

NSW Health

NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022:

Progress Report for 2019



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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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Executive Summary

The NSW Strategic Framework and Workforce Plan (The Plan) comprises actions arising from the NSW Mental Health Reform in response to recommendations in *Living Well: A strategic plan for mental health in NSW 2014-2024*. It provides the overarching framework for NSW Health action in mental health from 2018-2022 and responds to recommendations in recent reviews including the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*; the *Royal Commission into Institutional responses to Child Sexual Abuse*; the *Review of the Mental Health Review Tribunal in respect to forensic patients*; and policy guidance contained in the *Fifth National Mental Health and Suicide Prevention Plan 2018-2022* (Fifth Plan).

This document is the first progress report of the Plan and provides an overview of statewide and local achievements, including by NSW Health local health districts (LHDs), speciality health networks (SHNs), Ministry of Health branches, pillars and other NSW Health organisations.

It is intended to be considered and shared for the purpose of continuous quality improvement. The 2019 progress report will support NSW Health and partner organisations in the consistent planning, funding and implementation of actions to realise improvements in service efficiencies and consumer outcomes.

The following ranking system is used to show progress against the two strategic goals:

- Goal 1 – Holistic person-centred care
- Goal 2 – Safe, high-quality care.

✓	Complete
●	In progress

The objectives for reporting in 2019 were focused on the following:

- strengthening recovery
- delivering holistic care
- improving physical health care
- increasing community-based options
- quality and safety
- early intervention
- suicide prevention.

Progress on the Strategic Framework and Workforce Plan has been significant, with a number of activities completed and progress occurring against all of the actions for 2019.

Government investment has also been significant, with action areas focused on implementing the recommendations of the Review of Seclusion and Restraint, co-design approaches, the Mental Health Carer Experience of Service Survey and workforce leadership.

Ongoing reporting against the Strategic Framework and Workforce Plan will occur at the end of every calendar year until the plan's completion in 2022.

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Strategy	1.1 Embed recovery-oriented, trauma-informed practices	
Action: 1.1.1	Implement a National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers	
<p>Lead: Mental Health Branch Workforce Planning & Talent Development Branch</p> <p>Partners: LHDs/SHNs Health Education Training Institute (HETI)</p>	<ul style="list-style-type: none"> NSW Health participated in the development of the National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers. The Framework provides guidance to mental health practitioners and services on recovery-oriented practice and service delivery. It supports cultural and attitudinal change and encourages a fundamental review of skill mix within the workforce of mental health services, including increased input by those with expertise through experience. NSW Health ensures the principles of trauma-informed care are incorporated when updating and reviewing mental health policy and guidance. All districts and networks advise that they have included culturally appropriate, recovery-oriented, trauma-informed care principles training for all mental health staff. HETI audited NSW mental health staff participation in leadership programs across five domains of the Leadership Framework: achieving outcomes; developing and leading self; engaging people and building relationships; partnering and collaborating across boundaries; and transforming the system. It found that all LHDs and SHNs have embedded the NSW Health Leadership Framework for all mental health staff. 	✓
Action: 1.1.2	Review mental health policy and guidance to ensure the principles of trauma-informed care are incorporated	
<p>Lead: Mental Health Branch LHDs/SHNs</p> <p>Partners: Agency for Clinical Innovation (ACI)</p>	<p>Trauma-Informed Care</p> <ul style="list-style-type: none"> ACI is undertaking a project to understand and improve the experience of care of consumers, families and staff through trauma-informed care and practice provision and has recently launched a website and initiated consumer and practitioner surveys regarding trauma-informed care and practice. ACI is developing evidence-based strategies and approaches tailored to mental health services in NSW. This includes training and resources to understand the prevalence and impact of trauma, recognise how trauma has impacted the person and strategies to respond that ensure care is not re-traumatising. NSW Health incorporates trauma-informed care principles in NSW policy directives, program and training initiatives. ACI recently released an Evidence Series Report: Trauma-Informed Care and Mental Health in NSW (November 2019), which found that trauma-informed care in mental health settings can lead to a reduction in post-traumatic stress responses and mental health symptoms and improve physical health outcomes as well as a reduction in the length of time in hospital and the use of seclusion and restraint. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Action: WP 2.1.1	Scope development of a mental health attraction campaign that includes focus on value-based recruiting	
Lead: Mental Health Branch Workforce Planning & Talent Development Branch Workplace Relations Nursing & Midwifery Office Partners: LHDs/SHNs Tertiary Institutions HETI	<p>Initial activity has commenced in partnership with Workforce Planning & Talent Development Branch to investigate allied health in mental health workforce (AHMH) opportunities. Further work is required to understand recruiting into mental health more broadly and will be carried out in collaboration with the Nursing & Midwifery Office, Workforce Planning & Talent Development and HETI. This AHMH Workforce Project was established in response to a strategic priority to grow and support a skilled mental health allied health workforce by 2021, in line with forecast health service demand and delivery requirements. The information is intended for use by the AHMH workforce and leaders, Mental Health Executives and Ministry of Health Branches and Pillar agencies to inform workforce planning strategies.</p> <p>This initiative delivers against three key objectives of the framework depicted to deliver holistic care, improve the physical health care of consumers and increase community-based options. The final report will be available on the Ministry's website.</p>	●
Action: WP 3.2.1	Develop resources to support successful mental health co-design processes	
Lead: NSW Mental Health Commission ACI HETI	<ul style="list-style-type: none"> ACI launched two resources to strengthen collaborative practices between consumers, carers and service providers: <ul style="list-style-type: none"> A Guide to Building Co-design Capability: a resource designed to support partnerships to make healthcare improvements using co-design methodology. Link: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0013/502240/Guide-Build-Codesign-Capability.pdf Building Collaborative Cultures of Care: an online toolkit to support implementation of strategies, ideas and tools to increase the involvement of people with lived experience in the design, delivery and evaluation of mental health services. Link: https://www.aci.health.nsw.gov.au/resources/mental-health/collaborative-cultures/building-collaborative-cultures <p>Both resources are available on the ACI website.</p>	✓
Action: WP 3.2.2	Implement co-design approaches	
Lead: Mental Health Branch LHDs/SHNs	<ul style="list-style-type: none"> All districts and networks use the expertise of consumers and families in local quality improvement. As part of the \$700 million Statewide Mental Health Infrastructure Program (SWMHIP), the NSW Government committed \$20 million in the 2018-19 budget to improve the therapeutic environment in acute mental health units. Funding was approved for all districts and networks to co-design projects with consumers and carers to improve care experiences and outcomes. This funding delivered new sensory rooms, which help calm agitated patients; improved patient areas; lighting; and sound proofing. All current and future capital planning projects for mental health facilities will involve consumer representatives. Health Infrastructure representatives participated in a training workshop in July 2018 on using co-design to improve mental health units. The Ministry of Health has commissioned a lived experience researcher to lead and report on a co-design process (using ACI resources) for the establishment of the new Housing and Accommodation Support Initiative (HASI) Plus program site in the Mid North Coast Local Health District. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
	<p>Assertive Suicide Prevention Outreach Teams</p> <ul style="list-style-type: none"> This initiative will work with people with lived experience of suicide, clinicians and community organisations to co-design a new model to provide care and follow up for people in the community who are experiencing a suicidal crisis. New teams will be formed in every LHD to expand the local suicide prevention workforce so that more people who are in distress can be supported more quickly. Co-design processes will take place to work with local stakeholders to design teams that respond to local priorities and integrate with the existing service system. This initiative is being implemented in tandem with the Zero Suicides in Care initiative to support the Zero Suicides' focus on the community setting in addition to the inpatient setting. Twelve districts have indicated their preference for progressing this initiative. LHDs have been funded \$510,000 per year for staffing (4 FTE) and costs for the new Assertive Suicide Prevention Outreach Teams. 	●
Strategy	1.5 Strengthen mental health leadership	
Action: 1.5.1	Ensure mental health representation on leadership committees to support the delivery of safe, high-quality, holistic recovery-oriented connected care	
Lead: LHDs/SHNs	LHDs/SHNs advise that the Directors of Mental Health are members of the district or network's senior executive and have a reporting relationship to the Chief Executive. This action ensures strong, visible and engaged mental health leadership at the highest levels of health services.	✓
Action: WP 4.9.1	Increase the number of mental health practitioners engaged in management, leadership and talent development programs	
Lead: LHDs/SHNs Partners: HETI Clinical Excellence Commission (CEC) Mental Health Branch	HETI audited NSW mental health staff participation in leadership programs across five domains of the Leadership Framework: achieving outcomes; developing and leading self; engaging people and building relationships; partnering and collaborating across boundaries; and transforming the system. HETI found that all districts and networks have embedded the NSW Health Leadership Framework for all mental health staff.	✓
Action: WP 4.9.2	Increase participation of Mental Health Nurse Unit Managers in the Take the lead 2 program	
Lead: Nursing and Midwifery Office Mental Health Branch LHDs/SHNs Partners: HETI	<ul style="list-style-type: none"> Take the Lead 2 is a two-year leadership program designed specifically for all Nursing/Midwifery Unit Managers who manage clinical units or wards. The aim of the program is to develop manager knowledge and skills in growing high-performing teams. In 2016/17, five mental health nursing unit managers participated in Take the Lead 2. This increased to 10 mental health nursing unit managers in 2018/19. 	✓
Action: WP 4.9.3	Increased participation of senior mental health nurse managers with the In the lead program	
Lead: Nursing and Midwifery Office Mental Health Branch LHDs/SHNs Partners: HETI	<ul style="list-style-type: none"> In the Lead aims to enhance the knowledge and skills of nurse managers as transformational leaders. <p>In 2016, three mental health nurse managers participated in the program. In 2018, this increased to 10 mental health nurse managers.</p>	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Action: WP 4.1.5	Leaders support multidisciplinary teams to work in partnership with the emerging peer and Aboriginal mental health workforces	
<p>Lead: LHDs/SHNs</p> <p>Partners: Mental Health Branch</p>	<p>Aboriginal mental health workforce</p> <p>In 2019-20, the NSW Government spent over \$7 million on specific initiatives to improve the mental health and wellbeing of Aboriginal people, and to prevent suicide in Aboriginal communities. Specific programs to support the Aboriginal mental health workforce and build partnerships to enhance the capacity of mental health services to provide culturally safe support for Aboriginal communities, consumers, carers and people with lived experience include:</p> <ul style="list-style-type: none"> • \$510,000 for the Aboriginal Mental Health Workforce Statewide Coordination Unit and strategic projects to support the development and growth of the Aboriginal mental health workforce and strengthen care pathways and service planning for Aboriginal people • \$980,000 for Aboriginal mental health workforce enhancement, including support for Aboriginal mental health clinical leaders and trainees • \$80,000 for the Aboriginal Mental Health Wellbeing and Workforce Forum to support the Aboriginal mental health workforce • \$194,800 for the Aboriginal Health and Medical Research Council to provide mental health capacity and capability building in the Aboriginal Community Controlled Sector <p>Other funded programs are designed to build partnerships with the Aboriginal Community Controlled Sector for social and emotional wellbeing and suicide prevention supports through:</p> <ul style="list-style-type: none"> • \$2.18 million in grant funding to 17 Aboriginal Community Controlled Health Services to support mental health service delivery, including increasing referrals to specialist clinical services, healing activities and community-led initiatives • \$2 million to Aboriginal Community Controlled Health Services for Social and Emotional Wellbeing drought programs • \$437,000 for suicide prevention initiatives in Aboriginal communities including the Towards Zero Suicides Aboriginal Communities Resilience Initiative and the Suicide Prevention Fund • \$700,000 annually for the Aboriginal Getting on Track in Time (Got It!) four-year pilot project, being run from 2018-19 to 2021-22, in South Western Sydney 	✓
	<p>Aboriginal Mental Health Clinical Leadership Program</p> <p>The Aboriginal Clinical Leadership Program has been established across LHDs as well as the Justice Health & Forensic Mental Health Network (JHFMHN). NSW Health provides funding to employ Aboriginal mental health coordinators, clinicians or clinical leaders. The program aims to:</p> <ul style="list-style-type: none"> • provide vital support to Aboriginal mental health trainees, Aboriginal mental health clinicians, teams and managers • assist in building culturally responsive and respectful mental health services for Aboriginal people in NSW through planning, consultation, training and supervision • increase the number of Aboriginal people employed in mental health services • improve the responsiveness and effectiveness of mental health services in their provision of early intervention, assessment, treatment and recovery services for Aboriginal people in NSW. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
	<p>The NSW Aboriginal Mental Health Workforce Training Program</p> <p>The NSW Aboriginal Mental Health Workforce Training Program is a key initiative of NSW Health. The program was established in 2006 and provides mental health trainee positions for Aboriginal people across all Districts and the JHFMHN. Trainees undergo supervised workplace training and placements over three years, while concurrently completing a Bachelor of Health Science (Mental Health) through the Djirruwang Program.</p> <p>The program supports the provision of accessible, culturally appropriate mental health services for Aboriginal people by increasing the number of qualified Aboriginal mental health workers in the workforce and developing the knowledge of mental health service staff about the health beliefs and needs of Aboriginal people.</p> <p>There are approximately 30 trainees employed across LHDs and the JHFMHN at any one time.</p> <p>The Aboriginal Clinical Leadership Program and the NSW Aboriginal Mental Health Workforce Trainee Program were enhanced under Tranche 2 of the NSW Government's 10-year Mental Health Reform agenda with a \$1 million supplementation. This comprises:</p> <ul style="list-style-type: none"> • \$550,000 for Aboriginal mental health clinical leaders in the Central Coast, Illawarra Shoalhaven, Nepean Blue Mountains, and Northern Sydney LHDs • \$300,000 for two new Aboriginal mental health trainees and an Aboriginal mental health clinician in Northern NSW LHD • \$160,000 for enhanced statewide coordination of the Aboriginal Mental Health Workforce Statewide Coordination Unit. 	✓
	<p>Building on Resilience in Aboriginal Communities</p> <ul style="list-style-type: none"> • Aboriginal Community Controlled Health Organisations are being supported to implement local culturally appropriate suicide prevention activities, informed by the University of Western Australia's Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention's work on the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. • Funds can be used flexibly to either enhance existing activities that contribute to suicide prevention and/or to fund new and innovative community activities that contribute to suicide prevention. • Activities can be grassroots community activities, or clinical services, or a mix of these approaches. • In 2018, this project published the Solutions That Work: What the Evidence and Our People Tell Us report. • This has significantly expanded the evidence base for what works in Aboriginal community-led suicide prevention and provides clear direction for community programs. It has identified several success factors including: <ul style="list-style-type: none"> – community ownership – involvement of Elders – access to counsellors and mental health support – building identity – employment of community members – a number of other factors that should be accounted for in the design of this initiative in NSW. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Strategy	2.2 Grow and support the emerging peer workforce	
Action: WP 1.2.3	Peer workforce data is collected through routine reporting	
Lead: Mental Health Branch Workforce Planning & Talent Development Branch System Information and Analytics Branch Partners: LHDs/SHNs eHealth NSW	<ul style="list-style-type: none"> All districts and networks have increased their recruitment of peer workers. The NSW Health key performance indicator that requires an increase in the peer workforce each quarter by LHDs and SHNs has been retained. In March 2020, 111 FTE peer workers were employed across NSW Health, representing an increase of 13 FTE peer workers between March 2018 and March 2020. 	✓
Action: WP 4.6.1	Develop a NSW Peer Workforce Framework to guide development of, and support for, the emerging peer workforce in NSW	
Lead: Mental Health Branch	<ul style="list-style-type: none"> The Ministry of Health has appointed a Statewide Mental Health Peer Workforce Coordinator. This position is responsible for leading the development of the NSW Health Peer Workforce Framework. The NSW Peer Workforce Framework will guide development of, and support for, the emerging peer workforce in NSW. It is anticipated this work will continue into late 2021 to allow for consultation with consumers and carers. The NSW Peer Workforce Framework will align with and build on the South Eastern New South Wales (SENSW) Regional Peer Workforce Framework, which is due for completion in October 2020. Funding is available for costs associated with this project. The SENSW Framework will provide advice and guidance for employers and managers in supporting the peer workforce across the SENSW region. The SENSW Framework will highlight considerations for organisations employing peer workers in regional and rural areas. 	●
Action: WP 4.6.2	Recruit and train new peer worker roles funded under the Reform	
Lead: Mental Health Branch LHDs/SHNs	<p>A dedicated peer worker program called Peer Supported Transfer of Care (Peer STOC) has been established in all districts. The aim of Peer STOC is to reduce the readmission rates of consumers to inpatient settings. Consumers are linked to meaningful supports as part of the discharge process, through connection with peer workers early in their care. In 2019, 28 FTE peer workers have been employed in the program across NSW.</p> <p>Between July 2018 and July 2020, the Ministry funded the Mental Health Coordinating Council to provide 100 scholarships for peer workers to study the Certificate IV in Mental Health Peer Work. A further 5 scholarships were disbursed in 2018-2019 due to rollover of funds from the previous financial year.</p>	✓
Action: WP 4.1.4	Support senior peer workers to assist the professional development of new peer workers in mental health	
Lead: LHDs/SHNs Training Providers	<p>The Statewide Mental Health Peer Workforce Coordinator role was established in 2016 to support the development of the peer workforce in NSW. The role provides advice and guidance to senior peer workers and managers across NSW to assist ongoing professional development and support of the peer workforce, including new peer workers.</p> <p>The creation of mechanisms such as statewide committees (e.g. Peer-STOC Advisory Committee) for senior peer workers provides opportunities for collaboration and information sharing among peer work leaders.</p> <p>LHDs/SHNs have a role in supporting the peer workforce through local infrastructure and line management. Senior peer workers provide support to new peer workers through peer supervision and mentoring, regular peer work forums/meetings in LHDs/SHNs and in-services for staff.</p>	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Action: 2.2.1	Participate with the Australian Government and other governments in developing National Peer Workforce Development Guidelines	
Lead: Ministry of Health Mental Health Branch	<p>Under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan), the National Mental Health Commission is leading the development of Peer Workforce Development Guidelines by 2021.</p> <p>This project will help support the peer workforce through providing formalised guidance for governments, employers and the peer workforce about support structures required to sustain and grow the workforce. Although local and regional peer workforce frameworks exist, the development of national guidelines will ensure consistency across Australia. National guidelines will also be a step towards professionalisation of the peer workforce.</p> <p>NSW Health is represented by the NSW State Peer Coordinator.</p>	✓
Strategy	2.5 Grow and support the psychiatry workforce	
Action: WP 4.5.1	A statewide Psychiatry Workforce Plan is developed and implemented	
Lead: Mental Health Branch Workforce Planning & Talent Development Branch Partners: LHDs/SHNs HETI Royal Australian and New Zealand College of Psychiatrists (RANZCP)	<ul style="list-style-type: none"> The NSW Ministry of Health is developing a Psychiatry Workforce Plan that will provide direction to those involved in training, recruiting and supporting psychiatrists in NSW to address supply across NSW, giving attention to difficult to service locations, including outer metropolitan and rural and regional areas and sub-specialties. The Plan is due for publication in 2020. It is being developed in close engagement with a range of stakeholders, such as the RANZCP, to ensure recommended actions are achievable and in progress. The Plan will also look at initiatives that can improve recruitment and retention of junior doctors into psychiatry training, particularly in rural and regional areas. The impact of these initiatives on increasing the specialist psychiatrist workforce will not be immediately realised given that the psychiatry training program is a minimum of five years. A total of \$3.4 million per year is being invested to support psychiatry training networks. The funding supports Network Directors of Training and Education Support Officers in each of the five training networks and State Directors of Advanced Training. RANZCP requires psychiatry trainees to be enrolled in Formal Education Courses provided externally from the College. HETI has been accredited by the College to provide formal education courses for psychiatry trainees. The HETI professional development Psychiatric Medicine course fee has been reduced from \$5,000 per year to \$1,000 per year. This is in response to concerns by trainees about the cost of psychiatry training in NSW. This course fee is available to all current NSW Health psychiatry trainees enrolled in the HETI professional development Psychiatric Medicine course. 	●

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Strategy	4.1 Enhance specialist mental health capacity in community-based settings	
Action: 4.1.1	Implement enhancements to specialist community-based mental health services funded under the Reform	
Lead: Mental Health Branch LHDs/SHNs	Pathways to Community Living Initiative (PCLI) <ul style="list-style-type: none"> • Under the reform, the PCLI is transitioning long-stay psychiatric hospital patients into safe community care. • From 2019-20, the NSW Government committed \$10 million for the program. In 2014-15, an initial \$5.2 million per annum was invested to support stage one of PCLI to expand mental health-residential aged care partnership services. A further \$2.2 million per annum was committed from 2017-18, increasing by \$2.6 million from 2019-20, for additional PCLI complex care clinicians in key LHDs. • Under Stage One of PCLI, partnerships with aged care services have resulted in the funding of 85 mental health residential aged care places across six LHDs: Hunter New England, Northern Sydney, Nepean Blue Mountains, Sydney, Western NSW and Western Sydney. • The PCLI has also continued planning for Stage Two, to support the transition of long-stay patients who are younger with very complex illness. To support this, 230 community-based 24/7 beds will be commissioned as a key component of the NSW SWMHIP. • As at December 2019, 179 of the original cohort of 380 long-stay patients identified in 2014 (both those with ageing related issues and the younger cohort) have been transitioned from mental health units to the community, including to the funded aged care beds. • There is a complex care practitioner workforce in development of over 43 positions in 10 LHDs and 1 SHN to support this work. A specific senior position is in place in Murrumbidgee LHD to ensure people with complex needs in rural and remote LHDs are ensured support through the PCLI. This workforce will be further enhanced over the next two years. • To further advance medical leadership in rehabilitation and complex care, the PCLI, with senior psychiatrists across Australia, has supported the establishment of a rehabilitation psychiatry section through the RANZCP. Network meetings of up to 80 psychiatrists in NSW are being progressed. In March 2020 the inaugural network meeting was held with key speakers Professor Helen Killaspy, University College London and Professor Carol Harvey, University of Melbourne. • A PCLI Complex Care Workforce Plan has been drafted to support this specialty area. • An independent evaluation of the PCLI is being undertaken by the University of Wollongong, Centre for Health Service Development (CHSD), Australian Health Services Research Institute. The evaluation will conclude in 2021. 	●
	Mental Health Community Living Supports for Refugees (MH-CLSR) <ul style="list-style-type: none"> • \$1.2 million has been invested in building workforce capability to deliver culturally responsive and trauma-informed care to refugees and asylum seekers. • MH-CLSR is a community-based program located in seven LHDs that provides support for refugee and asylum seekers with mental health issues to live and participate in the community in the way that they want to. • Human Capital Alliance is undertaking an evaluation of the program, due to conclude in 2021. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
	<p>Community Integration Teams (CITs)</p> <ul style="list-style-type: none"> • JHFMHN delivers health care to adults and young people in contact with the forensic mental health and criminal justice systems, across court, community, inpatient and custodial settings. • The Adolescent CIT is a statewide service that assists young people with significant mental health and/or drug and alcohol concerns to access health services in the community upon release from custody. • In 2015, the CIT received enhancement funds of \$1.6 million per year. • The CIT enhancement provided an additional seven statewide clinicians, including two Aboriginal CIT positions. Through this funding, CIT has provided increased specialist clinical mental health services in the community through statewide CIT support for over 500 young people, receiving approximately 15,000 hours of support per annum. • Collaborative work with community service providers, including the Department of Communities and Justice (DCJ) and Aboriginal Community Controlled Services, will continue. • Re-linking young people to education is a priority goal for CIT, as connection to school and education is a significant protective factor in improving mental health outcomes and reducing recidivism. 	✓
	<p>LikeMind</p> <ul style="list-style-type: none"> • LikeMind brings together clinical and psychosocial services: mental health, drug and alcohol, primary health and social services in collaboration with LHDs and non-government organisations (NGOs) to provide seamless person-centred care. The LikeMind approach enhances the delivery of mental health services in the non-government sector through the establishment of linkages across services and sectors. This includes the development of an integrated service hub of co-located mental health, drug and alcohol, primary care and social services including vocational and employment support. • LikeMind has four operational sites: <ul style="list-style-type: none"> – Penrith and Seven Hills were established in 2015 – Orange, Western NSW was opened in October 2016 – LikeMind Wagga Wagga was opened in October 2017. <p>An evaluation of LikeMind was conducted between February 2016 and December 2018 by the Centre for Health Service Development, University of Wollongong. The evaluation demonstrated that LikeMind was meeting its primary objective of establishing a co-location hub that enables people with moderate to severe mental illness to access a diverse range of service providers via a single entry point. The evaluation found that LikeMind is embraced by clients and is making a significant contribution to addressing previously unmet needs and is particularly well-suited to clients with complex mental health needs that benefit from co-location and easy access to multiple agencies. A number of evaluation findings were identified that could improve the effectiveness of the LikeMind model. The recommendations included improved governance arrangements between the districts and lead agencies, a review of the current minimum dataset (MDS) collected and strategies to improve service integration between the districts and lead agencies. The second phase of the evaluation has commenced, and the first interim report is due in February 2021.</p>	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
Strategy	4.2 Enhance mental health community support services	
Action: 4.2.1	Strategic commissioning of a range of community support services under the Reform, Partnerships for Health and other initiatives	
Lead: Mental Health Branch Community managed organisations (CMOs)	<p>HASI Plus maintenance and enhancement</p> <ul style="list-style-type: none"> HASI Plus is a statewide program delivered by three CMOs at sites in Northern Sydney, Western Sydney and Hunter New England LHDs. It provides very high intensity (up to 24 hours per day) coordinated housing, clinical and accommodation support services for people with severe or persistent mental illness with complex care needs. Participants are typically people who would be unable to transition to community living from institutional care such as prison, forensic care settings, or hospital. Following the end of Commonwealth funding for the program, the Ministry of Health negotiated new five-year contracts with the three existing providers, to continue these high intensity supports with Reform funding. Open market procurement has also been finalised to enhance the program by establishing a new HASI Plus site in Kempsey in Mid North Coast LHD. Once operational in mid-2021, this will take the HASI Plus capacity from 60 to 70 packages. 	✓
	<p>Community Living Supports (CLS) and the HASI Initiative</p> <ul style="list-style-type: none"> HASI and CLS provide community-based integrated clinical and psychosocial supports to people with a severe mental illness. HASI and CLS are delivered as a statewide partnership between CMOs and LHDs. HASI and CLS support over 1,779 people in NSW to live and participate in the community, in all 15 NSW LHDs. HASI and CLS have overlapping program governance structures. An important part of the governance arrangements involves having quarterly stakeholder forums and bi-annual peak stakeholder forums. The peak stakeholder forum brings together stakeholders from the mental health sector, Aboriginal health and housing sectors to support the operational effectiveness of HASI and CLS. The Social Policy Research Centre commenced the current evaluation of both the HASI and CLS programs in 2018 and will report progressively until the evaluation is finished in 2020. The NSW Government is committed to developing the skills and capabilities of CMO staff members in the HASI and CLS programs to improve the standard of care provided to consumers: <ul style="list-style-type: none"> Aboriginal cultural competency training was made available to CMO staff members to improve their capacity in delivering appropriate supports to Aboriginal consumers. Workforce development scholarships were provided to CMOs for eligible staff members to undertake a Certificate IV or Diploma of Mental Health. A grant was provided to CMOs for staff members to complete Culturally and Linguistically Diverse (CALD) training and equip staff with the ability to provide culturally competent care to CALD consumers. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 1	Holistic, person-centred care	
	<p>Youth Mental Health Community Living Supports (YCLSS)</p> <ul style="list-style-type: none"> • YCLSS is a community mental health service delivering community-based support services to young people aged 16 to 24 and their families. It provides case management and psychosocial support, working to promote recovery and positive change. • YCLSS programs are operational across five sites located in Hunter New England, Nepean Blue Mountains, Western Sydney, South Western Sydney and Northern NSW LHDs. • Two CMOs (Wellways and Flourish Australia) deliver the program in partnership with the Ministry of Health. Each site is expected to provide 4,099 client-related hours per year to a minimum of 30 clients. Aggregated across the five sites, these targets have been exceeded. • YCLSS contracts have been extended to 30 June 2021. 	✓
Strategy	4.3 Encourage the use of self-help and digital interventions	
Action: 4.3.1	As appropriate, empower consumers, carers and staff to take control over their own physical and mental health by supporting them to access developmentally appropriate and accessible self-help and digital interventions, such as 'Head to Health' and 'NSW Get Healthy Service'	
Lead: LHDs/SHNs	<p>Online self-help materials</p> <ul style="list-style-type: none"> • The ACI Intellectual Disability Clinical Network is developing an online self-assessment resource ('The Essentials') for health services to guide them in developing services inclusive of people with intellectual disability and mental illness. • Details of a range of online self-help materials that are promoted by a number of NGOs, the Mental Health Commission and the Commonwealth Department of Health can be found at the following websites: <ul style="list-style-type: none"> – The Commonwealth Head to Health website (https://headtohealth.gov.au) is a one-stop access point to digital and online information and self-help tools – The Brain and Mind Institute website hosts a range of on-line self-help modules (https://sydney.edu.au/brain-mind). • NSW Health maintains a number of social media profiles that it uses to share positive mental health messages, support national and international mental health events, and to promote available NSW mental health services. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
Action 5.1.1	Implement accepted recommendation of the <i>Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health Facilities, the Review of the Mental Health Review Tribunal in respect to forensic patients, the Royal Commission into the Institutional Responses to Child Sexual Abuse</i> and other relevant reviews	
Lead: Ministry of Health Mental Health Branch	Seclusion and Restraint <ul style="list-style-type: none"> The NSW Government released the seclusion and restraint review report by the NSW Chief Psychiatrist and a panel of experts on 18 December 2017. It included 19 recommendations on culture and leadership, patient safety, accountability and governance, workforce, consumer and carer engagement, data and the built and therapeutic environments. All 19 recommendations are being implemented. All LHDs and SHNs have developed local seclusion and restraint prevention action plans in partnership with consumers and carers. Ongoing reporting is provided under the Bureau of Health Information's <i>Healthcare Quarterly Report</i>. 	✓
Action 5.1.1	Implement accepted recommendation of the <i>Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health Facilities, the Review of the Mental Health Review Tribunal in respect to forensic patients, the Royal Commission into the Institutional Responses to Child Sexual Abuse</i> and other relevant reviews	
Lead: Ministry of Health Mental Health Branch	Seclusion and Restraint <ul style="list-style-type: none"> The NSW Government released the seclusion and restraint review report by the NSW Chief Psychiatrist and a panel of experts on 18 December 2017. It included 19 recommendations on culture and leadership, patient safety, accountability and governance, workforce, consumer and carer engagement, data and the built and therapeutic environments. All 19 recommendations are being implemented. All LHDs and SHNs have developed local seclusion and restraint prevention action plans in partnership with consumers and carers. Ongoing reporting is provided under the Bureau of Health Information's <i>Healthcare Quarterly Report</i>. 	✓
	Review of the Mental Health Review Tribunal in respect to forensic patients <ul style="list-style-type: none"> The Mental Health Review Tribunal Review in Respect of Forensic Patients made 30 recommendations, with 26 completed and four in progress. The Ministry of health is currently engaged in discussions with relevant stakeholders to implement the final four recommendations. These relate to updating language within NSW Health policy and Tribunal guidelines, and supervision of forensic patients on leave and release. 	●

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
	<p>Royal Commission into Institutional Responses to Child Sexual Abuse</p> <ul style="list-style-type: none"> The Royal Commission into Institutional Responses to Child Sexual Abuse was established in response to allegations of sexual abuse of children in institutional contexts that had been emerging in Australia for many years. The final report of the Royal Commission was made public on 15 December 2017. In response to the Royal Commission, the NSW Government invested \$127 million over five years to implement key recommendations. Of this, NSW Health will receive \$67 million from 2018-2023 and ongoing funding of \$19 million per year from 2023. The Ministry of Health is working with LHDs and SHNs to implement the recommendations. NSW Health's Royal Commission implementation program aims to enhance access and provision of appropriate support for client groups disproportionately impacted by sexual violence, including adult survivors of child sexual abuse with mental health and drug and alcohol needs, Aboriginal people and communities, and people with disability. NSW Health is also leading on substantial cross-government work to improve prevention efforts and responses to problematic and harmful sexual behaviours by children and young people. This includes expanded specialist therapeutic services and programs within NSW Health. NSW Health is piloting a new specialist treatment service for adult survivors of child sexual abuse with complex needs. The pilot project will provide specialist sexual assault trauma counselling and integrated case management with mental health, drug and alcohol, and community support services. South Eastern Sydney and Mid North Coast LHDs were selected through a competitive process and funded to pilot and evaluate the new integrated service model from 2019-20 to 2021-22. Specialist research and service co-design expertise has been contracted to provide implementation and evaluation support to the two pilot sites. Evidence produced through action research and evaluation activities undertaken with the LHDs participating in the pilot will inform statewide rollout of the new integrated service from 2022 to 2023. 	●
Action: 5.1.2	Continue embedding the Your Experience of Service (YES) survey, including developing capacity for web-based collections and CMO trial implementation of YES	
<p>Lead: Mental Health Branch Ministry of Health LHDs/SHNs CMOs</p>	<ul style="list-style-type: none"> NSW is the first state in Australia to implement the YES survey. NSW partnered with the Being Mental Health and Wellbeing Consumer Advisory Group and all LHDs and SHNs to co-design the implementation of YES. Since its implementation in 2015, more than 65,000 YES surveys have been returned. In 2018, an electronic version (eYES) was launched, making it easier for more consumers to provide important feedback. By July 2020, YES will be available in 36 community languages. In 2019, the NSW Ministry of Health partnered with the Mental Health Coordinating Council to pilot the YES-CMO questionnaire in seven CMOs, spanning more than 70 teams across NSW. An electronic version of YES-CMO is currently being developed. In the Fifth National Mental Health and Suicide Prevention Plan, all governments have committed to using YES. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
Action: 5.1.3	Establish the Mental Health Carer Experience of Service (MH CES) survey in NSW public mental health services and CMOs	
Lead: Mental Health Branch Ministry of Health LHDs/SHNs CMOs	<ul style="list-style-type: none"> NSW is the first state in Australia to implement the MH CES survey. The implementation of the CES was co-designed. NSW partnered with Mental Health Carers NSW and all LHDs and SHNs. CES was launched in 2018, providing carers with the opportunity to provide feedback on their experience of mental health services. In 2019, an electronic version (eCES) was launched in 2019, making it easier for more carers to provide important feedback. By July 2020, CES will be available in 36 community languages. In the Fifth National Mental Health and Suicide Prevention Plan, all governments have committed to using CES. 	✓
Action: 5.1.4	Mental health infrastructure and service planning incorporate learnings from quality improvement processes, support therapeutic outcomes and consider developmental, family, carer and diverse needs	
Lead: Mental Health Branch LHDs/SHNs	<ul style="list-style-type: none"> As part of the \$700 million SWMHIP, the NSW Government committed \$20 million in the 2018-19 budget to improve the therapeutic environment in acute mental health units. Funding was approved for all districts and networks to co-design projects with consumers and carers to improve care experiences and outcomes. PD2020_004 Seclusion and Restraint in NSW Health Settings has been published and is available on the NSW Health website. The Building Co-Design Capability Guide and Building Collaborative Cultures in Mental Health Service support partnerships between consumers, carers and clinicians, to improve services through consultation with people who have a lived experience of mental health issues, their carers and families 	✓
Action: 5.1.5	Pilot and evaluate new service models including those funded under the Mental Health Reform	
Lead: Mental Health Branch LHDs/SHNs	Intellectual Disability <ul style="list-style-type: none"> The NSW Government has committed \$4.4 million over four years from 2018-19 for people in NSW living with an intellectual disability who need treatment for mental illness. People now have access to a specialist service, where they can be assessed and supported by clinicians who are experienced in the care of people with both conditions. This funding will also help LHDs enhance the effectiveness of mental health care offered to people with an intellectual disability. This investment is also supported by a further \$4.1 million per annum until June 2021 to build the skills of mainstream mental health clinicians to meet the mental health needs of people with intellectual disability. Twelve districts and networks across NSW have established additional clinical and educational programs to improve access to mental health care for people with intellectual disability, their families and carers. Evaluations of both initiatives are underway to understand their impact on access to care and clinical outcomes for people with intellectual disability. 3DN is currently collaborating with the NSW Ministry of Health on a range of tools and resources to facilitate improved access to mental health care for people with intellectual disabilities. These tools include a suite of accessible, easy to read resources, clinical service pathway tools and educational support to enhance clinical partnerships. These resources will begin to be available in early 2021. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
	<p>Eating Disorders</p> <ul style="list-style-type: none"> The NSW Service Plan for People with Eating Disorders 2013-2018 (first Service Plan) considerably improved the supports and treatments available for people with eating disorders and their families and carers. In the 2019-20 Budget, the NSW Government committed \$9.6 million over four years to medical and mental health support services for people with eating disorders. This extends the Government's commitment to the development and expansion of eating disorder services across the state for an additional five-year period, 2019-2024. 	✓
	<p>Data Collection and Systems</p> <p>Funding in tranche 2 of the Mental Health Reform has provided for improved data collection systems. Four data improvement projects were undertaken in 2018-19. These include:</p> <ul style="list-style-type: none"> Improved data collection from the Official Visitors Program. Mental Health Living Longer: a research data linkage project looking at physical health of people with mental illness, with an initial focus on cancer care and self-harm. Supporting clinical safety and quality: focused on measuring restrictive practices in emergency departments, improvements to the eMR and to outcome measurements. Consumer and Carer experience measures: CES and electronic eYES. 	●
	<p>Consultation Liaison (CL)</p> <ul style="list-style-type: none"> CL is a sub-specialty of psychiatry with the aim of supporting collaborative processes between treating teams to ensure mental health needs of patients are met. Funding was allocated to four LHDs to implement a CL program in four hospitals. Funding per year: <ul style="list-style-type: none"> – 2016-17: \$1.013M – 2017-18: \$1.026M – 2018-19: \$1.039M – 2019-20: \$1.060M CL services were enhanced for general hospital patients at Westmead Hospital, Royal North Shore Hospital, Royal Prince Alfred Hospital and Prince of Wales Hospital during the Reform funding period. This CL enhancement provides specialist mental health expertise and intervention early in a patient's treatment leading to improved health outcomes for patients. LHDs have recruited staff and are delivering services. Consultation liaison is providing better management of mental health issues for general hospital patients across three LHDs in these four major hospital sites. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
Action: WP 4.3.8	Align the work of Productive Wards with other Quality and Safety initiatives	
<p>Lead: Nursing and Midwifery office LHDs/SHNs</p>	<ul style="list-style-type: none"> The Productive Mental Health Ward (PMHW) program, facilitated through the Nursing and Midwifery Office, commenced in 2014 and has been delivered to a total of 74 mental health units. The program has been shown to improve safety, efficiency and productivity, increasing the amount of time mental health nurses spend providing direct care to consumers. It has also shown improvements in consumer satisfaction and positive impacts upon consumers' experience of care. The program has reported a reduction in medication errors due to mental health nurses providing direct care to consumers. As part of the NSW Mental Health Patient Safety Program, the CEC trained 51 mental health staff as Improvement Coaches in August 2019. Since September 2019, the CEC facilitated 10 monthly alumni sessions and regular coaching to support the ongoing professional development of Improvement Coaches. Improvement Coaches have used their capabilities to support 73 mental health teams in their safety and quality improvement projects including physical health, seclusion and restraint, safety culture, consumer wellbeing and engagement, and productive ward. 	✓
Action: WP 4.10.1	Support more mental health staff to participate in clinical redesign, research and improvement science education and practice	
<p>Lead: ACI CEC Office for Health and Medical Research LHDs/SHNs</p> <p>Partners: HETI Mental Health Branch</p>	<p>ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW. This is achieved through:</p> <ul style="list-style-type: none"> Service redesign and evaluation: Applying redesign methodology to help healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services. Specialist advice on healthcare innovation: Advising the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment. Initiatives including Guidelines and Models of Care: Designing better healthcare for NSW. Implementation support: Promoting better healthcare across NSW. Knowledge sharing: Partnering with healthcare providers to support collaboration, learning and knowledge sharing. Continuous capability building: Working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
	<p>Zero Suicides in Care</p> <p>Zero Suicides in Care is a change management and quality improvement initiative to prioritise suicide prevention within the mental health system, both in acute and community care settings. The initiative draws on the successful Zero Suicides Healthcare methodology that has been shown to reduce and even eliminate suicides in mental health systems in Australia and internationally.</p> <p>Zero Suicides in Care will consist of contemporary clinical suicide prevention training, revision of risk assessment, critical incident and discharge/transition and follow-up processes, development of suicide care pathways, and promotion of a just and restorative workplace culture that promotes psychological safety for staff, as well as compassionate engagement with people with lived experience of suicide and bereaved families.</p> <p>LHDs have been provided with \$150,000 per year for staffing, training and other implementation activities (\$300,000 per year for five large rural districts). Fifteen LHDs as well as JHFMHN have commenced Zero Suicides in Care thus far.</p> <p>The initiative includes co-design of a localised strategy with people with lived experience of suicide.</p> <p>Local activities to support the implementation of the Zero Suicides Healthcare approach include board, executive and workforce engagement, training coordination, revision of practice and procedures, and cultural change activities.</p>	✓
	<p>The Mental Health Patient Safety Program</p> <p>The Mental Health Patient Safety Program led by the CEC supports LHDs and SHNs to continually improve the safety and quality of mental health care.</p> <p>It is a two-year professional development program that equips people with the skills needed to support mental health teams in their safety and quality improvement work.</p> <p>Improvement coaches work with mental health teams on issues of safety and quality that matter most to staff, patients and families, and are aligned to local priorities.</p> <p>Improvement coaches are currently supporting mental health teams in their safety and quality improvement projects in the areas of physical health, leadership and culture, medication safety, least restrictive practice, and communication at transitions.</p>	✓
	<p>Adult Assertive Teams</p> <p>Redesign of adult community mental health was funded in Hunter New England, South Eastern Sydney, South Western Sydney and Western Sydney LHDs to improve responsive and assertive clinical mental health care in the community.</p> <p>The redesign focused on four priority functions of adult community mental health: hospital avoidance; transfer of care from hospital to community; clinical competency in complex care; and intensive wraparound service partnership models.</p> <p>It found an overall improved integration and collaboration with private care providers and CMOs resulting in improved outcomes for people with significant disability or who would otherwise have poor engagement with care.</p>	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
Strategy	6.1 Intervene early in age and the course of an illness	
Action: 6.1.1	Enhance mental health services for children, adolescents and young people including implementing those funded under the Mental Health Reform Child and Adolescent Mental Health Services (CAMHS)	
Lead: Mental Health Branch LHDs/SHNs CMOs	<p>CAMHS provides specialist mental health services and tertiary consultation to children and young people. The program also provides consultation liaison to non-specialist community and inpatient settings, including schools, homes, out-of-home care settings, emergency departments and paediatric wards.</p> <p>In addition to funding direct client services, the program has also built the capacity of non-specialist services to deliver developmentally appropriate care for children and adolescents with mental health problems, their families and carers.</p>	✓
	<p>School Link Coordinators</p> <ul style="list-style-type: none"> • NSW School-Link is a strong collaborative initiative between NSW Health CAMHS and the NSW Department of Education (DoE) to improve the mental health and wellbeing of students in NSW. • Six additional School-Link Coordinators have been established in Hunter New England, Illawarra Shoalhaven and South Western Sydney LHDs (Tranche 1) and to Mid North Coast, Northern NSW and Western Sydney LHDs (Tranche 2) to increase capacity in locations with high need. • The new positions will help create stronger links between the new DoE Networked Specialist Centres, schools and community mental health services and add to the 15 School-Link Coordinators already in place. • A School-Link Action Plan has been developed setting out the direction for School-Link over the next three years. 	✓
	<p>Getting on Track in Time - Got it! Teams</p> <ul style="list-style-type: none"> • Got-It! is an evidence-based early intervention program for young children (in kindergarten to Year 2, aged 5-8 years) with disruptive behaviour disorders and their families, which is delivered in schools by NSW Health CAMHS in partnership with the NSW DoE. • A total of 57 community-based specialist CAMHS positions have been established across 15 LHD Got it! Teams. • DoE contributes staffing via teacher release and supports implementation of the program in schools. • Two new Got It! initiatives have been implemented targeting priority populations for children and young people in out-of-home care (South Western Sydney) and children and young people aged 10-15 years, who are in contact with the criminal justice system (JHFMHN). • Five grants to LHD Got It! Teams across the state have been funded to develop Aboriginal-specific capacity-building initiatives to improve local Aboriginal engagement and these initiatives have been shared statewide. • An external evaluation of Got It! was completed in July 2020. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
	<p>Suicide Prevention (including Gatekeeper Training)</p> <ul style="list-style-type: none"> • Gatekeeper training involves up-skilling non-mental health staff who encounter at-risk populations and may be able to influence a suicidal person's decision to access care. • To inform the development of the Gatekeeper training program, an audit and review of existing gatekeeper training models and materials was undertaken across NSW Health services, Primary Health Networks (PHNs) and NGOs with the rollout of training planned for 2017. An evaluation into the reach and usefulness of the training is also currently being finalised. • NSW Health engaged the HETI Mental Health Portfolio to develop and implement Gatekeeper training for suicide prevention (Gatekeeper). From 2017 to 2019, HETI has undertaken the following: <ul style="list-style-type: none"> – The development of resources based on the Identify, Engage, Act model of responding to distressed individuals with whom contact is made through health services. – Face to face sessions of the Gatekeeper program, for 800 general (non-mental health) Health staff across NSW. – The development of a suite of resources that are on My Health Learning (to date, over 1,000 staff have completed the online training). These resources have been developed for ongoing use by Health staff and a train the trainer approach was used for a number of the NSW Health entities. – The Strategic Framework for Suicide Prevention in NSW 2018-2023 was launched in October 2018 and sets out NSW's priorities for further coordinating, integrating and investing in suicide prevention actions, while building on what's already in place. 	✓
Strategy	6.2 Respond to the mental health needs of parents and the safety and wellbeing needs of their children	
Action: 6.2.1	Develop and Implement the NSW Family-Focused Recovery Framework (draft) on release	
Lead: Mental Health Branch LHDs/SHNs	<ul style="list-style-type: none"> • A new Family Focused Recovery Framework (2020-2025) has been finalised. • The new framework identifies three goals: achieving holistic, person-centred care through embedding a family-focused approach into practice; delivering safe, high-quality care through evidence-based interventions; and delivering connected care through coordinating treatment and support for individuals and families. • To support the release and operationalisation of the Framework, a small grants program has been established to encourage innovation and assist with implementing the activities within the new Framework. An online resource has been developed to support implementation of the Framework. 	✓
Action: 6.2.2	Enhance models of care for families where parents have a mental illness, including implementing those funded under the Mental Health Reform	
Lead: Mental Health Branch LHDs/SHNs CMOs	<p>Whole-Family Teams (WFTs)</p> <ul style="list-style-type: none"> • WFTs deliver specialist in-home and community-based interventions for children and families with complex mental health and drug and alcohol issues where one or more children have a substantiated risk of significant harm report. • The original WFT teams were located in Illawarra Shoalhaven, Northern NSW, Hunter New England and Central Coast LHDs. Three additional WFTs, funded through the Reform, are located in Western Sydney, Nepean Blue Mountains and South Western Sydney. • All WFTs have employed clinical staff and commenced seeing families in early 2017. • Interventions are delivered across a period of approximately six to eight months. Referrals from DCJ are prioritised and WFTs provide services to over 200 families per year. • The WFT Guidelines are available and the training has been delivered. • An external evaluation focusing on long-term outcomes of WFT consumers was completed in December 2019. 	✓

GOALS/STRATEGIES	ACTIONS/WHAT WE ARE DOING	STATUS
Goal 2	Safe, high-quality care	
	<p>Perinatal and Infant Mental Health Services (PIMHS)</p> <ul style="list-style-type: none"> • PIMHS are for pregnant women and mothers with severe and complex mental illness of infants up to two years of age. • These specialist mental health services provide coordinated care for the mother's mental health needs, parenting capacity and parent-infant relationship. • The PIMHS model provides hospital in-reach as well as in-home support to women, their partners and families, reducing separation of mothers from their families wherever possible as well as capacity building for the broader mental health workforce in rural and metropolitan areas. • Funding was provided for 19.9 FTE positions across all LHD and Networks and recruitment is complete. • Two new PIMHS services have been established in Mid North Coast LHD & Justice Health (three female Correctional Centres) and strengthened capacity in outreach perinatal services (SwOPS-mh) resulted in increased perinatal outreach referrals from rural and remote LHDs. • Perinatal and Infant consumer training to support consumer engagement in service planning and delivery was delivered in 2019 in partnership with the NSW Mental Health Commission and national Perinatal Anxiety and Depression Australia. 	✓
	<p>Mothers with Mental Illness and their Children (Mums and Kids Matter)</p> <ul style="list-style-type: none"> • Mums and Kids Matter (MaKM) delivers a statewide service (<i>delivered by Wesley Mission</i>) to mothers experiencing severe and complex mental illness who are current clients of public mental health services and would benefit from the services provided by the program in order to remain able to care for their young child/children (0-5 years) in the community. • In 2016, an independent evaluation found that the program is unique and fills an important gap in mental health services for mothers and children. • Results of the annual report 2018-19 showed that 65 mothers and 91 children were supported in the program in 2018/19, 36 residential packages and 63 in home/community packages were delivered in this same period. Of the clients who participated in the program, 26% identified as Aboriginal or Torres Strait Islander and 25% identified as coming from a CALD background. • Close working relationships are maintained with a range of government and non-government organisations and agencies including: LHDs and SHNs, DCJ, St. John of God Hospital, Tresillian and Karitane. • Wesley Mission added a MaKM Module to its electronic client information system in the second half of 2017. Once in place, monitoring and reporting of MaKM client-related data and information will be more readily available and accessible. • An external outcomes evaluation of MaKM was completed in July 2020. 	✓