



Health

Hunter New England
Local Health District

EXCELLENCE

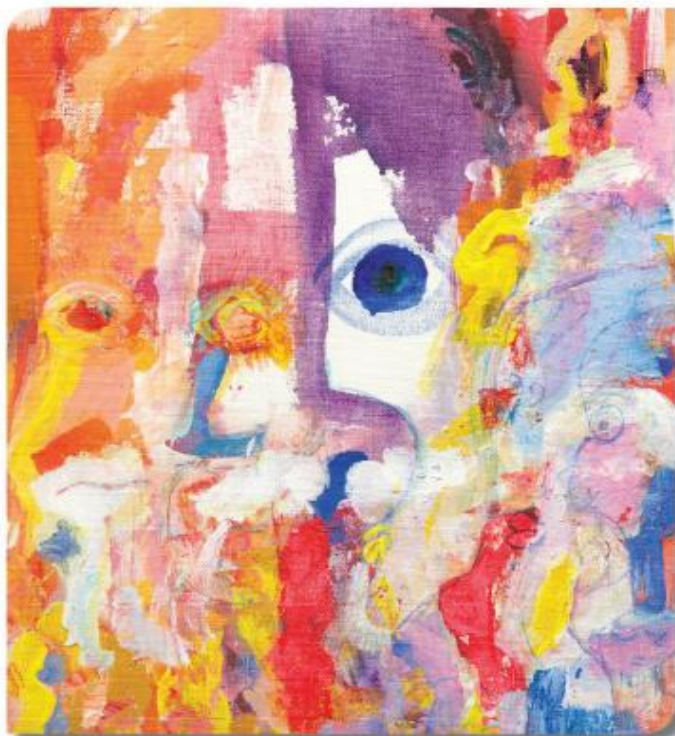
Every patient. Every time.

Strategic Plan, Reform agenda and state-wide issues



LIVING WELL

A STRATEGIC PLAN FOR MENTAL HEALTH IN NSW 2014 – 2024



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Strategy



KEY FACTS

- > Forty five per cent of Australians will be affected by mental illness at some point in their life.
- > Half of all mental illnesses manifest before the age of 14 and three quarters by the age of 25.
- > Nine thousand people are admitted to NSW hospitals for intentional self-harm each year.
- > Suicide is the leading cause of death in Australia for people aged between 15 and 34 years.
- > Psychiatric disorders reduce life expectancy - for men by about 16 years and women by about 12 years.

Priority 1: Improving the community-based mental health response

Priority 2: Improving the journey for people who use mental health supports

Priority 3: Preventing suicide

Priority 4: Promoting mental wellbeing and resilience

Priority 5: Ensuring systems and services rise to the reform challenge

Priority 6: Monitoring and reporting progress

DALY

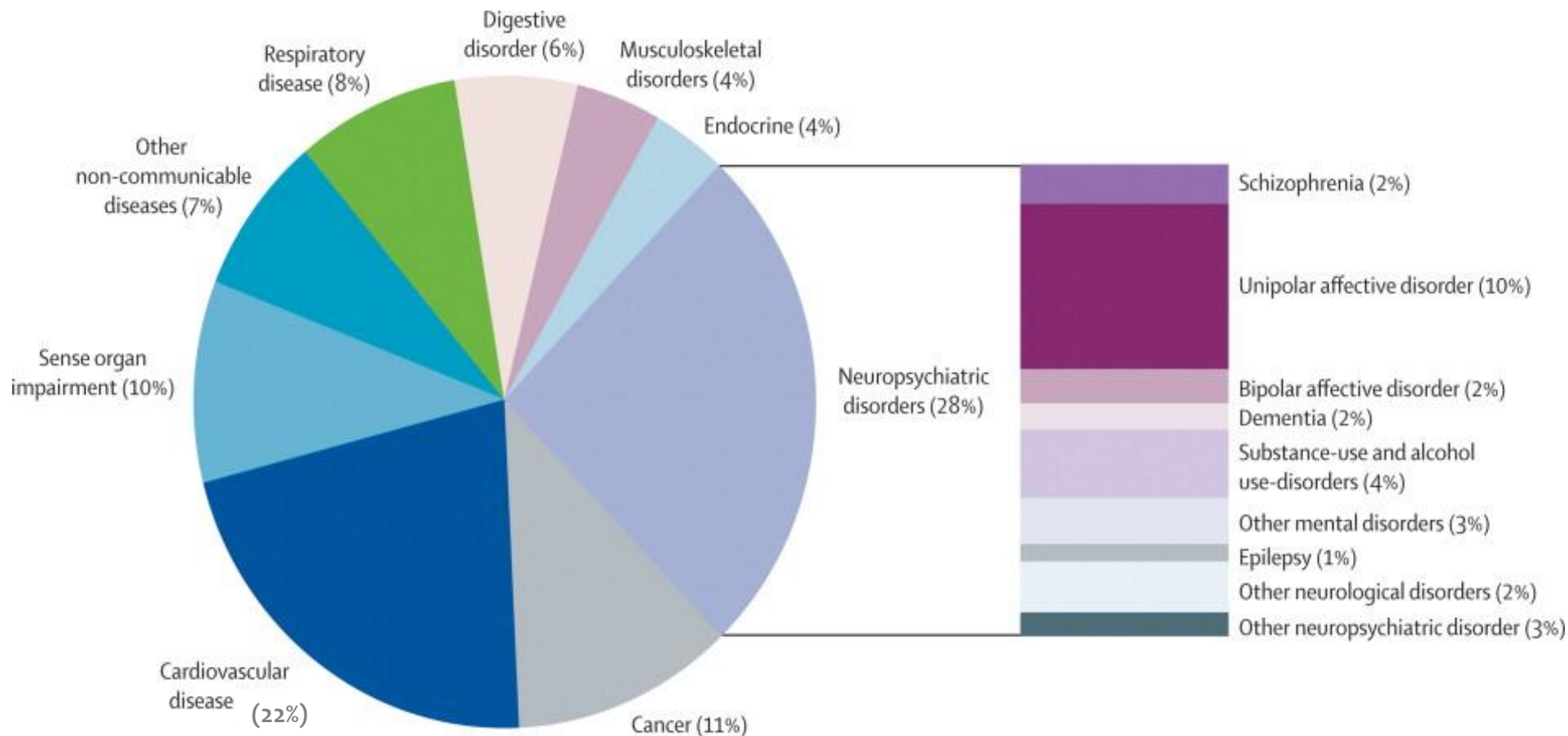
Disability Adjusted Life Years is a measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability or early death

= YLD
Years Lived with Disability

+ YLL
Years of Life Lost

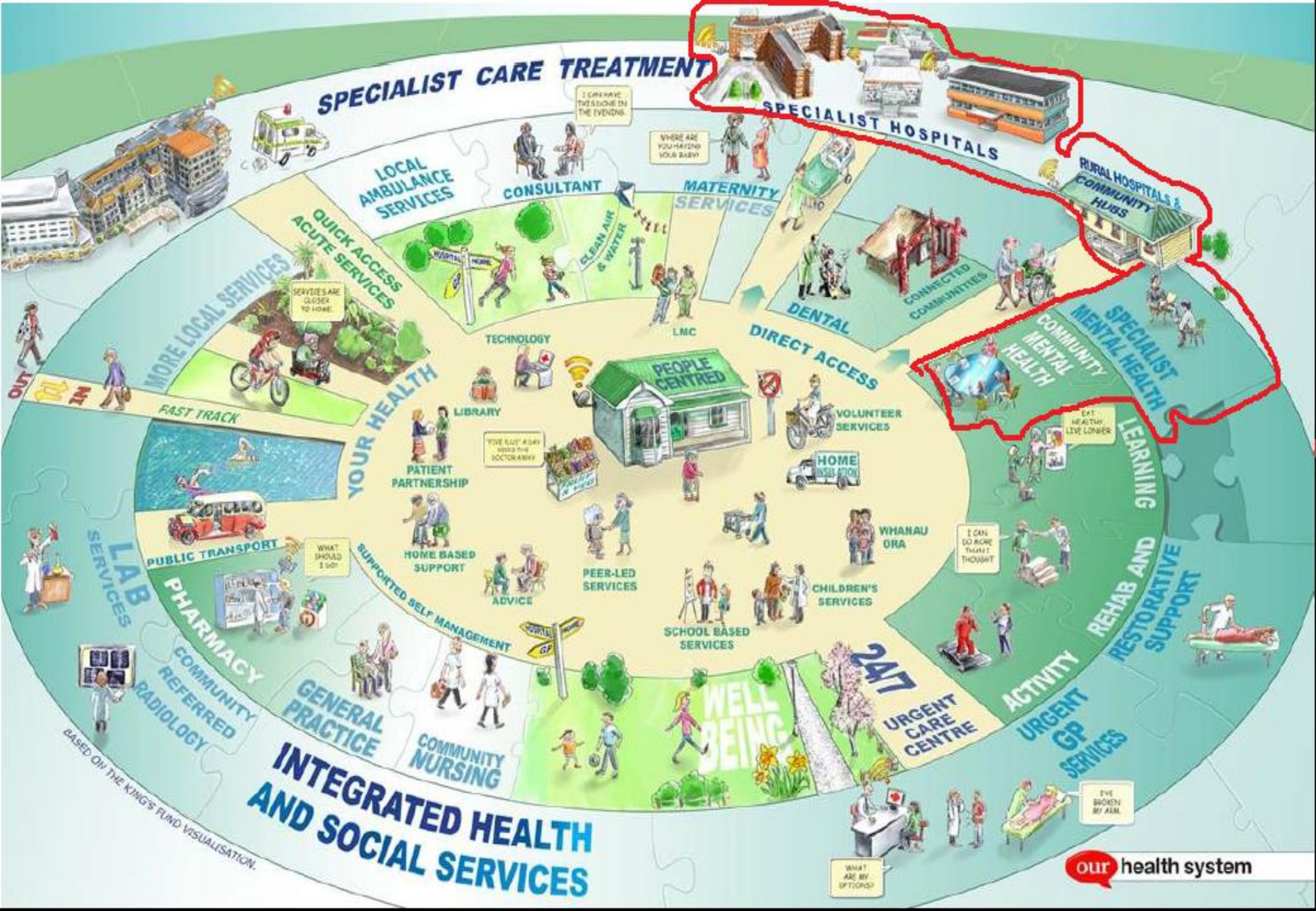


Contribution by different non-communicable diseases to disability-adjusted life-years worldwide
(Data adapted from WHO, with permission)



Living Well

- **Build connections with and learn from work in chronic disease prevention already under way in NSW and Australia.**
- **Ensure that population health activities appropriately target people with a lived experience of mental illness, including interventions to address smoking, physical activity, nutrition and use of alcohol and other drugs.**
- Implement the HeAL declaration in NSW Local Health Districts to ensure physical health needs are prioritised from the first episode of psychosis.
- **Ensure all access points for people experiencing severe mental illness assume responsibility for facilitating physical health assessments and monitoring of physical health status.**
- Ensure that locally based mental health and wellbeing promotion activities developed under Building community resilience and wellbeing, promote healthy and active lifestyles.
- Ensure that the local co-ordination structures established under Strengthening local action, include partnerships with local government and facilities such as gyms and swimming centres to facilitate referral and access to such facilities by people who experience mental illness.
- Encourage and support GPs in a holistic approach to treat people with both mental and physical illness, including improved collaboration across general practice and specialist mental health and acute services. These mechanisms will need to consider issues such as appropriate access to information to support collaborative approaches.
- Advocate for continuing professional development training for GPs in mental health to assist with early diagnosis, continuing training in emerging therapies, and opportunities for placements in mental health services.



SPECIALIST CARE TREATMENT

SPECIALIST HOSPITALS

RURAL HOSPITALS & COMMUNITY HUBS

LOCAL AMBULANCE SERVICES

QUICK ACCESS ACUTE SERVICES

CONSULTANT MATERNITY SERVICES

MATERNITY SERVICES

DENTAL

DIRECT ACCESS

MENTAL HEALTH

SPECIALIST MENTAL HEALTH

MORE LOCAL SERVICES

FAST TRACK

YOUR HEALTH

LAB SERVICES

PUBLIC TRANSPORT

PHARMACY

COMMUNITY REFERRED RADIOLOGY

GENERAL PRACTICE

COMMUNITY NURSING

INTEGRATED HEALTH AND SOCIAL SERVICES

BASED ON THE KING'S FUND VISUALISATION.

Specialist Services



Spectrum of care: CAMHS, Adult, Old Age, Neuropsych, CL, Forensic, High risk civilian and more

Care Type: Acute, Rehabilitation, Psychotherapy Programs:eg DSP, Mood, psychosis

ETP: Physical Health Care, intoxication, DSH, Small rural hospitals: Aggression, Intoxication, severe MI and risk

MH Inpt: Back of House, Journey Boards, W4W, LoS, 28/7 Readmission rate, Aggression, Recovery.

Transportation: more declared EDs, MHA, telehealth, after hours transportation

Community: Increased access, HITH, ACT (24/7)

Peer workforce development



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Specialist Services



People with severe and complex mental illness will receive up to 15 per cent more hours of specialist clinical mental health support in the community.

Consultation liaison services will be enhanced in four priority major hospitals

New community residential options will be designed for 380 people currently receiving long-term hospital care.

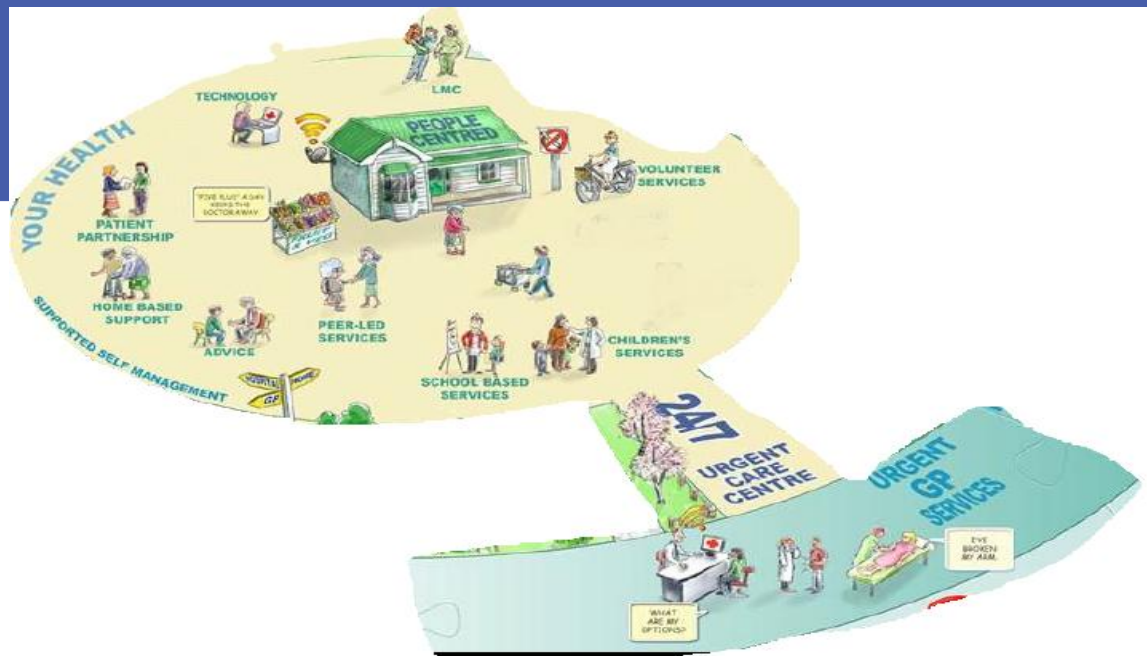
Access to crisis and triage will be enhanced in regional NSW. A new 24/7 mental health resource hub will be established with mental health professionals to support health workers in northern NSW. The hub will offer rapid and safe mental health assessment and consultation support, delivered remotely through video conferencing technology.

Community Integration Teams will be maintained to provide more than 9000 hours of support to around 500 young people moving from custody to the community. These Teams have a large focus on young Aboriginal people with mental health and drug and alcohol issues. They will provide integrated, ongoing care after release from custody in order to help young people successfully reintegrate into the community.



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GP support and advice: PHN
 CMO: major partners
 CYPF:CAMHS
 Peer services

The number of adults receiving community living supports will be increased to around 1850 to assist people with severe mental illness to continue to live in the community.

Maternity

- High risk pre and post natal
- Post natal screening
- CL



Maternity



- The number of Whole Family Teams will be enhanced with three additional teams to be established. WFT provide specialist mental health, drug and alcohol and parenting interventions in the home.
- Specialist perinatal and infant mental health (PIMH) services will be enhanced to support 200 more (to a total of 800) mothers with severe and complex mental illness each year. Specialist PIMH services allow mothers to be cared for in the community with their children and families, where possible. This avoids the need for hospitalisation and reduces their length of stay.

Hunter New England Local Health District Mental Health Services Plan 2014-2018



August 2013



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Mental Health Clinical Services Plan 2014-2018

The major directions for mental health services that form the foundation of the plan are to:

- Actively improve the co-operation, co-ordination and interface between generalist and mental health services particularly in the provision of emergency care for both physical and mental health problems
- Significantly improve communication and consultation with consumers and carers
- Reduce variation in treatment, access and consumer experiences and in health outcomes for Aboriginal people, people from culturally diverse backgrounds and other vulnerable groups
- Promote organisational change towards person centred mental health care
- Investigate and instigate contemporary models of mental health care
- Develop and support a skilled, sustainable, flexible workforce into the future.
- Review models of care and service delivery on the Morisset campus

HNE Mental Health Aboriginal Services

The region of Hunter New England has the largest Aboriginal population in NSW, with 21.6% of the State's Aboriginal population or 3.7% of the HNE population

- Aboriginal Mental Health and Well Being Committee: CTG Strategy
- Closing the Gap Collaborative Committee for Mental Health Services
- Appointment of 0.5 ATSI staff specialist
- ATSI Psychiatry Trainee
- Mental Health Services has 3.9% Aboriginal staff as a proportion of total staff
- Aboriginal Maternal and Infant Health Service
- Wiyiliin Ta – Child and Adolescent Community Service within the Newcastle, Lake Macquarie and Hunter Valley LGAs and also from Awabakal Aboriginal Community Controlled Service
- Aboriginal Adult Liaison Service
- Aboriginal Preventative Care Projects in all Mental Health Services (*Smoking, Nutrition, Alcohol, Physical Activity, Immunisation, Falls Injury Prevention SNAPIF*)

Promoting recovery and collaborative care

Partner with consumers and their carers: governance

1. Consumer advisory unit
2. Assessment Planning Treatment training
3. Collaborative Care Planning
4. Patient Experience Trackers
5. Regular Carer Workshops and Family groups
6. Family and Carer Committee
7. Navigators guide
8. Essentials of care: Hourly rounding, Patient Care Boards, “bedside” Handover, patient and carer rounding

Implementation of MH CSP and Implementation of plan for gap analysis of MH Commission Strategic Plan

CAMHS Plan and Service statement, Eating Disorders Strategy

Patient Flow: WHoS

CMO partnership model

Review of PECC, CMHT, PRS, POA MoC, Declaring Moree ED

Northern Telehealth Strategy

Opportunities

Distances required for service provision

PHN

Rural workforce development

Workforce retention

Seclusion reduction

JHFMHN: forensic flow

Statewide: Medium secure complex civilian patient flow

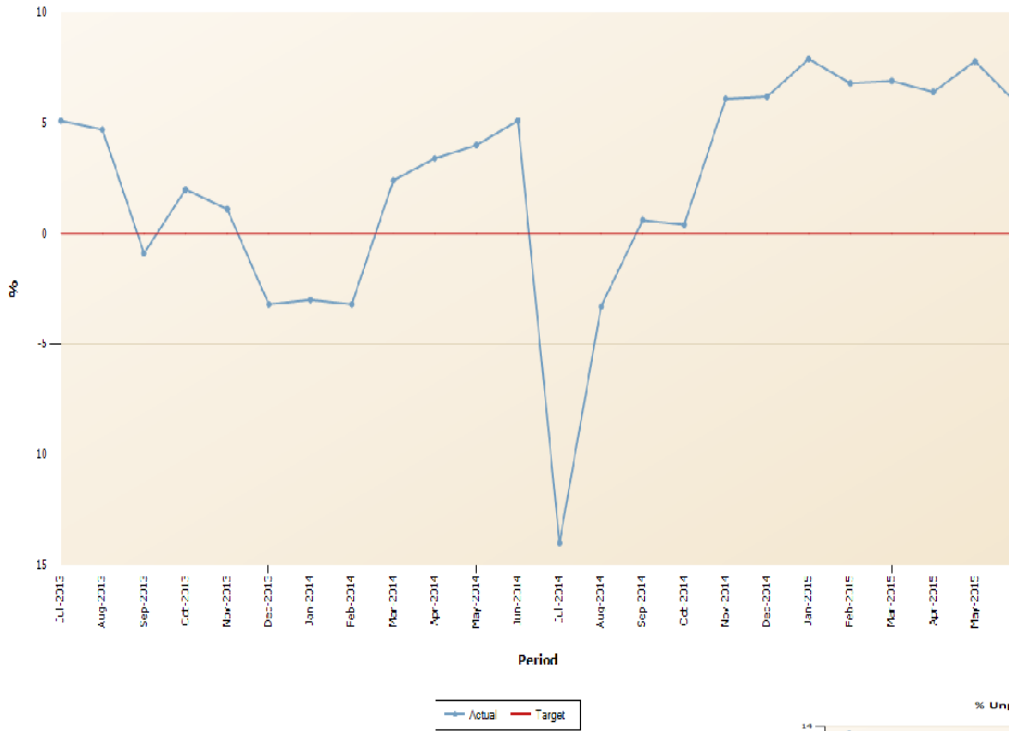
Co-ordination of MH and CMO

Long Stay MH transitioning

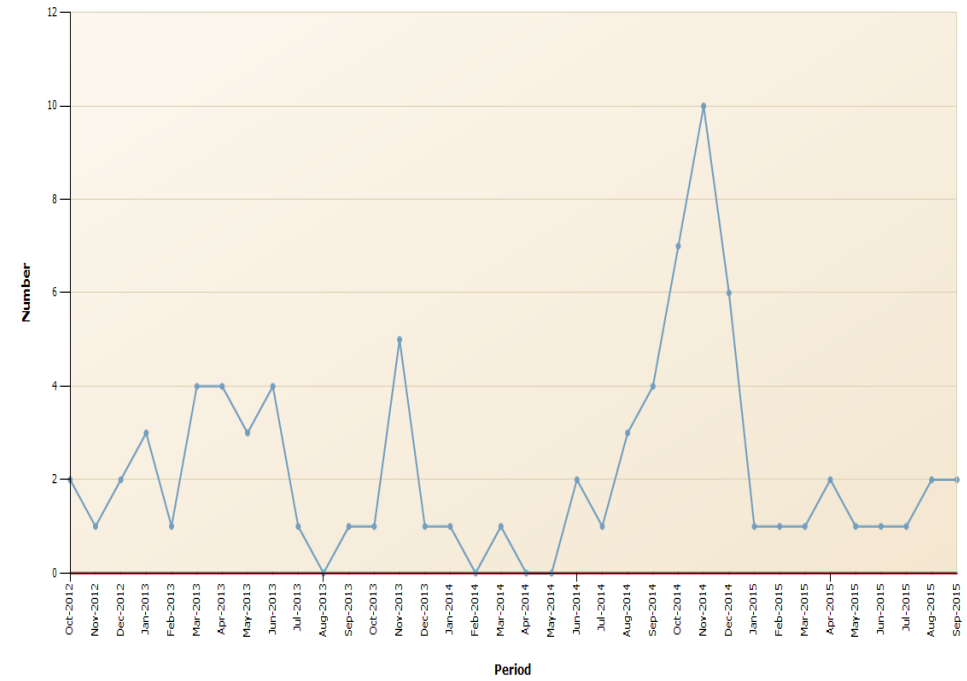
NDIS-189 consumers have transitioned to NDIS from HNEMH

All Facilities - HNELHD					
Departure Year	Departure Month	Patients <= 4hrs within ED	All Presentations	% Patients <= 4hrs within ED	Target
2015	Jul	673	882	76.3 %	92.0 %
	Aug	702	946	74.2 %	92.0 %
	Sep	685	920	74.5 %	92.0 %
HNE Total		2,060	2,748	75.0 %	

% Mental Health: variation against purchased volume - Inpt MH activity - Acute Inpts (NWAU) HNE Health



Mental Health pts staying in ED > 24hrs HNE Health



% Unplanned readmits within 28 days of sepn Mental Health HNE Health

