

NSW community mental health strategy 2007–2012

From prevention and early intervention to recovery



NSW DEPARTMENT OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source.

It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Department of Health.

© NSW Department of Health 2008

SHPN (MHDAO) 070085

ISBN 978 1 74187 100 5

For further copies of this document please contact:

Better Health Centre – Publications Warehouse

Locked Mail Bag 5003

Gladesville NSW 2111

Tel. (02) 9816 0452

Fax. (02) 9816 0492

Further copies of this document can be downloaded from the
NSW Health website www.health.nsw.gov.au

May 2008

Foreword

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

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

- > Promotion, prevention and early intervention
- > Integration of the care system
- > Improving participation in the community
- > Workforce development to build service capacity.

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

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

- > Promote mental health and well being
- > Embed a recovery approach within service delivery
- > Prevent and/or intervene early in the onset or recurrence of mental illness

- > Improve evidence based practice in community supports and services
- > Enhance community responses to mental health emergencies and acute care needs.

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

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

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

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



Reba Meagher
Minister for Health



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



Contents

Section 1: Introduction	1		
Overview	1		
Impact of mental illness and disorder on the community	2		
The mental health intervention spectrum	3		
Policy and planning context	5		
The mental health service system	5		
The case for community-based care	8		
Scope and purpose of this Strategy.....	8		
The community mental health model	9		
Principles	9		
Implementation process	11		
Section 2: Specialist mental health services	13		
Core programs: across all age groups, across all service settings.....	13		
<i>Mental health promotion, prevention and early intervention programs</i>	13		
<i>Consumer, family and carer participation</i>	15		
<i>Family and Carer Mental Health Program</i>	17		
<i>Aboriginal and Torres Strait Islander mental health programs</i>	21		
<i>Culturally and Linguistically Diverse (CALD) mental health programs</i>	23		
<i>Rural and remote mental health programs</i>	25		
Core services: across all age groups, across all service settings.....	27		
<i>Acute and emergency care and treatment</i>	27		
<i>Mental health rehabilitation</i>	30		
Population specific services	33		
<i>Forensic mental health services</i>	33		
Age specific services	35		
<i>Child, adolescent and family services</i>	35		
<i>Youth mental health services</i>	39		
<i>Adult mental health services</i>	41		
<i>Specialist Mental Health Services for Older People</i>	44		
Section 3: Community mental health service partnerships	47		
Health service partnerships	48		
Non-Government Organisations	50		
NSW Department of Housing	53		
NSW Department of Education and Training.....	56		
NSW Department of Community Services.....	57		
NSW Police and NSW Ambulance	58		
NSW Department of Ageing, Disability and Home Care	59		
Australian Government.....	61		
Section 4: Quality, innovation, research and infrastructure	65		
Workforce development	65		
Research, monitoring and evaluation	67		
Capital implications for community mental health	69		
Quality and safety	70		
Appendix 1: Alignment of the NSW Community Mental Health Strategy with NSW Government directions	71		
Appendix 2: An example of a rehabilitation service model	75		
Appendix 3: NSW Community Mental Health Model 2007–2012.....	76		
Abbreviations	87		
References	88		



Introduction

There is no greater challenge facing governments across the world than the provision of a full range of mental health services.

The Hon Morris Iemma MP, Premier of New South Wales, September 2005

Overview

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

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

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

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

as a priority. The targets for this priority are:

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

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

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



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

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

Impact of mental illness and disorder on the community

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

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

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

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

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

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

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

smoking amongst people with mental illness or disorder.

Conversely, some physical illnesses also increase the risk of developing a mental illness or disorder. These factors underline the importance of coordinated mental and physical health promotion strategies and integrated responses to physical and mental health issues in community mental health care. The Housing and Accommodation Support Initiative (HASI) clearly demonstrates the importance of coordination and seamless service delivery. HASI is a partnership between the

NSW Department of Housing, the NSW Department of Health and NGOs. By the beginning of 2008 HASI will provide over 1,000 places across NSW. One of the major outcomes to date is the early identification of physical health problems and subsequent consultation and treatment by appropriate health professionals.⁶

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

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

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

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

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

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

Estimates indicate that, Australia-wide, over half of new presentations to mental health services have substance

use problems as well as mental illness or disorder. This is having a major effect on the demand for mental health services, with increasing lengths of care and intensity of treatment required.¹⁰

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

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

The mental health intervention spectrum

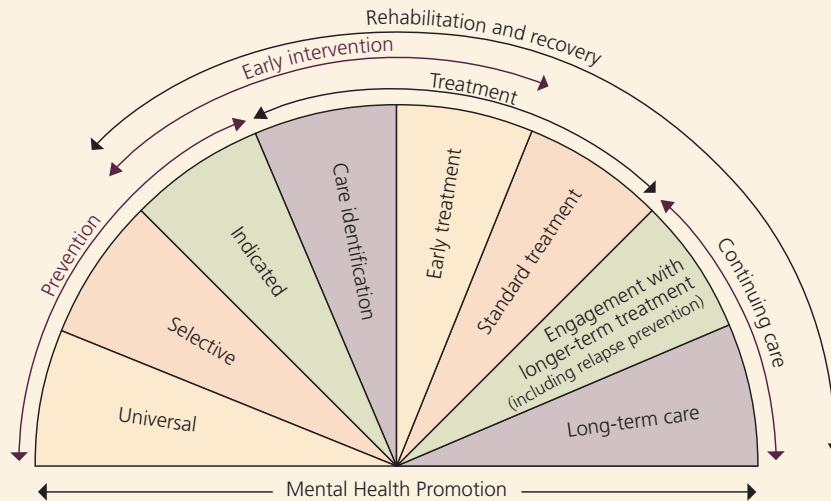
The mental health intervention spectrum, proposed by the Institute of Medicine in the United States,¹² describes a framework for identifying appropriate interventions for different stages in the development of mental illness and disorders (see next page).

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

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



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



Source: adapted from Mrazek and Haggerty (1994)¹²

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

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

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

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

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

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

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

The model assumes that:

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

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

Policy and planning context

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

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

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

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

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

The *Strategy* is informed by national policy documents including the *National Mental Health Policy*¹⁴, the *Mental Health Statement of Rights and*

*Responsibilities*¹⁵, the *National Mental Health Plan 2003–2008*¹⁶, the *Council of Australian Governments National Action Plan on Mental Health 2007–2012* and the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*.

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

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

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

The mental health service system

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

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



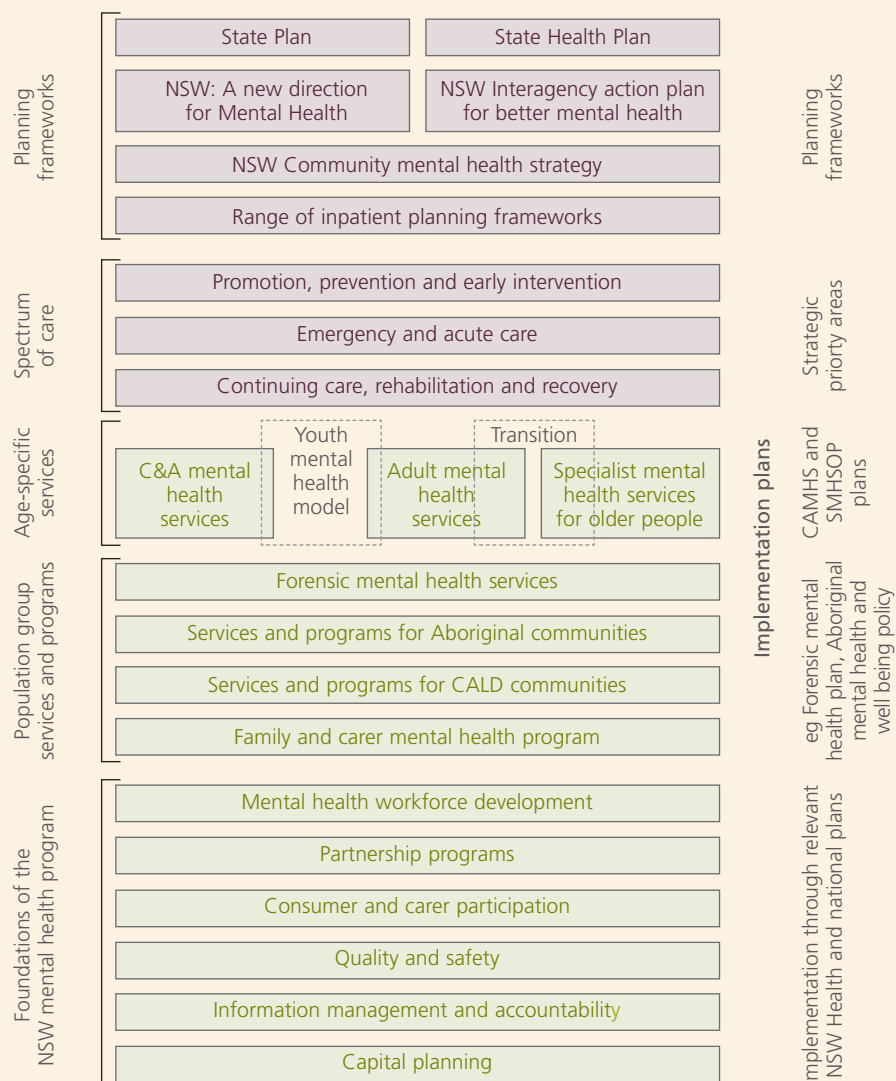
Access points to mental health services from the community include:

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

All Area Health Services (AHSs) currently offer 24 hours/day, 7 days/week mental health emergency responses. Services provided currently vary across the state, but include telephone triage, rapid mobilisation and intervention in mental health emergencies (where there

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

Figure 2: NSW mental health planning and program overview



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

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

- > \$28.6 million to piloting Youth Mental Health Services
- > \$37.3 million for Community Specialist Mental Health Services for Older People.

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

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

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

Families and carers play a vital role in care, support and recovery processes for people with a mental illness or disorder²¹ and NSW Health has funded and implemented a number of initiatives to support carers and families in this role. This *Strategy* details the key components of the NSW Family and Carer Mental Health Program – a comprehensive, evidence-based program to guide the expansion of support for and partnerships with families and carers of people with mental illnesses and disorders across NSW. The Family and Carer Mental Health Program has been allocated \$26 million from 2006/07 to 2010/11 to support its implementation statewide.

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

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

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

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

The case for community-based care

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

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

Recent external evaluation of HASI²⁹ has shown that joint service delivery between mental health services and

specialist mental health NGOs can assist consumers to:

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

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

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

Scope and purpose of this Strategy

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

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

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

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

The community mental health model

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

- > Specialist Community Mental Health Services
- > Community Mental Health Partnerships.

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

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

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

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

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

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

Principles

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

Figure 3: Key principles of community mental health care





Recovery focus

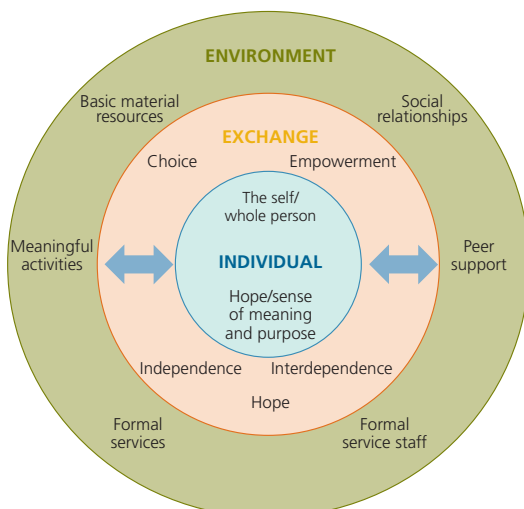
Recovery is a process of adjusting one's attitudes, feelings, perceptions, beliefs, roles and goals in life. It is a process of self-discovery, self-renewal and transformation.³¹

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

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

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

Figure 4: The dynamic of recovery



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

Community participation

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

Promotion, prevention and early intervention

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

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

Individualised care

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

Service integration

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

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

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

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

Evidence-based practice

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

Quality and safety

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

Implementation process

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

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

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

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

