

Alignment of the NSW Community Mental Health Strategy with NSW Government directions

Document	NSW Government Priority	Target	Initiatives from this Strategy
A new direction for NSW: State Plan	Opportunity and support for the most vulnerable		
	F3 Improved outcomes in mental health	<ul style="list-style-type: none"> Reduce readmissions within 28 days to the same facility 	<ul style="list-style-type: none"> Family and Carer MH Program, Rehabilitation, Adult MH Services
		<ul style="list-style-type: none"> Increase the percentage of people with a mental illness aged 15–64 who are employed to 34 per cent by 2016 	<ul style="list-style-type: none"> Rehabilitation (VETE Program)
		<ul style="list-style-type: none"> Increase the community participation rates of people with a mental illness by 40 per cent by 2016 	<ul style="list-style-type: none"> Rehabilitation (Recovery and Resource Services, HASI, Clinical Partnership Program)
	Early intervention to tackle disadvantage		
	F4 Embedding the principle of prevention and early intervention into Government service delivery in NSW	<ul style="list-style-type: none"> Set targets and benchmark agency performance on early intervention by 2009 	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs
	Customer friendly services		
S8 – Increased consumer satisfaction with Government services	<ul style="list-style-type: none"> Measure, report and improve consumer satisfaction with Government services 	<ul style="list-style-type: none"> Consumer, family and carer participation (MH-CoPES) 	
A new direction for NSW: State Health Plan	1 Make prevention everybody's business		
	Increased participation and integration in community activities and increased participation in recreation, sporting, artistic and cultural activity	<ul style="list-style-type: none"> Targets set by Government will be achieved by a range of contributing agencies 	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs; Rehabilitation
	2 Create better experiences for people using Health Services		
	Increased customer satisfaction with health services	<ul style="list-style-type: none"> Measure, report and improve customer satisfaction through annual patient satisfaction surveys and widespread local monitoring of patient experience 	<ul style="list-style-type: none"> Consumer, family and carer participation (MH-CoPES)
Ensuring high quality care	<ul style="list-style-type: none"> Reduce unplanned/unexpected hospital readmissions within 28 days 	<ul style="list-style-type: none"> Family and Carer MH Program, Rehabilitation, Adult MH Services 	



Document	NSW Government Priority	Target	Initiatives from this Strategy
	3 Strengthen primary health and continuing care in the community		
	Improved outcomes in mental health	<ul style="list-style-type: none"> Reduce readmissions within 28 days to the same mental health facility 	<ul style="list-style-type: none"> Family and Carer MH Program, Rehabilitation, Adult MH Services
		<ul style="list-style-type: none"> Reduce suspected suicides of patients in hospitals, on leave, or within seven days of contact with a mental health service 	<ul style="list-style-type: none"> Family and Carer MH Program, Rehabilitation, Adult MH Services
		<ul style="list-style-type: none"> Increase the number of occasions where mental health patients are seen by clinicians through increasing the number of clinicians 	<ul style="list-style-type: none"> Workforce development
		<ul style="list-style-type: none"> Increase the proportion of HASI places filled 	<ul style="list-style-type: none"> Rehabilitation (HASI)
	4 Build regional and other partnerships for health		
	Improved outcomes in mental health	<ul style="list-style-type: none"> Increase the percentage of people aged 15–64 years of age with a mental illness who are employed to 34 per cent by 2016 (together with other agencies) 	<ul style="list-style-type: none"> Rehabilitation (VETE Program)
		<ul style="list-style-type: none"> Increase the community participation rates of people with a mental illness by 40 per cent by 2016 (together with other agencies) 	<ul style="list-style-type: none"> Rehabilitation (Recovery and Resource Services, HASI, Clinical Partnership Program)
	Implement key plans and frameworks	<ul style="list-style-type: none"> Progress implementation of the NSW Interagency Action Plan for Better Mental Health (together with other agencies) 	<ul style="list-style-type: none"> Rehabilitation (Clinical Partnership Program), Health Service Partnerships
	6 Build a sustainable health workforce		
		<ul style="list-style-type: none"> Reduce staff turnover in line with industry best practice 	<ul style="list-style-type: none"> Workforce development
		<ul style="list-style-type: none"> Reduce the incidence of workplace injuries 	<ul style="list-style-type: none"> Workforce development, Quality and safety
		<ul style="list-style-type: none"> Reduce the number of paid sick leave hours taken per year by full time employees by 5 per cent each year until 2009 and sustain improvement 	<ul style="list-style-type: none"> Workforce development, Quality and safety
		<ul style="list-style-type: none"> Increase the proportion and distribution of Aboriginal staff in order to meet the demand for services 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Communities
		<ul style="list-style-type: none"> Increase the proportion and distribution of clinical staff in order to meet the demand for services 	<ul style="list-style-type: none"> Workforce development
		<ul style="list-style-type: none"> Increase in job redesign changes related to different models of care 	<ul style="list-style-type: none"> Workforce development

Document	NSW Government priority	Target	Initiatives from this Strategy
	7 Be ready for new risks and opportunities		
		<ul style="list-style-type: none"> Progress implementation of an integrated risk management framework in each Health Service 	<ul style="list-style-type: none"> Quality and safety
NSW: A new direction for Mental Health	Promotion prevention and early intervention across the lifespan		
		<ul style="list-style-type: none"> Implementation of programs to build resilience and raise community awareness of mental illness 	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs
	Improving and integrating the care system		
		<ul style="list-style-type: none"> Re-admission to hospital within 28 days of discharge 	<ul style="list-style-type: none"> Family and carer MH program, Rehabilitation, Adult MH Services
	Participation in the community and employment, including accommodation		
		<ul style="list-style-type: none"> Participation rates by people with mental illness of working age in employment 	<ul style="list-style-type: none"> Rehabilitation (VETE program)
		<ul style="list-style-type: none"> Participation rates of people with mental illness in education and training 	<ul style="list-style-type: none"> Rehabilitation (VETE program)
	Better workforce capacity		
	<ul style="list-style-type: none"> More doctors, nurses and allied health professionals so that services are available when needed 	<ul style="list-style-type: none"> Workforce development 	
NSW Interagency Action Plan for Better Mental Health	1 Prevention and early intervention		
		1.1 Building resilience and coping skills of children, young people and families	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs
		1.2 Improving awareness of mental health issues and capacity to respond to mental health problems	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs, Health service partnerships
		1.3 Intervening early in the onset of mental illness	<ul style="list-style-type: none"> Health promotion, prevention and early intervention programs; Child, adolescent and family services; Youth MH Services



Document	NSW Government Priority	Target	Initiatives from this Strategy
		2 Community support services	
		2.1 Combat the escalation of mental illness by providing the appropriate service at the right time	<ul style="list-style-type: none"> • Acute and emergency care and treatment; Rehabilitation; Child, adolescent and family services; Youth MH services; Adult MH services; Health service partnerships
		2.2 Ensure supports are coordinated to enable people at high risk to live well in the community	<ul style="list-style-type: none"> • Rehabilitation, Health service partnerships
		2.3 Enable people with mental illness to have stable housing by linking them to other avenues of support	<ul style="list-style-type: none"> • Rehabilitation (HASI), Health service partnerships
		2.4 Improve participation in education by young people affected by mental illness	<ul style="list-style-type: none"> • Rehabilitation (VETE Program)
		3 Coordination of emergency responses	
		3.1 Ensure a statewide emergency response model is in place to better manage people with acute mental illness or behavioural disturbance	<ul style="list-style-type: none"> • Acute and emergency care and treatment
		3.2 Coordination of emergency responses to prevent inappropriate use of emergency services	<ul style="list-style-type: none"> • Acute and emergency care and treatment, health service partnerships
		3.3 Ensure safety of patient, emergency and health staff and community	<ul style="list-style-type: none"> • Acute and emergency care and treatment, health service partnerships, quality and safety

An example of a rehabilitation service model

The South Eastern Sydney/Illawarra Area Health Service, Rehabilitation Strategic Plan: 2006–2010⁶⁹ provides one example of a rehabilitation model for a mental health service.

LEVEL 1

At the minimum level, all clinicians are able to identify an individual's rehabilitation and/or disability support needs and facilitate referral to specialist services as needed. All clinicians, employed consumers and service managers have an understanding of recovery and rehabilitation philosophy and principles.

Staff participate in General Training Package

LEVEL 2

Clinicians at this level are working with a rehabilitation focus. They may be involved in providing components of packaged rehabilitation programs, working collaboratively with rehabilitation clinicians, or providing basic rehabilitation interventions in their everyday work. Examples include early intervention/first onset teams, inpatient occupational therapy services, supported accommodation, mobile/intensive case management teams.

Staff participate in General Training Package

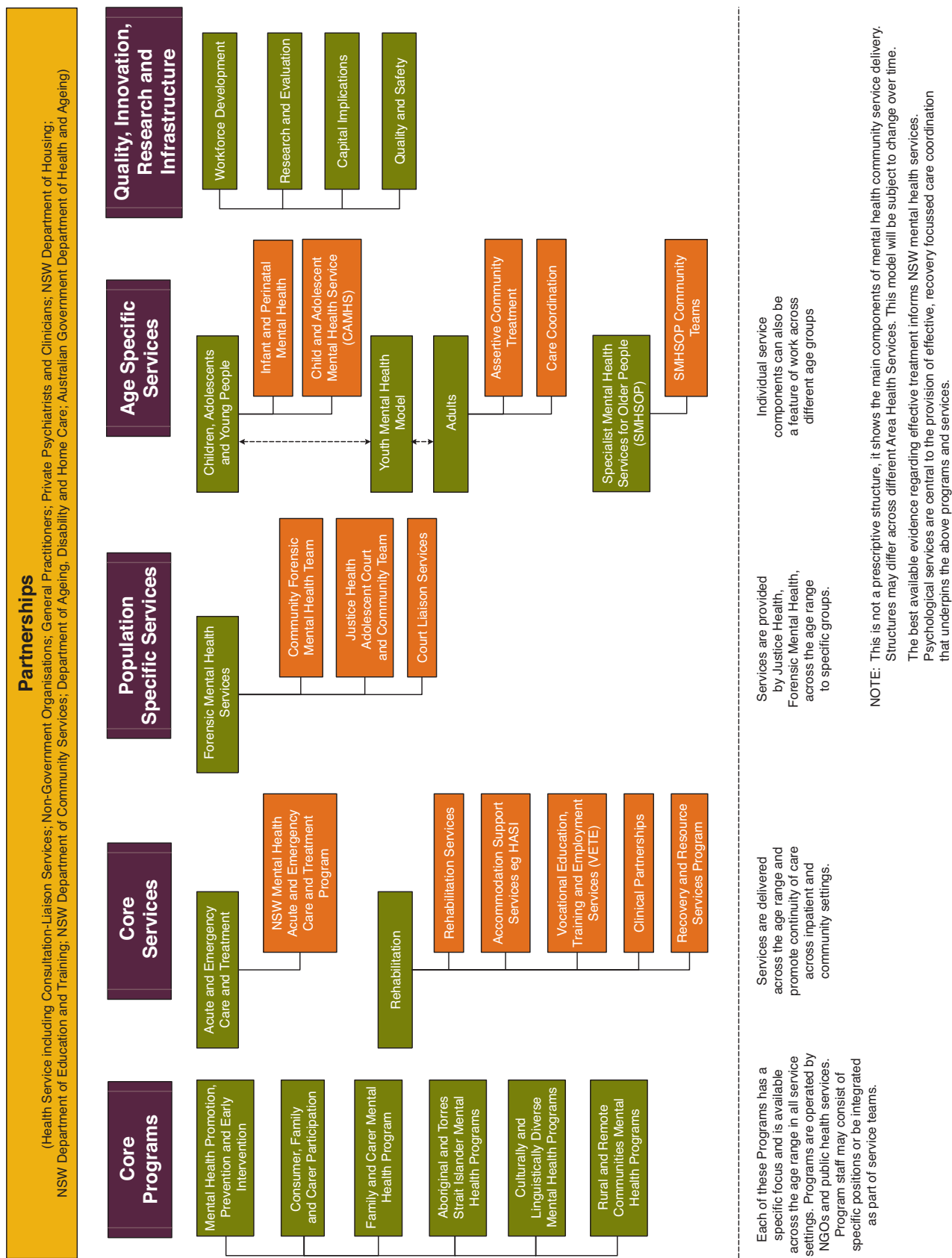
LEVEL 3

Specialist rehabilitation clinicians are trained in and provide individually tailored rehabilitation interventions and services. They act as rehabilitation consultants to the rest of the service. Examples include community rehabilitation teams, rehabilitation inpatient units and rehabilitation accommodation services.

Staff attend Specialist Training

NSW Community Mental Health Model 2007–2012

This model presents an overview of the future structure of Community Mental Health Services following the implementation of the *NSW Community Mental Health Strategy 2007–2012*, as set out on the following pages.



NSW Community Mental Health Model

This model presents an overview of the future structure of community mental health services following the implementation of the *NSW Community Mental Health Strategy 2007–2012*

The NSW Community Mental Health Model is delivered across a spectrum of care in the public mental health and non-government organisation (NGO) sectors and consists of:

- Core programs and services
- Age specific services
- Service partnerships

The Aim: To work together in a recovery-focused approach to provide a seamless integrated specialist community mental health service coordinated with other partnership services to provide best practice care for people of all ages with a mental illness or mental disorder, their families and carers.

Specialist Community Mental Health Services

Core Programs – Each of these programs has a specific focus and is available across the age range and in all service settings

Program	Program definitions/descriptions
Mental Health Promotion, Prevention and Early Intervention	<p>Programs provided:</p> <ul style="list-style-type: none"> • Promotion and prevention initiatives are delivered in collaboration with local communities to increase resilience, community awareness and mental health literacy, and reduce stigma associated with mental illnesses and disorders. • Mental health collaborates with generic health promotion services to help address the physical health needs of people with a mental illness. • Mental health services provide early intervention for all mental illnesses and disorders across all age groups. • Specific programs and initiatives implemented across NSW include but are not limited to: NSW School-Link Initiative; NSW Parenting Program; a range of suicide prevention programs; NSW Mental Health Promotion Campaigns conducted by NGOs such as the Mental Health Association NSW; Mental Health First Aid and the Elderly Suicide Prevention Network. <p>Functions available:</p> <ul style="list-style-type: none"> • Promotion of mental well being in both the general population (universal programs) and identified high-risk groups (indicated programs). • Prevention of mental illness or disorder in both the general population (universal programs) and identified high-risk groups (indicated programs). • Early intervention for mental illnesses and disorders. <p>Skills required:</p> <ul style="list-style-type: none"> • Promotion and prevention: Project management; research and evaluation; networking and partnership development; negotiation skills; capacity building; understanding mental health risk and protective factors; submission and report writing. • Prevention and early intervention: Assessment; care planning; consultation–liaison; specialist mental health interventions for people with or at risk of mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence.
Consumer, Family and Carer Participation	<p>Programs provided:</p> <ul style="list-style-type: none"> • Participation structures reflect the National Mental Health Strategy and <i>Partners in Health</i> (NSW Health, 2001). • Participation opportunities include but are not limited to: New South Wales Consumer Advisory Group; MH-CoPES; the consumer worker forum; Community Consultative Committees; consumer-run recovery services; the National Consumer and Carer Forum; and My Health Record. <p>Functions available:</p> <ul style="list-style-type: none"> • Involvement of consumers and families and carers in decision making about: their own care (or that of the person they are caring for); service planning; policy development; setting priorities; training and evaluation; and addressing quality issues in the delivery of mental health services.



Program	Program definitions/descriptions
<p>Family and Carer Mental Health Program</p>	<p>Skills required:</p> <ul style="list-style-type: none"> • Participants: working with committees; advocacy and communication skills. • Mental health service staff: working effectively with consumer, family and carer participants. <hr/> <p>Programs provided:</p> <ul style="list-style-type: none"> • Programs and supports for families and carers are delivered through public mental health services and the NGO sector and include but are not limited to: the development of Family Friendly Mental Health Services, Mental Health Family and Carer Supports, and the Working With Families workforce development program. • Family and carer programs integrate with initiatives related to Children of Parents with a Mental Illness and Integrated Perinatal and Infant Care (Safe Start). • Mental health families and carers are supported to be aware of and able to access the range of generically available family and carer supports and services eg respite, income support. <p>Functions available:</p> <ul style="list-style-type: none"> • Public mental health services will: provide general information about mental illness, assist carers to navigate the system, support family and carer rights and responsibilities, assess family and carer needs, refer to other supports and services, involve families and carers in consumer care and treatment where appropriate, provide intensive support where necessary, support local systemic participation, and support mental health workforce development. • Funded NGO services will provide education and training programs; individual support and advocacy services; refer to other supports and services, and provide infrastructure support to peer support groups. <p>Skills required:</p> <ul style="list-style-type: none"> • Delivery of family education and support programs; and providing family oriented mental health services.
<p>Aboriginal and Torres Strait Islander Mental Health Programs</p>	<p>Programs provided:</p> <ul style="list-style-type: none"> • Programs to support Aboriginal and Torres Strait Islander people include but are not limited to: increased capacity of ACCHSs to deliver primary mental health care; specific clinical and community support programs for children, families and young people, older people and people in the criminal justice system at risk of, or experiencing, mental illness and mental disorder; development of culturally specific outcome and assessment tools and processes; and strategies to increase recruitment and retention of skilled Aboriginal mental health workers. <p>Functions available:</p> <ul style="list-style-type: none"> • Strong working relationships are established between mental health services and ACCHS. • Leadership of Aboriginal service provision in each mental health service. • Improved service access for Aboriginal people of all ages with mental health problems, their families and carers, across emergency and acute, early intervention and prevention, and rehabilitation and recovery services. • Improved evaluation and data quality of services. • Strengthened workforce.
<p>Culturally and Linguistically Diverse Mental Health Programs</p>	<p>Programs provided:</p> <ul style="list-style-type: none"> • Area mental health services develop local Multicultural Mental Health Implementation Plans to develop models of care and service provision that address local needs. • Programs to support people of culturally and linguistically diverse backgrounds include, but are not limited to innovative, new pilot programs and service development in the areas of: children and families from culturally and linguistically diverse backgrounds; culturally and linguistically diverse older peoples' mental health; rural and remote outreach; evaluation of the clinical cultural assessment services of Transcultural Mental Health Centre; and review of the cultural applicability and enhancement of MH-OAT.

Program	Program definitions/descriptions
	<p>Functions available:</p> <ul style="list-style-type: none"> • Culturally inclusive and responsive mental health services. • Integrated systemic planning, accountability and reporting. • Ongoing focus on promotion, prevention and early intervention. • Enhanced cultural competence of the mental health sector. • Promotion of innovation, research and evaluation. • Clear and formalised partnerships are developed between mental health services and the health sector, other government agencies, bilingual mental health workers, GPs and multicultural and ethno-specific agencies.
Rural and Remote Mental Health Programs	<p>Programs provided:</p> <ul style="list-style-type: none"> • Programs to support people living in rural and remote communities include but are not limited to: strategies to improve emergency and acute mental health responses; further community capacity building and partnership strategies; improved availability of the full range of mental health services; further exploration and development of telepsychiatry models; development of new service delivery models and strategies for community mental health care; strategies to develop and support the enhancement of the community mental health workforce and models to improve mental health service responses to older people with mental illnesses and disorders. <p>Functions available:</p> <ul style="list-style-type: none"> • Access for rural and remote communities to 24 hours/day, 7 days/week mental health telephone triage services, emergency response and safe transport services. • Access to mental health assessment, care coordination and rehabilitation services and other community mental health service components outlined in this <i>Strategy</i>, through tailored service delivery models.
<p>Specialist Community Mental Health Services Core Services – each of these services has a specific focus and is available across the age range and across service settings</p>	
<p>Acute and Emergency Care and Treatment</p>	
Program	Service definitions/descriptions
NSW Mental Health Emergency Care Program	<p>Services provided:</p> <ul style="list-style-type: none"> • Mental Health Telephone Triage and Referral Services provide access to trained mental health professionals working within a dedicated call-centre environment who have immediate access to information, referral paths to available on the ground acute mental services and capacity to liaise effectively and immediately with key service providers (eg Police, Hospitals, GPs, Mental Health inpatient units and consultant psychiatrist advice). These services provide a central point of access to mental health services for the general community and service partners. • Services have ready access to consultant psychiatrists providing evidence-based telephone advice for care decisions in high-risk patients to registrars, EDs, inpatient units, community mental health staff and GPs. • Community acute and emergency services provide a timely response to mental health emergencies in the community, providing outreach to people at risk in the community, and assisting in transfer to care. These services work together with mental health telephone triage and referral services and other emergency care services (eg Police, Ambulance) managing access to mental health care for those in the community experiencing a mental health emergency or who are at risk. <p>Functions available:</p> <ul style="list-style-type: none"> • Intake and triage; initial assessment; crisis assessment; assessment of child protection issues; referral; some immediate management and short-term intervention; medication administration; after-hours consultation to all the Area/network facilities/services; after hours emergency response; management of admissions, PECCS and patient flow; advise local GPs and other service partners; intensive assertive consultation-liaison; enhance capacity for community treatment and maintenance; case conferencing; family and carer support; care planning and coordination, including identification and referral for psychosocial supports; care transition planning (eg inpatient discharge planning) and assistance with safe client transport.



Program

Service definitions/descriptions

Hours of operation:

- 24 hours/day, 7 days/week.

Skills required:

- Assessment and mental status examination, problem management, management of psychiatric emergencies; risk assessment; use of sedation, seclusion, and restraint; managing transfer of psychiatric consumers; and working across the age spectrum of children, adolescents, adults and older people.

Rehabilitation

Rehabilitation Services

Services provided:

- Rehabilitation services provide a rehabilitation focus throughout mental health services for all populations and for people of all ages, and across inpatient and community teams.
- Rehabilitation assessment and intervention commences early in mental health care to ensure prevention of secondary disability. Such disability may be associated with difficulties in achieving developmental milestones or normal life goals (education, employment, relationships etc) and with increasing fragmentation from social and community supports.
- Rehabilitation services are provided in partnership with both public sector mental health services and in the specialist NGO sector.

Functions available:

- Specialist assessment; intensive, assertive outreach; rehabilitation; consultation–liaison; monitoring and review; case conferencing; family and carer support; care planning; relapse prevention planning; coordination of care; care transition planning (eg inpatient discharge planning); and specific, individually targeted interventions to overcome difficulties in social, vocational, psychological, or cognitive functioning.

Hours of operation:

- Business hours (note that some specific programs, eg HASI and other supported accommodation services, may operate on extended hours).
- Some capacity for weekend and/or after hours services may be required based on the needs of consumers and their families and carers.

Skills required:

- A range of specialist assessment and intervention skills are required; co-ordination of consumer directed goals; recovery focused; bio-psycho-social framework.

Population Specific Services

These services have a specific focus and are available across the age range and in all service settings

Forensic Mental Health

Community Forensic Mental Health Service

Services provided:

- The risk assessment and management of offenders with a mental illness or disorder living in the community.
- Consultation-liaison with mental health community teams to build their capacity in managing offenders with a mental illness living in the community.

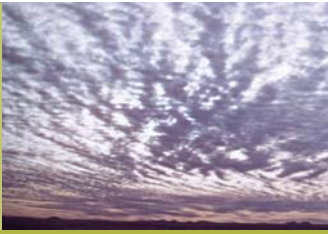
Functions available:

- A multidisciplinary team comprised of clinicians from medicine, nursing and allied health.
- Assessment, provision of pharmacological and psychotherapy interventions, consultation-liaison.
- Working in partnership with the adult area of corrections and community mental health services.

Skills required:

- Risk assessment and management of offenders with a mental illness or disorder.

Program	Service definitions/descriptions
Court Liaison Services	<p>Services provided:</p> <ul style="list-style-type: none"> • Where appropriate, adult clients (18+) are diverted to Area community or inpatient mental health services, GP services, Aboriginal Medical Services, private psychiatrists/psychologists, Department of Ageing, Disability and Home Care and/or drug and alcohol services who have a visiting psychiatrist/psychiatric registrar. <p>Functions available:</p> <ul style="list-style-type: none"> • Assessment and working in collaboration with service partners. • A Clinical Nurse Consultant is located at each of the larger courts. They all have access to a senior colleague and senior psychiatrists. <p>Skills required:</p> <ul style="list-style-type: none"> • Bio-psycho-social assessment including risk assessment, advocacy, referral.
Adolescent Community and Court Team	<p>Services provided:</p> <ul style="list-style-type: none"> • Expands on the Court Liaison Program to engage community support services, Area child and adolescent community mental health services and adult forensic mental health services. The Team focuses on diverting young people from custody by linking them with appropriate community services. • The Team has a particular focus on first time presentations and Aboriginal young people. <p>Functions available:</p> <ul style="list-style-type: none"> • Assessment, provision of pharmacological and psychotherapy interventions; consultation-liaison services. • Working in partnership with the adult area of corrections, child and adolescent community mental health services and Court Liaison Services. <p>Skills required:</p> <ul style="list-style-type: none"> • Risk assessment and management of young offenders with a mental illness or disorder.
<p>Specialist Community Mental Health Services Age Specific Services</p>	
<p>Child, Adolescent and Family Services</p>	
Infant and Perinatal Metal Health	<p>Services provided:</p> <ul style="list-style-type: none"> • The Perinatal and Infant Care (IPC)/Safe Start initiative provides universal psychosocial assessment and screening for depression of all pregnant and postnatal women. Integrated care pathways are implemented for families with young children 0–2 years who have psychosocial or mental health risk factors. The IPC/Safe Start initiative comprises the mental health component of the NSW Government’s Families First/NSW Families Strategy. • Focused parenting interventions for parents who have a mental illness and an infant 0–2 years. • Interventions for Children of Parents with a Mental Illness (COPMI) 0–2 years. <p>Functions available:</p> <ul style="list-style-type: none"> • Early identification and intervention for psychosocial risk factors and mental health problems for women who are pregnant, their partners and families with infants 0–2 years. • Enhanced collaboration between service providers to offer integrated care pathways for at-risk families across: maternity services; early childhood services; mental health; drug and alcohol; GPs; DoCS; child protection services; and NGOs. • Education and training programs for primary and specialist health service professionals related to perinatal and infant mental health. <p>Hours of operation:</p> <ul style="list-style-type: none"> • Business hours.



Program

Service definitions/descriptions

Child and Adolescent Mental Health Services (CAMHS)

Skills required:

- Parent-infant/relational bio-psycho-social assessment; IPC/Safe Start training; Postgraduate Infant Mental Health qualification.

Services provided:

- CAMHS services provide children, adolescents and their families with access to a consistent and integrated range of mental health services, which address their specific developmental needs, based on available evidence.

Functions available:

- Specialist mental health assessment; care planning; consultation-liaison with GPs, antenatal, obstetric services, early childhood staff, child and family teams, paediatric services, PANOC/child sexual assault/child protection services, drug and alcohol services, adult mental health services, staff from the Departments of Education and Training, Community Services, Juvenile Justice, and Ageing, Disability and Home Care and relevant NGOs; and specialist mental health interventions for children and young people with mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence.

Hours of operation:

- Business hours.
- Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers.

Skills required:

- Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.

Youth Mental Health

Youth Mental Health Model

Services provided:

- The Youth Mental Health Model provides young people and their families with access to a consistent range of mental health services, which address their specific developmental needs, based on available evidence.
- The model focuses on early intervention and links closely with CAMHS and adult mental health services to ensure a smooth transition between services. They are also integrated with other health services (eg GPs and drug and alcohol services), and are delivered through a youth-friendly service model.

Functions available:

- Specialist mental health assessment; care planning; consultation-liaison with GPs, drug and alcohol services, adult mental health services, staff from the Departments of Education and Training, Community Services, Juvenile Justice, and Ageing, Disability and Home Care and relevant NGOs; and specialist mental health interventions for young people with mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence.

Hours of operation:

- Business hours.
- Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers.

Skills required:

- Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.

Adults (these service components can also be a feature of work with other age groups)

Program

Service definitions/descriptions

Assertive Community Treatment

Services provided:

- Intensive, long-term outreach support to people with numerous and frequent acute inpatient admissions.
- The emphasis of these services is on improving social connectedness and quality of life, and decreasing disability. Collaborative relationships are established with rehabilitation services and supported accommodation options including HASI.
- Care is interdisciplinary. Consumers receive support simultaneously from several members of the multidisciplinary community mental health team according to their specific needs (ie nurses, psychiatrists, occupational therapists, social workers etc).

Functions available:

- Assessment; care planning and review (including individual care plans, relapse prevention plans and advance care directives); working in partnership with other government agencies, NGOs, primary care providers, acute and emergency services, rehabilitation services and families and carers; and provision of pharmacological and psychotherapy interventions.

Hours of operation:

- Extended hours.

Skills required:

- Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.

Care Coordination

Services provided:

- Services for people with a mental illness living in the community who require mental health intervention, but whose symptoms are less acute and have infrequent acute inpatient admissions.
- Provide evidence-based, active case management taking a whole of life approach and ensuring continuity of care to individuals and their families and carers. Support reintegration into the community following inpatient admission. Clear exit strategies and transition plans are developed.
- Clients are assigned a clinical care coordinator who provides continuing treatment and coordinated care in the community, particularly where multiple support agencies are involved in the care plan.

Functions available:

- Assessment; care planning and review (including individual care plans, relapse prevention plans and advance care directives); working in partnership with other government agencies, NGOs, primary care providers, acute and emergency services, rehabilitation services and families and carers; and provision of short term, stepped or ongoing treatment and case management including pharmacological and psychotherapy interventions.

Hours of operation:

- Business hours.
- Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers.

Skills required:

- Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.

Specialist Mental Health Services for Older People (SMHSOP)

SMHSOP Community Teams

Services provided:

- SMHSOP community teams (or identified SMHSOP key workers in some rural and remote areas) provide specialist mental health services for older people with mental illness and disorder across NSW, based on the best available evidence, in partnership with their families and carers, across different service settings.



Program

Service definitions/descriptions

- SMHSOP and adult mental health services work together to manage transitions between these services and ensure mental health emergency response, mental health rehabilitation and care coordination for older people.
- SMHSOP community teams work in partnership with a range of key services to provide coordinated responses to the mental health needs of older people.
- Through the BASIS model, SMHSOP provide specialist assessment and intervention for older people with severely and persistently challenging behaviours associated with dementia and/or mental illness, in partnership with aged care services. These services are integrated with SMHSOP community teams and have clear linkages and referral pathways with specialist aged care services.

Functions available:

- Intake and triage; specialist assessment; care planning; care coordination; monitoring and review; case conferencing; consultation-liaison; training and capacity building; family and carer support; care planning; and care transition planning (eg inpatient discharge planning). The team will also be involved in hospital admission and discharge processes and follow-up care for SMHSOP clients.
- The provision of information, clinical intervention (where appropriate) and support for families and carers will be part of the team's role.
- Prevention and early intervention strategies.
- These teams will also provide an integrated assessment and intervention (BASIS) function for older people with severe behavioural disturbance with complex causes.

Hours of operation:

- Business hours.
- Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers.

Skills required:

- Bio-psycho-social assessment including risk assessment; person-centred care planning and treatment; medication management; case management and care coordination; ability to work as part of a multidisciplinary team; consultation-liaison and partnership skills.

Community Mental Health Service Partnerships

Key partner

Partnership descriptions

Health Service

Functions:

- To address the broader needs of people with mental illnesses and disorders, including co-morbidities and physical health care.
- To assist other health professionals to work effectively with people with mental illnesses and disorders.

Specific partnership services:

- Drug and alcohol services
- Mental Health Consultation-Liaison

Non-Government Organisations

Functions:

- To address the broader psychosocial needs of people with mental illnesses and disorders.
- To provide consumer and carer-led programs that embed recovery principles.
- To conduct community education and mental health awareness campaigns promoting attitude change in communities.
- To enable consumers' and carers' choice in accessing community based programs and services.
- To provide flexible services which support consumers and carers based on their level of need in the place they live.

Key partner	Partnership descriptions
	<p>Specific partnerships, programs and services:</p> <ul style="list-style-type: none"> • Mental Health NGO Development Strategy • NSW NGO Grant Program • The Housing and Accommodation Support Initiative (HASI) • Family and Carer Mental Health Program • MISA Service Reorientation NGO Project • Supports for Aboriginal people and people from CALD communities.
NSW Department of Housing	<p>Functions:</p> <ul style="list-style-type: none"> • To enable people with mental illnesses and disorders to access appropriate and stable accommodation, with the support required. <p>Specific partnerships:</p> <ul style="list-style-type: none"> • Partnerships Against Homelessness (including the Partnership Action Resource Group) • Joint Guarantee of Service for People With Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing (JGOS) • The Housing and Accommodation Support Initiative (HASI) • The NSW Housing and Human Services accord (The Accord)
NSW Department of Education and Training	<p>Functions:</p> <ul style="list-style-type: none"> • To facilitate the early identification and treatment of children, adolescents and young people with mental illnesses and disorders. • To facilitate access to education and training opportunities for people with mental illness and mental disorders. <p>Specific partnerships:</p> <ul style="list-style-type: none"> • School-Link • Vocational Education Training and Employment (VETE) Program.
NSW Department of Community Services	<p>Functions:</p> <ul style="list-style-type: none"> • To enable the early identification of mental health problems in families, leading to early intervention. • To support children in families where a parent has a mental illness or disorder. • To support parents with mental illnesses or disorders in this life transition. <p>Specific partnerships:</p> <ul style="list-style-type: none"> • Families NSW
NSW Police and NSW Ambulance	<p>Functions:</p> <ul style="list-style-type: none"> • To improve timeliness to specialised mental health care for those experiencing a mental health emergency. • To improve safety, including in transportation. • To improve co-ordination amongst agencies involved in emergency mental health response. <p>Specific partnerships:</p> <ul style="list-style-type: none"> • Memorandum of Understanding (NSW Health, NSW Police and NSW Ambulance).
Department of Ageing, Disability and Home Care	<p>Functions:</p> <ul style="list-style-type: none"> • To address the needs of people with a co-morbidity of mental illness and intellectual or other impairment. <p>Specific partnerships:</p> <ul style="list-style-type: none"> • Integrated Services Project for Clients with Challenging Behaviour



Key partner

Partnership descriptions

Australian Government
Department of Health and Ageing

Functions:

- Both State and Commonwealth Governments work in partnership to deliver health and aged care.
- The Commonwealth has committed funding for mental health service enhancements over the next five years.

Specific partnerships:

- General Practitioners
- Carer Respite
- Community Residential Services for Older People
- Day 2 Day Living and Personal Helpers and Mentors Programs

General Practitioners and
other private sector services

Functions:

- Private sector services provide community mental health care, particularly for people with high prevalence mental illnesses or disorders and/or low acuity.
- Access to private sector services has been enhanced through the Australian Government's Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative and Better Outcomes in Mental Health Care (BOIMHC) program.

Specific partnerships:

- Teams of Two
- Integrated Primary Health and Community Care Services (IPHCCS)
- NSW Health has funded the development of mental health educational resources and training programs for GPs

Quality, innovation, research and infrastructure

Programs

Program descriptions

Workforce Development

Functions:

- To increase and sustain the proportion and distribution of clinical staff in order to meet the demand for services.
- To ensure the appropriate initial training of mental health professionals.
- To ensure ongoing professional development in mental health.

Research, Monitoring
and Evaluation

Functions:

- To support and apply academic mental health research which reflects health priorities and policies.
- To support ongoing mental health service monitoring and evaluation.
- To support the development of future community mental health service models based on available evidence.

Capital Implications

Functions:

- To outline the capital support required for the implementation of this *Strategy* eg trend toward service co-location, increased workforce.

Quality and Safety

Functions:

- To ensure that community mental health services are based on best practice, informed by current evidence.
- To ensure consistent quality and safety initiatives across NSW Health community mental health services.
- To ensure the well being of community mental health service staff, clients, families and carers.

Abbreviations

ACCHS	Aboriginal Community Controlled Health Services	JH-ACCT	Justice Health Adolescent Community and Court Team
ACAT	Aged Care Assessment Team	MBS	Medicare Benefits Schedule
AHMAC	Australian Health Ministers Advisory Council	MHCC	Mental Health Coordinating Council
AH&MRC	Aboriginal Health and Medical Research Council	MH-CoPES	Consumers Perceptions and Experiences of Mental Health Services
AHS	Area Health Service	MHDAO	Mental Health and Drug and Alcohol Office (formerly Centre for Mental Health)
BASIS	Behavioural Assessment and Intervention Service	MH-OAT	Mental Health Outcomes and Assessment Tool
BPSD	Behavioural and Psychological Symptoms of Dementia	MISA	Mental Illness Substance Abuse (pilot project)
CALD	Culturally and Linguistically Diverse	MOU	NSW Memorandum of Understanding (NSW Health, NSW Police and NSW Ambulance)
CAMHS	Child and Adolescent Mental Health Services	MRRRC	Metropolitan Remand and Reception Centre
COAG	Council of Australian Governments	NADA	Network of Alcohol and Other Drug Agencies
COPMI	Children of Parents with a Mental Illness	NGO	Non-Government Organisation
CRRMH	Centre for Rural and Remote Mental Health	NSW Health	NSW Department of Health
DADHC	NSW Department of Ageing, Disability and Home Care	NSW CAG	NSW Consumer Advisory Group Mental Health
DCS	NSW Department of Corrective Services	PECC	Psychiatric Emergency Care Centre
DET	NSW Department of Education and Training	SAAP	Supported Accommodation Assistance Program
DJJ	NSW Department of Juvenile Justice	SFMHS	NSW Statewide Forensic Mental Health Service
DoCS	NSW Department of Community Services	SMHSOP	Specialist Mental Health Services for Older People
ED	Emergency Department	TAFE	Technical and Further Education
GP	General Practitioner	UNSW	University of New South Wales
HASI	Housing and Accommodation Support Initiative	VETE	Vocational Education, Training and Employment
HoNOS	Health of the Nation Outcome Scales		
IPC	Integrated Perinatal and infant Care		
JGOS	Joint Guarantee of Services for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing		

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