

Specialist mental health services

Core programs: across all age groups, across all service settings

Mental health promotion, prevention and early intervention programs

Our aim is to integrate mental health promotion, prevention and early intervention principles and programs within all parts of this *Strategy*.

Overview

It is becoming increasingly clear that the high personal, social and financial costs associated with mental illness and disorders will not be reduced significantly by treatment interventions alone. Interventions that impact earlier in the development of a mental illness or disorder are also required.³⁵

The *NSW State Plan, State Health Plan, A new direction for Mental Health* and *The NSW Interagency Action Plan* all support the need to develop and strengthen mental health promotion, prevention and early intervention.

An effective mental health promotion, prevention and early intervention program involves strong partnerships with other branches of NSW Health, other human service agencies, GPs, NGOs, consumers, families and carers and with a range of other key stakeholders.

Mental health promotion, prevention and early intervention principles and programs are integrated in all relevant aspects of this *Strategy*.

Current situation

A number of key promotion, prevention and early intervention program platforms are established in NSW. These are at various levels of resourcing, development and implementation. Promotion, prevention and early intervention models vary between NSW mental health services. Current initiatives largely focus on children, adolescents and young people and include the following:

- > NSW School-Link Initiative
- > Children Of Parents with a Mental Illness (COPMI)
- > Integrated Perinatal and Infant Care Program (IPC)
- > NSW Early Psychosis Program

- > NSW Parenting Program
- > A range of suicide prevention programs (eg Elderly Suicide Prevention Network)
- > The NSW mental health promotion campaigns conducted by the Mental Health Association NSW
- > Delivery of the Mental Health First Aid³⁶ program across NSW, under the *NSW Interagency Action Plan for Better Mental Health*.

Strategy

A Mental Health Promotion, Prevention and Early Intervention committee is being established to provide advocacy, support and leadership for mental health promotion, prevention and early intervention in NSW across the lifespan.

In conjunction with this, a strategic plan for mental health promotion, prevention and early intervention is being developed within a broader population mental health approach. This will provide a framework to ensure that consistent mental health promotion, prevention and early intervention models are available across NSW. Specific strategies will be implemented by mental health services in collaboration with service partners and include:

- > Expand the focus of programs beyond children and young people to include additional service settings, age groups and key strategic priority groups (eg adults in the workplace and older people; mental health promotion activities to enhance community mental health and well being)
- > Further develop and disseminate programs to increase community awareness and mental health literacy, reduce stigma associated with mental illness and disorders and assist in their early identification



- > Encourage and support programs that develop resilience, particularly in children and young people, and for families and carers
- > Prevent the escalation of mental health problems by intervening early in the onset of mental illness and disorders, (eg youth mental health services, relapse prevention planning).

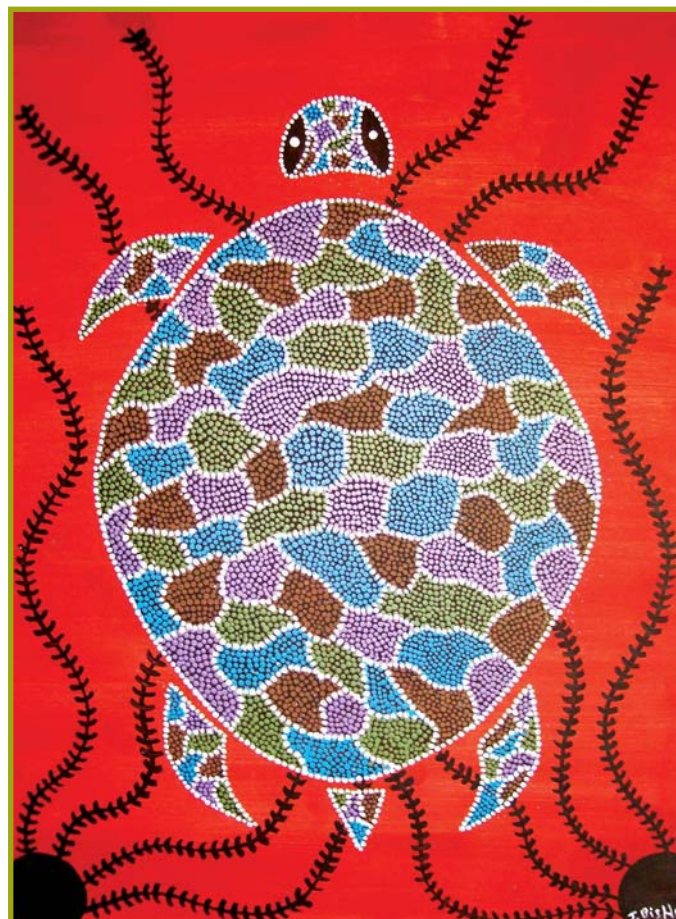
Future service roles and functions

There will be mental health promotion, prevention and early intervention principles and programs integrated within all parts of the *Strategy*, to address the needs of people across the lifespan, and throughout the NSW population.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Improving the mental health literacy of the community
- > Increasing community knowledge and understanding of mental illness and disorders and reduced stigma associated with these conditions
- > Improving resilience and mental health and well being across the whole community
- > Reducing the onset of mental illness and disorders
- > Reducing delays in detection of mental illness and disorders and referral for appropriate treatment
- > Improving the range of services and skills available to help in the earliest stages of mental illness or disorders
- > Reducing the number of people with mental illness or disorders experiencing ongoing disability.



'Freedom'

Consumer, family and carer participation

Our aim is to ensure that consumer and family and carer participation achieves improvements in mental health service delivery.

Overview

Consumer, family and carer participation in the planning, delivery and evaluation of mental health services is endorsed by national and state policies, including the *National Mental Health Strategy* and the policies and documents that underpin it.

In the mental health sector, consumer and family and carer participation is generally accepted as the involvement of consumers 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.³⁷ Participation must be meaningful, supporting consumers, families and carers to provide input that influences and improves mental health services. It is important to recognise that while consumers, their families and carers may share some opinions and views in relation to mental health care, there is also diversity in their perspectives, and participation structures need to allow for this.

Current situation

A number of mental health consumer and family and carer participation structures exist at state and Area levels, however there is no consistent model of participation in place across all NSW mental health services.

Area mental health services also employ consumer and carer support workers and there is a range of consumer-run recovery services and programs. Consumers and carers are also employed by NGOs in a variety of roles. The important roles of consumer, family and carer volunteers in both AHSs and NGOs must also be acknowledged. The definitions, job descriptions and roles for these paid and voluntary positions vary, and may include providing peer support, information, education and advocacy.³⁸

Structures and processes for participation include the following:

- > **NSW Health *Partners in Health* (2001)**³⁹
 - This is a framework for improving the consistency and coordination of consumer and community participation in Health across NSW. It builds on existing participation mechanisms, including Mental Health Community Consultative Committees. The *Partners in Health* model includes Area Health Advisory Councils and the state-level Health Care Advisory Council. Thirteen Health Priority Taskforces, including the Mental Health Priority Taskforce, advise the state-level Council.
- > **NSW Consumer Advisory Group – Mental Health (NSW CAG)** – The NSW CAG is a statewide incorporated NGO providing a mechanism for mental health consumer and carer participation into policy and service development, and the implementation and evaluation of the *National Mental Health Strategy*. The NSW CAG acts as a bridge between both State and Federal Government and mental health consumers and carers. An essential part of the NSW CAG's role is to encourage and help develop consumer and family and carer input concerning mental health service provision in decision-making at all levels.
- > **Guide for employment and participation of consumers and carers within NGOs**
 - The MHCC under its NGO Workforce Development Strategy is partnering with NSW CAG to develop this guide. This guide will cover participation in strategic positions such as Boards of Management as well as in service delivery and consumer and carer consultancy roles.
- > **Consumers' Perceptions and Experiences of Mental Health Services (MH-CoPES) Project** – This project is funded by the MHDAO in partnership with the NSW CAG. It is an evaluation process that adds a stronger consumer perspective to the assessment of service delivery and planning in order to develop better services for the future. Phase One of the project developed a framework and



questionnaire to gather and collate consumers' views of the quality and delivery of the NSW public mental health services. Measuring and reporting consumer satisfaction with services is a NSW Government priority.

- > **Consumer Worker Forum** – This Forum was established by consumers in 1998 and is funded by the MHDAO, under the auspice of Sydney West AHS. The Forum comprises paid consumer workers employed by AHSs.
- > **Community Consultative Committees (CCCs)** – CCCs have been in place in many Area mental health services since 1994. They aim to facilitate meaningful participation in the planning, delivery and evaluation of mental health services in NSW by consumers, carers, NGOs and the community. Developing the advocacy, negotiation and communication skills of consumers and carers participating in consultative liaison with AHSs was considered an important function of CCCs when they were originally conceived.
- > **Consumer-run recovery services** – These are run by consumers for consumers, sharing the expertise gained through their lived experiences of mental illness or disorder, and their recovery journeys. The models for recovery services vary, but are based on internationally implemented models of self-help and mutual support, including Wellness Recovery Action Plans (WRAP)⁴⁰ and peer support.
- > **National Mental Health Consumer and Carer Forum (NMHCCF)** – The NMHCCF operates under the auspices of the Mental Health Council of Australia. Members are nominated from major peak state bodies and report through to those bodies and to each state mental health branch.

Strategy

Mental health consumer, family and carer participation mechanisms are to be reviewed and a consistent approach recommended for all NSW mental health services. Specific initiatives include:

- > **MH-CoPES Phase 2** – The second phase of MH-CoPES trials the questionnaire and framework developed in the first phase. Policy and training protocols for the implementation of MH-CoPES across NSW mental health services will be developed.

- > **My Health Record (MHR)** – MHR is a personal health record for consumers. It assists consumers and their families and/or carers to be more informed partners in the management of their illness across multiple care providers. An improved, user-friendly version of MHR has been released by NSW Health.
- > **Consumer Worker Forum** – The Forum will review the roles and job descriptions of mental health consumer workers across NSW and submit recommendations to NSW Health that define the roles performed (and limits to those roles) and issues around reporting, support, supervision, Awards and training.
- > **Consumer-run recovery services** – These services will be reviewed and considered for further development.
- > **The NSW Family and Carer Mental Health Program** – (also refer next section) This is a new initiative that explicitly recognises the need for families' and carers' participation. Under this Program, mental health services will:
 - Facilitate family and carer involvement in consumer assessment, treatment and intervention (where appropriate)
 - Articulate and support family and carer roles in local mechanisms for systemic participation.

Future service roles and functions

There will be consistent mechanisms and structures to enable meaningful consumer, family and carer participation implemented at Area and state levels.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Ensuring that mental health services are focused on the needs of consumers, families and carers
- > Delivering services that are more timely, effective, respectful and considerate of these needs
- > Improving service responsiveness to feedback provided by consumers, families and carers
- > Engaging consumers, families and carers in meaningful participation processes.

Family and Carer Mental Health Program

Our aim is to ensure that the families and carers of people with a mental illness or disorder throughout NSW have access to appropriate information and options for support at all points within their caring journey, and that this information and support is delivered in a sensitive, evidence-based, and cost-effective manner and in partnership between AHSs and NGOs and between the NSW and Australian Governments.

Overview

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

Anyone in our community could at any time be called on to care for someone close to them, whether for short or long periods of time, or only occasionally. It is natural for us to respond to family and friends who need help and support. Those who do provide care need reliable information, expert advice, understanding, support, and a break from time to time.

We need to look beyond the nuclear family, to the broad network of key supports and relationships of extended family, friends and neighbours, to identify and support people who undertake caring roles.

Any family member might be a carer: husband, wife or partner; mother, father or grandparent; brother or sister; daughter or son; uncle, aunt, cousin, nephew or niece. A carer could also be someone with a close relationship with the person with mental illness, but not related, such as a friend, neighbour or a member of their church, club or community.

One in eight people in Australia identify themselves as carers, which represents around 750,000 people in NSW⁴¹. Approximately 10 per cent of these carers provide assistance to someone with a mental illness. However, as noted above, this is likely to be a significant under-estimate, by possibly as much as 50 per cent. The actual figure for mental health carers in NSW then is somewhere between 75,000 and 110,000 (ABS survey data 1998, 2003).

Caring is generally a long-term commitment, with 70 per cent of carers reporting they have been in a caring role for more than five years. The caring role is not necessarily full-time and not necessarily continuous, as most people's mental health tends to fluctuate.

Different groups of carers have different needs and different experiences. For instance, young carers often encounter particular difficulty completing education, maintaining social networks and getting into paid employment, on top of the issues often encountered by other carers, such as isolation and feelings of helplessness.

Carers can experience poorer health, economic disadvantage, family tension and conflict, and physical and emotional overload as a result of their role, especially if they do not have access to practical support, recognition and understanding. Caring for someone with a mental illness or disorder can be especially difficult and families and carers may experience the additional burden of feeling unable to acknowledge their problems.

Despite this, most carers report being satisfied with their lives, with positive feelings about their role and the consumers whom they sustain. Caring for someone with a mental illness or disorder can be a positive experience when the family member or carer experiences personal growth and life satisfaction for themselves as a result of helping someone they love.

Current situation

The NSW Family and Carer Mental Health Program operates within the broader context of *NSW: A new direction for Mental Health*, the NSW Mental Health Program, the *NSW Action Plan for Carers*, and related policy areas such as housing and social services.



Since 2002, NSW Health, MHDAO has undertaken a strategic development process to establish appropriate statewide service planning for the Family and Carer Mental Health Program. As a result of this process, a new service model was established, with ARAFMI NSW an important partner in its development.

This Program has been extensively researched and it builds on the benefits gained through a number of demonstration projects funded under this initiative since 2001/02.

The new Family and Carer Mental Health Program will provide a comprehensive range of supports and services for the families and carers of people with a mental illness or disorder, to be delivered across all the AHSs. It will strengthen existing partnerships between families and carers, NGOs and mental health services.

Strategy

The Program commenced full implementation in July 2006 and addresses the needs of families and carers via three service groups (see Figure 5 below):

- > **Family friendly mental health services**
 - Mental health interventions should occur within a framework of family friendly services where staff are trained and supported to include family and carers explicitly in the service system and to be responsive to their unique needs. The Program supports families and carers through improving local services by:
 - employing specialist staff, and local workforce training and development
 - providing specialist clinical advice
 - working in partnership with NGOs
 - developing structures to support family and carer participation in service development.
- > **Mental health family and carer support (NGO sector)** – These services focus on interventions that build personal capacity, resilience, coping skills and mutual support for families and carers. Families and carers who identify the need for additional support will be able to access education and information, individual advocacy, and intensive support to assist them to navigate the mental health and community care systems in crisis or high

need situations. These services are primarily delivered through education and training packages and individual support services offered by NGOs.

- > **Generic family and carer supports**
 - The families and carers of people with a mental illness or disorder require appropriate access to mainstream services and supports such as counselling, respite and financial assistance. The development of cross-agency partnerships and strategies will identify and resolve the barriers to carers obtaining information about generic services, and their ability to gain access to those services. NSW Health needs to generate more interdepartmental and cross-jurisdictional initiatives. AHSs need to support family and carer awareness and use of services at a local level.

This Program aims to improve the health and quality of life of families and carers, and also of people with a mental illness or disorder, by:

- > Promoting the optimum health and well being of families and carers of people with a mental illness
- > Enabling families and carers of people with a mental illness or disorder to maintain their caring role and/or to make choices about their continuation in the caring role
- > Improving family and carer participation in service planning and delivery
- > Assessing a family's or carer's capacity and willingness to provide the care required, and also their information, education and support needs.

A partnership mandate

The NSW Family & Carer Mental Health Program is a statewide program being implemented and supported by the MHDAO. The Program is the first of its kind in Australia and is founded on a mandated partnership between Area mental health services and four NGOs (selected through a statewide tender process).

Significant investment underpins the specialist components of this partnership program with funding provided to:

- > Area mental health services to implement Family Friendly Mental Health Services

- > NGOs to implement Mental Health Family and Carer Support.

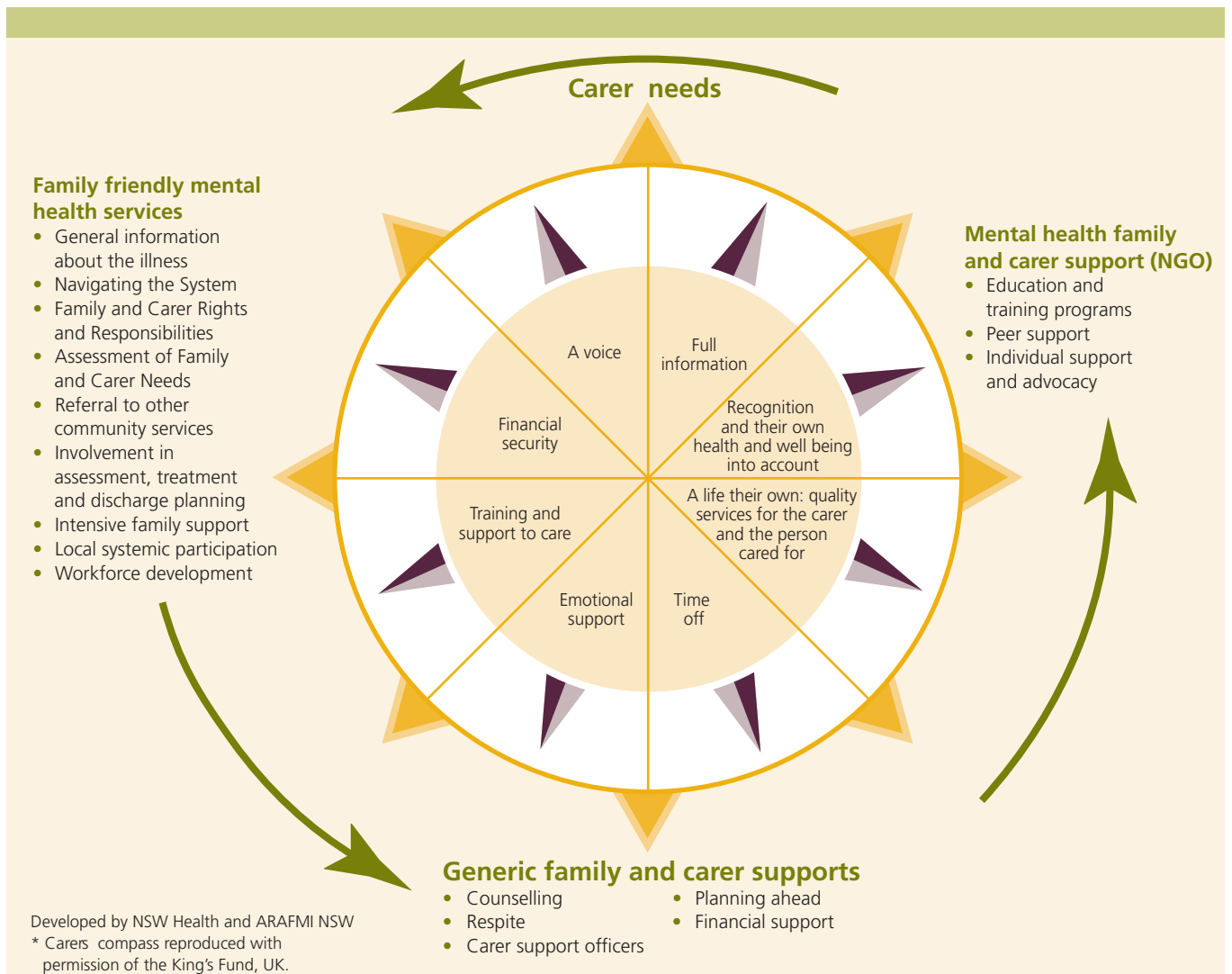
The four NGOs are each matched between one to three AHSs. The NGO/AHS partnerships are:

Assist Area Health Service	NGO
Sydney South West	Carers Assist
Hunter New England	Carers Assist
Greater Southern	Carers Assist
Sydney West	Uniting Care
Northern Sydney Central Coast	ARAFMI NSW
South East Sydney Illawarra	Carers NSW
North Coast	Carers NSW
Greater West	Carers NSW

Funding has also been allocated to South Eastern Sydney Illawarra Area Mental Health Service to support workforce development in AHSs across the state through the roll-out of the Working With Families (WWF) Program. This Program has a dual focus on improving individual clinician practice and achieving systemic change to enable clinicians to work in a family focused way, be responsive to the unique needs of families and carers and ensure they are explicitly involved in the service system.

A state level Steering Committee has been established by MHDAO. This Committee provides expert advice and specialist knowledge to assist NSW Health with overseeing Program implementation and the further development of strategic directions for services for families and carers. The Committee also facilitates

Figure 5: The Family and Carer Mental Health Program service model





promotion, collaboration, communication and consultation between relevant key stakeholders and oversees the Program evaluation strategy.

The Program integrates with initiatives related to COPMI and IPC and will improve identification of, and support for, children of parents with a mental illness or disorder.

Carers NSW, with funding from NSW Health, have also developed the *Carer Life Course Framework*.⁴² This Framework ensures that carers of people with mental illness or disorder receive the appropriate information and support interventions in relation to their length of caring, life course/life stage, and their relationship to the person with the mental illness or disorder. This *Life Course Framework* will be integrated into the *Framework for the NSW Family and Carer Mental Health Program* to support effective, targeted delivery of supports and services.

Future service roles and functions

The implementation of the Family and Carer Mental Health Program ensures that families and carers

across NSW have consistent access to a range of evidence-based education and support programs appropriate to their length of caring, life course/life stage, and their relationship to the person with the mental illness or disorder.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Enhancing family functioning
- > Building the capability of the family or carer to cope with, and provide support to, the person they care for who has a mental illness or disorder
- > Improving access to appropriate respite for the family or carer
- > Improving access to emotional and practical support for the family or carer
- > Reducing emotional and physical health problems for families and carers
- > Improving the mental health of the individual with a mental illness or disorder.



Aboriginal and Torres Strait Islander mental health programs

Our aim is to ensure that Aboriginal and Torres Strait Islander peoples across NSW have access to culturally appropriate, high quality mental health and social and emotional well being services that address their specific needs.

Overview

Aboriginal people experience significant socio-economic and psychological disadvantage, trauma and grief across generations, resulting in higher levels of psychological distress than the population average.

The complexity of needs prevalent in Aboriginal communities presents a significant challenge to health services. Children and young people, in particular, continue to experience levels of distress that are too high and have poor physical health and emotional and social well being compared with the non-Aboriginal community.

The NSW Government is committed to improving the mental health and social and emotional well being of Aboriginal peoples in NSW and this is a key priority under *A New Direction for NSW: The State Plan* and *A New Direction for NSW: The State Health Plan*. It is a key challenge for the Government and requires a range of community and whole of government programs that build on the resilience and capacity of Aboriginal communities.

Current situation

Over the last ten years, there have been many improvements in specialist mental health services for Aboriginal people in NSW. However, further development is essential.

Specific service enhancements in this time include:

- > Positions for Aboriginal mental health workers in mental health services have expanded significantly, from less than five in 1995 to over 60 in 2005
- > The primary care needs of Aboriginal people with mental health disorders are being addressed through partnership arrangements between NSW Health, Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal mental health positions in Area Mental Health Services

- > Annual statewide Aboriginal mental health worker forums are held to enable the training and support of our Aboriginal mental health workforce
- > Age based programs such as School-Link have developed Aboriginal specific modules.

Strategy

The *NSW Aboriginal Mental Health and Well Being Policy 2006–2010* has been developed to take the program forward over the next five years. Specific initiatives include:

- > **Increase the capacity of ACCHSs** – to deliver primary mental health care through additional Aboriginal mental health worker positions in the ACCHSs
- > **Provision of a statewide Aboriginal Mental Health Coordinator** – at the Aboriginal Health and Medical Research Council (AH&MRC) to work with NSW Health and the ACCHSs to improve service coordination and quality of service delivery
- > **Improve mental health leadership** – to ensure appropriate service responsiveness for Aboriginal people, their families and carers across emergency and acute, prevention and early intervention, and rehabilitation and recovery services
- > **Develop specific clinical and community support programs** – for children, families and young people, older people and people in the criminal justice system who are at risk of, or experiencing, mental illness or disorder
- > **Improve the evaluation and data quality** – of services through the development of culturally specific outcome and assessment tools and processes



- > Increase the recruitment and retention of skilled Aboriginal mental health workers through a number of workforce initiatives. These include an Aboriginal mental health traineeship program that will place local Aboriginal mental health trainees in mainstream community mental health teams to address the high and complex needs of Aboriginal people, and for Aboriginal people to better engage with mental health services.

Future service roles and functions

There will be:

- > Strong working relationships formed between mental health services and ACCHSs with improved service access for Aboriginal people of all ages living with a mental illness or disorder, their families and carers
- > Whole of government partnerships and programs, such as the HASI, further expanding assistance for Aboriginal people with a mental illness or disorder to achieve housing and improved community and family participation

- > Programs providing links between specialist mental health and primary care services such as GPs and “front line” community health nurses
- > Development and dissemination of expertise and knowledge, utilising the skills and capacities of Aboriginal people and based on data and evaluation activities
- > Strengthened support for the Aboriginal mental health workforce.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Improved access to mental health services for all Aboriginal people
- > More culturally appropriate mental health care addressing the specific mental health and social and emotional well being needs of Aboriginal peoples, their families and carers, across the life span.



Culturally and Linguistically Diverse (CALD) mental health programs

Our aim is to ensure that culturally and linguistically diverse people across NSW have access to appropriate, high quality mental health services that address their specific needs.

Overview

NSW is one of the most culturally and linguistically diverse communities in Australia. People have migrated here from approximately 140 different countries; 16 per cent of the total NSW population was born overseas in a non-English speaking country. With this diversity comes great variance in the social, economic, environmental, religious, cultural and genetic influences that impact on a person's health and mental health status and on later generations.

An understanding of the role of culture and the socio-economic, religious, political, linguistic and familial framework from which an individual or community operates and survives is vital to the assessment, diagnosis and treatment of mental illnesses and disorders. The need to address the diversity of the population in policies, planning processes and services remains a significant imperative for mental health services to ensure equal access to, and equitable outcomes from mental health services.

Meeting the complex health and mental health needs of people from CALD backgrounds requires a broad approach that promotes and supports inclusion of CALD communities, consumers and carers in the planning, delivery and evaluation of mental health care at all levels.

The need to deliver equitable and accessible mental health services to respond to the diversity of the population profile remains a significant imperative for mental health services.

A range of health sector programs deliver services for people from CALD backgrounds with mental illnesses and disorders. These include:

- > Mental health services
- > The Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- > The Transcultural Mental Health Centre (TMHC)
- > The NSW Refugee Health Service

- > Bilingual GPs
- > Bilingual workers
- > Peak multicultural and ethno-specific organisations
- > Multicultural health and mental health workers, including bilingual counsellors employed by mental health services, other government agencies and NGOs
- > Health Care Interpreter Services.

Strategy

The *NSW Multicultural Mental Health Plan* and the *NSW: A new direction for Mental Health (2006)* build on the progress made in multicultural mental health and outline a strategic framework for future action to promote the mental health of CALD communities over the next five years.

Specific initiatives outlined in the Plan include:

- > Evaluating the cultural appropriateness of **outcome measurement tools** within MH-OAT, including the translation and validation of the SDQ and K10
- > Distributing and promoting the use of culturally appropriate **clinical assessment tools**
- > Enhancing the support from mental health services provided to CALD **consumers and their families and carers** and increasing their participation in clinical care
- > Developing **local Area Multicultural Mental Health Implementation Plans**. These Plans will extend existing programs to reflect the mental health needs of the local CALD population profile
- > **Promoting positive mental health** in the CALD population to strengthen communities, build resilience and ensure people know where to get help
- > Preventing and reducing the **stigma** of mental health problems and disorders for the CALD population
- > Increasing the body of **cross cultural knowledge, experience and expertise** in the mental health sector



- > Promoting the use of **bilingual mental health professionals and interpreters**
- > Developing and implementing flexible, sustainable models of service delivery for CALD communities in **rural and remote areas**
- > Developing and implementing flexible, sustainable models of service delivery for **children, young people and their families and older people** from CALD backgrounds.

State and Area plans will be based on strong partnerships between mental health services and the health sector, other government agencies, bilingual mental health workers, GPs, specialist transcultural mental health services and multicultural and ethno-specific agencies. This will facilitate the sharing of information and best practice, and promote collaboration in planning and service provision.

Future service roles and functions

There will be programs, policies and practices in place in mental health services across NSW that reflect the diversity of people from CALD backgrounds.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Improving accessibility to mental health services for people from CALD backgrounds
- > Ensuring that mental health care and promotion and prevention initiatives are culturally appropriate and address the specific needs of people from CALD backgrounds
- > Increasing the participation of consumers, families and carers from CALD backgrounds in mental health services.



Rural and remote mental health programs

Our aim is to provide people living in rural and remote communities with access to timely, high quality mental health services that address their specific needs.

Overview

In rural and remote Areas, small populations are geographically dispersed across large distances, with varying access to health services. Isolation, socio-economic disadvantage and mobility and transport limitations are key issues in the delivery of community mental health services to rural and remote communities. Natural disasters such as drought or floods can also have a significant impact on the mental well being of rural communities, and require targeted responses. Mental health service delivery needs to be locally focussed and build on the capacity of existing community services.

The challenges of mental health service delivery in rural and remote communities require the development of tailored, innovative strategies and service models. Such solutions should be developed in collaboration with the broad range of community services involved in supporting rural Areas. These innovations aim to provide better and more accessible care across the full range of community mental health services.

The needs of Aboriginal people are of particular importance, and programs need to be developed in a way that is applicable to the people of rural and remote Areas of NSW (see also section on Aboriginal and Torres Strait Islander Communities). The greater proportions of children and older people in the populations of some rural Areas also require specific tailored services, as do early intervention services for rural youth.

In most rural and remote Areas, the numbers of nursing, allied health and specialist mental health staff are limited. Recruitment, retention and ongoing professional development and support are key issues for community mental health staff working in isolated settings and geographically dispersed teams.

Current situation

Rural and remote mental health services generally operate on a primary health care model, founded on strong capacity building and partnerships with primary health and community services.

Current initiatives include the following:

- > Outreach consultation-liaison by specialist mental health teams or individual clinicians
- > Telepsychiatry, utilising telehealth facilities
- > Mental health promotion, prevention and early intervention initiatives aimed at building the capacity of rural communities (eg the work focussing on improving the support and care of farmers and farming communities in NSW, in collaboration with rural community services)
- > Development of the *Rural Mental Health Emergency and Critical Care Access Plan*, to guide improvements in emergency and acute care responses in rural and remote Areas
- > The MHDAO has established the Centre for Rural and Remote Mental Health (CRRMH). The CRRMH is a major initiative to develop statewide programs that build knowledge and evidence about mental health needs in rural and remote NSW. It develops effective service models through research; provides a resource for education, training and support of rural health professionals; and demonstrates leadership in identifying future service needs.



Strategy

The *NSW Rural Health Plan (2002)* and the *Rural Mental Health Emergency and Critical Care Access Plan* provide the framework for strategies to address the needs of people with mental illness and disorders in rural and remote Areas. Current strategies include:

- > Continuing to develop strategies to **improve emergency and acute mental health responses** to the needs of rural and remote communities. This includes the rural critical care model, which incorporates a 24 hours/day 7 days/week triage for mental health emergencies. (See also section on Acute and Emergency Care and Treatment.)
- > Strengthening **community capacity building and partnership strategies** with GPs, private psychiatrists and psychologists and other primary health care services, rural general hospital services and other health, welfare and community agencies to promote early and effective access to mental health care
- > Improving the **availability of the full range of mental health services** from promotion and prevention through to rehabilitation, utilising tailored programs applicable to rural settings
- > Developing and applying **telepsychiatry models**, such as the Child and Adolescent Psychological Telehealth Outreach Service (CAPTOS), for the delivery of community mental health services in rural and remote Areas. This aligns with the NSW Health Telehealth Program, guided by the *NSW Health Telehealth Initiative Service Planning and Evaluation Framework 2003–2007*
- > Developing **new service delivery models and strategies** for community mental health, in consultation with local communities and stakeholders, building on the work of the CRRMH and the strategies outlined in Area Clinical Service Plans

- > Progressing strategies that develop and support the enhancement of the **community mental health workforce** in rural Areas, linking into the CRRMH and NSW Health rural workforce development initiatives, including the Rural Psychiatrist Project (see Workforce Development section)
- > Developing models to improve mental health service responses to **specific population groups** such as older people, CALD people and Aboriginal people with mental illnesses and disorders in rural and remote Areas, building on Australian Government and NSW Health initiatives.

Future service roles and functions

There will be 24 hours/day 7 days/week access for rural and remote communities to mental health telephone triage services; emergency response and safe transport services; mental health assessment, care coordination and rehabilitation services; and other community mental health service components outlined in the *Strategy*, through tailored service delivery models.

Consumer, family and carer benefits

These core programs benefit the consumer, family and carer through:

- > Improving access to the full range of community mental health services
- > Enabling earlier recognition, assessment and treatment of mental illnesses and disorders
- > Improving mental health, well being and quality of life
- > Improving the linkages between mental health services, other community agencies and primary health care services.

Core services: across all age groups, across all service settings

Acute and emergency care and treatment

Our aim is to provide community emergency and acute mental health services that are consumer-sensitive, responsive and provide timely, effective and high quality care.

Overview

Emergency and acute mental health services are provided in the community for consumers of all ages. In developing these services, this *Strategy* is informed in particular by:

- > *NSW Interagency Action Plan for Better Mental Health*
- > *NSW: A new direction for Mental Health*
- > *Rural Mental Health Emergency and Critical Care Access Plan*
- > *NSW Memorandum of Understanding (MOU)* (NSW Health, NSW Police and NSW Ambulance).

Current situation

Mental health acute and emergency service models have developed according to local need and within available resources, and vary between NSW mental health services. Some AHSs have well-established teams providing extended hours acute care, while others provide a business hours triage and short-term case management service. There is also service variability in:

- > The extent of services provided across the state
- > Target groups
- > Levels of resourcing
- > Degree of engagement with other mental health and emergency services.

Acute care and crisis teams currently provide emergency mental health responses in the community, generally either 16 or 24 hours/day 7 days/week. The teams typically operate out of community mental health centres and/or hospital EDs. Increasing demands on acute community services have meant that in most AHSs these teams are now providing acute assessment and some level of acute community treatment, but are insufficiently resourced to provide best practice acute

community care (eg with twice daily home visits where indicated). There has been a trend away from teams conducting assessments in the community to centre-based assessments, and a trend toward significant use of telephone follow-up.

While these teams work in partnership with mental health telephone intake and triage services and other agencies, they have important links to emergency services, in particular with the NSW Police and Ambulance services. The recent revision of the MOU providing greater role clarification for agencies at each point of the emergency mental health patient journey, and the revival of the interagency mental health protocol committees will improve the coordination of emergency mental health care.

These emergency care partners have commenced initiatives to improve their capacity to undertake their role in emergency mental health response. The NSW Ambulance Service has adopted mental health as one of its three priority patient groups, developed a Mental Health Plan, and is implementing mental health training as part of Officer training at all stages. Similarly the NSW Police have recently investigated options to better prepare their Officers to manage mental health situations.

Current mental health acute and emergency services include the following:

- > Emergency assessment of consumers in the community
- > Mental health telephone triage and referral, available 24 hours/day 7 days/week
- > Follow-up of consumers in crisis either in the community by community mental health services, or at hospital EDs
- > Management of emergency mental health presentations to hospital EDs by mental health



Clinical Nurse Consultants, on-call mental health staff, or in dedicated Psychiatric Emergency Care Centres (PECCs)

- > Assertive management of consumers following discharge from inpatient units and hospital EDs, or those experiencing relapse in the community
- > Assertive early intervention with consumers through home-based management as an adjunct to care coordination.

The enhancement of community acute services to enable acute care in the home will reduce the demand for inpatient services and increase capacity for early discharge.

Strategy

The **NSW Mental Health Emergency Care (MHEC) Program** will, over the next five years, improve the responsiveness of emergency and acute mental health services across the State, in conjunction with consumers, families and carers, other government agencies, emergency services and NGOs.

This includes:

- > **Establishment of Psychiatric Emergency Care Centres (PECCs)** in 9 major metropolitan hospital Emergency Departments.
- > **Expanded community emergency care services** to provide timely responses to mental health crises with or without emergency services (Police and Ambulance) in the community. Service functions include:
 - mental health assessment
 - assistance with immediate management
 - medication administration
 - supervision and monitoring of consumers in transit.
- > **Establishment of a 24 hour per day/7 day per week State-wide mental health telephone triage and referral service.** These specifically dedicated and professional mental health telephone triage service will link callers directly with community mental health teams and other services, and meet defined service performance standards.

- > **Improved mental health responses for rural Emergency Departments** including 24 hours per day/7 day per week **access to mental health specialists** and improved inter hospital transportation services
- > **Education and support programs** based on available best practice for mental health professionals and others involved in emergency and acute mental health care
- > **Strengthened partnerships** with Police, Ambulance, GPs, Emergency Departments and other service partners involved in emergency and acute mental health care in the community
- > **Better integration of services to provide short-term interventions** for current mental health service consumers requiring:
 - intensive follow-up following crises or relapse of their mental illness or disorder
 - assertive follow-up post discharge from mental health acute or non-acute inpatient units
 - assertive home based treatment as an adjunct to care coordination for clients with early symptoms.

Services may work in partnership with other government organisations and NGOs to address the client's broader needs; eg a client's accommodation may be at risk if they are believed to have caused a disturbance.

Future service roles and functions

There will be a comprehensive suite of emergency and acute mental health services established to support people with mental illness or disorder in the community.

Emergency services and mental health teams will work in partnership with other services to deliver an effective and timely response to consumers in crisis. A range of mental health telephone-based services will support mental health staff, GPs and other service partners to work effectively with people with a mental illness or disorder including referrals to mental health services where required.

Consumer, family and carer benefits

These core services benefit the consumer, family and carer through:

- > Improving access to emergency mental health care for all consumers across NSW requiring these services
- > Reducing the frequency and duration of mental health acute inpatient unit admissions
- > Improving access to services for people at risk of suicide or self-harm
- > Supporting timely access to mental health services for prompt intervention in mental health crises
- > Improving safe delivery of mental health care
- > Minimising the stigma often associated with the assessment and transport of consumers from the community to inpatient services.





Mental health rehabilitation

Our aim is to ensure that rehabilitation services in both the public sector mental health program and in the mental health NGO sector promote recovery and reduce the disability associated with mental illness and disorder through early intervention. A range of targeted, evidence-based interventions will be utilised, supported by a network of intersectoral links.

Rehabilitation services will work across all settings – inpatient to community – and across the lifespan. Services will focus on enabling the individual to live a more meaningful life in the community, and to achieving their fullest potential. Service provision will focus on supporting individuals to achieve independence, self-esteem, housing stability, social and family connectedness, education and employment.

Overview

Effective rehabilitation programs in the public mental health services and the mental health NGO sector focus on supporting recovery and promoting personally meaningful and independent living. Rehabilitation refers to both a philosophy, to be applied to all mental health care, and a specialist discipline requiring specific skills. There is a strong link between rehabilitation and positive individual and cost-benefit outcomes. A number of studies demonstrate an average reduction of more than 50 per cent in the cost of care due to decreased hospitalisations.⁴³

Rehabilitation assessment and care planning identifies and builds on an individual's strengths. It involves working holistically with an individual, addressing their life stage milestones whilst building their links with the community. Rehabilitation assessment and intervention should commence at the earliest point of contact with mental health services to prevent secondary disabilities arising from difficulties in achieving milestones (eg education, employment, and relationships). Early intervention can also minimise the disruption, fragmentation and eventual loss of an individual's existing social and community links.

In the public mental health service sector, rehabilitation is a core service to be provided for all people with mental illness and disorders. It is an essential focus of work for all mental health clinicians in both community and inpatient settings. It needs to be an integral part of service provision from a person's first presentation. All clinicians must be able to identify their clients' rehabilitation needs, deliver targeted, appropriate interventions and refer on to specialist

rehabilitation providers as necessary (see Appendix 2 for an example of a rehabilitation service model).

In the specialist mental health NGO sector, psychosocial rehabilitation approaches aim to ensure the provision of the full range of services and opportunities that promote social inclusion and community participation. These programs include:

- > Social and leisure programs
- > Self-help and peer support programs
- > Accommodation support initiatives
- > Disability and employment support.

Social and leisure programs can be important stepping-stones towards independent living and employment. Such programs support recovery, promote community participation, assist in the development of social skills and provide a safe environment for people requiring this support. These programs may be consumer-run services, which are integral to a recovery model of mental health service provision.

Vocational Education, Training and Employment (VETE) strategies are key to an individual's recovery and participation in the community. People with mental illness and disorders are among the most socially and economically marginalised in our community. Employment rates for people with a mental illness or disorder are lower than any other disability group. VETE support, through the provision of advice, expert assessment and intervention, referral pathways and linkages to Commonwealth VETE, can assist individuals with a mental illness or disorder to gain competitive employment.⁴⁴

Current situation

The nature and extent of rehabilitation services vary across both the public mental health sector and the specialist mental health NGO sector. Generally, rehabilitation services have evolved in response to both local need and local resources. Another influence over the last three to five years has been a shift away from traditional living skills models to an increasing focus on outreach and evidence-based and outcomes-focused practices. Uptake varies across the state according to locality, resources and service provider. Current challenges include the:

- > Absence of clear role definition and understanding of the place of rehabilitation services within the public sector, and between the public and the NGO sector
- > Limited coordination, which complicates access by consumers to support services (eg responsibilities for the range of VETE services lie across states and territories, Australian Government departments, and public and private providers)
- > Need to develop service philosophies and structures that are coherent and standardised, and that cater for a wide range of age groups and the range of mental illness and disorders⁴⁵
- > Service gaps in rehabilitation services pointing towards a need to review and expand current approaches such as accommodation support programs and VETE services.

Strategy

In response to these challenges, the following strategies are being implemented to achieve a **comprehensive base of rehabilitation programs** in both the public sector mental health and NGO sectors. The NSW Government has committed \$41.5 million over the next five years and annually to community rehabilitation services to provide assessments and options for people at the earliest stage of their disorder. As stated in *NSW: A new direction for Mental Health* (2006), this includes individualised plans, transition to community care and specialist psychosocial rehabilitation into the community.⁴⁶

These programs will focus on:

- > **Positioning rehabilitation as a core program component for all public sector mental health services** – This ensures that rehabilitation will be a core component of all services spanning all age groups, phases of illness, and client settings. It supports the development of rehabilitation teams or rehabilitation positions within other teams (depending on the particular service model).
- > **Mental health workforce development** – Developing workforce skills and knowledge with respect to rehabilitation supports the understanding and uptake of rehabilitation as a core component of all mental health services. It ensures that both sectors' programs reflect the principles inherent in a successful rehabilitation framework. These include building on the individual's strengths, and focusing planning and intervention around the individual and their self-identified needs. The MHCC's *Mental Health NGO Development Strategy* builds NGOs' capacity to provide high-quality, evidence-based psychosocial rehabilitation.
- > **Partnerships** – NSW Health will continue to work with the MHCC and NGOs to further develop the roles and functions of the public and NGO sectors in the provision of mental health rehabilitation.
- > **Developing specialist mental health service programs** including the:
 - **Clinical Mental Health Rehabilitation Program**
This provides additional senior clinical rehabilitation coordinator positions and increased clinical rehabilitation positions in each Area. The Program will also provide:
 - training, consultation-liaison, assessment and care planning
 - health promotion and education, specialised therapies (eg cognitive, narrative), functional assessment and intervention including sensorimotor and biomechanical functioning, community development, and early intervention programs
 - resources and education to the whole mental health service to enable the development of recovery focused services



- support of specialist staff and development of skills within the rest of the service to embed the rehabilitation approach within the overall service.
 - **Area Clinical Mental Health Partnership Program** – A priority under the *NSW Interagency Action Plan for Better Mental Health*, this program provides a senior position and resources to each Area mental health service. The role of these positions focuses on building on existing local partnerships with other government agencies, NGOs and primary care providers including GPs.
 - **VETE Program Phase One (Trial)** – This is a two-year trial operating in the Hunter/ New England AHS. It is evaluating service pathways for an identified cohort of individuals with the aims of improving their educational and employment options. The evaluation will inform future state planning for Phase Two of the VETE program.
 - **VETE Program Phase Two** – This Program provides additional clinical positions in each Area mental health service to establish VETE programs which will:
 - develop local service networks for the referral and management of clients, ensuring clear communication pathways to respond to the changing needs of both clients and service providers
 - provide expert advice in assessment and intervention for this client group to mental health service and NGO staff
 - provide expert advice on mental health issues to vocational rehabilitation providers (eg CRS), employment services (eg Job Network) and education providers (eg TAFE or schools).
 - > **Recovery and resource services** – the capacity of NGOs to provide quality social, leisure and recreational and vocationally linked opportunities for people with a mental illness or disorder will be increased. New programs will be developed, based on best practice. Programs will promote community inclusion and participation.
 - > **Accommodation support programs** – HASI will provide the full range of levels of psychosocial rehabilitation accommodation support (see Section on Community Mental Health Service Partnerships).
 - > **NGO Infrastructure Grants** – The NGO Grant Program supports a range of NGOs to provide specialist mental health programs across NSW. These programs will be further supported to develop infrastructure through the Mental Health Infrastructure Grant (IGA) Program which will support and assist 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.
- ### Future service roles and functions
- There will be rehabilitation expertise available to the whole mental health service system, linked throughout inpatient and community services and across services for people of all age groups. Mental health services and NGOs will provide rehabilitation in partnership, and with clearly defined roles. The mental health NGO sector will be expanded with additional services, improving access to the full range of rehabilitation services for people with a mental illness or disorder across NSW.
- ### Consumer, family and carer benefits
- These core services benefit the consumer, family and carer through:
- > Ensuring rehabilitation expertise is incorporated and accessible across all mental health services in both the public and NGO sectors
 - > Reducing disability due to mental illness or disorder
 - > Improving economic and personal benefits due to increased participation in the community, education, employment, home and family life
 - > Reducing relapse into acute episodes of illness
 - > Reducing the number and length of hospitalisations.

Population specific services

Forensic mental health services

Justice Health's mission is to achieve measurable and sustained health care outcomes leading to international best practice for those within the NSW criminal justice system.

Introduction

The NSW Statewide Forensic Mental Health Service (SFMHS) is a statewide service and a Directorate of Justice Health. Justice Health works closely with the Department of Corrective Services (DCS), Department of Juvenile Justice (DJJ), Attorney General's Department, Area Mental Health Services and other community services.

The SFMHS is responsible for the development and management of an integrated inpatient service, community correctional ambulatory mental health service and community forensic mental health services across NSW. The SFMHS provides services to:

- > Forensic clients under the *Mental Health Act 1990* and *Mental Health (Criminal Procedures) Act 1990*
- > Area Mental Health Services in the management of people who are difficult to manage, especially those who are a risk to others and with an offending history
- > People with a mental illness or disorder who are being managed by the Probation and Parole Service, which is a component of DCS Community Offender Services
- > Those people who have a history of sex offences being managed by Probation and Parole Service
- > Inmates and detainees serving a sentence or who are on remand who have a mental illness or disorder
- > Charged persons appearing before a court where the court requires a specialist mental health clinician to provide a mental health assessment
- > Those people who have a mental illness or disorder who have committed non-indictable offences at a local court level are assessed. Recommendations are provided by the Court Liaison Service to the magistrate regarding diversion to an inpatient mental health setting or for management by Area Community Mental Health Services
- > Adolescent detainees requiring mental health services.

Current situation

Current Community Forensic Mental Health Services include the following:

- > Justice Health provides Ambulatory Mental Health Services in 26 Adult Correctional Centres and in eight Juvenile Detention Centres across NSW. In centres where specialist mental health staff are not present primary health nurses provide mental health triage, referral, and coordinate care or transfer to an appropriate correctional centre for further assessment and treatment.
- > The Court Liaison Service provides mental health professionals in 21 NSW Local Courts. The SFMHS manages the Court Liaison Service, which manages Court Liaison Officers at 17 Local Courts. They provide comprehensive assessment and where appropriate provide recommendations for diversion to the Magistrate to either community or inpatient mental health settings.
- > The Community Forensic Adult Mental Health Service was recently established and is comprised of mental health clinicians including psychiatrists, nurses and allied health staff. This Service uses the consultation-liaison model, and works closely with the Adult Ambulatory Correctional Mental Health Service, Court Liaison Service and Area Mental Health Services. This service focuses on risk assessment and provides recommendations to Area Mental Health Services and to Probation and Parole for the management of released patients with a mental illness or disorder.
- > The Adolescent Community and Court Team (JH-ACCT) commenced in Sydney in 2006 and works in conjunction with the DJJ, the Department of Community Services (DoCS) and Area Child and Adolescent Community Mental Health Services. This team focuses on diverting young people from custody.



Strategy

Specific initiatives to develop and enhance Community Forensic Mental Health Services include:

- > Additional projects are in development in **Kempsey** to strengthen links between programs and services in the correctional centre and within the Kempsey Aboriginal Community.
- > An **adult male mental health screening unit** opened in the Metropolitan Remand and Reception Centre (MRRC) in February 2006. The service provides a centralised mental health unit with a multi-disciplinary team of clinicians, including allied health and DCS staff. This team completes comprehensive mental health assessments, and uses these in the development of management plans for male adult receptions thought to have a mental illness or disorder. This unit supports the diversion of those appropriate inmates through the Court Liaison Service.
- > An **adult female mental health screening unit** is due to open at Silverwater Women's Correctional Centre mid-2007. It will operate under a similar model to the mental health screening unit in MRRC.
- > The new **Forensic and Prison Hospitals at Long Bay** will provide acute and rehabilitative care for forensic patients and inmates and detainees in NSW with mental illness or disorder. The 135-bed Forensic Hospital will focus on patients with a mental illness within the criminal justice system, but also has capacity for admissions from around NSW. The 85-bed Prison Hospital will have 40 places for inmates with a mental illness who require care and are compliant with treatment. An important role of these inpatient services is to prepare people for less restrictive care options, including community living.

Future service roles and functions

There will be appropriate Forensic Mental Health Services in place to provide comprehensive mental health assessment and care that addresses the needs of adolescents and adults as well as the specific needs of Aboriginal and Torres Strait Islander people in the Criminal Justice System.

Consumer, family and carer benefits

These services benefit the consumer, family and carer through:

- > Diverting people with a mental illness or disorder from the Justice System to receive mental health care, where appropriate
- > Improving access for people in the Justice System with a mental illness or disorder to appropriate mental health assessment and intervention
- > Supporting carers and families of people in the Criminal Justice System and during incarceration and post-release
- > Referring people released from the Justice System to appropriate mental health care on transition to community living.

Age specific services

Child, adolescent and family services

Our aim is to enhance the mental health and well being of children, adolescents, and their families in NSW by:

- > Intervening as early as possible to decrease the incidence, prevalence and severity of mental health problems and disorders
- > Providing comprehensive, accessible and developmentally appropriate services, which address the diversity of need and help them, their families and others caring for them to optimise their development and build a secure base for their future.

Overview

Nationally and internationally there is growing recognition of the increasing prevalence, acuity and complexity of mental health problems in the perinatal period, in childhood and adolescence. The earlier age of onset of mental health problems provides significant burdens for individuals, their families and communities.

Mental illness or disorders impact on all aspects of the development of children and adolescents. Addressing their mental health needs must recognise the emotional, cognitive, behavioural, social and educational factors that shape their development. These issues, especially the family and care environment, have major implications for service design, access and utilisation across both the community and the specialist mental health inpatient settings.

Pregnancy and the first years of life are crucial periods for building good physical and mental health into the future. The lifelong implications of early onset of mental illness or disorders in childhood are well known. Adolescence and young adulthood is a critical developmental period in the lifespan, particularly as it affects people's social and emotional well being.

Establishing effective partnerships with key services and agencies has the greatest potential to address the full range of children and young peoples' mental health needs. Collaborative arrangements must include not only the individuals and their families and carers, but also the wide range of other health services, other government agencies and NGOs that provide the range of services to young people.

Current situation

There is no consistent structure and function of child and adolescent mental health programs across all NSW mental health services, as services have developed within available resources, to address local needs.

Specialist mental health services for young people are generally provided by two separate mental health services depending on the age of the young person:

- > 0 to 17 years – Child and Adolescent Mental Health Services (CAMHS)
- > 18+ years – Adult Mental Health Services.

CAMHS community teams, in conjunction with acute and non-acute inpatient units, provide specialist mental health assessment, care planning and clinical intervention, consultation-liaison services and some case management.

There is a major workforce challenge to improve CAMHS capacity, ensure better integration between CAMHS community and inpatient services and between CAMHS, Adult MH services, paediatrics, primary care and key agencies such as DoCS, Department of Ageing, Disability and Home Care (DADHC), Department of Education and Training (DET) and Juvenile Justice.

In order to improve recruitment, retention and service coordination MHDAAO has facilitated the transformation of the previous statewide organisation, Child and Adolescent Mental Health Statewide Network (CAMHSNET), to MH-Kids, which is now a devolved unit of MHDAAO. MH-Kids has specific



responsibilities to NSW Health for:

- > Leading development and supporting the implementation of consistent CAMHS plans, policies, protocols and guidelines informed by available evidence, in consultation with stakeholders
- > Providing leadership and coordination in workforce development, education and training
- > Providing clinical leadership
- > Identifying clinical advice and support needs, and determining strategic solutions, models, care pathways and new treatment systems to meet those needs
- > Advocating for child and adolescent mental health issues, funding, programs and improvements
- > Contributing to improved literacy in child and adolescent mental health for service providers and the community.

In addition, early intervention services and workers are established in some Area mental health services under a range of programs, such as the NSW Early Psychosis Program. A number of child and family community health teams also provide mental health services for younger children under the auspices of community health or child health programs.

Adolescents and young people are usually treated in the community, with only a relatively small number admitted to inpatient facilities.

The current challenge within mental health services is the need to develop and sustain consistent structures and functions across all child and adolescent mental health programs and the alignment with youth and adult mental health services. There is scope for improving service access, quality and equity.

A number of specialist promotion, prevention and early intervention initiatives currently address child and adolescent mental health issues. These include the following:

- > **SAFE START (IPC)** – This program is a comprehensive and integrated health response to the needs of families during the perinatal period (pregnancy to infant aged two years). SAFE START links to the NSW Government's

Families NSW initiative administered by DoCS.

- > **NSW Parenting Program for Mental Health** – This Program is a coordinated approach to implementing parenting programs. The Program links to the NSW Government's *Families NSW* initiative and the DoCS Parenting Initiative.
- > **NSW School-Link initiative** – This partnership between NSW Health, MH-Kids and DET provides a framework and structure for supporting child and adolescent mental health services. Both schools and TAFE work together to address mental health issues.
- > **NSW Early Psychosis Program** – This youth-focused service aims to reduce symptoms and distress levels for young people and their families, reduce suicide risk, assist a rapid and complete recovery, and to improve long-term outcomes, retention of social skills, reduction of levels of disability and decreased need for hospitalisation.
- > **Children of Parents with a Mental Illness (COPMI)** – This involves partnerships with adult mental health services and other initiatives which are implemented by AHSs. The programs support vulnerable families and promote opportunities for high-risk children.

The Crossing Bridges NSW training program for adult mental health staff is designed to increase knowledge, understanding and responses to children's needs. Beginning in 2008, training materials for adult mental health staff will be disseminated across NSW.

To improve alignments between child and adolescent prevention programs and core CAMHS, the School-Link, SAFE START, COPMI and Parenting Programs will be transferred to MH-Kids. This work is well underway.

Strategy

Over the next five years NSW Health and MH-Kids will link and integrate specialist CAMHS services with other components of the mental health service (eg youth services, adult mental health teams), other health services (eg primary care and paediatrics) and other service providers (eg DoCS and DET). This will support consistent, developmentally appropriate interventions, which address the needs

of the young person with a mental health problem within their family/carer context.

The work will be underpinned by the *Child and Adolescent Mental Health Services Plan: Building a Secure Base for the Future (the CAMHS Plan)*, which outlines service developments over the next ten years. This Plan will facilitate links between state mental health plans and Area-based CAMHS plans. The *CAMHS Plan* has undergone extensive consultation and endorsement will shortly be sought from the Mental Health Program Council.

The *CAMHS Plan* will guide incremental service improvements across all AHSs, and is based on many of the principles outlined earlier in this document. In particular, the *CAMHS Plan* provides a framework and model towards Area-based self-sufficiency in providing comprehensive and fully-integrated services for infants, children, adolescents and young people and their families. There is emphasis on developing enhanced community-based multidisciplinary teams based on population need and with capacity to respond to those in greatest need, with the most complex problems and disorders across the prevention and intervention spectrum. It supports the development of improved service access and clear pathways of care from community to more intensive support and treatment settings.

Specific strategies to progress community mental health care for infants, children, adolescents and their families include:

> Early intervention in the perinatal period

- **enhance linkages** with antenatal and obstetric services, early childhood services, perinatal mental health specialist staff, GPs, adult mental health services, drug and alcohol services, child protection services, DoCS, *Families First* programs and NGOs
- develop and deliver a **comprehensive perinatal mental health training and education strategy for specialist workers**, including mental health and drug and alcohol workers.

> Children and adolescents

- **support new initiatives with potential to demonstrate improvements in practice** that can be implemented across the state (eg support for children in alternate care, COPMI and eating disorders).
- establish clear pathways for services working with children and adolescents with mental health problems to access **specialist advice and support 24 hours/day 7 days/week**. Education and specialist support will be available for those providing the triage and initial responses
- assist children in the early years of school with **disruptive behaviour and developmental problems**. Interventions will complement existing parenting programs in the younger years and School-Link. This provides an opportunity for earlier intervention in averting pathways to crime and delinquency
- **integrate CAMHS initiatives with the NSW Family and Carer Mental Health Program** to provide better support for those affected by mental illness or disorder and their families, including children
- develop appropriate priority service partnerships for Aboriginal children, adolescents and families
- establish **day programs in regional centres** for children and adolescents requiring more intensive and extended community-based treatment, including those moving to community care from acute inpatient care
- **expand the scope of early intervention services** to include other disorders such as anxiety, depression, bi-polar disorder and co-morbidity with drug and alcohol issues
- priority access for children, adolescents and families at highest risk for current or future impairment and for those with the greatest need for specialist intensive and often longer-term mental health interventions, especially those who have been exposed to multiple risk factors for mental health problems. These groups include



those who have been exposed to trauma, abuse, violence or neglect; children and young people in out-of-home care; those with developmental disabilities or chronic physical health problems; those in contact with the Department of Juvenile Justice; and families with children where a parent has mental health problems.

Future service roles and functions

There will be access for children, adolescents and their families to a consistent and integrated range of mental health services, which address their specific developmental needs.

Consumer, family and carer benefits

These services benefit the consumer, family and carer through:

- > Increasing resilience and enhancing factors that contribute towards positive mental health
- > Enhancing awareness of mental health and mental illness and disorders within the community
- > Increasing community capacity to deal with mental health issues
- > Facilitating earlier access to evidence-based mental health care, including multi-component interventions, for children and adolescents with emerging and early mental health problems
- > Reducing the incidence and severity of mental illness and disorders
- > Decreasing the severity of mental illness and disorders in all children and adolescents
- > Decreasing the incidence of inappropriate inpatient admissions, and reducing relapse for children and adolescents with mental illness and disorders
- > Supporting adults with a mental illness or disorders who have childcare responsibilities.



Youth mental health services

Our aim is to enhance the mental health and well being of young people in NSW by:

- > Intervening as early as possible to decrease the incidence, prevalence and severity of mental health problems and disorders
- > Providing comprehensive, accessible and appropriate services, which address the diversity of need and help young people, their families and others caring for them to optimise their development and build a secure base for their future.

Overview

NSW is taking a systematic approach to developing and strengthening mental health services for young people. A strategy within *NSW: A new direction for Mental Health* is the Youth Mental Health Services Model for NSW. This is being developed to meet the needs of young people aged 14 to 24 years by increasing early access to mental health services.

All AHSs are receiving new funding to develop and establish youth mental health services from 2007/08. These will be developed and implemented alongside a strengthening of CAMHS.

Young people with emerging mental health problems can 'fall between the gaps' between child and adolescent services and adult services which can significantly delay them receiving appropriate intervention. Young people with mental health problems are unlikely to access mental health services and receive professional help, even when the problems are severe. When young people do access services, their illness has often reached an acute stage and they are more likely to present in crisis situations when they are at greater risk of harm to themselves or others.

Young people want services that are non-stigmatising, flexible, available when other medical services are not available or are difficult to access, holistic, confidential and comprehensive. Services need to have multidisciplinary teams which address multiple and complex problems and ensure provision of outreach, crisis and out-of-hours care, and family support.

Current situation

The Youth Mental Health Services Model is being developed and piloted in Northern Sydney Central Coast AHS during 2006/07. An evaluation is being conducted to identify the core components of the Model. A rural adaptation of the Model is being developed.

Strategy

Youth Mental Health Services will be progressively implemented in other AHSs, based on the principles developed in the pilot study and building on appropriate existing services or initiatives (such as early psychosis or youth mental health). Ongoing evaluation and monitoring will be supported during the first five years of the development and establishment of Youth Mental Health Services in AHSs.

The focus will be on improving and integrating AHS capacity to treat young people with a range of mental health problems and co-morbidities.

Future service roles and functions

Young people with mental disorders have co-located access to services for concurrent problems, such as physical health problems, smoking, substance misuse, suicidal ideation and problems with peer and social relationships.



Consumer, family and carer benefits

These services benefit the consumer, family and carer through:

- > Increasing resilience and enhancing factors contributing to positive mental health
 - > Enhancing awareness of mental health and mental illness and disorders across the community
 - > Increasing community capacity to deal with mental health issues in young people
 - > Enabling earlier access to evidence-based mental health care, including multi-component interventions, for young people with emerging mental health problems, to reduce the incidence and severity of mental illness and disorders
- > Improving access to GP, drug and alcohol, educational, employment and other relevant services for young people with emerging mental health issues
 - > Decreasing the severity of mental illness and disorders
 - > Decreasing the incidence of inappropriate inpatient admissions; and supporting shorter periods of inpatient care, better recovery and reduced relapse for young people with a mental illness or disorder
 - > Promoting earlier, better and longer-term service engagement with young people with a mental illness or disorder
 - > Improving transitions between child and adolescent and adult mental health services.



Adult mental health services

Our aim is to provide flexible, innovative and coordinated models of care that address the complex needs of adults with a mental illness or disorder, their families and carers; ensures relapse prevention; maintains optimal levels of independence and community participation; and supports recovery.

Overview

Strengthening and increasing the provision of community mental health services and supports for adults is a key initiative of both State and Federal Governments.

Specialist community mental health services for adults, their families and carers are evidence-based, integrated with acute and non-acute inpatient services and include:

Assessment

- > All mental health service consumers receive a comprehensive, multidisciplinary assessment focused on rehabilitation and recovery and directed by evidence-based practices
- > Assessment includes examination of the consumer's mental state and physical health. Significant co-morbidities, particularly substance abuse, are identified. Psychosocial needs are assessed and an individual's strengths are determined
- > Assessments are conducted in consultation with key stakeholders, including families and carers, as appropriate
- > Assessments are documented using the appropriate Mental Health Outcomes Assessment Tool (MH-OAT) Clinical Modules and Standard Measures
- > A consumer's social and cultural needs are also identified at assessment. Where appropriate, Aboriginal or bilingual mental health workers may assist with assessment and/or care plan development.

Care planning

- > Individual Care Plans are developed based on the outcomes of the assessment and are documented using the appropriate MH-OAT tools ie the CP
- > Care Plans are developed in consultation with the consumer and may be developed in consultation with families and carers where appropriate. Care Plans may be developed in consultation

with other relevant services where the consumer agrees to this

- > Care Plans identify long-term goals and the shorter-term goals that lead to their achievement, support consumer recovery and build on the consumer's identified strengths
- > As consumers work towards their goals, their needs are continually monitored. Care Plans are updated as required, based on the results of regular reviews.

Treatment

- > Individuals receive the interventions that will assist them to work towards the short and long-term goals articulated in their Care Plan and support their recovery. The evidence base informs the delivery of interventions (where available)
- > Consumer goals may be clinical, functional, social, personal etc
- > Interventions are provided by staff with the appropriate skills and expertise and may be delivered across sectors by a mix of professionals, including staff of mental health services, NGOs, other government agencies and private providers
- > Treatment interventions clearly relate to expected consumer outcomes (eg clinical, physical, functional, social, personal), are regularly reviewed, and adjustments are made accordingly. Where there are joint partners in service delivery joint Care Plans should be developed, and the relevant agencies involved in multidisciplinary team meetings.

Two service models that encompass these functions are the Assertive Community Treatment and Care Coordination models. The key differences between the two models relate to their target groups, degree of intensity and how members of the multidisciplinary team are involved in the care of the individual. Models of care need to address specific rural and



remote service issues. These are described in further detail below.

Current research has found that, when compared with standard care:

- > Consumers receiving care according to the Assertive Community Treatment model are more likely to remain in contact with services, less likely to be admitted to mental health inpatient units and have shorter lengths of stay, are more likely to be living independently and less likely to become homeless or unemployed and express higher levels of satisfaction with services.^{47,48,49,50,51}
- > Consumers receiving Care Coordination (case management) are more likely to remain in contact with services, more accepting of treatment and use fewer hospital days. Consumer and family and carer satisfaction with services is also increased.^{52,53,54}

Current situation

The current challenge is to develop and sustain consistent structures and functions across all adult mental health programs, including the delivery of services in rural and regional areas.

Community mental health services for adults currently consist of after/extended hours services and ambulatory care services, including appointments with treating doctors, Clozapine and depot clinics, psychological therapies, case management and rehabilitation.

A range of case management models and Assertive Community Treatment services are currently provided in AHSs. Mental health community service models for adults have developed according to local need and within available resources, and vary between NSW mental health services. The models of care need to be defined, reviewed and updated.

Adult mental health services have a role in responding to mental health risks identified through the universal psychosocial assessment and screen for current depression of pregnant and postnatal women as outlined in the *NSW SAFE START Guidelines for Improving Perinatal Mental Health Outcomes*. They need to identify the issues for children of adults affected by mental illness or disorder.

Service responses to adults with dual diagnosis (mental health and either drug and alcohol or intellectual disability) are not consistent.

Linkages with specialist mental health services across the age groups from child and adolescent to adult services and from adult to older people's services are not well defined, and the transitions from inpatient to community services are often poorly managed.

Adult community mental health services recognise the importance of partnership work with NGOs, GPs, SAAP, other human service departments, education and vocational agencies to support the holistic needs of adults with a mental illness or disorder, their families and carers. These partnerships need further development to build the capacity of the broader community to assist people with a mental illness or disorder, and to better develop referral pathways and timely support.

Strategy

Specific initiatives to develop and enhance adult community mental health services include:

- > **Community Mental Health Service Model**
 - Over the next five years, NSW Health will build on best practice to develop and deliver a standardised statewide model. The model will apply to adults and their families and carers. Key service models are:
 - **Assertive Community Treatment services**
 - These services work intensively with people who have numerous and frequent acute inpatient admissions. They provide extended hours mobile services, and work in partnership with acute care services and the specialist accommodation support providers (eg HASI). Individuals receive Assertive Community Treatment for as long as this is required. Consumers, their families and carers will be supported by members of the multidisciplinary community mental health team (eg nurses, psychiatrists, occupational therapists, and social workers) who provide assessment, care plan development, interventions and review to address consumer needs⁵⁵

- **Care Coordination** – This is a service for people with a mental illness or disorder living in the community who require mental health intervention, but who have more stable symptoms and do not have many acute inpatient admissions. Service provision is flexible and can be provided in a person’s home or at the community mental health centre, generally during business hours. The degree of service intensity varies according to the needs of the individual. Each person is assigned a clinical care coordinator, who provides the required assessment, care planning, intervention and monitoring. The care coordinator works in partnership with other services and the family and carer, where required, to address an individual’s broader goals⁵⁶
- > **Mental Health Rehabilitation Services**
 - Within each Area, services are being enhanced across public mental health and NGO sectors to provide specialist rehabilitation input across both inpatient and community teams. These include additional services for VETE and for social and leisure programs, including consumer-run recovery services (refer section on Rehabilitation).
- > **Housing and Accommodation Support Initiative (HASI)** – This program is being expanded to increase the availability of high quality NGO mental health rehabilitation and support services (refer section on Partnerships).
- > **Family and Carer Mental Health Program**
 - This is a statewide program which will ensure families and carers of people with mental illness have access to appropriate information and options for support; this is delivered in a sensitive, evidence-based, and cost-effective manner in partnership between AHSs and NGOs and between the NSW and Australian Governments (refer section on Family and Carer Mental Health Program).
- > **Enhancement of COPMI/SAFE START**
 - These programs will be enhanced to ensure early intervention and support issues for vulnerable parents and their children are comprehensively addressed (refer section on Child, Adolescent and Family Services).

In addition, specific adult mental health services are being developed and incorporated into the following initiatives (refer the following sections of the *Strategy* for detail):

- > *NSW Aboriginal Mental Health and Well Being Policy 2006–2010*
- > *NSW Multicultural Mental Health Plan*
- > Specific dual diagnosis service responses
- > Rural and remote service initiatives.

Future service roles and functions

Community mental health services for adults provide access to a spectrum of care, including Assertive Community Treatment and Care Coordination for people with a mental illness or disorder, their families and carers.

Consumer, family and carer benefits

These services benefit the consumer, family and carer through:

- > Ensuring adults with a mental illness or disorder, their families and carers receive the appropriate levels of support for living successfully in the community
- > Improving the quality of life and mental well being of people with a mental illness or disorder, and their families and carers
- > Reducing the number of inpatient unit admissions and readmissions of people with a mental illness or disorder
- > Assisting people with a mental illness or disorder to participate in the community and in employment.



Specialist Mental Health Services for Older People

Our aim is to promote independence, dignity and quality of life for older people with mental health problems, their families and carers. Older people will be assisted to remain as healthy, functionally able and independent as possible for as long as possible, and to participate in community life.

Overview

Specialist Mental Health Services for Older People (SMHSOP) community teams are the foundation for effective community mental health care for older people. These teams:

- > Maintain a specialist capacity to assess, treat and manage a complex range of mental illness and disorders in older people
- > Provide specialist mental health assessment, care planning, clinical intervention, consultation-liaison services and some case management
- > Support hospital admission and discharge processes and follow-up care for SMHSOP clients, and also provide support for families and carers.

The SMHSOP target group includes:

- > Older people who develop or are at high risk of developing a mental illness or disorder at the age of 65 years and over
- > Older people with life-long or recurring mental illness or disorders with complex presentations and care needs (eg significant functional disability) that can be optimally managed by SMHSOP
- > Older people who present with severe behavioural or psychiatric symptoms associated with dementia or other long-standing organic brain disorder
- > The families and carers of these older people are also part of the broader target group for SMHSOP.

In certain clinical and population groupings, it is noted that there are younger people who are 'functionally old' and may have complex co-morbidity issues, including dementia, acquired cognitive impairment and poor health status. Where possible and appropriate,

SMHSOP provides some services for these clients, in collaboration with aged care services. In other clinical groupings, consumers may be 65 years or older but are still most appropriately managed by adult mental health services, in collaboration with SMHSOP.

A New Direction in Mental Health supports the strengthening and expansion of SMHSOP services. There is strong evidence to support the development of multidisciplinary SMHSOP community teams. Recent research has confirmed the effectiveness of multidisciplinary SMHSOP community teams (providing consultation-liaison and case management), relative to usual care (eg adult mental health teams, GPs, and aged care services) in the management of depression, severe behavioural and psychological symptoms of dementia and other mental health problems in older people.⁵⁷ In an Australian case series involving interventions with clients with a range of psychiatric disorders by a predominantly community-based, multidisciplinary SMHSOP team, significant mental health improvements were reported on HoNOS between assessment and discharge.⁵⁸ A number of studies of SMHSOP outreach services to community-based residential care facilities have found that these services are particularly effective where there is a liaison style with a strong educational component.^{59,60}

Current situation

SMHSOP are at an early stage of development. Access to these services varies across NSW. Some Areas have specific clinical service structures or streams, with SMHSOP Clinical Directors, dedicated teams, specialist service delivery models, and formalised partnership arrangements and referral protocols with other key services. Telepsychiatry and outreach SMHSOP clinicians serve some rural and remote AHSs, operating on a primary health care model, founded on strong capacity

building work and partnerships with primary health care services.

Community SMHSOP teams rely on strong integration with adult mental health services and on linkages and/or partnership arrangements with a range of other key services such as GPs, primary health and aged care services in addressing the often complex mental and physical health needs of older people and their broader needs for accommodation and support.

Currently, NSW Health is enhancing community mental health services for older people and establishing pilot transitional and long-term community residential care partnership models.

Strategy

The *NSW Service Plan for Specialist Mental Health Services for Older People 2005–2015* outlines the SMHSOP service model and an implementation plan for developing the model across NSW over the next ten years.

Over the next five years, SMHSOP service development priorities include the enhancement of SMHSOP community teams, the establishment of an integrated specialist behavioural assessment and intervention service model for older people, and the development of community residential service models, in partnership with residential aged care services and other key providers.

Adult mental health teams will maintain a key role in the care of existing clients beyond the age of 65, particularly where SMHSOP are not available, where these clients are being appropriately managed, and/or where this promotes continuity of care. SMHSOP will provide support to adult mental health teams and aged care services to ensure care coordination for older people with co-morbid mental illnesses or disorders that may not be the primary focus of care, and/or long-standing mental health problems but no acute symptoms. SMHSOP and adult mental health services will work together to manage transitions between these services. SMHSOP will work with clinicians and teams providing services across the age spectrum, such as rehabilitation services, to address the specific needs of older people.

Specific initiatives to progress community mental health care for older people include:

- > **Increase the capacity of SMHSOP community teams to respond to the needs of older people with complex mental illnesses and disorders in a community setting** (particularly at-risk groups such as older people in residential aged care facilities, older people who are homeless or at risk of homelessness, and older people currently in non-acute and sub-acute facilities as long-stay patients)
- > Increase the capacity of SMHSOP community teams to undertake more **prevention and early intervention work**, such as training and capacity building with primary health, aged care, community care and residential aged care staff and consultation-liaison services to GPs and other service partners
- > Develop **targeted prevention programs** for older people in partnership with other services and communities, building on the initiatives developed by AHS elderly suicide prevention workers and the NSW Elderly Suicide Prevention Network
- > Establish the **Behavioural Assessment and Intervention Service (BASIS)** model across NSW. Under this model, SMHSOP community teams will develop their capacity and arrangements to provide specialist assessment and intervention for older people with severely and persistently challenging behaviours associated with dementia and/or mental illness or disorder
- > Develop strategies and partnership arrangements to improve **access to private psychiatric services** for older people with a mental illness or disorder, building on Australian Government and NSW Health initiatives
- > Introduce service agreements or protocols in all AHSs for **collaboration between NSW Health mental health and aged care services** in the care of older people with severe behavioural and psychological symptoms of dementia



- > Develop **collaborative strategies with GPs** to promote early intervention and referral, and effective primary health care for older people with a mental illness or disorder, building on Australian Government and NSW Health initiatives, and activities and initiatives undertaken by SMHSOP community teams
- > Investigate appropriate **community-based rehabilitation programs** with a recovery focus for older people with a mental illness or disorder. Implement these models in collaboration with specialist mental health rehabilitation staff providing services across the age range
- > Implement **transitional care models** for older people with a mental illness or disorder across NSW to address the continuum of care between hospitals, residential aged care facilities and community care, including the negotiation of joint Commonwealth-State funding arrangements.

Future service roles and functions

The outcome of these strategies will be consistent, specialist community mental health services for older people with mental illness and disorders across NSW. The services will provide and facilitate specialist mental

health assessment, care planning, consultation-liaison and some case management services; support for families and carers; targeted mental health promotion, prevention and early intervention programs; and enhanced service linkages and partnerships to promote integrated and coordinated care.

Consumer, family and carer benefits

These services will benefit the consumer, family and carer through:

- > Improving access to appropriate and timely community mental health assessment and care that addresses the specific needs of older people with mental illness and disorders
- > Reducing levels of functional disability and promoting better mental health
- > Improving their quality of life
- > Increasing community participation and social and family inter-connectedness
- > Improving coordination and continuity of care across the range of service settings
- > Reducing hospital admissions, readmissions and lengths of stay.

