NSW community mental health strategy 2007–2012

From prevention and early intervention to recovery

NSW HEALTH

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Foreword

The past ten years have seen significant NSW Government investment in mental health emergency, acute and non-acute inpatient units and community services (including those provided by Non-Government Organisations). This commitment is sustained in *A new direction for NSW: State Plan* (2006) and the Council of Australian Government's (COAG) *National Action Plan*, which place improved outcomes in mental health as a NSW and Federal Government priority.

To achieve improved outcomes, the NSW State Government is implementing the *NSW: A new direction for Mental Health* (2006) outlining a $939 million program of additional investments in mental health over the next five years. These enhancements will support programs for people with a mental illness, their families and carers that focus on:

> Promotion, prevention and early intervention

> Integration of the care system

> Improving participation in the community

> Workforce development to build service capacity.

Community mental health programs delivered by public mental health services and specialist Non-Government Organisations are an essential component of a balanced, comprehensive and effective system of mental health care. These programs cater for people's needs across the lifespan, and are delivered in partnership with a range of other service providers including General Practitioners (GPs), private psychiatrists and psychologists, other government agencies, consumers, and families and carers.

This *NSW Community Mental Health Strategy 2007–2012* (the *Strategy*) outlines the program developments required to achieve recovery oriented community mental health services. It aligns with State and National mental health policies to:

> Promote mental health and well being

> Embed a recovery approach within service delivery

> Prevent and/or intervene early in the onset or recurrence of mental illness

> Improve evidence based practice in community supports and services

> Enhance community responses to mental health emergencies and acute care needs.

Consumer recovery refers to the journey made by individual consumers to achieve a satisfying, personally meaningful and hopeful life. To assist consumer recovery, services need to adopt an optimistic, positive approach that supports consumers to find hope and meaning in their life and establish a sense of identity. Services should aim to assist consumers to have control and choice over their lives in planning how and where they might live and work.

Intervening early is critical in achieving good outcomes across the service spectrum. By providing treatment at the earliest possible time, we can greatly reduce the burden of mental illness on individuals and their families. Early access to rehabilitation services can reduce the level of disability associated with mental health problems. A timely response to mental health emergencies improves safety in the delivery of mental health care.

The *Strategy* aims to ensure that mechanisms for effective consumer, family and carer participation are consistently available across the state and that consumers, families and carers are embraced as partners in the delivery, planning and evaluation of quality mental health services.

I am pleased to present this *Strategy*, outlining the directions for community mental health services in NSW over the next five years. The *Strategy* will support provision of timely, well-integrated, community mental health services providing equity of access to effective, high quality care based on the best available evidence.

Reba Meagher
Minister for Health

Paul Lynch MP
Minister Assisting the Minister for Health (Mental Health)

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SECTION 1

Introduction

> There is no greater challenge facing governments across the world than the provision of a full range of mental health services.
>
> *The Hon Morris Iemma MP, Premier of New South Wales, September 2005*

Overview

Mental health services deliver specialist mental health assessment and care across both community and inpatient settings through the public mental health and Non-Government Organisation (NGO) sectors. These are delivered in partnership with a range of other service providers including General Practitioners (GPs), private psychiatrists and psychologists, NGOs, other government agencies, consumers and families and carers.

Strong community mental health services are critical to delivering effective mental health care for people of all ages with mental illness or disorders, their families and carers.

In recent years, the focus of care in public community mental health services has been towards acute assessment and management. This reflects an increase in presentations for mental illness or disorder, and in the acuity and complexity of these cases. Furthermore, demands on public community mental health services and staff workloads and stress have risen significantly. Public mental health services have been challenged to deliver a balanced set of services that cover mental health promotion, prevention and early intervention; rehabilitation; inpatient and assertive community treatment; and care coordination including psychological interventions and continuing care. There has been limited development of specialist services targeting the particular needs of children and adolescents, young people, older people, forensic clients, and families and carers.

There is now a need for a comprehensive and balanced community mental health model in NSW, underpinned by appropriate resources, a skilled and well-supported workforce, clear governance arrangements and strong partnerships. This is critical to achieving fairness and opportunity within our diverse communities. The 2006 *NSW State Plan* sets improved outcomes in mental health as a priority. The targets for this priority are:

- Reduce readmissions within 28 days to the same facility
- Increase the percentage of people with a mental illness aged 15 to 64 who are employed to 34 per cent by 2016
- Increase the community participation rates of people with a mental illness by 40 per cent by 2016.

To achieve these targets, the NSW State Government is implementing the *NSW: A new direction for Mental Health* (2006) outlining $939 million of additional investments in mental health over five years including a number of new community mental health initiatives. Several of these initiatives were developed and are delivered across the public mental health and NGO sectors in partnership with other government departments. They include new housing and accommodation support packages for people with mental illness or disorder. The *NSW Community Mental Health Strategy 2007–2012 (*The *Strategy)* builds on the momentum created by these initiatives to deliver comprehensive community mental health services across NSW.

The implementation of the *Strategy* will deliver improved community mental health services to diverse communities, including Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD) and rural and remote communities. Services will be of high quality, appropriate, timely and accessible, and complemented by improved family and carer support, and meaningful consumer and carer participation processes. Service coordination and integration will be enhanced for people with a co-morbidity of both a mental illness or disorder and problematic drug and alcohol use, or of mental illness or disorder and intellectual disability.

This renewed focus on community mental health and reform of mental health services requires us to strengthen and develop the capacity of the mental health workforce (public and NGO) and key service partners, GPs, other primary health care services and other government agencies.

Now is the time for a renewal of community mental health services and partnership programs, to leverage new investments and links with the broader system of care for people with a mental illness or disorder, their families and carers. This will ensure a responsive, efficient, effective, integrated and balanced system of community mental health care in NSW.

Impact of mental illness and disorder on the community

Mental illness and mental disorders affect the whole community. Even if we do not suffer personally, some of our relatives, friends or workmates will.

Each year, 16.6 per cent or 3.3 million Australians are affected by a mental illness or disorder. The majority (14 per cent of the population) are affected by mild and moderate disorders (often referred to as 'high prevalence disorders') such as anxiety and depression.[1]

Severe illnesses and disorders, such as psychotic disorders (eg schizophrenia and bipolar disorders) and severe depression and anxiety disorders are less common, affecting around 2.5 per cent of the population. A further 5.4 per cent or 1.3 million Australians are affected by significant alcohol and other drug-related problems.

The peak incidence and prevalence of mental disorders and substance use disorders is in the 15 to 25 year age range. In the Australian *National Survey of Mental Health and Wellbeing 1997*, 27 per cent of young people aged 18 to 24 years had mental disorders in the 12 months prior to being surveyed.[2] This was the highest prevalence of any age group in the survey.

Mental illness and mental disorders come in different forms – in a spectrum from mild anxiety and depression (which is common and can disrupt a person's life and be life-threatening) to severe depression, anxiety or psychosis (which is much less common but can be severely disabling).

Adolescence and young adulthood is a critical period in the development of social and emotional well being. The onset of even a relatively mild mental health problem at this time can have profound effects on social, emotional, physical and cognitive development.

People with a mental illness or disorder are more likely to have poor physical health than their counterparts, but are less likely to receive effective treatment.[3] A Western Australian study measuring physical health found people with a mental illness or disorder have a 2.5 times higher mortality than the general population, which is equivalent to a life expectancy in the 50 to 59 year age group.[4] People with schizophrenia are more likely to have heart disease and diabetes, and are more than twice as likely to die from respiratory infections such as influenza.[5] There are also high rates of health risk behaviours such as smoking amongst people with mental illness or disorder.

Conversely, some physical illnesses also increase the risk of developing a mental illness or disorder. These factors underline the importance of coordinated mental and physical health promotion strategies and integrated responses to physical and mental health issues in community mental health care. The Housing and Accommodation Support Initiative (HASI) clearly demonstrates the importance of coordination and seamless service delivery. HASI is a partnership between the NSW Department of Housing, the NSW Department of Health and NGOs. By the beginning of 2008 HASI will provide over 1,000 places across NSW. One of the major outcomes to date is the early identification of physical health problems and subsequent consultation and treatment by appropriate health professionals.[6]

A number of conditions frequently co-occur with mental illness or disorder. These include intellectual disability, organic brain disorders (such as dementia) and alcohol and drug-related problems. For example, a large epidemiological survey of people with intellectual disability found that 40 per cent suffered major

psychopathology.[7] These complex co-morbidity issues can significantly impact on the social and emotional well being of people with a mental illness or disorder and their families and carers, and can complicate assessment, diagnosis and management. Community mental health staff need to be appropriately trained to address the needs of people with these various co-morbidities. Strong, collaborative partnerships must be established with drug and alcohol services, other government departments, NGOs, GPs and specialists within the public and private health care sectors.

A small proportion of individuals live with or are at risk of recurring or ongoing severe mental illness or disorder. Despite receiving the best treatment currently available, they do not achieve significant clinical outcomes. Coordinated, extended care is required for these individuals to maximise periods of remission, enhance quality of life, prevent loss of function and promote achievement of their optimal level of functioning and independence in the community.

Currently, NSW has over 1.1 million people living with mental disorders – an estimated 250,000 children and adolescents (aged 0 to 17 years), 760,000 adults (aged 18 to 64 years) and 120,000 older people (aged 65 and over).[8]

Across Australia, the level of psychiatric distress and disability in the community is rising. Reasons for this change are not well understood, but most likely include a mix of broad social changes including a decrease in social supports and social capital, increasing socio-economic inequality, and changes in patterns and rates of drug and alcohol use.[9]

Levels of acuity of mental illness and disorder are also increasing – a problem that is of particular concern for public sector mental health services, which deliver the bulk of care to people with severe mental illness or disorder. A number of groups require intensive specialist interventions (eg people with borderline personality disorders) or specialist programs (eg people with eating disorders).

Estimates indicate that, Australia-wide, over half of new presentations to mental health services have substance use problems as well as mental illness or disorder. This is having a major effect on the demand for mental health services, with increasing lengths of care and intensity of treatment required.[10]

Most human services, including non-government front-line services (such as youth refuges and other Supported Accommodation Assistance Programs (SAAP)) report an increase in the complex mix of health, behavioural, social and psychological problems that their clients are facing. Indications are that three quarters of homeless people staying in hostels have a mental illness or disorder, co-morbid with substance use and/or associated cognitive dysfunction.

These trends are a serious cause for concern as mental illness and disorders are among the greatest causes of disability and disease burden over the average lifespan. Mental illness and disorders can have a severe impact on a person's life, and on that of their family, reducing their quality of life and their social and economic participation.[11]

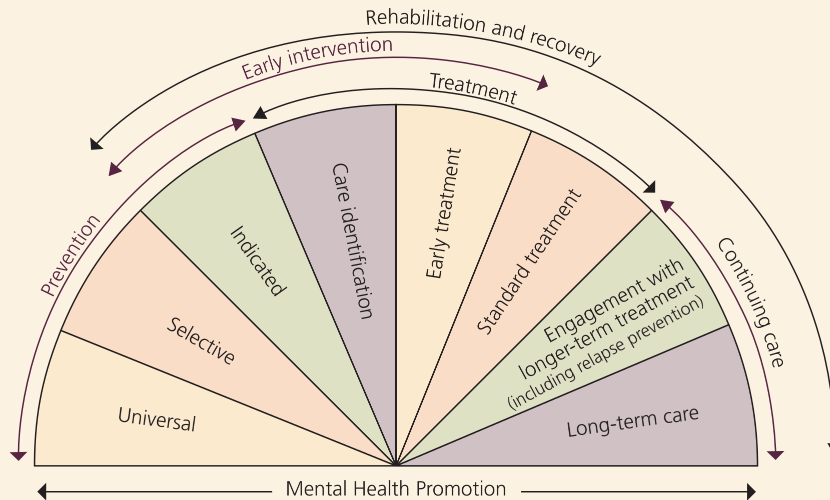
The mental health intervention spectrum

The mental health intervention spectrum, proposed by the Institute of Medicine in the United States,[12] describes a framework for identifying appropriate interventions for different stages in the development of mental illness and disorders (see next page).

This mental health intervention spectrum is an integral part of the population mental health approach that underpins national mental health policy.

The spectrum comprises promotion, prevention, early intervention, treatment and continuing care and recognises that efforts across the entire spectrum are required to maximise mental health outcomes.[13] It allows for group and individual interventions. The model represents an idealised conceptualisation. In reality, the boundaries between the various intervention types are imprecise and it may be difficult to classify an intervention as purely one type as several elements may be combined.

Figure 1: The spectrum of interventions for mental health problems and disorders



Source: adapted from Mrazek and Haggerty (1994)[12]

Mental health promotion is any action taken to maximise mental health among populations and individuals. It aims to protect, support and sustain the emotional and social well being of the population. It is applicable across the entire spectrum of mental health interventions and is focused on the promotion of well being rather than illness prevention or treatment.

Prevention is defined as 'interventions that occur before the initial onset of a disorder' to prevent the development of disorder. Prevention focuses on reducing the risk factors for mental disorder and enhancing protective factors. Prevention interventions can be universal, targeted at the general population, selective for population subgroups or individuals with a higher risk of developing mental disorder, or indicated for those with minimal but detectable signs or symptoms, which do not meet diagnostic levels.

Early intervention refers to interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder and people developing or experiencing a first episode of mental disorder. These interventions occur shortly after a need has arisen, aiming to reduce distress, shorten the episode of care and minimise the level of intervention required. These include indicated prevention interventions.

Treatment is made up of early intervention, in the form of proactive case identification (in clinical settings or clinical outreach), along with standard treatment for diagnosed disorders. Standard treatment involves the application of effective, evidence-based treatments for individuals with diagnosed disorders.

Continuing care comprises interventions for individuals whose disorders continue or recur. The aim is to provide optimal clinical treatment and rehabilitation and support services in order to prevent relapse or the recurrence of symptoms, and to maintain optimal functioning to promote recovery. Ongoing mental health promotion, the reduction of risk factors and the enhancement of protective factors are still relevant at this end of the spectrum.

Relapse prevention refers to interventions in response to the early signs of recurring mental disorder for people who have already experienced a mental disorder. It differs from early intervention; the factors which influence the first onset of a disorder may be quite different factors from those which lead to relapse and recurrence of a disorder and the standard treatments may also differ.

Source: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health—A Monograph, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra)

The model assumes that:

- There are different stages in the development of mental health problems and mental illnesses and disorders, from no problems, through non-specific signs, to diagnosable mental illnesses or disorders including chronic or recurrent illness or disorders
- There are actions or interventions for the different stages that contribute, alone or in combination, to improve mental health outcomes and limit levels of disability.

The mental health intervention spectrum has gained wide acceptance as a basis for comprehensively planning actions (interventions) that relate to all aspects of improving the mental health of the population (including specific groups and individuals in the population). The model has been widely adopted in the Australian mental health field.

Policy and planning context

The *Strategy* aligns with the NSW mental health planning frameworks:

- *A new direction for NSW: State Plan* (2006)
- *NSW: A new direction for Mental Health* (2006)
- *NSW Interagency Action Plan for Better Mental Health* (2005)
- *A new direction for NSW: State Health Plan* (2007).

Consistent with the aims articulated in these documents, this *Strategy* aims to promote:

- Prevention, promotion and early intervention
- Integration of the care system
- Participation in the community
- Workforce development to build service capacity.

The *Strategy* outlines specific programs addressing these aims, for delivery by community mental health services (including specialist mental health NGOs) and with reference to other key service partners.

The *Strategy* is informed by national policy documents including the *National Mental Health Policy*[14], the *Mental Health Statement of Rights and Responsibilities*[15], the *National Mental Health Plan 2003–2008*[16], the *Council of Australian Governments National Action Plan on Mental Health 2007–2012* and the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*.

The *Strategy* is also supported by a strong legislative framework designed to protect the rights of people with a mental illness or disorder and guide mental health services and staff in relation to their roles and responsibilities. This legislative framework includes the *NSW Mental Health Act 2007*, the *NSW Guardianship Act, 1997* and NSW privacy legislation.

See Appendix 1: Alignment of the NSW Community Mental Health Strategy with NSW Government directions, for an outline of the goals, priorities and targets relevant to community mental health services.

Figure 2 on the next page provides an overview of the NSW Mental Health planning and program context for the *Strategy*.

The mental health service system

Mental health services deliver specialist mental health assessment and care through the public mental health and specialist mental health NGO sectors, across both community and inpatient settings, and in partnership with a range of other government agencies and services. Key partners include consumers, families and carers, other NGOs, GPs, primary health and community care services, drug and alcohol services, education and training services, housing and supported accommodation services, emergency services, and private psychiatrists and psychologists.

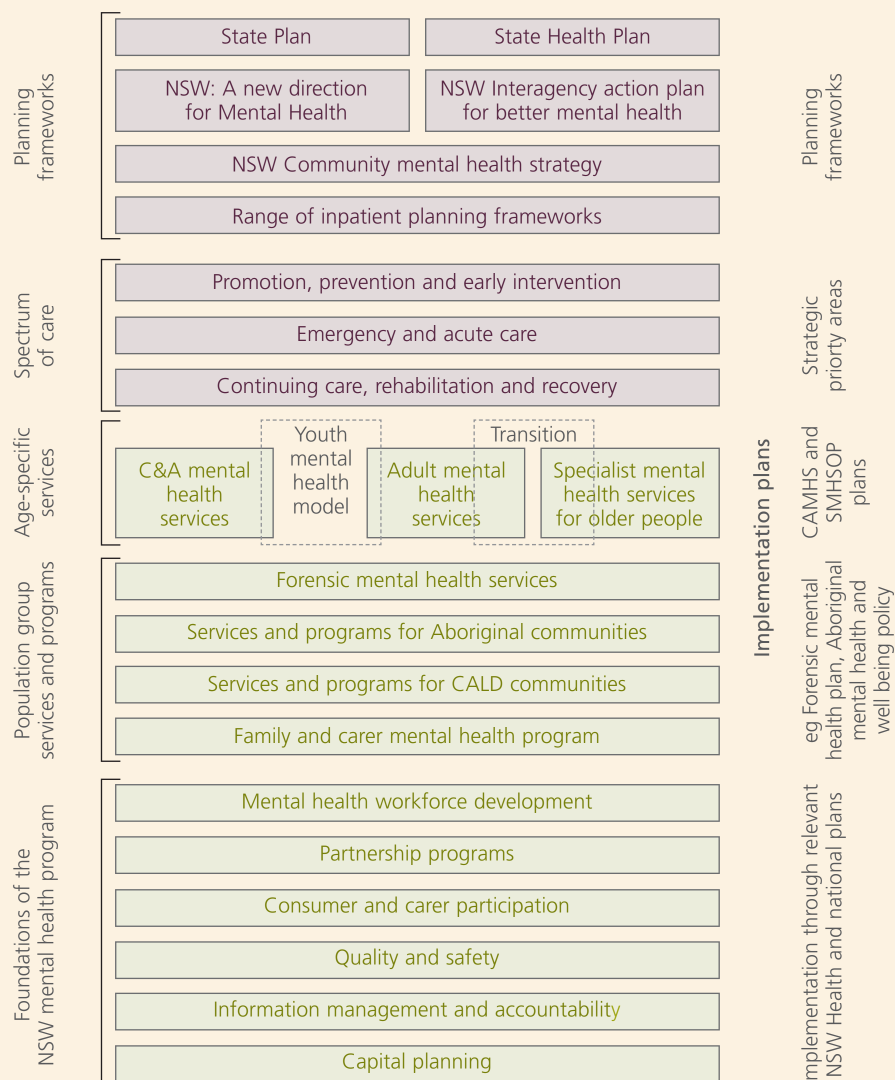
NSW Health through Area mental health services provide **mental health promotion, prevention and early intervention initiatives** (eg Early Psychosis and School-Link), which are largely focussed on children, adolescents and young people. The *Strategy* aims to expand the population coverage of promotion, prevention and early intervention strategies across all age ranges, including adults and older people, and integrate these into the activities of relevant community mental health age based service streams.

Access points to mental health services from the community include:

- Telephone intake and triage services
- Inpatient and community mental health services
- Hospital emergency departments (EDs) and police
- Other government agencies and NGOs
- GPs and other primary health care providers.

All Area Health Services (AHSs) currently offer 24 hours/day, 7 days/week mental health emergency responses. Services provided currently vary across the state, but include telephone triage, rapid mobilisation and intervention in mental health emergencies (where there is a risk of someone harming themselves or others). The *Strategy* aims to build on these arrangements by promoting clearly defined and standardised access arrangements to improve the integration and seamless delivery of community mental health services. These services include the assessment and assertive management of people with acute psychiatric symptoms. This can include acute or non-acute treatment, or a short stay in a Psychiatric Emergency Care Centre (PECC). Over 2007/08 the NSW Government will invest $51.4 million in Community Mental Health Emergency Care. This will fund an additional 65 professionals to respond 24 hours/day, 7 days/week. This will double by 2009/10.

Figure 2: NSW mental health planning and program overview



Critical to this *Strategy* is the development by AHSs of **clear and formalised transition pathways** between inpatient and community services, and between the public mental health services and mental health NGOs. Strong transition pathways will ensure that community and inpatient services operate as an integrated mental health system with strong linkages across sectors and between service partners, and that consumers receive the care they need to minimise relapse and readmissions.

Specialist mental health services are in place to address the needs of infants, children, adolescents and young people, older people, and the forensic population. These services are limited across NSW and this *Strategy* aims to ensure improved access to, and availability of, these specialist services in all AHSs. From 2006/07 to 2010/11 the NSW Government has committed:

> $28.6 million to piloting Youth Mental Health Services

> $37.3 million for Community Specialist Mental Health Services for Older People.

The majority of community mental health services are targeted toward the adult population (people aged 18 to 65 years). Developments in adult mental health services will focus on the implementation of effective **Assertive Community Treatment and Care Coordination** service models.

The best available evidence regarding **effective treatment** informs NSW mental health services. Psychotherapy is one example of an evidence-based intervention central to the provision of effective, recovery focused care coordination. It can assist consumers, their families and carers to come to terms with the sense of loss experienced due to the onset of mental illness or disorder, and to establish hope, to redefine their identity despite the mental illness or disorder and find new meaning in life. This can be achieved through a combination of individual and family therapies and multiple family groups. It can be a significant factor that leads to better outcomes.[17,18] Where a person has personality vulnerabilities that lead to self-harming, then specialist therapies such as Dialectic Behaviour Therapy are important.[19,20]

In this context, **research and evaluation** of interventions, programs and services delivered by community mental health services and partner agencies are key priorities for further development under the *Strategy*. In 2006/07, the NSW Government allocated $10 million to expanding university-based mental health research.

Families and carers play a vital role in care, support and recovery processes for people with a mental illness or disorder[21] and NSW Health has funded and implemented a number of initiatives to support carers and families in this role. This *Strategy* details the key components of the NSW Family and Carer Mental Health Program – a comprehensive, evidence-based program to guide the expansion of support for and partnerships with families and carers of people with mental illnesses and disorders across NSW. The Family and Carer Mental Health Program has been allocated $26 million from 2006/07 to 2010/11 to support its implementation statewide.

The NSW Government has made significant improvements in **inpatient care** over the last five years and these developments are continuing. This includes a significant increase in both acute and non-acute inpatient units. Non-acute inpatient units are also undergoing a benchmarking process. This will improve the alignment of existing and new units to a strong rehabilitation focus of care. The process is using key performance indicators, best practice models and change management strategies to address service development and a clear place for the range of non-acute units in the broader mental health system.

A major component of this *Strategy* is the enhancement of **specialist community mental health rehabilitation** services delivered both by public sector mental health services and by specialist mental health NGOs. Rehabilitation is both a philosophy of mental health care, and a sub-discipline that requires specialist skills. It is essential that all mental health clinicians have a rehabilitation focus in assessment and intervention delivered across all service settings, both inpatient and community, and across all age groups. Key initiatives are the NSW Health Mental Health Rehabilitation Program, an investment of $41.5 million over five years.

The Sainsbury Centre for Mental Health (UK) has summarised the following key features of effective community mental health services:[22]

> Working with primary care services (eg GPs) to provide a clear point of entry
> Comprehensive assessment
> A multidisciplinary team approach
> Regular review, including multidisciplinary and multi-agency review
> A range of evidence-based interventions and continuing care
> Access to psychosocial rehabilitation from the earliest entry point to the system
> Partnerships with consumers, their families and carers, other parts of the health system, other government agencies and NGOs
> Provision of discharge and transfer arrangements.

The case for community-based care

Local and international research clearly shows that community-based mental health care can be as clinically effective as inpatient care and is more cost-effective and more acceptable to consumers. Community mental health care has also been shown to result in higher self-reported quality of life and service satisfaction ratings among service users. The impacts of effective community mental health service models include reduced use of inpatient services and overall reduced costs of care.[23,24,25,26,27] Across the age range, community mental health services can positively affect the health outcomes and lives of mental health consumers, their families and carers.

A recent US longitudinal study of a promotion and prevention program found a cost saving of over US$17 for every dollar invested in the program.[28] This highlights the potential economic benefits of strategies to address the social determinants of health (such as education and socio-economic status) and to improve social, physical and economic environments to enhance the coping capacity of communities as well as individuals.

Recent external evaluation of HASI[29] has shown that joint service delivery between mental health services and specialist mental health NGOs can assist consumers to:

> Significantly reduce recurrent hospitalisations
> Improve community participation
> Increase their ability to sustain tenancies
> Improve their physical as well as their mental health
> Enhance their life skills, independence and family and social relationships.

NSW Health's current Clinical Service Redesign Program confirms that community mental health services have the potential to support successful discharge from inpatient units, prevent delays in discharge and reduce avoidable readmissions. These are important factors assisting Areas to achieve the Program's access block target.

An Audit Office report on NSW Health highlighted the need for a balanced model of care across the mental health service system, including a proper mix of community, emergency, acute inpatient, non-acute inpatient and community support services.[30]
This imperative informs and underpins this *Strategy*.

Scope and purpose of this Strategy

This *Strategy* describes the model for community mental health services to be developed and delivered by 2012. This model covers the spectrum of mental health care and provides a framework for improving responses to the needs of people with mental illness or disorder, their families and carers across NSW, across the age range, and across diverse communities.

The purpose of this *Strategy* is to guide mental health services (public sector and specialist mental health NGO services) in the implementation of this model over the next five years to 2012. This will be achieved by a robust program of service development and service reform.

The *Strategy* is also intended to inform consumers, their families and carers and other stakeholders about directions in community mental health and about what they can expect from community mental health services. It provides a common framework for collaboration and

partnerships with a range of key agencies and services in the provision of community mental health care.

The community mental health model

The *Strategy* outlines a community mental health service model comprising two key components:

> Specialist Community Mental Health Services

> Community Mental Health Partnerships.

Specialist Community Mental Health Services (delivered across public mental health and specialist mental health NGO sectors) comprise the following:

- Core programs for people of all ages, across all service settings, including:
  - mental health promotion, prevention and early intervention programs
  - consumer, family and carer participation strategies
  - the Family and Carer Mental Health Program
  - specific strategies and programs for Aboriginal and Torres Strait Islanders, people from CALD backgrounds, and people from rural and remote communities
- Core services for people of all ages, across all service settings, including emergency response and acute care services, rehabilitation services and forensic mental health services
- Specialist community services for particular age groups – children, adolescents and youth, adults and older people.

To deliver effective mental health care and promote coordinated responses to the needs of people with mental illness and disorder, mental health services must work in partnership with other key services, both within the health system and beyond. These include GPs and other primary health care providers, aged care services, employment services, vocational education and training services, housing and supported accommodation providers and residential aged care providers.

To that end, this *Strategy* maps a range of partnership programs, supported by funding from NSW Health, and/or other State or Australian Government agencies. These are delivered in collaboration with other government agencies, service providers and NGOs. These include:

- School-Link Initiative
- HASI
- Program for the delivery of community residential and transitional care services for older people with mental illness or disorder.

The NGO Development Program, funded by NSW Health and coordinated by the Mental Health Coordinating Council (MHCC), is the initiative supporting many of these programs.

Principles

The principles that underpin the community mental health model in NSW and drive service reform in this area are outlined below:

Figure 3: Key principles of community mental health care

Recovery focus

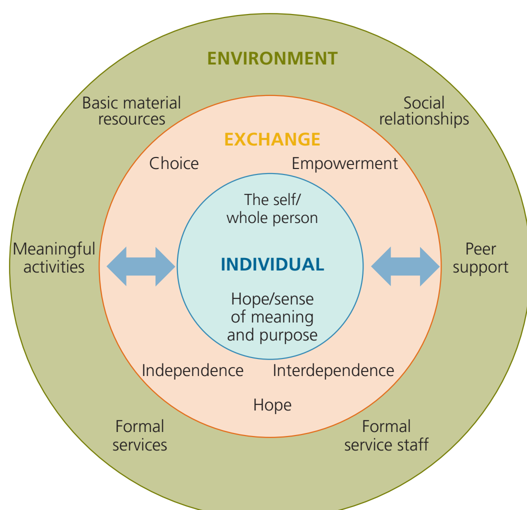
> *Recovery is a process of adjusting one's attitudes, feelings, perceptions, beliefs, roles and goals in life. It is a process of self-discovery, self-renewal and transformation.*[31]

Recovery from mental illness or disorder is best described as a process, sometimes lifelong, defined and led by the person with a mental illness or disorder, through which they achieve independence, self-esteem and a meaningful life in the community. Each individual has different needs. These needs will also change over time. A recovery orientation to service provision is central to ensuring that people receive the services that best meet their needs, as these change.

Recovery focused care also needs to include families and carers, from young to older carers.

The role of community mental health services is to support the recovery of people with a mental illness or disorder. Community mental health services can fulfil this role by assisting people to access the internal resources they need in their recovery (eg hope, resilience, coping skills, self-acceptance, and physical health) and the external services and supports that will support their recovery and independence (eg stable accommodation, education and vocational support).[32]

Figure 4: The dynamic of recovery



Adapted from *Mental Health recovery: What helps and what hinders?* Onken SJ, Dumont JM et al 2002

Community participation

Community participation is an important protective factor for mental health. For people with a mental illness or disorder, community integration is promoted through equitable access to housing, employment, social services, education and the justice system. Reducing stigma and discrimination in the community also enhances community participation or social inclusion for people with a mental illness or disorder.

Promotion, prevention and early intervention

Mental health promotion and prevention aims to maximise the mental health of populations and individuals. They aim to protect, support and sustain the emotional and social well being of the population, by working to reduce risk factors and enhance protective factors.

Intervening early in the course of a mental illness or disorder is central to the *Strategy*. Timely access for individuals, their families and carers to appropriate mental health care, through mental health services, GPs, and other primary health care services can prevent the escalation of mental illness and reduce subsequent disability. Early intervention and support for families and carers can help achieve better outcomes for consumers. It can help prevent crises and reduce the impact of mental illness and disorder on the consumer and on their family and carers.

Individualised care

Providing individualised care is essential for recovery focused services. Clinicians work in partnership with consumers to develop and monitor their individual Care Plan goals. While community mental health services provide a comprehensive suite of group and individual interventions, consumers receive the mix of these services that address their needs, build on their strengths, enhance their social integration and progress the goals in their Care Plan.

Service integration

It is essential that all mental health services operate as a fully integrated system, to ensure that consumers continue to receive seamless care in a systemic service structure. This requires clear linkages both between service types (ie age-group specific services, forensic mental health services, services for people with specific needs), across mental health service settings (ie community, EDs, acute inpatient and non-acute inpatient), and across public and NGO service sectors.

Effective community mental health care can only be delivered through collaborative partnerships with a range of government agencies, service providers and NGOs. Such partnerships are a means to promote early and effective responses for people with mental illnesses and disorders, to enhance and extend access to ongoing care and support in the community, and to ensure timely and coordinated responses to people experiencing an emergency or acute episode.

GPs are key partners in the provision of primary mental health care and support, along with other providers such as community health services, school counsellors and Aboriginal Community Controlled Health Services. NGOs are complementary partners in the provision of community mental health services.

Partnerships with other NSW Government agencies are articulated in a range of documents including the *NSW Interagency Action Plan*. Partnerships with the Australian Government are particularly important in the areas of general practice, education and training, respite care, older people's mental health and aged care, and workforce development.

Evidence-based practice

Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes.[33] All mental health interventions used in community mental health services and models of care implemented under the *Strategy* are based on the latest Australian and international evidence. Research indicates that community care clearly works, but only where it has been implemented in accordance with the evidence.[34]

Quality and safety

Quality service delivery is underpinned by a culture of continual evaluation and service development. Documented policies and processes support the workforce and address the safety of staff, consumers and their visitors.

Implementation process

This *Strategy* is supported by the *NSW: A new direction for Mental Health* (2006) and by existing and developing service delivery models and implementation plans, including the *NSW Service Plan for Specialist Mental Health Services for Older People 2005–2015, Building a Secure Base for the Future: NSW Mental Health Service Plan for Children, Adolescents and the People who Care for Them*, the *NSW Aboriginal Mental Health and Well Being Policy 2006–2010*, the *Multicultural Mental Health Plan,* the *Rural Mental Health Emergency and Critical Care Access Plan*, and the *NSW Family and Carer Mental Health Framework*.

Implementation of this *Strategy* will be overseen by the peak NSW Health mental health advisory body, the NSW Mental Health Program Council, guided by the Mental Health Priority Taskforce, and led by the Mental Health and Drug and Alcohol Office (MHDAO) within the NSW Department of Health, reporting to the NSW Minister for Health.

A range of NSW Government agencies have already confirmed their commitment to assist people with mental illness and disorder through the development of the *NSW Interagency Action Plan for Better Mental Health*. The *Action Plan* is currently being implemented, and all service partners are actively working on their priority actions. Progress is regularly reviewed by the Human Services Chief Executive Officer's Forum, and reported annually to the Cabinet Committee of Human Services.

An evaluation will be conducted to assess the implementation process, outcomes and impacts of this *Strategy* and to guide further service development and reform in community mental health in NSW.

SECTION 2

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 Aid[36] 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).

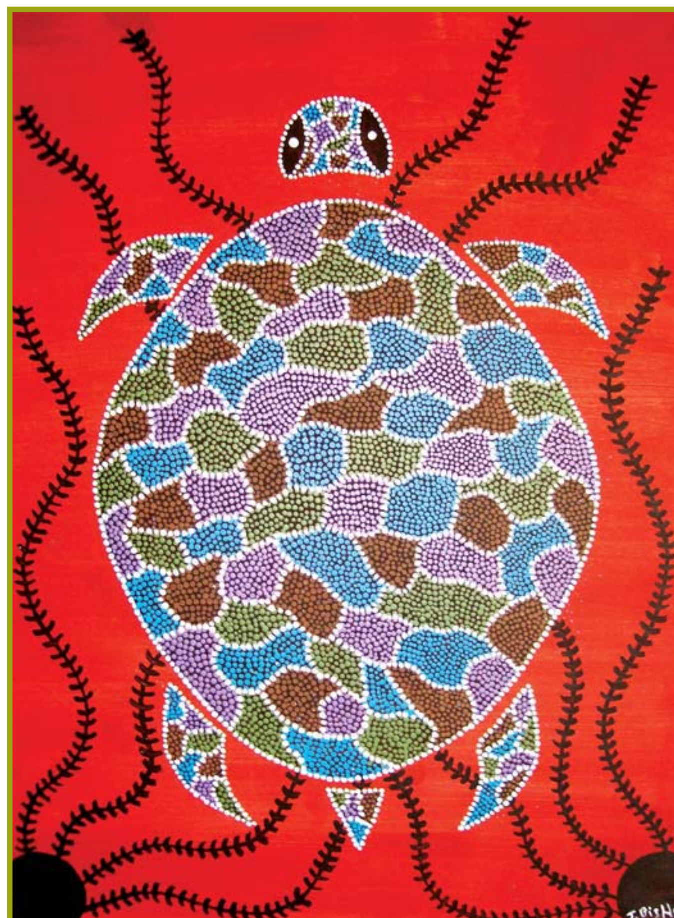
Future service roles and functions

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 NSW[41]. 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.

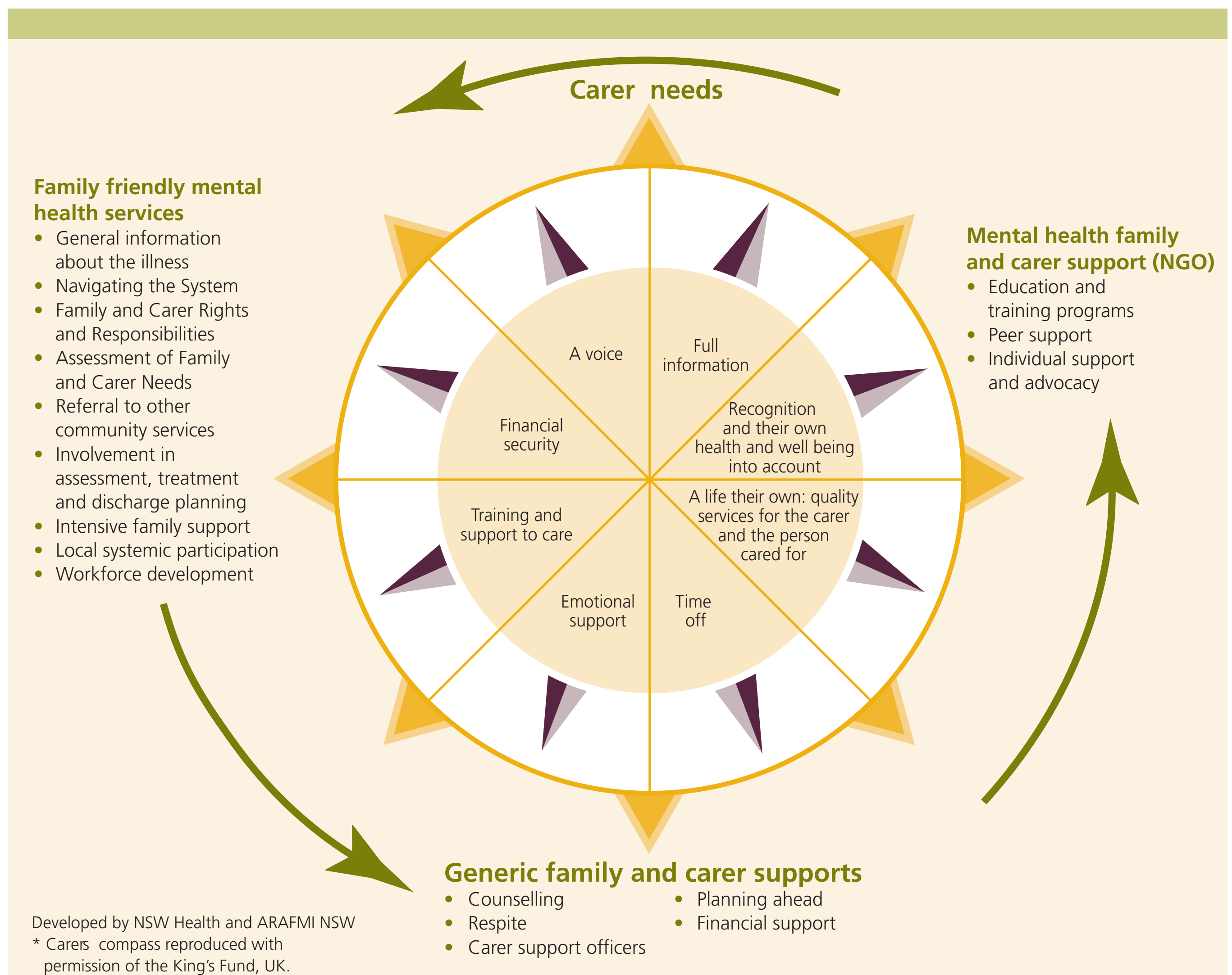
The four NGOs are each matched between one to three AHSs. The NGO/AHS partnerships are:

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 referrrals 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 disorders[45]

> 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 MHDAO 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 MHDAO. 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 Asssessment 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 needs[55]

- 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 goals[56]

> 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.

Community mental health service partnerships

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

Partnerships occur at various levels:

> Collaborative partnerships involve the exchange of information, altering activities to achieve a common purpose, sharing resources and enhancing the capacity of partner organisations. It involves sharing both the risks and rewards. Partners may receive funding from the lead agency to provide the resources necessary for them to undertake their role. HASI is an example of a funded, collaborative partnership

> Cooperative partnerships involve exchanging information, altering activities to achieve a common purpose and sharing resources. They may involve complex organisational processes and agreements. The *NSW Memorandum of Understanding* (NSW Health, NSW Police and NSW Ambulance Service) is an example of a cooperative partnership

> Coordination involves exchanging information for mutual benefit and altering activities to achieve a common purpose. It is often used to create more user-friendly access to programs, services and systems. The Area Clinical Mental Health Partnership Program (see section on Rehabilitation) is an example of a program designed to improve service coordination

> Cross jurisdictional coordination between the State and Federal Governments is essential to ensure integrated service pathways and service delivery (eg SMHSOP and aged care programs; recent Australian Government funded programs such as PHAMS and Day to Day Living).

> Networking involves exchanging information for mutual benefit. Local mental health interagency meetings are an example of networks.[61]

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

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

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

Health service partnerships

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

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

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

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

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

Two key partnerships are described in further detail below:

Drug and alcohol services

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

- The trial and evaluation of two **stimulant treatment program clinics** in South Eastern Sydney/Illawarra and Hunter/New England AHSs. The primary aim of the trial is to establish ongoing clinical interventions for those consumers identified with both mental health and methamphetamine related conditions. This will provide ongoing clinical support for consumers currently presenting to mental health services and EDs.
- Enhancement and evaluation of **existing specialist cannabis clinics** (in Greater Western AHS, South Eastern Sydney/Illawarra AHS, Sydney West AHS, and Northern Sydney/Central Coast AHS). This enables the development of an integrated service delivery model bringing together drug and alcohol and mental health specialists to improve collaborative care during treatment and aftercare. This specifically targets individuals with significant mental health problems. Two further clinics will be established over the next four years.
- Trial of an innovative **early intervention model** for working with young people who are facing co-morbidity issues. This improves the capacity of drug and alcohol and mental health service providers to work with young people, and improve their health outcomes.
- Delivery of **drug and alcohol consultation-liaison services** to EDs and mental health services in rural NSW.
- Provision of **offender transition services** that identify the type and prevalence of co-morbid disorders on reception.
- Employment of **aftercare workers** in four AHSs to work with clients exiting residential rehabilitation services. The aftercare workers will ensure continuity of care for consumers through a case management process.

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

Mental health consultation-liaison services

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

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

Non-Government Organisations

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

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

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

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

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

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

Key NGO partnership programs are described below:

Mental Health NGO Development Strategy

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

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

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

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

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

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

NSW Health NGO Mental Health Program

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

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

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

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

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

Mental Illness Substance Abuse (MISA)

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

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

Supports for Aboriginal people

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

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

> **Aboriginal community partnerships** – Mental health services for Aboriginal people in NSW will be planned, developed and delivered in the context of partnerships at State and local levels and between ACCHSs and AHSs

> **Primary care mental health services in ACCHSs** will be enhanced with the employment of an additional ten Aboriginal Mental Health Workers

> **A Statewide Coordinator of Aboriginal Mental Health for Aboriginal Medical Services has been established** at the AH&MRC to work with the MHDAO to improve the quality and effectiveness of mental health services in ACCHSs.

NSW Department of Housing

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

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

The priorities for the Housing and Mental Health partnership are:

> Improving access to appropriate housing and accommodation support options in the community for people with a mental illness or disorder

> Addressing and responding to the needs of people with a mental illness or disorder who are homeless, or at risk of homelessness

> Improving the coordinated inter-agency approach to the housing and accommodation support needs of people with a mental illness or disorder

> To provide housing and accommodation support services across a continuum of care to meet the different levels of need of people with a mental illness or disorder.

Key Housing partnerships are described below:

Partnership Against Homelessness

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

Joint Guarantee of Service

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

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

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

Housing and Accommodation Support Initiative (HASI)

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

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

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

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

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

> Area Health Services (clinical mental health care)
> NGOs (psychosocial rehabilitation accommodation support)
> Public and community housing providers (property and tenancy management).

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

> Stage One – 100 places of accommodation linked to accommodation (disability) support for people with high support needs, for up to five hours per day, four to seven days per week and clinical mental health support.
> Stage Two – 460 places of lower level support to existing social housing tenants including up to five hours per week accommodation (disability) support, and clinical mental health services as required.
> Stage Three A – 126 places of accommodation linked to support for people with high support needs, including up to five hours per day, four to seven days per week accommodation (disability) support and clinical mental health support.
> Stage Three B – 50 places that provide housing linked to clinical case management and psychosocial rehabilitation services for people with very high support needs up to eight hours per day, seven days per week.
> Stage Four A – 100 places of accommodation linked to accommodation (disability) support for people with high support needs, for up to five hours per day, four to seven days per week and clinical mental health support.

Key strategies include:

> HASI will be expanded in 2008 to include **HASI in the home**, which will provide over 200 new low and medium support places for people residing in their own homes in the community
> Future directions may include the extension of **HASI-like programs**, appropriately adjusted for developmental needs, for adolescents and young people with mental health problems; and to address the specific needs of older people who are not experiencing a decline in functioning due to ageing, yet require assistance with their accommodation due to their mental illness or disorder.

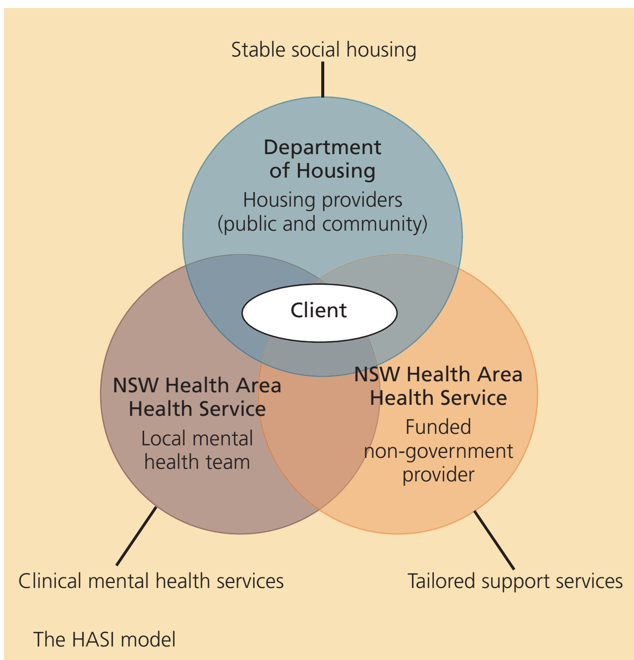
'If it wasn't for (HASI) I would have just barricaded myself inside everyday and not gone anywhere; and because I have got good medication now and I have had the support from the HASI people, I can actually start to function a bit and get out and about in public and realise that there is a world out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

(HASI participant)

HASI Stage One Evaluation

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

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



The HASI model

NSW Housing and Human Services Accord (The Accord)

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

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

NSW Department of Education and Training

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

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

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

School-Link initiative

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

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

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

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

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

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

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

NSW Department of Community Services

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

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

Families NSW

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

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

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

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

NSW Police and NSW Ambulance

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

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

The priorities for the partnership are:

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

The key strategies for the partnership include:

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

NSW Department of Ageing, Disability and Home Care

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

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

Integrated Services Project for Clients with Challenging Behaviour

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

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

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

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

> Be at least 18 years of age

> Have one or more diagnoses or disabilities

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

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

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

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

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

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

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

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

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

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

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

Integrated Services Project Management Group

Australian Government

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

Key Australian Government partnerships are described below:

Council of Australian Governments (COAG)

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

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

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

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

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

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

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

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

General Practitioners (GPs)

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

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

- Early identification of mental health symptoms. Commencing early intervention for people with high prevalence disorders. GPs may work in partnership with mental health services and other clinicians, or refer clients to these services where appropriate
- Assisting mental health services to develop individual care plans for GP clients with low prevalence disorders, where the consumer agrees with this
- Addressing the physical health needs of people with a mental illness or disorder
- Managing clients with low prevalence disorders and low acuity discharged from mental health services. GPs may receive support from the mental health service as required (eg for medication review).

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

Current strategies to support GPs include:

- **Better Outcomes in Mental Health Care** – An initiative of the Commonwealth Department of Health and Ageing to improve GPs' identification and management of mental illnesses and disorders. Implemented across the country over the past four years, it includes training for GPs, Medicare Benefit Scheme (MBS) rebates and GP access to allied health services and psychiatrists
- **Chronic Disease Management** – The new Chronic Disease Management MBS items are an initiative of the Department of Health and Ageing. They make it easier for GPs to manage the health care of clients with chronic medical conditions, including mental illnesses or disorders, needing multidisciplinary care. They also improve access to allied health and dental care[66]
- **Integrated Primary Health and Community Care Services (IPHCCS)** – Are part of NSW Health's statewide Integrated Primary and Community Health Policy. They aim to achieve a localised integration of general practice and State Government funded community health services, including mental health services. IPHCCS will build on the strengths of GPs by working in partnership with their community health colleagues to ensure early diagnosis and prevention, and better management of consumers with ongoing conditions. General practice leadership is an essential part of the service model[67]
- **Teams of Two** – Is an initiative undertaken by the Alliance of NSW Divisions with funding from NSW Health to foster partnerships between public sector mental health services and GPs
- **Workforce Development** – A CD-ROM and training package is available to assist GPs to respond to postnatal depression. NSW Health has funded the NSW Institute of Psychiatry to provide mental health courses for GPs.

Carer respite

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

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

Community residential services for older people

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

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

> Better quality of life

> More social interactions

> More privacy, resident choice and control

> Improvement of symptoms (for consumers with schizophrenia)

> Improved cognition, communication, self-care skills, mobility, and behavioural disturbance

> Fewer depressive symptoms, and decreased physical and chemical restraints.

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

Specific partnership services under development include:

> '**Special care units**' within RACFs with specialist consultation-liaison and case management support from SMHSOP and aged care services/ Aged Care Assessment Teams (ACATs), and supported transition to mainstream RACFs and community care

> The provision of **community residential and accommodation support services** through partnerships between SMHSOP, aged care services/ACATs, residential aged care providers, public housing services and non-government accommodation providers.

Quality, innovation, research and infrastructure

Workforce development

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

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

Policy context

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

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

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

Aims

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

- Identify and use creative means to recruit and retain people in the workforce, including the 2005–2007 Mental Health Nursing Workforce and Skills Acquisition Project
- Facilitate new ways of working across professional boundaries, including identification of service models linked to required skills and competencies
- Develop the workforce through revised education and training at both pre- and post-qualification levels, with funded educational supports where available
- Develop leadership and change management skills, including participation in programs such as the NSW Health Clinical Leadership Program.

Workforce principles

- Community mental health staff may work in public sector mental health services, NGOs, social services, housing, police, probation and prisons, or in non-statutory services, voluntary and private sectors
- Staff are crucial in delivering effective community mental health services and need to be valued and supported
- Staff within the community mental health workforce include both professionally regulated and unregulated but trained professionals
- Staff should reflect the culture of the local communities they serve, including the experience of those using mental health services
- Staff should have the appropriate education, training and clinical supervision to enable them to deliver consumer focused services

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

Strategies

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

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

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

Research, monitoring and evaluation

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

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

Current and developing strategies

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

Current strategies have been implemented to answer the questions:

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

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

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

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

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

- > Structured care – Structured care packages need to be designed for the identified mental health need groupings within the population of NSW. Evaluation will be more effective if programs have defined goals which can be measured.
- > Ambulatory compliance – Full compliance with recording of ambulatory and outcome data is required so that information about the entire service population and the complete workload of providers is available.
- > Area reporting processes – Changes to Area reporting processes are required to allow mental health staffing and activity to be identified with relevant funded programs and to be reported on a timely basis.
- > Partnership Arrangements – NGOs play a major role in the provision of community services. There is currently very little consistent and standardised data on the provision of such services in NSW. The development of an information strategy for the NGO sector is an important step in supporting policy and program developments and improvements in the quality, efficiency and effectiveness of NGO services in the community. The development of a process of activity data collection for NGOs is in the early stages of development under HASI and the draft *NGO Strategy*. These proposed initiatives will require examination of information interfaces and flows between agencies, and the governance arrangements (such as contracts and service level agreements) required to regulate the process. These interfaces will pose questions about privacy and which service has responsibility for monitoring the continuity of care for any particular consumer. NSW Health will need to consider:
  - processes and systems for collecting the consumer information
  - the amount of information to be expected by Health from an NGO on the basis of funding
  - the purposes warranting commitment of resources
  - access by partner services to information and appropriate reports.

Capital implications for community mental health

Community mental health service location principles

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

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

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

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

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

Co-located service design

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

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

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

Quality and safety

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

This Program is underpinned by the following guiding principles:

- Openness about failures – errors are reported and acknowledged without fear of inappropriate blame, and consumers and their families are told what went wrong and why
- Emphasis on learning – the system is oriented towards learning from its mistakes and extensively employs improvement methods for this
- Obligation to act – the obligation to take action to remedy problems is clearly accepted and the allocation of this responsibility is unambiguous and explicit
- Accountability – the limits of individual accountability are clear. Individuals understand when they may be held accountable for their actions
- Just culture – individuals are treated fairly and are not blamed for the failures of the system
- Appropriate prioritisation of action – action to address problems is prioritised according to the available resources and directed to those areas where the greatest improvements are possible
- Teamwork – teamwork is recognised as the best defence against system failures and is explicitly encouraged and fostered within a culture of trust and mutual respect.

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

- The systematic management of incidents and risks both locally and statewide to identify remedial action and systemic reforms.
- The continued implementation of the Incident Information Management System (IIMS) to facilitate the timely notification of incidents; track the investigation and analysis of health care incidents; enable the reporting about incidents, particularly the provision of trended information by incident type; and to understand the lessons learned.
- The Clinical Governance Units (CGU) in each AHS, which will oversee the implementation of the NSW Patient Safety and Clinical Quality Program.
- The development of a Quality Systems Assessment (QSA) Program for all public health organisations, undertaken by an external agency, to determine whether the above components are in place and working well. The focus of the assessments is on AHS patient safety and clinical quality systems.
- A Clinical Excellence Commission (CEC) to promote and support better clinical quality and to advise the Minister for Health on where systemic improvements can be made.

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

APPENDIX 1

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

Document	NSW Government Priority	Target	Initiatives from this Strategy
A new direction for NSW: State Plan	**Opportunity and support for the most vulnerable**		
	F3 Improved outcomes in mental health	• Reduce readmissions within 28 days to the same facility	• Family and Carer MH Program, Rehabilitation, Adult MH Services
		• Increase the percentage of people with a mental illness aged 15–64 who are employed to 34 per cent by 2016	• Rehabilitation (VETE Program)
		• Increase the community participation rates of people with a mental illness by 40 per cent by 2016	• Rehabilitation (Recovery and Resource Services, HASI, Clinical Partnership Program)
	Early intervention to tackle disadvantage		
	F4 Embedding the principle of prevention and early intervention into Government service delivery in NSW	• Set targets and benchmark agency performance on early intervention by 2009	• Health promotion, prevention and early intervention programs
	Customer friendly services		
	S8 – Increased consumer satisfaction with Government services	• Measure, report and improve consumer satisfaction with Government services	• Consumer, family and carer participation (MH-CoPES)
A new direction for NSW: State Health Plan	**1 Make prevention everybody's business**		
	Increased participation and integration in community activities and increased participation in recreation, sporting, artistic and cultural activity	• Targets set by Government will be achieved by a range of contributing agencies	• Health promotion, prevention and early intervention programs; Rehabilitation
	2 Create better experiences for people using Health Services		
	Increased customer satisfaction with health services	• Measure, report and improve customer satisfaction through annual patient satisfaction surveys and widespread local monitoring of patient experience	Consumer, family and carer participation (MH-CoPES)
	Ensuring high quality care	• Reduce unplanned/unexpected hospital readmissions within 28 days	• Family and Carer MH Program, Rehabilitation, Adult MH Services

Document	NSW Government Priority	Target	Initiatives from this Strategy
	3 Strengthen primary health and continuing care in the community		
	Improved outcomes in mental health	• Reduce readmissions within 28 days to the same mental health facility	• Family and Carer MH Program, Rehabilitation, Adult MH Services
		• Reduce suspected suicides of patients in hospitals, on leave, or within seven days of contact with a mental health service	• Family and Carer MH Program, Rehabilitation, Adult MH Services
		• Increase the number of occasions where mental health patients are seen by clinicians through increasing the number of clinicians	• Workforce development
		• Increase the proportion of HASI places filled	• Rehabilitation (HASI)
	4 Build regional and other partnerships for health		
	Improved outcomes in mental health	• Increase the percentage of people aged 15–64 years of age with a mental illness who are employed to 34 per cent by 2016 (together with other agencies)	• Rehabilitation (VETE Program)
		• Increase the community participation rates of people with a mental illness by 40 per cent by 2016 (together with other agencies)	• Rehabilitation (Recovery and Resource Services, HASI, Clinical Partnership Program)
	Implement key plans and frameworks	• Progress implementation of the NSW Interagency Action Plan for Better Mental Health (together with other agencies)	• Rehabilitation (Clinical Partnership Program), Health Service Partnerships
	6 Build a sustainable health workforce		
		• Reduce staff turnover in line with industry best practice	• Workforce development
		• Reduce the incidence of workplace injuries	• Workforce development, Quality and safety
		• Reduce the number of paid sick leave hours taken per year by full time employees by 5 per cent each year until 2009 and sustain improvement	• Workforce development, Quality and safety
		• Increase the proportion and distribution of Aboriginal staff in order to meet the demand for services	• Aboriginal and Torres Strait Islander Communities
		• Increase the proportion and distribution of clinical staff in order to meet the demand for services	• Workforce development
		• Increase in job redesign changes related to different models of care	• Workforce development

Document	NSW Government priority	Target	Initiatives from this Strategy
	7 Be ready for new risks and opportunties		
		• Progress implementation of an integrated risk management framework in each Health Service	• Quality and safety
NSW: A new direction for Mental Health	Promotion prevention and early intervention across the lifespan		
		• Implementation of programs to build resilience and raise community awareness of mental illness	• Health promotion, prevention and early intervention programs
	Improving and integrating the care system		
		• Re-admission to hospital within 28 days of discharge	• Family and carer MH program, Rehabilitation, Adult MH Services
	Participation in the community and employment, including accommodation		
		• Participation rates by people with mental illness of working age in employment	• Rehabilitation (VETE program)
		• Participation rates of people with mental illness in education and training	• Rehabilitation (VETE program)
	Better workforce capacity		
		• More doctors, nurses and allied health professionals so that services are available when needed	• Workforce development
NSW Interagency Action Plan for Better Mental Health	1 Prevention and early intervention		
		1.1 Building resilience and coping skills of children, young people and families	• Health promotion, prevention and early intervention programs
		1.2 Improving awareness of mental health issues and capacity to respond to mental health problems	• Health promotion, prevention and early intervention programs, Health service partnerships
		1.3 Intervening early in the onset of mental illness	• Health promotion, prevention and early intervention programs; Child, adolescent and family services; Youth MH Services

Document	NSW Government Priority	Target	Initiatives from this Strategy
	2 Community support services		
		2.1 Combat the escalation of mental illness by providing the appropriate service at the right time	• Acute and emergency care and treatment; Rehabilitation; Child, adolescent and family services; Youth MH services; Adult MH services; Health service partnerships
		2.2 Ensure supports are coordinated to enable people at high risk to live well in the community	• Rehabilitation, Health service partnerships
		2.3 Enable people with mental illness to have stable housing by linking them to other avenues of support	• Rehabilitation (HASI), Health service partnerships
		2.4 Improve participation in education by young people affected by mental illness	• Rehabilitation (VETE Program)
	3 Coordination of emergency responses		
		3.1 Ensure a statewide emergency response model is in place to better manage people with acute mental illness or behavioural disturbance	• Acute and emergency care and treatment
		3.2 Coordination of emergency responses to prevent inappropriate use of emergency services	• Acute and emergency care and treatment, health service partnerships
		3.3 Ensure safety of patient, emergency and health staff and community	• Acute and emergency care and treatment, health service partnerships, quality and safety

APPENDIX 2

An example of a rehabilitation service model

The South Eastern Sydney/Illawarra Area Health Service, Rehabilitation Strategic Plan: 2006–2010[69] provides one example of a rehabilitation model for a mental health service.

LEVEL 1

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

Staff participate in General Training Package

LEVEL 2

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

Staff participate in General Training Package

LEVEL 3

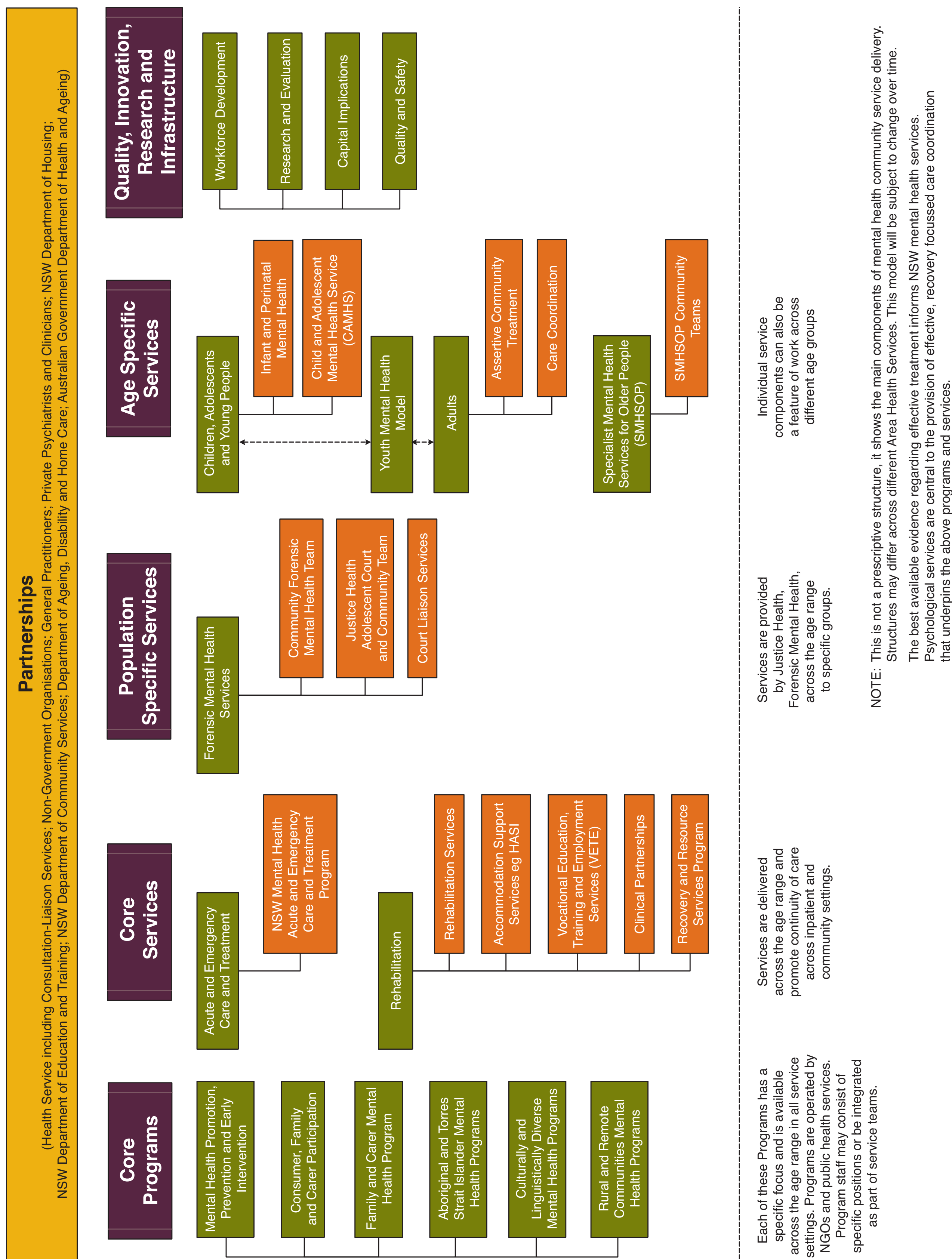
Specialist rehabilitation clinicians are trained in and provide individually tailored rehabilitation interventions and services. They act as rehabilitation consultants to the rest of the service. Examples include community rehabilitation teams, rehabilitation inpatient units and rehabilitation accommodation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

Staff attend Specialist Training

APPENDIX 3

NSW Community Mental Health Model 2007–2012

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



NSW Community Mental Health Model

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

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

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

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

Specialist Community Mental Health Services

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

Program	Program definitions/descriptions
Mental Health Promotion, Prevention and Early Intervention	Programs provided: • Promotion and prevention initiatives are delivered in collaboration with local communities to increase resilience, community awareness and mental health literacy, and reduce stigma associated with mental illnesses and disorders. • Mental health collaborates with generic health promotion services to help address the physical health needs of people with a mental illness. • Mental health services provide early intervention for all mental illnesses and disorders across all age groups. • Specific programs and initiatives implemented across NSW include but are not limited to: NSW School-Link Initiative; NSW Parenting Program; a range of suicide prevention programs; NSW Mental Health Promotion Campaigns conducted by NGOs such as the Mental Health Association NSW; Mental Health First Aid and the Elderly Suicide Prevention Network. Functions available: • Promotion of mental well being in both the general population (universal programs) and identified high-risk groups (indicated programs). • Prevention of mental illness or disorder in both the general population (universal programs) and identified high-risk groups (indicated programs). • Early intervention for mental illnesses and disorders. Skills required: • Promotion and prevention: Project management; research and evaluation; networking and partnership development; negotiation skills; capacity building; understanding mental health risk and protective factors; submission and report writing. • Prevention and early intervention: Assessment; care planning; consultation–liaison; specialist mental health interventions for people with or at risk of mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence.
Consumer, Family and Carer Participation	Programs provided: • Participation structures reflect the National Mental Health Strategy and *Partners in Health* (NSW Health, 2001). • Participation opportunities include but are not limited to: New South Wales Consumer Advisory Group; MH–CoPES; the consumer worker forum; Community Consultative Committees; consumer-run recovery services; the National Consumer and Carer Forum; and My Health Record. Functions available: • Involvement of consumers and families and carers in decision making about: their own care (or that of the person they are caring for); service planning; policy development; setting priorities; training and evaluation; and addressing quality issues in the delivery of mental health services.

Program	Program definitions/descriptions
	Skills required: • Participants: working with committees; advocacy and communication skills. • Mental health service staff: working effectively with consumer, family and carer participants.
Family and Carer Mental Health Program	Programs provided: • Programs and supports for families and carers are delivered through public mental health services and the NGO sector and include but are not limited to: the development of Family Friendly Mental Health Services, Mental Health Family and Carer Supports, and the Working With Families workforce development program. • Family and carer programs integrate with initiatives related to Children of Parents with a Mental Illness and Integrated Perinatal and Infant Care (Safe Start). • Mental health families and carers are supported to be aware of and able to access the range of generically available family and carer supports and services eg respite, income support. Functions available: • Public mental health services will: provide general information about mental illness, assist carers to navigate the system, support family and carer rights and responsibilities, assess family and carer needs, refer to other supports and services, involve families and carers in consumer care and treatment where appropriate, provide intensive support where necessary, support local systemic participation, and support mental health workforce development. • Funded NGO services will provide education and training programs; individual support and advocacy services; refer to other supports and services, and provide infrastructure support to peer support groups. Skills required: • Delivery of family education and support programs; and providing family oriented mental health services.
Aboriginal and Torres Strait Islander Mental Health Programs	Programs provided: • Programs to support Aboriginal and Torres Strait Islander people include but are not limited to: increased capacity of ACCHSs to deliver primary mental health care; specific clinical and community support programs for children, families and young people, older people and people in the criminal justice system at risk of, or experiencing, mental illness and mental disorder; development of culturally specific outcome and assessment tools and processes; and strategies to increase recruitment and retention of skilled Aboriginal mental health workers. Functions available: • Strong working relationships are established between mental health services and ACCHS. • Leadership of Aboriginal service provision in each mental health service. • Improved service access for Aboriginal people of all ages with mental health problems, their families and carers, across emergency and acute, early intervention and prevention, and rehabilitation and recovery services. • Improved evaluation and data quality of services. • Strengthened workforce.
Culturally and Linguistically Diverse Mental Health Programs	Programs provided: • Area mental health services develop local Multicultural Mental Health Implementation Plans to develop models of care and service provision that address local needs. • Programs to support people of culturally and linguistically diverse backgrounds include, but are not limited to innovative, new pilot programs and service development in the areas of: children and families from culturally and linguistically diverse backgrounds; culturally and linguistically diverse older peoples' mental health; rural and remote outreach; evaluation of the clinical cultural assessment services of Transcultural Mental Health Centre; and review of the cultural applicability and enhancement of MH-OAT.

Program	Program definitions/descriptions
	Functions available: • Culturally inclusive and responsive mental health services. • Integrated systemic planning, accountability and reporting. • Ongoing focus on promotion, prevention and early intervention. • Enhanced cultural competence of the mental health sector. • Promotion of innovation, research and evaluation. • Clear and formalised partnerships are developed between mental health services and the health sector, other government agencies, bilingual mental health workers, GPs and multicultural and ethno-specific agencies.
Rural and Remote Mental Health Programs	Programs provided: • Programs to support people living in rural and remote communities include but are not limited to: strategies to improve emergency and acute mental health responses; further community capacity building and partnership strategies; improved availability of the full range of mental health services; further exploration and development of telepsychiatry models; development of new service delivery models and strategies for community mental health care; strategies to develop and support the enhancement of the community mental health workforce and models to improve mental health service responses to older people with mental illnesses and disorders. Functions available: • Access for rural and remote communities to 24 hours/day, 7 days/week mental health telephone triage services, emergency response and safe transport services. • Access to mental health assessment, care coordination and rehabilitation services and other community mental health service components outlined in this *Strategy*, through tailored service delivery models.

Specialist Community Mental Health Services
Core Services – each of these services has a specific focus and is available across the age range and across service settings

Acute and Emergency Care and Treatment

Program	Service definitions/descriptions
NSW Mental Health Emergency Care Program	Services provided: • Mental Health Telephone Triage and Referral Services provide access to trained mental health professionals working within a dedicated call-centre environment who have immediate access to information, referral paths to available on the ground acute mental services and capacity to liaise effectively and immediately with key service providers (eg Police, Hospitals, GPs, Mental Health inpatient units and consultant psychiatrist advice). These services provide a central point of access to mental health services for the general community and service partners. • Services have ready access to consultant psychiatrists providing evidence-based telephone advice for care decisions in high-risk patients to registrars, EDs, inpatient units, community mental health staff and GPs. • Community acute and emergency services provide a timely response to mental health emergencies in the community, providing outreach to people at risk in the community, and assisting in transfer to care. These services work together with mental health telephone triage and referral services and other emergency care services (eg Police, Ambulance) managing access to mental health care for those in the community experiencing a mental health emergency or who are at risk. Functions available: • Intake and triage; initial assessment; crisis assessment; assessment of child protection issues; referral; some immediate management and short-term intervention; medication administration; after-hours consultation to all the Area/network facilities/services; after hours emergency response; management of admissions, PECCS and patient flow; advise local GPs and other service partners; intensive assertive consultation-liaison; enhance capacity for community treatment and maintenance; case conferencing; family and carer support; care planning and coordination, including identification and referral for psychosocial supports; care transition planning (eg inpatient discharge planning) and assistance with safe client transport.

Program	Service definitions/descriptions
	Hours of operation: • 24 hours/day, 7 days/week. Skills required: • Assessment and mental status examination, problem management, management of psychiatric emergencies; risk assessment; use of sedation, seclusion, and restraint; managing transfer of psychiatric consumers; and working across the age spectrum of children, adolescents, adults and older people.
Rehabilitation	
Rehabilitation Services	Services provided: • Rehabilitation services provide a rehabilitation focus throughout mental health services for all populations and for people of all ages, and across inpatient and community teams. • Rehabilitation assessment and intervention commences early in mental health care to ensure prevention of secondary disability. Such disability may be associated with difficulties in achieving developmental milestones or normal life goals (education, employment, relationships etc) and with increasing fragmentation from social and community supports. • Rehabilitation services are provided in partnership with both public sector mental health services and in the specialist NGO sector. Functions available: • Specialist assessment; intensive, assertive outreach; rehabilitation; consultation–liaison; monitoring and review; case conferencing; family and carer support; care planning; relapse prevention planning; coordination of care; care transition planning (eg inpatient discharge planning); and specific, individually targeted interventions to overcome difficulties in social, vocational, psychological, or cognitive functioning. Hours of operation: • Business hours (note that some specific programs, eg HASI and other supported accommodation services, may operate on extended hours). • Some capacity for weekend and/or after hours services may be required based on the needs of consumers and their families and carers. Skills required: • A range of specialist assessment and intervention skills are required; co-ordination of consumer directed goals; recovery focused; bio-psycho-social framework.
Population Specific Services These services have a specific focus and are available across the age range and in all service settings	
Forensic Mental Health	
Community Forensic Mental Health Service	Services provided: • The risk assessment and management of offenders with a mental illness or disorder living in the community. • Consultation-liaison with mental health community teams to build their capacity in managing offenders with a mental illness living in the community. Functions available: • A multidisciplinary team comprised of clinicians from medicine, nursing and allied health. • Assessment, provision of pharmacological and psychotherapy interventions, consultation-liaison. • Working in partnership with the adult area of corrections and community mental health services. Skills required: • Risk assessment and management of offenders with a mental illness or disorder.

Program	Service definitions/descriptions
Court Liaison Services	Services provided: • Where appropriate, adult clients (18+) are diverted to Area community or inpatient mental health services, GP services, Aboriginal Medical Services, private psychiatrists/psychologists, Department of Ageing, Disability and Home Care and/or drug and alcohol services who have a visiting psychiatrist/psychiatric registrar. Functions available: • Assessment and working in collaboration with service partners. • A Clinical Nurse Consultant is located at each of the larger courts. They all have access to a senior colleague and senior psychiatrists. Skills required: • Bio-psycho-social assessment including risk assessment, advocacy, referral.
Adolescent Community and Court Team	Services provided: • Expands on the Court Liaison Program to engage community support services, Area child and adolescent community mental health services and adult forensic mental health services. The Team focuses on diverting young people from custody by linking them with appropriate community services. • The Team has a particular focus on first time presentations and Aboriginal young people. Functions available: • Assessment, provision of pharmacological and psychotherapy interventions; consultation-liaison services. • Working in partnership with the adult area of corrections, child and adolescent community mental health services and Court Liaison Services. Skills required: • Risk assessment and management of young offenders with a mental illness or disorder.
Specialist Community Mental Health Services Age Specific Services	
Child, Adolescent and Family Services	
Infant and Perinatal Metal Health	Services provided: • The Perinatal and Infant Care (IPC)/Safe Start initiative provides universal psychosocial assessment and screening for depression of all pregnant and postnatal women. Integrated care pathways are implemented for families with young children 0–2 years who have psychosocial or mental health risk factors. The IPC/Safe Start initiative comprises the mental health component of the NSW Government's Families First/NSW Families Strategy. • Focused parenting interventions for parents who have a mental illness and an infant 0–2 years. • Interventions for Children of Parents with a Mental Illness (COPMI) 0–2 years. Functions available: • Early identification and intervention for psychosocial risk factors and mental health problems for women who are pregnant, their partners and families with infants 0–2 years. • Enhanced collaboration between service providers to offer integrated care pathways for at-risk families across: maternity services; early childhood services; mental health; drug and alcohol; GPs; DoCS; child protection services; and NGOs. • Education and training programs for primary and specialist health service professionals related to perinatal and infant mental health. Hours of operation: • Business hours.

Program	Service definitions/descriptions
	Skills required: • Parent-infant/relational bio-psycho-social assessment; IPC/Safe Start training; Postgraduate Infant Mental Health qualification.
Child and Adolescent Mental Health Services (CAMHS)	Services provided: • CAMHS services provide children, adolescents and their families with access to a consistent and integrated range of mental health services, which address their specific developmental needs, based on available evidence. Functions available: • Specialist mental health assessment; care planning; consultation-liaison with GPs, antenatal, obstetric services, early childhood staff, child and family teams, paediatric services, PANOC/child sexual assault/child protection services, drug and alcohol services, adult mental health services, staff from the Departments of Education and Training, Community Services, Juvenile Justice, and Ageing, Disability and Home Care and relevant NGOs; and specialist mental health interventions for children and young people with mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence. Hours of operation: • Business hours. • Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers. Skills required: • Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.
Youth Mental Health	
Youth Mental Health Model	Services provided: • The Youth Mental Health Model provides young people and their families with access to a consistent range of mental health services, which address their specific developmental needs, based on available evidence. • The model focuses on early intervention and links closely with CAMHS and adult mental health services to ensure a smooth transition between services. They are also integrated with other health services (eg GPs and drug and alcohol services), and are delivered through a youth-friendly service model. Functions available: • Specialist mental health assessment; care planning; consultation-liaison with GPs, drug and alcohol services, adult mental health services, staff from the Departments of Education and Training, Community Services, Juvenile Justice, and Ageing, Disability and Home Care and relevant NGOs; and specialist mental health interventions for young people with mental health problems and their families, which may include group, individual, family, pharmacological and psychotherapy interventions, separately, in combination or in sequence. Hours of operation: • Business hours. • Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers. Skills required: • Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.

Adults (these service components can also be a feature of work with other age groups)	
Program	**Service definitions/descriptions**
Assertive Community Treatment	Services provided: • Intensive, long-term outreach support to people with numerous and frequent acute inpatient admissions. • The emphasis of these services is on improving social connectedness and quality of life, and decreasing disability. Collaborative relationships are established with rehabilitation services and supported accommodation options including HASI. • Care is interdisciplinary. Consumers receive support simultaneously from several members of the multidisciplinary community mental health team according to their specific needs (ie nurses, psychiatrists, occupational therapists, social workers etc). Functions available: • Assessment; care planning and review (including individual care plans, relapse prevention plans and advance care directives); working in partnership with other government agencies, NGOs, primary care providers, acute and emergency services, rehabilitation services and families and carers; and provision of pharmacological and psychotherapy interventions. Hours of operation: • Extended hours. Skills required: • Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.
Care Coordination	Services provided: • Services for people with a mental illness living in the community who require mental health intervention, but whose symptoms are less acute and have infrequent acute inpatient admissions. • Provide evidence-based, active case management taking a whole of life approach and ensuring continuity of care to individuals and their families and carers. Support reintegration into the community following inpatient admission. Clear exit strategies and transition plans are developed. • Clients are assigned a clinical care coordinator who provides continuing treatment and coordinated care in the community, particularly where multiple support agencies are involved in the care plan. Functions available: • Assessment; care planning and review (including individual care plans, relapse prevention plans and advance care directives); working in partnership with other government agencies, NGOs, primary care providers, acute and emergency services, rehabilitation services and families and carers; and provision of short term, stepped or ongoing treatment and case management including pharmacological and psychotherapy interventions. Hours of operation: • Business hours. • Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers. Skills required: • Bio-psycho-social assessment including risk assessment; coordination of services; recovery focused consumer-directed care planning and treatment.
Specialist Mental Health Services for Older People (SMHSOP)	
SMHSOP Community Teams	Services provided: • SMHSOP community teams (or identified SMHSOP key workers in some rural and remote areas) provide specialist mental health services for older people with mental illness and disorder across NSW, based on the best available evidence, in partnership with their families and carers, across different service settings.

Program	Service definitions/descriptions
	• SMHSOP and adult mental health services work together to manage transitions between these services and ensure mental health emergency response, mental health rehabilitation and care coordination for older people. • SMHSOP community teams work in partnership with a range of key services to provide coordinated responses to the mental health needs of older people. • Through the BASIS model, SMHSOP provide specialist assessment and intervention for older people with severely and persistently challenging behaviours associated with dementia and/or mental illness, in partnership with aged care services. These services are integrated with SMHSOP community teams and have clear linkages and referral pathways with specialist aged care services. Functions available: • Intake and triage; specialist assessment; care planning; care coordination; monitoring and review; case conferencing; consultation-liaison; training and capacity building; family and carer support; care planning; and care transition planning (eg inpatient discharge planning). The team will also be involved in hospital admission and discharge processes and follow-up care for SMHSOP clients. • The provision of information, clinical intervention (where appropriate) and support for families and carers will be part of the team's role. • Prevention and early intervention strategies. • These teams will also provide an integrated assessment and intervention (BASIS) function for older people with severe behavioural disturbance with complex causes. Hours of operation: • Business hours. • Some capacity for weekend and/or after-hours services may be required based on the needs of consumers and their families and carers. Skills required: • Bio-psycho-social assessment including risk assessment; person-centred care planning and treatment; medication management; case management and care coordination; ability to work as part of a multidisciplinary team; consultation-liaison and partnership skills.

Community Mental Health Service Partnerships

Key partner	Partnership descriptions
Health Service	Functions: • To address the broader needs of people with mental illnesses and disorders, including co-morbidities and physical health care. • To assist other health professionals to work effectively with people with mental illnesses and disorders. Specific partnership services: • Drug and alcohol services • Mental Health Consultation-Liaison
Non-Government Organisations	Functions: • To address the broader psychosocial needs of people with mental illnesses and disorders. • To provide consumer and carer-led programs that embed recovery principles. • To conduct community education and mental health awareness campaigns promoting attitude change in communities. • To enable consumers' and carers' choice in accessing community based programs and services. • To provide flexible services which support consumers and carers based on their level of need in the place they live.

Key partner	Partnership descriptions
	Specific partnerships, programs and services: • Mental Health NGO Development Strategy • NSW NGO Grant Program • The Housing and Accommodation Support Initiative (HASI) • Family and Carer Mental Health Program • MISA Service Reorientation NGO Project • Supports for Aboriginal people and people from CALD communities.
NSW Department of Housing	Functions: • To enable people with mental illnesses and disorders to access appropriate and stable accommodation, with the support required. Specific partnerships: • Partnerships Against Homelessness (including the Partnership Action Resource Group) • Joint Guarantee of Service for People With Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing (JGOS) • The Housing and Accommodation Support Initiative (HASI) • The NSW Housing and Human Services accord (The Accord)
NSW Department of Education and Training	Functions: • To facilitate the early identification and treatment of children, adolescents and young people with mental illnesses and disorders. • To facilitate access to education and training opportunities for people with mental illness and mental disorders. Specific partnerships: • School-Link • Vocational Education Training and Employment (VETE) Program.
NSW Department of Community Services	Functions: • To enable the early identification of mental health problems in families, leading to early intervention. • To support children in families where a parent has a mental illness or disorder. • To support parents with mental illnesses or disorders in this life transition. Specific partnerships: • Families NSW
NSW Police and NSW Ambulance	Functions: • To improve timeliness to specialised mental health care for those experiencing a mental health emergency. • To improve safety, including in transportation. • To improve co-ordination amongst agencies involved in emergency mental health response. Specific partnerships: • Memorandum of Understanding (NSW Health, NSW Police and NSW Ambulance).
Department of Ageing, Disability and Home Care	Functions: • To address the needs of people with a co-morbidity of mental illness and intellectual or other impairment. Specific partnerships: • Integrated Services Project for Clients with Challenging Behaviour

Key partner	Partnership descriptions
Australian Government Department of Health and Ageing	Functions: • Both State and Commonwealth Governments work in partnership to deliver health and aged care. • The Commonwealth has committed funding for mental health service enhancements over the next five years. Specific partnerships: • General Practitioners • Carer Respite • Community Residential Services for Older People • Day 2 Day Living and Personal Helpers and Mentors Programs
General Practitioners and other private sector services	Functions: • Private sector services provide community mental health care, particularly for people with high prevalence mental illnesses or disorders and/or low acuity. • Access to private sector services has been enhanced through the Australian Government's Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative and Better Outcomes in Mental Health Care (BOIMHC) program. Specific partnerships: • Teams of Two • Integrated Primary Health and Community Care Services (IPHCCS) • NSW Health has funded the development of mental health educational resources and training programs for GPs

Quality, innovation, research and infrastructure

Programs	Program descriptions
Workforce Development	Functions: • To increase and sustain the proportion and distribution of clinical staff in order to meet the demand for services. • To ensure the appropriate initial training of mental health professionals. • To ensure ongoing professional development in mental health.
Research, Monitoring and Evaluation	Functions: • To support and apply academic mental health research which reflects health priorities and policies. • To support ongoing mental health service monitoring and evaluation. • To support the development of future community mental health service models based on available evidence.
Capital Implications	Functions: • To outline the capital support required for the implementation of this *Strategy* eg trend toward service co-location, increased workforce.
Quality and Safety	Functions: • To ensure that community mental health services are based on best practice, informed by current evidence. • To ensure consistent quality and safety initiatives across NSW Health community mental health services. • To ensure the well being of community mental health service staff, clients, families and carers.

Abbreviations

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

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