SECTION 3

Community mental health service partnerships

Strategic partnerships between mental health services, other government agencies, NGOs and public and private primary care providers are central to delivering effective, integrated and responsive services for people with a mental illness or disorder, their families and carers. Improving mental health services across age groups and in inpatient and community settings is a State and Federal Government priority. This section addresses the partnership arrangements for mental health services within NSW Health and between NSW Health and other key partners.

Partnerships occur at various levels:

- Collaborative partnerships involve the exchange of information, altering activities to achieve a common purpose, sharing resources and enhancing the capacity of partner organisations. It involves sharing both the risks and rewards. Partners may receive funding from the lead agency to provide the resources necessary for them to undertake their role. HASI is an example of a funded, collaborative partnership
- Cooperative partnerships involve exchanging information, altering activities to achieve a common purpose and sharing resources. They may involve complex organisational processes and agreements. The *NSW Memorandum of Understanding* (NSW Health, NSW Police and NSW Ambulance Service) is an example of a cooperative partnership
- Coordination involves exchanging information for mutual benefit and altering activities to achieve a common purpose. It is often used to create more user-friendly access to programs, services and systems. The Area Clinical Mental Health Partnership Program (see section on Rehabilitation) is an example of a program designed to improve service coordination
- Cross jurisdictional coordination between the State and Federal Governments is essential to ensure integrated service pathways and service delivery (eg SMHSOP and aged care programs; recent Australian Government funded programs such as PHAMS and Day to Day Living).
- Networking involves exchanging information for mutual benefit. Local mental health interagency meetings are an example of networks.[61]

Effective partnerships require clear leadership; establishment of trust; achievement of organisational goals; clarification of the roles of partners and the outcomes to be achieved through the partnership and ongoing monitoring of progress.[62,63]

NSW Health and other agencies and NGOs are developing service partnerships to work better together. The *NSW Interagency Action Plan for Better Mental Health* identifies this as a key priority. The *Plan* sets out a coordinated approach to manage the needs of people with a mental illness or disorder. It outlines a number of key priority areas, and the partners involved in achieving these priorities. Under this *Plan*, the Area Clinical Mental Health Partnership Program will assist with work on a range of partnership issues over the next five years and provide a strategic contact point between Area mental health services and service partners.

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

Health service partnerships

The MHDAO is responsible for developing, managing and coordinating NSW Department of Health policy in relation to mental health services. It develops the strong linkages and working partnerships between mental health and other parts of the NSW Health system, which underpins the work of specialist mental health care.

For example, the development of mental health promotion, prevention and early intervention initiatives involves creating working partnerships and strong linkages with a number of health and community services.

SMHSOP require strong links with aged care services, focusing on a range of policy and program areas for improving service delivery for older people.

The Family and Carer Mental Health Program has strong linkages to the NSW Carers Program, managed by the Primary Health and Community Partnerships Branch in NSW Health and with NGO service providers. The Program is delivered across the public mental health and specialist mental health NGO sectors in partnership with a range of other State and Commonwealth agencies.

Clients with complex needs require access to multiple services. The needs of people with a co-morbidity of both a mental illness or disorder and problematic drug and alcohol use are being addressed through partnerships between drug and alcohol and mental health services.

Two key partnerships are described in further detail below:

Drug and alcohol services

NSW Health has allocated over $17.6 million over the next five years to better integrate mental health services with drug and alcohol services. This aims to better address the complex needs of people with co-existing mental health and substance use disorders. It involves trialling new ways of working together between mental health and drug and alcohol services, including government and non-government services. The co-morbidity initiatives are as follows:

> The trial and evaluation of two **stimulant treatment program clinics** in South Eastern Sydney/Illawarra and Hunter/New England AHSs. The primary aim of the trial is to establish ongoing clinical interventions for those consumers identified with both mental health and methamphetamine related conditions. This will provide ongoing clinical support for consumers currently presenting to mental health services and EDs.

> Enhancement and evaluation of **existing specialist cannabis clinics** (in Greater Western AHS, South Eastern Sydney/Illawarra AHS, Sydney West AHS, and Northern Sydney/Central Coast AHS). This enables the development of an integrated service delivery model bringing together drug and alcohol and mental health specialists to improve collaborative care during treatment and aftercare. This specifically targets individuals with significant mental health problems. Two further clinics will be established over the next four years.

> Trial of an innovative **early intervention model** for working with young people who are facing co-morbidity issues. This improves the capacity of drug and alcohol and mental health service providers to work with young people, and improve their health outcomes.

> Delivery of **drug and alcohol consultation-liaison services** to EDs and mental health services in rural NSW.

> Provision of **offender transition services** that identify the type and prevalence of co-morbid disorders on reception.

> Employment of **aftercare workers** in four AHSs to work with clients exiting residential rehabilitation services. The aftercare workers will ensure continuity of care for consumers through a case management process.

- Enhancement of an existing NGO to provide effective and **safe residential rehabilitation** for co-morbid consumers.
- Provision of a **graduates program for psychologists-in-training** to increase the number of psychologists with skills and an interest in drug and alcohol treatment. A total of 37 new graduates will be placed in AHSs and with the AH&MRC and Network of Alcohol and other Drug Agencies. Specific new co-morbidity training will be developed and provided to support these placements. A new co-morbidity training package for provisionally registered psychologists will also be developed. This program has a particular focus on improving the care of consumers with concurrent mental health conditions.
- Development of **clinical guidelines** for the management of consumers with co-morbid drug and alcohol and mental health issues in emergency and acute care settings.
- Funding **research in relation to psycho-stimulants and mental health**, cannabis and mental health, and young people and co-morbidity.
- Key **mental health and drug and alcohol research** will be commissioned and reviewed to add to the public health knowledge base, and evaluate the effectiveness of programs and strategies. Seven new research programs have been funded in AHSs and Universities to conduct research in the area of psycho-stimulant and cannabis use, and links to mental health, early interventions for co-morbidity in young people, and the treatment of co-morbidity.
- Development of a **shared information system for drug and alcohol and mental health services**, to build the knowledge base and improve information management about consumers with co-morbidity. The particular focus will be on building the infrastructure and capacity of the system to respond to these presentations. These improvements to the collection of health data will support the development of responses to statewide issues related to co-morbidity.
- **Workforce development strategies** are planned to enhance the capacity of a range of service providers to manage consumers with co-morbid problematic substance use and mental illness or disorder. These include the development of a mental health information resource for drug and alcohol workers; a Dual Diagnosis Case Management Certificate IV for people working with Aboriginal clients; and an advanced module on co-morbidity for the School-Link training program.
- The **Teams of Two program** has been expanded to provide education and training for GPs in relation to mental health and drug and alcohol issues. This program establishes local networks and includes community GPs working with mental health and drug and alcohol services. A Teams of Two kit, including a handbook and workshop, has been developed. Workshops focus on case discussions designed to assist communication and teamwork.

Mental health consultation-liaison services

Partnerships with general health services include working closely with GPs and secondary and specialist level general hospital services through the development and delivery of general hospital consultation-liaison mental health services. These services provide specific, mental health clinical assessment and treatment of people with acute and chronic physical illnesses, as well as advice, support and training on mental health to other health care staff.

Strategies to enhance and progress these services include the further **development of mental health consultation-liaison** to patients attending oncology units, renal dialysis and other ambulatory care programs.

Non-Government Organisations

Non-Government Organisations (NGOs) play a vital and important role in building local communities. They are platforms for community participation enabling more socially inclusive societies. They promote the involvement of consumers and carers in the delivery and management of their services. NGOs are interactive and consultative, making links and partnerships with other community organisations, businesses and public services to better meet the needs of people accessing their service or program.

More broadly, NGOs raise community awareness around mental health through community education, enabling attitude change and reduction of the stigma associated with mental illness. NGOs also undertake mental health awareness campaigns promoting good mental health within communities.

Community services and programs are provided by NGOs across all aspects of care and include: children's services, Aboriginal services, youth services, women's services, telephone help lines, education, employment, housing, services for people with a disability, ex prisoners, and refugees. Many NGOs utilise volunteers, are eligible for tax deductible donations and undertake independent fundraising activities.

NGOs provide people with a mental illness or disorder with a range of psychosocial rehabilitation and support services, including social and emotional support, practical support to live at home, support in employment, social activities, helping link people with services and advocating on their behalf.

Partnerships between mental health services and NGOs cover the entire spectrum of partnership types. Formal NSW Health government-level partnerships include the NSW Aboriginal Health Partnership. Examples of funded, collaborative programs include the MHCC NGO Development Program and formalised statewide programs such as HASI or the Family and Carer Mental Health Program. At the local level, AHSs fund a range of supported accommodation programs through the devolved NGO Grant Program, and NGOs may be involved in local interagency networks.

At a statewide level, NSW Health is developing a generic NGO policy framework and revised guidelines.

Key NGO partnership programs are described below:

Mental Health NGO Development Strategy

The *Mental Health NGO Development Strategy* (the *NGO Strategy*) is a partnership initiative between the MHCC and NSW Health. The *NGO Strategy* is currently working to build the profile and capacity of NGOs providing psychosocial rehabilitation and to improve links between NGOs, Area Mental Health Services and other relevant agencies. The *NGO Strategy* will develop the capacity of both mental health and generalist NGOs to better deliver services to clients who live with disability as a result of mental illness or disorder.

The framework of the *NGO Strategy* concentrates on three main areas of activity:

> Workforce development – The *NGO Strategy* aims to increase the accessibility and relevance of training for the mental health NGO workforce including identification of a minimum training qualification for the sector, promotion of mental health NGO work as a career option, and ensuring there is an adequate supply of skilled workers able to deliver high quality service provision in a rapidly growing sector

- **Quality and outcomes** – The *NGO Strategy* will promote the use of quality review systems and evidence-based practice including the use of outcome evaluation. This will assist NGOs to achieve and demonstrate quality and effectiveness to enhance both the services provided to consumers and families and carers, and the confidence and professionalism of the sector. The *NGO Strategy* will identify and promote good practice, planning and operational models between funding bodies and the NGO sector
- **Promoting partnerships** – The *NGO Strategy* will assist in the development of partnerships and collaborative working practices between services both within the NGO mental health sector and between this and other sectors. This will facilitate the sharing of information and the development of effective referral protocols, and promote the use of best practice, innovation and collaboration in planning and service delivery across the sector.

The recommendations of the *NGO Development Strategy* are currently being implemented. These include:

- Training – establish the MHCC as a Registered Training Organisation; establish a minimum training standard for mental health NGO staff; develop non-clinical traineeships in mental health; work in partnership with universities to establish relevant post graduate qualifications; develop a Training Calendar; establish distance and flexible training packages in mental health for NGOs; create work-based training options; incorporate recognition of prior learning into the above training programs.
- Promote and implement evaluation and outcome measures sensitive to the impact of service interventions on consumers, and data collection systems for planning and review purposes
- Develop employment pathways for consumers working in NGOs
- Continue to enhance partnerships between government agencies and NGOs.

NSW Health NGO Mental Health Program

The NSW Health NGO Mental Health Program funds a range of NGOs that support people with a mental illness or disorder towards recovery.

The NGO Grant Program operates through both central funding and as a devolved AHS Program. Centrally funded NGO services are managed by the Department of Health in close collaboration with Area Mental Health Services where this is appropriate eg the Family and Carer Mental Health Program. Devolved NGO funded services are delivered in partnership between AHSs and NGOs. This arrangement allows Areas to directly work with NGOs in service planning and delivery.

Some NGO funding eg HASI, occurs via service contracts between NGOs and Area Mental Health Services.

A key strategy to ensure continuity in service delivery across different service sectors is to ensure that NGOs are involved in assessing mental health care needs and priorities, and in strategic planning and development processes to address identified service gaps (which will vary across local areas)

An important recent undertaking by NSW Health in partnership with the MHCC is the Mental Health Infrastructure Grants Program which supports and assists mental health funded NGOs who are undertaking work towards continuous quality improvement and/or accreditation or working towards engaging in a quality improvement process and/or accreditation. The grants will also allow greater organisational capacity to expand services to meet local need.

Mental Illness Substance Abuse (MISA)

The MISA Service Reorientation Pilot Project is a partnership project between mental health and drug and alcohol NGOs. It aims to reorient services to enable better engagement with people who have a mental illness or disorder and substance abuse problems. This project involves the MHCC and the Network of Alcohol and Other Drug Agencies (NADA).

The key strategy is to utilise the outcomes of the MISA Project to further develop NGO services in NSW for people with co-morbid drug and alcohol and mental health issues.

Supports for Aboriginal people

Partnership agreements are one way of ensuring self-determination for Aboriginal people – they enable Aboriginal people to determine what is relevant to them and to participate in determining how services will be provided. Improvements in the social and emotional well being of Aboriginal people require a whole-of-government approach to working with Aboriginal communities; should involve non-government, Aboriginal community controlled organisations; and work across Commonwealth and State jurisdictions, where appropriate.

Examples of partnership strategies under the NSW Health *Aboriginal Mental Health and Well Being Policy* include:

- **Aboriginal community partnerships** – Mental health services for Aboriginal people in NSW will be planned, developed and delivered in the context of partnerships at State and local levels and between ACCHSs and AHSs
- **Primary care mental health services in ACCHSs** will be enhanced with the employment of an additional ten Aboriginal Mental Health Workers
- **A Statewide Coordinator of Aboriginal Mental Health for Aboriginal Medical Services has been established** at the AH&MRC to work with the MHDAO to improve the quality and effectiveness of mental health services in ACCHSs.

NSW Department of Housing

The provision of public housing is the responsibility of the Department of Housing. However, the fundamental need for people to be housed in order to maintain their physical and mental health highlights the responsibility for NSW Health to work in close partnership with public, non-government and private housing providers to ensure access to safe, secure and affordable housing for people with a mental illness or disorder.

Partnerships between NSW Health and the Department of Housing are co-operative and collaborative, based on formalised service agreements. In NSW, housing and accommodation support for people with a mental illness or disorders should be provided in partnership across agencies.

The priorities for the Housing and Mental Health partnership are:

> Improving access to appropriate housing and accommodation support options in the community for people with a mental illness or disorder
> Addressing and responding to the needs of people with a mental illness or disorder who are homeless, or at risk of homelessness
> Improving the coordinated inter-agency approach to the housing and accommodation support needs of people with a mental illness or disorder
> To provide housing and accommodation support services across a continuum of care to meet the different levels of need of people with a mental illness or disorder.

Key Housing partnerships are described below:

Partnership Against Homelessness

The Department of Housing is the lead agency for the Partnership Against Homelessness (PAH) that brings together twelve NSW Government agencies that fund or administer programs for homeless people.

Joint Guarantee of Service

The *Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing* (JGOS) (2003) is a multi-agency, multi-sector initiative, which aims to coordinate the delivery of services to people with a mental illness or disorder living in social housing who have ongoing support needs.

The JGOS clearly outlines the roles and responsibilities of the participating agencies. Partners to the JGOS include the NSW Department of Housing, NSW Health, Aboriginal and Medical Research Council of NSW and the NSW Aboriginal Housing Office, and the Department of Community Services (for SAAP).

Over the next five years the JGOS will be further expanded across all these services in NSW. The inclusion in JGOS of NGOs under the Supported Accommodation Assistance Program (SAAP) will be enhanced in a partnership project with the SAAP peak agencies, MHDAO, Department of Community Services and Department of Housing.

Housing and Accommodation Support Initiative (HASI)

HASI is a major partnership program jointly funded by NSW Health and the Department of Housing and operated at local levels between NGOs, Area Mental Health Services and Housing services. It provides stable and secure accommodation linked to clinical and psychosocial rehabilitation services for people with a mental illness or disorder and a range of levels of psychiatric disability.

The Initiative is designed with a recovery focus to assist people with a mental illness or disorder requiring accommodation support to participate in the

community, maintain successful tenancies, and improve their quality of life.

It provides community-based support and psychosocial rehabilitation, backed by continuity of care from specialist mental health services, to people with a mental illness or disorder in an environment of partnership and co-operation across key human service agencies. HASI is evidence-based, providing independent accommodation, as opposed to the older model of group homes or large clustered housing models. HASI has the potential to reform service delivery for people with a mental illness or disorder in NSW, offering normalised and mainstream services, alternatives to hospital, and integrated care for the consumer, their family and carer.

HASI operates as a three-way partnership in service delivery:

> Area Health Services (clinical mental health care)

> NGOs (psychosocial rehabilitation accommodation support)

> Public and community housing providers (property and tenancy management).

HASI has been implemented in stages and provides a range of levels of support along a continuum of mental health needs, from lower through to very high support:

> Stage One – 100 places of accommodation linked to accommodation (disability) support for people with high support needs, for up to five hours per day, four to seven days per week and clinical mental health support.

> Stage Two – 460 places of lower level support to existing social housing tenants including up to five hours per week accommodation (disability) support, and clinical mental health services as required.

> Stage Three A – 126 places of accommodation linked to support for people with high support needs, including up to five hours per day, four to seven days per week accommodation (disability) support and clinical mental health support.

> Stage Three B – 50 places that provide housing linked to clinical case management and psychosocial rehabilitation services for people with very high support needs up to eight hours per day, seven days per week.

> Stage Four A – 100 places of accommodation linked to accommodation (disability) support for people with high support needs, for up to five hours per day, four to seven days per week and clinical mental health support.

Key strategies include:

> HASI will be expanded in 2008 to include **HASI in the home**, which will provide over 200 new low and medium support places for people residing in their own homes in the community

> Future directions may include the extension of **HASI-like programs**, appropriately adjusted for developmental needs, for adolescents and young people with mental health problems; and to address the specific needs of older people who are not experiencing a decline in functioning due to ageing, yet require assistance with their accommodation due to their mental illness or disorder.

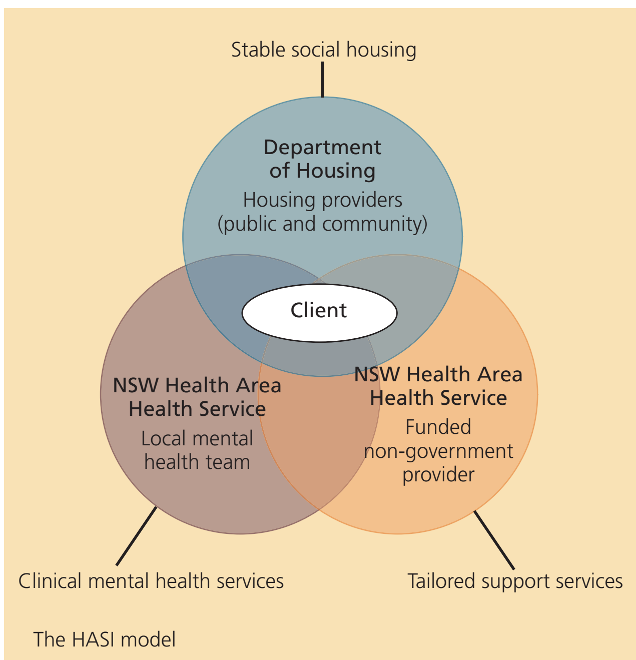
'If it wasn't for (HASI) I would have just barricaded myself inside everyday and not gone anywhere; and because I have got good medication now and I have had the support from the HASI people, I can actually start to function a bit and get out and about in public and realise that there is a world out there and I should be a part of it.'

(HASI participant)

HASI Stage One Evaluation

The Social Policy Research Centre, UNSW was contracted by NSW Health to conduct a formal two-year longitudinal evaluation of HASI Stage One. NSW Health and the Department of Housing funded the evaluation. The HASI evaluation has revealed some remarkable outcomes for many of the clients participating:

- Almost 85 per cent of clients have successfully maintained their tenancy since joining HASI
- Compared to the year prior to joining HASI, clients are having significantly fewer and shorter admissions to hospital
- For many clients, their frequency and quality of contact with their family improved since starting HASI. HASI has eased tensions, reconnected some individuals with estranged family, and has improved family dynamics for others
- Almost 50 per cent of clients who came to the program with a substance abuse disorder are no longer experiencing substance use issues.



The HASI model

NSW Housing and Human Services Accord (The Accord)

The Accord establishes the partnership approach across NSW Government human service agencies for the provision of housing, health, welfare and other social support services. The Accord aims to ensure that the most vulnerable and disadvantaged in our community receive reliable housing and support services, as they need them, reducing the need for crisis intervention. People requiring mental health support services are one of the target groups identified in the Accord.

The Accord sets out service principles, agency roles and commitments to plan for specific agreements regarding client groups. Following a consultation period, the Accord will be implemented through the development of Schedules attached to the Accord relating to specific client groups or identified communities. Existing agreements such as HASI, together with newly developed agreements, will become Schedules to the Accord.

NSW Department of Education and Training

The NSW Department of Health and the Department of Education and Training (DET), including TAFE, work collaboratively on joint strategies to promote mental health and address mental illness and disorders in children, adolescents, young people and adults.

Mental health and substance use disorders commonly have their peak onset in adolescence and early adulthood – a critical developmental period in the lifespan, particularly in terms of social and emotional well being. The onset of even a relatively mild mental health problem at this time can have profound effects on social, emotional, physical and cognitive development and impact on vocational, education and employment options.

One key example of a formal partnership program between NSW Health and DET is the School-Link initiative described below:

School-Link initiative

The NSW School-Link initiative is a partnership between NSW Health and DET. It provides a framework and structure to support child and adolescent mental health services and schools and TAFE to work collaboratively to:

- Promote mental health
- Prevent mental health problems
- Facilitate evidence-based identification, early intervention and support of students with mental health problems
- Develop local pathways to care to facilitate access to services for young people and their families and carers.

NSW Health funds Area School-Link Coordinators, based in the AHSs, to implement School-Link locally in partnership with schools and local education authorities. Statewide coordination is provided by MH-Kids and the MHDAO.

Other activities of this initiative include the School-Link Training program, which provides ongoing professional development for school and TAFE counsellors, mental health workers, DJJ and DoCs psychologists and drug and alcohol workers across NSW. An advanced module on mental disorder and problematic substance use in adolescents is currently being delivered. This was developed by the NSW Institute of Psychiatry in partnership with NSW Health. Earlier advanced modules have focused on diversity (mental distress and well being in Aboriginal, same-sex attracted or culturally and linguistically diverse young people) and adolescent self-harm. An advanced module on anxiety in children and adolescents is planned.

A statewide, strategic plan for School-Link is currently being developed, to enhance the consistency of the implementation of this initiative across NSW.

Future directions may include the development of a strategic approach to implement School-Link with primary schools, and to improve the early identification of and intervention for depression and anxiety using programs for this age group based on available evidence.

> 'Having a good body of relevant and up-to-date information to refer to has increased my confidence in what I am doing.'
>
> *School counsellor*

NSW Department of Community Services

The NSW Department of Health works co-operatively and collaboratively with the Department of Community Services (DoCS), through formal and informal partnership arrangements. Key priority areas for collaborative partnerships include prevention and early intervention programs, antenatal psychosocial screening and home visiting programs and parenting programs.

One key example of a formal partnership program between NSW Health and DoCS is the *Families NSW* Program described below:

Families NSW

Families NSW (formerly Families First) is delivered jointly by five Government agencies – NSW Health and AHSs; DoCS; DET; Housing; and Ageing, Disability and Home Care (DADHC). DoCS is now the lead agency for *Families NSW*. The *Families NSW* initiative supports families with young children aged up to eight years by investing in collaborative prevention and early intervention activities to significantly enhance outcomes in later life. It relies on Government agencies and NGOs working flexibly together and with communities to plan and develop more responsive and coordinated services. The *NSW Interagency Action Plan* supports the continued implementation of *Families NSW*. This initiative is based on international evidence demonstrating that universal prevention and targeted early intervention programs have a range of positive benefits for families.[64]

The mental health component of *Families NSW* is the SAFE START Program, known formerly as the Integrated Perinatal and infant Care (IPC) initiative. Primary health services are committed to providing psychosocial assessment (including screening for depression) for all pregnant and postnatal women in NSW. Integral to this assessment and screening process is the development of local protocols for implementation of integrated care pathways for all families identified with psychosocial risk factors, mental health or drug and alcohol problems. The SAFE START initiative is committed to responding to identified risk, based on evidence, to promote mental health, and prevent and reduce mental health problems and mental disorders among parents and infants through:

- Early identification and appropriate follow-up of parents and infants at risk of or suffering from perinatal physical and mental health problems
- Reducing parental depression and anxiety, and substance misuse.

Health Home Visiting and SAFE START provide a universal point of entry to the *Families NSW* network across services to support healthy parenting, promote child health and protect children from child abuse and neglect. *Families NSW* is being rolled out progressively with a target to reach the entire population of NSW.

NSW Police and NSW Ambulance

Emergency agencies are key partners with mental health services in responding to mental health emergencies and crises, and in transporting consumers to care. NSW Police have responsibilities under the *Mental Health Act 2007* in regard to detaining people in the community, whilst both Police and Ambulance are involved in transportation of mental health consumers to care.

The partnership with the NSW Police and NSW Ambulance is co-operative and collaborative, based on the formal agreement of the mental health *Memorandum of Understanding*; supported by a formal State interagency co-ordination committee the Inter-Department Committee (IDC); and by a network of Interagency Local Protocol Committees.

The priorities for the partnership are:

- Improving timeliness to access specialised mental health care for those experiencing a mental health emergency
- Improving safety, including in transportation
- Improving co-ordination amongst agencies involved in emergency mental health response.

The key strategies for the partnership include:

- Implementation of the revised *Memorandum of Understanding* which includes an overarching patient journey flow-chart setting out each agency role at each stage of the journey
- Continuing to monitor adverse events in emergency mental health
- Continuing to facilitate implementation of the Strategic Direction 3 (Co-ordination of emergency response) in the *NSW Interagency Action Plan for Better Mental Health*
- Support the initiatives underway in the NSW Police and NSW Ambulance to build capacity in those agencies to respond to emergency mental health events in the community
- Assist in the implementation of interagency aspects of the new *Mental Health Act 2007*.

NSW Department of Ageing, Disability and Home Care

The NSW Department of Health works co-operatively and collaboratively with the Department of Ageing, Disability and Home Care (DADHC), through formal and informal partnership arrangements. Key priority areas for collaborative partnerships include Home and Community Care (HACC) services, service responses for people with intellectual disability and mental illness or disorder, boarding house reform and supported accommodation services.

A key formal partnership program between NSW Health and DADHC is the Integrated Services Project for Clients with Challenging Behaviour, described below:

Integrated Services Project for Clients with Challenging Behaviour

The Integrated Services Project for Clients with Challenging Behaviour is a three-year pilot project administered by DADHC in partnership with the NSW Department of Housing and NSW Health.

The aim of the Project is to improve social links, behavioural skills, health and well being of clients and establish a more durable, safe and effective means for services to work with each individual throughout and upon exit from the program. The Project has been set up to establish coordinated, cross-agency responses for approximately 24 adult clients per year, who have been identified from across the service system as having complex needs and challenging behaviour.

The Project consists of the provision of a range of time-limited services to clients and their support network, including comprehensive assessment, behaviour intervention, supervision, care coordination and accommodation support.

To be eligible to participate in the Project, clients must:

> Be at least 18 years of age

> Have one or more diagnoses or disabilities

> Be blocking an acute mental health unit or respite service, be in gaol or homeless

> Not be receiving the required level of coordinated multi-agency support due to their multiple needs and the risks posed to themselves or others.

Nominations to the Project are called for approximately three-monthly and must be submitted by the Area/Regional offices of the nominating NSW Government department. Those services nominating clients to the Project are expected to remain involved in their care and support throughout their time with the Project and, if appropriate, upon exit.

Each client moves through the three stages of the Project over an average of 15 months. These stages are:

> Assessment – this includes:
  - gaining a thorough understanding of the client and the systemic factors that have contributed to their current situation
  - determination of their accommodation needs both while in the Project and in the long-term
  - development of an individual care plan, in partnership with the client and their support network.

  This stage can occur when the client is in the Project's accommodation or while they are in their current location.

> Intervention – clients are established in their medium-term accommodation and their individual support plan is implemented. This stage occurs while the client is in in-situ, in a group home or transitional accommodation

> Exit – the Exit stage is when the client's ongoing accommodation is decided and their support is formally transferred to local agencies.

A number of accommodation networks have been established in greater Sydney. These networks consist of one or more group homes with satellite (individual or shared) units in neighbouring suburbs that are supported by network staff based at the group homes, and staff from the Project's Parramatta based Support Team.

The Integrated Services Project for Clients for Challenging Behaviours will provide evidence-based and best practice models of care for addressing the needs of this vulnerable group of people with challenging behaviours in NSW. The Project is being formally evaluated by an independent consultant.

'Early results show that placing people in appropriate stable accommodation, and providing sufficient levels of daily support, along with cross-agency collaboration, leads to a significant reduction in demand on the human service system, clarification of an individual's ongoing support needs and, in many instances, a considerable reduction in ongoing need.'

Integrated Services Project Management Group

Australian Government

The delivery of health and aged care in Australia is based on both State and Commonwealth Governments working in partnership. The different levels of government have different roles in funding the mental health care system. State and Territory Governments are primarily responsible for the management and delivery of public specialised mental health services while the Australian Government, as well as providing leadership on mental health issues of national significance, also subsidises the cost of primary mental health services, principally through the Medicare and Pharmaceutical Benefits Schemes. The Australian Government also subsidises private health insurance and directly funds a number of other initiatives.[65]

Key Australian Government partnerships are described below:

Council of Australian Governments (COAG)

In February 2006, the COAG committed to reforming the Australian mental health system, with a strong focus on community mental health. This was followed in April 2006 by an announcement of an additional $1.8 billion in Commonwealth funding for mental health services over the next five years. The initiatives outlined in the *NSW Community Mental Health Strategy 2007–2012* are designed to strengthen and support, rather than duplicate, the initiatives in the Commonwealth announcement.

The Support for Day to Day Living in the Community Program (D2DL) aims to improve the quality of life for individuals with severe and persistent mental illness. This program will expand the capacity of NGOs to provide these types of service by building on this sector's existing infrastructure.

The program aims to improve health outcomes for the target group through the provision of structured social activity programs where individuals can participate in social rehabilitation activities and gain independent living skills. The focus of these activities will assist participants to:

- Develop new skills or relearn old skills
- Develop social networks
- Participate in community activities
- Develop confidence
- Accomplish personal goals.

The **Personal Helpers And Mentors (PHAM)** initiative will target support to people with severe mental illness and complex care needs, to link them into a full range of services. The target group will include people at risk of "falling through the gaps" such as the homeless, those without social and family supports, and those needing assertive case management.

Community service providers will mainly offer people with a severe mental illness support and assistance to support their recovery, and minimise the social disruptions and diminished level of functioning caused by the severity and persistence of their illness. They will help the person with a mental illness with their daily living skills, their ability to cope with the ordinary demands of life (which may impact on family and social roles), their ability to maintain or enter employment and/or education, or their ability to access or maintain appropriate accommodation.

Other specialist service providers may also be involved, such as drug and alcohol services; multicultural services; employment, education or training support; or disability services.

In some instances, both of these Programs may be delivered from the same site.

General Practitioners (GPs)

In Australia, GPs provide the majority of mental health services in the community. The Commonwealth through the Medicare system largely funds GPs. Most people with high prevalence mental illness or disorders and low acuity are treated in the primary health care sector. GPs have a particularly important role in rural and remote Areas, where specialist mental health resources are scarce.

Supporting GPs to provide mental health care is identified as a key priority in the *Interagency Action Plan*. GP involvement includes:

> Early identification of mental health symptoms. Commencing early intervention for people with high prevalence disorders. GPs may work in partnership with mental health services and other clinicians, or refer clients to these services where appropriate

> Assisting mental health services to develop individual care plans for GP clients with low prevalence disorders, where the consumer agrees with this

> Addressing the physical health needs of people with a mental illness or disorder

> Managing clients with low prevalence disorders and low acuity discharged from mental health services. GPs may receive support from the mental health service as required (eg for medication review).

To effectively fulfil these roles, GPs need ongoing support and education.

Current strategies to support GPs include:

> **Better Outcomes in Mental Health Care** – An initiative of the Commonwealth Department of Health and Ageing to improve GPs' identification and management of mental illnesses and disorders. Implemented across the country over the past four years, it includes training for GPs, Medicare Benefit Scheme (MBS) rebates and GP access to allied health services and psychiatrists

> **Chronic Disease Management** – The new Chronic Disease Management MBS items are an initiative of the Department of Health and Ageing. They make it easier for GPs to manage the health care of clients with chronic medical conditions, including mental illnesses or disorders, needing multidisciplinary care. They also improve access to allied health and dental care[66]

> **Integrated Primary Health and Community Care Services (IPHCCS)** – Are part of NSW Health's statewide Integrated Primary and Community Health Policy. They aim to achieve a localised integration of general practice and State Government funded community health services, including mental health services. IPHCCS will build on the strengths of GPs by working in partnership with their community health colleagues to ensure early diagnosis and prevention, and better management of consumers with ongoing conditions. General practice leadership is an essential part of the service model[67]

> **Teams of Two** – Is an initiative undertaken by the Alliance of NSW Divisions with funding from NSW Health to foster partnerships between public sector mental health services and GPs

> **Workforce Development** – A CD-ROM and training package is available to assist GPs to respond to postnatal depression. NSW Health has funded the NSW Institute of Psychiatry to provide mental health courses for GPs.

Carer respite

Commonwealth Carer Respite Centres provide respite services for all carers, including the carers of people with a mental illness or disorder.

In April 2006, funding was announced for over 650 new respite places. These will include overnight and day respite services for up to 15,000 families per year. Priority access to these places will be given to elderly parents who live with and care for children (including adult children) who have a severe mental illness or disorder or an intellectual disability. These places will be in addition to the new respite program for older carers announced in the Commonwealth's 2004/05 Budget.

Community residential services for older people

The provision of residential care for older people with significant physical care needs is the responsibility of the Commonwealth Government, which funds residential aged care providers for this purpose. However, the residential aged care sector in NSW currently has limited capacity and limited support from SMHSOP and aged care services to provide appropriate longer-term management for older people with severe Behavioural and Psychological Symptoms of Dementia (BPSD) and/or mental illness.

Service evaluations show that purpose-built, community-based residential aged care facilities (RACFs) have benefits over long-term psychogeriatric inpatient facilities for less dependent consumers with dementia and chronic schizophrenia.[68] Benefits include:

- Better quality of life
- More social interactions
- More privacy, resident choice and control
- Improvement of symptoms (for consumers with schizophrenia)
- Improved cognition, communication, self-care skills, mobility, and behavioural disturbance
- Fewer depressive symptoms, and decreased physical and chemical restraints.

In line with the *Service Plan for SMHSOP*, NSW Health will develop a statewide mental health partnership program for community residential services for older people with mental illness or disorder and/or severe BPSD. This program will build on a number of pilot models, which are being established in partnership with NGO residential aged care providers, and other innovative care models.

Specific partnership services under development include:

- '**Special care units**' within RACFs with specialist consultation-liaison and case management support from SMHSOP and aged care services/ Aged Care Assessment Teams (ACATs), and supported transition to mainstream RACFs and community care
- The provision of **community residential and accommodation support services** through partnerships between SMHSOP, aged care services/ACATs, residential aged care providers, public housing services and non-government accommodation providers.

Quality, innovation, research and infrastructure

Workforce development

Workforce development is a key component of the *Strategy*. Meeting current and future demands for a highly skilled, stable and well-supported workforce is crucial in delivering high quality, effective and responsive services meeting the needs of consumers, their families and carers.

Community mental health workforce development has, until recently, been largely neglected with assumptions made that market forces or other factors would adequately resolve workforce needs and issues. It is clear that concerted and conscious efforts to address workforce development are required, including adequate resourcing. A range of initiatives are currently underway to support the development of a sustainable and viable community mental health workforce.

Policy context

Mental health workforce planning, at a national level, is overseen by the National Mental Health Working Group, and linked to key Council of Australian Governments (COAG) and Australian Health Ministers Advisory Council (AHMAC) initiatives. These include initiatives through Health Workforce Australia, the *National Action Plan* for mental health, and the Productivity Commission inquiry into the Australian Health Workforce.

The Commonwealth Government has announced that, from January 2007 they will fund over 400 additional mental health nursing places and over 200 clinical psychology places per year, along with funding support to ensure a greater emphasis on mental health issues in university courses on health.

NSW Health is implementing the *NSW Health Workforce Action Plan*, along with specific projects which target recruitment and retention of the clinical workforce, such as the successful Nursing Reconnect Program.

Aims

The aims of the mental health workforce strategy on a Statewide basis are to:

> Identify and use creative means to recruit and retain people in the workforce, including the 2005–2007 Mental Health Nursing Workforce and Skills Acquisition Project

> Facilitate new ways of working across professional boundaries, including identification of service models linked to required skills and competencies

> Develop the workforce through revised education and training at both pre- and post-qualification levels, with funded educational supports where available

> Develop leadership and change management skills, including participation in programs such as the NSW Health Clinical Leadership Program.

Workforce principles

> Community mental health staff may work in public sector mental health services, NGOs, social services, housing, police, probation and prisons, or in non-statutory services, voluntary and private sectors

> Staff are crucial in delivering effective community mental health services and need to be valued and supported

> Staff within the community mental health workforce include both professionally regulated and unregulated but trained professionals

> Staff should reflect the culture of the local communities they serve, including the experience of those using mental health services

> Staff should have the appropriate education, training and clinical supervision to enable them to deliver consumer focused services

- Staff should work collaboratively and flexibly across disciplines and teams, overcoming professional and organisational boundaries, to meet the needs of the people using services
- Comprehensive ongoing professional development is needed and must also be available to non-clinical and residential care support staff.

Strategies

Current projects to support AHSs and the delivery of community mental health programs include:

- Nursing – Nurses who wish to return to the mental health workforce are targeted through the Nursing Reconnect Program and through the provision of mental health scholarships. A standardised transition program for nurses new to mental health is also being developed. Innovative contemporary roles, such as Nurse Practitioners, are becoming established across NSW.
- Medicine – An organisational review of the NSW Institute of Psychiatry and other mental health education funding arrangements is being conducted, with a view to increasing support for psychiatry registrar training, strengthening the role of the Institute and enhancing linkages with other tertiary institutions. The continuation of the Rural Psychiatrist Project supports the development and implementation of a range of innovative programs to support the rural mental health medical workforce. The project focuses on the recruitment and retention of psychiatrists and trainee psychiatrists in rural areas of the state.
- GPs – The General Practice Mental Health Standards Collaboration of the Royal Australian College of General Practitioners (RACGP) provides access to approved training courses for GPs. Face-to-face, online and distance education formats are available.
- Allied Health – NSW Health continues to actively engage allied health professional bodies at a policy and planning level, to develop processes that increase the use of the allied health workforce within the mental health services.
- Mental Health Support – The roles and functions of generic mental health workers are being examined, particularly in rehabilitation and older people's services.
- Consumers and Carers – It is important to ensure that consumer and carer support worker positions are well defined, are included in the corporate structure and receive managerial support and adequate resources and training.
- NGO Workforce Development Strategy – Maximising the skills of new and existing NGO staff in providing care and support to consumers with a mental illness or disorder will improve the quality of care provided in the NGO sector and ease pressure on clinical care providers. The MHCC is conducting this strategy in partnership with the MHDAO (see Partnerships section for details).

These and other new workforce development strategies will be developed and linked to the broader COAG and AHMAC initiatives. This includes an increase in undergraduate places, proactive overseas recruitment, increased recognition of the allied health and psychology workforce, and implementation of minimum core competencies in the National Practice Standards for the mental health workforce.

Research, monitoring and evaluation

Appropriate information support and development, and clear monitoring and evaluation processes are essential to ensure accountability for funding and for the quality, effectiveness and appropriateness of care provided. Current and developing mental health information systems and monitoring processes are outlined below. Successful evaluation depends on there being a clear service structure, and on services being targeted or having a defined goal or purpose which can be evaluated for quality, effectiveness and consumer outcomes.

A strategic approach to research and evaluation is required to support academic research and clinical service development and evaluation. Such an approach requires appropriate infrastructure, access to independent evaluations by people with expertise in this area, and linkages with state-funded research organisations such as the Black Dog Institute, Centre for Rural and Remote Mental Health and university departments of psychiatry, psychological medicine and mental health nursing. This will ensure that the community mental health service model continues to evolve in accordance with the available evidence.

Current and developing strategies

NSW Health has developed the major components of the necessary information infrastructure to provide the level of monitoring required for the *Strategy*, but further improvements are required. All developments are aligned with National Mental Health information priorities and strategies as well as NSW Health information strategies and standards.

Current strategies have been implemented to answer the questions:

- *Who needs* mental health care?
- *Who gets* mental health care?
- *What* mental health care is provided?
- *By whom* is it provided?
- At *what cost* and with *what effect*?

Current strategies are also designed to support continuity of consumer care, service evaluation and mandatory reporting requirements at various levels. They include:

- **Client data** – Ambulatory, inpatient, emergency and outcome data for consumers is stored in central data warehouses according to uniform data standards for individuals at Area level and for unidentified individuals at State level.
- A **unique patient identifier** exists at Area level, and is being extended to State level to enable linking of the consumer data in the data warehouses. This will enable care for the same individual to be tracked over time and across different service types. Unique identifiers for service entities, and to some extent providers, are also in place for ambulatory care.
- A **community residential collection** has recently begun but as yet has not been incorporated into the data warehouse or unique identifier process.
- The **MH-OAT initiative** supports standard clinical documentation to provide a sound basis on which to rate a series of clinician and consumer-rated standard measures. These measures give some indication of service effectiveness.
- The **performance framework of NSW Health** uses both program and consumer data to report on a series of performance indicators at various levels. The content currently designed into the consumer and program data will allow a series of basic performance indicators to be measured for new services.
- Information about service activity, staffing and costs comes from a detailed annual **National Survey of Mental Health Services**. The survey provides comprehensive information about direct and indirect expenditure and staffing categories by

target population group, setting and care type. However, more work is required to improve the promptness and accuracy of staffing and expenditure data from Area Health Services.

While NSW is in a good position to provide information support for community mental health service development and reform, there are challenges ahead. These include:

> Structured care – Structured care packages need to be designed for the identified mental health need groupings within the population of NSW. Evaluation will be more effective if programs have defined goals which can be measured.

> Ambulatory compliance – Full compliance with recording of ambulatory and outcome data is required so that information about the entire service population and the complete workload of providers is available.

> Area reporting processes – Changes to Area reporting processes are required to allow mental health staffing and activity to be identified with relevant funded programs and to be reported on a timely basis.

> Partnership Arrangements – NGOs play a major role in the provision of community services. There is currently very little consistent and standardised data on the provision of such services in NSW. The development of an information strategy for the NGO sector is an important step in supporting policy and program developments and improvements in the quality, efficiency and effectiveness of NGO services in the community. The development of a process of activity data collection for NGOs is in the early stages of development under HASI and the draft *NGO Strategy*. These proposed initiatives will require examination of information interfaces and flows between agencies, and the governance arrangements (such as contracts and service level agreements) required to regulate the process. These interfaces will pose questions about privacy and which service has responsibility for monitoring the continuity of care for any particular consumer. NSW Health will need to consider:

  – processes and systems for collecting the consumer information
  – the amount of information to be expected by Health from an NGO on the basis of funding
  – the purposes warranting commitment of resources
  – access by partner services to information and appropriate reports.

Capital implications for community mental health

Community mental health service location principles

The service model presented in the *Strategy* supports the co-location of community mental health services with other generic health services. Community mental health services may be located on the periphery of hospital sites, or in a community setting together with a suite of other health and community or primary health services which could include GPs, private psychiatrists and primary health clinicians.

Service location should be based upon the principles of accessibility for consumers from across the service catchment; access to other general health services, including drug and alcohol services; and providing an appropriate service mix given the local catchment service demand. Partnering with other service providers is to be encouraged if consumers would benefit from such service enhancement.

Service co-location makes it easier for people with a mental illness or disorder to access both mental and physical health care, as they are both available from the same place. This is important as people with mental illness or disorders often receive inadequate care for their physical health problems and have characteristically poorer physical health and lower life expectancy than the average population.

Co-locating mental health and physical health services is an important part of mainstreaming care – it "normalises" mental health care. There is a range of examples upon which good practice can be modelled. Trials of innovative community health models incorporating mental health care with other generic services are currently occurring in the Illawarra (Integrated Primary Care) and at Croydon in Sydney.

Currently, a number of hospitals have co-located mental health services with general community health. These include Tweed Valley, Sutherland, Liverpool and Lismore (under construction). At Carramar Health Service adult and adolescent community mental health services are co-located with general community health, Ambulance, Tresillian and refugee primary health services.

Co-located service design

Service principles need to be reflected in the facility design when planning for integrated community mental health services. These design principles include appropriate waiting areas (which may be separate depending on the size of the overall health centre and the type of co-located services); direct access to outside courtyard areas; confidential assessment and interview rooms; and dedicated offices for use by staff working in open-plan workspaces to allow telephone work to occur while maintaining the privacy of consumer information.

Currently, the *Mental Health Facility Guideline* provides the design principles for a community mental health centre. The guideline does not prescribe one model over another, but makes provision for individual or co-located units and their respective requirements. The *Mental Health Facility Guideline* will be revised to ensure that it reflects the way forward and promotes the model of care presented in the *Strategy*.

Opportunities for co-location should be considered when planning for new community health services as well as for community mental health services. Recently, acute unit redevelopments have included community mental health services as part of the total redevelopment, either in adjacent buildings or on separate floors of the same building.

Quality and safety

Community mental health services are based on best practice, informed by current evidence. Consistent with quality and safety initiatives across NSW Health, community mental health services will participate in ongoing quality improvement activities and health service accreditation processes, and participate in the NSW Health Patient Safety Improvement Program. A risk management framework supports the quality and safety programs.

This Program is underpinned by the following guiding principles:

> Openness about failures – errors are reported and acknowledged without fear of inappropriate blame, and consumers and their families are told what went wrong and why

> Emphasis on learning – the system is oriented towards learning from its mistakes and extensively employs improvement methods for this

> Obligation to act – the obligation to take action to remedy problems is clearly accepted and the allocation of this responsibility is unambiguous and explicit

> Accountability – the limits of individual accountability are clear. Individuals understand when they may be held accountable for their actions

> Just culture – individuals are treated fairly and are not blamed for the failures of the system

> Appropriate prioritisation of action – action to address problems is prioritised according to the available resources and directed to those areas where the greatest improvements are possible

> Teamwork – teamwork is recognised as the best defence against system failures and is explicitly encouraged and fostered within a culture of trust and mutual respect.

The five key components of the Program, which will apply to community mental health services, are described as follows:

> The systematic management of incidents and risks both locally and statewide to identify remedial action and systemic reforms.

> The continued implementation of the Incident Information Management System (IIMS) to facilitate the timely notification of incidents; track the investigation and analysis of health care incidents; enable the reporting about incidents, particularly the provision of trended information by incident type; and to understand the lessons learned.

> The Clinical Governance Units (CGU) in each AHS, which will oversee the implementation of the NSW Patient Safety and Clinical Quality Program.

> The development of a Quality Systems Assessment (QSA) Program for all public health organisations, undertaken by an external agency, to determine whether the above components are in place and working well. The focus of the assessments is on AHS patient safety and clinical quality systems.

> A Clinical Excellence Commission (CEC) to promote and support better clinical quality and to advise the Minister for Health on where systemic improvements can be made.

Services are delivered with respect for the safety of consumers, staff, and families and carers as outlined in relevant documents including the *Mental Health Statement of Rights and Responsibilities, National Safety Priorities in Mental Health: A national plan for reducing harm* and the outcomes of the *Sentinel Events Review Committee*.