

# MHAAT PROPOSAL FACTSHEET



## KEY POINTS

### **MHAAT EXPANSION**

NSW Health plans to extend the existing Mental Health Acute Assessment Team (MHAAT) model outside the WSNBM Sector for a 12-week trial starting mid-February.

### **STAFFING**

NSW Health preference is to use experienced mental health nurses. If unavailable, social workers or other allied health professionals may be considered.

### **INTEGRATION WITH SOT**

Mental health staff will be attached to existing Special Operations Team (SOT) resources, which are already understaffed.

### **SOLUTION**

APA (NSW) supports the use of dedicated resources with ECPs, not SOT for this trial.

# MHAAT MODEL

## ORIGIN

- Initially ECP + MH Nurse (later changed to P1 + MH Nurse following a Workforce Planning decision).
- The original aim was to ensure that medical assessment (by the Paramedic/ECP) and mental health assessment (by the Nurse) occurred at the same time in the field.

- Established in WSNBM in 2013 as a trial to reduce unnecessary ED presentations by providing on-the-spot mental health assessments and direct referrals.

## PREVIOUS MODEL

## BENEFITS OF THE MODEL

Increases non-transport rates by safely managing patients at home

Reduces unnecessary ED presentations

Direct transfer to dedicated mental health facilities when necessary.

Better patient experience and more efficient use of health resources.

## WHY ECPS?

- APA (NSW) supports the use of ECPs in the MHAAT model.
- Core Role: ECPs are skilled at ruling out organic causes and managing complex medical presentations out of hospital.
- Focus on Assessment: The mental health assessment itself is led by the Nurse/CNC, who has specialist mental health training.
- ECPs and P1s both bring valuable skills, but NSW Ambulance does not train broader paramedic cohorts in advanced assessment, diagnosis and referral in the out of hospital environment.

# APA (NSW) CONCERNS

## **ILL-CONCEIVED PLAN**

Lack of clarity around patient transport (SOT cars can't transport).

Unclear how to handle conflicts between mental health and SOT job demands.

Unclear what happens to the nurse or social worker if the SOT resource is dispatched elsewhere.

## **OUR MENTAL HEALTH PATIENTS SHOULD NOT BE AN AFTERTHOUGHT**

Tying MHAAT to existing SOT resources suggests mental health care is a secondary focus and undermines the specialist nature of the service.

## **POOR HEALTHCARE MODEL**

Basing specialist mental health on whether a SOT car is free is inefficient and not patient-centered.

## **UNDERMINING OTHER HEALTH WORKERS' CAMPAIGN**

The proposal appears intended to fill gaps from psychiatrists' industrial action.

This undermines efforts to secure better resources for mental health services.

## **RISK TO PATIENTS AND CLINICIANS**

The plan implies paramedics and nurses could replace psychiatrists in evaluating who should or shouldn't be transported for higher-level care, potentially increasing risk.

## **LACK OF POLITICAL WILL + FUNDING**

Basing specialist mental health on whether a SOT car is free is inefficient and not patient-centered.

## **SUPPORT FOR PSYCHIATRISTS' POSITION**

Psychiatrists' concerns about chronic understaffing are valid. Paramedics also see the impact of under-resourcing every day.

# MH ENQUIRY SUBMISSIONS

- In 2023, APA (NSW) made detailed submissions to the NSW Government Inquiry into outpatient and community mental health care.
- Key Message: Mental health presentations in the community are rising steadily, requiring serious, comprehensive solutions.
- We are advocating for improved mental healthcare funding and a more sustainable MHAAT approach—not a short-term fix that undermines other clinical workforces or puts patients and clinicians at risk.

## WANT TO KNOW MORE?

### TRANSCRIPT

A detailed transcript of APA (NSW) evidence provided to the Parliamentary Committee (from 17 November 2023) can be found [here](#).

### FULL SUBMISSIONS

Full APA (NSW) submissions to the Inquiry are also available [here](#).

## SUMMARY

In summary, APA (NSW) believes that while the MHAAT model has demonstrated clear benefits, the proposed short-term expansion—tied to under-resourced SOT cars and lacking solid planning—puts patient care and clinicians at risk. We remain committed to finding long-term, sustainable solutions that respect our patients, paramedics, and all allied health professionals.