NSW Strategic Framework and Workforce Plan for Mental Health

2018–2022

A Framework and Workforce Plan for NSW Health Services

NSW GOVERNMENT

Thank you

The artwork for the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* and *NSW Mental Health Workforce Plan 2018-2022* has generously been donated by artists with lived experience of mental ill-health or distress. It is used with thanks.

We would also like to thank those who have worked with us to develop the Framework and Workforce Plan and have provided encouraging examples of good practice.

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SHPN (MHB) 180585
ISBN 978-1-76000-938-0 (PRINT)
ISBN 978-1-76000-940-3 (ONLINE)
Further copies of this document can be downloaded from the NSW Health website **www.health.nsw.gov.au**
August 2018

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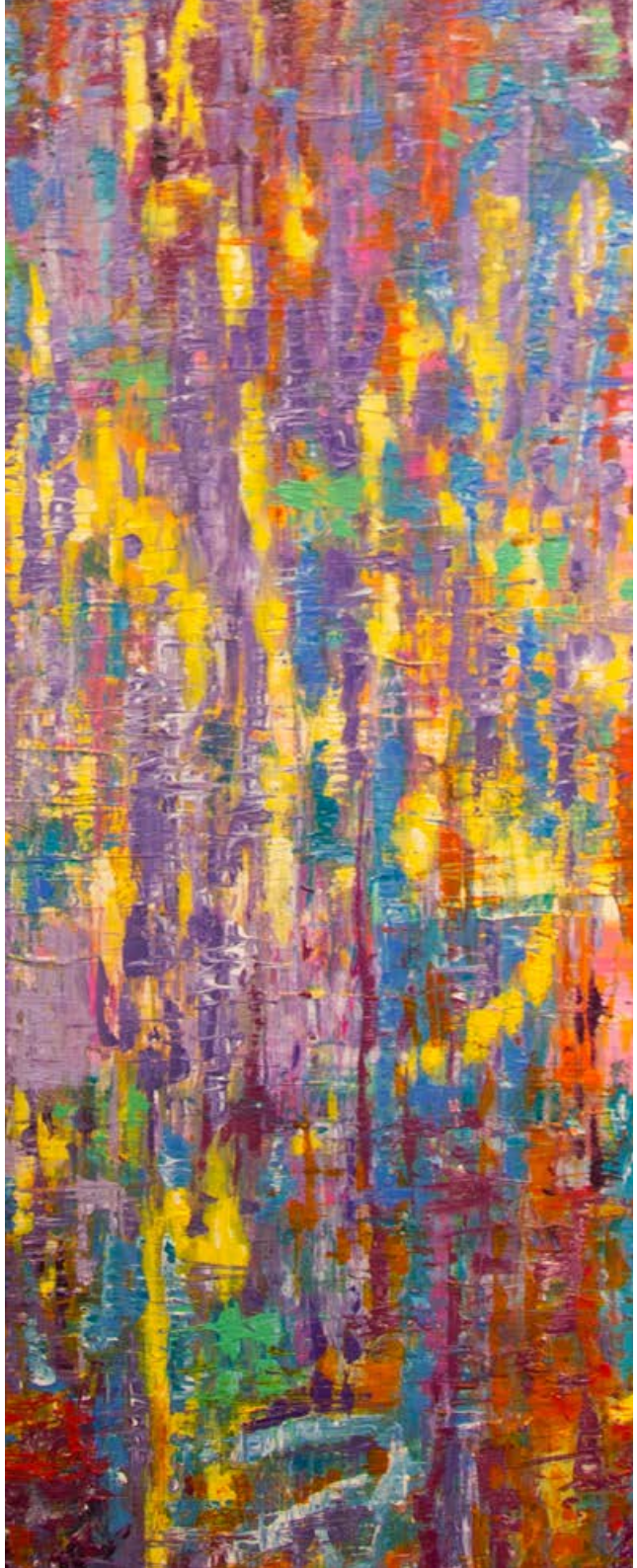

Message from the Secretary

I am pleased to introduce the NSW Health Strategic Framework and Workforce Plan for Mental Health 2018-2022 for NSW Health services. The document provides the important overarching framework for NSW Health action in mental health over the next five years, as we respond to a diverse range of policy priorities and reforms.

The Framework and Workforce Plan will help NSW Health organisations embed the strategic directions of the NSW Mental Health Reform and achieve the vision outlined in *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*: **The people of NSW have the best opportunity for good mental health and wellbeing and to live well in their community and on their own terms.**

Values-based organisations are good for staff and the populations they serve. The Framework and Workforce Plan outline values-based approaches that embed the NSW Health CORE values in practice to build a health service where people are supported and consumers receive the high-quality care they need.

The Framework and Workforce Plan have been developed through extensive stakeholder consultation and focus on achieving three goals:

1. **holistic, person-centred care**
2. **safe, high quality care**
3. **connected care.**

Action in these areas will enable NSW Health to deliver truly integrated care that meets the needs of people with lived experience of mental health issues, their families, carers and supporters.

This document is more than a framework – it is also a valuable resource for NSW Health staff who plan, commission, deliver and evaluate services for people with lived experience.

I encourage you to use the resources and learn from the excellent work of colleagues showcased throughout the document. These examples of good practice highlight the strong culture of innovation and continuous improvement that we can be proud of and continue to aspire to across NSW Health.

Elizabeth Koff

Secretary NSW Health

Title **Lilac Tears**
Artist **Sharon Lomnicki**

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Overview

Introduction

The purpose

The NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 (Framework and Workforce Plan) provide overarching guidance for NSW Health strategic action in mental health across the next five years.

The document is for mental health and general health organisations in recognition that people with lived experience of mental health issues commonly have needs that will be met by a range of health and partner care providers.

The NSW Government is undertaking a ten year whole-of-government transformation of mental health care to 2024. The NSW Mental Health Reform (the Reform) comes in response to Living Well: A strategic plan for mental health in NSW 2014-2024. The Reform puts people – not processes – at the centre of the mental health care system.

The Framework and the Workforce Plan are actions arising from the Reform and respond to policy directions in the Fifth National Mental Health and Suicide Prevention Plan 2018-2022 (Fifth Plan) and a range of recommendations from recent reviews including the:

- Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities
- Royal Commission into Institutional responses to Child Sexual Abuse
- Review of the Mental Health Review Tribunal in respect to forensic patients.

The target audience

Mental health services are delivered by a range of providers across the service spectrum. The Framework and Workforce Plan support NSW Health organisations to plan and deliver priority programs tailored to the health needs of their target population at both state and local level levels. This includes NSW Health Local Health Districts (LHDs), Specialty Health Networks (SHNs), Branches, Pillars and other NSW Health Organisations. The Framework and Workforce Plan also guide these organisations as they commission mental health community support services, education, research and collaborative initiatives.

Service partners such as Community Managed Organisations (CMOs) and Primary Health Networks (PHNs) may also wish to use the Framework to guide their strategic planning.

The approach

The Framework provides an overview of the mental health status of the population, identifies the workforce, and outlines objectives, strategies and high level actions to improve the mental health and wellbeing of people with lived experience of mental illness, the experience of care for their families, carers and supporters and staff experiences.

The Workforce Plan outlines workforce planning and development actions that will help services achieve Framework objectives. **The Workforce Plan and Framework are interdependent and are integrated as a single framework.**

The Framework and Workforce Plan target statewide priorities for the next five years. Many other important focuses have not been mentioned, but continue as good business as usual practices and/or local initiatives.

Many providers and many reforms

The health needs of people with lived experience of mental health issues are delivered by a range of health and non-health agencies. The Framework and Workforce Plan also come at a time where a range of diverse but interconnected policy priorities and reforms are guiding practice. For this reason, efforts need to be coordinated to have maximum impact.

To support immediate and integrated action across mental health, health and social services, the Framework and Workforce Plan contain both high level strategic guidance as well as helpful information, links to resources and good practice case studies.

Language

The Being | Mental Health and Wellbeing Advisory Group surveyed people with a lived experience of mental illness in early 2017 regarding language used to identify people using mental health services. Most people preferred the term 'person with a lived experience of mental illness' or 'person with a lived experience' to the term 'consumer'. The Framework uses these terms wherever possible. The term 'consumer' has also been used to refer to people with lived experience using health services.

The Framework uses 'mental health and wellbeing' to refer to a holistic view of health. It acknowledges the Aboriginal concept of mental health and wellbeing as related to harmonious interconnections between spiritual, environmental, ideological, political, social, economic, mental and physical factors.[1] The terms 'mental illness' and 'mental disorder' are used when quoting research. The term 'Aboriginal' describes the many nations, language groups and clans in NSW including those from the Torres Strait. NSW Health uses the term 'Aboriginal' rather than 'Aboriginal and Torres Strait Islander' to recognise that Aboriginal people are the original inhabitants of NSW.[2] The term 'Aboriginal and Torres Strait Islander' is used when referring to national research, data or initiatives.

The policy context

The NSW Mental Health Reform

NSW is nearly five years into a decade long reform of mental health care in NSW, in line with Living Well. The Reform provides NSW with the opportunity to reshape mental health service delivery and work more collaboratively across government agencies and other health and human services providers.

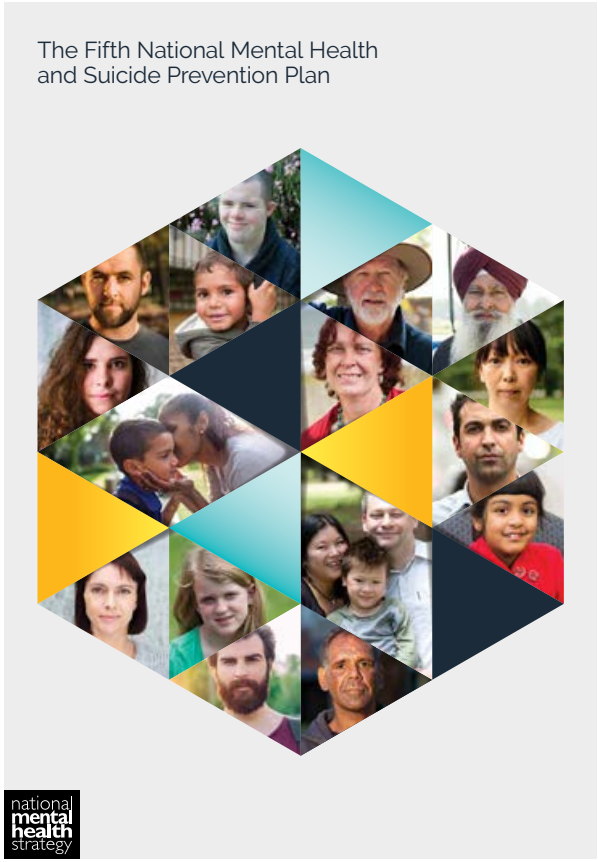
The **Reform** calls for care that is:

- person-centred and tailored
- family and community focussed
- recovery-oriented
- trauma informed
- provided in the least restrictive way, and
- delivered in partnership with people with lived experience and their families and carers, and with other organisations.

Both inpatient and community-based mental health care are important and complementary parts of the health system. The Reform aims to build and strengthen community based care whilst seeking to improve and refine inpatient care.

The five strategic directions of the Reform

1. **Strengthening prevention and early intervention** – with a stronger focus on services for children and young people.
2. **Supporting a greater focus on community based care** – including providing more community based services and a phased transition of long-stay psychiatric hospital patients into safe community care.
3. **Developing a more responsive system** – through improved specialist services for people with complex needs such as borderline personality disorders and those in hospital with physical health care needs.
4. **Working together to deliver person-centred care** – including better integration between mental health services, mainstream health, justice and human services, and Australian Government funded services.
5. **Building a better system** – including developing the mental health workforce, establishing an evidence base and research to support improvement, improving engagement with families and carers, growing and supporting a peer workforce, and increasing NGO capacity to deliver services.



The Fifth Plan

The Council of Australian Governments endorsed the **Fifth National Mental Health and Suicide Prevention Plan** in 2017.

The Fifth Plan focusses on eight priority areas:

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place.

The National Mental Health Commission is monitoring progress of all governments under the Fifth Plan. The Framework and Workforce Plan align with Fifth Plan priorities and provide a structure for NSW to report against both the Reform and Fifth Plan priorities.

Consultation

Extensive public consultation informed the development of Living Well and the Fifth Plan. The Reform strategic directions were developed in response to Living Well.

Framework and Workforce Plan consultations built on these strong foundations and sought feedback on priorities for NSW over the next five years.

The NSW Ministry of Health (MoH) led the development of the Framework and Workforce Plan in partnership with two expert reference groups (Appendix 3). Consultation details are included in Appendix 4.

Priorities and actions were identified through:

- analysing workforce and service data and reviewing potential outcome measures
- understanding the views of people with lived experience and carers
- hearing from the NSW Mental Health Commission
- listening to LHD/SHN leaders and clinicians
- meeting with Aboriginal, Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ) and Culturally and linguistically diverse (CALD) leaders and representatives
- hearing from subspecialty mental health older persons', child and youth, forensic, intellectual disability and eating disorder service representatives
- meeting with CMO, PHN and Official Visitor representatives
- meeting with professional groups, peak associations and tertiary institutions
- partnering with Health Branches and Pillars
- inviting broad sector feedback through an online survey and draft Framework and Workforce Plan.

People with lived experience and families, carers and supporters responded to the online survey. In addition to the survey, Being I Mental Health and Wellbeing Consumer Advisory Group provided additional feedback, informed by 2017 consumer surveys and via Mental Health Carers NSW.

Key messages from families and carers

Additional carer peer support workers

"We need more LHD and SHN based carer peer roles."

More family interventions

"We need more family based approaches and family therapy delivered by LHDs/SHNs such as Open Dialogue."

Recovery-oriented, trauma-informed care and strategic joint health workforce planning

"Planning needs to take account of existing and emerging service models (with an emphasis on recovery oriented, trauma informed care) and plan across state and commonwealth (PHN) funding to deliver the future workforce needed."

Key messages from people with lived experience

Better connections and integration between services/systems

"We need more support when transitioning between the hospital and community" and "We need more help to access housing and transport, particularly in rural and remote communities."

Greater collaboration and improved treatment practices involving transparency, building trust and respect

"Transparency is so important in developing trust. If you treat us as dependent and incompetent, it's hard to grow. If you respect us, trust us, and value us, we'll show you our best."

Help working with the NDIS

"We need help with how to apply for the NDIS.. we need to know who to contact for more information and clear guidelines on eligibility and how services are allocated."

Co-design and consumer participation

"We need to implement co-design processes for all service changes, from the beginning by bringing in experts on best practice co-design and providing guidance and resources to services on how to implement this."

Title **Healing through Writing**
Artist **Sue Kennedy**

Operationalising the Framework

An implementation and monitoring plan will be developed with leads and partners based on the action tables and indicators.

Action tables

Action tables for each goal comprise the objectives, strategies and priority actions with identified leads and partners. Action tables identify workforce items in grey and national partnership items in coloured shaded cells.

Enablers

Enablers are critical factors that assist change. The enablers section provides information, vignettes and links to resources to help services achieve the Framework and Workforce Plan objectives. The enablers are:

1. Culture and approach
2. Leadership and governance
3. Guidance
4. Funding and performance
5. Service delivery and partnerships
6. Technology
7. Information and planning
8. Workforce – the NSW Mental Health Workforce Plan 2018-2022.

Monitoring and reporting

Organisations responsible for actions under the Framework will be invited to report annually on progress. Reporting time frames will align with Fifth Plan reporting. The Mental Health Branch, NSW MoH will monitor implementation. The Mental Health Taskforce and Cross Agency Working Group will receive updates and provide advice on initiatives and progress.

As far as possible, Framework and Workforce Plan reporting will be in line with current reporting requirements and will seek to use these processes rather than duplicate effort.

NSW MoH will develop an annual report to be presented to the NSW Mental Health Taskforce in each year of the Framework.

Measuring success

NSW Health will measure achievement against the three goals using the outcome indicators and data sets identified in Figure 3. The indicators are arranged under nine primary domains to align with the Fifth Plan. Fifth Plan numbering is used and detailed descriptions of each indicator are found in Appendix B of the Fifth Plan.

The NSW Public Service Commission People Matter Employee Survey – Engagement Index will measure mental health staff engagement, which is the additional indicator.

At a glance

Framework overview

The people at the heart of the Framework are:

» people with lived experience of mental illness and distress (consumers)

» families, carers and supporters (carers)

» health staff.

Vision

The Framework and Workforce Plan support achievement of the vision outlined in Living Well, that:

"The people of NSW have the best opportunity for good mental health and wellbeing and to live well in their community and on their own terms".

Goals

Consultations identified three goals for focussed NSW Health action over the next five years:

Goal 1 – Holistic, person-centred care

Goal 2 – Safe, high quality care

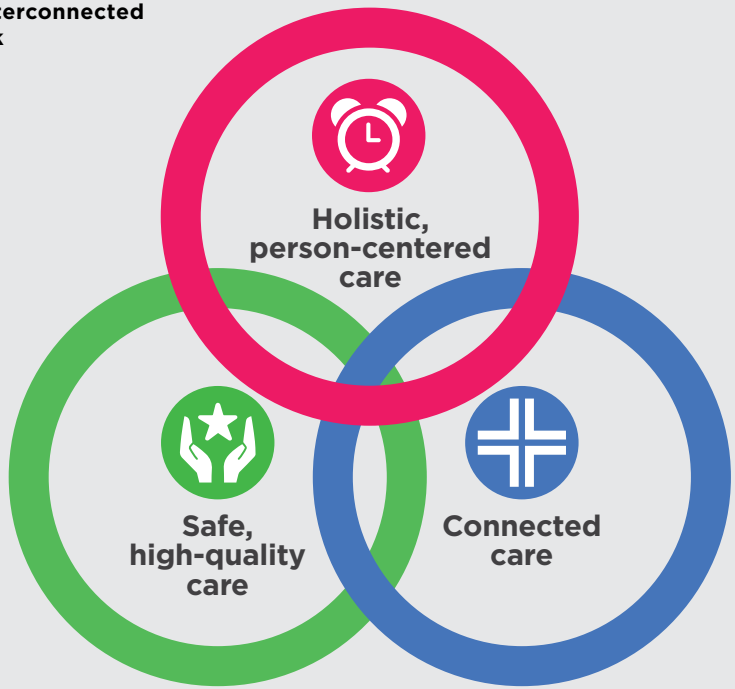
Goal 3 – Connected care.

The goals are interdependent and action in one area will drive improvements across the other goals (refer Figure 1).

The 'Framework and Workforce Plan on a Page' at Figure 2 illustrates the Framework's vision, goals, objectives, enablers, policy and Reform alignment.

The 'Measures of success' which follows at Figure 3, identifies the nine primary domains and indicators that will be used to monitor and evaluate impact over time.

Figure 1 | The three interconnected goals of the Framework



Objectives

The three goals have nine related objectives which provide specific direction on what we want to achieve.

GOAL 1 – HOLISTIC, PERSON-CENTRED CARE

Objectives:

1. Strengthen recovery-oriented services
2. Deliver holistic care
3. Improve the physical health care of consumers
4. Increase community based options

GOAL 2 – SAFE, HIGH QUALITY CARE

Objectives:

5. Continuously improve safety and quality
6. Intervene early for children and young people
7. Strengthen suicide prevention

GOAL 3 – CONNECTED CARE

Objectives:

8. Organise local systems of care
9. Improve transitions

Outcomes

Achievements against these objectives are expected to drive improvements in:

- health outcomes for mental health consumers
- experience of care for mental health consumers and carers
- engagement of health staff
- efficient and effective care (in relation to costs).

Achievements will support the work NSW Health is doing to keep people healthy, provide world-class clinical care and deliver truly integrated services under the NSW State Health Plan – Towards 2021.

Figure 2 | 'Framework and Workforce Plan on a Page'

Vision	The people of NSW have the best opportunity for good mental health and wellbeing and to live well in their community on their own terms			
Goals		**HOLISTIC, PERSON-CENTRED CARE**	**SAFE, HIGH QUALITY CARE**	**CONNECTED CARE**
Objectives		**1** Strengthen recovery-oriented services **2** Deliver holistic care **3** Improve physical health care for consumers **4** Increase community based options	**5** Continuously improve safety and quality **6** Intervene early for children and young people **7** Strengthen suicide prevention	**8** Organise local systems of care **9** Improve transitions
Action tables				
Enablers	Culture and approach – Leadership and governance – Guidance – Funding and performance – Service delivery and partnerships – Technology – Information and planning – Workforce (The NSW Mental Health Workforce Plan)			
Alignment	**FIFTH PLAN PRIORITY AREAS***	**5,6,8**	**7,8**	**1,3,4,8**
	REFORM STRATEGIC DIRECTIONS	**2** A greater focus on community based care **5** Building a better system	**1** Strengthening prevention and early intervention **3** Developing a more responsive system	**4** Working together to deliver person-centred care

Fifth Plan priority areas are outlined on Page 9.

Figure 3 | 'Measures of success' – Framework goals and objectives aligned with Fifth Plan domains and Indicators

GOALS AND OBJECTIVES

DOMAINS AND INDICATORS*

Holistic, person-centred care

1 Strengthen recovery-oriented services

2 Deliver holistic care

3 Improve physical health care for consumers

4 Increase community based options

Effective support, care and treatment

» Proportion of consumers and carers with positive experiences of service (13)

» Change in mental health consumers' clinical outcomes (14)

» Proportion of total mental health workforce accounted for by consumer and peer workers (18)

Less stigma and discrimination

» Experience of discrimination amongst people with mental illness (24)

Better physical health and living longer

» Rate of long-term health conditions in people with mental illness (2)

» Rate of drug use in people with mental illness (3)

» Avoidable hospitalisations for physical illness in people with mental illness (4)

» Mortality gap for people with mental illness (5)

Meaningful and contributing life

» Connectedness and meaning in life (8)

» Rate of social/community participation amongst people with mental illness (9)

» Proportion of people with mental illness in employment (10)

» Proportion of carers of people with mental illness in employment (11)

» Proportion of mental health consumers in suitable housing (12)

Staff experience

» Proportion of mental health staff engaged

Safe, high quality care

5 Continuously improve safety and quality

6 Intervene early for children and young people

7 Strengthen suicide prevention

Less avoidable harm

» Rates of suicide (19)

» Suicide of persons in inpatient mental health units (20)

» Rates of follow-up after suicide attempt/self-harm (21)

» Rates of seclusion in acute mental health units (22)

» Rate of involuntary hospital treatment (23)

Healthy start to life

» Proportion of children developmentally vulnerable in the Australian Early Development Index (1)

Connected care

8 Organise local systems of care

9 Improve transitions

Effective support, care and treatment

» Population access to mental health care (15)

» Post-discharge community care (16)

» Readmission to hospital (17)

Good mental health and wellbeing

» Prevalence of mental illness (6)

» Proportion of adults with very high levels of psychological distress (7)

*** Domains and indicators are sourced from the Fifth Plan. Action under each goals are expected to deliver improvements across a range of indicators.**

Title **Maybe Tomorrow**
Artist **Jo Bailey**

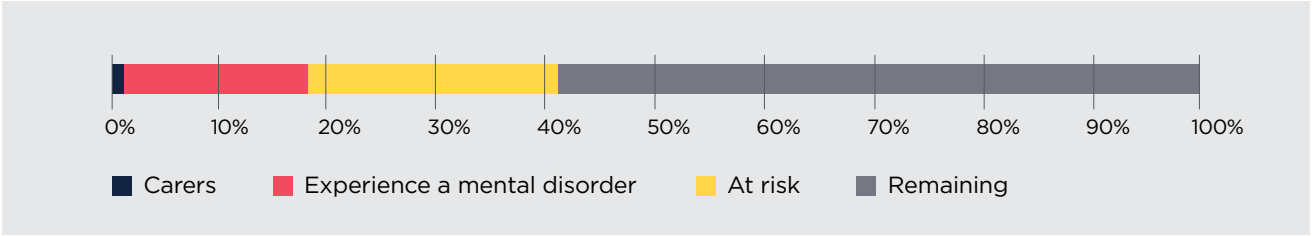
Mental health in NSW

Mental health in NSW

The lives of many Australians are affected by mental illness, either because they experience it themselves, or because people they love and care for do.

Around one in five people experience a mental disorder each year and nearly another quarter are at risk of developing mental illness, either because they have early symptoms or because they have had a previous mental illness.

A high proportion of mental health problems emerge in our younger years, with around half of all lifetime cases of mental illness beginning by age 14 and three-quarters by age 24.



Approximately three per cent (3.1%) of people will experience a severe mental illness and around 1 per cent will be carers for people with mental illness.

For people living in NSW in 2017-18, this means that approximately:[3]

- 1.3 million will experience a mental disorder
- 1.8 million are at risk
- 244,000 people will experience a severe mental illness including:
  - 40,000 people aged 17 years and under
  - 161,000 people aged 18-64 years
  - 43,000 people aged 65 years and over
- 80,000 people will be carers for people with mental illness.

The burden of mental illness is higher for some groups in the community. These include Aboriginal people, people from culturally and linguistically diverse backgrounds, people with intellectual disability, people identifying as lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ) and people in contact with the criminal justice system.

The NSW service system

The Australian healthcare system is complex. Mental health clinical and community support services are delivered across a range of service settings and by a variety of providers.

People with lived experience also often require a range of social supports such as housing and employment services, disability, drug and alcohol and physical health care treatment services.

Mental health service providers are located in primary care settings, community managed organisations, schools, aged care services, and private and public health settings. Funding comes from a combination of state, national, insurance and out of pocket sources.

Services complement the efforts people with lived experience of mental illness make in their own recovery. They also add to the significant informal supports often provided by family, carers, support people and communities.

In 2015-16, NSW reported over 10,600 full time equivalent (FTE) staff delivering care through specialist mental health services (including justice and forensic mental health).[4] Thousands more staff provided services through NSW Emergency Departments (EDs), ambulance services, general health and custodial health services.

Specialist mental health services deliver hospital and community based care to those with severe levels of need. This may involve acute care in crisis as well as services for people with severe and complex issues.

They also provide early intervention services for children and adolescents in schools who have clinically significant behaviour problems and/or who are at risk of mental health problems because of their parent's mental illness.

Specialist mental health services also partner with other services such as primary care and CMOs to prevent relapse and support those with moderate need as they step down to lower intensity care.

Key partners

People with lived experience, their families, carers and supporters are essential members of the team designing, participating in and delivering care.

In addition, a range of service partners provide care across the broad spectrum of health and social services. Some of these partners and their roles are outlined below.

Community Managed Organisations (CMOs) are a key provider of mental health, community support and disability support services to people with a lived experience. Service include supported accommodation, daily living support, recovery programs, community connection and suicide prevention or postvention (aftercare). Families and carers of people with a lived experience are supported through the Family and Carer Program run by community managed organisations.

Aboriginal Community Controlled Health Services (ACCHSs) provide a range of primary health services targeted for Aboriginal people and their communities, with funding by NSW Health and the Australian Government.

General Practitioners funded by the Australian government through Medicare and consumer co-payments, provide primary health care and may be involved in shared care of people with a lived experience.

Primary Health Networks (PHNs) undertake planning and coordination and commission some primary health and suicide prevention and aftercare services from other providers.

Private providers including psychiatrists, psychologists and allied health professionals, such as dietitians or counsellors, may also be part of the care team.

Private hospitals, some specialising in mental health treatment, supplement services for people who need hospital admission.

Health promotion, prevention and early intervention programs may be offered in different sectors, by local councils and public and community managed organisations.

Drug and alcohol services may be offered by Health as well as CMOs. These include some residential rehabilitation services, some of which target Aboriginal people.

Early childhood, children and young people's services, and child protection and out of home care services led by Family and Community Services (FACS) address the needs of children and families. They may identify concerns that require mental health support and partner in providing a holistic response to the child and/or family.

Education and employment services may assist people with a lived experience to access education, vocational training and work.

Aged care services, funded by the Australian government and user fees, may provide support to people aged 65 and over in their own homes or in aged care facilities.

Police have a role in protecting the community and preventing and responding to crime. In the mental health context, police may be first responders during a mental health crisis being experienced by a person in the community.

Peak bodies play a role in community managed sector development, capacity building in community managed organisations and in advocacy for consumers and carers.

Legal, statutory and/or advocacy services – Government agencies, courts and tribunals may be involved in supporting and advocating for the rights of people with a lived experience on an individual or systemic level. Such bodies include: the NSW Mental Health Commission, the Mental Health Review Tribunal, Legal Aid Commission (Mental Health Advocacy Service), Guardianship Division of the NSW Civil and Administrative Tribunal, and Public Guardian. CMOs are also active in the disability advocacy sector.

Everyone working together with people with lived experience and their families, carers and supporters can deliver better outcomes for all.

Levels of mental health need and services

Figure 4 identifies the approximate proportion of the NSW population by mental health need and shows recommended aligned intervention types based on a stepped care approach.

People with lived experience of mental health issues often have fluctuating need for services and move up and down the levels or 'steps' in care.

The graded areas of Figure 4 indicate the approximate proportion of each cohort targeted by public mental health services.

This graphic has been adapted from the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services.

The prevalence estimates source is the National Mental Health Service Planning Framework (NMHSPF) NSW MoH 2016.

Figure 4 | Levels of mental health need and services, NSW 2017-18

Title **Limbo**
Artist **Dianne Lewis**

Challenges and opportunities

Challenges and Opportunities

NSW faces many challenges in relation to the mental health and wellbeing of the population. At the same time a range of opportunities exist to maximise positive impacts.

Challenges for populations

INCREASING POPULATION GROWTH

The NSW population is predicted to grow by 14 per cent across the next ten years from 2017-18 to 2027-28.[5] This means demand for mental health services will grow significantly. This is particularly the case for the over 65-year-old age group which is expecting 33 per cent growth. **Planning needs to take population growth and trends into account.**

STIGMA AND DISCRIMINATION

Stigma and discrimination with respect to mental illness continue to exist at all levels of healthcare and society, negatively impacting access and outcomes for people with lived experience. This effect is compounding for groups already known to experience stigma and discrimination such as Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds, people with intellectual disability, people identifying as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) and people in contact with the criminal justice system. Stigma and discrimination can also affect the way mental health services and staff are supported within the broader health system. Showing leadership at all levels to address stigma and discrimination is essential.

HIGH RATES OF EARLY DEATH AND SERIOUS ILLNESS

People with a lived experience of mental illness have significantly higher rates of physical health problems, complex comorbidities, poorer health outcomes and a decreased lifespan compared with the general population. People living with severe mental illness have a life expectancy 14 to 23 years less than the general Australian population. Rates are higher for Aboriginal and Torres Strait Islander people, those living with severe mental illness and psychosis, people with a coexisting intellectual disability,[6] and those living with an eating disorder. **Ensuring equal access for people with lived experience to physical health care is a priority for the Framework and Workforce Plan**.

CHILDREN AND YOUNG PEOPLE

Half of all mental illnesses arise before the age of 14 years and three quarters by the age of 25.[7] A 2015 national survey found one in seven children and young people were likely to have had a mental disorder in the previous 12 months.[8] Prevalence rates have been stable since 1998, but there has been an increase in the number of adolescents with major depressive disorder, with the highest rates being in girls aged 16-17 years. This disorder has the greatest impact of any disorder including the most days of schooling lost.

More young people aged under 25 years are presenting to NSW EDs and are being hospitalised for intentional self-harm.[9] More than half are young women aged between 15-17 years. Presentations are much more common in rural and regional areas. Aboriginal young people are 2.4 times more likely to be hospitalised for intentional self-harm than non-Aboriginal young people.

Some groups of children and young people have increased risk of mental illness including those who: have a parent with a mental illness; have experienced abuse and/or neglect (who may/ may not be in out-of-home care); have a coexisting developmental disability; who identify as LGBTIQ; or are Aboriginal. **Intervening early provides an opportunity to positively affect the life trajectory of children and young people**.

WOMEN IN THE PERINATAL PERIOD AND THEIR INFANTS

Between 10 and 20 per cent of women develop a mental illness during pregnancy or within the first year after having a baby (the perinatal period). Around 90 per cent of these women will receive services through primary and community based health care and 10 per cent will require specialist care for severe and complex mental health problems. Perinatal mental health problems can have enduring effects on the woman, her infant, partner and family. **Intervening early and ensuring partnerships and coordination with maternity, child and family health, mental health and other relevant support services is essential for women in the perinatal period and their infants and families**.

OLDER PEOPLE

The NSW population is growing and the proportion of people aged 65 years and over is steadily increasing. This group is projected to make up nearly one fifth of the NSW population in 2026.[10] These population changes will mean that there will be more people over 65 years with mental illness. Mental illness in older people is more common, including among people with chronic illnesses, people living in residential aged care facilities, people with CALD backgrounds and people with dementia (who can experience severe behavioural and psychiatric symptoms). Suicide rates are also highest in men over 85 years, and depression is an important risk factor for suicide in later life.

The way that mental illness presents in older age is often atypical and mental illness often co-occurs with other physical health conditions. Older people frequently have complex care needs, respond differently to medications compared with younger people, and require a longer time for clinical recovery. Importantly, mental health therapies are as effective in older people as in younger people.

Older people with mental illness usually experience improved mental health with the right care and treatment. The NSW Older People's Mental Health Services SERVICE PLAN 2017-2027 provides further detail on the needs of this population.

PEOPLE LIVING IN RURAL AREAS

People living in rural NSW experience higher rates of chronic illness and increased health risk factors which affect health and mental health outcomes. People in rural NSW have higher rates of self-harm. Rates of injury and poisoning deaths are also higher, especially among young males. The 2010 NSW Population Health Survey found that people in rural and urban settings accessed GPs at the same rate.[11] **Partnerships with primary care, use of innovative solutions and recruiting and retaining a capable specialist mental health workforce will be necessary to ensure access to the right care at the right time for rural consumers**.

ABORIGINAL PEOPLE

Aboriginal people experience higher levels of mortality and morbidity from mental illness, and from related injury and suicide than the general population.[12] In 2015-16, Aboriginal people were 3.3 times more likely to be hospitalised for intentional self-harm than non-Aboriginal people. During the same period, Aboriginal people were estimated to be 1.9 times more likely to report high or very high levels of psychological distress than non-Aboriginal people.[13] **Ensuring culturally appropriate services to improve access and engagement is a priority**.

PEOPLE FROM CALD BACKGROUNDS

NSW is the most culturally diverse state in Australia, with 33.6 per cent of people born outside of Australia and 47.4 per cent having at least one parent born overseas. People living in NSW speak 290 different languages and one quarter speak a language other than English at home.[14] People from CALD backgrounds can have higher rates of mental health problems and different understandings of mental illness. Language is often a barrier to accessing the right care. NSW is also in the process of resettling a high number of refugees. This population is likely to have unique and significant mental health needs due to their experience of trauma in zones of conflict and civil unrest. **Mental health partnerships with multicultural services and community managed organisations and strengthened workforce capacity in cultural responsiveness will be important for refugee and migrant populations**.

PEOPLE IDENTIFYING AS LGBTIQ

People identifying as LGBTIQ have higher rates of mental illness and are more likely to attempt suicide than the general population.[15] They are four to six times more likely to experience major depressive episodes and twice as likely as the general population to report psychological distress.[16] **Reducing stigma and discrimination and improving appropriate services is important to improving outcomes for people identifying as LGBTIQ**.

PEOPLE WITH EATING DISORDERS

The main three eating disorders, anorexia nervosa, bulimia nervosa and binge eating disorders affect an estimated five percent of the population, or over 380,000 people in NSW. Of this group, 83.3 per cent have binge eating disorders, 9.8 per cent have bulimia nervosa and 6.9 per cent have anorexia nervosa. People with an eating disorder experience high rates of complex physical conditions. Eating disorders cause significant illness and death and the burden of disease is comparable to that of anxiety and depression combined.[17]

Eating disorders have one of the highest mortality rates of any mental illness, with anorexia having the highest.[18] There has been an increase of anorexia nervosa in the high risk-group of 15 to 19-year-old girls with 42.5 per cent of new cases being in this age group. **Continuing to improve access to comprehensive multidisciplinary mental health and medical treatment through integrated care is a high priority for people with eating disorders**.

PEOPLE WITH INTELLECTUAL DISABILITY AND OTHER DISABILITIES

Over 400,000 Australians have an intellectual disability (ID)[19] and most of these individuals have a psychiatric disability.[20] Those people with greater levels of disability experience higher rates of mental ill-health.

Despite higher rates of mental disorder, compared with the general population, people with intellectual disability have reduced access to preventive care, poor health promotion, significantly higher rates of undiagnosed disorders, inappropriate treatment.[21]

They also face early mortality from preventable causes.[22] Services need to take a multifaceted approach to identify and provide early mental health treatment for people who are deaf, people who are non-verbal, or those who have limited or restricted ability to communicate.

Mental health services must also consider the needs of people with physical disabilities to ensure mental health services are accessible. **Improving workforce capability and appropriate responses are key to meeting the needs of people with ID and mental health issues**.

PEOPLE WITH COEXISTING SUBSTANCE USE PROBLEMS

Mental health problems and substance use disorders frequently occur together. People with coexisting substance use and mental disorders often experience poorer physical health, mental health and disability compared to those with substance use disorders alone. People with substance use disorders are known to have high rates of mood and anxiety disorders. They are also known to have higher rates of attempted suicide and death by suicide.[23] **Offering comprehensive assessment and ensuring integrated treatment planning with drug and alcohol service partners is important for these consumers**.

PEOPLE WHO HAVE EXPERIENCED TRAUMA

Experience of trauma is highly prevalent in the general population and widespread among people who use mental health services. The experience of trauma by people of any age can have long lasting effects on a person's health and wellbeing and can affect their response to treatment. Trauma may for example, be as result of sexual assault, domestic and family violence, elder abuse and child abuse.

The experience of childhood trauma can negatively influence a child's developmental trajectory and increase the risk of mental illness. As highlighted by the Royal Commission into Institutional Responses to Child Sexual Abuse, **it is important that services offer a trauma-informed approach to care and treatment which demonstrates understanding of the impacts of trauma and its wide-ranging effects. This approach also involves vigilance in anticipating and avoiding institutional processes and individual practices that may re-traumatise individuals who already have histories of trauma**.

PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

People in contact with the criminal justice system are known to have high rates of mental illness.[24] The 2015 survey of patients conducted by the NSW Justice Health and Forensic Mental Health Network found nearly half of participants had received some form of psychiatric care prior to their current period of incarceration.[25] Almost one third reported having thought about suicide at some stage in their lives and nearly 18 per cent had attempted suicide at least once – 17 per cent of men and 28.6 per cent of women. **Ensuring access to mental health care is important for people in the criminal justice system**.

Challenges for the system

RURAL AND REGIONAL CHALLENGES

Attracting and retaining a skilled multidisciplinary mental health workforce is an ongoing challenge, particularly in rural and remote areas. Rural and regional areas project very low population growth in the 0-17 years (3%) and 16-64 years (1%) age groups. High growth is expected for the 65 and over age group (29%). This is likely to cause greater pressure on workforce capacity due to the decreased proportion of the working age population living in these areas. **Workforce planning will need to consider a range of innovative solutions and partnerships and technology will be key enablers**.

WORKFORCE CAPACITY AND CAPABILITY

A capable and compassionate workforce is required to deliver services for and with people with lived experience of mental illness, their families, carers and support people. **Ensuring adequate workforce capability and distribution to meet changing population needs is essential, particularly for children and adolescents and older people where the workforce gaps are greater**.

SERVICE INTEGRATION

A holistic approach requires horizontal and vertical integration of health and other social service systems to support consumers. **Implementing joint regional PHN and LHD/SHN planning (a Fifth Plan priority) will provide a mechanism to integrate service planning and delivery and make the best use of local resources and expertise**.

NATIONAL DISABILITY INSURANCE SERVICE (NDIS) TRANSITION

Some mental health consumers will be eligible for disability support services under the NDIS. Assisting them to access NDIS supports during the period of transition may be challenging. **Partnerships, leadership and planning will be key enablers in a successful NDIS transition**.

Opportunities

Framework actions focus on strengthening good practice as well as taking advantage of new opportunities. These include:

WORKING WITH NEW LOCAL PARTNERS

New partners include PHNs and NDIS providers, but may also include a range of private, public, philanthropic and other service providers and funders not previously engaged. Working with and building capacity in partner workforces such as CMOs, education, aged care and disability providers is an opportunity to improve services for people with lived experience.

TAKING NEW PLANNING APPROACHES

Under the Fifth Plan, PHNs and LHDs/SHNs are engaging in joint regional planning and service delivery. Another developing approach is co-designing and co-producing care with consumers, carers, staff and other stakeholders.

INTEGRATING NEW AND EMERGING WORKFORCE ROLES

NSW Health is enhancing peer worker and Aboriginal mental health worker positions in mental health services. These roles strengthen multidisciplinary teams. There are also opportunities to strengthen the workforce through emerging allied health assistants in mental health and other roles.

TRIALLING NEW SERVICE MODELS

New service models are being trialled across NSW. These include those being implemented and evaluated under the NSW Mental Health Reform (refer Appendix 5). Learnings from these evaluations will inform future investment.

INTEGRATING NEW TECHNOLOGY

Opportunities to improve consumer access, effectiveness and efficiency exist through using new digital options and information technology infrastructure.

USING NEW RESOURCES AND SUPPORTS

New resources are available to support the mental health workforce. These include for example, the NSW Health Mental Health Workforce Development Portal and Emerging Minds, the new National Workforce Centre for Child Mental Health.

LINKING WITH OTHER GOVERNMENT INITIATIVES AND REFORMS

Mental health is a key focus and/or component of other government initiatives including the SafeWork NSW Mentally Health Workplaces initiative and the Office of Social Impact Investment initiatives.

Title **Phases (Part of Planets of Pain Series)**
Artist **M. Sunflower**

Recent Progress

Recent Progress

Although more needs to be done to improve outcomes, this section takes time to celebrate good practice, innovation and effective partnership initiatives. The Framework strategic actions and enablers build on these successes.

This section showcases a personal story, two responsive service models, safety and quality monitoring and investment that reflects a greater focus on community based mental health care in NSW.

1. A personal story of hope – Lee

This personal story demonstrates the benefits of holistic, safe and connected care. The name of the person is fictional and some details have been changed to better protect privacy. "Lee" has given permission for the publication of the story. Thanks to Northern Sydney LHD.

THE SERVICE MODEL

The Hornsby GP Mental Health Clinic is a partnership originally established between Northern Sydney Medicare Local, the Mental Health Drug and Alcohol Service and the Hornsby GP Unit. The clinic is focused on the physical health care of consumers of the Hornsby Ku-ring-gai Community Mental Health Service.

The model of care involves LHD mental health staff supporting consumer attendance at a GP service for physical health care. The model is designed to overcome obstacles to optimal treatment where services previously operated separately without systems and processes for communication and planned intervention.

An LHD clinical nurse specialist (CNS) acting in a liaison role is based at the GP practice on clinic days. In addition, case managers can attend the GP service on any day and support the consumer at the first appointment, assist engagement and provide relevant client information to the GP.

The CNS provides coordination of follow-up and further investigations or interventions. GPs also support coordinated care for those accessing the service independently through collecting information at the first appointment about any relationships with mental health services and key contacts for information sharing or follow up.

ABOUT LEE

Lee is an older person with a long-lived experience of schizophrenia and a developmental delay. Lee was referred to the Hornsby GP Mental Health Clinic by the Community Assertive Outreach team for physical health monitoring due to recent weight gain.

Lee lives alone and due to the developmental delay, has many challenges in accessing primary health services.

Lee was supported to attend the clinic and was found to have the following problems:

- Significant weight gain over the last two years due largely to his high fat diet
- Raised serum cholesterol and blood glucose levels
- Hypertension and anaemia
- Incontinence
- Poor personal care.

SERVICES AND OUTCOMES

Over 18-months with the service, Lee received:

- escort and support during a Glucose Tolerance Test for Diabetes – something Lee would not be able tolerate alone
- Mental Health Endocrine Clinic services that provide assistance of dietitians, a diabetes educator and exercise physiologist to address lifestyle issues
- support to access an endoscopy and colonoscopy which detected significant abnormalities that were causing anaemia. Lee had surgery. Undetected these issues could have been life threatening
- a referral to a Urologist resulting in medication for urinary issues
- a bowel ultrasound which found significant issues. Treatment now manages the condition
- management for high blood pressure and high cholesterol which are medically managed and now within normal ranges
- dietary support and improvements which have now stopped weight gain
- assistance with a NDIS application resulting in provision of homecare and personal care services at home
- linkage with Hornsby consumer networks resulting in regular social activities.

Lee now participates in a GP Shared Care arrangement with Hornsby Ku-ring-gai Mental Health services. Lee receives medication through the GP Clinic. Lee is well engaged and attends the Clinic regularly.

SUMMARY

Lee received numerous interventions that resulted in significantly improved health and wellbeing. Lee's many health challenges are unlikely to have been addressed without engagement with an integrated service of this kind. Without holistic, safe and connected care, Lee's health issues may only have been detected following an adverse event.

2. Housing and Accommodation Support Initiative (HASI) a service success

In a later section of the Framework, eight enablers are described. They are the critical factors that will enable NSW Health to achieve the Framework vision. They are:

1. Culture and approach
2. Leadership and governance
3. Guidance
4. Funding and performance
5. Service delivery and partnerships
6. Technology
7. Information and planning
8. Workforce – the NSW Mental Health Workforce Plan 2018-2022.

This HASI vignette is an example of recent progress and shows how applying the enablers can lead to better outcomes.

CULTURE AND APPROACH (ENABLER 1)

HASI delivers **person centred care** that is integrated across agencies and funding streams. HASI provides people with a lived experience with tailored and **integrated** access to stable housing, clinical mental health services and community-based psychosocial support. Services include **culturally appropriate** supports for Aboriginal people.

Services work within a **recovery framework** applying the principles of rehabilitation, consumer-centred support and flexibility. Prior to HASI, nearly half of the program participants were in hospital or had unstable housing. They experienced psychological distress, physical health problems, challenges with living skills and many had difficulties managing their behaviour.

A 2012 evaluation found that participation in HASI resulted in improved physical and mental health, stabilised housing tenancies and enhanced life skills, increased community participation, greater independence and improved relationships.

Participation in HASI was also found to reduce hospitalisations and length of stay in hospital. Most consumers believed that HASI contributed to improving their quality of life.

SERVICE DELIVERY AND PARTNERSHIPS (ENABLER 5), GUIDANCE (ENABLER 3) AND LEADERSHIP AND GOVERNANCE (ENABLER 2)

HASI's success has been driven by **strong partnerships** between NSW Health (Ministry and LHD/SHN specialist mental health teams including Justice Health), FACS, CMOs, housing providers, Corrective Services NSW, Aboriginal health organisations including ACCHSs and communities including consumers, families, carers and supporters.

The program and partner **relationships** work well due to several factors:

- **clear roles and responsibilities**
- **open communication**
- **commitment to working together**
- **sound governance processes.**

HASI has developed a contemporary service model, with **flexible**, individualised hours of support that can be easily adjusted in response to a client's changing needs over time.

FUNDING AND PERFORMANCE (ENABLER 4)

A 2017 tender process has introduced greater **contestability** to the program. The tender has **rewarded quality**, innovation, contemporary service models, clinical integration, cultural sensitivity and strong local partnerships.

Building on the successful HASI Health/FACS partnership, Community Living Supports (CLS) is a new program delivered as part of the Reform that expands the availability of psychosocial supports in the community. The CLS program supports social and community housing tenants who are coming to the attention of housing providers because of behavioural issues. Agencies work together to support residents if mental illness is a factor, by delivering psychosocial supports in their homes.

Similar efforts are being made to improve access for community-based offenders and recently released prisoners. Aboriginal people and refugees are also key priority groups for CLS.

TECHNOLOGY (ENABLER 6) AND INFORMATION AND PLANNING (ENABLER 7)

A new **data collection system** has resulted in greater transparency and accountability. It enables more detailed program information to be **collected and analysed** regularly, with monthly data collection and **reporting**.

WORKFORCE (ENABLER 8)

Rapid expansion of community based psychosocial supports through HASI, CLS and NDIS requires an **appropriately trained workforce** for delivery, quality and safety. Initiatives are underway to ensure that these workforces develop a **minimum standard** of capability and qualification.

Title **Self-portrait as 7 Deadly Sins**
Artist **Ray Morgan**

3. Responsive services – Pathways to Community Living (PCLI)

Under the Reform the Government has committed to transitioning 380 long-stay psychiatric hospital patients to the community. PCLI's purpose is to enable these people to live in a home in the community, engage meaningfully with family and friends around them and lead a contributing life.

Evidence shows that people with severe and enduring mental illness and complex needs can have better quality of life, higher health outcomes, and fewer hospital days if they are well-supported in the community by structured 24/7 clinical, support and wraparound services. This has required the development of new processes and practices.

The crucial feature of PCLI is a joint service delivery model between LHDs/SHNs, mental health services (community and inpatient) and 24/7 specialist support services and accommodation. The development of specialist residential accommodation for this cohort is a key foundation to ensure the success of PCLI.

The PCLI which commenced in 2015 has two aims:

1. Develop best practice assessment and transition-readiness processes, and high support community-based services to transition "380" patients out of hospital
2. Transform practice to decrease the number and length of long-stay admissions.

Three years on, with strong and committed leadership by the LHDs and Ministry, change is occurring. Significant changes in practice have led to significant changes in the lives of individuals. A further three to five years of development and continued leadership will be required before this change is fully embedded. But there is cause to celebrate.

At December 2017:

- ✓ The number of long-stay patients at any one time in metal health units is decreasing: from around 387 (December 2014), 365 (June 2016), 319 (June 2017) to 304 (December 2017)
- ✓ 40 per cent of the 100 people with age-related issues, have transitioned to high quality community-based aged care services enhanced under the PCLI funding
- ✓ 320 comprehensive assessments have been conducted using the range of existing mandated and the new PCLI assessments tools.

While a small number of people have returned to hospital for further examination of their options, the overwhelming experience has been positive – for consumers, their families/ carers and for staff from LHDs and partnered services.

NANCY'S STORY – A STORY OF FUNCTION RESTORED.

Nancy's experience in the mental health system began in 1980 when she was in her late 20s. Nancy experienced ongoing psychosis, coupled with aggressive and self-harming behaviours. She remained an inpatient for decades.

Through PCLI, Nancy was accepted into a Mental Health Aged Care Partnership Initiative (MHACPI) unit close to her family. This meant that Nancy would be moving to a new environment with new caregivers – this was a big step for all involved.

On referral to MHACPI, her treating team reported that Nancy frequently threw her meals at others and to minimise this, she received her meal separately with staff supervision. The team described her communication as impaired and she used screaming and placing herself on the floor to express herself.

On referral, her clinical assessment scores were very low. Continence was a key concern, impacted by her limited mobility and reduced ability to communicate. She also had a significant history of urinary tract infections and associated delirium.

In MHACPI the environment, level of stimulation and approach used by staff supported Nancy. Since admission, Nancy has eaten with her co-residents. Vocally disruptive behaviour has occurred, although staff have strategies to address this behaviour.

These behaviours have not affected Nancy's engagement in enjoyable activities including colouring, concerts, outings and swimming.

Six months after entering MHACPI, Nancy's assessment scores had improved and indicated all her needs are being met in MHACPI. The daily routine includes many opportunities for Nancy to participate in leisure activities, explore new interests and socialise with others.

The smaller floor plan and person-centred routine meant that Nancy was able to independently access her toilet and staff were available to assist her when needed. Improved continence has helped to reduce her risk of urinary tracts infections and the associated discomfort and change in mental state that it entailed for her.

Nancy's quality of life has improved since the supported transition from a mental health facility to the MHACPI unit, an age-appropriate environment that addresses her physical health, mental health and social support needs.

4. Improvements in safety and quality

NSW mental health services have been making progressive improvements in safety and quality. NSW Health is working towards improved reporting of safety and quality measures in mental health (refer Enabler 4 – Funding and performance).

The following figures show how LHDs and SHNs have made improvements since 2012 in delivering safe and effective mental health care in relation to seclusion rates, 28-day readmission rates and seven-day follow-up post discharge. These indicators are routinely monitored through LHD and SHN Service Agreements with the MoH.

The information has been sourced from the NSW Health Annual Report 2016-17 which provides an annual overview of activities and performance in mental health public hospitals and specialist mental health community services funded directly through the Mental Health Program.

SECLUSION

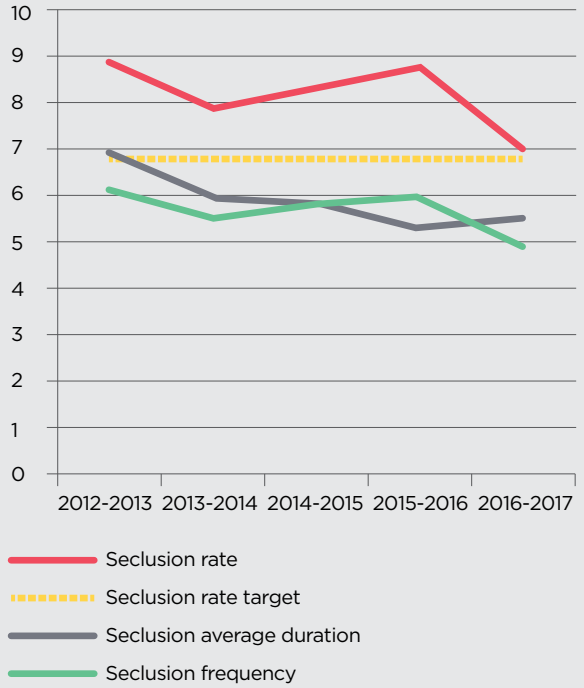
Seclusion rates are an indicator of safety. This indicator measures the rate of seclusion occurring in acute mental health inpatient units, calculated as the number of episodes of seclusion per 1,000 acute bed days*.

NSW mental health services are working to reduce and where possible eliminate restrictive practices.

Figure 5 shows that between 2012 and 2017, seclusion rates have been decreasing and approximate the target of fewer than 6.8 episodes of seclusion per 1,000 bed days.

NSW Health has reduced the seclusion target in 2018-19 Service Agreements to fewer than 5.1 episodes per 1,000 bed days to further improve safety and quality outcomes.

Figure 5 | Seclusion rate*, frequency and duration in NSW acute mental health inpatient units 2012-13 to 2016-17



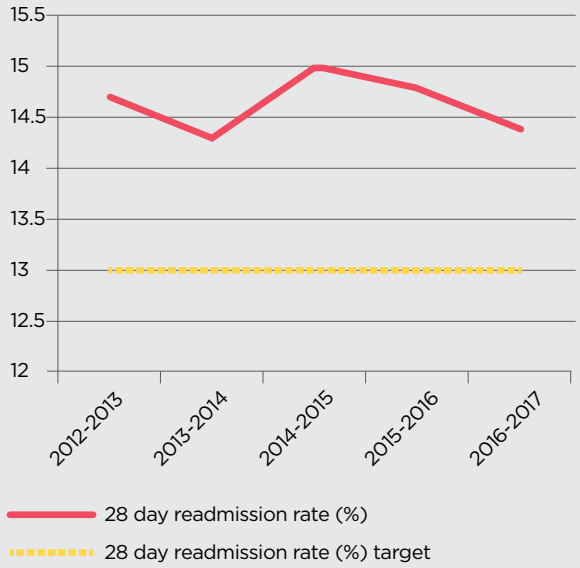
Note: The calculation method includes all acute bed days in all mental health units whether or not they have seclusion facilities. One thousand bed days is approximately the number of bed days for a 30-35 bed inpatient unit for a month.

READMISSION

The 28-day readmission rate is an indicator of effectiveness of acute hospital care and post-discharge community care. This indicator measures the rate of readmission to acute mental health care within 28 days following discharge from acute mental health care.

Although some consumers may need readmission to an acute unit in less than four weeks of leaving an acute inpatient unit, NSW is working to reduce avoidable readmissions. Figure 6 shows that rates remained relatively unchanged across the five-year period but were trending downwards for the last three years.

Figure 6 | NSW mental health 28-day readmission rates 2012-13 to 2016-17

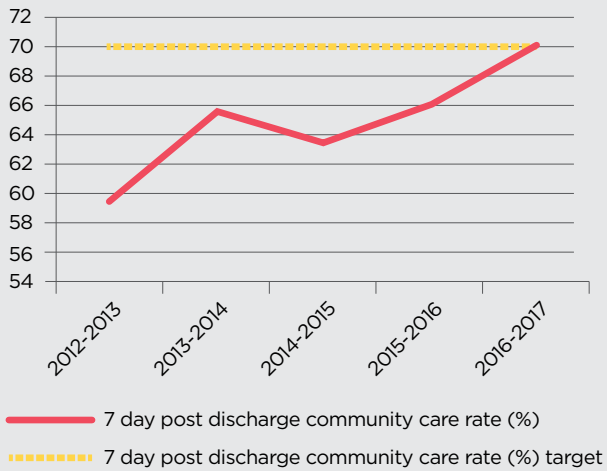


SEVEN-DAY FOLLOW-UP

The seven-day follow-up post-discharge community care rate is an indicator of continuity. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. This indicator measures whether people discharged from acute mental health units receive follow-up contact from a specialist community mental health team in the week following discharge. This indicator includes community follow-up anywhere in NSW.

Figure 7 shows strong improvements in seven day follow-up across the period, with rates recently meeting the 70 per cent benchmark.

Figure 7: NSW mental health 7-day follow-up rates 2012-13 to 2016-17



Title **Lilac Tears**
Artist **Sharon Lomnicki**

5. Newly funded initiatives

Since the release of Living Well, the NSW mental health service system has been strengthened in line with the five strategic directions of the Reform. Information on initiatives can be found at this link and in Appendix 5. Framework actions continue to build on this investment:

1. STRENGTHENING PREVENTION AND EARLY INTERVENTION

- Establishing six additional School-Link Coordinator positions
- Establishing 15 new Got It! school based teams across the state
- Developing and updating existing training packages for gatekeepers (non-mental health clinicians) working in NSW Health
- Delivering Mental Health First Aid (MHFA) training to over 700 community youth workers
- Funding MHFA training for older persons', Aboriginal communities and other workforces
- Establishing the Suicide Prevention Fund and awarding $8M over four years to non-government organisations for suicide prevention initiatives which align with the LifeSpan framework.

2. CREATING A GREATER FOCUS ON COMMUNITY CARE

- Transitioning 87 long-stay mental health patients to the community
- Expanding perinatal mental health services to 200 more women
- Continuing the Mums and Kids Matter Program
- Establishing three new whole-family teams
- Continuing Community Integration Teams
- Enhancing child and adolescent, adult and older persons' community mental health teams
- Expanding Community Living Supports to reach approximately 700 additional consumers
- Establishing a child and adolescent mental health team providing services for children in out of home care and their families in South Western Sydney
- Funding an early intervention program within the Justice system for young people aged 11-14 years with disruptive behaviour disorder presenting in the NSW Children's Court and their families
- Funding four LHDs to redesign their adult community mental health service to improve integrated community based care and avoid hospitalisation.

3. DEVELOPING A MORE RESPONSIVE SYSTEM

- Providing new resources for consumers and carers
- Continuing to rollout Project Air statewide – a total of 12 LHDs/SHNs have now received Project Air training and rollout is ongoing'
- Providing training to support Health and partner organisations to provide culturally sensitive and trauma-informed care
- CMO workforce scholarships for Certificate IV and Diploma in Mental Health.

4. WORKING TOGETHER TO DELIVER PERSON-CENTRED CARE

- Supporting 355 more consumers through LikeMind Orange.

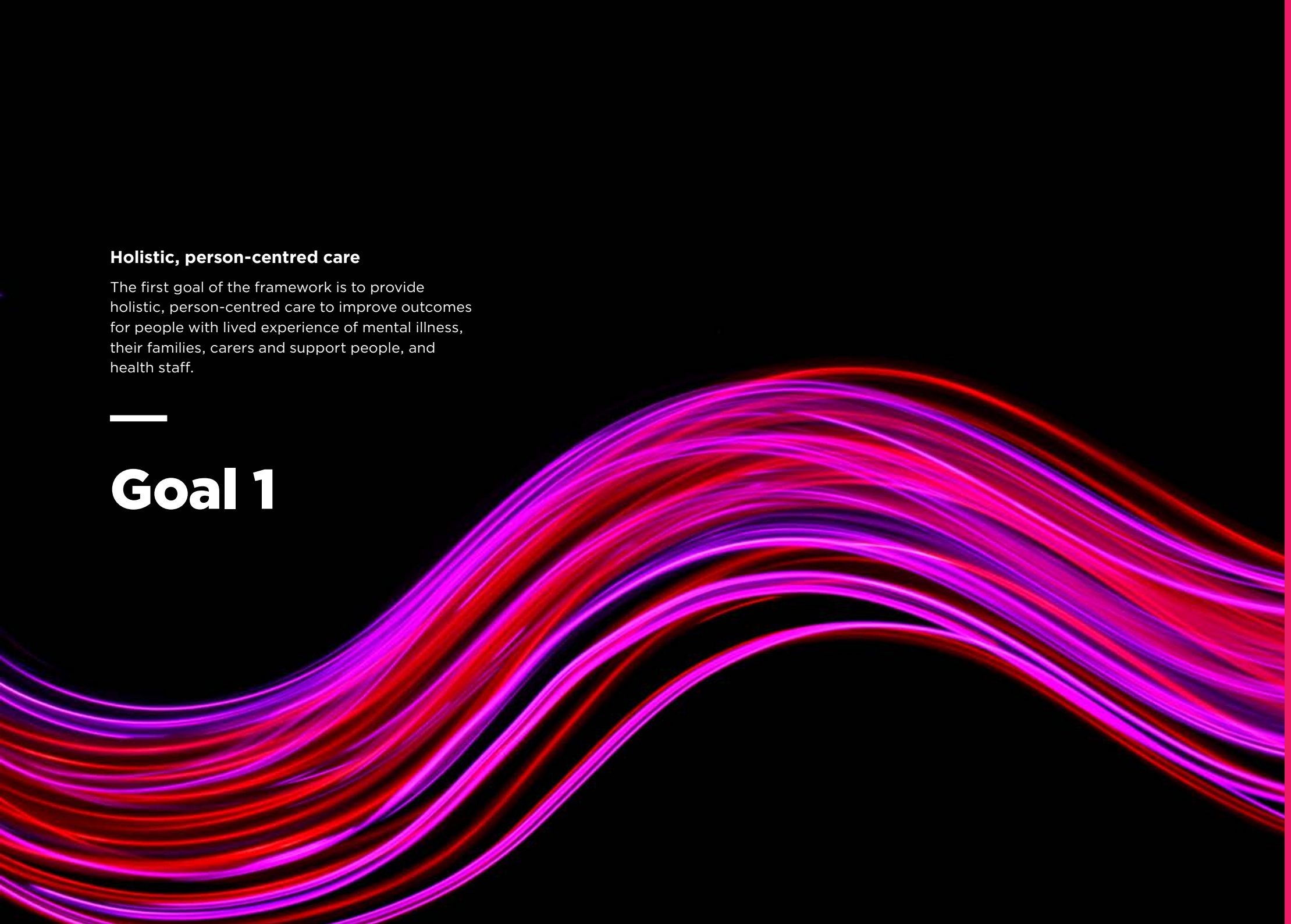
5. BUILDING A BETTER SYSTEM

- Creating a Mental Health Peer Workforce Coordinator position and funding 28 new LHD/SHN mental health peer worker FTE
- Awarding 116 scholarships and making an additional 40 scholarships available for Certificate IV Mental Health Peer Work
- Funding seven new Aboriginal mental health positions including four clinical leaders, one clinician and two Aboriginal mental health trainees. In addition, a new project officer role will support statewide coordination and strategic projects
- Funding telehealth service expansion in four sites to support rural EDs across northern NSW and enhance rural staff skills
- Awarding two research grants for mental health initiatives through the Translational Research Grant Scheme
- Awarding funding to 12 projects through the Innovation Fund
- Developing a whole of Government NSW Mental Health Workforce Plan
- Developing the Your Experience of Service (YES) survey data and other data collections.

Holistic, person-centred care

The first goal of the framework is to provide holistic, person-centred care to improve outcomes for people with lived experience of mental illness, their families, carers and support people, and health staff.

Goal 1



Overview

The first goal of the Framework is to provide **holistic, person-centred care**.

The objectives of Goal 1 are to:

1. **Strengthen recovery-oriented services**
2. **Deliver holistic care**
3. **Improve the physical health care of consumers**
4. **Increase community based options**

This goal focusses on expanding person-centred mental health practice, where consumers and carers are offered comprehensive, holistic, compassionate and respectful services that attend to mental health, physical health, social and cultural needs. It also includes actions to enhance community based options.

Why is holistic, person-centred care a priority?

Living Well emphasised the need to continue moving the culture and approach of NSW services towards a more recovery-oriented mental health system. This focuses on a person's strengths, resilience and capacity for personal agency. It influences the way people in the service system work with people with lived experience, families, carers, supporters and other staff.

The review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities highlighted the need to address stigma and discrimination in NSW Health services. The review also recommended improving culture and practice through strengthening leadership at all levels, employing co-design and collaboratively planning care. This will ensure that staff are capable to work with consumers and that multidisciplinary teams are supported to routinely deliver therapeutic interventions.

Framework consultations also supported a recovery-oriented approach. They identified the need for services to strengthen cultures of respect, where teams provide comprehensive, compassionate, high quality, holistic care.

Participants identified that strengthening local leadership action, addressing stigma and discrimination in health services, employing peer workers and ensuring appropriate training and supervision for all staff are essential to achieving this.

The Fifth Plan also requires action by health services to address stigma and discrimination through:

- responding proactively and providing leadership when stigma or discrimination is seen
- empowering consumers and carers to speak about the impacts of stigma and discrimination
- supporting staff to attend mental health awareness training and other relevant training
- developing roles for peer workers that provide opportunities for meaningful contact with consumers and carers; grassroots advocacy, and identifying effective anti-stigma interventions with the health workforce.

What would be different?

If benefits in this area are being achieved for consumers, carers and health staff:

- You will be treated as a 'whole person'
- Your autonomy will be supported
- Your rights will be upheld
- Your culture will be respected
- Staff will have positive expectations of what you can achieve
- You will be consulted as an expert in your own context and your aspirations will be asked about and supported
- You will be invited to co-create a vision of success in care planning and partner in how it will be achieved
- You will be connected to a range of available supports for living well in the community/ You will be supported in your role
- You will be offered therapeutic interventions and a more therapeutic environment/ You will be supported to offer therapeutic interventions
- You will have more options for community based care.

Action Table 1 outlines key strategies and actions aligned with these objectives. The greyed items are from the Workforce Plan. Pale pink shaded items indicate where the MoH and/or representatives from LHDs/SHNs are participating with the Australian Government and other governments on national initiatives.

The **Supporting Initiatives** section in Appendix 6 provides more information on Action Table 1 items.

NSW Mental Health Reform strategic direction alignment:

2 – Supporting a greater focus on community based care

5 – Building a better system

Action Table 1 – Holistic, person-centred care

Action Table 1 outlines key strategies and actions aligned with the four objectives for Goal 1.

Goal	Holistic, person-centred care		
Objective	Strategies	Actions	■ Leads ◆ Partners
1. Strengthen recovery-oriented services	1.1 Embed recovery-oriented, trauma-informed practices	1.1.1 Implement A National framework for recovery-oriented mental health services: guide for practitioners and providers	■ NSW Health
		1.1.2 Review mental health policy and guidance to ensure the principles of trauma-informed care are incorporated	■ NSW Health
		WP 2.1.1 – Scope development of a mental health attraction campaign that includes a focus on value-based recruiting WP 3.2.1 – Develop resources to support successful mental health co-design processes WP 3.2.2 – Implement co-design approaches	Workforce Plan
	1.2 Address stigma and discrimination	1.2.1 Scope an anti-stigma initiative which has a focus on securing equal access to physical health care for consumers	■ NSW MHC, NSW Health
		1.2.2 Participate with the Australian Government and other governments in developing a nationally coordinated approach to stigma and discrimination reduction	■ NSW Health

Goal	Holistic, person-centred care		
Objective	Strategies	Actions	■ Leads ◆ Partners
1. Strengthen recovery-oriented services	1.3 Strengthen services for Aboriginal people	1.3.1 Implement the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 and promote the importance of Aboriginal leadership in mental health through the Gayaa Dhuwi (Proud Spirit) Declaration	■ NSW Health
		1.3.2 Implement and evaluate mental health programs for Aboriginal people to contribute to the growing evidence base for effective models and interventions	■ NSW Health
		1.3.3 Participate with the Australian Government and other governments to develop guidance and resources for mental health services working with Aboriginal and Torres Strait Islander people	■ NSW Health
		WP 1.2.4 – Aboriginal mental health worker data is collected through routine reporting WP 4.7.1 – Recruit to new Aboriginal mental health worker positions funded under the Reform WP 4.7.2 – Improve role delineation for Aboriginal mental health worker positions WP 4.7.3 – Promote clinical placements for Aboriginal mental health trainees in a variety of mental health settings including subspecialty streams (child and youth, perinatal and older persons' settings) WP 4.7.4 – Explore a range of training programs and pathways to increase Aboriginal staff in mental health	Workforce Plan
		1.3.4 Finalise and implement a renewed Aboriginal Mental Health and Wellbeing Policy	■ NSW Health
	1.4 Improve services for populations with diverse needs	WP 4.12.1 – Develop and implement a resource to support the NSW Health and commissioned CMO workforces in working with refugees, migrant communities and people from culturally and linguistic diverse backgrounds who have mental illness	Workforce Plan
	1.5 Strengthen mental health leadership	1.5.1 Ensure mental health representation on leadership committees to support the delivery of safe, high quality, holistic recovery-oriented and connected care	■ LHDs/SHNs
		WP 4.9.1 – Increase the number of mental health practitioners engaged in management, leadership and talent development programs WP 4.9.2 – Increase participation of Mental Health Nurse Unit Managers in the 'Take the lead 2' program WP 4.9.3 – Increase participation of senior mental health nurse managers with the 'In the lead' program WP 4.1.5 – Leaders support multidisciplinary teams to work in partnership with the emerging peer and Aboriginal mental health workforces	Workforce Plan

Goal	Holistic, person-centred care		
Objective	Strategies	Actions	■ Leads ◆ Partners
2. Deliver holistic care	2.1 Improve comprehensive assessment and treatment	2.1.1 Ensure quality processes include routine monitoring of comprehensive assessment, collaborative treatment planning, tailored evidence based interventions and supported referral processes that address the mental health, physical health and social care needs of consumers	■ LHDs/SHNs
		2.1.2 Update and implement a renewed NSW Service Plan for People with Eating Disorders	■ NSW Health
		WP 4.2.1 – Scope the development of a Mental Health Training Program that delivers capability based training WP 4.2.3 – The NSW Health Mental Health Workforce Development Portal is updated and content expanded WP 4.2.4 – Develop information and resources to support trauma-informed practice in mental health WP 4.2.5 – Mental health staff are progressively trained in trauma-informed care	Workforce Plan
	2.2 Grow and support the emerging peer workforce	WP 1.2.3- Peer workforce data is collected through routine reporting WP 4.6.1 – Develop a NSW Peer Workforce Framework to guide development of and support for the emerging peer workforce in NSW WP 4.6.2 – Recruit and train new peer worker roles funded under the Reform WP 4.1.4 – Support senior peer workers to assist the professional development of new peer workers in mental health	Workforce Plan
		2.2.1 Participate with the Australian Government and other governments in developing National Peer Workforce Development Guidelines	■ NSW Health
	2.3 Grow and support the allied health mental health workforce	WP 4.4.1 – Scope and take forward priorities for the mental health allied health workforce, commencing with the development of guidance for Allied Health Assistants in Mental Health WP 4.4.2 – Provide scholarships to support attainment of Certificate IV in Allied Health Assistant for staff working in mental health WP 4.4.3 – Increase allied health recruitment in mental health WP 4.4.4 – Increase allied health student placements in mental health	Workforce Plan

Goal	Holistic, person-centred care		
Objective	Strategies	Actions	■ Leads ◆ Partners
2. Deliver holistic care	2.4 Grow and support the mental health nursing workforce	WP 4.3.1 – Scope a professional development pathway for mental health nursing WP 4.3.2 – Increase the uptake of available nursing scholarships by mental health nurses WP 4.3.3 – Expand mental health training opportunities for enrolled nurses WP 4.3.4 – Develop models of care that support nurse practitioner roles in mental health WP 4.3.5 – Expand the number of positions under the Transition to Professional Practice program that support a mental health and general nursing exchange	Workforce Plan
	2.5 Grow and support the psychiatry workforce	WP 4.5.1 – A statewide Psychiatry Workforce Plan is developed and implemented	Workforce Plan
	2.6 Support the workforce in rural areas	WP 3.1.2 – Statewide tertiary mental health outreach models consider offering rotating time-limited learning opportunities to build subspecialty workforce capacity WP 3.1.3 – Consider opportunities and formalise arrangements supporting service collaboration and professional development opportunities between metro and rural services WP 3.1.4 – Investigate expanding programs such as the Bob Fenwick Memorial Grants program and the Nurse Transition to Professional Practice rural metro placements to include mental health	Workforce Plan
	2.7 Strengthen subspecialty practice	WP 3.1.1 – Implement tertiary consultation models that use modalities including telehealth to increase service collaboration, provide support to rural areas and build subspecialty capacity	Workforce Plan
	2.8 Strengthen the capacity of partner services to respond to the needs of consumers	WP 4.2.2 – Conduct a mental health training needs analysis of NSW Health, CMO, other partner workforces WP 4.2.6 – Resources are developed to support the NSW Health and commissioned CMO workforces in working with people accessing the NDIS who have mental illness WP 4.8.3 – Make training and resources on the physical health care of consumers available to non-mental health workforces	Workforce Plan

Goal	Holistic, person-centred care		
Objective	Strategies	Actions	■ Leads ◆ Partners
3. Improve the physical health care of consumers	3.1 Ensure appropriate physical health care guidance and resources are available	3.1.1 Review existing guidelines and resources in line with Equally Well and update if required	■ MoH, LHDs/SHNs
		3.1.2 Implement the NSW Health Policy directive PD2017_033 Physical health care within mental health services and Guideline GL2017_019 Physical Health Care of Mental Health Consumers along with related guidance	■ LHDs/SHNs
	3.2 Increase consumer access to the full range of available health interventions	3.2.1 Expand mental health consumer access to allied health expertise including exercise physiologists, physiotherapists, dietitians, speech therapists, pharmacists and occupational therapists	■ LHDs/SHNs
	3.3 Improve consumer engagement with health services	3.3.1 Strategically design service models that use workforces such as Aboriginal health workers, peer workers or other roles to support consumer engagement with a range of health services across the system, including GPs, physical health clinics and ACCHSs	■ LHDs/SHNs
4. Increase community based options	4.1 Enhance specialist mental health capacity in community based settings	4.1.1 Implement enhancements to specialist community based mental health services funded under the Reform	■ LHDs/SHNs
	4.2 Enhance mental health community support services	4.2.1 Strategic commissioning of a range of community support services under the Reform, Partnerships for Health and other initiatives	■ MoH, CMOs
	4.3 Encourage the use of self-help and digital interventions	4.3.1 As appropriate, empower consumers, carers and staff to take control over their own physical and mental health by supporting them to access developmentally appropriate and accessible self-help and digital interventions, such as Head to Health and the NSW Get Healthy service	■ LHDs/SHNs
		4.3.2 Participate with the Australian Government and other governments to develop a National Digital Mental Health Framework in collaboration with the National Digital Health Agency.	■ NSW Health

Safe, high quality care

The second goal of the framework is to deliver safe, high quality care that improves outcomes for people with lived experience of mental illness, their families, carers and support people and health staff.

Goal 2

Overview

The second goal of the Framework is to provide **safe, high quality care**.

The objectives of Goal 2 are to:

5. **Continuously improve safety and quality**
6. **Intervene early for children and young people**
7. **Strengthen suicide prevention**

This goal builds on strategies and actions under Goal 1. It seeks to strengthen quality improvement through embedding learnings from **recent reviews** and routine improvement processes. It also focuses on early intervention for children and young people and suicide prevention.

Why is providing safe, high quality care a priority?

The Fifth Plan calls for governments to make safety and quality central to mental health service delivery and suicide prevention is a priority area under the Plan.

The Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities identified that more needs to be done to bring a consistent approach to safety and quality in NSW.

Recommendations from the review include but are not limited to the development of a mental health patient safety program, improved data collection, development of infrastructure and service models to support therapeutic outcomes, and appropriate practices in mental health units.

New models of care developed as a result of quality improvement learnings can also inform infrastructure development. An example of this is the Pathways to Community Living Initiative (PCLI).

Living Well recommends increased attention to prevention and early intervention. This approach is essential for all age groups and should be part of good business as usual practice. Implementing the NSW Older People's Mental Health Services SERVICE PLAN 2017-2027 for example, will contribute to service improvement across the spectrum of care for older people with mental health issues.

The Framework focuses on investment in prevention and early intervention for children and young people however, continuous improvements in safety and quality such as through the continued implementation of Project Air will benefit all age groups.

Consultations strongly supported a focus on suicide prevention, particularly improving follow-up after presentation to EDs with suicide and serious self-harm (aftercare). Increasing aftercare services, enhancing community based options, offering connected care and improving data collection were identified as important in achieving improvements.

What would be different?

If benefits in this area are being achieved for consumers, carers and health staff:

- You will have safer, more positive experiences with mental health services
- Your feedback will be used to improve service planning and delivery
- You will be able to find information on health performance more easily
- You will be able to access more evidence based mental health interventions at a younger age and/or stage of illness
- You will be supported to maintain your participation in education and vocational activities
- You will be assisted to participate in your parenting role
- You will receive more consistent follow-up after a suicide attempt or self-harm.

Action Table 2 outlines key strategies and actions aligned with these objectives. Greyed items are from the Workforce Plan. Pale green shaded items indicate where the MoH and/or representatives from LHDs/SHNs are participating with the Australian Government and other governments on national initiatives.

The **Supporting Initiatives** section in Appendix 6 provides more information on Action Table 2 items.

NSW Mental Health Reform strategic direction alignment:

1 – Strengthening prevention and early intervention

3 – Developing a more responsive system

Action Table 2 – Safe, high quality care

Action Table 2 outlines key strategies and actions aligned with the three objectives for Goal 2.

Goal	Safe, high quality care		
Objective	Strategies	Actions	■ Leads ◆ Partners
5. Continuously improve safety and quality	5.1 Embed learnings from improvement processes	5.1.1 Implement accepted recommendations of the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health Facilities*, the *Review of the Mental Health Review Tribunal in respect to forensic patients*, *the Royal Commission into Institutional Responses to Child Sexual Abuse* and other relevant reviews	■ NSW Health
		5.1.2 Continue embedding the Your Experience of Service (YES) survey, including developing capacity for web based collections and a CMO trial implementation of YES	■ MoH, LHDs/SHNs, CMOs
		5.1.3 Establish the Mental Health Carer Experience of Service (MH CES) survey in NSW public mental health services and CMOs	■ MoH, LHDs/SHNs, CMOs
		5.1.4 Mental health infrastructure and service planning incorporate learnings from quality improvement processes, support therapeutic outcomes and consider developmental, family, carer, and diverse needs	■ MoH, LHDs/SHNs
		5.1.5 Pilot and evaluate new service models including those funded under the Mental Health Reform	■ MoH, LHDs/SHNs
		WP 4.3.8 – Align the work of Productive Wards with other Quality and Safety initiatives WP 4.10.1- Support more mental health staff to participate in clinical redesign, research and improvement science education and practice	Workforce Plan
	5.2 Improve safety and quality monitoring and public reporting	5.2.1 Implement the NSW Health System Purchasing and Performance (SPP) Safety and Quality Framework	■ MoH, LHDs/SHNs
		5.2.2 Develop a public mental health report	■ BHI
		5.2.3 Strategic commissioning of CMO contracts includes monitoring of safety and quality measures	■ MoH, CMOs
	5.3 Improve access to mental health service information	WP 1.2.1 – Updated NSW mental health service, career and workforce development information is available on the NSW Health website	Workforce Plan

Goal	Safe, high quality care	
Objective	Strategies	Actions ■ Leads ◆ Partners
5. Continuously improve safety and quality	5.4 Develop national guidance and information on safety and quality and experience of care	5.4.1 Participate with the Australian Government and other governments to develop guidance on safety and quality in mental health services and experience of care reports including: » A National Mental Health Safety and Quality Framework » A Performance Framework » National Safety Priorities in Mental Health » Revised National Standards for Mental Health Services » A consumer and carer guide regarding their role in safety and quality initiatives » Consumer and carer experiences of care data ■ NSW Health
	5.5 Implement service improvement activities	5.5.1 Implement the NSW Older People's Mental Health Services SERVICE PLAN 2017-2027 ■ LHDs/SHNs, MoH
		5.5.2 Implement the Mental Health Line service improvement project ■ MoH, LHDs/SHNs
		5.5.3 Develop the Mental Health Intensive Care Unit Network ■ MoH, LHDs/SHNs
	5.6 Ensure the workforce is capable and supported	WP 4.1.1 – Ensure training, supervision and mentoring arrangements are in place to support practitioners newly entering mental health practice, including peer workers and Aboriginal mental health workers WP 4.1.2 – Professional development and support is available to staff new to subspecialty mental health practice WP 4.1.3 – Recruit to and support the education, supervision and mentoring roles of senior nursing, allied health and Aboriginal mental health clinical leaders, educators and clinicians WP 4.1.6 – The composition of teams has adequate senior and junior staff and skill mix to ensure consumer safety and outcomes as well as provide support and development opportunities for junior clinicians WP 4.1.7 – Resources and training are available that develop workforce capability to deliver therapeutic interventions, including for consumers with complex needs such as people with IDMH, borderline personality disorder and eating disorders Workforce Plan

Goal	Safe, high quality care		
Objective	Strategies	Actions	■ Leads ◆ Partners
6. Intervene early for children and young people	6.1 Intervene early in age and the course of an illness	6.1.1 Enhance mental health services for children, adolescents and young people including implementing those funded under the Mental Health Reform	■ MoH, LHDs/SHNs, CMOs
	6.2 Respond to the mental health needs of parents and the safety and wellbeing needs of their children	6.2.1 Develop and implement the NSW Family-Focussed Recovery Framework (draft) on release	■ MoH, LHDs/SHNs
		6.2.2 Enhance models of care for families where parents have a mental illness, including implementing those funded under the Mental Health Reform	■ MoH, LHDs/SHNs, CMOs ◆ PHNs, other government agencies
7. Strengthen suicide prevention	7.1 Contribute to system-wide suicide prevention efforts	7.1.1 Develop a suicide prevention framework for NSW	MoH, MHC NSW, SPAG
		7.1.2 Improve integrated data collection and use for people with self-harm and suicidal behaviours to better identify trends, tailor follow-up and improve outcomes	■ MoH, LHDs/SHNs ◆ PHNs, CMOs
		7.1.3 Strategic commissioning and evaluation of NSW Health funded suicide prevention initiatives	■ MoH, CMOs ◆ LHDs/SHNs
		7.1.4 Partner with stakeholders in the implementation of Lifespan pilots	■ LHDs/SHNs
		7.1.5 Participate with the Australian Government and other governments on a Suicide Prevention Subcommittee to: » develop a National Suicide Prevention Implementation Strategy which will include a focus on Aboriginal and Torres Strait Islander suicide prevention » develop and provide guidance on regional approaches to suicide prevention informed by the systems-based approach outlined in the *WHO's Preventing Suicide: A global imperative*	■ NSW Health
	7.2 Build the capacity of health and partner workforces to respond to suicide and self-harm behaviours	WP 4.8.1 – Provide gatekeeper and suicide awareness training to non-mental health workforces including drug and alcohol workers, housing and older persons' services WP 4.8.2 – Statewide implementation of Project Air and Project Air for Schools	Workforce Plan

Goal 3

Connected care

The third goal of the framework is to deliver connected care that improves outcomes for people with lived experience of mental illness, their families, carers and support people and health.

Overview

The third goal of Framework is **connected care**. This is where local systems are organised to deliver stepped and integrated mental health care in collaboration with other health and social care systems.

Connected care is achieved when systems are organised and joined up in ways that deliver effective, efficient and seamless care.

The objectives of Goal 3 are to:

8. **Organise local systems of care**
9. **Improve transitions**

Goal 3 builds on goals 1 and 2. People with lived experience of mental health issues often require a range of physical, health, mental health and social services. These services need to be delivered in an integrated way over time and across the spectrum of care.

A proportion of consumers will also be eligible for supports under the NDIS and partnerships with NDIS providers are essential in joining up care.

Why is connected care a priority?

Delivering truly integrated care is one of three strategic directions in the NSW State Health Plan: Towards 2021 and a key priority for mental health. Services need to be integrated across health, mental health, social and community streams, inpatient and community based settings, and the lifespan, according to need.

The way that Australian health care is funded and provided across settings is complex. This contributes to challenges for consumers, carers and service providers in navigating the system. Differences in governance and responsibility, data and information sharing and the physical location of services can make referral and transition periods particularly challenging.

Connecting care across primary, CMO, private and public mental health services is a key focus of the Fifth Plan through joint regional planning and the delivery of stepped and integrated care. It is also a goal of the NSW Integrated Care Strategy, which includes initiatives to improve technology systems, collection of patient-reported measures and data across NSW (refer Enabler 6 – Technology).

Framework consultations found that respondents supported joint regional planning and service delivery. They raised the need to include cross boundary considerations in planning so people can access services close to home and accessible by transport. They also identified the need for improved service role delineation and improved communication about local services.

Respondents commented that clinical governance structures and escalation pathways needed to be explicit, particularly in an environment where joint service delivery is a developing model.

What would be different?

If benefits in this area are being achieved for consumers, carers and health staff:

- You will find local available services easier to identify
- You will find the local system easier to navigate
- You will have access to a service options tailored to different levels of need across the service system
- You will have access to culturally appropriate services
- Your journey through services will be smoother
- You will have greater access to services for infants, children, adolescents, young people and families.

Action Table 3 outlines key strategies and actions aligned with these objectives. Greyed items are from the Workforce Plan. Pale blue shaded items indicate where the MoH and/or representatives from LHDs/SHNs are participating with the Australian Government and other governments on national initiatives. 'Partners' refers to CMOs, ACCHSs, private providers, the NDIA, NDIS providers, consumers, carers, communities.

The **Supporting Initiatives** section in Appendix 6 provides more information on Action Table 3 items.

NSW Mental Health Reform strategic direction alignment:

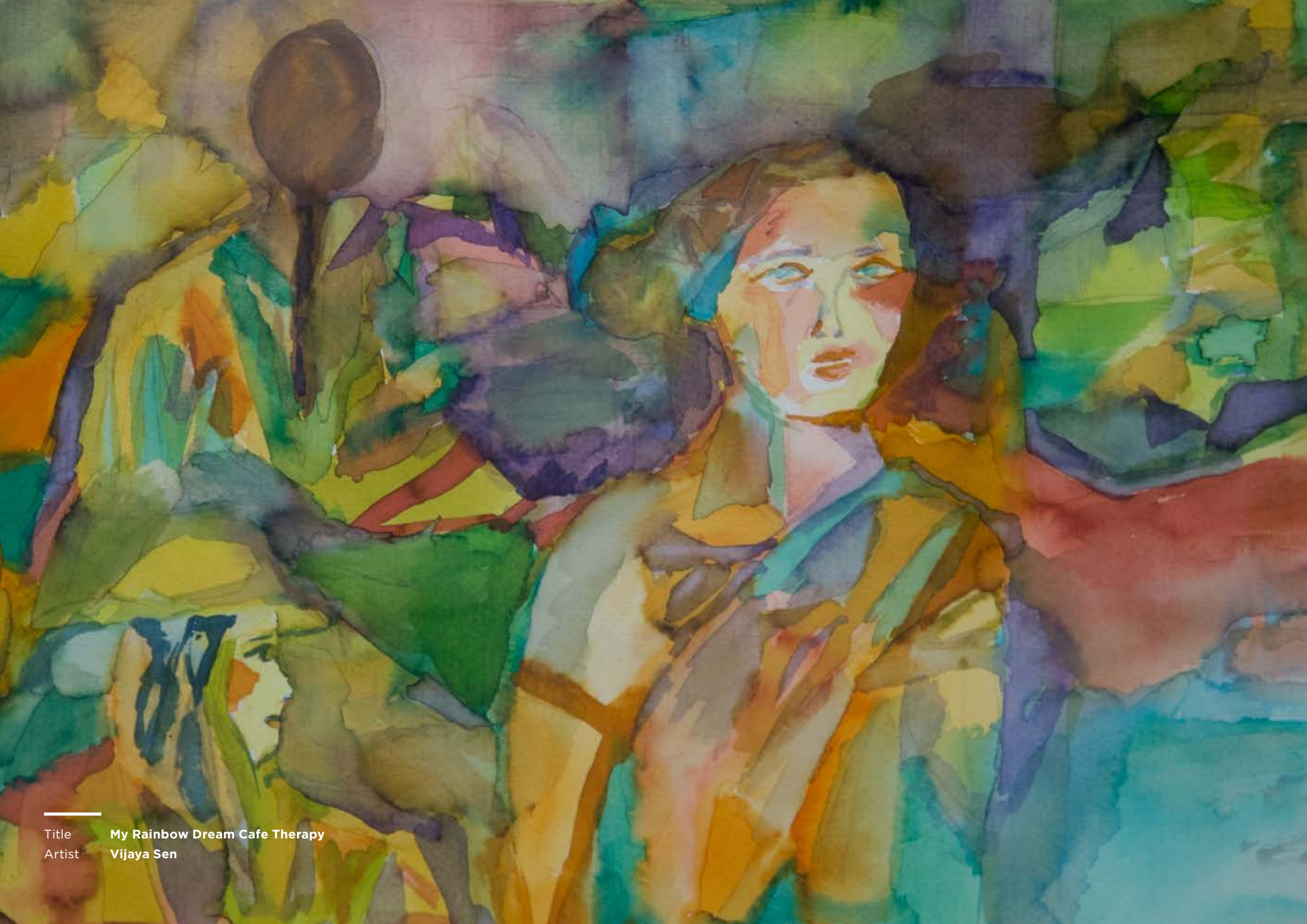
4 – Working together to deliver person-centred care

Action Table 3 – Connected Care

Action Table 3 outlines key strategies and actions aligned with the three objectives for Goal 3.

Goal	Connected Care		
Objective	Strategies	Actions	■ Leads ◆ Partners
8. Organise local systems of care	8.1 Use available tools and resources to support strategic mental health service planning and commissioning	WP 1.1.1 – State level mental health, workforce and planning forums include mental health workforce as a standing agenda item WP 1.1.2 – Mental health planning is integrated with health workforce and service planning at state and local levels WP 1.1.3 – The NMHSPF is considered as one of a range of resources that could be used in mental health service planning WP 1.2.2 – Improve state and local access to mental health workforce data WP 1.2.5 – Statewide rostering systems support demand based mental health rostering requirements WP 4.11.1 – Increase access to training and resources for heath service commissioning	Workforce Plan
		8.1.1 Participate with the Australian Government and other governments to develop national guidelines to improve coordination of treatment and supports for people with severe and complex mental illness	■ NSW Health, Australian Government
	8.2 Integrate regional planning and service delivery	8.2.1 Develop and make publicly available, joint PHN and LHD/SHN regional mental health and suicide prevention plans that outline service delivery and clinical governance mechanisms and apply a stepped care approach	■ LHDs/SHNs, PHNs ◆ Partners
		8.2.2 Work with PHNs and other partners to map services across the local service system, strengthen referral pathways, and build community knowledge of how to access available services	■ LHDs/SHNs, PHNs ◆ Partners
		8.2.3 Explore innovative opportunities to improve local efficiencies, remove duplication and improve outcomes	■ LHDs/SHNs, PHNs ◆ Partners
		8.2.4 Implement activities under the NSW-Commonwealth Coordinated Care Bilateral Agreement 2017-19	■ MoH, LHDs/SHNs, Australian Government

Goal	Connected Care		
Objective	Strategies	Actions	■ Leads ◆ Partners
9. Improve transitions	9.1 Implement guidance and service models that improve transitions	9.1.1 Develop contemporary guidance for NSW Health that supports transitions and transfer of care including the (Draft) CAMHS to AMHs transition policy to improve transitions in care for young people	■ MoH, LHDs/SHNs
		9.1.2 Design, evaluate and expand innovative models of care that improve transitions for high risk populations and address barriers to care for groups who find it more challenging to access services	■ MoH, LHDs/SHNs ◆ Partners
	9.2 Use infrastructure that supports transitions	9.2.1 Use eHealth Clinical and Corporate Systems to support efficient exchange of high quality, useful information to assist transitions and transfer of care	■ MoH, LHDs/SHNs, ACI, key partners
	9.3 Improve workforce partnership skills	WP 3.2.3 – Implement training through the NSW School-Link Initiative to develop mental health workforce skills in partnering with school staff in the collaborative care of students with complex mental health needs WP 3.2.4 – Develop collaboration and partnership skills training to assist the mental health workforce in partnering with disability, social care, aged care services and other workforces	Workforce Plan
	9.4 Improve consumer access to NDIS services	9.4.1 Commission projects to support consumer access to high quality support through the NDIS	■ MoH



Title **My Rainbow Dream Cafe Therapy**
Artist **Vijaya Sen**