fully supports the emphasis in the Consultation Paper on workforce as a common theme to tackle urgently. There is more work to be done on several fronts including strengthening multidisciplinary team approaches both within mental health services as well as within primary care and across heath and community service settings. Attention also needs to be paid to making better use of underutilised workforces to ensure they are appropriately remunerated and contributing to their full scope of practice.

Emerging workforce such as peer workers and social prescribing link workers are untapped assets however they are not sufficiently embedded in the mental health workforce and teams despite their capacity to engender trust and provide emotional and other supports and shared understanding from their own lived experience in the case of peer workers, and to connect people with services and supports that can serve as protective factors and guard against mental illness exacerbation in the case of link workers.

What needs to change?

Despite progress, the system remains overly weighted toward clinical responses and crisis care.

The evidence that mental health and wellbeing is deeply shaped by social determinants, such as connection, purpose, housing, education, and employment, is growing. This is accompanied by a realisation that health systems need structured approaches to respond to these factors.

The NSW mental health system must respond to what matters to people, not just what the system can offer. The new Mental Health and Wellbeing Strategy must prioritise access, continuity, and connection through community-based supports and personalised pathways.

To improve outcomes, NSW must:

- **Address social determinants more systematically**: many people presenting with mental health distress have underlying issues of loneliness, unemployment, insecure housing, and disconnection from community. Services remain poorly equipped to respond to these non-clinical drivers.

- **Overcome fragmentation of services, navigation and short-term funding:** consumers often experience siloed systems with little coordination between GPs, mental health services, and community supports. This creates barriers to recovery and adds to service navigation challenges. Consumers face siloed referral processes and short-lived pilots. Evidence syntheses emphasise that the relational work of link workers and the stability of the community sector are critical to outcomes, yet these are rarely funded at scale.

- **Take a more systematic response to social need**: frontline services often lack structured pathways to address loneliness, financial stress, housing insecurity and cultural disconnection that underpin distress. Without funded link workers and commissioned community supports, clinicians have few options beyond clinical care.

- **Leverage and extend investment in social prescribing infrastructure**: while pilot programs have shown positive outcomes, NSW lacks a systematic, scaled approach to social prescribing that links health services with community-based supports.

- **Tackle equity gaps**: people from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, and those living in rural and regional NSW experience higher levels of unmet need with fewer available supports.

How should change happen?

As a research and education network with a primary focus on social prescribing, ASPIRE relies on mental health and suicide prevention experts, researchers, individuals with lived experience, and relevant organisations to advise on necessary changes. However, we offer the following general remarks about what could drive change to mental health and wellbeing in NSW:

- **Centralisation-decentralisation**. Lasting system change is invariably achieved by striking the right balance between centralised and decentralised decision-making. It is generally not achieved through 'top down' actions such as government leadership, policy and legal settings and performance criteria and monitoring alone. Such actions are effective when combined with local autonomy and translation through service planning, design, integration and delivery, although, as discussed in this piece by Professor Stephen Duckett there are occasions where, from an equity and efficiency standpoint, central specification and provision might be the better option.

- **Whole-of-government**. A whole-of-government strategy developed in collaboration with lead clinicians, lived experience advisers, researchers, business, the community sector and all relevant government department agencies
- **Leadership**. A whole-of-government leadership group operating out of the Department of Premier and Cabinet should coordinate, monitor and publicly report progress.
- **Place-based and neighbourhoods**. As we recommended in our response to the Productivity Commission's Interim Report on the Review of the National Mental Health and Suicide Prevention Agreement, future mental health and wellbeing policies and funding regimes must do more to embed place-based, community-connected, neighbourhood focused integrated, multidisciplinary models of care that are responsive, preventative and equitable.
- **System partnerships**. Use partnerships between LHDs, PHNs, local government and others to jointly plan, co-commission and integrate programs and services. This follows the principle of subsidiarity which advocates that decisions should be made by the people and groups most directly affected by them through the most local feasible 'unit' and that governments should frame policy, set standards, provide guidelines and appraise performance. This approach emphasises empowering individuals and communities to address their own needs with high levels of authority only intervening where necessary to support and create conductive conditions.
- **Re-balanced investment**. Investment needs to be appropriately balanced across the prevention-early intervention-sub-acute-acute care spectrums, with a marked shift in investment to prevention and early intervention through the allocation of greater funding to community-based, low-intensity supports that keep people well and reduce pressure on emergency and hospital services.
- **Workforce.** A review of the NSW Health Workforce Plan 2022-2032 to assess if it adequately guides the implementation of strategies to attract, train retain a skilled mental health workforce and consider a separate mental health workforce strategy.

As the Commission itself and other organisations acknowledge, social determinants drive a significant degree of mental distress and suicide risk. Traditional clinical interventions alone are insufficient. Social prescribing offers a structured way to connect individuals with non-clinical supports that address some of the risk factors and exacerbators of mental distress such as loneliness, housing instability, unemployment, family conflict, and community disconnection.

As a practical, scalable response to suggestions for reducing pressure on the mental health service system and for promoting wellbeing, social prescribing can be a powerful change driver. To bolster investment in evidence-informed prevention of mental health conditions ASPIRE recommends embedding social prescribing into the mental health system as among the single-most effective investments the NSW Government could make.

The capacity of social prescribing to have an impact on one of the greatest risk factors for mental ill-health and suicide was recognised in Recommendation 3 of NSW Parliamentary Inquiry into the prevalence, causes and impacts of loneliness: "that the NSW Government, in consultation with the healthcare sector and community organisations, further investigate social prescribing as a possible strategy for assisting those experiencing loneliness with pathways to social connection."

Implementing a state-wide social prescribing initiative could be achieved through the following steps:

- **Develop a statewide social prescribing framework:** The framework would serve as guidelines for local implementation and set expectations and parameters including clear referral pathways from primary care, mental health services, and other entry points around eligibility, link workers functions and competencies, commissioned community offers (e.g. arts, sport, nature, carer support), feedback loops, data sharing and privacy.

- **Invest in the role of link workers** located in appropriate service hubs such as general practices, neighbourhood centres, community mental health and community pharmacy, who can connect people to community, cultural, and wellbeing activities that address the social drivers of distress. Introduce this workforce with the support of a competency framework, education and training such as accredited micro-credentials and peer supervision.

- **Build the digital rails** including:
  - e-Referral & directory: Integrate a statewide, continuously curated community services directory into GP software and *HealthPathways* with two-way feedback (attendance, completion, outcomes).
  - Data model**:** Capture person-reported outcomes (loneliness/connection, capability, participation, purpose), service utilisation, and equity/access measures.

- **Commission community capacity, not just referrals:** To be optimal this should include:
  - Local micro-grants for place-based activities that drive connection and meaning (arts on prescription, Men's Sheds, bushcare, language/culture, peer groups, walking football, volunteering) with multi-year funding to avoid "pilot churn."
  - Support/engagement of 'anchor' organisations (councils, ACCOs, multicultural services, neighbourhood centres) to steward local asset maps, referral lists and administer micro-grants for new community groups.
  - Leisure & sport partnerships (libraries, parks, clubs, museums).

- **Prioritise equity and inclusion:** Require co-design social prescribing approaches with Aboriginal and Torres Strait Islander organisations, multicultural communities, people with lived experience, and regional/rural communities.

- **Measure outcomes that matter to people:** Move beyond clinical symptom reduction as the primary outcome measure and track improvements in social connection, participation, purpose, and quality of life.

Mental health and wellbeing in NSW

What could improve mental health and wellbeing across our communities?

Wellbeing is measurable and is increasingly being recognised as an important barometer on how well society is doing with many Australian jurisdictions adopting various forms of wellbeing frameworks or budgets. This includes NSW which introduced a *Performance and Wellbeing Framework* in the 2025-2026 State Budget papers, designed to measure and report on the quality of life and progress in areas beyond just economic growth.

The Consultation Paper provides a comprehensive summary of the social, economic and environmental determinants of mental health and wellbeing. These include cultural and creative outlets, financial security, social connections, accessible green spaces, educational and recreational opportunities and online access.

Social prescribing is a proven intervention that can be embedded in existing care systems to facilitate awareness of and access to these opportunities. As we have indicated earlier in this submission, to improve mental health and wellbeing across NSW communities, ASPIRE recommends embedding social prescribing into the mental health system.

Social prescribing shows promise as a cost-effective approach to improving health-related quality of life and wellbeing in general populations. Growing evidence in Australia and overseas shows that social prescribing:

- Reduces psychological distress and service demand
- Improves mental wellbeing and quality of life
- Enhances community participation and self-agency.

A recent study of an Australian social prescribing program Social Rx®, an ongoing PHN funded initiative implemented in Northern Sydney, found that **social prescribing can improve wellbeing outcomes among people experiencing mental illness**. Social prescribing improved health-related quality of life, subjective health, mental wellbeing, general wellbeing and psychological distress ($p < 0.001$ across all domains). Crucially, benefits were consistent across different mental health diagnoses, gender, and care intensity levels, including for people requiring moderate to high levels of stepped mental health care.

This is the **first international study** to demonstrate that the effectiveness of social prescribing holds regardless of the participant's clinical complexity or stepped care level, as determined by the nationally implemented Initial Assessment and Referral Decision Support Tool (IARDST). These findings directly support the inclusion of social prescribing as a core component of stepped care models, not just as a light-touch wellbeing intervention, but as a valuable adjunct in moderate-to-high intensity mental healthcare pathways.

Further, the social prescribing program evaluated in this study was embedded within the PHN structure, with referrals via Medicare Mental Health services and GPs, and delivered by

link workers with formal social work qualifications. This demonstrates that a structured, scalable, and effective model is already operational within the Australian context, commissioned by a PHN and producing outcomes comparable to international evidence. The Social Rx program suggests **broad applicability within mental health services** rather than targeting specific diagnoses and that Australian mental healthcare systems can practically and successfully implement social prescribing programs with positive outcomes.

There are many other examples of social prescribing programs globally and nationally that are additional sources of learning about models that can be drawn on and adapted for state-wide implementation. Much of the international evidence is curated by the UK National Academy for Social Prescribing (NASP) and the Canadian Institute for Social Prescribing (CISP). Many of the other Australian initiatives are curated on the ASPIRE website.

What roles should NSW Government department and agencies play in that?

As the Consultation Paper acknowledges, several NSW Government public sector agencies have a pivotal role to play in promoting and protecting mental health and wellbeing. The Government and relevant agencies fulfil various roles in improving mental health and wellbeing in communities. With regard to the mental health service system, these roles are discussed at length in our responses to other consultation questions and include policy setter and funder, performance monitor and system architect, particularly with regard to intergovernmental agreements with the Australian Government through to setting up arrangements for place-based service commissioning. The NSW Government is ultimately and should remain the party accountable for the performance of the mental health system for which it has direct policy and funding responsibility.

With regard to community wellbeing, ASPIRE has noted the 14 recommendations from the NSW Parliamentary Inquiry into Performance and Wellbeing, and welcome the NSW Government's support of the recommendations – ten in full, four in-principle. We particularly note support for place-based approaches to implementing wellbeing programs and data development to better measure wellbeing.

General reflections

How will we know that we are making a difference?

Determining whether the implementation of the Strategy is making a difference is a matter of **measuring the right things** – data that will inform future service and system improvement as well as data that tracks consumer and carer outcomes.

The new National Mental Health and Wellbeing Strategy should be accompanied by a performance and accountability framework that includes targets and outcome measures that not only measure clinical metrics such as improvement and recovery at a population levels, but also capture connection, participation and quality of life. Co-design of the targets and measures is essential, as in the inclusion of patient reported outcome and experience measures.

Other remarks

ASPIRE recommended a number of system design principles to the Productivity Commission. These principles should also be reflected in the new NSW Mental Health and Wellbeing Strategy:

- **Place-based governance:** Joint regional planning and commissioning between PHNs and LHNs, informed by lived or living experience, community insights and data
- **Prevention and early intervention:** Investment across the spectrum, not just crisis and acute care
- **Integration of health and social care:** Support for community partnerships, social prescribing, and non-clinical pathways to address the impact of social determinants on mental health outcomes
- **Lived experience leadership:** Consumers and carer involvement in co-design, decision-making and workforce roles at all levels,
- **Whole-of-government framing:** recognising that actions beyond those taken by health departments and mental health services can have a positive impact on mental health outcomes.

In summary, NSW now has the opportunity to shift from an over-reliance on clinical and crisis responses to a model that systematically addresses the social drivers of mental health. Social prescribing, using a structured referral and support that links people to non-clinical community resources via trained link workers, offers a practical and scalable way to reduce distress, build connection and purpose, and ease pressure on acute services. Evidence from the UK NHS rollout and Australian pilots shows improved self-rated wellbeing, reduced loneliness, and better navigation of care when social prescribing is embedded with skilled link workers and strong community partners. NSW should adopt a statewide framework, workforce and commissioning model for social prescribing, with outcome measures that capture connection, participation and quality of life alongside clinical metrics.