

Interagency Action Plan for Better Mental Health First Yearly Progress Report



NSW DEPARTMENT OF HEALTH

73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
www.health.nsw.gov.au

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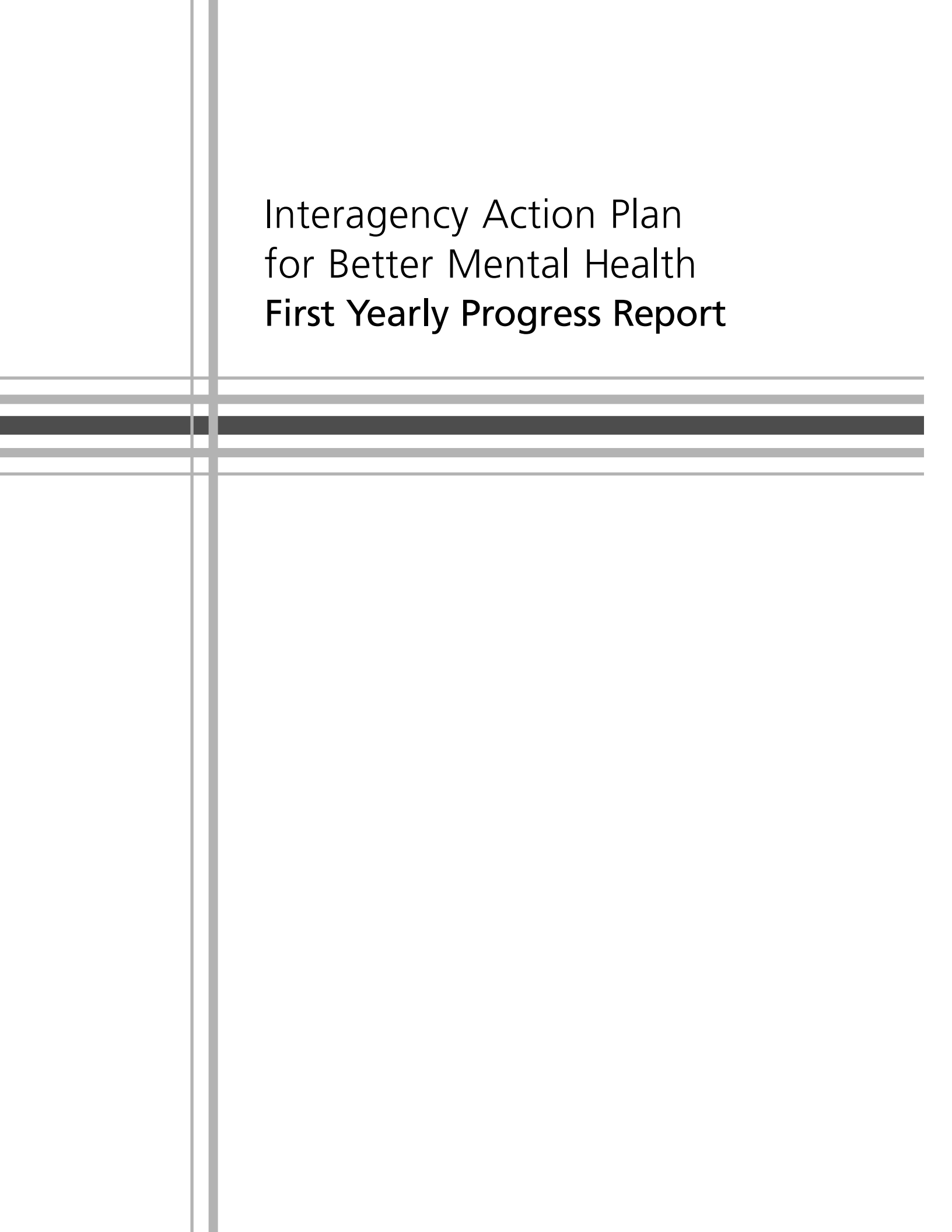
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For further copies of this document please contact:

Better Health Centre – Publications Warehouse
Locked Mail Bag 5003
Gladesville NSW 2111
Tel. (02) 9816 0452
Fax. (02) 9816 0492
Email: bhc@doh.health.nsw.gov.au

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January 2007



Interagency Action Plan
for Better Mental Health
First Yearly Progress Report

Foreword

The NSW Government is committed to continually improving the care and support provided to people with mental illness and their families and carers.

The Interagency Action Plan for Better Mental Health was released in July 2005 to ensure that government agencies work more effectively together and with the community to improve care for people with mental illness.

Fifty-eight commitments involving health, education, housing, police, justice, community and disability services were made in the five year plan.

The following report provides an overview of whole-of-government achievements against these commitments after the first year of implementation.

Significant interagency progress has been achieved under the three strategic directions identified in the Interagency Action Plan and related priorities:

- preventing and intervening early in the onset of mental illness through programs such as Mental Health First Aid Training, expansion of School-Link and initiatives to increase General Practitioner involvement in the delivery of mental health services
- improving community support through the establishment of clinical partnership workers in Area Health Services, expansion of the Housing and Accommodation Support Initiative, expansion of the Joint Guarantee of Service and vocational education training and employment strategies
- improving responses to mental health emergencies through the establishment of cross-agency agreements and reviews of local protocols between agencies.

Many of these early achievements demonstrate the involvement of the non-government sector, families, carers and people with mental illness.

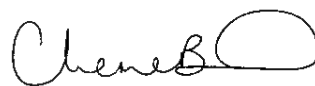
Since the release of the Interagency Action Plan a number of other developments have occurred in the mental health arena:

- in June 2006 the NSW Government released NSW: A New Direction for Mental Health, which delivers \$939 million over five years in mental health reforms and improvements across NSW
- in July 2006 COAG released the National Action Plan on Mental Health (2006–2011) which outlines priorities for collaboration between the Commonwealth, State and Territory governments, and between government and non-government sectors in mental health, to improve care, treatment and services for people with mental illness, their families and carers across Australia.

These initiatives build on the priorities identified in the Interagency Action Plan and represent new opportunities for continued interagency responses.



John Hatzistergos
Minister for Health



Cherie Burton
Minister Assisting the Minister
for Health (Mental Health)

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Getting in early: prevention and early intervention

1.1 Build the resilience and coping skills of children, young people and families

Key priorities:

- Continue to implement whole-of-government prevention and early intervention strategies aimed at improving family functioning and reducing the conditions that may be associated with mental health problems in children, such as Families First and Aboriginal Child Youth and Family Strategy.
- Expand school-based interagency initiatives, such as the Families First Schools as Community Centres program, which provide integrated support to strengthen connections to communities and ensure children have a healthy start to school.
- Implement targeted programs that improve the capacity of vulnerable families and communities to promote the health and wellbeing of children, such as the Early Intervention Program.
- Expand the School-Link initiative to increase the knowledge of teaching staff and health workers about how to respond to the mental health needs of students.
- Implement evidence-based whole-of-school approaches in all schools which aim to:
 - prevent mental health problems developing
 - support students with mental health problems.Such approaches include MindMatters, Resourceful Adolescent Program (RAP) and the Adolescents Coping with Emotions (ACE) program.
- Extend the implementation of evidence-based prevention programs to Juvenile Justice centres.
- Support the extension of evidence-based prevention programs to primary schools.
- Implement the strategic directions of the review of the whole-of-government NSW Suicide Prevention Strategy.

Achievements

- The Government has made a significant investment in evidence-based prevention and early intervention strategies to build the resilience and coping skills of children, young people and families to enhance health, social and other outcomes and deal with a range of issues, including mental health problems, more effectively.
- In this context, the Government has continued important whole-of-government initiatives targeting families including Families First and the Aboriginal Child Youth and Family Strategy with work underway to strengthen the statewide Families First Policy Framework for 2007–2011. Key achievements under these programs include:
 - provision of home visiting by child and family health nurses to more than 200,000 mothers and babies
 - more than 180 supported playgroups to assist over 1,300 children and families
 - over 450 volunteers providing home visiting support to families

- 62 Family Workers to assist fathers, teenage parents and Aboriginal communities gain confidence in parenting skills
- dissemination of practical and culturally appropriate parenting resources.
- The Department of Community Services' Early Intervention Program is also now established in 22 locations across the State with full statewide implementation scheduled for 2008. Over 100 new Department of Community Services early intervention caseworker positions have been filled, with this number set to increase to 350 by 2007/08.

Expansion of school based initiatives

- Schools as Community Centres are Families First interagency projects which aim to reduce the impact of disadvantage for children entering school by providing integrated services for families in communities where indicators of disadvantage are high. In 2006, 49 Schools as Community Centres projects were in place across NSW. A further two are currently being established.
- The School-Link training partnership between NSW Health and the Department of Education and Training has been expanded to help schools manage adolescent depression and related disorders better by increasing the skills and knowledge of school staff and improving coordination between schools and mental health services in the community.
 - More than 2000 school and TAFE counsellors, mental health workers and psychologists from the Department of Juvenile Justice and the Department of Community Services have been trained under the School-Link Training Program with attendance now mandated for all school counsellors in state schools.
 - A review of the program has found that School-Link has increased school counsellors' and mental health workers' knowledge, skill and confidence to provide a better service for adolescents with mental health problems.

Implementing evidence-based whole-of-school initiatives

In addition to School-Link a range of evidence-based whole-of-school initiatives are being implemented in schools to prevent mental health problems developing and support students with mental health problems.

- The Personal Development Health Physical Education (PDHPE) program teaches improved communication and relationship skills, develops problem solving skills, stress management and help seeking skills.
- The Department of Education and Training continues to implement specific programs such as MindMatters, Adolescents Coping with Emotions, Resourceful Adolescents Program, anti-bullying and anti-discrimination programs and training of school counsellors in depression management and related disorders.
- The Primary Connect time limited pilot program aims to identify and support students at risk and their families, particularly those who are at risk of disconnecting from school early, of drug use, of offending, of self-harming behaviour, mental or physical health problems. In 2006 there are four Primary Connect projects working with agencies to assist children 5 to 12 years to build connections to their families, schools and communities. These Primary Connect projects are currently being incorporated into Schools as Community Centres.

Extending evidence-based prevention programs to Juvenile Justice centres

- The Adolescent Community Forensic Mental Health Service in Western Sydney was set up in late 2005 to screen young offenders within the criminal justice system for mental health problems and ensure that they access treatment, including diversion to mental health treatment. Up to June 2006, there have been 51 assessments with a total of 33 diversions to treatment or 65 per cent of cases. Further expansion of the service into central Sydney and regional and rural areas is planned.
- The Department of Juvenile Justice has trialled the Adolescents Coping with Emotions (ACE) program in a number of Juvenile Justice settings and conducts the 'Targets for Effective Change' program which can be used with young people with mental health needs.

Review of the NSW Suicide Prevention Strategy

- In 1999 NSW Health released a whole-of-Government NSW Suicide Prevention Strategy. A Suicide Risk and Assessment Training CD ROM package was also developed in 2005 to help agencies prevent suicide with over 9,000 copies distributed to workers across the state.
- Work is underway across government and with the non-government and community sectors to review and where necessary, strengthen and update the Suicide Prevention Strategy focusing on the priority areas of Children and Young People; Men in 25–44 age range; and reducing Access to Means of Suicide. A framework was drafted in 2004 and a new action plan is scheduled for completion by June 2007.

1.2 Improving awareness of mental health issues and capacity to respond to mental health problems

Key priorities:

- Facilitate the dissemination of awareness raising initiatives, such as Mental Health First Aid, in agencies and services to increase understanding of mental health issues.
- Ensure all human service agencies are aware of where to obtain mental health information and have identified processes for disseminating this information through their organisations.
- Encourage dissemination of mental health information to reach people in non-health settings. For example, material for children and young people developed by Streetwise provides information for children and young people experiencing depression, coexisting mental illness and substance abuse, and parents with mental illness.
- Ensure consistent mental health messages are encapsulated in the material supporting the expansion of the Joint Guarantee of Service for People with Mental Health Problems Living in Aboriginal Community and Public Housing (JGOS).

Achievements

Building mental health awareness across government

There has been significant action across government in promoting greater mental health awareness and Mental Health First Aid Training for staff in frontline services to enable them to better respond to people with mental illness.

- NSW Health continues to widely disseminate information about Mental Health First Aid courses to its networks, Area Health Services and teaching institutions. Northern Sydney/Central Coast Area Health Service has widely implemented Mental Health First Aid Training on the Central Coast.
- The Ambulance Service of NSW has developed a CD ROM self-directed learning package for Mental Health and Aggression Minimisation Education. This package has been provided to all officers.
- The Department of Community Services has funded trainers to conduct a Mental Health First Aid course for departmental staff and non-government organisations with approximately 20 courses conducted annually.
- The Department of Education and Training is developing an awareness raising program for all school staff. Two modules derived from the School-Link program (the assessment and management of students with depression and related disorders, and the management of students who self harm) have been made available to schools through the school counselling service.
- All 10 TAFE Institutes have at least one trained Mental Health First Aid Instructor. Five Institutes have commenced delivery of the Mental Health First Aid training course to teaching and non-teaching staff. Interest in, and uptake of the course amongst TAFE staff has been high.
- The Department of Ageing, Disability and Home Care includes Mental Health First Aid Training in its learning and development training schedule.

- The Department of Corrective Services has trained 97 staff and Mental Health First Aid Training is now incorporated in primary training for Community Offender Services field staff. Custodial staff receive alternative forms of training in mental health.
- The Department of Housing piloted the Mental Health First Aid course for one of its client service teams and is now rolling out the training to all client service staff across the Central Sydney Division.
- The Department of Juvenile Justice now has six Mental Health First Aid trainers.
- In May 2006, Police trialled Mental Health First Aid Training with over 25 staff in the Shoalhaven/ Illawarra Local Area Command.

Ensuring access to and dissemination of mental health information

- The Department of Housing is currently finalising a Joint Guarantee of Service Information and Resource Kit which will include mental health information, website links and support information for agencies. This will be published on the NSW Department of Housing website.
- NSW Health funds the Mental Health Association of NSW to provide the Mental Health Information Service, support groups and to undertake health promotion activities such as Mental Health Week. These activities help to ensure workers in non-health settings have access to mental health resources.
- The Ambulance Service of NSW has established a Mental Health page on the Service's intranet that includes links to self directed learning programs, protocols and procedures and mental health publications and resources.
- Publications and mental health information is available to departmental staff on the Department of Community Services intranet. Operational guidelines for staff working with families with dual diagnosis are also being developed. In addition, the Department:
 - provides funding for the publication of Streetwize magazines, including 'On the Edge', which looks at the problems faced by young people with dual diagnosis and 'Something on My Mind' which is aimed at young people living with parents who have a mental illness
 - developed a dual diagnosis resource kit to assist people working with families where drug and alcohol and mental health issues are present.
- Department of Education and Training has distributed 'Something on My Mind' (Streetwize Comics) to all Departmental high schools and the brochure 'Mental Health and Adolescent Cannabis Use' has been sent to all school counsellors.
- Department of Juvenile Justice includes mental health information on the intranet and provides links to agencies such as SANE and the Mental Health Association. The Department also provides pamphlets on mental health and substance misuse and distributes Streetwize comics that have a mental health focus.
- A brochure on mental health awareness has been prepared and distributed widely to TAFE staff. Posters on managing challenging behaviours resulting from psychotic episodes have been distributed. Supporting documents to TAFE's updated discipline policy will draw teachers' attention to mental health issues affecting students and the support services available.

- Department of Ageing, Disability and Home Care will include links to relevant material on the Department's newly redesigned intranet website for staff.
- Department of Aboriginal Affairs includes information on mental health on its intranet site, together with contact numbers for the staff Employee Assistance Program.

Ensuring consistent mental health messages are encapsulated in material supporting the expansion of the Joint Guarantee of Service

- The Joint Guarantee of Service is a multi-agency, multi-sector initiative to coordinate delivery of services to people with mental health problems and disorders who have ongoing support needs living in social housing. In October 2003, a revised and expanded Joint Guarantee was launched covering the Department of Housing (including the Office of Community Housing), NSW Health (including NSW Area Health Services), Department of Community Services, Aboriginal Health and Medical Research Council of NSW and the NSW Aboriginal Housing Office.
- The expanded Joint Guarantee of Service focuses on the inclusion of non-government service providers at the local level such as Supported Accommodation Assistance Program (SAAP) services, non-government mental health services, and community and Aboriginal housing providers.
- A Joint Guarantee of Service Kit is in its final stages of consultation and is due for release in 2007. It will provide guidance for workers implementing the Joint Guarantee at a local level by ensuring consistent information regarding mental health guidelines, laws and referral points for assistance. The Kit comprises an operations manual, resource kit and quick reference guide.

1.3 Intervening early in the onset of mental illness and managing the precursors to mental illness across all age groups

Key priorities:

- Work with the Commonwealth and the Divisions of General Practice to encourage greater GP involvement in primary mental health care initiatives.
- Expand training initiatives for GPs (for example, training focused on co-existing mental illness and substance abuse).
- Increase liaison between specialist mental health services and primary mental health care providers to consolidate the development of effective partnerships.
- Build on awareness raising initiatives to better equip services to identify and support people of all ages with early signs of mental illness, including parents.
- Expand School-Link training program to increase knowledge of teaching staff and school and TAFE counsellors about how to identify the early signs of mental illness, including training in coexisting mental health and substance use problems.
- Review pathways to care identified through School-Link program for school and TAFE students with mental health problems.
- Improve the understanding of available early intervention measures among housing and supported accommodation organisations, including the Joint Guarantee of Service (JGOS) and Housing and Accommodation Support Initiative partner agencies (HASI).

Achievements

Encouraging General Practitioner Involvement in Mental Health

- NSW Government agencies are working in partnership with the Commonwealth to implement a range of new reforms that help to increase General Practitioner involvement in primary mental health care initiatives.
- These reforms have arisen following Council of Australian Governments (COAG) endorsement of the *National Action Plan on Mental Health (2006–2011)* in July 2006. NSW took a significant role in the development and shaping of the National Action Plan, which led to initiatives such as:
 - a national Care Coordination Initiative for people with severe mental illness which will improve collaboration between clinical services, General Practitioner services and community support services for these clients
 - Commonwealth reforms to the Medical Benefits Scheme (MBS) to improve the coordination of care between General Practitioners, private psychiatrists, clinical psychologists and other allied health professionals
 - a Commonwealth program to introduce mental health nurses in private psychiatry and general practice to assist with the coordination of mental health care and treatment
 - Commonwealth programs to deliver joint initiatives with the Divisions of General Practice to improve care.

- In February 2006, COAG also agreed to a National Health Call Centre Network, which will have a dedicated mental health component. In its implementation, NSW continues to press for effective linkages between the call centre and General Practitioner services, especially after hours.
- In addition, NSW Health will establish Integrated Primary and Community Care Services together with General Practitioners to provide integrated, multi-disciplinary services. Practitioners in these services will work closely and collaboratively within a team-based approach, with local community, drug and alcohol and mental health services.

Expanding GP training to promote early responses

- NSW Health currently provides General Practitioner training via its Teams of Two training program. This project is for General Practitioners interested in mental health. It has four core mental health modules including physical health and mental health, acute mental health presentations, comorbidity and depression in older people. Over 1600 General Practitioners, mental health and drug and alcohol workers have participated in training to date.
- The Australian Divisions of General Practice have been licensed to use the Teams of Two brand, and to adapt the NSW comorbidity training materials for national use.
- NSW Health funds the Institute of Psychiatry to implement a General Practitioners Education Program. This includes workshops, distance education elective units, Graduate Certificate in Mental Health (GP) studies, Graduate Diploma in Mental Health (GP) studies and Masters of Mental Health (GP). Scholarships are offered to students at each level.
- Under the COAG National Action Plan, NSW will work in partnership with the Commonwealth on a range of measures to increase workforce capacity in relation to mental health, including the GP sector. These measures include an increase in mental health competencies and mental health clinical training across the health workforce, including in medicine.

Increasing liaison between specialist and primary mental health services

- Under *NSW: A New Direction for Mental Health*, \$37.3 million has been committed to expand specialist community mental health teams to provide assessment and treatment for older people with mental illness and age related mental health problems. These teams will operate in partnership with aged care services, General Practitioners and other key service partners.
- The national Care Coordination Initiative for people with severe mental illness will see community care coordinators and clinical providers working collaboratively, including across specialist clinical services and General Practice, to improve integration with the range of services that support people with mental illness.

Building awareness of early signs of mental illness

In addition to initiatives such as the Mental Health First Aid Training and training of professionals under School-Link, a number of interagency strategies are being implemented to build the skills of government and non-government services working with families, carers and young people to enable responses to the early signs of mental illness and a focus on rural and remote communities in drought.

- The NSW Family and Carers Mental Health Program funds non-government organisations and mental health services to provide education and support for families and carers.
- Statewide implementation of the NSW Family and Carers Support Program commenced on 1 July 2006 and includes:
 - Family Sensitive Mental Health Services – Area Health Services have been funded to address current service gaps, opportunities and proposed services to improve support services and to make mental health services more family friendly. In 2005/06, Areas were allocated \$100,000 followed by \$200,000 per year until 2008/09. Justice Health was allocated \$50,000 in the first year and \$100,000 per year until 2008/09
 - Non-Government Organisation Education and Training and Individual Support Services – on 28 April 2006 the Minister for Health announced \$2.08 million per year to fund four specialist NGOs to deliver a range of family support and education programs (\$240,000 each per non-government organisation per annum).
- On 1 June 2006, under *NSW: A New Direction for Mental Health*, the Premier announced a further \$13.5 million over five years to further equip non-government organisations to enhance the NSW Family and Carers Mental Health Program in collaboration with Area Health Services.

In addition, the following initiatives target families and the workforce to promote greater understanding and responsiveness to mental health problems:

- The Working With Families mental health workforce development program is being implemented statewide to improve clinician practice and effect systemic change so that clinicians start to work in a family-focused way. This will be done through training and information packages.
- A resource kit has been disseminated to support professionals working with the children of parents with a mental illness.
- Carers NSW, with funding from NSW Health, has developed the Carer Life Course Framework which provides a framework for carers to receive information and supports.

Rural and remote communities

- In October 2006 the Government announced a mental health support package for drought stricken communities, which has a strong focus on interagency partnerships and building awareness of mental health issues in rural communities. This includes:
 - funding for six additional mental health workers. This brings the total number of mental health workers across the State to 7,818
 - 15 mental health workshops in rural communities
 - 50 Mental Health First Aid training sessions for frontline service providers to confidently identify and refer a person in crisis to appropriate support
 - development of a mental health resource package for frontline health and agriculture support workers to better integrate services
 - working in partnership with Beyondblue to ensure that country families under pressure have access to services addressing depression and anxiety.
- In addition, under *NSW: A New Direction for Mental Health*, \$11 million over five years will be invested in programs that increase the number of people working in mental health and build their skills in the identification and management of people with early signs of mental illness, including more training and scholarships for General Practitioners and nurses.

Expanding School-Link to focus on early awareness

- To support schools in identifying the early signs of mental illness – attendance at School-Link training is mandated for all school counsellors working in state schools.
- To ensure there is training in coexisting mental health and substance use problems, the NSW School-Link Training Program advanced module on comorbidity (mental disorders and substance use issues in adolescents – Phase 4) is being implemented across NSW. Participants include school and TAFE counsellors, drug and alcohol workers, Department of Community Services and Juvenile Justice psychologists, and mental health workers. As of June 2006, 11 courses have been run.
- School-Link provides an opportunity for the ongoing review of pathways to care by:
 - assisting workers to prevent, identify and manage mental health problems amongst students
 - facilitating liaison and referral between agencies that have a role to play in addressing mental health for young people
 - enhancing the skill levels of school counsellors, TAFE counsellors and mental health workers
 - facilitating appropriate access to specialist mental health services
 - disseminating information to help break down stigma about mental illness
 - supporting and implementing local programs to build resilience and prevent depression.

- Examples of local initiatives include:
 - since 2003 more than 4,000 children and young people in schools in Western Sydney have been able to participate in programs funded by the Sydney West Area Health Service School-Link Resilience Building Grants Program
 - on the Central Coast, the School-Link Plus Program 2003–2005 targeted three disadvantaged schools to improve access to mental health services and build capacity to manage mental health issues and their impact on learning
 - the MindMatters Plus GP program increased access to General Practitioner services for 600 Year 9 students in four schools on the Central Coast
 - the OutaSite: Intergalactic Guide to High School, educational CD ROM for students in transition to high school was developed under the School-Link initiative and distributed to all primary schools on the Central Coast.

Improving understanding of early intervention measures via the Joint Guarantee of Service and Housing and Accommodation Support Initiative (HASI) partner agencies

- Workers in Health and Housing involved in implementing the Housing and Accommodation Support Initiative are receiving mental health training, which includes the development of skills in early identification and management of mental health problems.
- As reported under Strategic Direction 1.2 and 1.3, the Joint Guarantee of Service is a multi-agency initiative which aims to coordinate the delivery of services to people with mental health problems and disorders who have ongoing support needs and are living in social housing.

Breaking the cycle: community support services

2.1 Combat escalation of mental illness by better coordinating agencies to provide the appropriate service at the right time

Key priorities:

- Implement a standardised system of discharge planning for all people leaving in-patient mental health facilities which includes consideration of both health and social needs.
- Adapt the My Health Record patient books to enable people with chronic mental illness to keep track of treatment and support information.
- Provide a contact point within Area Health Services to assist other agencies when the assistance of more than one part of Health is required.
- Utilise the Better Service Delivery Program to develop a shared understanding of the service system; share best practice models across agencies; and enhance regional information sharing.
- Develop and implement protocols for the provision of clinical advice to support those agencies working with people who have mental health problems (including people with mental illness that coexists with substance abuse or intellectual disability).
- Investigate the suitability and cost effectiveness of multi-agency interventions for children and young people with mental health problems in contact with the criminal justice system.
- Rollout a project to assist frontline Department of Community Services workers and staff in NGOs work with families affected by coexisting mental illness and substance abuse.
- Conduct local cross-agency workshops to identify and bridge the service gaps for offenders with coexisting mental illness and substance abuse.
- Implement and assess the effectiveness of projects trialling integrated service delivery which links housing and support for specific population groups with coexisting mental illness and substance abuse (young people, Aboriginal people and ex-offenders).
- Explore joint mental health and drug and alcohol training across services.

Achievements

Standardised Discharge Planning Policy

- The NSW Health Discharge Planning Policy for adult in-patients is for due for finalisation in 2007. It will provide a standardised framework for Area Health staff to develop a formal discharge plan covering the conditions of discharge and any supports required for clients being discharged from mental health in-patient units.
- The policy will cover the need for discharge plans to address issues such as the physical and mental health needs of clients as well as the full range of individual psychosocial needs such as housing, income assistance, food, issues concerning the care of dependent children, parenting needs, employment and social skills development.

Expand the 'My Health Record' to mental health

- My Health Record is a patient-held health record, developed to facilitate the flow of information between all health service providers, including public allied health services and GPs. It is intended to enhance continuity of care.
 - It has now been expanded to cover a broader range of chronic diseases, including mental health with modifications based on consultation with consumers and clinicians.
 - The revised My Health Record is being piloted with mental health consumers, families, carers and service providers in Ryde with an evaluation due to report in early 2007. Work is also underway to engage General Practitioners further in the project, including through the development of a fact sheet.
 - Interim feedback on My Health Record indicates that consumers feel more in control with the tool and staff find it is a useful record of consumers' upcoming appointments and it identifies their case manager.
- Consideration will be given to roll out My Health Record state-wide pending the final results of the evaluation in early 2007.

Providing a contact point in Area Health Services

- NSW Health is establishing eight Clinical Partnership positions in each Area Health Service to play a key role in working with agencies to coordinate the delivery of mental health services and assist agencies when the involvement of more than one part of Health is required. These positions have been appointed or are in the final stages of recruitment.

Better Service Delivery Project

- The Better Service Delivery Program is in place to develop a better understanding of the service system, including mental health services. System tools under the Program have been developed and are in operation.
- Implementation in agencies is being progressed by a CEOs steering committee and a management committee of key agencies. Premier's Department is leading the linking of this system with other service access initiatives across the sector.

Investigate multi-agency interventions for children and young people in contact with the criminal justice system

- The Adolescent Community Forensic Mental Health Service, established in Western Sydney in late 2005, is an intervention involving the Department of Juvenile Justice and Justice Health. Its purpose is to screen young offenders within the criminal justice system for mental health problems and ensure they access treatment, including by diversion to mental health treatment. The program provides for court diversion, community based assessments, discharge planning from Juvenile Justice centres, case management and care coordination.
 - At June 2006, 51 assessments have been made with 33 diversions to treatment or 65 per cent of cases. Further expansion is planned to Central Sydney, regional and rural areas.

- The MHOAT-CA tool (Mental Health Outcomes Assessment Training – Child and Adolescent) is a joint Department of Juvenile Justice and Justice Health Service initiative to improve identification, assessment, treatment and outcome measurement of young people in custody with mental health problems. An MoU has been established between agencies to implement MHOAT-CA across Juvenile Justice centres.

Roll-out support for front line workers

- On 6 February 2006, the Department of Community Services launched a Dual Diagnosis Support Kit to assist people working with families where drug and alcohol and mental health issues are present. It particularly targets workers with no previous mental health training and will help caseworkers, carers and parents talk about issues of parental dual diagnosis, encourage positive coping and help-seeking behaviours. The Kit includes worker's booklet, foster carer's booklet, parent's booklet and three children's resources. An evaluation of the Kit is expected to be completed in 2007.

Cross agency workshops to identify and bridge gaps for offenders with co-existing mental illness and substance abuse

- Following a recommendation from a cross-agency forum in 2005 the Department of Corrective Services is implementing a Management of Community Based Offenders with Co-existing Disorders project to:
 - prevent difficult cases falling through service gaps and avoid duplication
 - increase awareness of complex needs of cases with co-existing disorders
 - increase engagement of local services in joint management of co-morbid cases.
- Five part-time coordinators have been employed in Gosford, Newcastle, Nowra, Newtown and Bathurst. Early results suggest agencies are working to build this work into core business. Community Offender Services coordinators now attend monthly clinical liaison meetings of drug and alcohol and mental health services in the declared areas to ensure the needs of this group are addressed.

Joint mental health and drug and alcohol training across services

- NSW Health hosted a Comorbidity Planning Forum in May 2006. This included senior clinicians, nurses and allied health staff from both mental health and drug and alcohol fields, and representatives from General Practice, youth health and family and carers organisations.
- The forum outcomes will help to inform a strategic framework to provide overall direction for the management of comorbidity in NSW. This will include opportunities to provide joint training, mentoring and supervision for mental health and drug and alcohol services.

2.2 Ensure supports are coordinated to enable people at high risk to live well in the community

Key priorities:

- Develop a model of community support coordination to ensure appropriate supports are in place to enable people to function in the community. This model will focus on improving referral pathways, facilitating case coordination and promoting interagency initiatives and networks.
- Implement and evaluate this model in targeted areas and, if effective, extend statewide.
- Develop a risk assessment tool to assist Supported Accommodation and Assistance Program (SAAP) services in responding to clients who have a mental illness.
- Explore and implement effective mechanisms to develop shared understanding and pathways between SAAP, mental health and drug and alcohol services (eg the partnership work underway in the Hunter Area Health Service).

Achievements

Clinical Partnership Program – Community Support Coordination

- Funding of \$1.0 million (recurrent) has been allocated to Area Health Services for the establishment of Clinical Partnership positions under the Area Mental Health Clinical Partnership Program to play a key role in improving referral pathways, facilitating case coordination and promoting interagency initiatives and networks. These positions have been appointed or are in the final stages of recruitment.
- Key performance indicators, reporting guidelines and priority tasks are in the process of being finalised with Area Mental Health Directors. A state level implementation workshop with new staff and Area Mental Health Directors will be held in early 2007.

New Risk Assessment Tool

- The Department of Community Services funded Homelessness NSW to develop a risk assessment tool to assist Supported Accommodation and Assistance Program (SAAP) services to assess the risks associated with servicing clients who present with complex needs (including clients with a mental illness). Workers are now being trained in its use and a web page about risk assessment is in development for SAAP services.

Shared understanding and pathways between SAAP, mental health and drug and alcohol

- The Department of Housing as lead agency for the NSW Partnership Against Homelessness established a SAAP Peaks Sub-group to provide an opportunity for NSW Government representatives and SAAP peaks to share information and assist in developing joint sector responses to homelessness.
- Under the new structure of the Partnership, a Partnership Against Homelessness Action Resource Group will replace the SAAP Peaks Sub-group. The Partnership Against Homelessness Action Resource Group will bring together State, Commonwealth and community sector agencies to work collaboratively to address homelessness issues in New South Wales.
- The Partnership Against Homelessness Action Resource Group provides a new opportunity to address issues relating to pathways between SAAP, mental health and drug and alcohol.

2.3 Enable people with a mental illness to have stable housing by linking them to other avenues of support

Key priorities:

- Extend comprehensive and planned range of psychiatric rehabilitation available to support people with severe mental illness to live successfully in the community.
- Implement the extended Joint Guarantee of Service (JGOS) for people with mental illness living in community and Aboriginal housing and through Supported Accommodation and Assistance Program (SAAP) services.
- Expand HASI to provide more low, moderate and high support places.
- Explore options for expanding residential rehabilitation and supported accommodation for people with very high support needs.
- Continue to fund non-HASI residential rehabilitation and supported housing projects provided by NGOs.

Achievements

Area Rehabilitation Coordinators – facilitating psychiatric rehabilitation

- Enhancement funding of \$1.6 million recurrent has been allocated to Area Health Services to improve capacity to conduct clinical rehabilitation assessments.
- Funding will assist in establishing senior clinical care coordinator positions in each Area Health Service. These positions will ensure:
 - expert individual rehabilitation and assessment programs
 - consultation and training for clinicians in rehabilitation assessment and treatment
 - coordinated service delivery across mental health service and non-government psychosocial rehabilitation programs
 - training and workforce development in Area Health Services.
- All of these positions have been appointed or are under recruitment.

Extended Joint Guarantee of Service

- As reported under Strategic Direction 1.2 and 1.3, the Joint Guarantee of Service is a multi-agency, multi-sector initiative which aims to coordinate the delivery of services to people with mental health problems and disorders who have ongoing support needs living in social housing.
- The expanded Joint Guarantee of Service focuses on the inclusion of non-government organisation (NGO) service providers, at the local level. These include the SAAP services, mental health NGOs, community and Aboriginal housing providers. In 2005 the Department of Housing rolled out the expanded Joint Guarantee of Service through a series of service provider forums across NSW.
- An evaluation of the Joint Guarantee of Service commenced in late 2006.

Expansion of Housing and Accommodation Support Initiative (HASI)

- HASI is a partnership program between NSW Health and the Department of Housing that provides accommodation linked to clinical and psychosocial rehabilitation services and the non-government sector for people with mental illness and a range of levels of psychiatric disability.
- HASI is designed to assist people with mental health problems and disorders requiring accommodation support to participate in the community, maintain successful tenancies, and improve their quality of life and most importantly to assist in the recovery from mental illness.
- The program commenced in 2003/04 and received enhancement funding between 2003–2005 (under HASI Stages 1 and 2) and in 2005/06 (under Stage 3).
- A total of 226 places of high support accommodation have been created in NSW under the HASI Program since 2003. Some 460 lower level outreach supported accommodation places for people already living in public and community housing were added during 2005/06. An additional 50 HASI places targeted at people with very high support needs will be established in 2006/07.
- Increased funding for this program under *NSW: A New Direction for Mental Health* (\$58.8 million) will enhance and expand integrated housing and support for people with a range of levels of mental health needs.
- The increased funding will enable the expansion of the existing HASI model to provide an additional 100 places at the high level of housing and accommodation support, and more than 113 new places at the medium-high level.
- HASI has achieved significant outcomes to date:
 - 90 per cent reduction in hospitalisation for people in the program
 - 85 per cent successfully maintained their tenancy
 - 71 per cent improved mental health and 78 per cent more positive about themselves
 - 60 per cent improved physical health and 67 per cent improved diet
 - 83 per cent were participating in at least three community activities
 - 23 per cent did not have friends on entering the program but 94 per cent reported friendships two years later
 - 81 per cent were happy with their family relationships.

Non-HASI Rehabilitation

- Funding for non-HASI residential rehabilitation and supported housing projects provided by NGOs continues including under the Mental Health Supported Housing Initiative.
- The Department of Ageing, Disability and Home Care also provides ongoing work in the area through the Boarding House Reform Program. The Office of Community Housing funds accommodation for this program through the Department of Housing.

2.4 Improve participation and performance in education by children and young people with, or affected by mental illness

Key priorities:

- Increase the knowledge of teaching staff and health workers about how to work with, support and respond to students with mental illness and students affected by mental illness (eg in their family).
- Develop phase four of the School-Link training program which will specifically deal with issues relating to coexisting mental illness and substance abuse.
- Improve case management of students with and affected by mental illness by providing professional learning programs on case management procedures and improved professional supervision on this issue.
- Explore options for building on the existing partnership between NSW Health and the Department of Education and Training, such as a Memorandum of Understanding for the provision of depersonalised advice.
- Expand School-Link training program to include Juvenile Justice psychologists/counsellors.
- Include the issue of teacher training on mental health issues as part of broader HSCEOs dialogue with Vice Chancellors.
- Develop a cross agency Vocational Education, Training and Employment (VETE) framework which identifies:
 - services across the support spectrum
 - best practice mental health disability support models for VETE
 - agency roles and responsibilities
 - barriers and opportunities to enhance service delivery across the spectrum
 - recommendations for action.
- Develop a strategy of engagement across the service spectrum (including the Commonwealth) to enhance collaboration and supports and to encourage access and improved outcomes for people with mental illness seeking greater vocational and social participation.

Achievements

Improving participation and performance of students through School-Link

- School and TAFE counsellors participate in the new NSW School-Link Training Program advanced module on comorbidity (coexisting mental disorders and substance use issues in adolescents – Phase 4) which will help them to provide better supports for students with these issues.
- A School-Link Memorandum of Understanding is being negotiated between the Department of Education and Health. It outlines the roles and responsibilities of Health and Education, and aims and objectives of the partnership.
- Psychologists from Department of Juvenile Justice have been attending basic and advanced School-Link training since late 2005. Feedback is positive on training quality and the building of collaborative partnerships between Health, Department of Education and Department of Juvenile Justice co-participants. Courses are also open to Department of Community Services psychologists.

Training to improve case management of students with mental illness

- TAFE is currently providing additional professional learning opportunities to TAFE counsellors and Teacher Consultants (Psychiatric Disability).
- The Department of Education and Training retraining unit has developed, in conjunction with a consortium of universities, two self-paced eLearning modules on Mentoring and Conflict Resolution which improve school counsellors' case management and supervision skills. These accredited modules articulate towards a Masters degree for those people who wish to undertake further studies. A third module on Supervision is being negotiated.

Dialogue between Human Service Chief Executive Officers and Vice Chancellors about mental health training for teachers

- Teacher training on mental health issues has been discussed with Vice Chancellors through the Vice Chancellors Significant Initiatives Group which is convened by Premiers Department and is part of an ongoing dialogue related to COAG and state based workforce issues.

Vocational Education, Training and Employment (VETE) Framework

- Funding of \$300,000 over two years has been provided to the Hunter-New England Area Health Service to undertake a pilot project to:
 - establish and evaluate service pathways for an identified cohort of individuals in order to improve their educational and employment options
 - develop a model of collaborative supports across agencies and jurisdictions (including Commonwealth).
- Outcomes from the trial will inform future state planning for VETE coordination including opportunities to work with the Commonwealth under initiatives in the National Action Plan.
- Funding under *NSW: A New Direction for Mental Health* (part of the \$41.5 million for community rehabilitation services) will enable the establishment of VETE clinicians across NSW to provide individual assessments and intervention, prepare VETE plans, provide linkages and advice on mental health issues for clients to relevant services such as employment and education providers and develop the local service network to facilitate referral and management options. These clinicians will also link with initiatives announced under the National Action Plan concerning vocational support.

Strategies to enhance collaboration and supports for better vocational outcomes for people with mental illness

- A number of key initiatives are in place to enhance collaboration between sectors and to encourage access and improved outcomes for people with mental illness seeking greater vocational and social participation, including:
 - the new Clinical Partnership positions in each Area Health Service which will enhance collaboration between sectors
 - the NSW COAG Mental Health Group which will drive the Care Coordination initiative (see Strategic Direction 1.3). This will assist people with a severe mental illness in a range of areas of their lives in recovery, including linkages to vocation, education and social participation

- the VETE which aims to improve educational and employment options
- HASI which provides accommodation linked to clinical and psychosocial rehabilitation services
- introducing Recovery and Resource Services to increase the capacity of non-government organisations to provide quality social and leisure opportunities for people with mental illness and provide links to VETE services.

Coordination of emergency responses

3.1 Ensure a statewide emergency response model is in place to better manage people with acute behavioural disturbance

Key priorities:

- Implementation of an agreed emergency response framework incorporating:
 - who responds when (matched to the person's condition and the services available)
 - arrangements for determining appropriate transport to an appropriate health facility and between health facilities
 - seamless and timely handover procedures between police/ ambulance/EDs/mental health
 - reduction in police involvement, where appropriate.
- Implementation of this framework will build on lessons learned from the Mid-North Coast trial of inter-hospital transports and the Psychiatric Emergency Care Centre pilots.
- Review local area interagency protocols in keeping with new Area Health Service boundaries and with reference to the principles established by the statewide framework.
- Investigate the feasibility of an integrated and statewide plan for providing an outreach and retrieval system which builds on existing models (eg Ambulance Service NSW Medical Retrieval Unit).
- Examine funding arrangements between Health and Police for inter-hospital transfers.

Achievements

New emergency response framework

- A new statewide framework for coordinated emergency responses is being developed by NSW Health, NSW Police and the Ambulance Service for the effective management of people with a mental illness or mental disorder where the services of both Health (including Ambulance) and Police are required. It is anticipated that the framework will be finalised by early 2007. It will replace the existing statewide Memorandum of Understanding between NSW Health and Police that was developed in 1998 and Flow Charts that were developed in 2002.
- The revised MoU defines clear roles for agencies in line with legislative frameworks and facilitates the development of local interagency operational protocols.
- Implementation of the new framework will be supported by the continued rollout of Psychiatric Emergency Care Centres (PECCS). Commencing in 2004, PECCS are now being rolled out to nine hospital emergency departments (Liverpool, Nepean, St Vincent's, St George, Hornsby, Campbelltown, Blacktown, Wyong and Wollongong). Once fully operational, the PECCS will provide both 24/7 mental health assessments as well as short-term observation beds.
- A recent review of PECCS' impact on performance and service delivery based on over 2,000 PECC presentations at Liverpool, Nepean, St Vincent's and St George Hospitals found that the average waiting time from ED referral to mental health assessment has been reduced to only 49 minutes and the average stay is 35.3 hours (within the 48 hour inpatient stay target).

- In addition, a new Rural Mental Health Emergency and Critical Care Access Plan is being developed. It provides a framework for the development of local rural critical care services which will:
 - support emergency departments to manage mental health presentations
 - provide rapid access to specialist mental health assessment and care
 - establish clear roles and resources for inter-hospital transport
 - avoid unnecessary use of Police services.
- Rural critical care services are being implemented across four Area Health Services and provide onsite consultative mental health support to major hospital emergency departments in rural areas, including after-hours cover.
- Both the PECCS and the rural critical care services have been informed by the outcomes of an initial pilot on the Mid North Coast in 2004/05 which demonstrated a number of positive impacts regarding police involvement in inter-hospital transfers, access to mental health assessment in Emergency Departments and safety in patient transport.
- Finally, a review of Mental Health Local Protocol Committees and agreements has been conducted with a restructure and new reporting framework to be implemented in mid 2007. NSW Police, NSW Health and NSW Ambulance Service will continue to review the efficiency of mental health local protocol agreements.

3.2 Coordination of emergency responses to prevent inappropriate or frequent use of emergency services

Key priorities:

- Identify clients (high-risk and high-frequency users) who require an integrated, interagency emergency response plan.
- Develop a model of interagency emergency response planning for clients identified in strategy 2.2.
- Develop a referral pathway from emergency interagency response to community support coordination in strategy 2.2.

Achievements

Emergency responses for high-risk and high-frequency users

- A new Multi Agency Risk, Information and Assistance Guideline has been prepared as part of the revised Health, Police and Ambulance emergency response MoU. This provides a guideline to assist agencies to identify levels of risk and to determine what agency response is required. In addition, consideration is being given by the Interdepartmental Committee for Mental Health to further work in relation to 'high frequency users' of emergency services.

3.3 Ensure safety of patient, staff and community

Key priorities

- Implement the NSW Health Restraint, Seclusion and Transport Guidelines. This will include establishing an operational environment where risk from behaviourally disturbed patients is minimised through the development of restraint protocols, training in manual restraint, and sedation guidelines.
- Facilitate the use of the Incident Information Management System (IIMS) to monitor adverse events and inform system improvements.
- Encourage interagency review of adverse events (using local protocol committees where appropriate).
- Explore options for formal interagency review of systemic contributors to adverse events.
- Ensure admission and discharge procedures for acute and emerging mental health problems direct mental health services/hospital personnel to consult the Department of Community Services if the patient is thought to be a child or young person for whom the Department of Community Services exercises some parental responsibility.
- Develop communication mechanisms between mental health services and relevant agencies to identify and respond to escalation of risk.

Achievements

Medical Restraint Device Trial

- The need for a device to transport aggressive patients was identified through a rural critical care service pilot conducted on the Mid North Coast in 2004/2005 that involved Emergency Departments, Mental Health Services, the Consumer Advocacy Group, NSW Police and the Ambulance Service.
- In late 2006, the NSW Ambulance Service commenced a 'Mechanical Restraint Device in Transport Trial' in 21 locations in Northern, Western and Metropolitan districts which includes:
 - training in dealing with aggressive behaviour as a prerequisite for staff involved in the trial
 - the development of standard operating procedures regarding restraint techniques and use of the restraint device
 - testing of a restraint device, including its practicality, integrity and strength and impact on patients.

Restraint, Seclusion and Transport Guidelines

- Three separate statewide guidelines covering restraint, seclusion and transport of behaviourally disturbed patients are also in development for finalisation in 2007.
- In addition, NSW Health has completed a review of Aggression Management Training provided by Area Health Services and is considering recommendations arising from the review.

Integrated Incident Management System

- Incident management is an important component of the NSW Patient Safety and Clinical Quality Program. A statewide incident management system for Area Health Services was introduced by NSW Health in 2004.
- This incident management system is supported by a statewide electronic incident system called the Incident Information Management System (IIMS). This system is implemented under a policy framework that guides the notification, prioritisation, investigation, analysis, action and feedback of health care incidents.
- All serious incidents are reported to the NSW Department of Health via a Reportable Incident Brief and are investigated in detail using a Root Cause Analysis (RCA).
- In addition, a new emergency response MoU between Health, Police and the Ambulance Service will include the following mechanisms to better deal with adverse events:
 - new guidelines to provide a common way for Police and Health to identify risk and determine the need for agency assistance in events where a person is thought to be suffering from a mental illness or disorder
 - a standardised process for review of adverse events that cannot be resolved locally.

Ensuring services consult the Department of Community Services if the patient is thought to be a child or young person for whom DoCS exercises some parental responsibility

- Guidelines relating to children and adolescents are currently under development for inclusion in the new Health, Police and Ambulance MoU. They will highlight that agencies responding to emergency mental health situations need to consider children and adolescents (16 years of age and under), for whom contact with specialised mental health and child and adolescent services may be needed. Agencies' responsibilities in relation to mandatory reporting or referral to the Department of Community Services will be highlighted.

