

***Implementation of NSW Government response to the Select
Committee Inquiry into Mental Health Services in New
South Wales***

Status report – May 2007

Executive Summary

This current document provides comprehensive and up to date information on actions taken over the last three years to deliver on the NSW Government's commitment to improving mental health services in line with the Select Committee's findings. An earlier report on progress in implementation was submitted to the Mental Health Implementation Taskforce in November 2005.

The Select Committee's recommendations have informed the focus of major funding enhancements under the *NSW: A new direction for Mental Health* funding package. This has meant that the NSW Government has either achieved or made significant progress in relation to the vast majority of the Select Committee recommendations.. This includes some major initiatives for:

1. Improving coordination of government agencies
2. Improving accountability for mental health services
3. New and enhanced funding
4. Improving supports to families and carers
5. Reforming key aspects of the Mental Health Act
6. Improved community support and participation
7. Enhancing services to priority populations

An overview of the Government's achievements to date in these areas is provided below.

1. Improving coordination of government agencies

The Premier launched an *Interagency Action Plan for Better Mental Health* in July 2005. The Action Plan aims to improve the responsiveness and coordination of relevant supports from government services in order to enhance the mental health outcomes of people at risk of, or affected by, mental illness. The plan targets three strategic areas in service provision – prevention and early intervention, community support, and emergency responses.

The *Action Plan for Better Mental Health* identifies specific activities to be developed by key agencies, especially in response to the needs of high risk, high need clients. Activities include:

- Establishing Mental Health Interagency Coordinator positions in each Area Health Service
- Introducing basic level mental health education across human agencies, and
- Developing initiatives to assist people with mental illness to participate more fully in the community such as vocational education, training and employment programs

2. Improved accountability for mental health services

The Government has acted on one of the report's fundamental recommendations by quarantining mental health funding so budget allocations are spent solely on mental health services. Uniform reporting structures have been established to create direct management links between Area Health Service Mental Health Directors and Chief Executives.

The development of the Mental Health Service Agreements has further improved the accountability of mental health services by linking funds to specific performance and activity targets. The Agreements are modelled on a Results Based Accountability Framework. The KPIs of the Agreements are monitored through Mental Health Performance Reports.

3. New and enhanced funding

In 2006/07, the NSW Government will spend over \$1 billion on services for people with mental illness. A \$939 million program of additional expenditure is to be implemented over the next five years. This five year program includes a significant boost to a range of programs across government, such as:

- \$102 million for prevention, promotion and early intervention
- \$712 million to improve and integrate the care system
- \$114 million for enhancing participation of people with mental illness in the community
- \$11million for workforce development programs, and
- \$338 million for capital works projects.

The five year program of additional mental health expenditure includes \$338 million in new additional recurrent funding commencing in the 2006/07 Budget, \$279 million of which will be invested in community based care, including:

- \$41.5 million for community rehabilitation services
- \$51.4 million for 24 hour community outreach services to respond to emergencies
- \$28.6 million for new youth mental health services
- \$37.3 million for expanded services for older people with aged related mental illness
- \$17.6 million for new dual diagnosis services and better integration of drug and alcohol and mental health services
- \$49.7 million for NGO supported accommodation services, and
- \$13.5 million for support for families and carers.

Funding enhancements in 2006/07 will also facilitate the commission of new non-acute mental health units, additional acute inpatient beds, expansion of the integrated child and adolescent mental health services, and expansion of the Housing Accommodation Support Initiative (HASI). The success of

HASI has resulted in the delivery of improved client outcomes including: reduced length and frequency of hospital admission, more sustainable tenancies, and increased contact with family members.

4. Improved supports to family and carers

The NSW Department of Health's Centre for Mental Health has been planning improved support and services for families and carers of people with mental illness since 2002 through the Family and Carer Mental Health Program, which was officially launched by the Premier in June 2005.

A service model developed by the Centre for Mental Health and the Association of Relatives and Friends of the Mentally Ill under the Family and Carer Mental Health Program identifies a range of new supports and services that complement other carer supports and services already in place.

Additional funding of \$2.78 million annually for the period 2005-08 has been provided under the National Mental Health Plan 2003-2008 to support statewide rollout of the Family and Carer Mental Health Program. This funding in conjunction with that available through the NSW Carers Program brings the total budget for the Family and Carer Mental Health Program to \$3.78 million for 2005-08.

The Centre for Mental Health is using three major strategies for the program's implementation:

- Development of Family Sensitive Mental Health Services through support of local training and developments, and provision of specialist advice and support about family intervention and support of local systemic activities;
- Provision of Mental Health Family and Carer Support through funding to the NGO sector to provide education and training, and individual support services; and
- State-wide roll out of the Working with Families Program which focuses on improving clinical practice by enabling clinicians to be responsive to the needs of families and carers.

5. Changes to the Mental Health Act

The *Mental Health Bill 2006* was introduced into the Parliament in December 2006. The Bill is the product of a comprehensive review of the *Mental Health Act 1990*, including two discussion papers dealing separately with the issues of information sharing with carers, and operational matters such as discharge procedures, involuntary admissions and patient transport. Another key area of focus was the forensic system including the role of the Minister and the Mental Health Review Tribunal. The submissions received from professional groups and members of the public canvassed a broad range of issues, including:

- The definition of mental illness, and whether it should be expanded to include other disorders;
- Judicial review processes including the Magistrates and the Mental Health Review Tribunal;

- Greater participation of carers, family and friends in assessment and care planning, subject to client consent;
- Responsibilities of Police and Ambulance in assisting in transporting people to hospital;
- Admission procedures and care in emergency departments;
- Discharge planning;
- Community treatment orders; and
- Decision-making regarding the detention, care and treatment of forensic patients.

6. Improved community support and participation

Initiatives in this area enable people with mental illness to have stable housing linking them with other personal support services, improved referral pathways and enhanced links between clinical, personal, accommodation, and vocational support programmes and expanded support for families and carers.

Key priorities for improving access to stable housing and other supports include:

- Extending comprehensive and planned range of psychiatric rehabilitation available to support people with severe mental illness to live successfully in the community
- Implementing the extended Joint Guarantee of Service for People with Mental Health Problems Living in Aboriginal Community and Public Housing (JGOS)
- Expanding HASI to provide more low, moderate and high support places
- Exploring options for expanding residential rehabilitation and supported accommodation for people with very high support needs, and
- Continuing to fund non-HASI residential rehabilitation and supported housing projects provided by NGOs.

The Government also has key priorities for improving participation and performance in education by children and young people with, or affected by mental illness. These priorities include

- Increasing 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)
- Improving 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
- Expanding the School-Link training program to include Juvenile Justice psychologists/counsellors

- Developing 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, and recommendations for action

7. Enhanced services to priority populations

The Select Committee Inquiry identified certain population groups as requiring particular attention in the form of enhanced resourcing and improved service coordination. These groups include Aboriginal and Torres Strait Islander peoples, older people, people with comorbidity, and those in the justice system. All populations have received considerable service development over the last three years and these strategies and initiatives are now well progressed and embedded within mental health service delivery in New South Wales.

Abbreviations

Aboriginal Community Controlled Health Service	ACCHS
Aboriginal Health and Medical Research Council	AHMRC
Child and Adolescent Mental Health Statewide Network	CAMHSNET
Centre for Mental Health	CMH
Council of Australian Governments	COAG
Culturally and Linguistically Diverse	CALD
Electronic Health Record	EHR
Full Time Equivalent	FTE
Health Care Advisory Council	HCAC
Home and Community Care	HACC
Housing Accommodation Support Initiative	HASI
Joint Guarantee of Service for People with Mental Health Problems and Disorders	JGOS
Key Performance Indicator	KPI
Memorandum of Understanding	MOU
Mental Health – Clinical Care and Prevention	MH-CCP
Mental Health Coordinating Council	MHCC
Mental Health Outcomes and Activity Tool	MH-OAT
Mental Health Senior Officers' Group	MHSOG
NSW Department of Aging, Disability and Home Care	DADHC
Non-government organisation	NGO
Specialist Mental Health Services for Older People	SMHSOP
Supported Accommodation and Assistance Program	SAAP
Transcultural Mental Health Centre	TMHC
Unique Patient Identifier	UPI

Update on the implementation of *NSW Government Response to the Select Committee Inquiry into Mental Health Services in New South Wales* – December 2006

Introduction

The Legislative Council appointed a Select Committee in December 2001 to inquire into and report on mental health services in New South Wales. The Select Committee heard evidence from 91 witnesses and received 300 submissions from the public, mental health professionals, and government and non-government organizations (NGOs).

The Select Committee released the final report of its findings in December 2002. The report made 120 recommendations for improving mental health services, with particular focus on issues concerning patient treatment and care, community care, homelessness and housing, and forensics.

The Minister for Health tabled the *NSW Government Response to the Select Committee Inquiry into Mental Health Services in NSW* in the Parliament in December 2003. The Government supported the majority of the report's recommendations and appointed the Mental Health Implementation Taskforce, chaired by the Hon Dr Brian Pezzutti, to monitor the implementation of its response.

The first update report on implementation of recommendations of the Select Committee Inquiry was provided in November 2005. The current report presents a comprehensive and up to date account of the actions taken over the last three years. In the interest of concision and for ease of reading, the current report does not reiterate the Government's original position on the Select Committee Inquiry's recommendations. It is intended that the 2003 document continue as the principal point of reference for this detail.

Implementing the recommendations of the Select Committee report is an important component of the NSW Government's commitment to mental health reforms, as articulated in the strategic policy documents - *NSW: A new direction for Mental Health* (2006) and *New South Wales Interagency Action Plan for Better Mental Health* (2005), and supported by new mental health legislation introduced into the Parliament in December 2006.

The Government's response to the Select Committee Inquiry recommendations has, with few exceptions, resulted in proposals to improve mental health services in line with these recommendations being either implemented or in some stage of implementation, or subject to formal review in order to more closely examine the feasibility and/or options for implementation.

Only four proposals fell outside the scope of further government consideration. Recommendations 1 and 2, concerning the establishment of an Office of Mental Health in Premier's Department, were not supported although the objectives of this proposal has been effectively progressed through the role of the Mental Health Senior Officers' Group (MHSOG). Recommendation 10, which calls for Rozelle Hospital's creation as an asylum for the mentally ill, was not supported based on the grounds that it contradicts accepted international conventions and the mainstreaming principles of the National Mental Health Strategy. There was also insufficient evidence to support priority being given to the development of "clustered housing" ahead of other models of service provision for people with mental illness who have difficulty maintaining public housing, as foreshadowed by Recommendation 44.

NSW Health is a stakeholder in all but two of the Select Committee Inquiry recommendations and has principal responsibility for responding to 96 of these recommendations. The only recommendations outside NSW Health's jurisdiction (Recommendations 30 and 49) concern amendments to the *Guardianship Act 1987* and *Bail Act 1978*, respectively, which are the domain of the Attorney General. In some cases, principal responsibility for the focus of a recommendation resides in other jurisdictions. Progress in implementing Recommendations 21 and 83, concerning provision of respite services, is constrained due to the Commonwealth Government's principal policy responsibility for these services.

The Government's response to Recommendations 15, 16, 32, 33, 38, 97, 104, 108 is subject to the passage of the *Mental Health Bill 2006*, which was introduced into Parliament in December 2006. These responses include recommendations concerning the role of carers in treatment, particularly in relation to information sharing, the circumstances relevant to various police actions, and clinical supervision of forensic patients.

The MHSOG is overseeing implementation of a large number of Select Committee Inquiry recommendations that require a cross-agency response in developing appropriate health, education, housing, police, justice, community and disability services for people with mental illness and their families and carers. The *New South Wales Interagency Action Plan for Better Mental Health (2005)* outlines strategy and actions to progress responses to these recommendations. Implementation includes the NSW Department of Housing and NSW Department of Ageing, Disability and Home Care's respective roles in providing housing support services for people with mental illness, the NSW Police Service's management of mental health patients, and the NSW Department of Education and Training's responsibility for developing appropriate vocational and employment training programs.

The MHSOG provides regular updates on implementation to the Mental Health Implementation Taskforce. The *Interagency Action Plan for Better Mental Health - First Yearly Progress Report (2006)*, which presents an assessment of the Government's achievements in relation to the *Interagency Action Plan*, complements and should be read in conjunction with this document.

Response to recommendations

Recommendation 1

That the Premier of New South Wales establish an Office of Mental Health in the NSW Premier's Department. The Office of Mental Health should provide integrated government advice and coordination of mental health services in NSW, to effectively coordinate the:

- NSW Department of Housing
- NSW Department of Ageing, Disability and Home Care
- NSW Health
- NSW Police
- Attorney General's Department
- Non-government organisations and community service providers

Status

The *NSW Interagency Action Plan for Better Mental Health (2005)* is a product of work undertaken by the MHSOG and oversighted by The Cabinet Office. The focus of the *Interagency Action Plan* is on ensuring government agencies work more effectively together in order to improve the coordination of services to people affected by mental illness. The *Interagency Action Plan* outlines strategies and identifies priorities for improving interagency coordination in relation to a range of existing initiatives, services and activities. Implementation is guided by a five-year plan and will be oversighted by two multi-agency working groups and monitored in yearly reports to Cabinet.

Recommendation 2

That the proposed Office of Mental Health be adequately funded and resourced for a period of five years. At the end of this period its functions, objectives and continuation should be reviewed

Status

See update for Recommendation 1.

Recommendation 3

That the Minister for Health commission an independent inquiry into the incidence and circumstances of suicide among people with a mental illness who were either:

- under the care of NSW Health, or
- refused admission to a public hospital or psychiatric unit within a week prior to their suicide.

The inquiry should review cases from the previous two years, and report to Parliament within 12 months.

Status

The NSW Mental Health Sentinel Events Review Committee's first report was released in December 2003. This report, entitled *Tracking Tragedy*, reviewed homicides committed by mental health patients and suicide deaths of inpatients of mental health facilities. The Government's response is being monitored in regular reports to the Sentinel Events Review Committee and the Mental Health Implementation Taskforce.

The second report, *Tracking Tragedy 2004*, focussed on recent homicides committed by mental health patients and suicide deaths of mental health patients within 28 days of discharge from hospital. The Government's response to this report was released in December 2005.

Tracking Tragedy 2004 contained twenty-four recommendations under eight major themes:

- Reporting and Review Systems
- Children, Families and Carers
- Assessing and Managing risk of Harm to Others
- Forensic Patients
- Clinical Practice and Care
- Discharge and Follow-Up
- Service Partnerships
- Resources and Development

The first implementation progress report for *Tracking Tragedy 2004* covers the reporting period to the end of March 2006. This report demonstrates that substantial action has already been taken towards the implementation of many of the Sentinel Events Review Committee's recommendations.

A third *Tracking Tragedy* report is anticipated for release early in 2007.

Recommendation 4

That the Minister for Health introduce data collection on readmissions to psychiatric units at three, six and twelve month intervals (in addition to the 28 day data already collected), to assist in the planning of services with a relapse prevention focus. This information should be made available publicly.

Status

The development of the Unique Patient Identifier (UPI) for mental health patients is a priority. The Mental Health UPI was implemented in July 2006. This allows for an identifier to be attached to all Area Health Service medical records for admitted and non-admitted mental health patients and for the rating of outcome measures associated with these identifiers. This in turn allows for readmission rates to be examined over longer time periods. There are no current local or international benchmarks for using this data in service planning or service evaluation and this will require further detailed study.

The Mental Health UPI is unique only within an Area Health Service. A further project is underway to integrate this mental health specific identifier with the State UPI. All data at state level is accessible in de-identified format only. A utility is also being designed so that clinicians can view a patient's treatment history over time and across settings. Timeliness and coverage for this data is dependent on data supply from Area Health Services and computer and web access availability to clinicians.

NSW Health's implementation of the Electronic Health Record (EHR) is ongoing. It is not presently possible to develop the EHR for patients of mental health services either alone or statewide. When in place, the EHR will supply real-time electronic clinical and historic data to support patient care. Mental health patients will be included at every stage of the project to ensure the EHR is available to improve communication and safety for mental health patients from the outset of its implementation.

Recommendation 5

That the Minister for Health utilise sections 127, 129 and 130 of the Health Services Act 1997 to ensure that all NSW Health mental health policies, programs and service delivery guidelines are implemented by Area Health Services.

Status

Funding allocations for public mental health services are linked to Mental Health Service Agreements between Area Health Services and the Centre for Mental Health (CMH). These agreements require Areas to report specific performance and activity related data for mental health programs. Areas report their financial performance against approved budgets through the KPI and DOHRS systems.

All mental health baseline enhancement and Commonwealth Government funding is identified. CMH's data collection and analysis unit, InforMH, monitors this information and measures outcomes and other data provided by Areas through the Mental Health Outcomes and Activity Tool (MH-OAT).

Recommendation 6

That the Minister for Health ensures additional resources are made available for community crisis teams and the adequate case management of people with a mental illness in the community.

Status

The State's mental health budget expenditure has received a significant boost with an extra \$93 million for 2006/07 (an increase of 10.9% over last year) bringing the level of recurrent expenditure on mental health services to a record \$946 million. This represents 8.1% of the total NSW Health budget, compared to 6.7 % in 1994/95. Since 1994/95, recurrent funding for mental health services in New South Wales has almost trebled, increasing by nearly \$600 million. This rapid growth in funding has resulted in a significant improvement in the delivery of mental health care throughout New South Wales.

A range of complementary support options for responding to the spectrum of need for people with mental illness have been developed through mental health services in collaboration with other sectors of NSW Health, other human service agencies and non-government organisations (NGOs).

Relevant initiatives and programs include:

- Housing Accommodation Support Initiative (HASI), which provides comprehensive support to people with mental illness in partnership with the NSW Department of Housing and specialist disability accommodation support organisations;
- Teams of Two program, which provides education and network building between GPs and public mental health services;
- Enhancing emergency department capacity to provide appropriate mental health interventions, including investing \$4 million recurrent annually to employ over 50 senior mental health nurses in emergency departments, and \$2.8 million per annum to fund trials of Psychiatric Emergency Care Centres within the emergency departments at Liverpool and Nepean Hospitals
- Budget enhancements including:
 - \$12 million to establish Psychiatric Emergency Care Centres at nine metropolitan sites and to provide rural mental health critical care services in major regional sites.

- \$10 million to fund expansion of rehabilitation programs across the state and to fund specific community programs (2005 community enhancements)
- \$51.4 million over 5 years to fund community mental health emergency services across New South Wales as part of *NSW: A new direction for Mental Health, 2006*
- The *National Action Plan on Mental Health 2006-2011*, released by the Council of Australian Governments (COAG) in July 2006, includes a commitment by the Commonwealth Government to fund 900 personal helpers and mentors to assist people with mental illness who are living in the community to better manage their daily activities. People with a severe mental illness will be assisted in accessing the range of treatment, income support and employment, and accommodation services. It is expected that approximately 300 care coordinators will be employed in New South Wales.

Recommendation 7

That NSW Health develop a program of assertive case management for the sustainable long-term management of people with a mental illness in the community and that the Minister for Health provide long term recurrent funding to support such a program. Such a model should be based of the Assertive Community Treatment program developed in the USA and include:

- a multidisciplinary team of psychiatric inpatient staff, including case managers, a psychiatrist, several nurses, social workers, vocational specialists and substance abuse treatment specialists, operating a 24 hour, seven days per week service
- comprehensive treatment planning, ongoing responsibility, staff continuity and small case loads, most commonly with one staff member for every 10 clients and
- targeting individuals with the greatest need to ensure cost efficiency, particularly those with multiple hospitalisations

Status

The MHSOG has made community care one of its two principal focus areas for ongoing work. The aim is to promote access and equity, build capacity across human services to manage non-specialist issues when providing services, and explore opportunities for greater coordination and collaboration as part of the implementation of the *NSW Interagency Action Plan for Better Mental Health*. The *Interagency Action Plan* and a five-year implementation strategy were endorsed by the Human Services Committee of Cabinet. Implementation is oversighted by The Cabinet Office and through regular reporting to the Human Services Chief Executive Officers' Forum.

The *Interagency Action Plan* includes the allocation of \$51.4 million over five years to improve Community Mental Health Emergency Care by employing an additional 65 specially trained professionals to respond to out-of-hours emergency and acute community responses across the state by 2007/08 and double this amount by 2009/10.

Commonwealth Government funding for implementing a “*mentors*” program and the establishment of practice nurses as part of new Primary Health Care Centres under the *National Action Plan for Mental Health* will provide for a range of additional community mental health workers.

Recommendation 8

That the Minister for Health introduce a needs assessment in all mental health related areas to identify the gaps in services and that an expert advisory committee be established to oversee the assessment. The committee should consist of eminent people with knowledge of successful rehabilitation models operating throughout the world. The committee should be allocated recurrent funding as a guarantee, in order to plan a comprehensive range of services, and continue as a monitoring and evaluation group once the model is operational.

Status

Mental Health – Clinical Care and Prevention (MH-CCP) suggests that Australia as a whole meets only about 67 per cent of the need for mental health services, and would need to increase expenditure from 6.5 per cent to about 9 per cent of health expenditure to provide 100 per cent of the service levels defined in MH-CCP. The same modelling conducted in 2005-2006 indicates that New South Wales is meeting about 66 per cent of need.

From 2005-06, Area Health Service performance expectations are defined in terms of the level of resource needs they have been funded to meet, for acute hospital beds and other hospital beds, and for ambulatory care. Area Health Services are supported in various ways to draw on the best available service models to ensure that available funding is efficiently and effectively used.

The Health Care Advisory Council (HCAC) has been established as a peak community and clinical advisory body to help guide development in the NSW Health system over the next decade. The HCAC comprises senior clinicians, consumer and community representatives and is supported in its work by Health Priority Taskforces. These Taskforces bring together clinical, academic, consumer and community representatives and will provide direction and leadership for strategic policy development.

The CMH is currently developing a new mental health clinical services plan for New South Wales. Chronic and Continuing Care Rehabilitation and Recovery is one of three service platforms that will be

the focus of the new plan. A working group on Chronic and Continuing Care Rehabilitation and Recovery was established in early 2005 to support this initiative. The working group is chaired by the Area Mental Health Director for South East Sydney Illawarra Area Health Service and has a membership that includes experts in mental health rehabilitation and other key stakeholders.

Recommendation 9

That the Minister for Health recognises the need and demand for rehabilitation services and facilities for people with mental illness and retain and establish more medium to long term managed psychiatric beds with designated facilities for people with mental illness.

Status

As identified in Recommendation 8, CMH has established the Chronic and Continuing Care Working Group to inform strategic planning and resource allocation in relation to non-acute care. The Working Group will develop recommendations for a spectrum of non-acute care, including long stay inpatient beds and rehabilitation units.

In recognition of the need for enhancement of community and mental health rehabilitation services, the NSW Government has identified community rehabilitation services as a key area for enhancement in recent new \$10 million funding announcements. Additional funding will be targeted to ensure better service coordination, increased service access and assist in reducing long term disability.

Non-acute inpatient units were historically located with stand-alone psychiatric hospitals. These units are now being integrated with mainstream services. A refurbished 14 bed unit opened at Prince of Wales Hospital in late 2004. A purpose-built non-acute inpatient facility at Campbelltown was completed in December 2005. Funding is becoming available for construction of four 20-bed non-acute inpatient units in the North Coast, South East Sydney and Illawarra and the Hunter New England Areas. These new, mainstreamed non-acute inpatient services will be evaluated as part of the ongoing development of non-acute inpatient care models for New South Wales.

The NSW Department of Health has funded the NGO Development Strategy through the Mental Health Coordinating Council to support development of mental health rehabilitation disability support services. This project will assist to build the profile and capacity of these NGOs and guide capacity building within this sector. Key issues to be targeted include: identity, funding, outcome measurement and workforce development.

Recommendation 10

That NSW Health establishes Rozelle Hospital as an asylum for the mentally ill, in the true meaning of the concept. The facility should be gazetted under the Mental Health Act 1990 and provide medium to long-term rehabilitation services for people with a mental illness. The hospital grounds must be clearly recognised as a health facility and not considered public space.

Status

It is currently anticipated that the Rozelle Hospital facilities will be transferred to the new Concord Hospital site in 2008. The *Callan Park (Special Provisions) Act in 2002* limits the use of the Rozelle Hospital campus to not-for-profit health, community and educational purposes while also permitting existing passive recreational activities. Planning is continuing in relation to the possible future uses of the site that are consistent with its governing legislation.

Recommendation 11

That NSW Health increases the number of long-term rehabilitation facilities in appropriate settings for people with mental illness

Status

See update for Recommendation 9

Recommendation 12

That NSW Health undertake to clearly and adequately define the roles of the public and private mental health sectors within the mental health system for treatment, care and general service provision and ensure that these roles and funding streams be transparent.

Status

MH-CCP is a quantitative model based on epidemiological data and service models, that has in recent years informed service development and government funding enhancements for public mental health services. MH-CCP accepts the current division between public mental health services that provide the vast majority of care for people with severe mental illness who require involuntary care and the range of services that respond to moderate and mild levels of illness.

The *NSW Interagency Action Plan for Better Mental Health (2005)* developed through the MHSOG expresses this service split in terms of public mental health services targeting 'high risk and high need' populations and individuals. There are inevitable overlaps as well as opportunities for greater collaboration. This includes a number of actions flagged in the plan for developing greater clarity and partnership with GPs in the provision of mental health care, especially for the high prevalence mental illnesses (depression and anxiety), identifying risk and early onset mental illness, and establishing ongoing supports to people with long term stabilised mental illness.

Recommendation 13

That the proposed Office of Mental Health assumes responsibility for ensuring that the roles and funding streams within the mental health system are transparent at all times.

Status

Mental Health Service Agreements between the NSW Department of Health and Area Health Services link funding allocations for mental health services to specific performance and activity reports for mental health programs, including clinical staffing numbers, bed numbers and occasions of service data. See response to Recommendation 5.

Recommendation 14

That the Minister for Health, in supporting the establishment of an Office of Mental Health within the NSW Premier's Department, require Area Health Services to provide monthly incidence and outcome reports to the Office of Mental Health.

Status

Processes are in place for reporting adverse incidents and reviewing outcomes. Once statewide reporting of de-identified data is established (see update for Recommendation 4), it is proposed to publish key information collected through MH-OAT in the annual reports of each Area Health Service.

NSW Health's *Incident Management Policy, PD2006_030*, incorporates the new Incident Information Management System, which is used to lodge, collect and assess clinical and other incidents across the NSW Health service. This system is oversighted by a Reportable Incidence Review Committee, which meets quarterly to review and report on compliance, the quality of reviews and the key issues identified.

Both Area Health Service and specific Area Mental Health Service performance agreements provide high-level key performance indicators for reporting to MH-OAT ambulatory and self-sufficiency data. Regular reporting of outcomes to the CMH includes monthly monitoring of activity outcomes and six monthly reporting against 'dashboard indicators' including 28 day readmissions, possible suicides and a range of efficiency and effectiveness measures.

Recommendation 15

That the Minister for Health ensure carers are assessed for their capacity to support people with a mental illness, are included in the planning of care programs and assisted to access support for themselves

Status

The Premier launched the *NSW Family and Carer Mental Health Program* in June 2005. This program is based on a service model that recognises the importance of actively involving families and carers in all stages of treatment and care planning, subject to privacy considerations; supporting families and carers in their caring roles, and assisting to equip them with coping skills and a better understanding of mental illness.

The aim is to provide a comprehensive range of supports and services for families and carers of people with a mental illness that can be delivered across all the Area Health Services in partnership with NGOs and mental health services. CMH has conducted a strategic development process to establish appropriate statewide service planning under this program.

Recurrent funding of \$1 million allocated under the *NSW Care for Carers Program* for supporting carers of people with mental illness was used to conduct nine one off demonstration projects targeting support for families and carers across various regions in New South Wales. These projects were completed and evaluated in June 2006 and the service model has been informed by the results of this evaluation. Additionally, the mental health budget is contributing \$6 million over three years commencing 2005/06 for the *Family and Carer Mental Health Program's* first phase implementation.

The family sensitive component of this program will introduce improvements across the mental health services to make services more family and carer sensitive and involve them in the assessment, care planning and discharge planning of a loved one. This component commenced in 2005/06 and is managed by Area Health Services. Area Mental Health Services receive supplementary funding of \$1.7 million annually commencing in the second half of 2005/2006 to support implementation, and this is to include the provision local training, specialist advice and support.

Phase one of the *NSW Family and Carer Mental Health Program* involves a further \$1.9 million allocated to NGOs in 2006/07 and 2007/08 through the *Mental Health Family and Carer Support Strategy* to provide education and training programs aimed at building coping skills and resilience, individual support and advocacy, and infrastructure support for peer support groups. CMH continues to support Area Health Services to establish, implement, monitor and evaluate this program. This includes assistance in statewide service planning and development and in scoping additional service gaps and needs.

Phase Two implementation is expected to commence in the second half of 2006/07. Under phase two of the program, the Premier has approved recurrent enhancements as well as additional funding of \$13.5 million over a five years period as part of his vision for NSW Mental Health Services. This is equivalent to \$1.5 million in the second half of 2006/07 and recurrently \$3 million from 2007/08 onwards. This funding will provide for expansion of the program's non-government component from 16 FTEs in Phase One to at least 48 FTEs. By the end of 2006/07, each NGO will have at least 6 FTEs delivering support services in each Area Health Service, which will considerably enhance the support available for families and carers of people with mental illness.

CMH has completed a selective Request for Proposals process that invited the four NGOs providing support services under phase one of the program to submit proposals for expanding service provision during phase two. An evaluation panel reviewed applications and the panel's recommendations have been submitted for the Minister for Health's approval in early 2007.

Funding has also been allocated to South East Sydney and Illawarra Area Health Service to support statewide workforce development under the *Working With Families Program*. This program has a dual focus on improving individual clinician practice and achieving systemic change to enable clinicians to work in a family focussed way, be responsive to the unique needs of families and carers and ensure they are explicitly involved in the service system.

Recommendation 16

That NSW Health ensures that carers are included in discussions for determining assertive care programs and Community Treatment Orders.

Status

The NSW Government recognises the need for involvement of carers and families in all stages of the patient journey. Carers and families are included in planning client care during acute care, discharge planning and relapse prevention, wherever this is clinically appropriate and subject to the patient's consent. Increasing the level of this involvement is a key focus of strategies being implemented as

part of the *Family and Carer Mental Health Program* (see update for Recommendations 8 and 21). Privacy and confidentiality issues relating to the transfer of information to people directly involved in providing care to a person with a mental illness are being addressed by:

- The Human Services Chief Executive Officers' Forum developing a standard "*consent to release of information*" form for use by human service agencies, which is currently being trialled
- Publication of *NSW Health Privacy Manual Version 2, PD2005_593* in June 2005, and
- The *Mental Health Bill 2006*, which includes provisions aimed at lessening the constraints on non-urgent transfer of information to carers and people directly involved in supporting the person.

Recommendation 17

That the Minister for Health develop a proposal for consideration by the Commonwealth Ministers for Health and Education, that outlines the need for national undergraduate nursing courses to contain an assessable mandatory mental health training component, including practical training. The proposal should indicate the NSW Government's support for the following recommendations by the Senate Community Affairs Committee Inquiry into Nursing:

- that the Commonwealth fund scholarships for psychiatric/mental health nursing for graduate nurses wishing to undertake a mental health nursing course (Recommendation 76)
- that funding be provided for the development of advanced practice courses in mental health nursing (Recommendation 78).

Status

The *2005-2007 Mental Health Nursing Workforce/Skills Acquisition Project* is a two-year joint initiative between the CMH and the Nursing and Midwifery Office. This initiative seeks to address both recruitment and retention for mental health nurses, including targeting new recruitments and provision of scholarships.

The Minister for Health launched the Mental Health Nurse Connect/Reconnect campaign at St George Hospital in April 2005. This was subsequently supported by an extensive media campaign in major metropolitan and country papers and a toll free 1800 phone line up, which was staffed by experienced mental health nurses for the duration of the campaign. By the end of November 2006, 371 Registered or Enrolled Nurses had responded to the campaign and had been referred to a mental health service or Justice Health facility. A new promotional campaign for nursing launched in November 2006,

targeting school leavers and other young people making career choices, features mental health nursing and promotes mental health nursing as a desirable career choice.

The following is an overview of other NSW Health mental health training related activities and initiatives during 2006.

- Involvement in a national review of the mental health content of undergraduate and pre-registration nursing curricula during 2006. This will result in the development of national guidelines for incorporating mental health content in nursing training.
- Funding a range of postgraduate mental health programs that are delivered through the Institute of Psychiatry and College of Nursing. NSW Health also funds post enrolment mental health training and this enables up to 100 Enrolled Nurses to be trained in this specialty, annually. NSW Health is leading the progression of a nationally accredited post-enrolment mental health program, which is anticipated for implementation in 2008.
- Collaborating with the NSW College of Nursing to establish an older adults mental health major in the Graduate Certificate of Nursing (Mental Health).
- Funding of the 2005/2007 Mental Health Nursing scholarships. NSW Health has provided more than \$1 million over two years to enable 119 registered and enrolled nurses to upgrade their skills and qualifications while continuing to work in mental health. Eighty postgraduate scholarships were awarded for study in topics such as child and adolescent mental health, older adult mental health, forensic mental health, and nurse practitioner studies. Thirty nine enrolled nurses received scholarships to become registered nurses. The individual scholarships were valued at up to \$5,100 per year for two years.
- The success of the Mental Health Nursing scholarships has been built on with up to 250 MHN scholarships being offered for the 2007 academic year. Scholarships are being offered for enrolled nurses wishing to upgrade their qualifications to become registered nurses. Up to 80 scholarships have been made available for this target group. A further 160 scholarships have been made available for registered nurses wishing to undertake post-graduate training in mental health. These scholarships, including the Mental Health Nursing Innovations project scholarships (below), are valued at over \$1.3 million, and are available to nurses working in, or seeking to work in public sector mental health services.
- Ten Innovations project scholarships have been made available for projects that stimulate the development of flexible, contemporary models of nursing practice. The scholarships are valued at up to \$10,000 each.

Recommendation 18

That the Minister for Health develop and initiate a targeted campaign to improve the status and image of mental health nursing, in accordance with Recommendation 77 of the Senate Community Affairs Committee Report on the Inquiry into Nursing that a targeted campaign be undertaken to improve the status and image of mental health nursing.

Status

Enhancing the image of mental health nursing is an important component of the 2005-2007 Mental Health Nursing Workforce/Skills Acquisition Project. A senior mental health nurse has been seconded to CMH for two years from December 2005 as the Principal Advisor for Mental Health Nursing. This role assertively promotes the positive image and professional identity of mental health nursing through a range of forums within and beyond NSW.

A new nursing promotional campaign entitled “*No two days are ever the same*” was launched in November 2006. The campaign targets school leavers and other young people making career choices, features mental health nursing and promotes the desirability of mental health nursing as a career choice. In 2005/06, NSW Health funded 14 mental health professionals to participate in the NSW Clinical Leadership Program. The development of skilled and capable leaders in mental health promotes a positive image for the profession, thereby increasing the potential to attract new nurses into the specialty.

Recommendation 19

That the Minister for Health immediately appoint authorised Nurse Practitioners and that positions with in-principle approval be considered for appointment as a matter of urgency, particularly within mental health.

Status

Nurse Practitioners in New South Wales must be registered nurses who are authorised by the Nurses and Midwives Board of New South Wales under the *Nurses and Midwives Act 1991* to practice as Nurse Practitioners. Advanced level practice incorporates the ability to provide care to a range of clients at a level, which demands a repertoire of therapeutic responses, insightful sophisticated clinical judgments, and clinical decision-making justified by application of advanced knowledge

There are two pathways to become a Nurse Practitioner

1. Evidence of completion of an accredited NP Masters degree approved by the Nurses and Midwives Board, leading to authorisation as a nurse practitioner; or
2. The submission of a professional portfolio and clinical case study and an interview by a review panel to demonstrate Master's equivalency.

Both pathways require evidence of 5000 hours advanced practice appropriate for the relevant broad area of practice during the last six years

Registered Nurses authorised to practice as Nurse Practitioners in New South Wales are able to use, prescribe or supply any restricted substance providing they are operating within policies and guidelines approved by the Director-General. Nurse Practitioners are able to initiate and interpret diagnostic investigations; and make limited referrals. The 13 Nurse Practitioners and a further 3 nurses working towards authorisation currently working in mental health are engaged in the specialties of emergency department, rural community, and older person's mental health. Another seven nurses are in various transitional positions in rural (4), metropolitan (2) and forensic (1) services. In addition, 12 Mental Health Nurse Practitioner positions across the State are currently being recruited

Recommendation 20

That the Minister for Health appoint an eminent clinician as a specialist advisor to:

- review the Nurse Practitioner implementation policy, evaluate the role and effectiveness of Area Health Services in the process and
- ensure medical groups participate in the process of appointing Nurse Practitioners, particularly within mental health.

Status

The position of Principal Advisor to the Nurse Practitioner Strategy has been extended until December 2007. There have been a range of inter-disciplinary groups participated in statewide strategic planning for the expansion of Nurse Practitioner roles over the past four years. These have included:

- Royal Australian College of General Practitioners
- Rural Doctors Association
- Various health employee unions
- Consumer representatives
- Australian Medical Association
- Pharmaceutical Society of Australia
- College of Nursing

- Australian Institute of Radiography
- Society of Nuclear Medicine Technology
- Therapeutic Advisory Group

As outlined in the *PD2005_556, Nurse/Midwife Practitioners in NSW*, stakeholders within each local clinical service are asked to identify specific health care needs that might be addressed by a Nurse Practitioner role. Multidisciplinary panels have carriage of the recruitment and selection processes for Nurse Practitioners.

Nurse Practitioners provide expert nursing care within a clearly defined scope of practice and in collaboration with other health professionals as part of a multidisciplinary team. This collaborative relationship is exemplified in development of a scope of practice and clinical guidelines for newly established Nurse Practitioner positions, which are approved by local clinical team and endorsed by the Area Health Service Chief Executive.

At the end of 2006, there are now 13 Nurse Practitioners in Mental Health with a further 3 nurses working towards authorisation.

The Principal Advisor, Nurse Practitioner Strategy is working closely with the Principal Advisor for Mental Health Nursing to target the establishment of Nurse Practitioner roles within developing mental health service models, including specialist services for older adults, children and adolescents and comorbidity as well as the non-acute and community acute service settings. The aim is to meet the target of 60 additional Nurse Practitioners in mental health by 2011 as outlined in *NSW: A new direction for Mental Health (Page 15)*.

Recommendation 21

That, in addition to increasing and better targeting funding for respite and support programs run by non-government organisations, NSW Health develop, fund and coordinate the establishment of a central support program for the carers of people with a mental illness, including respite care services.

Status

CMH has initiated a range of activities under the Family and Carer Mental Health Program since 2002 to improve support and services for families and carers of people with mental illness. A model of care to guide the development of program strategies has been formulated in partnership with the Association of Relatives and Friends of the Mentally Ill (ARAFMI) NSW. This model recognises the important role of families and carers in supporting people with mental illness and aims to provide these

groups access to a range of interventions and supports. The model is based on strong partnerships between families and carers, consumers, NGOs and Area Mental Health Services.

The Government recognises that gaining access to mainstream services and supports such as counselling, respite and financial support is an important issue for families and carers. In addition to services provided through the two main components of the Family and Carer Mental Health Program, families and carers of people with mental illness will also be linked to generic family and carer supports and programs. Area Mental Health Services and NSW Health will continue to identify and work to overcome barriers to access and develop cross agency partnerships and strategies.

Also see update for Recommendation 15.

Recommendation 22

That the position of Principal Official Visitor:

- be located within the proposed Office of Mental Health in the NSW Premier's Department, and
- be either designated as a full time position, or that the Principal Official Visitor establish an adequate consultation period for Official Visitors during office hours.

Status

There are currently 79 Official Visitors appointed by the Minister across New South Wales. Recruitment for metropolitan Official Visitors for 2006-2009 commenced in July 2006, and recommendations for appointments will be made to the Minister by early 2007.

The Principal Official Visitor has been engaged for four days per week since July 2005 and is paid an on-call allowance to be available to Official Visitors at other times.

The Principal Official Visitor briefs and meets regularly with the Minister for Health and the Minister Assisting the Minister for Health (Mental Health), and is supported by the Official Visitors Advisory Committee which meets quarterly and reports to the Minister at the end of its two year term.

Recommendation 23

That the Minister for Health utilise the authority of the Health Services Act 1997 to ensure that mental health funds are being allocated and expended by Area Health Services in accordance with NSW Health policies.

Status

See update for Recommendation 5.

Recommendation 24

That the Centre for Mental Health considers and determines the funding allocation for statewide programs run by non-government organisations.

Status

The MHSOG has referred the issue of funding statewide NGOs to the Grants Administration Review being coordinated by the NSW Premier's Department. The review will encourage longer-term agreements with all NGOs. This process will improve capacity to transfer funds into priority areas, streamline management and introduce risk management practices.

The Premier's Department has referred a common NGO Grant application form to government agencies. This document provides the broad context for reviewing applications relating to mental health NGOs. The NSW Department of Health is revising its NGO operational guidelines, developing a policy statement on working with NGOs, which is in line with draft principles developed through the Grants Administrative Review, and is developing new templates that will provide more appropriate information as part of the approval process for new grants.

The NSW Department of Health has convened a working group to develop a policy framework and guidelines for effective management of NSW Health's NGO Grant Program. The working group's role is to:

- Conduct an audit of the existing guidelines to identify policy gaps and scope the work required to align this project with the NSW Government's 'Compact' and the Grants Administration Review agenda and other relevant NSW Health policies and guidelines.
- Provide advice on the structure and content of the new policy framework and guidelines.
- Align the NSW Health planning and funding cycles to reflect the NSW Government's Strategic Framework.

In addition, CMH has funded the Mental Health Coordinating Council (MHCC) to develop a NGO Development Strategy. This will provide NGOs in the mental health field with clear expectations of service delivery standards, accountability and reporting. The MHCC is also working with CMH to develop strategies to strengthen the capacity of NGOs to better meet the needs of people with mental

health problems. The NSW Government recently funded an Infrastructure Grant Program under the auspice of the MHCC to develop facilities and operations, enhance corporate governance structures, strengthen management practices, and modernise business operations and expertise.

The *NSW Health Framework for Rehabilitation for Mental Health (2002)* identifies the community support roles most appropriate for NGOs and flags the intention to pilot a partnership model for staged evolution of identified service to NGOs subject to funding. This model has been developed with the use of enhancement funding under the Housing and Accommodation Support Initiative (HASI), which is based on a strong partnership model between NSW Health, NSW Department of Housing, Aboriginal Housing Officer and NGOs.

In the area of supported housing, the Joint Guarantee of Service for People with Mental Health Problems and Disorders (JGOS) has been expanded to engage a significantly wider range of organisations including non-government agencies providing community housing, mental health NGOs and Supported Accommodation and Assistance Program (SAAP) services. Completion of the tendering process for NGOs to supported housing options for the next stage of HASI is expected in early 2007.

Recommendation 25

That the Minister for Health immediately initiate and support a formal process where Area Health Service Mental Health Directors report directly to the Chief Executive Officer of the relevant Area Health Service for the purposes of monitoring program movements and allocations.

Status

See update for recommendations 5

Recommendation 26

That each Area Health Service publish in its annual report, detailed and transparent information regarding mental health funding allocations and direct mental health expenditure.

Status

The Auditor-General annually audits Area Health Service financial statements and authorises their suitability for inclusion in Area Annual Reports. This independent review process helps to ensure that each Area Health Service is accountable for its expenditures on mental health.

The NSW Department of Health's mental health funding allocations are subject to strict terms and conditions. Area Health Service's are required to identify the specific services and programs delivered with this funding and to demonstrate in performance reports how these funds contributed towards meeting a range of service delivery targets. During 2006/07 the NSW Department of Health has continued to monthly review Area Health Service performances against the attainment of key Mental Health Service performance targets

Recommendation 27

That the Minister for Health work with the Auditor General to develop and initiate the following audit programs:

- A performance audit of mental health budget allocation and expenditure from July 2003 to 30 June 2004 in NSW, and that the performance audit report be tabled in Parliament
- An audit plan designed for the annual audit of Area Health Services and service providers (hospitals and affiliated health organisations) that includes disclosure of mental health funding allocation and expenditure. Expenditure of mental health funding on non-mental health programs should be reported; and
- An ongoing audit program to include both the current financial audit, as well as a physical audit of hospitals and mental health service providers, to ensure that staffing, infrastructure and auxiliary budget costs are directly hypothecated.

Status

Area Health Services are expanding their annual internal audit programs for financial management. This will require internal auditors to specifically review that mental health budgets are appropriately allocated to the Director of Mental Health, that the Director is held accountable, and that overhead costs are appropriately distributed between the programs, including mental health. The outcome is reported to the Department of Health

Recommendation 28

That NSW Health develop and implement a set of key performance indicators for inpatient mental health services in public hospitals and that these key performance indicators be linked to service performance agreements and funding allocation. The performance against key performance indicators should be reported in each Area Health Service annual report.

Status

Health Service Performance Agreements include high level KPIs, which require information on “percentage of need met” for acute beds, non-acute beds, and in relation to ambulatory care staff. These measures are supplemented by a range of KPIs from the “Balanced Score Card”, which is used to monitor the Mental Health Service Agreements associated with the Health Service Performance Agreements.

Wherever possible these indicators have been drawn from the nationally agreed key performance indicators for mental health services. Finally, allocation letters to Area Health Service Chief executives in 2005-06 include a requirement to provide monthly monitoring data on expenditure, staff, and outputs for both hospital-based and ambulatory care services. This monitoring will be reported to the Performance and Finance Committee and the Senior Executive Advisory Board.

Recommendation 29

That the Minister for Health establishes a Mental Health Quality Care Committee within each Area Health Service. The functions of the Mental Health Quality Care Committee should include:

- reporting to the Area Health Service Board and the Centre for Mental Health
- developing a means by which the equality of clinical and secondary care to consumers within the Area can be defined, measured, monitored, reported and improved
- collecting, collating and analysing Area Key Performance Indicator data and reporting findings to the Area Board and the Centre for Mental Health

Status

CMH develops KPIs for the attainment of key mental health service performance targets. Area Health Services report against these measures to both CMH and to Area Health Service Quality Councils.

The Centre for Mental Health established the Clinical Advisory Council in June 2006. The Clinical Advisory Committee, chaired by the NSW Chief Psychiatrist, reviews reports from a number of sub committees including the Information Management Committee. The Advisory Committee in turn reports directly to the Mental Health Program Council, which provides peak strategic coordination.

Recommendation 30

That the Minister for Health and the Attorney General review the Guardianship Act 1987 with respect to people who suffer severe and/or episodic mental illnesses during which they are not capable of making informed consent. This review should include the possibility of enduring guardianship.

Status

These processes occur through the Area Health Service Quality Councils established under the *Framework for Managing the Quality of Health Services in NSW*.

Recommendation 31

That the Centre for Mental Health and the Office of the Public Guardian work together to develop an information package for mental health professionals that:

- outlines their obligations as well as the rights of families and carers under relevant mental health, privacy and guardianship legislation, and
- clarifies the existing definitions of 'consent' and 'substitute decision-making' in mental health settings and communicate its clarification to mental health professionals

Status

The Mental Health Coordinating Council launched the *Mental Health Rights Manual Edition 2* in October 2004. The manual contains comprehensive and up to date information covering a wide range of issues relevant to people in contact with the mental health system. These issues include the rights of families and carers under the *Mental Health Act*, guardianship and financial management, substitute decision making, the criminal justice system, complaint mechanisms and legal avenues of assistance, as well as employment and accommodation issues and multicultural issues. The MHCC first published the manual in 1995. The manual has been re-formatted as an online facility to ensure updated information and current legislation.

Recommendation 32

That the Minister for Health prepare a proposal for consideration by the Minister for Education to ensure that students in undergraduate and postgraduate health programs receive training regarding:

- their obligations to seek information from and disclose information to consumers, families, guardians, carers and other service providers, and
- the rights of consumers, families and carers under the relevant mental health, privacy and guardianship legislation.

Status

Recognition that carers and family members need greater access to patient information was a key issue arising from the Select Committee Inquiry. The enhanced involvement of people who have primary responsibility for providing care and support for a patient while in the community was also a key proposal in Mental Health Act Review Discussion Paper 1

Submissions received during the review of the Mental Health Act mostly supported a proposition that carers (including family members) of a mentally ill person should have access to information that assists them in caring for that person, and should be involved in decisions relating to their ongoing care. Another view strongly represented in review submissions is the need to ensure that the patients themselves are involved in decisions relating to their care, and have some capacity for controlling the disclosure of information to carers and family members. The key policy issue is therefore to balance and manage what may sometimes be competing interests between patients and their carers.

The issue of information sharing with family and carers is being addressed in all mental health policy and procedures including the *Mental Health Bill 2006* and draft discharge guidelines, which promote the development of standardised discharge planning processes involving community support partners. Relevant clauses of the Bill are outlined below.

- Clause 28 provides that medical practitioners examining a patient for the purposes of the Act may take into account as well as their own observations, any other available evidence considered reliable and relevant
- Clause 71 provides a process for identifying a “*primary care*” where there is no nomination, which is consistent with that applied in relation to “*person responsible*” under the *Guardianship Act*

- Clause 72 provides for a patient to nominate a “*primary carer*” or identify any persons they do not wish to be identified as a “*primary carer*”, in relation to the disclosure of information;
- Clauses 75 and 78 contain provisions for the notification of “*primary carer*” of events affecting patients or detained persons; and
- Clause 79 provides for health service providers to take reasonable steps to involve the “primary carer” in discharge planning discussions.

Recommendation 33

That the Minister for Health seeks to amend the NSW Mental Health Act 1990 to allow limited disclosure of confidential information about clients of mental health services without the consent of the client. These exceptions to confidentiality would allow information to be disclosed in the following circumstances:

- to guardians, family and primary carers if the information is reasonably required for the ongoing care of a client and the person who is receiving the information will be involved in providing the care, and
- where it is required in connection with the further treatment of a client.

Status

See update for Recommendation 32

Recommendation 34

That prior to the operation of the *Health Records Information Privacy Act 2002* in 2003, NSW Health and the NSW Privacy Commission ensure that public and non-public health care service providers, be provided with adequate information and training about consent and substitute decision-making laws in NSW.

Status

A comprehensive education campaign was conducted in relation to the *Health Records and Information Privacy Act 2002* and the NSW Department of Health provides Area Health Service staff with ongoing education and support in relation to their privacy obligations under the Act. Key privacy resources are available to NSW Health staff online at <http://internal.health.nsw.gov.au/legal/Privacy/>. This includes *PD2005_593, NSW Health Privacy Manual, Version 2, Privacy Leaflet for Patients, Privacy Newsletters, PD2005_554, NSW Health Privacy Management Plan, Privacy and Personal*

Information Protection Act 1998, Health Records and Information Privacy Act 2002 and associated guidelines.

All Area Health Services have a Privacy Contact Officer who is responsible for the following roles:

- Principal point of contact for all internal and external enquiries concerning privacy matters;
- Management of privacy complaints and requests for internal review in accordance with the Privacy Management Plan, Part 2;
- Disseminating information on privacy matters within the Area Health Service;
- Overseeing privacy training and education for Area Health Service staff.

Recommendation 35

That the Minister for Health allocates funds for the training of public health employees on the requirements of the Health Records Information Privacy Act 2002.

Status

See update for Recommendation 34.

Recommendation 36

That the Centre for Mental Health prepare guidelines on limited disclosures under the *Health Records and Information Privacy Act 2002* and ensure these guidelines are:

- incorporated into a privacy protocol within the Memorandum of Understanding between NSW Health and the NSW Police Service
- are communicated to all mental health workers and police across NSW.

Status

The *NSW Health Privacy Manual, Version 2* is a comprehensive resource for NSW Health employees on all matters concerning the *Health Records and Information Privacy Act*. Health employees also receive training in relation to the constraints and obligations regarding disclosure of relevant information to agencies and other relevant people providing a direct service. This includes obligations to disclose during instances where staff safety or the safety of the person or others is involved. Any revision of the MOU will be deferred until the current significant enhancements in emergency response resources are rolled out and evaluated.

Recommendation 37

That NSW Health ensures that the NSW Police Service has access to mental health services on a 24-hour basis for support and urgent advice.

Status

A key focus of a revised MOU developed between NSW Police and NSW Health during 2006 is to improve the operational interface between these agencies in responding to people with mental illness. The revised MOU includes agreed guidelines on multi-agency risk, information and assistance to facilitate Police access to mental health support. Funding of \$26.3 million over five years has been allocated under the *NSW: A New Direction for Mental Health* for the implementation of the statewide 24 hour mental health telephone access service, which NSW Police will be able to use to obtain mental health advice and assistance.

Recommendation 38

That the Minister for Health seek a further amendment to the NSW Mental Health Act 1990 to enable guardians, family and primary carers to obtain an interim court order for:

- release of confidential information from a health care provider,
- an urgent assessment of an individual's mental health, where it can be established there is: a reasonable belief that there is: a serious and imminent threat to the life, health or safety of the individual or another person, or a serious threat to public health or public safety.

Status

See update for Recommendation 32

Recommendation 39

That the Minister for Health ensure, through a process of monitoring and review, that the Mental Health Outcomes Assessment Tools do not have an adverse impact on clinical service provision.

Status

The MH-OAT Interim Evaluation Reports were presented to the Program Council and Clinical Advisory Council in October 2006. Publication of the final reports is expected in early 2007.

Recommendation 40

That the Minister for Health increase the number of supported accommodation places for people with mental disorders in NSW from 1,635 to 2,635 over the next two years, and that an average of 12 adult beds per 100,000 are available for 24-hour per day high level supported residential services.

Status

Housing stock needs to be planned ahead as there is limited availability in some rural areas, and there is a need in some cases for capital acquisitions. Negotiations are currently underway with the NSW Department of Housing in relation to the numbers and location of additional housing stock. NSW Health contributed \$5 million to the first stage of HASI, which went to NGOs across New South Wales to provide high-level accommodation support to 118 individuals with mental disorders. The Department of Housing contributed approximately \$7 Million in housing stock. See the update for Recommendations 42 and 55 for further details on the proposed expansion of HASI.

Recommendation 41

That NSW Health match the level of funding provided by the NSW Department of Ageing, Disability and Home Care for 24 hour supported accommodation packages for people with psychiatric disabilities

Status

DADHC and NSW Health work together to provide funding and resources to assist people with a range of psychiatric disabilities residing in licensed boarding houses. DADHC, as lead agency for the Boarding House Reform Program, allocates funds annually for the provision of primary and secondary health care needs of licensed boarding house residents. The funding is distributed to Area Health Services through NSW Health and covers a range of clinical, preventative and maintenance programs as well as various educational and health promotion activities.

The Government has also funded HASI to provide high quality disability support to people with mental illness and associated levels of psychiatric disability. By 2006 there will be an additional 700 places in the community for people with psychiatric related disabilities. These accommodation support places are provide in partnership with housing NGOs and the mental health services. Clinical mental health services ensure that there is 24 hour back up support.

Recommendation 42

That NSW Health inquire into and report publicly on the shortfall on support and case management services for people with a mental illness who are accommodated in public housing and allocate adequate resources to meet the identified shortfalls.

Status

Provision of appropriate supports to people with mental illness living in the community involves a range of services and agencies beyond mental health case coordination. The JGOS provides a strategic and operational framework for achieving the following objectives.

- Improving outcomes for individual consumers through coordinated services and sustained tenancies in Aboriginal, community and public housing
- Making use of each agency's expertise and knowledge to increase consumer and worker satisfaction
- Improving early detection and intervention of issues that may place a person at risk of becoming homeless
- Strengthening networks between health, housing and SAAP workers through shared responsibility for problem solving.
- Providing systemic and individual advocacy and support for consumers
- Facilitating better service collaboration and planning.

The second stage of HASI was specifically developed to address the disability needs of people with mental illness residing in social housing (public and community). In 2005/2006, 460 packages of low level outreach support will be implemented across New South Wales for people who are having difficulty sustaining their tenancies and experiencing poor quality of life, social isolation and deteriorating mental health status. There will be an evaluation conducted of the program to review levels of need and the program's ability to address these issues.

Recommendation 43

That the proposed Office of Mental Health oversee the implementation of effective, coordinated support services for people with a mental illness living in public housing. This will require monitoring service agreements at state and local level between the NSW Departments of Housing, Health, Community Services and Ageing Disability and Home Care.

Status

These service agreements are regularly monitored at agency level and will be monitored through the Human Services CEOs Forum.

Recommendation 44

That NSW Health and the NSW Department of Housing establish a clustered housing (intensive managed) project for people with a mental illness who have had difficulty maintaining public housing tenancies.

Status

HASI superseded the Assisted Tenancy pilot project. This initiative targets people with mental health disorders who have difficulty maintaining successful tenancies and return to hospital due to lack of community based support. It provides both High and Low Outreach Support. High support is provided over a medium to long-term duration with up to 8 hours direct contact and with 24-hour on-call access, including a substantial component of after hours weekend disability support. Low support proposed in the expanded HASI program will provide services of short, medium or long-term duration to people with mental health problems in their own existing accommodation (including public housing tenants) who are at a higher functioning level but are at risk of being unable to sustain tenancy without support.

These models operate locally through service level agreements between mental health NGOs (providing the accommodation and disability support) other NGOs (providing secure independent housing) and specialist mental health services (supplying clinical care)

The first stage of HASI provided High Level Support. NSW Health provided \$5 million of recurrent funding for NGOs to provide accommodation support services. The Department of Housing provides over 100 properties for supported housing for low-income individuals to the value of \$7 million.

Recommendation 45

That NSW Health, the NSW Department of Community Services, the NSW Department of Ageing, Disability and Home Care and the NSW Department of Housing, cooperate to conduct an assertive outreach campaign that includes raising the awareness of boarding house residents and landlords about residents' rights to health care, mental health care, legal services and other services relevant to their needs

Status

DADHC and NSW Health continue to work together to provide funding and resources to assist people with a range of psychiatric and other disabilities residing in licensed boarding houses. The primary health care program funded through DADHC includes components of health promotion and prevention.

Recommendation 46

That the NSW Government funds continuation of the Boarding House Reform Strategy.

Status

DADHC is the lead agency for the Boarding House Reform Program. According to NSW Health estimates, currently up to 1100 beds in the licensed boarding house sector currently come within this program. DADHC allocates funds annually for the provision of primary and secondary health care needs of licensed boarding house residents. The funding is currently distributed to Area Health Services through NSW Health for a range of clinical, preventative and maintenance programs as well as various educational and health promotion activities.

Recommendation 47

That NSW Health publish a report on the outcomes of the Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders within six months and then annually. The reports should include information from Area Health Services on:

- consumer satisfaction indicators;
- waiting list numbers for supported accommodation places and public housing
- indicators of unmet need at all local area levels.

Status

CMH funded the High Support Accommodation for People with Psychiatric Disabilities research project conducted by Aftercare. The report of this project, which was published in 2003, provides a detailed analysis of a key area of service delivery in New South Wales. This report added a new level of understanding about the complexities of housing and high-level accommodation support to the NSW Policy Framework *Housing and Accommodation Support for People with Mental Health problems and disorders*.

The research project identifies a number of examples of good practice in cross sector collaboration. It found that the best model of accommodation support in New South Wales is a transitional model, which allows residents/consumers to move between high and lower levels of support as their level of functioning changes. The report provides a clear way forward for systems and service planning and will be used in the further development of supported accommodation for people with mental illness.

Recommendation 48

That the NSW Departments for Housing, Community Services, Health, Ageing Disability and Home Care and Attorney-General, coordinate to immediately initiate a specialist supervised and supported accommodation of 'bail hostel' program across NSW, for homeless people with a mental illness who have been charged with an offence.

Status

The Human Services CEOs forum is considering this recommendation.

Recommendation 49

That the Attorney General proposes amendments to the NSW Bail Act 1978 to legislate for the provision of supervised and supported bail hostels for people with mental illness.

Status

These recommendations were considered by the MHSOG including the Attorney General's Department reports: *Pathway through the judicial system for people with mental illness* and *The Court Liaison Service*. The Attorney General's Department has agreed to consider these issues within its current review of the Bail Act 1978.

The Partnerships Against Homelessness being lead by the NSW Department of Housing is working across departments to initiate and review programs for people with complex needs who are at risk of homelessness or are homeless, including people who are in contact with the judicial system.

Recommendation 50

That NSW Health evaluate the success of existing pilot programs for homeless people with a mental illness, discontinue programs shown not to be effectively and efficiently achieving their planned outcomes, and expand funding to programs identified as effectively and efficiently achieving planned outcomes.

Status

CMH has funded a homelessness dual diagnosis position to develop sustainable communication, referral mechanisms and pathways between the Homeless Action Team Support and Outreach Service and other local inner city homelessness services, in order to improve access to housing as well as drug and alcohol and mental health services in South Eastern Sydney and Central Sydney Area Health Services.

CMH is a member of the Government Partnership Against Homelessness, and is working on this program in partnership with the NSW Department of Housing, NSW Department of Community Services and the Premier's Department. NSW Health has provided funding to the NSW Department of Housing in 2005 to 2007 for a two-year Dual Diagnosis position with the Homeless Action Team Support and Outreach Service.

CMH is involved in a range of projects under the Government Partnership Against Homelessness initiative, including:

- The funding of a Dual Diagnosis Partnership Worker in the Homelessness Action Team Street Outreach and Support Service with the Department of Housing; and
- Three pilot project proposals for supported accommodation to assist people that are homeless or at risk of homelessness and have substance abuse problems, which are targeting young people in a regional locations, adults and Aboriginal people with high support needs, and single men and women ex-offenders.

Recommendation 51

That the Partnerships Against Homeless initiative be expanded to include key non-government agencies that deliver services to homeless people

Status

See update for Recommendation 50.

Recommendation 52

That the participating agencies in Partnerships Against Homelessness, in collaboration with Supported Accommodation Assistance Program services, establish coordinated referral systems between participating agencies.

Status

See update on recommendation 50

Recommendation 53

That the participating agencies in Partnerships Against Homelessness, fund assertive outreach services among homeless people in areas where the incidence of homelessness is identified as particularly high.

Status

See update on recommendation 50

Recommendation 54

That the NSW Department of Housing and NSW Health develop a simple Housing Risk Identification Tool, which can serve as a proactive measure for managing an individual's housing risk. This should be incorporated into an 'Early Intervention Manual for People with Mental Illnesses at Risk of Homelessness'.

Status

The NSW Department of Housing has developed a resource kit/manual. A draft of the manual was piloted as part of an initial rollout of the expanded JGOS in early 2005. Statewide training for JGOS will include all relevant mental health and housing staff as well as staff from local SAAP services and Aboriginal Housing staff. An evaluation of the expanded JGOS is being conducted. A brief risk assessment for homelessness tool has been integrated into draft Discharge Guidelines.

Recommendation 55

That NSW Health and the NSW Department of Housing adopt a housing strategy for people with a mental illness similar to the 'Joined Up Initiatives' program in Victoria, where: the NSW Department of Housing allocates suitable housing stock for mentally ill people with complex needs, and NSW Health funds non-government organisations to manage residential rehabilitation programs using the allocated housing stock.

This strategy should be developed and implemented within six months with allocation of housing stock to commence within 12 months of strategy implementation.

Status

For many people living with mental illness, the ability to choose, access and maintain safe and affordable housing is a cornerstone to stabilising their lives and illness. NSW Health's *Framework for Housing and Accommodation Support for people with Mental Health Problems and Disorders* is the basis for a state-wide partnership between the NSW Department of Housing, NSW Health and the non-government sector which links secure affordable housing to clinical and psychosocial rehabilitation services for people with a range of mental illnesses and disability. HASI was developed under this program and has so far been implemented in three stages from 2002. By the end of June 2006, over 700 HASI places were already available to people with mental illness. The target is for a recurrent budget of \$29.4 million and 967 places by 30 June 2008.

The three stages of HASI are being implemented across New South Wales. The following tables provide, respectively, a summary of overall statewide implementation as well as a summary of implementation by individual Area Health Services

There are reports of significantly good outcomes from HASI for people with mental illness. For example, of the people in the program:

- 90 per cent experienced a reduction in hospitalisation
- 85 per cent successfully maintained their tenancy
- 71 per cent improved mental health
- 78 per cent reported feeling more positive about themselves
- 60 per cent improved their physical health and 67 per cent improved their diet
- 83 per cent were participating in at least three community activities
- 81 per cent were happy with their family relationships, and
- 94 per cent had friendships compared to 23 per cent on commencement two years earlier

Table 1. HASI placements up to end of June 2006

Implementation	Support level	Places	NGO funding
2005/06			
Stage One	High	100	\$5m recurrent
	Medium	18	Hunter and Central Coast
Stage Two	Low (Early intervention)	460	\$4.6m recurrent
Stage Three	High	126	\$6.3m recurrent
Total		704	\$15.9m recurrent
2006/07			
Stage Three	Very High	50	\$3.5m recurrent
Stage Four	High	100	To be advertised in September 2006
	HASI in the home	113	\$1.5m
Total		263	

Notes

- Estimated cost of support per placement (000) Low – Medium (\$10) High (\$50) Very High (\$70)
- HASI in the home is still in planning stage and dependent on COAG resources and NGO negotiations
- These figures represent the Health funds only and do not include the capital and leasing funds from the Department of Housing

Table 2. HASI placements by Area Health Services to end of June 2006

Area Health Service	Former boundaries	Support	Places	NGO
Greater Southern	Greater Murray	Very High High Low	6 10 20	St Lukes Richmond Fellowship PRA
	Southern	Very High Low	12 20	PRA PRA
Greater Western	Far West	High	8	Richmond Fellowship
	Macquarie	Very High Low	8 20	Richmond Fellowship Mission Australia
	Mid-West	Very High Low	8 20	Richmond Fellowship Mission Australia
Hunter New England	New England	Very High High Low	8 10 20	Richmond Fellowship Richmond Fellowship PRA
	Hunter	Very High Low	12 30	NEAMI PRA
	Mid North Coast	Very High	8	New Horizons
Northern Sydney and Central Coast	Central Coast	Very High High Low	8 8 30	New Horizons New Horizons New Horizons
	Northern Sydney	Very High Low	14 30	New Horizons Mission Australia
South East Sydney and Illawarra	South Eastern Sydney	Very High High Low	8 + 18 8 45	NEAMI NEAMI NEAMI
	Illawarra	Very High High Low	6 8 20	NEAMI NEAMI NEAMI
North Coast	Mid North Coast	Very High Low	8 20	New Horizons Mission Australia
	Northern Rivers	Very high	20	Mission Australia
Sydney South West	South West Sydney	Very High High Low	12 + 8 21 40	NEAMI NEAMI NEAMI
	Central Sydney	Very High Low	8 + 8 40	NEAMI Aftercare
Sydney West	Western Sydney	Very High High Low	8 + 8 12 40	Richmond Fellowship/ Uniting Care Richmond Fellowship Parramatta Mission
	Wentworth	High Low	15 45	Richmond Fellowship Aftercare
	Total Placements	Very High High Low	126 + 42 90 440	

Recommendation 56

That NSW Health and the Centre for Mental Health develop information packages or 'care kits' for consumers that will enhance access to information facilitating self-care. Kits should contain information such as contact details from the Health Care Interpreter Service and the Telephone Interpreter Service, contact details and locations of 24 hour crisis services; and rehabilitation options available, such as case management and multidisciplinary care, as well as contact details for access to such services.

Status

The following information resources have been produced to date:

1. Family Help Kits provide information on children and adolescents behaviour, challenging behaviour, grief and loss, fears and anxiety, post traumatic stress, depression, suicide prevention, psychosis, body image and eating disorders. Formats include radio programs, tapes, and booklets. The kit has been translated into 15 languages – Arabic, Cantonese, Croatian, English, Farsi, Filipino, Greek, Hindi, Italian, Korean, Macedonian, Mandarin, Serbian, Spanish, Tongan, Turkish, Vietnamese
2. Multilingual information packages including fact sheets, cassette tapes and CDs covering disrupted behaviour, Anorexia Nervosa, Anxiety, Depression. Developed for parents from CALD backgrounds to promote their understanding of mental health issues in children and help seeking behaviours. These packages are available in Arabic, Cantonese, English, Filipino, Farsi, Hindi, mandarin, Spanish, Turkish, and Vietnamese
3. Health and wellbeing of older people in our community includes a series of audio visuals from radio programs broadcasted in 15 languages on SBS in April 2000. The program was based on issues identified by older people from the community and looking at emotional and mental health needs for the CALD population. Translations include Arabic, Cantonese, Croatian, Dutch, English, Greek, German, Italian, Macedonian, Maltese, Polish, Russia, Serbian, Spanish, and Vietnamese.
4. "A little Understanding" is the title of a video based on people's experiences with mental health services and community attitudes. The Transcultural Mental Health Centre is working on production and translation of four booklets on wellbeing – stress & stress maintenance, promoting wellbeing, problem solving and a good night's sleeping. Translations include Arabic, Chinese, Farsi, German, Greek, Italian, Spanish and Vietnamese.

5. A Pamphlet on Transcultural Mental Health Centre Clinical Consultation and Assessment Service targets ethnic communities. This pamphlet provides a summary of the service translated into ten languages.

Recommendation 57

That NSW Health develop and conduct a consumer and carer perception survey for people from culturally and linguistically diverse backgrounds to identify satisfaction with the manner and attitudes of mental health professionals in delivering services, and assist in development of staff training programs designed to improve focus on individual care and flexibility in providing treatment suitable to the patient's needs

Status

CMH funded the Transcultural Mental Health Centre (TMHC) to undertake a carer and consumer project including a survey of carer and consumer perceptions. TMC completed this project in 2003. The Non-English Speaking Background Carers' Support Project, also funded by CMH, is undergoing an evaluation targeting four ethnic communities to assess the effectiveness of the carers' support project, level of carer's satisfaction and carers' perceptions of their support, education and training needs.

Recommendation 58

That NSW Health provide, in accordance with its Caring for Mental Health in a Multicultural Society policy, a strategy to improve access to appropriately trained health care interpreters and services for people from culturally and linguistically diverse backgrounds, including:

- adequate funding so that bilingual crisis services are provided 24 hours per day
- recruitment of more interpreters and bilingual mental health workers in a broad range of language groups, and
- education for mental health professionals about effective use of interpreters in clinical settings and referral of consumers and carers to the Health care Interpreter Service and the Telephone Interpreter Service.

Status

In early 2004, CMH established a Multicultural Mental Health Policy Reference Group to provide advice and guidance in the review of *Caring for Mental Health in a Multicultural Society*. The Centre is currently finalising the *NSW Multicultural Mental Health Plan 2006-2010*, which highlights the

importance of using interpreters and other bilingual resources by mainstream mental health staff and strategies to collect data on the utilisation of interpreters and develop initiatives on briefing interpreters on mental health issues. The Plan also aims to achieve culturally and linguistically responsive mental health services by enhancing the cultural competency of service providers/clinicians.

Recommendation 59

That NSW Health work with the Transcultural Mental Health Centre to develop and implement a cultural training program that requires: participation of all mental health professionals and staff and ongoing cultural sensitivity training relative to the client group they support.

Status

The draft *NSW Multicultural Mental Health Plan* is responding to the issue of increasing the cultural competency of mental health staff. South East Sydney and Illawarra Area Health Service has been funded to pilot the cultural awareness tool to assist clinicians in the appropriate assessment of culturally and linguistically diverse consumers.

CMH in conjunction with The Children's Hospital, Westmead has funded a Clinical Cultural Consultant Position to provide clinical assessment and case planning and cross cultural training of hospital clinical staff.

TMHC continues to provide training to mainstream mental health staff on how to use its services and conduct appropriate mental health assessment across cultures. They also train bilingual sessional counsellors on a range of clinical interventions. TMHC and STARTTS work with the NSW Institute of Psychiatry to develop training programs for health staff. The NSW Refugee Health Service continues to train GPs and medical students on refugee and torture and trauma issues. These services also provide a cultural consultancy service to mainstream mental health clinicians.

CMH has provided funding to TMHC for an innovative CALD Regional, Rural and Remote Outreach Program to explore models of service delivery and establish level of need and resources in these areas. The project will engage local service providers in enhancing their skill base when managing clients from CALD backgrounds and increasing their awareness of their needs.

Recommendation 60

That NSW Health develop and initiate a program tailored for general practitioners to inform them of the full range of public mental health service options available to people from culturally and linguistically diverse backgrounds.

Status

TMHC is continuing its work with the Divisions of General Practice. Fact sheets have been developed based on consultations with GPs, which cover information concerning the TMHC clinical consultation and assessment service for GPs, including information on interpreter services and determining English adequacy, and in relation to depression services and assessment, particularly in working cross culturally with older people. TMHC is also developing training modules through the Institute of Psychiatry on transcultural mental health issues for GPs.

Recommendation 61

That NSW Health investigate and implement support initiatives for carers of mental health consumers from culturally and linguistically diverse backgrounds, including counselling services with bilingual interpreters.

Status

CMH funds a carers' support position with TMHC. This position has trained bilingual group leaders to facilitate carer's support groups. A total of 18 groups have been established to date in Arabic, Cantonese, Macedonian, Farsi, Greek, Khmer, Korean, Spanish and Turkish. Tagalog, Vietnamese and Maltese groups are currently being established. TMHC provides ongoing support to group leaders. The Carers' Support position also provides education and awareness raising activities targeting ethnic communities on mental health issues using the ethnic media outlets.

Recommendation 62

That as part of any Aboriginal Mental Health Policy, NSW Health should: review Aboriginal Mental Health Worker numbers and their distribution in NSW, assess obstacles and incentives to recruit and retain Aboriginal Mental Health Workers in NSW, and integrate review findings into the new Aboriginal Mental Health Policy.

Status

The draft *NSW Aboriginal Mental Health and Well-being Policy* was developed through the NSW Aboriginal Mental Health Policy Review Group. This group is composed of representatives of Aboriginal Community Controlled Health Services (ACCHS), senior Area Mental Health Directors, Aboriginal mental health staff and is under the leadership of the Aboriginal Health and Medical Research Council (AMHRC) and NSW Health.

The draft document has been strengthened through the inclusion of additional epidemiological data, clearer strategies to assist implementation and through its improved readability. The draft document will be subject to review by a wide range of stakeholders.

The draft policy incorporates key strategies of the recently developed *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2006 – 2010*. These include:

- A focus on children, young people and families
- Building on the partnerships between Aboriginal Community Controlled Health Services and local mental health services
- Increasing the access and responsiveness of mental health services
- Strengthening the workforce
- Coordination of resources, programs, initiatives and planning
- Improving quality, data and research

Recommendation 63

That NSW Health, as part of any new Aboriginal Mental Health Policy, develop a strategy for recruiting and adequately resourcing Aboriginal Mental Health Workers throughout NSW.

Status

Strengthening workforce and improving coordination of resources, programs, initiatives and planning are key strategies for the draft *NSW Aboriginal Mental Health and Well-being Policy*.

There are currently over 60 Aboriginal mental health workers in mental health services in New South Wales. ACCHSs receive support from CMH for the employment of Aboriginal Mental Health Workers. Ten positions are funded recurrently in ACCHSs. An additional ten positions will be made available

over the coming year. In 2005/06, then of the positions previously supported with transitional funding were converted to recurrent funds.

Funding is provided to support the position of a statewide coordinator of mental health services for ACCHSs, auspiced by the AHMRC, and to enable Aboriginal mental health workers from both the public sector mental health services and the ACCHS to attend an annual Aboriginal Mental Health Workers' Forum. This forum provides significant training and development opportunities as well as the capacity to develop clinical and peer networks between workers, and has made a significant contribution to the draft *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*.

To assist Aboriginal people to improve their skills in mental health and related training, CMH also offers scholarships for people undertaking suitable courses.

Funding will be provided under the Aboriginal Mental Health Workforce Program from 2006/07 to support Area mental health services to employ local Aboriginal people as permanent employees to train as mental health workers and study for a degree in mental health. Funding of \$820,000 is to be provided in 2006/07 and 2007/08 with an amount of \$1.64 million to be annualised from 2008/09. The aims of this program are to coordinate work and study, with a system of peer support, supervision and mentoring. The successful elements of the Far West Aboriginal Workforce Development Project are to be expanded into the Aboriginal Mental Health Workforce Program across a number of key rural and metropolitan Area mental health services in New South Wales, commencing with the four rural Area Health Services: Greater Western, Greater Southern, Hunter New England and North Coast. This program is planned to result in 10 new positions in 2006/07, an additional ten in 2007/08, and a further 22 new positions in 2008/09, yielding 42 new positions by 2009/10.

Recommendation 64

That NSW Health continues to work towards partnerships between mainstream mental health services and Aboriginal community-based mental health services, including trial partnerships between local general practitioners and Aboriginal Mental Health Teams.

Status

The draft *NSW Aboriginal Mental Health Policy* highlights the need for effective partnerships between Area Health Services and ACCHSs and supports their development. In addition, the draft policy encourages a partnership approach between other government agencies and the health system.

Recommendation 65

That the Minister for Health develops a proposal to the Commonwealth Ministers for Health and Education to initiate a post-graduate module in Aboriginal mental health for nursing and health related courses.

Status

The Commonwealth Ministers of Health and Education are responsible for the number of nursing education places, including those for Aboriginal mental health nursing. In 2006, the NSW Government referred health workforce issues generally to COAG. Scholarships are supported for the Bachelor of Health Sciences (Mental Health) at Charles Sturt University, which is a restricted entry Bachelor Degree course recognised nationally as the major qualification for Aboriginal mental health workers, and the Diploma of Aboriginal Child and Family Community Counselling at the University of New England. This course is the major source of counselling specific training for Aboriginal people.

CMH funds Charles Sturt University for a post-graduate nursing module in Aboriginal mental health nursing. The funding has provided for course development and the provision of full fee scholarships for 12 students per intake (for two intakes - 24 students). The course has been run for three years by Distance Education and incorporates the strengths of the three campuses at Dubbo, Bathurst and Wagga Wagga

NSW Health also supports a number of other training initiatives in Aboriginal mental health, including:

- The development of an Aboriginal module of the School-Link training program run by the NSW Institute of Psychiatry for school counsellors
- Funding and development of traineeships in Aboriginal mental health for Aboriginal people in mental health services.
- Funding of Community Mental Health – A Training Program for Indigenous People, developed jointly between the Macquarie Area Health Service and Charles Sturt University as a resource for increasing the mental health competence for Aboriginal Health Workers and other Aboriginal workers and community members.
- The Southern Cross Masters of Indigenous Studies (Wellbeing) – a program developing and delivering unique Aboriginal responses to trauma and transgenerational trauma.

Recommendation 66

That the Minister for Health provides at least three fully funded scholarships for psychiatric nurses undertaking the proposed post-graduate module in Aboriginal Mental Health on an annual basis.

Status

Up to 250 scholarships will be made available as part of the 2005-2007 Mental Health Nursing Workforce/Skills Acquisition Project to mental health nurses wishing to undertake further undergraduate and post graduate studies in the 2007 academic year. This includes opportunities for postgraduate studies in Aboriginal Mental Health for those wishing to pursue this career path.

Recommendation 67

That NSW Health implement a policy that requires the Aboriginal and Torres Strait Islander Medical Service be involved, with the consent of the patient, once an Aboriginal and Torres Strait Islander person is admitted to hospital for psychiatric care and later when discharged

Status

Funding is being provided to the AHMRC over two years to develop a mental health assessment package, namely the Mental Health Aboriginal Outcomes and Assessment Tool, which is relevant to the needs of the Aboriginal population of New South Wales. Completion of a recruitment process to appoint a highly skilled applicant is expected shortly.

Recommendation 68

That the Minister for Health provide additional funding to the Centre for Mental Health for the purposes of reintroducing an integrated service program for people with a mental illness and substance use disorder.

Status

NSW Health Centre for Drug and Alcohol in consultation with CMH, commissioned a Systems Analysis report in 2004. The objectives of the report are to:

- investigate the prevalence, severity and characteristic combinations of comorbidity in clinical populations served by drug and alcohol services and mental health services;

- map formal service agreements between the services and comment on the effectiveness of these processes;
- explore and assess any informal ways that drug and alcohol services and mental health services address comorbidity; and
- explore and comment on both barriers to service delivery and difficulties patients experience in accessing these services.

A report summarising the findings of the systems analysis is currently being finalised

Implementation of the *Management of People with a Co-Existing Mental Health and Substance User Disorder Service Guidelines* (2000) was considered as part of the systems analysis. As a result, this document will be reviewed and revised and training will be provided to support its future implementation.

In May 2006, NSW Health held the Comorbidity Forum. Over 45 stakeholder representatives and experts from both the mental health and drug and alcohol fields participated in the forum. The purpose of the forum was to provide an opportunity for a range of stakeholders to consider the findings from the systems analysis, and to inform the future direction for the management of comorbidity and development of a framework for action. A framework for action is currently being developed and a follow up comorbidity forum was held in December 2006 to obtain further stakeholder input.

NSW Health has been allocated \$17.6 million over the next five-years to better integrate mental health services with drug and alcohol services to meet the complex needs of people with coexisting mental health and substance use disorders. This includes the trial of two specialist amphetamine treatment programs, the delivery of specialist support to youth services to improve detection and management of young people with co-morbid substance misuse and mental health problems, the delivery of assertive after care for people on discharge from residential rehabilitation, and specialist support for offenders to enable access to treatment in the community after release from gaol. In addition, 37 new psychology graduates will be placed as trainees with drug and alcohol and mental health services to strengthen the workforce and build relationships across the two specialties.

An advanced School-Link Training module focusing on mental disorder and problematic substance use in adolescents is currently being delivered across NSW. The collaborative training program is provided for school and TAFE counsellors, mental health workers, drug and alcohol workers, Juvenile Justice psychologists and counselors and child protection and disability psychologists from the NSW Department of community Services. The module was developed as part of the School-Link Training program, which is “the first of its kind in Australia to systematically educate mental health and

education personnel together". At least 50 training programs will be provided in metropolitan and rural NSW during 2006-2007, reaching more than 2,000 practitioners

Recommendation 69

That the Centre for mental Health develops and conducts a training program for drug and alcohol workers designed to increase the awareness and knowledge of mental illnesses and mental health practices.

Status

CMH in close collaboration with the Centre for Drugs and Alcohol has funded the development of a number of activities to enhance awareness across specialties. These include programs being developed through the Institute of Psychiatry.

- Development of a multimedia resource including a handbook and a CD-Rom on Mental Health aspects of dual diagnosis for Drug and Alcohol workers;
- Mental health competency modules as part of Drug and Alcohol Apprenticeship and supporting log books, manuals and promotional material.
- A manual on Drug and Alcohol issues including the specific symptoms of intoxication from various drugs for mental health workers.

Recommendation 70

That NSW Health and the NSW Department of Ageing, Disability and Home Care collaborate to develop policies and structures to enable intellectually and physically disabled people with mental health needs, to access appropriate mental health services, particularly where residents in institutions move into the community. This would include:

- inter-departmental 'Service Agreements' across NSW that require regular meetings between area mental health and disability teams to facilitate a collaborative approach to exchange of information and recommendations
- initiating a professional development program for disability and mental health sector professionals to better understand dual diagnosis and protocols and procedures necessary to provide appropriate services to people with dual diagnosis.

Status

In 2004, the Cabinet Committee on Human Services supported the development and trial of a proposed integrated service model - Integrating Services for Clients with Challenging Behaviours. The Cabinet Standing Committee on the Budget approved the project as a three year pilot and set aside funds for the program with the Treasurer's Advance.

DADHC is lead agency on the project. The NSW Department of Health, through CMH, and the NSW Department of Housing are key partner agencies on the Project Management Committee. The project commenced in 2005 with first intake of clients scheduled for September 2005. This interagency project will be focusing on a small number of highly behaviourally disturbed individuals to develop and trial models of collaborative care. It will also be examining best practice models along the continuum of care for people with intellectual disability and mental illness and other comorbid conditions to ensure there is improved interagency service delivery to this population.

Recommendation 71

That the Minister for Health include a module on intellectual disability, for inclusion in the proposal suggested at Recommendation 17, regarding national undergraduate nursing courses

Status

The draft Intellectual Disability and Mental Health Services Plan will be finalised in line with the work being undertaken by NSW Health with DADHC on the Integrating Services for Clients with Challenging Behaviours Project and following on from the interagency work conducted over 2004 and 2005 as part of the MHSOG. Skill training for staff such as nurses will be recommended as part of this draft plan

Recommendation 72

That NSW Health liaises with general practitioner and specialist representatives to develop and implement a continuing medical education program designed to improve the knowledge and understanding of intellectual disability and dual diagnosis.

Status

See response to Recommendation 71.

Recommendation 73

That the Centre for Mental Health support and promote further research into the identification and diagnosis of intellectually disabled people with mental health needs, with a view to:

- reviewing current intake and support protocols for mental health services;
- promoting interagency cooperation, including non-government service providers
- providing consistent quantitative and qualitative information which can be used to develop more effective service provision and evaluate treatment outcomes

Status

NSW Health was a key partner on a DADHC working group to review that agency's case management service model in relation to provision of Home and Community Care (HACC) services to people with intellectual disability and health needs. This review has informed drafting of revised guidelines and standards for the provision of HACC services.

DADHC and NSW Health are also forming a working group to examine the development of a template for a memorandum of understanding to support clients who would benefit from joint management with HACC type services. This relates specifically to clients with mental health and intellectual disability and also clients with disability associated with their mental illness; a proportion of this group will be older people with frail aged issues who require HACC services. There is evidence that this is working in the mental health field with several good practice models in two Area Health Services providing examples for further local partnership.

Consideration is being given to extending across New South Wales the best practice models of dual diagnosis (mental health and intellectual disability) case management planning and service delivery meetings that are occurring in some regions/ Area Health Services. This work will interface with the roles and tasks of the Integrating Services for Clients with Challenging Behaviours project. This project is a human services initiative to address the needs and issues of cross agency planning and services for people with complex needs and severe and challenging behaviours.

Recommendation 74

That NSW Health and the NSW Police Service revise section 11.5 of the Memorandum of Understanding between NSW Police and NSW Health to:

- recognise dual diagnosis (mental illness/intellectual disability) as separate but frequently overlapping special needs groups
- require that local dual diagnosis protocols between police, mental health services, drug and alcohol services, and ageing and disability services include quarterly review meetings between local service partners.

Status

The MHSOG has established an Urgent Response and Transport Working Group to progress a range of issues at the interface of Police, Ambulance Service, Emergency Departments and Mental Health Services in respect to emergency care for people with mental illness and behavioural disturbance. A number of initiatives and innovations in practice will assist in the appropriate response and management of people presenting with a range of problems including intellectual disability.

The MOU between Police and Health has been extensively reviewed. Endorsement of a revised document is anticipated in early 2007. The revised MOU contains a new section highlighting the needs of special groups, including those with dual diagnosis.

The NSW Inter Departmental Committee for Mental Health is currently developing a submission to conduct a pilot program for consumers who are high users of multiple emergency services, in light of the current DADHC and Police intellectual disability interagency trial.

Recommendation 75

That NSW Health, in consultation with mental health services, the NSW Police Service, and other stakeholders, develop a service protocol for people with an intellectual disability and a behavioural disorder who are frequently presented to mental health facilities for assessment but not admitted.

Status

See update for recommendation 74

Recommendation 76

That NSW Health considers intellectual disability within the court liaison program for people with suspected or confirmed intellectual disability and mental illness.

Status

Data from the Mental Health Survey (Allnutt & Butler 2003) indicate that approximately eight per cent of the inmate population has an IQ below 75, which equates to being identified as Intellectually Disabled. The people with intellectual disability who appear before the courts are included in the concerns of the Statewide Community and Court Liaison Service. This service provides screening, assessment and diversion service to nineteen local courts, both metropolitan and rural. The service is currently expanding by the use of telemedicine to include two further courts.

Recommendation 77

That the Consensus Guidelines for the Assessment and Management of Depression in the Elderly be revised to include guidelines recommending a range of social and diversionary activities to assist with the treatment of symptoms of depression.

Status

See update for Recommendation 82

Recommendation 78

That NSW Health develop and implement strategies for improving referral rates of older people to psychiatrists, and that referral rates be monitored to identify whether or not more older people are referred as a result of the Consensus Guidelines for the Assessment and Management of Depression in the Elderly.

Status

See update for Recommendation 82

Recommendation 79

That NSW Health develops systems to ensure access for older people in residential facilities to Aged Care Mental Health Teams.

Status

See update for Recommendation 82

Recommendation 80

That NSW Health ensures that its new mental health care strategy for the aged and accompanying service plan for the aged in NSW include:

- consultation with stakeholders, funders and providers
- defined roles and responsibilities for stakeholders, funders, and providers in implementing and delivering the plan
- regional population projections as part of service planning and infrastructure provision
- clarification of intergovernmental responsibilities for dementia and co-existing mental health problems
- timeliness for achievements with annual reporting requirements

Status

See update for Recommendation 82.

Recommendation 81

That the Minister for Health collaborate with the non-government and private sectors to establish and fund across metropolitan and regional NSW:

- purpose built high quality psychogeriatric nursing homes,
- purpose built acute care psychogeriatric units in hospitals.

Status

See update for recommendation 82.

Recommendation 82

That NSW Health should, when a sufficient number of psychogeriatric nursing homes and acute care psychogeriatric units are operational:

- develop individual service plans for existing Confused and Disturbed Elderly (CADE) unit residents guaranteeing ongoing treatment and accommodation
- transfer all CADE unit residents to high quality psychogeriatric facilities and then; and close or redevelop the nine CADE units currently operating in NSW.

Status (Recommendations 77-83)

NSW Health has released *Specialist Mental Health Services for Older People (SMHSOP) NSW Service Plan 2005 – 2015* to guide the development of these specialist services across New South Wales over the next ten years. The NSW Government has committed significant funding to support the implementation of this plan. From 2006/07, the Government will allocate \$63.8 million new funding over five years for developments in community older people's mental health services and initiatives for older people with complex age-related mental health problems. This funding builds on \$3.95 million new funding provided for older people's mental health services in the community mental health funding package announced in the NSW Government's 2005 Budget. Funding enhancements for older people's mental health under this package will total \$25.5 million over the next five years.

The *SMHSOP Service Plan* provides a framework for the development of initiatives in older people's mental health, outlines evidence based service delivery models and presents a detailed implementation plan for the phased development of these services. The plan also specifies performance indicators, reporting mechanisms and monitoring and evaluation processes for measuring the success of its implementation.

The *SMHSOP Service Plan* was developed in consultation with key stakeholders in older people's mental health, including NSW Health mental health and aged care services, community and residential aged care services, peak consumer and carer organisations, and agencies with policy and funding responsibilities relating to older people's mental health. The plan addresses key recommendations relating to older people's mental health, including:

- Strategies to address depression in older people (Recommendation 77)
- Improving (appropriate) referral to services and to private psychiatrists in conjunction with strategies to enhance the knowledge and skills of other key services and providers such as

GPs, primary health and aged care services, adult mental health services, community support services and residential aged care services concerning older people's mental health issues to promote prevention and early intervention (Recommendation 78)

- Implementation of models and arrangements to improve and support long-term care options for older people with mental health problems, in partnership with the residential aged care and other supported accommodation providers (Recommendations 79 and 81)
- Clarifying roles and responsibilities of agencies involved in the care and support of older people with mental health problems, and developing partnerships for addressing the needs of this target group (Recommendation 80);
- Population projections, planning benchmarks, performance indicators and reporting processes (Recommendation 80);
- Planning and development of acute SMHSOP (psychogeriatric) care units in line with local needs analysis and service infrastructures (Recommendation 81);
- Development of Service Plan arrangements with acute hospitals and mental health facilities to support access to appropriate acute inpatient care of older people with acute mental illness or behavioural disturbance (Recommendation 81);
- Redevelopment of Confused and Disturbed Elderly Units in line with the recommendations of Summary Report: The management and accommodation of older people with severely and persistently challenging behaviours (Recommendation 82);
- Policy directions for integrated approaches to the care of older people in the NSW Health system and the clinical model outlined in the *SMHSOP Service Plan* (Recommendation 82); and
- The role of SMHSOP in providing information and care and support, where appropriate, for carers of older people with mental health problems (Recommendation 83)

These initiatives build on NSW Health's earlier actions to address issues related to older people with mental health problems identified by the Select Committee Inquiry. These initiatives include:

- Funding of 1.44 million over four years to establish Area SMHSOP Clinical Coordinators. These coordinators provide clinical and strategic leadership in the *SMHSOP Service Plan's* promulgation by Areas, including the development of Area strategic plans to guide clinical practice, training and workforce development, partnerships, service development and referral pathways locally.

- Developing models of care to promote service development and continuity of care for older people with severe behavioural disturbance
- Publishing the *Summary Report: The management and accommodation of older people with severely and persistently challenging behaviours*, which outlines an integrated model of care that is incorporated into the service delivery model incorporated in the *SMHSOP Service Plan*
- Planning and implementing clinical service re-design of Confused and Disturbed Elderly Units in consultation with key stakeholders.
- Funding of \$34.1 million over five years to promote independent living and wellbeing by providing specialist assessment and treatment teams to respond to the needs of older people with complex mental health problems in a community setting, including at risk groups in residential aged care facilities, homeless or at risk of homelessness and older people currently in non-acute and sub-acute facilities as long stay patients.
- Funding of \$4 million over five years to establish Behavioural Assessment and Intervention Services in community teams statewide that will work in collaboration with Area community aged care services in providing services for older people with severe Behavioural and Psychological Symptoms of Dementia or mental illness.
- Enhancing funding provided to community-based aged care hostels such as Frederic House to ensure support for aged homeless men with mental health, drug and alcohol and age-related health problems and an examination of future funding issues in relation to further partnership models with the residential aged care sector for this population are being examined for implementation under the *SMHSOP Service Plan*.
- Releasing revised *Guidelines for working with people with challenging behaviours in residential aged care facilities* (August 2006), which aim to assist residential aged care staff and other health professionals in using appropriate interventions and minimising restraint and to complement service delivery partnerships between SMHSOP and the residential aged care sector.
- Enhancing funding for two pilot Special Care Units for older people with severe behavioural disturbance associated with dementia and/or mental illness in Sydney South West Area Health Service
- Opening a 15-bed acute SMHSOP inpatient unit at Wyong
- Approving and planning the development of SMHSOP acute inpatient units at Orange and in the Illawarra.

Recommendation 83

That NSW Health conduct an awareness program for mental health professionals to:

- assess the level of care required for a person with a mental illness in conjunction with the age and physical condition of the carer
- where necessary, refer the carer to information about alternative care and guardianship arrangements
- seek respite care services for people with a mental illness and their elderly carers.

Status

Community mental health teams specialising in the mental health care of older people will be significantly enhanced over the next 5 years under the *SMHSOP Service Plan*.

These teams will have a key role in assessment and care planning for older people with mental illness, in close consultation with families and carers and recognising their needs and capacity in providing care and support. Key roles of these services include clinical intervention and support for carers, as appropriate, provision of relevant information about care options and other issues such as guardianship, and referral to carer support services such as respite care.

In addition to these developments in SMHSOP, a range of strategies to improve support and services available to families and carers are being implemented under the Family and Carer Mental Health Program. Please refer to recommendations 15,16, and 21 for information on this Program.

Recommendation 84

That NSW Health urgently establish and recruit staff for child and adolescent acute units in each major region of NSW, with bed numbers based on a population distribution formula.

Status

NSW Health is committed to enhancing comprehensive child and adolescent mental health care by improving access with family-oriented service delivery as close to home as possible across the spectrum of promotion, prevention, early intervention and treatment programs. This will involve a major ten year program, with service development, staff recruitment and training addressing population needs.

Since 2001/02, acute specialist child and adolescent mental health inpatient programs have been established at Campbelltown, John Hunter and Sydney Children's Hospital and at the Children's Hospital at Westmead. These have advanced capacity beyond the existing 9-bed Acute Adolescent Unit at Redbank House, Westmead Hospital. The program at Campbelltown is being enhanced to safely deliver care to young people with more severe problems and Sydney Children's Hospital is also developing options to extend services for this group of young people and their families.

During 2002/3 to 2005/6, the focus of the Child and Adolescent Mental Health Statewide Network (CAMHSNET) was on inpatient child and adolescent mental health care, with placement of consultation-liaison nurses in regional locations to improve assessment and care planning for children and adolescents admitted to paediatric wards and/or general (adult) psychiatry units in those sites.

These consultation-liaison nursing positions have been further developed and have recently been devolved to the CAMHS programs in the local Area Health Services in which they practice. This promotes integration with CAMHS and can improve care transitions across inpatient and community-based settings. The CAMHSNET allied health consultation-liaison positions in Hunter New England have also been devolved.

Establishment of integrated day patient and inpatient units across Area Health Services has commenced in a staged program that will also increase provision of comprehensive community-based care. New day programs in metropolitan and regional centres will complement existing day programs at Rivendell, Redbank House, and Coral Tree Family Service in metropolitan Sydney and will improve care pathways by expanding options for young people who require more intensive community based treatment but may not need full inpatient care. Area Health Services will move towards self-sufficiency in child and adolescent mental health care, with regional and statewide linkages for more specialised supra-Area services, such as intensive inpatient care and specialist forensic inpatient care.

The specialist mental health day program for young people at Orange has commenced and work is progressing for the day program at Shellharbour and for inpatient units at Shellharbour Lismore and Orange.

All rural Area Health Services have access to child and adolescent telepsychiatry services complemented by outreach visits from The Children's Hospital at Westmead through the Child and Adolescent Psychological Telemedicine Outreach Service for rural New South Wales. Telepsychiatry assists in strengthening linkages, consultation and care pathways.

The roles and functions of CAMHSNET are continuing to evolve with increased responsibility for expert advice on child and adolescent mental health issues for New South Wales. CAMHSNET clinical and strategic expertise will further strengthen policy and planning, informed by emerging

evidence, to improve the mental health of children, adolescents and families, and to assist Area Health Services to translate policy into better statewide service delivery and practice

Recommendation 85

That the Minister for Health immediately implement procedures to eliminate or minimise the incidence of adolescents being placed in adult psychiatric wards.

Status

See update for Recommendation 84.

Recommendation 86

That the Minister for Health directs that, where no psychiatric facilities are available for young people in a hospital, specialist staff should be assigned to adolescent beds in paediatric wards for the duration of all adolescent admissions.

Status

CAMHSNET consultation-liaison nursing positions have been devolved to local Area Health Services to improve integration and care transitions across inpatient and community settings. All Area Health Service are funded for at least one CAMHS consultation-liaison nursing position.

Recommendation 87

That the Minister for Health, in relation to people who have attempted suicide and been admitted to hospital as mentally disordered: propose the Mental Health Act 1990 be amended to require a post-discharge assessment appointment; the appointment be allocated and the patient informed of the appointment, and assessment be conducted within 5 days of discharge.

Status

CMH has developed draft *Discharge Guidelines for NSW Mental Health In-patient Services* in consultation with government agencies, Area Mental Health Services, consumers and carers. The draft guidelines set out principles and key components of planning and managing for the ongoing care of people following their discharge from an in-patient mental health unit.

The guidelines stipulate follow up and referral procedures for all people being discharged, and require that the management plan for people who have been at risk of suicide should include an appointment for re-assessment within the first week of discharge depending on the level of assessed risk at discharge. The person, and with their permission, the family or carer are to be given a written discharge plan which includes details of the booked appointment with a nominated clinician and contingency planning arrangements including a 24 hour service availability. The discharge policy is in final draft following additional feedback from the MHSOG and comments are currently being reviewed.

Recommendation 88

That NSW Health ensures that discharge plans are created for all young people admitted to an acute care facility to ensure continuous post-discharge care. The discharge plan must include an appointed case manager.

Status

Case management is typically used as a model for coordinating the care of adults with complex needs and significant functional impairment. In the case of mental health services for children and adolescents, the level of need, matched to the availability of resources and skills at a local level, will determine post-discharge management planning. The discharge plan will identify the role of the appropriate responsible clinician and will involve care co-ordination to address specific mental health clinical needs.

Area Mental Health Services may provide clinical care in collaboration with other services accessed, including paediatric and other specialist clinicians, as appropriate. There has been extensive consultation on draft *Building a Secure Base: NSW Mental Health Service Plan for children, adolescents and the people who care for them*, and the approach promoted in this draft document concerning family-focussed integration for interventions and planned care transitions across service settings and service providers has received broad support, as has the emphasis on interagency partnership development.

A child and adolescent inpatient forum will also be established to assist with consistent care planning across different inpatient units and to facilitate development of common approaches and standards

Recommendation 89

That NSW Health ensures that when young people in early psychosis programs are discharged and, where required, individual service plans should include medium to long-term rehabilitation and supported accommodation.

Status

The NSW Department of Health has funded six grants of up to \$10,000 each to provide training in various evidenced based clinical interventions for early psychosis. The grants, which are administered by the NSW Institute of Psychiatry, were rolled out to mental health services during 2005. Aims of the training initiatives include:

- Development of education and training capacity building networks utilising specified evidence-based interventions;
- Provision of training to clinicians working with young people experiencing early onset psychosis and their families;
- Promotion of clinical research, especially focusing on linking existing isolated early psychosis practitioners with specialist knowledge; and
- Development of a sustainable capacity within Area Health Services to provide the intervention training regularly.

The training program involved the delivery of 30 workshops to mental health clinicians over 2005-2006 including: initial assessment in first episode psychosis; brief interventions for cannabis use; family interventions; psychosis and cognitive behaviour therapy; cognitive remediation; and recovery in first episode psychosis.

The NSW Early Psychosis Program Working Group comprising Area Health Service Early Psychosis Coordinators has prepared a draft *NSW Strategic Plan for Early Psychosis Services Across New South Wales*. CMH supports this consultative group in guiding the planning, development, implementation and monitoring of early psychosis services and initiatives at Area Health Service and state levels.

Early Psychosis Services in New South Wales have evolved at very different rates and with different levels of resources. The NSW Department of Health has supported Area Health Services to develop early psychosis responses appropriate to their local service configurations rather than adopting a specific strategic plan to guide the development and scope of these services in New South Wales.

Strategies for progressing early psychosis intervention in New South Wales are contained within broader NSW Health policy and service frameworks such as *Caring for Mental Health – Better Mental Health Services for the People of NSW* (1998), *Getting in Early* (1999) and more recently *NSW Interagency Action Plan for Better Mental Health* (2005).

The Early Psychosis Program Working Group has recommended that New South Wales develop a specific strategic plan to reflect the importance of this clinical area and to ensure levels of access and equity to the target population across the state. A proposal is currently under consideration to allocate funding to an Area Health Service to employ a project worker for a three year period to continue the work of the NSW Early Psychosis Program.

NSW Health plans to organise a Youth Mental Health Forum in mid 2007 to present the findings of the pilot in Northern Sydney Central Coast Area Health Service and to include early psychosis as a major stream in the forum.

Recommendation 90

That NSW Health fund and provide support for adequate places in medium to long-term rehabilitation and supported accommodation for young people requiring such support following their first episode of psychosis.

Status

Early psychosis interventions are guided by best practice intervention identified in the *Australian Clinical Guidelines for Early Psychosis* and supported by the NSW Early Psychosis Program Working Group and the Early Psychosis Network.

Young people with emerging mental health disorders such as early onset psychosis are a priority of service development and implementation. All Area Health Services are funded to employ Early Psychosis Coordinators to facilitate implementation of best practice in the provision of these services. A primary future focus is to integrate early onset clinical practice into core service delivery.

Initiatives such as supported accommodation (both medium and longer term) and rehabilitation with a vocational training emphasis, are part of new community services enhancements that will focus particularly on this population but will depend on clinical presentation and individual psychosocial issues.

Recommendation 91

That NSW Health publishes a progress report on the implementation of Getting in Early: A framework for early intervention and prevention in mental health for young people in New South Wales within six months.

Status

The NSW Early Psychosis Program Working Group is developing a reporting framework for each Area health service to report activities and initiatives currently taking place in relation to each of the five strategic directions outlined in the framework

Recommendation 92

That NSW Health cooperate with the other mental health service providers in NSW to produce a service framework for accommodation and rehabilitation for young people following acute episodes of mental illness.

Status

See update for Recommendation 90.

Recommendation 93

That NSW Department of Education and Training, in consultation with NSW Health and non-government service providers, develop and provide specialist, supported and task-focussed vocational and employment training programs for young people with a mental illness. The programs should focus on young people with varying degrees of cognitive, social or communication difficulties secondary to mental illness who may not succeed in mainstream training programs or paid employment.

Status

The MHSOG, which reports regularly to the Human Services Chief Executive Officers Forum, published the *NSW Interagency Action Plan for Better Mental Health*. The *Interagency Action Plan* incorporates a range of community supports across government agencies.

The MHSOG Prevention and Community Care Working Group has developed an Interagency Vocational Education, Training and Employment Framework for people with mental illness. Issues of vocational training and employment involve a range of specialist services and agencies including NSW Health, NSW Department of Education and Training and the Commonwealth Government. This framework:

- Articulates the significance and associated costs of high unemployment for people with mental health disability;
- Outlines vocational rehabilitation options with a focus on the evidence base for supported mainstream vocational programs;
- Explores issues related to current provision of vocational education and employment support services; and
- Makes recommendations for resource enhancements in order to facilitate better coordination and collaboration across services.

The MHSOG Prevention and Community Care Working Group is progressing issues to build capacity for vocational education, training and employment within Area Health Services, the NSW Department of Education and Training, and Commonwealth Government funded employment agencies, as part of the implementation strategy for this framework. The following key initiatives are also now 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.

- New Clinical Partnership positions in each Area Health Service will enhance collaboration between sectors.
- The COAG Mental Health Group for New South Wales is driving the Care Coordination initiative, which will assist people recovering from a severe mental illness in a range of areas of their lives, including linkages to vocation, education and social participation;
- HASI, which provides accommodation linked to clinical and psychosocial rehabilitation services;
- Introducing Recovery and Resource Services to increase the capacity of NGOs to provide quality social and leisure opportunities for people with mental illness and provide links to vocational education, training and employment services.

Recommendation 94

That NSW Health investigate and evaluate pilot programs to manage young people with a mental illness and substance abuse problems, which address the objectives of expanding such programs across metropolitan, rural and regional NSW, and informing further local area mental health planning.

Status

NSW Health has established a Health Interagency Dual Diagnosis Steering Group with representation from both the Centre for Drugs and Alcohol and CMH plus expert clinicians from both mental health and drug and alcohol services. A number of dual diagnosis projects and activities are being worked on including:

- Expanding the GPs project involving mental health 'Teams of Two' to a 'Teams of Three' approach by including drug and alcohol workers
- Incorporating of drug and alcohol workers into the Psychiatric Critical Care Centres being established across metropolitan sites
- The AHMRC developing Certificate iv training in drug and alcohol and mental Health, which is targeting Aboriginal mental health support workers
- Developing a drug and alcohol module for integration into current mental health modules in the School-Link training initiative
- Mapping dual diagnosis services and scoping the range and capacity of current services
- Developing a multimedia resource including a handbook on mental health aspects of dual diagnosis for drug and alcohol workers.

Recommendation 95

That NSW Health initiate a program to encourage general practitioners to utilise telepsychiatry services in child and adolescent mental health, to improve the availability of specialist psychiatric services..

Status

All rural Area Health Services have access to child and adolescent telepsychiatry services complemented by outreach visits from The Children's Hospital, Westmead through the Child and Adolescent Psychological Telemedicine Outreach Service for rural New South Wales. Current COAG

initiatives are expected to provide greater opportunities to strengthen support for GPs in accessing specialist mental health expertise.

Recommendation 96

That NSW Health fund support services on a statewide basis to children and young people with parents with a mental illness.

Status

A comprehensive professional training programme for staff in mental health services is being adapted from the Crossing Bridges program in the United Kingdom. Crossing Bridges Downunder supports a family-focussed approach to mental health service delivery, which includes but is not limited to risk assessment and management.

The programme includes the Family Focussed Assessment, a tool that incorporates and links to relevant aspects of MH-OAT while also providing participants with an approach to risk management and family support. The programme supports systematic appraisal of risks while also identifying and building on individual and family supports and resilience. It also promotes a collaborative approach to practice with closer links between community and inpatient services and assists in promoting safe and appropriate contact between parents and children when a parent is in hospital and relevance of pre-discharge meetings involving all key stakeholders including family members.

The MH-OAT flag for dependent children will be used to alert mental health clinicians to a patient's parenting role and prompt the sequence of family focussed assessment and care planning.

Following the needs assessment, staff must match assessed need to available resources and specify gaps in resources (a key element in any approach to risk management). A key aspect here is recognition that the diversity of individual needs within any family will require more than a single agency (health) response, so that protocols need to be prepared and formalised to support frontline practice and joint working, particularly with regard to protecting children and providing parents with appropriate support in their parenting role.

The initiative will assist mental health staff to focus more broadly on the impact of parents' mental illness on their roles and on the family and in assessing the needs of the family, reviewing the existing supports and developing care plans to meet need. This will involve liaison and care planning with professionals from other agencies.

The Family Focussed Assessment is being piloted and refined as a standardised means of documenting care, complementing the MH-OAT documentation. The programme has been piloted in the Hunter New England Area Health Service in 2005/2006 and tools are being refined for statewide use. CAMHSNET is compiling more practical skills-focussed materials on parenting for wide distribution. A COPMI State Plan will also be developed by CAMHSNET to highlight and build on existing achievements, to provide peer direction for future enhancements and to guide prevention initiatives for this vulnerable group of families.

Recommendation 97

That the Minister for Health seek to amend section 22 of the Mental Health Act 1990 to incorporate criteria with which medical practitioners must comply before they can request police escort of mental health patients under Section 22(1)(a).

Status

The Mental Health Act has been amended to require medical practitioners and Accredited Persons to give reasons for requiring police assistance to get the person to hospital. This was in line with the NSW Police submission to the Select Committee Inquiry. Revised “police assistance” provisions in the *Mental Health Bill 2006* aim to better balance law enforcement and mental health priorities while allowing health professionals to identify safety risks.

Recommendation 98

That NSW Health initiate and maintain a mental health patient transfer service for the transport of people with a mental illness that includes:

- vehicles staffed by appropriately trained mental health professionals
- all inter-hospital transfers including from emergency departments to mental health facilities
- return of missing patients (non-violent), and
- breaches of community treatment and community counselling orders

Status

The Urgent Response and Transport sub-group of the MHSOG is monitoring this issue through the Inter Department Committee for Mental Health (Mental Health, Ambulance, Police). This committee has completed a review of the existing MOU between NSW Health and NSW Police that included specific guidelines covering transport from community settings and inter hospital transports.

Rural Area Health Services are developing overall mental health transport plans under the Rural Mental Health Emergency and Critical Care program, which is funded through mental health enhancements in both 2004 and the New Directions funding package in 2006.

The *Mental Health Service Plan (2005)* developed by the Ambulance Service of NSW aims to facilitate the development of an integrated, robust and standardised patient management system which will provide risk management and quality controls for the Ambulance Service activities in relation to people with mental illness. This plan includes:

- education of Ambulance staff in relation to people with mental illness;
- networking with mental health workers;
- Strengthen policies and protocols in relation to best practice;
- Develop transport guidelines; and
- Risk and quality management.

The Ambulance Service has commenced a field trial of a mechanical restraint package (pre requisite training; standard operating procedures; purpose designed restraint device) for use during transport.

Recommendation 99

That the Minister for Health and the Minister for Police initiate a mandatory comprehensive training program to provide all police officers with training to better respond to mental health problems in the community. The training program should be funded by NSW Health and include training in:

- recognition of common and significant psychiatric problems
- techniques to deal with people with a mental illness
- understanding of the relevant legislation and associated legal issues.

Status

NSW Police has conducted a review of mental health training provided to NSW Police officers. Police in conjunction with NSW Health are currently investigating training programs both in Australia and overseas with a view to developing specific mental health training to assist Police in crisis intervention.

Under the NSW Emergency Mental Health program a self-directed on line learning program has been developed for use by all agencies (Mental Health, Emergency Department, Health Security, Ambulance Service and Police), with a trial to be completed in mid 2007.

Recommendation 100

That the most recent Memorandum of Understanding between NSW Health and NSW Police include as signatories nursing, general practice and medical specialist area representative groups.

Status

The revised MOU has included an extensive consultation process with the Alliance of NSW Divisions of General Practice, NSW Emergency Care Task Force and Rural Critical Care Network.

Recommendation 101

That the proposed Office of Mental Health within the NSW Premier's Department should, after 12 months operation of the Memorandum of Understanding Revision 2002:

- conduct a review of the instrument's operation
- amend the instrument as required, and
- seek to amend the Mental Health Act 1990 to incorporate key components of the Memorandum of Understanding.

Status

See update for Recommendation 100.

Recommendation 102

That NSW Health require all Area Health Services to introduce or improve security arrangements at public hospitals and mental health units in NSW for the purposes of monitoring and managing mental health patients

Status

General safety enhancements have been advanced through increasing staffing levels, enhancing staff assessment skills, which has resulted in a significant reduction in patients who are absent without leave, and improved supervision in the psychiatric facility's courtyard so that no patients unsupervised.

The development of Psychiatric Emergency Care Centres and the Rural Mental Health Emergency and Critical Care Program has identified the provision of security as a core issue, with this program's funding being used to enhance security at some sites.

Recommendation 103

That NSW Health require all Area Health Services to monitor and report publicly on the incidence of the 'absence without leave' (AWOL) of mental health patients from public hospitals and mental health units. These reports should include the incidence of AWOL from the hospital or unit, and a record of all reasonable attempts made to locate the missing patient, and the incidence of requests by hospitals for police assistance in locating and returning of missing mental health patients

Status

InforMH is developing the technical specifications for a key performance indicator for monitoring non-negotiated leave as a measure of the safety domain for health system performance. Non-negotiated leave is currently recorded as a Reportable Incident and this data is collected in the Incident Information Management System. The Clinical Excellence Commission may access all this data.

Recommendation 104

That the Minister for Health provide funding to NSW Health to increase specialist mental health staff so that hospitals can manage the detention and care of a person presented by police under sections 21,22 and 24 of the Mental Health Act 1990.

Status

NSW Health has funded the establishment of nine Psychiatric Emergency Care Centres in metropolitan emergency departments. This in conjunction with the roll out of rural mental health emergency and critical care services in major rural hospitals will increase the availability of specialist mental health staff. The community emergency mental health program in, \$51.4 million over five years, will improve the availability of on site emergency mental health cover after hours, to hospital emergency departments.

Recommendation 105

That the proposed Office of Mental Health (see Recommendation 1), when established, should initiate and oversee the coordination of an inter-agency specialised program for the care of persons with a mental disorder not currently recognised under the Mental Health Act 1990.

Status

The MHSOG has reviewed this recommendation, which primarily relates to people with disruptive and challenging behaviours. There is currently no capacity to consider broadening the target population or criteria for entry to specialist mental health services. However a range of interagency mental health activities will improve service delivery for this population including the State Mental Health Emergency Response Plan.

The MHSOG supports the introduction of a Mental Health First Aid program for all human service and justice agency staff as well as their affiliated non –government agencies. Mental Health First Aid is an evaluated brief training course in the common presentations of mental illness and distress and has demonstrated effectiveness in improving the appropriateness of referrals to specialist mental health services and to increase people’s confidence in being able to manage basic mental health issues.

Recommendation 106

That the Minister for Health ensures that the contracts for employment of consultant psychiatrists with Corrections Health Service require them to only address patient treatment related needs.

Status

Justice Health funds a Court Reporting Unit, which provides court reports separate to the day-to-day treatment work done by consultant psychiatrists. Reports are also provided for the Parole Board, Serious Offenders Review Committee and Mental Health Review Tribunal.

Justice Health screening units at Silverwater and Mulawa correctional facilities examine all new receptions identified as having a possible mental disorder and provide reports as required jointly with the Department of Corrective Services. The screening units for males have opened and those for females will open in early 2007.

Recommendation 107

That the Minister for Health increase funding to employ additional psychiatrists to meet the increased forensic mental health assessment, consultation and treatment needs.

Status

Justice Health has received considerable additional financial resources. The Community Court Liaison Service run by Justice Health has in the last twelve months expanded across five additional Courts being included. There is also a telemedicine link to two busy rural Courts.

The Mental Health Screening Unit at Metropolitan Remand and Reception Centre opened in early 2006. The unit at Mulawa is planned to open in early 2007. Inmates identified with mental health issues at reception would be referred to these units for further assessment and stabilization. They may be referred to the Long Bay Prison Hospital for inpatient care, or when stable, transferred into general prison accommodation. The Mulawa Unit (for women) will incorporate inpatient beds and an enhanced outpatient clinic and will be co-located with a ten bed Mental Health Screening Unit. The facility will provide opportunities for Justice Health and the Department of Corrective Services' Inmate Services and Programs staff to work more cooperatively in providing improved continuity of care.

There has been a significant increase to mental health activity and staffing levels due to the opening of Mental Health Screening Units, increases in Court Liaison sites, the commencement of the Statewide Directorate for Forensic Mental Health and the successful recruitment of increased numbers of nursing and psychiatric staff. Mental Health services for adolescents in detention are also enhanced by the position of a Clinical Nurse Consultant for Juvenile Health.

Recommendation 108

That the Minister for Health implement a formal agreement with the Mental Health Review Tribunal for the supervision and management of released forensic patients including: clarification of the responsibility of clinical services in the monitoring and reporting of clinical supervision, including the role of the Mental Health Review Tribunal in monitoring progress, and clarification of formal procedures for managing breaches of release conditions

Status

Ongoing liaison between the Statewide Directorate for Mental Health, Forensic Executive Support Unit, Area Mental Health Services and Mental Health Review Tribunal is addressing issues relating to the supervision and management of released forensic patients.

The Community Forensic Mental Health Team in cooperation with the Forensic Executive Unit, Area Mental Health Services and Statewide Director of Forensic Mental Health, has completed a comprehensive review of all forensic patients in the community in New South Wales in 2005/06. The care plans formulated in these assessments are formal and are part of the patient's clinical records; they are available to the Mental Health Review Tribunal.

The Forensic Executive Support Unit has produced a document that clarifies the formal procedures for managing breaches of conditions of release in consultation with Area Mental Health Services. This matter will be heavily influenced by the Mental Health Bill 2006, which foreshadow changes in the manner of monitoring the progress of forensic patients in terms of their clinical condition and re-socialisation and also in the way decisions will be reached about their continued detention or release.

Recommendation 109

That as a matter of urgency the Minister for Health finalise plans, allocate funding and provide all other support necessary to construct a secure forensic mental health unit outside the perimeter of Long Bay Correctional Complex and that the facility be staffed by health professionals and non-corrections personnel.

Status

Building of a 135 bed Forensic Hospital has started at Malabar. This high security health facility will have 100 beds for adult males (40 acute, 40 sub-acute and 20 long stay) 20 beds for women and 15 beds for young people. A new 80 bed prison hospital is also proposed. The prison hospital will be a NSW Department of Corrective Services facility with Justice Health staff, and will include facilities for aged and infirm, mental health and medical cases.

Recommendation 110

That the Minister for Health allocate funding for the development of plans to construct further maximum and medium security forensic mental health units in NSW in order to meet the projected needs of the increasing population.

Status

The new Forensic Hospital are proposed new prison hospital will nearly double the number of beds in security for mentally ill offenders (see update for Recommendation 109).

Recommendation 111

That the Minister for Health ensures that there is sufficient minimum security accommodation to avoid undue detention of patients in medium security units.

Status

In 2005, CMH conducted a detailed study of the provision of medium secure accommodation. Presently, there are 24 medium secure beds in the Bunya Unit at Cumberland Hospital (18 male, 6 female), and a few beds for forensic patients in the Kestral Unit at Morisset Hospital. There are plans to increase the number of medium secure beds at Morisset and to develop another 24 bed unit elsewhere in the state. There are ten low security beds at Goulburn (Kenmore).

Recommendation 112

That the Minister for Health and the Minister for Corrective Services immediately act to exempt forensic patients from wearing prison attire.

Status

Justice Health will implement this recommendation in the new Forensic Hospital. The NSW Department of Corrective Services does not agree with this proposal.

Recommendation 113

That NSW Health allocate additional resources to the receptions screening program, including adequate funding and staffing to ensure that remand inmates with a mental health problem are identified.

Status

Justice Health in cooperation with the Courts and the NSW Department of Corrective Services have been involved for sometime in a growing screening program. The Court Liaison system covers 19 Courts in New South Wales. During a 12 month period 18,000 people appearing in Court will be screened, of which 2000 will be identified as requiring further psychiatric input, possibly in-patient nature. Of these, more than 50 per cent will be diverted to local area mental health services successfully.

The court diversion service is seen as primary diversion. A secondary diversion commenced in 2006 with the commissioning of a joint Justice Health/NSW Department of Corrective Services mental health screening unit in the Metropolitan Reception and Remand Centre at Silverwater. Screening at this 40 bed unit is conducted by a multidisciplinary team as part of a structured clinical assessment. Another ten bed mental health screening unit proposed for Mulawa will open in early 2007. This will utilise the same clinical system that combines clinical and actuarial assessment.

Justice Health provides a court report service to higher courts plus a psychiatric report service for the Senior Offenders review Committee, Parole Board and Mental Health Review Tribunal as well as providing Area mental health services with risk assessments on selected patients.

Recommendation 114

That the Minister for Health and the Minister for Corrective Services ensure that in relation to the current review of conditions of the Mum Shirl Unit at Mulawa Correctional Centre:

- the Chair of the review committee is provided with adequate funding and administrative resources to expedite the review
- recommendations of the review committee be implemented without delay

Status

The Justice Health Statewide Director of Forensic Mental Health and his colleagues have been meeting regularly with Department of Corrective Services colleagues to discuss the management of women inmates in Mulawa. There are plans to provide better facilities for mentally disordered women offenders and to upgrade the Mum Shirl facilities.

Recommendation 115

That the Minister for Health funds a secure forensic mental health facility for women.

Status

There are six beds in the Cumberland Hospital Bunya Unit (medium secure). Nine beds have been in operation at Long Bay Hospital (Ward B East) for women for over a year and this has been evaluated. There will be beds in the new prison hospital, and there are also plans for twenty beds in the new forensic hospital in a dedicated unit.

Recommendation 116

That NSW Health provides the Governor of Mulawa Correctional Centre with funding to improve the facilities for the treatment of women with a mental illness or disorder. The funding allocation should cover the following comprehensive occupational health and safety review by independent WorkCover accredited consultant, and implementation of the occupational health and safety review recommendations.

Status

CMH, Justice Health and Department of Corrective Services officers are working closely to improve facilities at Mulawa. A new outpatient clinic and screening unit was completed in 2006, and the potential for establishing a dedicated area to provide a supportive environment for women with mental disorders at Dillwynia (new Women's Correctional establishment) is being examined.

Recommendation 117

That the Minister for Health and the Minister for Corrective Services ensure that any future maximum and medium security forensic hospital built in NSW should incorporate segregated accommodation suitable to male and female patients

Status

There are no plans for mixed accommodation at Malabar in the two new hospitals. All sleeping facilities will be segregated. The unit for young people will have mixed day areas. Adult wards will all be single sex.

Recommendation 118

That NSW Health continues to extend the Court Liaison Service to all regions including enhanced funding and resources for existing services.

Status

Justice Health has 17 Court Liaison positions and two telemedicine facilities for two rural courts. Five Courts are covered by local Area Mental Health Services. There are over 150 Courts in New South Wales and not all would merit a nursing input. The Court Liaison Service is conscious of the need to continue to expand coverage and has done so in the last twelve months, adding five units.

Recommendation 119

That the Attorney-General and the Minister for Health cooperate to expedite the establishment of a State Institute of Forensic Science and include forensic mental health within its responsibilities.

Features relating to forensic mental health to be incorporated within the State Institute of Forensic Science to include:

- provision of forensic mental health services, including court liaison services and court reports
- responsibility as a provider for all forensic psychiatric services in NSW
- a Board of Management to oversee operations, and
- a State Forensic Mental Health Service located within the State Institute of Forensic Science which reports through the State Institute of Forensic Science Board to the Director General of NSW Health.

Status

Correctional Services has a Statewide Forensic Mental Health Directorate that includes departments for Court Liaison, Court Reports, Community Forensic Services, inpatient care and ambulatory care. Academic linkages with Police, Department of Corrective Services, and the University of New South Wales are developing well.

Recommendation 120

That NSW Health evaluate the model and structure of mental health services provided by Forensicare at the Thomas Embling Hospital in Victoria with a view to implementing this model for any planned forensic hospital facility in NSW

Status

Arrangements regarding prisons in Victoria are different to New South Wales. Justice Health is in close communication with *Forensicare* and authorities from Victoria and New Zealand are involved in teaching students in Sydney new developments, new model of care and the skills required to work in this complex area.

References and related documents

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<http://www.health.nsw.gov.au/policy/cmh/publications/Aboriginal%20Mental%20Health%20Policy.pdf>

Caring for Mental Health – better mental health services for the people of NSW

http://www.health.nsw.gov.au/policy/cmh/publications/caring_mh.pdf

Framework for Housing Accommodation Support Initiative for People with Mental Health Problems and Disorders <http://www.health.nsw.gov.au/policy/cmh/publications/pdf/housing.pdf>

Framework for Managing the Quality of Health Services in NSW - PD2005_585

http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_585.pdf

Getting in Early – A framework for early intervention and prevention in mental health for young people in New South Wales <http://www.health.nsw.gov.au/policy/cmh/publications/Gettinginearly.pdf>

Housing and Accommodation Support Initiative Report 1: Summary

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Management of People with a Co-Existing Mental Health and Substance User Disorder Service Guidelines

[http://www.health.nsw.gov.au/health-public-affairs/publications/mhsubuse/SDG\(Guidelines\).pdf](http://www.health.nsw.gov.au/health-public-affairs/publications/mhsubuse/SDG(Guidelines).pdf)

NSW Interagency Action Plan for Better Mental Health (2005)

http://www.health.nsw.gov.au/pubs/2006/pdf/mental_health.pdf

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http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_554.pdf

NSW Health Privacy Manual Version 2 - PD2005_593
http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf

Partnerships Government Departments, Centre for Mental Health
<http://www.health.nsw.gov.au/policy/cmh/govt.html>

Specialist Mental Health Services for Older People NSW Service Plan 2005 – 2015
http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_013.pdf

Summary Report: The management and accommodation of older people with severely and persistently challenging behaviours
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Tracking Tragedy (2003)
<http://www.health.nsw.gov.au/pubs/t/pdf/serc.pdf>.

Tracking Tragedy 2004
<http://www.health.nsw.gov.au/policy/cmh/publications/tracktragedy2.pdf>.

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