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Evaluation of the NSW Mental Health – Community Living Supports for Refugees Program (2019–21)

Short Summary of the Final Report

June 2022

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Purpose of this document

This is a short summary extracted from the Final Report prepared by Human Capital Alliance (International) Pty Ltd (HCA) for the Mental Health Branch, NSW Ministry of Health (MoH).

The Final Report is for a process evaluation of the Mental Health Community Living Supports for Refugees (MH–CLSR) program. This report describes and analyses findings across three rounds of data collection carried out over the first two years of establishing the program. The evaluation commenced in late 2019 and was completed in September 2021.

Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional custodians of Australian lands and waters. We acknowledge the wisdom of Elders past, present and emerging, and pay respect to all Aboriginal and Torres Strait Islander peoples and communities of today.

This report was prepared on Awabakal, Eora (Gadigal), Gumbaynggirr and Ngunnawal Country.

We also acknowledge the lived experience of refugees and asylum seekers and people living with a mental health issue.

HCA would like to acknowledge the assistance provided by the staff of community managed organisations (CMOs) and MoH staff (especially Upekha Nadarajah, the Senior Policy Officer, Supported Living and Jackie Robertson from the Centre for Epidemiology and Evidence [CEE]) to conduct the baseline, mid-term and final data collection rounds for the evaluation. We would also like to thank consumers, CMO staff and local health district (LHD) stakeholders for participating in interviews.

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MH-CLSR EVALUATION SHORT SUMMARY

ABOUT THE PROGRAM

The Mental Health Community Living Supports for Refugees (MH-CLSR) program was established in June 2019. It is based on the well-established NSW Health Community Living Supports (CLS) program but aims to meet the needs of refugees and asylum seekers. Both programs help people with mental illness to recover and live in the community with as little ongoing help as possible.

Unlike the CLS program, a person does not need a formal mental illness diagnosis to receive support from the MH-CLSR program. The MH-CLSR program is also unique in that it is open to refugees and asylum seekers of all ages within the first 10 years of arriving in Australia, with support for the entire family considered. It is the first program of its kind in Australia and internationally to provide support in this way to this community group.

The MH-CLSR is currently available in seven NSW local health districts (LHDs) where a large number of refugees and asylum seekers live. The NSW Ministry of Health (The Ministry) administers the program and contracts community managed organisations (CMOs) who specialise in mental health and refugee settlement to deliver the program. This occurs in partnership with LHD mental health services. In 2021-22 the program received $5.1 million in recurrent annual funding.

ABOUT THIS EVALUATION

The Ministry commissioned this evaluation for the first two years of the program (2019 - 2021), to assess whether it was being implemented and governed as intended. Data sources included key documents, interviews, surveys and administrative data. Responses from service providers and consumers were included. The analysis involved comparing and combining data collected over three points in time.

By the end of the evaluation period 165 consumers were receiving support from MH-CLSR. This is more than double the number of people CMOs were contracted to support (79). Of those who received support 54% were refugees and 39% were people seeking asylum, with a small number with 'other' or unknown visa status.

The average time consumers remained in the program was 357 days. The most common type of support provided was to help consumers with their mental health, daily living skills and accessing other services. Depression, post-traumatic stress disorder (PTSD), and anxiety were the most common diagnosis for which consumers received mental health support.

There were differences in the support needs and type of support provided depending on where consumers lived. Sometimes this was because other local services were present to help with their needs. There were also differences based on the mix of refugees compared to

asylum seekers in the location. Asylum seekers were reported to need more help with basic living needs than refugees.

At a broad summary level, the evaluation has found the strengths of the program are:

- The program has a clear and strong purpose and direction, and in most cases the model of care is being followed.
- There is a high level of trust and satisfaction with the program amongst consumers. Consumers report the program is easy to engage with. They find it flexible and report that it meets their needs.
- CMOs and LHDs also report a high level of satisfaction with the program and with the Ministry's management of it.
- CMOs have recruited a suitable workforce to support delivery of the program, and they have established successful connections with local community organisations.
- Pathways to refer consumers to local health services are in most cases effective.
- Partnership arrangements between CMOs and LHDs are functional and supportive of program needs.
- The program delivers a need for refugees and asylum seekers that is not met by the mainstream CLS program.

AREAS IDENTIFIED FOR FURTHER IMPROVEMENT

To improve CMO practice the Ministry could provide guidance to CMOs on:

- Effective ways to help consumers develop their goals; plan their recovery and exit from the program; and the types of support needed to achieve this.
- How to support a consumer's family members.
- When to help consumers with travel.
- How to best support asylum seeker consumers.
- Adjusting the types of support and hours of support so that consumers can reach their goals more easily.
- Including in the Individual Support Plan (ISP) how a consumer may 'step-down' or transition out of the program in a planned way.
- Introducing good client record management systems so that consumer information can be captured and analysed more easily.
- Using the Living in the Community Questionnaire (LCQ) outcome measures to see if the supports provided to consumers are effective.
- What community engagement means in MH-CLSR and the types of community engagement activities that CMOs should undertake in the program.
- Best practice clinical supervision that CMOs could undertake with their support workers including frequency, amount of time and quality.
- Identifying the training needs of CMOs and developing strategies to meet these.

To improve program operation, partnerships and governance:

- Explore the use of alternative outcome measure tools to the LCQ that may be easier for consumers to complete.
- Distribute examples of excellent shared care practices that are currently in place between some CMO and LHD workers to promote better shared care of consumers.
- LHDs could nominate an operational level contact for CMOs to liaise with to discuss consumer support issues and LHD processes.
- Organise information to CMOs and LHDs about consumer access to income support and health care in specific visa categories.
- Continue to capture CMO expenditure data (six monthly) and share findings with all CMOs that could promote more efficient operational spending.

The above opportunities may be implemented to further improve the program and are set out in more detail at the end of the Executive Summary.

Finally, good practice was evident throughout the evaluation. It shows that MH-CLSR is being governed and delivered according to the intended model of care, and that it is a valuable addition to the existing suite of community based psychosocial support programs delivered by NSW Health.

A future impact evaluation of the program may determine whether the program has resulted in improved mental and physical health and well-being outcomes for refugee and asylum seeker consumers. A proposed methodology for an impact evaluation of this program is provided at Appendix 4.