# Enablers

This section provides information on the critical factors that will help NSW Health achieve the vision for mental health across the next five years.

The eight enablers are:

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

# Enabler 1 – Culture and approach

## Overview

NSW Health applies a values-based approach founded on the CORE values and supports the delivery of compassionate care.

Continuously improving organisational culture and respectful ways of working is anticipated to improve staff engagement and in turn, benefit consumers.

This section outlines the elements of good practice and highlights those approaches identified during consultations as essential to offering optimal mental health care.

## Value based care

Health services exist because people need relief and healing from the pain, distress and disability caused by illness. Embedding the CORE values of collaboration, openness, respect and empowerment in practice builds a health service where people can be safe, supported and receive the high-quality care they need.

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**SPOTLIGHT – CORE TRAINING**

HETI training assists teams to embed the NSW Health CORE values through the two training courses CORE CHAT: Our values in action and CORE CHAT: Our values in action for managers.

## Core principles

The Living Well core principles fit neatly with NSW Health CORE values and connect them with mental health and wellbeing. These principles are fundamental to recovery-oriented practice:

» Respect
» Recovery
» Community
» Quality
» Equity
» Citizenship
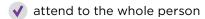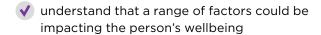» Hope.

## The values and principles in practice

Health workers bring **understanding and capabilities** that can assist the healing process. Importantly they also bring hope that recovery is possible.
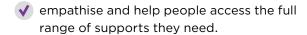
Health staff support recovery through partnering with consumers and their families, carers and support people using a **recovery-oriented** approach underpinned by meaningful values and principles. Person-centred mental health care acknowledges insights and expertise held by people with lived experience and assists them to actively and responsibly lead their own recovery and prevent future ill health.

Health staff demonstrating **compassion** has been shown to improve service experiences not only for consumers, but also for their families, carers and staff. It also fosters innovation.[26]

Health workers who take a compassionate approach:

✔️ attend to the whole person

✔️ understand that a range of factors could be impacting the person's wellbeing

✔️ empathise and help people access the full range of supports they need.

Staff who see the **big picture** understand that the past, present and future impact on a person's wellbeing and engagement with a meaningful life. They take a **comprehensive approach** and understand the potential impact of **trauma, grief and disconnection** from family, community and place. They also understand that different things are important at **different ages and stages of life** and they consider and **respect diversity and difference**.

Capable staff know the value of **involving the whole team from the beginning** – from consumers and informal supports provided by families, carers, support people and communities, to GPs and private providers – from CMOs and aged care providers, schools, drug and alcohol and disability providers to high intensity specialist mental health services.

They also understand that many people need **community support** and help to access employment or volunteering, secure housing, healthy lifestyle programs and social groups. They see these linkages as essential components of care planning.

People with lived experience of mental health problems are **contributing members of society** who are often actively engaged in important life roles including: parent, partner, worker, pet carer, student, friend, community member, sportsperson, artist, volunteer, educator, carer and more. Assisting them to **achieve their goals in their occupational roles** enables them to experience good mental health, mastery and wellbeing and to live well in their community on their own terms.

**Families, carers and support people** are important members of the team whose own needs should be considered. Children of parents with a mental illness are particularly vulnerable and require attention and support.

Workers with a lived experience of mental illness or distress and/or of caring for a person with a mental illness contribute essential skills and knowledge to the planning, management and delivery of services. For this reason, the development of a strong and well integrated **peer workforce** is a key focus of the NSW Mental Health Reform and of this Framework.

# Improving organisational culture

NSW Health offers a range of workplace policies, programs and initiatives to support positive organisational culture and staff engagement. A well-designed workplace can support the mental health of staff as well as increase productivity through reduced absenteeism and more engaged staff.

Leaders play an important role in assisting the professional development of staff, supporting their engagement, helping them speak up for safety and encouraging their participation in service design and team decision making (refer Enabler 2 – Leadership and Governance).

**Resources: Junior Medical Officer (JMO) wellbeing**

The issue of doctors' mental health has been an ongoing concern within the medical profession and community. NSW Health is implementing initiatives for this workforce under the JMO Wellbeing and Support Plan.

A range of strategies can be implemented to improve organisational culture. The following are examples and not an inclusive list.

## STRATEGY 1 – DESIGNING AND MANAGING WORK TO MINIMISE HARM

Work can be designed and managed to reduce harm such as through flexible work practices, rostering and shift management options and applying work health and safety policies.

## STRATEGY 2 – PROMOTING PROTECTIVE FACTORS AT AN ORGANISATIONAL LEVEL TO MAXIMISE RESILIENCE

Policies and training are available to promote psychological safety, anti-bullying practices, organisational justice, team based interventions, staff health and wellbeing and leadership training and assistance to manage change effectively.

**Resources: HETI training to build organisational resilience**

HETI training for Health staff and managers includes:

» Building a Safe Workplace Culture (managers)
» Code of Conduct (all staff)
» Effective Workplace Conversations (all staff)
» Addressing Workplace Concerns – Your Guide to Grievance Resolution (all staff)
» Grievance Management for Managers (managers)
» Building Effective Teams (new managers and team leaders)
» Team Work – Personalities and Flexible Team Interactions (all staff)
» Team Work – Team Processes (new managers and team leaders)
» CORE Chat – Our Values in Action (all staff)
» CORE Chat – For Managers (managers)
» People Management Skills Program (managers)
» Positively Resolving Workplace Conflict (managers)
» Emotional Intelligence in Action (all staff).

## STRATEGY 3 – ENHANCING PERSONAL RESILIENCE

NSW Health provides training in individual resilience, coaching, mentoring and supervision. In addition, LHDs and SHNs support clinical supervision, support and mentoring according to professional guidelines and registration requirements.

It is important to recognise the impact the work can have on staff, for example through experience of vicarious trauma. Organisations can facilitate access to relevant training and supports.

**Resources: Education resources to build personal resilience**

Training for the health workforce in individual resilience, coaching, mentoring and supervision is available through My Health Learning or delivered by HETI including:

» Building Individual Resilience (all staff)

» Fatigue: Minimising the Impact at Work (all staff)

» Foundations: Communicating During Challenging Situations (new Graduates in their first year)

» Foundations: Managing Your Time (new Graduates in their first year)

» Foundations: Negotiation Skills (new Graduates in their first year)

» Foundations: Working in Culturally Diverse Contexts

» Implementing Performance Development (managers and supervisors)

» A range of supervision training (supervisors)

» Introduction to Mentoring (all staff)

» MHPOD – Health Promotion and Mental Health Promotion (clinicians)

» MHPOD: Supervision and Self Care in Mental Health Services (clinicians)

» MHPOD – Supporting a Mental Health peer workforce (clinicians).

## STRATEGY 4 – PROMOTING AND FACILITATING EARLY HELP-SEEKING

It is important to promote and enable early help-seeking in the workplace. Common ways of doing this are through Employee Assistance Programs and peer support arrangements. Resiliency building training also supports staff to seek help early. Manager and supervisor training improves leaders' skills in having conversations with staff who may need assistance.

LHDs and SHNs may also choose to implement programs that support early identification of and support for people with mental health problems, such as Mental Health First Aid training.

## STRATEGY 5 – SUPPORTING WORKER'S RECOVERY FROM MENTAL ILLNESS

Return-to-work programs and individual placement support can be particularly beneficial for people recovering from mental ill-health.

# Recovery-oriented services

Enhancing recovery-oriented mental health services is the first objective of the Framework. The following information has been adapted from the National framework for recovery-oriented mental health services: guide for practitioners and providers.

**Personal recovery** refers to people with lived experience of mental illness or distress being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.

**Recovery-oriented practice** encapsulates mental health care that:

» recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people experiencing mental health issues

» maximises self-determination and self-management of mental health and wellbeing

» assists families to understand the challenges and opportunities arising from their family member's experiences.

**Recovery-oriented mental health service delivery** is centred on and adapts to people's aspirations and needs. It requires a shared vision and commitment at all levels of an organisation. It draws strength from, and is sustained by, a diverse and appropriately supported and resourced workforce that includes people with lived experience of mental health issues in their own lives or in close relationships.

Recovery-oriented services have a responsibility to:

» provide evidence-informed treatment, therapy, rehabilitation and psychosocial support that help people to achieve the best outcomes for their mental health, physical health and wellbeing

» work in partnership with consumer organisations and a broad cross-section of services and community groups

» embrace and support the development of new models of peer-run programs and services

» manage various tensions including:

> maximising choice

> supporting positive risk-taking

> the dignity of risk

> medico-legal requirements

> duty of care

> promoting safety.

Through applying recovery-oriented practice, staff assist consumers to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.

**Resources: Recovery Tool Kit**

A NSW Health Recovery Tool Kit is available to guide recovery-oriented practice in Older Person's Mental Health services. This can be found on the Mental Health Workforce Development Portal.

**Resources: Quality Rights guidance and resources**

The WHO Quality Rights guidance and training tools also assists services to implement a human rights and recovery approach in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards. The package includes resources on topics such as supported decision-making, reducing coercive practices and promoting recovery.

# Trauma-informed services

Experience of trauma is prevalent in the general population and widespread among people who use mental health services. The link between trauma and the development of mental health conditions is clear. The experience of trauma can adversely impact consumer responses to treatment, services and personal recovery.

Trauma-informed care and practice (TICP) is a crucial component of recovery-oriented, safe mental health practice. Training in TICP has been shown to improve the therapeutic relationship and have positive outcomes associated with reducing coercive practices such as seclusion and restraint.[27]

As outlined in the National framework for recovery-oriented mental health services, the five principles of trauma informed care and practice are: safety, trustworthiness, choice, collaboration and empowerment.

A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognising that context plays a significant role in how individuals perceive and process traumatic events.

Trauma-informed mental health services apply the three key elements of a trauma-informed approach:

1   Realise the prevalence of trauma

2   Recognise how trauma affects all individuals involved with the program, organisation, or system, including its own workforce

3   Respond by putting this knowledge into practice.

Trauma-informed care (TIC) is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."[28] It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatise individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.

Trauma-specific treatment services: These services are evidence-based and promising practices that facilitate recovery from trauma.

Children and trauma: Trauma can affect a child's development, behaviour, emotions and wellbeing.

**Resources: Trauma-informed care toolkit**

The Mental Health Coordinating Council (MHCC) offers a Trauma-Informed Care and Practice Organisational Toolkit (TICPOT) designed to assist organisations embed TICP principles into all aspects of their operating structure and practice. The toolkit contains a quality improvement organisational change audit tool and implementation resources.

**Resources: Trauma and the child training**

Emerging Minds, the new national workforce centre for child mental health has recently released Trauma and the child, an online course helping people understand the prevalence of trauma and its impact on children and families.

**SPOTLIGHT – MENTAL HEALTH NETWORK TRAUMA INFORMED CARE AND PRACTICE (TICP) PROJECT**

TICP was identified as a priority for mental health services through ACI Mental Health Network consultation. Since October 2016, an Expert Working Group consisting of members with a lived experience of mental illness and trauma, and experts in the field was established to explore the scope of this project. The project will design, develop, and evaluate evidence informed approaches to the implementation of TICP in Mental Health Services in NSW. It will highlight a compelling case for change and provide evidence based guidance on the translation of TICP principles into practice that will be available for public and community managed mental health settings.

The project will use a co-design approach to identify what good TICP looks like and to understand what will assist staff/ practitioners and services with the TICP implementation. A feature of the project will be a website which will provide access to current TICP service provision in NSW, including identification of best practice strategies and resources. Web updates are available on the ACI Mental Health Network site.

# Culturally appropriate services

NSW Health has been working to improve culturally respectful and responsive services to increase access and address health disparities for Aboriginal people. A range of workforce, data and planning initiatives are outlined in the Workforce Plan.

Mental health services offering culturally appropriate care respect the Aboriginal concept of mental health and wellbeing as related to harmonious interconnections between spiritual, environmental, ideological, political, social, economic, mental and physical factors.[29]

Accessible services address cultural competence, acceptability and appropriateness. Strategies to achieve this could include flexible service delivery, no out of pocket costs and presence of Aboriginal staff.[30]

**Resources: Cultural respect framework**

The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 assists health services to improve culturally respectful and responsive services to increase safety, access and engagement of Aboriginal people with healthcare. This framework identifies that:

"Cultural respect is achieved when the health system is safe, accessible and responsive for Aboriginal and Torres Strait Islander people and cultural values, strengths and differences are respected." (p5)

## Resources: Health in Culture – Policy Concordance

The Policy Concordance released in early 2018 outlines the interconnectedness of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Suicide Prevention Policy. The Concordance is available on the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) website.

## Resources: Gayaa Dhuwi Declaration

The Gayaa Dhuwi (Proud Spirit) Declaration promotes the importance for mental health services to recognise Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing in practice, and to strengthen Aboriginal leadership and influence. The NATSILMH group developed the declaration in collaboration with partners including the Mental Health Commission of NSW. The implementation plan released in early 2018 is available on the NATSILMH website.

Title    **Strong Wiradjuri Woman**
Artist   **Kerry-Ann Chapman**

# Enabler 2 – Leadership and governance

## Overview

Key priorities for mental health leadership across the next five years under the Framework are:

» supporting the workforce to deliver safe, high quality recovery-oriented, trauma-informed, culturally appropriate and family focussed care

» embedding recovery-oriented principles in leadership and practice

» supporting the inclusion of emerging peer and Aboriginal mental health workforces.

Leadership can be demonstrated by health staff at all levels.

### LEADERSHIP PROGRAMS

NSW Health offers a range of programs to support and develop leaders who will foster a values-based culture of excellence, innovation and collaboration to ensure the delivery of safe, high quality healthcare to consumers, families, carers and communities within NSW.

**Resources: HETI leadership programs**

HETI offers a range of leadership programs to support NSW Health organisations in developing individual and collective talent and leadership capability for system transformation and cultural change. The NSW Health Senior Executive Development and NSW Health Next Generation of Managers and Leaders programs are designed using collective, adaptive and relational leadership theories.

**Resources: Clinical Excellence Commission (CEC) leadership programs**

Foundational and Executive Clinical Leadership Programs are offered by the CEC.

### INFLUENCING SOCIAL DETERMINANTS

Mental health staff can demonstrate leadership through influencing the broader determinants of health. This is particularly important to improve the physical as well as mental health of people with lived experience. Mental health leaders and clinicians can for example, participate on cross-agency working groups and collaborative initiatives influencing factors such as stable housing, employment, education and social inclusion.

### SUPPORTING EMERGING WORKFORCES

Consultations noted the need for leaders to assist multidisciplinary teams in working with emerging roles such as Aboriginal mental health and peer workers. A recent study funded by the Queensland Mental Health Commission found "the degree to which executive/senior management value and understand lived experience roles, directly correlates to the commitment shown in developing and supporting lived experience workforce within organisations."[31]

## LEADERSHIP AT THE NATIONAL LEVEL

NSW is participating with the Australian and other governments to progress the following initiatives:

» A National Suicide Prevention Implementation Strategy which will include a focus on Aboriginal and Torres Strait Islander suicide prevention

» National guidelines to improve coordination of treatment and supports for people with severe and complex mental illness

» National Peer Workforce Development Guidelines

» A National Mental Health Safety and Quality Framework and revision of the National Mental Health Performance Framework

» An update of the National Standards for Mental Health Services (NSMHS) and development of a mental health supplement to the National Safety and Quality Health Service (NSQHS) Standards

» A guide for consumers and carers that outlines how they can participate in all aspects of what is undertaken within a mental health service so that their role in ongoing safety and quality initiatives is strengthened

» A primary care version of the YES survey tool and extended use of YES survey data

» National Mental Health Information Priorities 3rd edition

» Improved Aboriginal data collection and use

» A research strategy in collaboration with the NHMRC, consumers and carers, states and territories, research funding bodies and prominent researchers

» A Workforce Development Program that will guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled staff

» A National Digital Mental Health Framework in collaboration with the National Digital Health Agency.

# **Enabler 3** – Guidance

## **Overview**

Local mental health plans, policies, resources and other guidance should be responsive to local needs whilst aligning with state and national priorities. Planning will also need to consider the impact of the National Disability Insurance Scheme (NDIS).

The Framework aligns with the five key priorities under the Reform and the eight priorities of the Fifth Plan. It also aligns with a range of current related state and national guidance that local planners and NSW Health organisations should consider, including but not limited to:

» State Health Plan – Towards 2021 – keeping people healthy, providing world class clinical care, delivering truly integrated care

» The Premier's priorities – including improving service levels in hospitals, protecting our kids, driving public sector diversity

» State priorities – protecting the vulnerable (NDIS implementation)

» NSW Health Strategic Priorities 2017-18, including the critical priorities of:
  1. Patient Safety First
  2. Leading Better Value Care
  3. Systems Integration
  4. Strengthening Governance and Accountability
  5. Digital Health and Data Analytics

» The National Mental Health Strategy comprising:
  1. National Mental Health Policy 2008
  2. Fifth National Mental Health and Suicide Prevention Plan 2018-2022, and
  3. Mental Health Statement of Rights and Responsibilities 2012

» The NSW legislative framework particularly principles as described in s11 of the Mental Health Commission Act 2012 and s68 of the NSW Mental Health Act 2007

» NSW Carers (Recognition) Act 2010

» NSW Ageing Strategy 2016-2020

» The Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities recommendations

» Living Well in Later Life: The Case for Change (Discussion paper)

» The national consensus statement – Equally Well – which aims to improve physical health and wellbeing of people living with mental illness in Australia

» NSW Health guidance related to trauma, child-protection, domestic and family violence

» National Practice Standards for the Mental Health Workforce (2013)

» National standards for mental health services (2010)

» National Safety and Quality Health Service (NSQHS) Standards

» The National framework for recovery-oriented mental health services

» Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery

- » [Gayaa Dhuwi (Proud Spirit) Declaration](#) and Implementation Plan
- » [Health in Culture – Policy Concordance](#)
- » [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023](#)
- » [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013](#).
- » [NSW Health Aboriginal Health Impact Statement](#)
- » The [Royal Commission into Institutional responses to Child Sexual Abuse](#) recommendations
- » The [NSW Disability Inclusion Action Plan 2016-2019](#)
- » The findings from the [Review of the Mental Health Review Tribunal in respect to forensic patients](#).



Title       **True Blue**

Artist      **Jamie Preisz**

# Enabler 4 – Funding and performance

## Overview

The MoH and LHD/SHN mental health services are actively participating in the NSW Health shift towards greater value-based purchasing of health services. These efforts are expected to improve service-user outcomes, experiences of care and system efficiencies for a given level of funding.

The NSW Health Performance Framework has a focus on mental health outcomes including safety and quality measures. The Ministry is working to improve transparency of mental health funding under Activity Based Management (ABM). Improvements in CMO commissioning are being implemented under the Partnerships for Health reform.

In addition, mental health is exploring strategies through the Leading Better Value Care (LBVC) program to progress a future mental health initiative. Opportunities exist for mental health to participate in service innovation and development through the NSW Health research program and grants scheme.

### NSW HEALTH PERFORMANCE FRAMEWORK

Most NSW mental health funding is distributed to LHDs and SHNs for public service delivery. To ensure that the community is provided with the best value care, NSW Health monitors and assesses public sector health performance, including mental health. This is done primarily through applying the NSW Health Performance Framework. The Performance Framework includes service agreements, quarterly LHD/SHN performance reviews, and mental health specific data systems and reporting.

The 2018-19 service agreements with LHDs and SHNs include mental health specific key performance indicators. The Ministry and LHDs and SHNs monitor the service agreements in a quarterly performance cycle. Table 2 shows indicators in the 2018-19 Service Agreements across the safety and quality domains.

Data from routine collections will also contribute information for monitoring implementation of this Framework.

**Table 2: NSW Health Service Agreement Mental Health KPIs 2018-19**

| Key Performance Indicator | Domain |
|---|---|
| **Acute Post-Discharge Community Care** – follow up within seven days (%) | Effectiveness |
| **Acute readmission** – within 28 days | Effectiveness |
| **Acute Seclusion rate** (episodes per 1,000 bed days) | Appropriateness |
| **Average duration of seclusion** – (Hours) | Appropriateness |
| **Involuntary patients absconded** – (Types 1 and 2) from an inpatient mental health unit (number) | Safety |
| **Mental Health Consumer Experience Measure** (YES) – Mental health consumers with a score of Very Good or Excellent (%) | Patient Centred Culture |
| **Access Block – Emergency department to inpatient unit** – presentations staying in ED > 24 hours (Number) | Timeliness and Accessibility |

| Key Performance Indicator | Domain |
|---|---|
| **Pathways to Community Living – People transitioned to the community** – (Number) (Not applicable to all LHDs) | Patient Centred Culture |
| **Peer Workforce** – FTEs (Number) | Patient Centred Culture |
| **Mental Health** – Admitted – NWAU | Efficiency |
| **Mental Health** – Non-admitted –NWAU | Efficiency |
| NSW Ambulance only – **Mental health patients who have a mental health assessment completed (%)** | Appropriateness |

Quality adjustors in the purchasing model across all areas of Health provide an incentive to apply best practice. These include the mental health KPIs for acute 28-day readmission and post-discharge seven-day community follow-up.

In 2017-18, NSW Health launched the System Purchasing and Performance Safety & Quality Framework. This framework supports the design, purchasing and performance monitoring and continuous improvement of health services that are needs-based. The Safety & Quality Framework informs the Purchasing and Performance Frameworks, Service Agreements with LHDs/SHNs and Performance Agreements with pillar organisations.

NSW Health is working to refine data collection systems to meet the data and reporting needs with respect to mental health services.

## ACTIVITY BASED MANAGEMENT

Admitted Mental Health services in NSW have been funded on the basis of annual negotiated activity targets and a State Price since 2013-14. From 2017-18, admitted mental health episodes of care are classified and funded using the Australian Refined – Diagnosis Related Groups (AR-DRG) instead of a mixture of AR-DRG and per diem payments.

Governments have recognised that diagnosis is not the best way to classify and fund mental health services. Therefore, in 2016-17, NSW implemented the new Australian Mental Health Care Classification (AMHCC) for activity data collection with the intent of having an activity based funding (ABF) model based upon the new classification.

Continuous work is being done to improve the ABF models. This will ensure that all services maintain appropriate funding under an ABF model. This work includes the transition from the AR-DRG model to the AMHCC model. The AMHCC pricing model is not yet determined, however it is expected that admitted mental health services will be purchased using the AMHCC within two to three years.

The AMHCC includes some clinical outcomes information which assists in identification of the complexity of a consumer's presentation. As a result, mental health services are well placed as NSW Health progresses towards purchasing outcomes and ensuring that there is value for the volume purchased.

## COMMUNITY MANAGED ORGANISATIONS

NSW Health commissions CMOs to deliver mental health community support services. These services are an important part of the overall system of care offered to people with lived experience and their families, carers and support people.

Under *Partnerships for Health* the NSW MoH is engaged in a three-year process to improve consumer value through changes to the way CMO services are commissioned.

The *Partnerships for Health* reform moves NSW from historical grant funding towards a strategic competitive purchasing framework.

*Partnerships for Health* commits NSW Health to greater transparency, accountability and alignment of funded services with strategic priorities.

The reform aims to strengthen partnerships and service outcomes, better align CMO services with the Government's priorities, enhance service quality, and improve effectiveness and value for money.

Contestability has already been introduced to some mental health programs delivered by community managed services outside of *Partnerships for Health*. These include Community Living Supports (CLS), Housing and Supported Accommodation Initiative (HASI), Suicide Prevention Fund, and the LikeMind pilot.

### SPOTLIGHT – COMMISSIONING AND CONTESTABILITY

Through the NSW Government Commissioning and Contestability Policy and NSW Government Commissioning and Contestability Practice Guide, the Government is providing support for agencies to drive customer-centric service reform and explore ways to create better service outcomes that put the customer at the centre of everything we do.

## LEADING BETTER VALUE CARE

NSW Health is committed to delivering better value care to the people of NSW by improving health outcomes, improving the experience of care for consumers, carers and staff, and providing efficient and effective care relative to cost.

The Leading Better Value Care (LBVC) program provides an initial specific focus for NSW Health's reform journey towards Value Based Health Care. Within each LBVC initiative, NSW Health will measure what matters to consumers and staff along with system wide measures relating to efficiency and effectiveness.

## HEALTH AND MEDICAL RESEARCH

NSW Health's Office of Health and Medical Research (OHMR) is leading a strong and innovative research agenda.

OHMR works with NSW Research Hubs and a statewide Hub Council, health and medical research communities, the higher education sector and business to promote growth and innovation in research to achieve better health, environmental and economic outcomes for the people of NSW.

### Resources: Research Hubs

Research Hubs play an important role in promoting collaboration and coordinating the efforts of medical research institutes, local health districts, universities and community-orientated research in PHNs located near each other. This collaboration has proven results, with Sydney Health Partners and the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) being recognised by the National Health and Medical Research Council (NHMRC) as an Advanced Health Research Translational Centre. Regional Health Partners has been being recognised as a Centre for Innovation in Regional Health. Mindgardens is the clinical academic group within SPHERE. The three research hubs include mental health as a priority.

### Resources: OHMR grants

Opportunities exist for mental health services to partner with research hubs and access grant funding to progress research in priority areas under the Framework such as improving the physical health of consumers.

Mental health has been successful in obtaining two Translational Research Grants (refer next spotlight box).

Grants options could include:

1. The NSW Health PhD Scholarships Program which funds host universities to support doctoral candidates to gain skills and undertake projects that will build capacity in the NSW Health system in areas of identified need.

2. The Translational Research Grants Scheme which funds research projects that will translate into better patient outcomes, health service delivery, and population health and wellbeing.

3. The NSW Early-Mid Career (EMC) Fellowships provide funding to early-mid career health and medical researchers in NSW.

### SPOTLIGHT – TRANSLATIONAL RESEARCH GRANTS ROUND 2

Illawarra Shoalhaven LHD was awarded a grant for their study assessing the efficacy of a stepped care treatment program for Borderline Personality Disorder.

The study results will provide evidence to guide the development of an effective clinical pathway for people living with Borderline Personality Disorder and ultimately improve the health and quality of life of the client.

Sydney, Hunter New England and Western NSW LHDs were awarded a grant for a collaborative project to assess the management of mental health, drug health and acute severe behavioural disturbance in Emergency Departments. This study will assess the feasibility and transferability of an innovative model of nurse-led mental health care in three EDs. The model of care will evaluate health outcomes for service users with mental health, drug health and acute behavioural problems.

# Enabler 5 – Service delivery and partnerships

## Overview

Research shows that giving people an equal voice as active partners in healthcare improvement can lead to better experiences and outcomes for all. A key to improving outcomes is respecting the expertise of consumers, carers and staff in guiding individual recovery as well as co-design and co-production of health services and resources.

This section provides resources to support staff in working with collaboratively with people with lived experience and carers, family and supporters.

### CONSUMER AND CARER PARTICIPATION

NSW Health supports the participation of people with lived experience and carers in policy development and program implementation. The MoH is building the capacity of its key participation governance mechanisms such as the Consumer Subcommittee of the Mental Health Program Council and the Consumer Workers Forum to improve meaningful consumer engagement at the state level.

Using consumer and carer feedback to improve quality, access and accountability in mental health services is also a high priority. The introduction of mechanisms to collect consumer feedback such as the Your Experience of Service and the Mental Health Carer Experience Survey is helping with this aim (refer Enabler 7 – Information and data).

The Mental Health Commission of NSW is progressing the development of a Lived Experience Framework to further understand the range of activities where consumer and carer influence, leadership and participation can benefit mental health reform.

### CO-DESIGN

Experience-based co-design (EBCD) is a collaborative approach that brings consumers, families, carers and support people, and staff together to improve health services. The 'co' in co-design requires equal partnership and shared control between the three groups. This is achieved through the renegotiation of roles, expectations and the balance of power.

In EBCD the people who use and deliver health services are deliberately engaged to share their experiences and collectively imagine and create solutions that innovate, change and improve health services. This includes going through a flexible process of engaging, gathering experiences, understanding the experiences, using the collective experiences to identify opportunities for improvement and measuring impact.

## SPOTLIGHT – SOUTH EASTERN SYDNEY RECOVERY COLLEGE

The college is a pioneering educational initiative, focused on learning and growth for better mental health. The program aims to assist people with mental health issues to become experts in their self-care, make informed choices and fulfil their ambitions through educational opportunities. For carers, families, friends and health professionals, the College is an opportunity to better understand mental health and support people in their journey of recovery.

The College offers a curriculum of recovery based educational courses in partnership with local community colleges. Co-production principles underpin all aspects of college operations including governance processes, program delivery and service evaluation. Courses are co-developed and co-delivered by people with lived experience of mental health concerns and health professionals, with courses attended by consumers, carers, staff and volunteers. Co-production is a central factor in inspiring hope and optimism with the co-learning environment that sees service users and service providers learning side by side as equals facilitating transformative change for individuals and systems.

**Resources: EBCD Infographic**

The Agency for Clinical Innovation (ACI) has produced an infographic to assist services implement EBCD.

Research and evaluation of co-design programs have found co-design to be a powerful mechanism for service improvement that can lead to services being more acceptable to consumers, carers and staff. Use of co-design in mental health settings requires careful planning, support and adequate resources to ensure consumers are supported and aware of their rights when sharing their experiences and to prevent re-traumatisation.[32] The South Eastern Recovery College is an example of co-design and co-production with people with lived experience, carers and supporters (see Spotlight Box).Resources: ACI Co-design strategy

Led by the Agency for Clinical Innovation (ACI), the ACI Building Co-design Capability Strategy has been building capacity across NSW LHDs and SHNs for co-design through pilot projects, training, communities of practice and knowledge sharing events. The Murrumbidgee LHD mental health pilot project is presented in the next Spotlight.

## SPOTLIGHT – REIMAGINING SPECIALIST ADULT COMMUNITY MENTAL HEALTH SERVICES: A CO-DESIGN PROJECT IN MURRUMBIDGEE LOCAL HEALTH DISTRICT

**Goal:** A new model of care for specialist Adult Community Mental Health Services was identified in the Murrumbidgee LHD District Clinical Services Plan. Murrumbidgee LHD collaborated with the ACI to use a Co-design process to develop the model.

The task was threefold, to:

» capture the experience of the consumers and carers who use the service and the experience of clinicians in delivering the service: 'What matters to you?'

» identify the emotive touch-points in these experiences

» design solutions to build a service that people would like to receive and feel satisfied delivering.

## METHOD

1  A local Project Team was established with the support of the ACI.

2  Separate interviews and focus groups were held over a number of months with consumers, carers and clinicians. These were led by the senior specialist consumer, carer and clinical leads. Six key themes or areas emerged from the consultations:

   i   Crisis support that is non-judgemental, timely and safe

   ii  A seamless journey for entry and discharge processes

   iii Importance of the clinician and consumer and carer relationships

   iv  Working together as a team

   v   Ongoing care with a recovery focus

   vi  Education and training for all

3  The ACI and the Project Team contracted the SAX Institute to conduct a literature review to gain an understanding of evidence-based recovery oriented approaches to mental health service delivery to inform the solutions phase.

4  A series of Co-design solution design workshops were held across the district with consumers, families, carers, support people and clinicians together. Participants were asked to workshop the key themes, re-imagine services. Through this process many solutions were identified and used as the basis for developing the Model of Care.

**Principles:** The Co Design project has been built upon four guiding principles:

1  True partnership

2  Teamwork

3  Respect

4  Empathy

**Results:** Employing these principles fostered collaboration between clinicians, consumers and carers both on the Project Team and in the consultations and workshops. Barriers to relationships were removed and open, honest discussion to identify service delivery solutions which are likely to work in practice were able to be raised. The approach and solutions developed for the new model of care were equally welcomed by consumers, carers and clinicians.

# Enabler 6 – Technology

## Overview

Mental health services aim to deliver care as close to home as possible when it is needed. Prevention and early intervention are supported by advancements in Information Communication Technology (ICT).

NSW Health is using technology to develop innovative models for responding to the overall health needs of a person, including their physical and mental wellbeing. ICT solutions offer opportunities for seamless and integrated care across the service spectrum. ICT solutions are highly desired by consumers and make efficient use of scarce workforce resources.

### eHEALTH STRATEGY

The eHealth Strategy for NSW Health 2016-2026 sets the focus and underpinning principles for NSW to realise the vision of

"A digitally enabled and integrated health system delivering patient centred health experiences and quality health outcomes" (p2).

The Rural eHealth Program will deliver a new approach to the way healthcare is delivered across rural areas of NSW.

NSW Health ICT solutions:

» support consumers to be well informed and engaged in their health

» assist staff to make effective decisions through access to the best tools and training

» equip organisations with the capacity for smart, transparent and efficient management, business and service planning.

Integrated high quality mental health care is supported by a number of the initiatives such as electronic medical records (eMR) eMR Connect and HealtheNet which connects health information about a consumer including their national My Health Record if they have one.

### Resources: Rostering

HealthRoster is expected to be rolled out across the state by the end of 2018. It allows mental health managers to more effectively roster to staffing needs by time of day, day of week and by skill level. HealthRoster improves access to roster data for managers to inform decision making and makes shift allocation more transparent.

Staff can view their roster from any device with internet access and check that adjustments, such as call backs and overtime, are added as their roster is worked.

### TELEHEALTH

The NSW Health Telehealth Framework and Implementation Strategy: 2016-2021 provides a framework to drive future telehealth activity in NSW. Telehealth offers better value care through improved access, availability, and efficiency of quality health care. Person-centred, clinician-led telehealth provides an efficient and effective model of care that complements face-to-face consultation.

### Resources: Telehealth capability interest group

The ACI coordinates a statewide telehealth capability interest group that assists services take up telehealth, build capabilities and overcome common challenges. Registration, via the ACI website, is open to clinicians and managers across the state throughout the LHDs, Pillars, SHNs, eHealth NSW, PHNs, NGOs, and consumers of Telehealth services.

**Resources: Telehealth resources and guidelines**

The ACI also offers online telehealth resources and guidelines.

A number of NSW LHDs including Western NSW and Murrumbidgee have implemented successful mental health rural access programs that incorporate telehealth. These services provide consumers presenting to EDs across the LHD with 24 hours 7 days per week access to specialist mental health staff using face to face and video-conferencing technologies. The value of these services includes assisting EDs to provide consumers an appropriate service and reducing transport where people do not require an admission. The services also support consumer admissions where required. Some LHDs are also making the most of new technology through partnerships with Healthdirect. The Spotlight on page 87 showcases a successful rural LHD Video Call pilot.

## DIGITAL RESOURCES

ICT advancements facilitate the speedy and convenient delivery of mental health information and support. At times navigating the vast range of available resources can be overwhelming. Online resources and supports form an important component of stepped and integrated care.

### Resources: NSW Get Healthy Service

The NSW Get Healthy service is a free NSW Health led telephone health coaching service that can provide people with the support and motivation needed to reach personal healthy lifestyle goals. This service could be used to support the physical health needs of people with lived experience of mental illness.

**Resources: Head to Health**

In response to the National Mental Health Commission's Contributing Lives, Thriving Communities – National Review of Mental Health Programmes and Services, the Australian government developed a central digital gateway called Head to Health in collaboration with the community and the mental health sector.

The website links Australians to online and phone mental health services, information and resources appropriate for their individual needs. Head to Health assists people to take control of their mental health, at a convenient time and place, both complementing or in place of face-to-face services. Head to Health supports people seeking help – either for themselves or someone they care about.

NSW will continue to participate with the Australian and other governments to develop a National Digital Mental Health Framework in collaboration with the National Digital Health Agency that will:

» guide the structure of digital mental health and recommend the development of new digital service delivery platforms

» address clinical governance mechanisms to build safety and quality mechanisms into e-mental health service delivery and links into traditional face-to-face services

» address related workforce development priorities and

» improve accessibility for CALD and other populations who find access challenging.

## SPOTLIGHT – MURRUMBIDGEE MENTAL HEALTH DRUG AND ALCOHOL TELEHEALTH VIDEO CALL PILOT

Murrumbidgee LHD covers a large area of rural NSW. As with other NSW rural LHDs, Murrumbidgee faces the challenge of providing services across many square kilometres and outreach sites. The Murrumbidgee mental health and drug and alcohol service (MHDA) identified the need to make better use of technology to support clinical practice, alleviate workload pressures and address challenges associated with inequitable access to services resulting from geographical isolation.

To improve services for existing consumers of the MHDA service living in rural and remote communities, Murrumbidgee collaborated with Healthdirect to pilot a **web-based model of service delivery that uses real-time interaction between clinicians and consumers.** The Telehealth pilot involved a twelve-month trial and evaluation of Healthdirect Video Call by the Deniliquin and Temora Community MHDA teams and the Wagga Wagga Mental Health Recovery Unit. Telehealth 'kiosks' were set up in some remote Community Health Centres to help consumers who did not possess their own electronic devices to access this modality.

**A review of the pilot found that the Video Call technology can be effectively implemented across rural settings and that there was good support from consumers for using the modality.** The Video Call technology was well accepted by consumers, irrespective of the degree to which they used other social media platforms. Consumers and clinicians identified the convenience and cost benefits of not needing to travel for hours to be able to participate in consultations. The review proposed exploring future opportunities including offering initial assessments for consumers living remotely to a health facility and enabling families to case conference from home with MHDA and other linked-in service providers. The review identified the need for services to use available technology as part of routine practice wherever appropriate, ensure staff receive training in how to use the technology, and remain responsive to future technology changes.

# Enabler 7 – Information and planning

## Overview

Timely access to data and information enables responsive strategic service planning. The NSW MoH is partnering with LHDs and SHNs, PHNs and CMOs to improve access to reliable data for planning and improving mental health service delivery.

Planned data improvement and planning initiatives include a focus on consumer and carer experiences of care, improvements in access to timely workforce data and use of the National Mental Health Service Planning Framework tools.

Mental health care is strengthened through the application of learnings from data, information and research and evaluation evidence.

### EXPERIENCES OF CARE

NSW is participating in the national rollout of the Your Experience of Service (YES) survey. The YES survey is a standardised measure of consumer experiences of care that is being used to support quality improvement, service evaluation and benchmarking of services.

Along with embedding use, NSW is improving health service reporting and is working towards public reporting. A version of the YES survey is being trialled and implemented with CMOs. NSW Health is also developing capacity for web collection of the YES that will allow consumers to provide feedback through computers, tablets and smart phones.

NSW is working with the Australian and other jurisdictions to develop a primary care version of the YES survey tool and extend the use of YES survey data.

The Mental Health Carer Experience Survey (MH CES) is a tool that measures the experiences of family members, carers and support people to guide quality improvement in relation to the engagement and involvement of carers.

NSW is progressing establishment of the CES in public health services and CMOs.

### WORKFORCE DATA

Until recently, mental health workforce data for statewide service planning has been sourced from the National Mental Health Establishments Database and the National Health Workforce Data Set (NHWDS).

These are mental health service establishment data reported by LHDs/SHNs and information collected through annual Australian Health Practitioners Regulation Agency professional registration surveys. The data are published on the Australian Institute of Health and Welfare (AIHW) website up to two years after collection.

**Resources: Available workforce data**

Workforce data is available through the NSW State-wide Management Reporting Service (SMRS) with access available to all health agencies. This information is sourced directly from the NSW Health HR and Payroll System StaffLink. SMRS provides the ability for users to look at workforce information at an organisational level as well as cost centre level and is used to support workforce operations and planning.

Work is also progressing to better identify mental health peer workers and Aboriginal mental health workers through the NSW Health HR and Payroll System StaffLink. These workforces will be visible through SMRS and future eHealth analytics and reporting dashboards.

NSW participates on the Mental Health Information Strategy Standing Committee that is developing national mental health peer workforce data including collection and public reporting.

The committee will develop data sources to monitor the growth of the national peer workforce in public mental health services and identify opportunities for reporting peer worker employment in the non-government sector, including PHNs. NSW is also participating in national initiatives to improve Aboriginal data collection and use.

## NSW GOVERNMENT DATA INITIATIVES

Mental health has an increasing opportunity to use a range of data for service planning, research and evaluation. The NSW Government is making it easier for the community, government agencies and industry to access data, information and services.

### Resources: NSW Government data services

The NSW Government Finances, Services and Innovation website provides information on how to access a broader range of data and new analytics strategies and initiatives such as the Data Analytics Centre (DAC). The centre uses citizen-based analytics (big data) to better understand local populations, support planning and assist in improving social outcomes and customer services.

### Resources: NSW Analytics Framework

NSW Health is also supporting high quality research and evaluation through improving access to data and analytics. The NSW Health Analytics Framework released in January 2016 outlines a five-year vision for analytics in NSW Health. The Data supporting research and evaluation flyer highlights initiatives under the framework that use data to generate evidence for driving improved health outcomes and embedding evidence based practice in NSW Health services. The flyer provides a simple overview of data available to the public and to health services, researchers and other agencies through various platforms.

## PLANNING TOOLS

The National Mental Health Service Planning Framework (NMHSPF) is a planning framework commissioned by government that provides a standardised measure for estimating the need for mental health services across the service spectrum and by age group.

The framework comprises an excel-based planning support tool and a suite of documentation including a taxonomy, service element descriptions, care profiles and a technical manual.

The NMHSPF is not prescriptive and is only one component of the suite of evidence that can be used for mental health services planning. Although it has a number of limitations and continues to be refined and developed, PHNs and LHDs/SHNs across Australia are being trained in and are using the framework to inform regional planning.

## EVALUATION TOOLS

The Centre for Epidemiology and Evidence (CEE), NSW MoH, has resources and practice guides to assist program evaluation available on the CEE website.

These include:

» Introduction to Program Evaluation
» Developing and Using Program Logic
» Commissioning Evaluation Services
» Scaling-up Interventions
» Commissioning Economic Evaluations.