

# NSW Mental Health Reform 2014-2024

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## A Decade of Reform

- A 10 year investment in *community* mental health
- NSW Government response to *Living Well: A Strategic Plan for Mental Health in NSW*
- Focus areas and alignment with key initiatives:
  - Prevention and early intervention: *Wellbeing in schools*
  - Community-based care: *specialist clinical MH services*
  - More responsive system and complex needs: *Project Air*
  - Person-centred care: *integrated and stepped care*
  - Building a better system: *research, workforce*



## Mental Health Reforms (National & State)

- The mental health system is in a period of significant change with reforms planned or underway in response to recent Federal and State reviews of mental health services and programs.
- The cornerstone of Commonwealth mental health policy reform is a significant new role for Primary Health Networks.



## Primary Health Networks

- The new role for Primary Health Networks, together with the new digital mental health gateway, offers a significant opportunity in mental health by building new, integrated and stepped approaches to primary and community mental health care



## Mental Health Reform and the new PHNs

- Under the new arrangements, Commonwealth funding that was previously provided to directly support the delivery of community based mental health and suicide prevention will be allocated to PHNs as flexible funding to commission services.
- A set of guidance documents have been developed by the Commonwealth to support PHNs in implementing the primary mental health care reform activities.



## Mental Health Reform

- A key goal of mental health reform is delivering an integrated mental health service system within a stepped care philosophy that provides the right support in the right place at the right time, and achieves better outcomes for consumer, their families and carers.
- To date there is no best practice model.



### Three Critical Elements of the NSW Mental Health Reform in 2016-2017

- Commencing the transition of up to 380 long stay patients to the community.
- Increasing specialist clinical mental health services in the community.
- Expanding Community Managed Living Supports and psychosocial supports for consumers in the community.



### Whole of Government and System Collaboration

- Ownership across government and the system
- Structural change: intersection with Federal reforms
- Collaborative effort
- Targeted operational activities: To develop areas such as joint referral, assessment, training psychosocial support, clinical input etc.



### NSW Government Mental Health Investment

- The **\$115 million** enhancement over the first 3 years of the reform from 2014-15:
  - **\$45 million** to boost specialist mental health services in the community
  - **\$47 million** to provide for enhanced community living supports
  - **\$7.5 million** to support pathways to community living
  - **\$15.5 million** will strengthen workforce support, innovation and research in mental health.
- Recurrent base \$75M beyond 2016/17



### Child, youth, family and perinatal MH enhancements

- LHD 2016/17 enhancements:
  - Whole Family Teams (WFTs): \$3.38M
  - Perinatal and Infant Mental Health (PIMH): \$3.03M
  - School-Link: \$500K
  - CAMHS/Got It!: \$10.6M
- NGO 2016/17 enhancements:
  - Youth Community Living Supports (YCLSS): \$1.86M
  - Mums and Kids Matter: \$3M
  - Youth Mental Health First Aid Training (completed in 2014-15: \$250K)



### Youth Community Living Supports (YCLSS)

- The program aims to provide intensive outreach support to young people aged 16-24 with serious mental illness and who have or at risk of developing significant functional disability.
- The program delivers one to one support, transitional pathways and as structured peer education program delivered flexibly for both young people & their families with a focus on community development, engagement and family capacity building.



### YCLSS Evaluation

- Independent evaluation (2013) found:
  - 80% reduction in time in hospital compared to 2 years prior to entry into the program
  - Reduced risk of developing chronic disability
  - Improved engagement with family, community and education/employment.
  - 5 sites



## Youth Mental Health First Aid

- \$250K funded in 2014-2015
- Focus on community based youth workers
- 80% in rural and regional LHDs
- Evaluation successful
- Training provided by Wesley Mission
- Outcomes – 496 youth workers trained, exceeding their target of 270 by 80%.



## Whole Family Teams (WFTs)

- Provide specialist health services to families in their home, where there are mental health, and/or drug & alcohol problems & a substantiated risk of significant harm (ROSH) report.
- Referrals from Community Service Centres are prioritised.
- KTS funded WFT pilots established since 2010



## WFTs Service

- Clinicians provide comprehensive assessments and deliver evidenced based interventions in the home, examples include:
  - family therapy;
  - parent child dyadic interventions,
  - mental health & D&A treatment, and
  - group programs – such as parenting programs
- Intensive medium term for approximately 6-9 months
- Requires highly skilled workforce



## WFT Evaluation

- Found that
  - Clinically significant improvements in parental mental health;
  - Improved parental drug & alcohol outcomes
  - Improvements in all domains of family functioning
  - Significant improvements in child safety & substantial reduction in ROSH reports to CS for families who left the program.
  - Shortlisted for the NSW Health Award 2014



## NSW School-Link Initiative

- Longstanding collaborative partnership initiative between NSW Health & DoE
- NSW School Link Strategy and Action Plan 2014-2017.
  - Promotes early identification of mental health issues in students
  - Access to evidenced informed mental health early intervention programs in schools & mental health services
  - Key Partner - DoE



## 3 additional School Link Coordinator positions

- Located
  - Illawarra Shoalhaven, South Western Sydney and Hunter New England LHDs.
  - Modelling conducted to identify locations
  - Build stronger links with the new DoE Networked Specialist Centres (NSCs), schools and community mental health services
  - Will be 21 NSCs by 2016



## Mums and Kids Matter Program

- Wesley Mission delivers the program
- Target Group – women with serious & complex mental illness and their infants (0-5 years).
- Packages of community care with short-term non acute residential program.
- Residential capacity – 32 mothers per annum + care packages
- Brokerage funding available



## MKM Program Evaluation

- Evaluation complete & awaiting sign off
- 73 mums have gone through the program
- The evaluation found that :
  - Improves the health and wellbeing of participating mothers
  - Improves parenting & family functioning
  - Reduces homelessness
  - Delivers family-focused, individually tailored care



## Mums and Kids Matter Program

- The contract for Wesley Mission to provide MakM has been extended to the end of June 2019.



## CAMHS/Got It! (Getting on Track in Time!)

*Increasing specialist mental health services in the community*

- **Overview:**
  - Specialist mental health early intervention program for children in Kindergarten to Yr 2 (5-8 years) who display emerging conduct problems
  - Multilevel school based intervention conducted across two school terms.
    - Parent and teacher screening for child conduct problems
    - 10 week targeted clinical program for children with identified problems and their parents/carers
  - Supported by whole of school intervention and specialist assessment and referral for individual needs



## Key Partners

- Primary mental health services delivered by schools, NGOs, Primary Health Networks and private providers.



CAMHS/Got It! (Getting on Track in Time!)  
*Increasing specialist mental health services in the community*

- Three KTS funded *Got It!* Pilot. Teams located in Dubbo, Mt Druitt and Newcastle
- **Evaluation:**
  - A significant positive shift in behaviour of children completing the targeted intervention, maintained at the 6-8 month follow-up.
  - Significant improvements in parenting with majority of parents continuing to improve at the 6-8 month follow-up.
  - Cost benefit - Despite the pilot being in its early stages, the independent evaluation found a cost benefit of 1.41 and a net present value of \$446K using best case scenario and 4% discounting over 30 years (2013 dollars).



## CAMHS/Got It! (Getting on Track in Time!)

*Increasing specialist mental health services in the community*

- **Enhancement:** Statewide enhancement 2016/17
  - 57 CAMHS FTE to deliver the *Got It!* intervention in schools in partnership with DoE
  - 14 teams of 4 Clinical FTE (1 FTE clinical team leader, 3 Clinicians) and 1 FTE senior admin; 1 FTE Far West.
  - DoE investment 2016/17 \$510,300 for teacher release
- **Targets:**
  - 6 schools per team per year (1 for FW LHD)
  - 48 children and 48 parents per year receiving a clinical program
- **Implementation supports:** Operational Guidelines, Existing KTS Got It! Teams, Training (Exploring Together and Fun Friends) planned for April and August 2016.



## CAMHS/Got It! Justice Health Enhancement

*Increasing specialist mental health services in the community*

- **Overview:** Specialist mental health services for young people aged 10 – 15 years of age appearing before selected NSW Children's Courts on a first AVO application where the young person is the subject of the application and who have emotional and behavioural disorders.
- The enhancement will:
  - increase access to evidence based individual, parenting and family interventions for young people with conduct and behavioural disorders.
  - Improve the capacity of local CAMHS and Youth Mental Health Services to deliver treatment and evidence based interventions to young people.
- **Key Partnerships:** FACS, Education, CAMHS and YMHS teams, UNSW.
- **Target:** 30-40 young people on a first AVO and their families per year.



## CAMHS Out of Home Care (OOHC)

*Increasing specialist mental health services in the community*

- **Services:** The model will have an outreach – school, community and home-based service delivery focus and will work with primary mental health service providers including schools, NGOs, Primary Health Networks and private providers to deliver integrated mental health care.
- **Enhancement:** \$1.26M is being allocated in 2016/17 to deliver the program and provides for 6 clinical FTE (one senior staff specialist and five allied health/nurses) to deliver specialist mental health interventions for this cohort across SWSLHD. 1 FTE Administration has been funded to support the service.
- **Target:** 50-60 children living in OOHC and their families, residing in SWSLHD
- **Modelling:** SWSLHD has the highest rate of OOHC cases combined with high levels of disadvantage of any NSW LHD. See next slide.



## Specialist Perinatal and Infant Mental Health Services (PIMHS)

*Increasing specialist mental health services in the community*

**Evidenced-based Model of Care:** Piloted on 3 teams across 5 LHDs

Aimed to bridge a gap in MH care & minimise mother-infant separation for

- Women with severe/complex mental illness & their infant (<2 years)

**Evaluation results (2013):**

- Reduced hospital admissions, length of stay
- Improved parent-infant relationship
- Qual' reports of reduced need for OOHC (FACS)
- Capacity building in MHS and Emergency Departments



## Specialist Perinatal and Infant Mental Health Services (PIMHS)

*Increasing specialist mental health services in the community*

- **Target Group:**
  - pre-conception, pregnancy, women with severe/complex mental health problems with infants < 2 years
  - 38,106 women, 15-45 years in MHS 2013/14
  - admitted/discharged from inpatient mental health facilities, particularly involuntary inpatient or community care
  - bipolar disorder, puerperal psychosis, serious affective disorders, personality disorders
  - linked with mental health service system (inpatient units; community adult, adolescent and perinatal MH; Specialist perinatal MH outreach (SwOPS-mh))



## PIMHS cont. ..

- **Services:**
  - Short-term, direct intensive direct care (freq >1/week, duration < 1 mth)
  - 'In-reach' to hospital & 'follow-up' in-home support
  - Collaboration with other health & MH services
  - Consultation to all LHD MHS by SwOPS-mh via telephone, video link and fly-out



## Specialist Perinatal and Infant Mental Healthy Services (PIMHS)

- **Enhancement:** 2015/16 – 16.4 FTE, 2016/17 – 19.4 FTE
  - 3 additional positions to cater for high service demand (Westmead and Royal Women's Hospitals) and identified high needs population (JH&FMHN).
- **Implementation Support:** PIMH Community of practice  
<http://www.camhs.nswiop.nsw.edu.au/>



## Key Issues

- PHNs Implementation Guidelines are not explicit about a number of issues and provided no 'formal blueprint for the organisation and delivery of services.
- The mental health system frequently continues to operate as a series of silos.
- There are few incentives for organisations to work together meaning that duplication and service gaps remain.



## Questions and discussion

