



- ▶ What we are building over the next 5 years2
- ▶ What's On In 2007.....3
- ▶ NSW Youth Health Services Model.....4
- ▶ Perinatal and Infant.....4
- ▶ Rehabilitation & Recovery...5
- ▶ Recovery & Resources.....6
- ▶ VETE.....6
- ▶ Clinical MH Partnerships6
- ▶ HASI.....7
- ▶ Aboriginal Peoples MH.....7
- ▶ Family and Carer Program..8
- ▶ Multicultural MH.....8
- ▶ Older Peoples' MH.....9
- ▶ NGO Development.....9
- ▶ Consumer Participation.....10
- ▶ ISP for Challenging Behaviours.....11
- ▶ Non Acute.....11
- ▶ Coordinating Care.....11
- ▶ Key documents.....12

Towards Recovery

From Prevention And Early Intervention To Recovery

NSW: A NEW DIRECTION FOR MENTAL HEALTH



Intervening early is critical to achieving good outcomes for people of all ages with, or at risk of, mental illness. By providing care at the earliest possible time, we can greatly reduce the burden of mental illness on individuals and families.

New South Wales: A new direction for Mental Health (2006) is a 5 year plan to provide earlier and better access to a greater range of mental health services, both hospital and community, than has ever been provided in NSW.

Under this plan, enhancement funding of over \$900M will help build a comprehensive base of specialist inpatient and community programs across the public and Non-Government Organisation (NGO) mental health sectors.

The Government's commitment to reform is also demonstrated by the *NSW Community Mental Health Strategy* (to be released).

Strong community mental health services are critical to delivering effective mental health services for individuals of all ages at risk of, or experiencing mental illness, their families and carers.

For people with a mental illness, the *Community Mental Health Strategy*, underpinned by the enhancement funding, aims to:

- Promote recovery and reduce disability
- Increase community participation and employment, and
- Reduce inappropriate hospitalisation.

The investment in additional mental health services by the NSW Government will link to new initiatives funded by the Australian Government such as expanded psychology services through Medicare and community support services like the Support for Day to Day Living Program.

This renewed focus on the mental health system requires us to strengthen our workforce and develop the capacity of our key service partners, including the NGO sector, GPs, other primary health care services and other government agencies.

This document outlines some of the programs being implemented under these new initiatives.

This document provides an update on some of the Programs undertaken over the last 12 months in the Mental Health Clinical Program at the Mental Health and Drug & Alcohol Office in NSW Health. A more comprehensive update will be provided later in the year that includes even more of the mental health programs administered by MHDAO.



What we are building over the next five years

The NSW Government is building a comprehensive service base for people of all ages with, or at risk of, a mental illness, their families and carers.

Under the NSW: *A new direction for Mental Health* and other programs the following newly funded initiatives are amongst those being developed by the Mental Health and Drug and Alcohol Office (MHDAO) in conjunction with Area Health Services (AHSs), consumers and carers and our service partners.

Promotion, Prevention & Early Intervention

- Expanding university based research
- Additional perinatal and infant mental health services including Safe Start
- Expanding early intervention services for youth
- Development of specialist early diagnosis and assessment services for older people
- Introducing statewide 24-hour MH telephone access

Integrating & Improving the Care System

- Increasing the number of Acute & Non-Acute Beds
- New or improved facilities e.g. Lismore, Coffs Harbour, Illawarra & Bloomfield Hospital, Long Bay, Concord, Gosford, Newcastle, Orange & St Vincent's
- Enhancing community mental health emergency care & further establishing Psychiatric Emergency Care Centres (PECS)
- Expanding community based Specialist Mental Health Services for Older People (SMHSOP)
- Development and enhancement of the Youth Mental Health Service Model (YMHSM)

Participation in the Community & Employment, including Accommodation

- Increasing places across NSW in the Housing and Accommodation Support Initiative (HASI)
- Expanding community rehabilitation Services - Rehab and VETE clinicians & Recovery & Resource Services
- Establishing senior positions in each AHS for the Clinical Partnerships Program
- Enhance funding for the NSW Family & Carer Mental Health Program

Increasing Workforce Capacity

- Increasing scholarships and programs for the Mental Health Workforce Program
- Establishing new trainee positions under the Aboriginal Mental Health Workforce Program

Consumer, Family and Carer Participation

- Implementing the MH-CoPES Phase 2
- Finalising the pilot of My Health Record
- Supporting the Consumer Worker Forum

NGO Capacity Building led by the Mental Health Coordinating Council (MHCC)

- Tendering and allocating funding under the NGO Infrastructure Grants Program
- Establishing the Learning and Development Unit
- Funding for the NGO Development Strategy

Forensic Mental Health Services

- Expanding the Court Liaison Service
- Establishing the Community forensic Adult Mental Health Service
- Developing the Adolescent Community and Court Team

Rural and Remote Communities Mental Health Programs

- Expanding the Mental Health Drought Program
- Further developing community capacity building and partnership models including Telepsychiatry

"Mental health is everyone's business: recovery depends on adequate housing, support, education, social activity and job training."

Draft NSW Community Mental Health Strategy.

What's on in 2007 for the Mental Health Program?

Some of the highlights this year for the Mental Health Clinical Program are:

Aboriginal Mental Health

- Launch of the *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*
- A NSW Coordinator for the Aboriginal Mental Health Workforce Program, based in the GWAHS
- The first year of the NSW Aboriginal Mental Health Workforce Training Program
- Ten additional Aboriginal mental health workers for the Aboriginal Community Controlled Health Services
- Roll out of Aboriginal clinical leadership positions to targeted AHSs
- Significant progress towards an Aboriginal MH-OAT assessment tool
- 2007 Aboriginal mental health workers forum

Family and Carers

- Phase 2 of the Program: rollout of enhanced family and carer support services through the NGO component of the Program
- Family and Carer NGO Professional Development Day: June 19
- Phase 3 of the Working With Families (WWF): Family and Carer Interest Group: 17 May, 9 August; WWF Professional Development Day: 22 November
- The draft *Family and Carer Mental Health Framework* finalised
- Family and Carer Mental Health Program Statewide Steering Committee: 6 June, 13 September, 28 November

Multicultural Mental Health

- Sign off and roll out of the *NSW Multicultural Mental Health Plan*

Transition Programs

- School -Link & Integrated Perinatal Care Initiative are being transferred in May 2007 to the MH-Kids team

Non-Acute MH Services

- Tenders by NSW Health for 8 additional 20 bed non-acute units, to open 2007 - 2011
- Draft *Non-Acute Mental Health Inpatient Service Strategy* out for broad consultation and finalisation
- Benchmarking and Best Practice sub-group led by InforMH, finalising indicators and evaluation framework for new non-acute units

HASI

- Roll-out of HASI Stage 4A: 100 High Support places across NSW
- Tender for HASI Stage 4B: over 150 places for HASI in the Home
- Publication of the final report on the HASI Evaluation Stage One by the Social Policy Research Centre (SPRC) at the UNSW
- Research report by SPRC on a review of individual client support planning
- Map existing supported accommodation services in NSW to assist in projecting future needs
- Commence evaluation of the overall HASI program
- Work with the MHCC to scope and address the ongoing training needs for HASI NGO staff
- HASI practice forums: dates 22 May, 21 August and 20 November
- Consolidate collection processes for HASI data
- A new HASI Liaison Officer funded by NSW Health residing in the Department of Housing, to ensure issues such as stock rollout are addressed in HASI

Consumer Worker Project

- Mapping report finalised on AHS arrangements for consumer support workers.
- Guidelines on standardised job descriptions, drafted with the Consumer Worker Forum, presented to MH Program Council for consideration and dissemination across all services.

Prevention

- Promotion, Prevention, Early Intervention MH Steering Group
- Programs enhanced across the age group - School Link, IPC, older peoples MH

Youth Mental Health

- Youth model piloted and evaluated
- Youth model developed with AHSs, both rural and metropolitan
- State coordinator appointed to support AHSs with the development

NGO Partnerships

- MH NGO Infrastructure Grants Round 2
- Cert IV Traineeship in mental health commenced
- Mental Health Training Calendar - twice a year

MH Rehabilitation

- Additional positions rolled out in each Area for rehab and VETE - first year of 5 year build up

Recovery and Resource Services

- Rollout of the NGO run program to targeted AHSs

VETE

- State VETE mapping report from HNEAHS
- Rehabilitation / VETE Forum 28 May 2007
- Area VETE planning

My Health Record

- Evaluation report of 18 month pilot - July
- Dissemination of tool across NSW MH services

COAG

- Coordination with AHSs and NGOs of PHAMS and Support for Day-to-Day living and Mental Health Practice Nurses.

MH Community Strategy

- Release of *NSW Community MH Strategy*

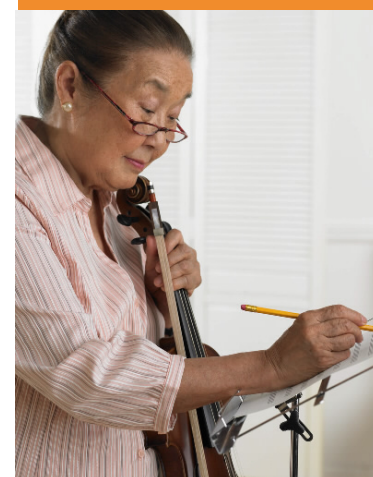
JGOS

- With Housing as lead agency, brochures and resource manual distributed
- Evaluation in process

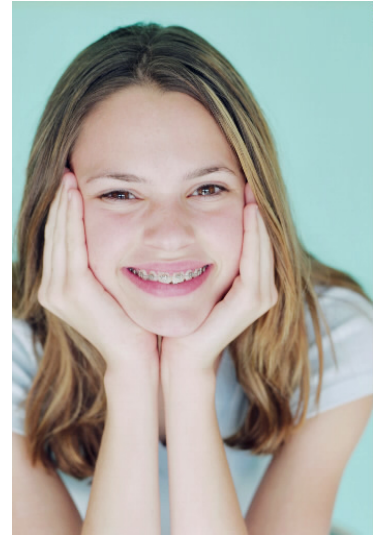
Aims of the MH Program for NSW:

- ▶ Reduce readmissions within 28 days to the same facility.
- ▶ Increase the percentage of people with a mental illness aged 15-64 who are employed to 34 per cent by 2016.
- ▶ Increase the community participation rates of people with a mental illness by 40 per cent by 2016.

Mental health indicators from A New Direction for NSW: The State Plan.



NSW Youth Mental Health Services Model



“Mental illnesses or disorders impact on all aspects of the development of children and young people. Addressing their mental health needs must recognise the emotional, cognitive, behavioural, social and educational factors that shape their development.”

Draft NSW Community Mental Health Strategy 2006-2011

NSW is leading the way in taking a systematic approach to strengthening mental health services for young people. All Area Health Services are receiving funding to develop and establish youth mental health services from 2007/08.

Adolescence and young adulthood is a critical developmental period in the lifespan, particularly in terms of social and emotional wellbeing. The onset of even a relatively mild mental health problem at this time can have profound effects on social, emotional, physical and cognitive development.

There is increasing and significant evidence that early identification and management of mental illness is associated with decreased severity, shorter duration and better long-term prognosis.

The *Youth Mental Health Service Model (YMHSM)* focuses on:

- Early intervention and prevention
- Flexible approaches to service provision, and
- Access as early as possible to a range of health services for young people.

It is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings with access to primary health, drug and alcohol and other services, co-located with these other services where possible.

The YMHSM will build on the early psychosis services and expertise that have been established under the NSW Early Psychosis Program, which commenced in 1996. The focus will be on improving and integrating Area Health Service capacity to treat young people

with a range of mental health problems and comorbidities.

During 2006/07, the YMHSM is being piloted and evaluated in the NSCCAHS. The outcomes of the pilot will assist Area Health Services in developing their proposals for youth mental health services. Rural mental health services are working with the MHDAAO to develop a rural adaptation of the model.

Perinatal & Infant

Perinatal & Infant (P&I) Mental Health has found its way to an official place in the NSW Mental Health Program.

The MH Program Council endorsed the establishment of the P&I Sub-Committee and the first meeting was held on 9 March 2007, with Professor Louise Newman as Chair.

The P&I Sub-Committee will promote exchange between:

- NSW Families (previously Families First)
- MH-DAO (MH-Kids)
- Primary Health & Community Partnerships branch, and the
- National Perinatal Mental Health (*beyondblue*) Program.

The scope of the P&I Sub-Committee will span the antenatal period, infants & children 0 - 5 and include leadership to embed perinatal, infant & early childhood mental health care in NSW Mental Health Services.

Further expansion of the Integrated Perinatal and infant Care (IPC) initiative/ Safe Start will be a priority for the P&I Sub-Committee.

Enhancement funding of \$3.5M over 4 years announced in March 2007 will further expand the IPC initiative throughout NSW and is targeted to design clinical pathways and screening for every pregnant & postnatal woman for mental health problems.

Through the IPC initiative, NSW is recognised as a key leader in Australia and internationally.

MH-DAO, with specialist clinicians creating the foundation, has nurtured the development of IPC and will continue these endeavours through MH-Kids.

Essential to IPC/ Safe Start are early identification of risk for poor psychosocial outcomes and mental health problems,

and development of integrated care pathways to timely and appropriate interventions.

With NSW Health and the Mental Health Services leading the way in Australia to develop integrated care pathways for vulnerable families (0 - 5), health system infrastructures will be redesigned to more fully support family functioning.

The *NSW IPC Strategic Framework for Mental Health and the IPC Guidelines for Improving Perinatal and Infant Mental Health Care* will be published this year.

A range of education & training programs has been developed for Primary Health and also for Mental Health and Drug & Alcohol professionals.

A state coordinator will be appointed in 2007 to work with MH Kids on IPC initiatives and focus on the development of Safe Start.



Rehabilitation and Recovery



Under the *NSW Health Framework for Rehabilitation for Mental Health*, the Mental Health Rehabilitation Program aims to promote recovery and enable people with a mental illness to live their lives to the fullest potential.

Enhancement funding over five years will develop the Program with additional positions in all AHSs for clinical rehabilitation, VETE, and Recovery and Resource Services (NGOs).

Rehabilitation refers to both a philosophy, to be applied to all mental health care, and a specialist discipline requiring specific skills.

In the specialist mental health NGO sector, psychosocial rehabilitation approaches aim to ensure the provision of the full range of social and leisure programs, community participation approaches, accommodation support initiatives, and disability and employment support.

Over recent years there has been a shift away from traditional living skills models to an increasing focus on evidence-based and outcomes-focused practice.

There is a need to develop service philosophies and structures that are coherent and standardised, and that cater for a wide range of age groups and the range of mental illnesses and disorders.¹

There are acknowledged gaps in MH rehabilitation services and a need to review and further expand the accommodation support programs, to provide a range of social and leisure opportunities, and to enhance VETE services.

There is a clear need to ensure the full extent of coordinated partnership services are in place to support individuals in the broader community.

To improve equity of access to mental health rehabilitation interventions, funding enhancements will build a comprehensive base of specialist programs in both the public sector mental health and NGO services.

Rehabilitation services will work across all settings - inpatient to community - and across the lifespan and from first assessment. This will enable individuals with a mental illness to achieve: independence, self-esteem, housing stability, social and family connectedness, education and employment.

Community mental health services can fulfil this role by assisting people to access the internal resources they need in their recovery (hope, resilience, coping skills, self-acceptance, and physical health) and the external services and supports that will support the recovery and independence (such as stable accommodation, education and vocational support) 2.

- 1 South Eastern Sydney Illawarra Area Health Service, *Rehabilitation Strategic Plan: 2006–2010: Developing Capacity and Promoting Recovery*. South Eastern Sydney Illawarra Area Health Service, Kogarah, 2005.
- 2 Z Russinova, Providers' hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. *Journal of Rehabilitation*, 1999, 16, pp. 50-57.

"Recovery is a process of adjusting one's attitudes, feelings, perceptions, beliefs, roles and goals in life. It is a process of self-discovery, self-renewal and transformation."

Spaniol, Koehler and Hutchinson, 1994.

"The key to providing a recovery focused mental health service is to incorporate throughout the whole service, the attitude that recovery is possible."

Recovery and Resource Services Program

"If we want to develop recovery-oriented services for people with serious mental illness, we need to offer systematically organized and personally tailored collaborative help, treatment and care in an atmosphere of hope and optimism."

Lester and Gask, 2006.

Recovery and Resources

From 2007/2008 the Resources and Recovery Services Program (RRSP) will provide \$3M recurrent funding to NGOs. The Program will focus on establishing services in identified areas of need, ie areas where a limited range of community based mental health services are available.

The RRSP sits within the broader NSW Mental Health Rehabilitation Program. It will support people with mental illness by providing access to community social, leisure and recreational

opportunities and vocational and educational services.

It will integrate with clinical rehabilitation and VETE programs and services such as HASI and the NSW Family and Carer Mental Health Program.

It will complement other supports and services available for people with a mental illness such as the Commonwealth funded Council of Australian Government (COAG) initiatives.

The RRSP tender will go out in May 2007. The Program will be closely monitored and evaluated for consumer outcomes and consideration for further development.

As part of the Mental Health Rehabilitation Program the RRSP will be an integral element in the continuum of care provided by Area mental health services and NGO services.

VETE

Enhancement funding is helping to provide a Vocational, Education, Training and Employment (VETE) State Coordinator based in the HNEAHS and VETE clinicians allocated to all Areas over the next five years.

This specific mental health VETE program is designed to build the state level support structure for specialist mental health VETE services in each Area Mental Health Service.

The Program will utilise the findings from the VETE trial in the HNEAHS established in 2005/06, build on best practice programs in particular

Areas and integrate with other State and Australian Government VETE initiatives.

The increase in VETE clinicians in NSW from 2008/09 (no build-up for 2007/08) will enable a staged development of a VETE service to be provided across all mental health programs, all ages and phases of illness and in a range of consumer settings.

The half-time VETE state coordinator position will support scoping and roll-out of VETE MH services in NSW.

The Mental Health Senior Officers Group (MH-SOG),

reporting to the Human Services CEOs Group, monitors the progress of the VETE initiatives under the *NSW Interagency Action Plan for Better Mental Health*.

The enhanced NSW public sector mental health VETE services will work with the consumer as the focus of care.

The program will work across all mental health and government VETE services to ensure the development of a coordinated pathway and targeted plans to address the VETE needs of the individual with mental health problems.

The Clinical Mental Health Partnership Program

In line with one of the key priorities under the *Interagency Action Plan for Better Mental Health*, NSW Health is establishing eight Clinical Partnership positions in each AHS.

The Clinical Mental Health Partnership Program (CMHP) will work with agencies to better coordinate the delivery of mental health services.

These positions have now been appointed in all AHSs and the first state level meeting has been held.

The aims of the CMHP Program in each Area Mental Health Service are to:

- Develop clinical care networks
- Develop and monitor referral pathways
- Be a strategic contact point between AMH Services and other government and community agencies to ensure coordinated care strategies are in place
- Monitor implementation of partnership agreements/initiatives
- Ensure integration of all partnerships with core clinical service activities, and

- Identify and facilitate new clinical partnerships.

Area based action plans for the next three years are currently being developed and meetings are being held with other government agencies who are keen to establish similar positions or strategies in their regions.

"By providing, supporting and accessing community education and employment opportunities and facilitating social, family and community connections in a timely and flexible manner, it is anticipated that people with a mental illness will be able to maximise their potential choices and minimise or avoid the trauma of relapse, and in so doing develop their rightful place in the community."

Recovery and Resource Services Program

HASI

The Housing & Accommodation Support Initiative (HASI) is a partnership between NSW Health's clinical mental health services, the Department of Housing's public and community housing, the NGO sector and consumers and carers. HASI assists people with a mental illness to participate in the community, maintain successful tenancies and improve their quality of life.

From its start in 2003, HASI, by the end of 2007, will grow to over 1000 places, from lower support to very high support. HASI has developed in stages and number of places:

- HASI 1 High Support - 100
- HASI 2 Lower Support - 460
- HASI 3A High Support - 126
- HASI 3B V. High Support - 50
- HASI 4A High Support - 100
- HASI in the Home Low to Medium Support - over 150 places.

The SPRC Evaluation of HASI Stage 1 was completed at the end of 2006 and the final report will soon be available.

The overall results have been very positive and demonstrate the high value of HASI to consumers with a mental illness, their families and carers.

HASI 4A is targeting locations that have never had HASI. This includes the rural and remote locations of Parkes and Bourke as well as the Shoalhaven and towns such as Maitland.

HASI in the Home will become available in 2007. This stage of HASI will be slightly different to the previous stages. HASI in the Home is about people with mental illness having access to clinical and accommodation support wherever they live – with families, in caravans, in extended living situations.

The *HASI Manual* was finally printed and distributed in 2006. The yellow cover will hopefully

become a very familiar sight to everyone involved in the provision of services for HASI.

In November HASI won the Gold Medal in the 2006 Premier's Public Sector Awards. This was a wonderful accomplishment for the HASI program and for everyone involved with HASI, both past and present, congratulations to you all.



Aboriginal Peoples' Mental Health

Aboriginal peoples' mental health is a priority for the NSW Government over the next 5 years. As a result, many exciting initiatives are underway or planned in the near future.

The Minister for Health has approved for launching the *NSW Aboriginal Mental Health and Well Being Policy 2006-2010*. The Policy is the result of consultations with many people and agencies. A statewide reference group will oversee implementation.

Work has begun on ensuring the MH-OAT assessment tool is culturally sensitive and appropriate, in partnership with the Aboriginal Health and Medical Research Council. The project is due for completion in mid 2008.

The past year has seen the statewide roll out of the Aboriginal Mental Health Workforce Program.

The Program, based on a successful model run in the former Far West Area Health Service (now GWAHS), provides funding for 10 Aboriginal Mental Health Worker trainee positions across NSW.

The workers are employed as full time workers in the AHS and at the same time, they undertake a three-year Bachelor of Health Sciences (Mental Health) degree.

Trainees have been recruited in GWAHS, GSAHS, NCAHS, HNEAHS, Justice Health and NSCCAHS. A further 10 Aboriginal mental health worker trainee positions are scheduled to be rolled out in the 2008/09 financial year.

An additional 10 Aboriginal Mental Health Worker positions are also to be rolled out into the Aboriginal Community Controlled Health Services over the next 12

months, bringing the total to over 25 positions.

Work will soon commence on organising the 2007 Aboriginal Mental Health Workers Forum, with a focus this year on clinical skills and support.

Last year's Aboriginal Mental Health Workers Forum was held on Wiradjuri land near Orange in May 2006 and hosted by the Centre for Rural and Remote Mental Health.

Topics covered included: Aboriginal workforce development, forensic mental health, indigenous suicide prevention, grief and loss, and the Bringing Them Home program. A Forum report will soon be available.

"The dance of life ... We can only exist if firmly grounded and supported by the community and our spirituality, whilst always reflecting back on culture in order to hold our head up high to grow and reach forward to the experiences life has waiting for us."

National Social and Emotional Well Being Framework 2004-2009

Family and Carer Program



A comprehensive Family and Carer Mental Health Program is being implemented across all NSW mental health services.

The Program aims to ensure that the families and carers of people with a mental illness:

- Have access to appropriate information and options for support at all points within their caring journey, and that
- This information and support is delivered in a sensitive, evidence-based, and cost-effective manner; and
- In partnership between AHSs and NGOs and between the NSW and Australian governments.

The Program addresses the needs of families and carers via three service groups:

- Family-Friendly Mental Health Services - improving local services by employing specialist staff to help make changes to work practices

through workforce training and development and through specialist advice.

- Mental Health Family and Carer Support - improving services to families by providing education and training packages and individual support services through specialist NGOs.

- Generic Family and Carer Supports - improving awareness of and access to mainstream carer support services such as financial support, counselling and respite.

The NSW Family and Carers MH Program is providing funding to AHSs and NGOs, as well as specific funding for workforce development in the Working With Families Program.

In Phase One of the Family and Carer Mental Health Program funding was allocated to AMHSs for the Family Sensitive Mental Health Service component of the Program and to the NGO sector for the Mental Health Family and Carer Support component.

In Phase Two of the Program ,

additional enhancement funding to the Program's NGOs has boosted the work that these NGOs are able to provide. It significantly extends the reach of the Program within each AHS across NSW.

A statewide steering group of AHSs and the specialist NGOs is leading the development of the Program.

The group is finalising a minimum data set and KPIs as well as an evaluation framework and joint workforce training and skill development for the Program's workers.

The draft *NSW Family and Carer Mental Health Framework* is being circulated for consultation and will be finalised for dissemination later this year.

The Program's specialist NGOs are: ARAFMI (NSCCAHS), Schizophrenia Fellowship - Carers Assist (HNEAHS, GMAHS, SSWAHS), Parramatta Mission (SWAHS), and Carers NSW (SESIAHS, GWAHS, NCAHS).

"The many thousands of people in NSW who help people with a mental illness to manage their health and their everyday lives, have the right to practical support from the community, as well as recognition and understanding."

Draft NSW Family and Carer Mental

Multicultural Mental Health

A draft of the *NSW Multicultural Mental Health Plan* is currently in the final stages of the approval process. It is a culmination of extensive consultation across all jurisdictions.

The *Plan* focuses on the further integration of multicultural mental health into mental health core business in order to improve mental health outcomes for people from culturally and linguistically diverse backgrounds with mental health problems.

The MHDAAO has funded a 2-year partnership project with the Transcultural Mental Health Centre (TMHC) to review and enhance the Mental Health Outcomes and Assessment Tools (MH-OAT)

and processes to become culturally accurate, and meaningful to consumers and carers.

Other projects include:

- Clinical Consultation and Assessment Services (CCAS): A project coordinated by the Transcultural Mental Health Team (TMHC) to improve clinical consultation and assessment services

- Bilingual Clinical Consultation and Assessment Services: A project coordinated by the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

- Transcultural Rural Remote Outreach Project: Coordinated by the TMHC to develop flexible service delivery models for rural CALD communities. Field

Liaison Officers (FLOs) are in place - at Griffith, Coffs Harbour, Tamworth and Dubbo. Each FLO is implementing projects that capacity build on existing MH networks and services.



Older People's Mental Health Update



The last 12 months has been an exciting time in Older People's Mental Health (OPMH), with the release of our new 10-year *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015*, significant funding enhancements, a major program of service development and a range of new, innovative initiatives.

Two other key documents launched in 2006 are:

- *The Management and Accommodation of Older People with Severely and Persistently Challenging Behaviours: Summary Report;*

- *Guidelines for Working with People with Challenging Behaviours in Residential Aged Care Facilities: Using Appropriate Interventions and Minimising Restraint.*

Both of these documents have informed and supported key directions in the *Service Plan* regarding the assessment, management and long-term care of older people with severe behavioural and psychological symptoms associated with dementia and/or mental illness.

The *Service Plan* is intended to guide the development of SMHSOP across NSW over the next 10 years. The *Plan* defines the scope and functions of SMHSOP.

It outlines a SMHSOP service model across the continuum of care for older with mental illness, partnering with a range of other key services and with families and carers.

It includes implementation plans for establishing this service delivery model across NSW in 2 key phases.

The next 5 years focuses on the development of community SMHSOP teams and initiatives, with other key services such as aged care teams and GPs.

This emphasis on community mental health underlies the broader mental health policy directions in NSW.

NGO Capacity Development

The NSW government has recognized the need for targeted development and training to increase the capacity of the mental health workforce, including the specialist NGOs that provide mental health services.

The NGO Mental Health Development Strategy aims to enhance the capacity and strengthen the identity of the NSW NGO sector to deliver community-based and recovery-oriented mental health services.

Funded by NSW Health, the strategy is run by Mental Health Coordinating Council (MHCC) in partnership with MHDAAO. The MHCC is the peak body for NGOs working for mental health in NSW.

The Strategy aims to carefully position the NGO mental health sector to ensure it is well equipped to meet future challenges including growth of the sector and increased demands for accountability, professionalism and partnership arrangements.

It has three components: Workforce Development and Training, Quality & Outcomes, and Partnerships.

Recent specific activities of the MHCC workforce development initiative includes:

- Provision of Mental Health First aid courses across NSW to a range of community and other agencies
- Development & distribution within the community sector of a Mental Health Training Calendar twice a year
- Establishment of a Workforce Development Reference Group that is guiding the development of training needed by the sector
- The development of a Mental Illness Substance Abuse training package & related pilots
- Work with the NSW Industry Training advisory Board (ITAB) to establish a Certificate IV Traineeship in Mental Health Work to commence early 2007

- The development of mental health orientation and induction courses for NGO staff
- The development of a Business Plan for the MHCC to become a Registered Training Organisation specializing in providing mental health training for NGOs, and
- The funding by MHDAAO to establish training centre, the MHCC Learning & Development Unit.

As well, the Infrastructure Grants (IGA) Program for Mental Health NGOs is funding one-off grants to approved projects.

The IGA Program is aimed at building the capacity of NGOs to implement service improvement projects and progress towards accreditation with recognised quality standards.

The MHCC is to be congratulated for its leadership in taking forward the work of NGOs in the mental health field.

"The Government is committed to developing a strong and vibrant mental health NGO sector, able to deliver quality services in an integrated continuum of care with public sector mental health services, to support those who live with a mental illness in NSW."

Infrastructure Grants announcement 2007

Consumer Participation

Consumer Support Workers

MHDAO has provided funding to the Consumers Workers' Forum Organising Committee, auspiced by Sydney West Area Health Service, to examine the role of AHS Mental Health Consumer Workers (MHCWs).

The project is nearing finalisation and has examined the job descriptions, function work conditions, training, supervision, policies and protocols and codes of conduct of MHCWs across all mental health services in NSW.

The project will deliver a report to the Mental Health

Program Council. This report will consist of a synopsis and assessment of findings and recommendations to the Council for consistent guidelines to standardise and formalise the role, recruitment and employment conditions of the MHCWs.

The Consumer Workers Forum is currently reviewing a draft of the report.

The first Consumer Worker Forum was held in 1998 at Rozelle Hospital; they are now held biannually. Major benefits of the forums are the sharing of ideas and information on

different models of consumer participation and access for less experienced consumer workers to a concentrated wealth of knowledge from more experienced workers.

Funding from MHDAO has also supported consumer workers, especially those from rural areas, to attend the forums.

The project to improve the quality of consumer worker programs across the state and thus improve consumer outcomes. It is anticipated that the final project report will be available in July 2007.

"There is a wealth of evidence available to demonstrate that consumer input into evaluation of mental health services can improve the quality and responsiveness of services."

A statewide approach to measuring and responding to consumer perceptions and experiences of adult mental health services: MHCOPES Stage One Report, 2006.



The Mental Health Consumer Perception and Experience of Services (MH-CoPES) is a partnership between the key consumer advisory body in NSW - MH CAG - and MHDAO, funded by NSW Health to develop an evidence based consumer evaluation framework, focussed initially

My Health Record (MHR) is a patient-held health record that aims to facilitate the flow of information between all health service providers, including public allied health services and GPs. It was developed as part of the NSW Chronic Care Program.

MHR is now expanding its scope to cover a broader range of chronic diseases, including mental health. The MHR book is currently being piloted with mental health consumers, families, carers and service providers in Ryde in NSCCAHS.

The initial results show that MHR is a good option for some mental health consumers, but it doesn't suit everyone. Results include:

MH-CoPES

on adult mental health services. Stage 1 was completed in 2006. A report was published with questionnaires and a framework to be trialled in Stage 2.

Stage 2 specifically aims to develop consumer evaluation ready for use in mainstream practice in NSW Mental Health Services. Stage 2 will

produce an agreed, fully articulated MH-CoPES framework & questionnaires suitable for implementation.

In 2007 CoPES has commenced roll out of a questionnaire across all adult mental health sites and established a process for a rigorous evaluated pilot at two sites - Orange and Ryde.

My Health Record

- Consumers with the best uptake are the residential care / HASI / rehabilitation clients and those with other chronic conditions (eg: diabetes)

- Positive feedback received from consumers is that they feel more in control

- Staff like the MHR because it clearly lists consumers upcoming appointments, and identifies their case manager

- ED staff and GPs have used the book and found it useful

- Consumers of the acute care team and younger consumers have been less receptive to MHR. Some consumers find it too big

- There are issues for people potentially losing the books and the confidential nature of the information inside, and

- Some consumers feel hesitant about presenting it to their GP as it can take some time to complete.

Next steps for the project are:

- Conduct additional workshops for staff to answer questions that have arisen over the course of the project

- Provide a 1-page summary for GPs on what MHR is and the extent of their role, and
- Approach the GPs of individual consumers in the pilot project to explain MHR.

The final report of the pilot project will be available in mid 2007.

ISP for Challenging Behaviours

For many years it has been recognised that there are a small number of people who have levels of very complex and challenging behaviour sufficient for them to “fall between the gaps” in services. In 2005 the NSW Government funded the Integrated Services Project (ISP) for 3 years as a pilot to establish coordinated solutions for this group of complex clients from across the services system.

The ISP provides a range of additional services to clients and their support network over a 15-month period that includes comprehensive

assessment, behaviour intervention, supervision, case coordination and accommodation support. As well as aiming to improve the social connectedness, behaviour, health and well-being of clients via direct work with clients, ISP also aims to improve the way the existing service system addresses the needs of these people so that more durable, safe and effective services are available for each client.

The ISP is led by DADHC in partnership with the NSW Departments of Housing and Health. The Project accepts up to 24 adult clients a year.

The Project calls for nominations in rounds every 3 months and accepts only 8 clients at a time.

At this time, the ISP has 22 clients residing either in their own or ISP housing across Sydney.

Considerable progress has been made in reducing the level of challenging behaviour for a majority of these clients and the ISP has been successful in getting agreement from various human service agencies to work more closely together to establish lasting and integrated services.

Non-Acute Inpatient Services

One of the strategies being developed under the **Chronic and Continuing Care Rehabilitation and Recovery Working Group**, chaired by Dr Beth Kotze, is the draft *NSW Non-Acute Inpatient Mental Health Service Strategy*. This document recognises the key place of non-acute care in the mental health service spectrum.

The *Strategy* is going out for wide consultation in June. It describes a comprehensive

model for non-acute inpatient MH services, building on both current research and “what works” in practice and the principles of recovery and integrated care.

New capital developments to improve access to non-acute inpatient care across NSW underpin the *Strategy*.

The **Benchmarking and Best Practice Subcommittee** is a sub group and is led by InforMH. It is composed of

clinicians from the sector and is currently undertaking:

- Benchmarking of non-acute adult inpatient units
- Delineation of types of non-acute inpatient units
- Identification of KPIs, best practice models and effective change strategies for service reform and development, and
- Conceptualisation of the place of non-acute inpatient units within the broader mental health system.

Coordinating Care

Under the *National Action Plan for Mental Health*, NSW is not only undertaking a number of programs but also contributing to Commonwealth initiatives.

Each state has a Council of Australian Governments (COAG) Mental Health Group. In NSW this is chaired by the Department of Premier and Cabinet and its membership includes the range of human service agencies. MHDAAO & AHSs are currently helping to coordinate the COAG rollout of 4 of these initiatives (see below). All programs are expected to expand options for people with mental illness, their families and carers.

Personal Helpers & Mentors NGOs have been announced for the 8 demonstration sites in NSW to be operational by June. NGOs will provide support to people with severe functional limitations from mental illness for managing daily activities and for accessing a range of community, educational, and employment services. More sites will be established later this year.

Support for Day to Day Living Tenders from NGOs for the

provision of recreational and social programs for mentally ill people with mental illness and severe disability are currently being assessed. There will be 15 NSW sites in the first round of funding to be operational by July, with more to follow shortly.

MH Practice Nurses GPs, GP Divisions, private psychiatrists can apply for mental health practice nurses, for a minimum of 2 sessions/week, to assist people with severe mental illness to receive better

coordinated treatment and care. The practice nurses are expected to be operational by August.

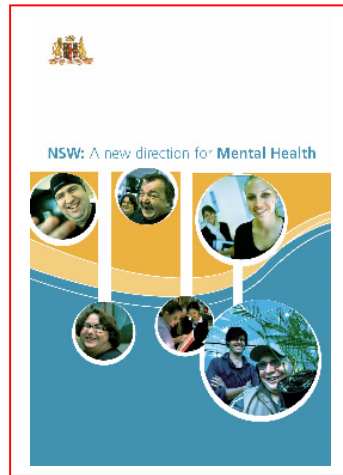
Care Coordination

A Care Coordination Framework is being developed by the COAG Group. At a number of demonstration sites patients with mental illness will have two designated care coordinators - one clinical and one non-clinical. This will include the practice nurses and the personal helpers and mentors.

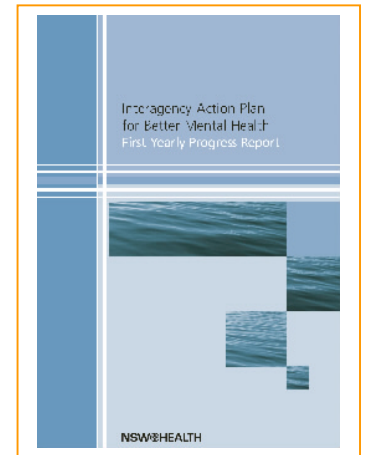
“An individual’s health, recovery and wellbeing benefits from real community and social inclusiveness.”

Recovery and Resource Services Program.

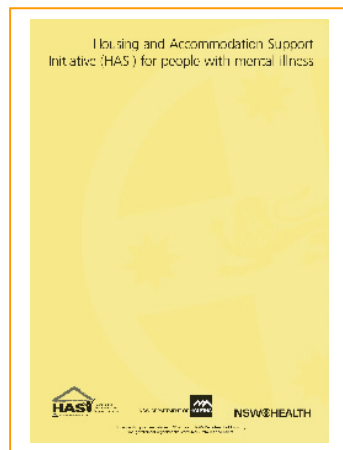
Key Documents



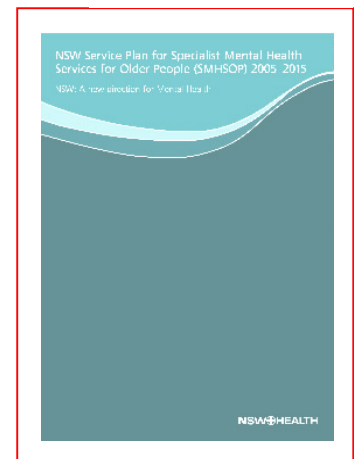
NSW: A new direction for Mental Health



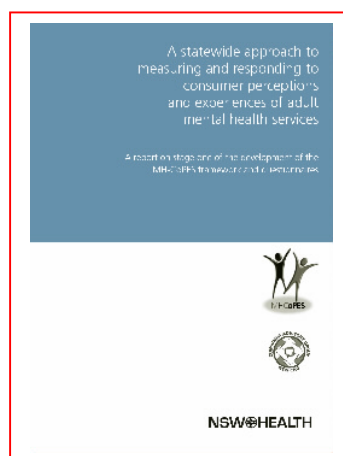
New South Wales Interagency Action Plan for Better Mental Health



Housing and Accommodation Support Initiative (HASI) for people with mental illness



NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015



A statewide approach to measuring and responding to consumer perceptions and experiences of adult mental health services - A report on stage one of the development of the MH-CoPES framework and questionnaires

Contact details for a selection of mental health related newsletters

Centre for Rural and Remote MH:
helen.turnbull@gwahs.health.nsw.gov.au

Drought MH Assistance Package:
Julie.grieg@gwahs.health.nsw.gov.au

VETE Pilot Program
Emma.Robson@hnehealth.nsw.gov.au

MHCC: View from the Peak:
www.mhcc.org.au

NSW Consumer Advisory Group:
www.nswcag.org.au

NSW Mental Health Association:
www.arafmi.org

ARAFMI NSW:
www.arafmi.org

For further information about any of the programs mentioned in this document, please contact:

Dr Karin Lines
Associate Director, Mental Health Clinical Program at the MHDAO

or Robyn Murray
Manager, Prevention and Community Partnerships,

MHDAO on

Ph: 02 9391 9301

Email:

rmurr@doh.health.nsw.gov.au