Appendices

Appendix 1 – Acronyms

ABF	Activity Based Funding
ACCHS	Aboriginal Community Controlled Health Service
ACI	Agency for Clinical Innovation
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AIHW	Australian Institute of Health and Welfare
AMHCC	Australian Mental Health Care Classification
BHI	NSW Bureau of Health Information
CALD	Culturally and Linguistically Diverse
CEC	NSW Clinical Excellence Commission
CEE	Centre for Epidemiology and Evidence
CES	Consumer Experience of Service
C/L	Consultation liaison
CLS	NSW Community Living Supports Program
CMO	Community Managed Organisation
ED	Emergency Department
FTE	Full Time Equivalent
GP	General Practitioner
HASI	NSW Housing and Accommodation Support Initiative
HETI	NSW Health Education and Training Institute
HPWP	Health Professionals Workforce Plan
ICT	Information communication technology
ID	Intellectual disability
IDMH	Intellectual disability mental health
JH&FMHN	Justice Health and Forensic Mental Health Network
JMO	Junior Medical Officer
KPI	Key Performance Indicator
LGBTIQ	Lesbian, Gay, Bisexual, Trans/Transgender, Intersex and/or Queer
LHD	Local Health District
MH	Mental Health
MoH	Ministry of Health
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NMHC	National Mental Health Commission
NMHSPF	National Mental Health Service Planning Framework
NSMHS	National Standards for Mental Health Services
NSQHS	National Safety and Quality Health Services (Standards)
OPMH	Older People's Mental Health
PCLI	Pathways to Community Living Initiative
PECC	Psychiatric Emergency Care Centre
PHN	Primary Health Network
PPEI	Prevention, Promotion and Early Intervention
SCHN	Sydney Children's Hospitals Network
SHN	Specialty Health Network
SMRS	State-wide Management Reporting Service
TICP	Trauma informed care and practice
YES	Your Experience of Service

Appendix 2 – Glossary

Aboriginal Community Controlled Health Services (ACCHSs)

ACCHSs play a key role in providing holistic care to Aboriginal people. They offer comprehensive, culturally safe primary care services to a large proportion of Aboriginal people in NSW and play a valuable and unique role in improving Aboriginal health. NSW Health funds a large number of ACCHSs across NSW.[46]

Carer

According to the NSW Carers (Recognition) Act 2010, a person is a carer if the person is an individual who provides ongoing personal care, support and assistance to any other individual who needs it because that other individual:

a) is a person with disability within the meaning of the Disability Inclusion Act 2014, or

b) has a medical condition (including a terminal or chronic illness), or

c) has a mental illness, or

d) is frail and aged.

The Act has exclusions related to paid contractors, volunteers and people delivering care as part of training programs. The Act also clarifies that a person is not a carer simply because they are the partner of the person, parent, guardian, child or other relative of the other person, or living with the other person.

Community

A group of people living in the same place or having a particular characteristic in common. The condition of sharing or having certain attitudes and interests in common.

Co-morbidity

The presence of one or more diseases or disorders in a person, in addition to a primary disease or disorder.

Consumer

A person living with mental illness who uses, has used or may use a mental health service.

Culturally and Linguistically Diverse communities

A Culturally and Linguistically Diverse (CALD) communities include people who:

» are from different countries, including English-speaking countries such as England, New Zealand and Canada

» have different cultural backgrounds

» can speak other languages besides English

» are from different areas in Australia, including regional towns

» follow different religions.

Cultural and Linguistic Diversity

Cultural and linguistic diversity refers to the wide range of cultural groups that make up the Australian population and Australian communities. The term recognises that groups and individuals differ in relation to spirituality and religion, racial backgrounds and ethnicity as well as language. The term used to reflect intergenerational and contextual issues, as well as the migrant experience.[47]

Dignity

The state or quality of being worthy of honour or respect.

Disability

A disability arises when a person's physical, mental, intellectual or sensory impairments hinders the person's full and effective participation in society on an equal basis with others. This definition includes but is not limited to the definition of 'disability' in the Disability Discrimination Act 1992.

Lived experience (mental illness)

People with lived experience are people who identify either as someone who is living with (or has lived with) mental illness or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness. People with lived experience are sometimes referred to as consumers and carers.

Mental health

The World Health Organization defines mental health as "a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

Mental illness

A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.

National Disability Insurance Agency (NDIA)

An independent statutory agency, whose role is to implement the National Disability Insurance Scheme (NDIS), which provides supports to Australians with a significant and permanent disability and their families and carers.

National Disability Insurance Scheme (NDIS)

Provides eligible participants with permanent and significant disability with reasonable and necessary supports. The NDIS also connects people with disability and their carers, including people who are not NDIS participants and their carers, to supports in their community.

Social determinants of health

The World Health Organisation defines the social determinants of health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries." These may include socioeconomic position, early life circumstances, social exclusion, social capital, employment and work, housing and the residential environment (AIHW).

Appendix 3 – Expert Reference Groups

NSW Strategic Framework for Mental Health Expert Reference Group membership		
Dr Karin Lines	Executive Director Mental Health Branch	NSW Ministry of Health (Chair)
Warren Shaw	Principal Policy Officer, Clinical and Regulatory Services, Mental Health Branch	NSW Ministry of Health
Amy Wyndham	Director, Community Partnerships, Mental Health Branch	NSW Ministry of Health
Jacqui Cross	Chief Nursing & Midwifery Officer, Nursing and Midwifery Office	NSW Ministry of Health
Lorna McNamara	Director Prevention & Response to Violent Abuse & Neglect Team, Health & Social Policy Branch	NSW Ministry of Health
Tamara Lee	Director Workforce Policy & Development, Workforce Planning & Development Branch	NSW Ministry of Health
Dr Grant Sara	Director InforMH, Health System Information & Performance Reporting Branch	NSW Ministry of Health
Jacqui Ball	Executive Director, Government Relations Branch	NSW Ministry of Health
Irene Gallagher	Chief Executive Officer	Being I Mental Health and Wellbeing Consumer Advisory Group
Jonathan Harms	Chief Executive Officer	Mental Health Carers NSW
Julie Mooney	Interim Chief Executive	Southern NSW Local Health District
Associate Prof Beth Kotze	Executive Director Mental Health	Western Sydney Local Health District
Dr Scott Clark	Clinical Director Mental Health	Western NSW Local Health District
Dr Michael Bowden	Network Director Mental Health	Sydney Children's Hospital Network
Anthony Critchley	A/Director Mental Health	Central Coast Local Health District
Robyn Manzie	Director Mental Health	Murrumbidgee Local Health District
Andrea Taylor	Director Mental Health	Northern Sydney Local Health District
Joanne Rogerson	Manager Mental Health Services	St Vincent's Health Network
Kevin McLaughlin	Director Mental Health	NSW Ambulance
Damien Eggleton	A/Director Forensic Mental Health	Justice Health & Forensic Mental Health Network
Rhonda Loftus	Executive Director Mental Health	Health Education Training Institute
Kathleen Schelling	NSW Mental Health Network Manager	Agency for Clinical Innovation
Catherine Lourey	Commissioner	NSW Mental Health Commission

NSW Strategic Framework for Mental Health Expert Reference Group membership		
Megan Lawrance	Director of Mental Health Drug & Alcohol	NSW/ACT Primary Health Network
Leanne Fisher	Statewide Mental Health Coordinator	Aboriginal Health & Medical Research Council
Maria Cassaniti	Centre Manager	Transcultural Mental Health
Jenna Bateman	Chief Executive Officer	Mental Health Coordinating Council
Tania Skippen	Project Lead, Associate Director, MH-Children and Young People, Mental Health Branch	NSW Ministry of Health

Proxies		
Todd Hunt	Manager Workforce Planning, Workforce Planning and Development Branch	NSW Ministry of Health
Natalie Cook	NSW/ACT Primary Health Network Coordinator	

Benjamin Thomson	Principal Policy Officer, Health and Social Policy Branch	NSW Ministry of Health
May Guise	Director, National Reform Priorities, Government Relations Branch	NSW Ministry of Health
Sandy Natarajan	Principal Policy Officer, Government Relations Branch	NSW Ministry of Health
Emily Pile	Manager, Mental Health	St Vincent's Health Network
David Peters	Operations Manager	Being I Mental Health and Wellbeing Consumer Advisory Group
Trevor Perry	Service Director Custodial Mental Health	Justice Health & Forensic Mental Health Network
Clare Lorenzen	Executive Manager, Mental Health	Western Sydney Local Health District
Sonya Bull	Mental Health and Drug & Alcohol Governance Manager	Murrumbidgee Local Health District

Mental Health Workforce Plan Advisory Committee membership		
Dr Karin Lines	Executive Director Mental Health Branch	NSW Ministry of Health
Catherine Lourey	Commissioner	NSW Mental Health Commission
Bill Campos	Head of Mental Health Services	Western Sydney PHN
Joanne Edwards	Executive Director, Nursing and Midwifery and Clinical Governance	Western Sydney Local Health District
Dr Marcia Fogarty	Director Mental Health	Hunter New England Local Health District
Rhonda Loftus	Executive Director Mental Health	Health Education and Training Institute
Jonathan Harms	Chief Executive Officer	Mental Health Carers NSW
Brian Shimadry	Director Workforce Planning and Performance	NSW Ministry of Health
Jenna Bateman	Chief Executive Officer	Mental Health Coordinating Council
Kathleen Schelling	Mental Health Network Manager	Agency for Clinical Innovation
Kevin McLaughlin	Director Mental Health	NSW Ambulance
Mardi Daddo	A/Director Primary and Community Care, Health and Social Policy Branch	NSW Ministry of Health
Liz Junck	Director Primary and Community Care, Health and Social Policy Branch	NSW Ministry of Health
Maria Cassaniti	Centre Manager	Transcultural Mental Health Centre
Paul De Carlo	Principal Advisor Mental Health, Nursing and Midwifery Office	NSW Ministry of Health
Nikki Maloney	Principal Policy Officer, Supported Living, Mental Health Branch	NSW Ministry of Health
Anne Unicomb	Senior Policy Officer, Clinical Services, Mental Health Branch	NSW Ministry of Health
Marion McKay	Principal Advisor Workplace Relations Branch	NSW Ministry of Health
Dr Grant Sara	Director InforMH, Health System Information and Performance Reporting Branch	NSW Ministry of Health
Dr Nicholas Babidge	Mental Health Clinical Director	St Vincent's Health Network
Belinda Collier	Executive Director Workforce	Central Coast Local Health District
Angela Karooz	District Mental Health Clinical Nurse Manager	South Eastern Sydney Local Health District
Karen Arblaster	Manager Allied Health	Nepean Blue Mountains Local Health District
Cathy Crowe	Director Mental Health	Nepean Blue Mountains Local Health District

Mental Health Workforce Plan Advisory Committee membership		
	Chief Executive Officer	Being I Mental Health and Wellbeing Consumer Advisory Group
Thomas Brideson	Statewide Coordinator	Aboriginal Mental Health Workforce Program
Dr Rajeev Jairam	Clinical Director ICAMHS	South Western Sydney Local Health District
Dr Gary Galambos	Chair	RANZCP NSW Branch Committee
Tania Skippen	Project Lead, Associate Director, Mental Health Children and Young People, Mental Health Branch	NSW Ministry of Health

Proxies		
Roy Laube	Representative	Transcultural Mental Health Centre
Luke Sloane	Representative	Western Sydney Local Health District
Stephen Scott	Senior Policy Officer, Supported Living, Mental Health Branch	NSW Ministry of Health
Jae Radican	Senior Policy Officer, Clinical Services, Mental Health Branch	NSW Ministry of Health
Benjamin Thomson	Principal Policy Officer, Health and Social Policy Branch	NSW Ministry of Health
Kerri Lawrence	Manager, Strategic Engagement and Innovation	NSW Mental Health Commission
Todd Hunt	Manager Workforce Planning, Workforce Planning and Development Branch	NSW Ministry of Health

Appendix 4 – Consultation

The NSW Ministry of Health consulted all expert reference group and advisory committee members individually as well as through group processes. Members brought the views of their sector to meetings and the organisations they represented provided feedback on consultation reports and draft documents.

In developing the Framework many individuals, peak leadership groups and specialty advisors were consulted and advised on progress. Groups are listed below.

We received 419 responses to an initial online survey including from consumers, carers, LHD and SHN representatives, CMOs, PHNs, peak organisation representatives, academics and private providers.

NSW HEALTH LEADERSHIP GROUPS

» Mental Health Program Council

» Mental Health Directors Meeting

» Child and Youth Mental Health Subcommittee

» Older person's mental health working group

» Specialist mental health services for older people advisory committee

» Joint NSW Health Mental Health Nursing Advisory Group and State LHD Directors of Nursing and Midwifery meeting

» Directors of Allied Health Advisory Group meeting

» Workforce planners' advisory forum.

PEAK ORGANISATIONS/ REPRESENTATIVES

» Mental Health Commission of NSW

» NSW College of Mental Health Nurses

» Royal Australian and New Zealand College of Psychiatrists NSW Branch

» Being I Mental Health and Wellbeing Consumer Advisory Group

» Mental health carers NSW

» NSW Principal Official Visitor

» Primary Health Networks

» Aboriginal Health and Medical Research Council

» Transcultural Mental Health Centre

» Mental Health Coordinating Council

» InsideOut Institute for Eating Disorders (formerly Centre for Eating and Dieting Disorders)

» ACON

» University of NSW Department of Developmental Disability Neuropsychiatry

» Blackdog Institute.

NSW HEALTH BRANCHES AND PILLARS

» Leading Better Value Care team

» Office of Health and Medical Research

» Mental Health Branch

» Nursing and Midwifery Office

» Workforce Planning and Development Branch

» Workplace Relations Branch

» Health and Social Policy Branch

» Health System Planning and Investment Branch

» InforMH, System Information and Analytics Branch

» Government Relations Branch

» Centre for Aboriginal Health

» Centre for Population Health (Drug and Alcohol)

» Clinical Excellence Commission

» Agency for Clinical Innovation

» Health Education Training Institute.

In May and June 2018, the DRAFT Strategic Framework and Workforce Plan document was subject of a statewide consultation process. An online survey attracted 75 responses and we accepted 11 responses in word format.

The Ministry of Health considered all feedback and made amendments to the draft document as a result.

Appendix 5 – Reform Enhancements

The Framework refers to the following programs implemented under the Reform. This list does not represent the full range of Reform enhancements.

Adolescent Community Integration Team (CIT)

The Adolescent Community Integration Team is a community health statewide service working in partnership with key services that assists young people with significant mental health and/or drug and alcohol concerns to access health services in the community upon release from custody.

Adult Community Living Supports (CLS)

CLS is being expanded under the Reform focusing on regions of NSW identified for the state's anticipated resettlement of refugees. This enhancement will also include training for Community Living Supports non-government providers to work with adult survivors of complex trauma in refugee resettlement areas.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS provide specialist mental health services for children and adolescents up to 17 years who have severe and complex mental health problems. Expansion under the Reform will increase CAMHS outreach consultation liaison to hospital based non-specialist CAMHS settings as well as build the capacity of non-specialist services to deliver developmentally appropriate care for children and adolescents with mental health problems, their families and carers.

CAMHS Got It! Out of Home Care (OOHC) Services – South Western Sydney Local Health District

The South Western Sydney Local Health District has the highest rate of children in OOHC combined with high levels of disadvantage of any NSW Local Health District. Evidence based specialist mental health services are delivered to children and young people who have severe and complex mental health problems, including behavioural and emotional disorders of childhood and adolescence. The model has an outreach and home-based service delivery focus working with primary mental health service providers including schools, CMOs, PHNs and private providers, to deliver integrated mental health care.

Getting on Track on Time – Got It!

Got It! is a school-based specialist mental health early intervention program for young children in Kindergarten to Year Two with disruptive behaviour disorders and their families. The Got It! Program, originally piloted in 2011 across a metro, regional and rural site and was found to be highly successful with significant improvements in children's behaviour, parenting skills and family engagement with school and community supports. Education and Health are key leads in this innovative program. The program is being rolled out across the fifteen local health districts in NSW.

Aboriginal – Got It!

Despite the overall success of the Got It! model, teams have found variability in their ability to engage Aboriginal families and communities. There is evidence that Aboriginal children are more at risk of suffering significant emotional or behaviour difficulties than their non-Aboriginal counterparts while cultural and social issues may act as barriers to accessing supports. South Western Sydney Local Health District are developing a culturally informed version of Got It! to promote access and improved outcomes for Aboriginal families and communities. Components of this model will further inform the cultural safety of the Got It! model across the state.

Justice Health Got It! AVO (Apprehended Violence Order) Program

This early intervention program within the Justice system is aimed at young people aged 11-14 years with disruptive behaviour disorder presenting in the NSW Children's Court. The model being developed targets young people with high risk behaviours. The program focuses on both the young person and their parents/carers, working together to enhance family functioning and divert the young person from the legal and justice system. It assists the young person to develop anger management skills, and improved problem solving and works with parents to improve parenting capability and family functioning.

HASI Plus

HASI Plus delivers 16 and 24 hour per day coordinated housing, clinical and accommodation support services for people with severe or persistent mental illness. HASI Plus assists people to transition to living in the community from long term

institutional care, such as mental health facilities, correctional facilities or long term care in hospitals.

LikeMind

LikeMind is an innovative consortium model of integrated care for adults with moderate to severe mental illness. LikeMind is funded by the NSW Ministry of Health with each pilot site operated by a non-government lead agency. The intent is that the lead agency will work to ensure the pilot becomes self-sustaining through access to general and private practice.

Mums and Kids Matter

Mums and Kids Matter delivers a statewide service to mothers experiencing severe and complex mental illness who are current consumers of public mental health services and would benefit from the services provided by the program in order to remain able to care for their young child/children (0-5 years) in the community. MKM works with key partners including health, FACS, CMOs, child health, community organisations, housing, private providers and PHNs to deliver this integrated service.

NSW School-Link

School-Link is a statewide function of NSW CAMHS and works with Education to provide specialist mental health services through consultation liaison, clinical care planning for recovery and the delivery of specialist mental health individual and group interventions in schools. School-Link is being expanded under the Reform.

Pathways to Community Living Initiative (PCLI)

The Pathways to Community Living Initiative is a coordinated state-wide approach to supporting people with enduring and serious mental illness who have been in hospital for more than twelve months to, wherever possible, re-establishing their lives in the community. Strong partnerships with a range of service providers are essential to the success of this initiative.

Specialist Perinatal and Infant Mental Health Services

Specialist Perinatal and Infant Mental Health Services (PIMHS) are for pregnant women and mothers with severe and complex mental illness of infants up to two years of age. These specialist mental health services work with key partners including health, FACS, CMOs, private providers and PHNs to provide coordinated care for the mother's mental health needs, parenting capacity and parent-infant relationship.

Specialist Older People's Mental Health Services

Expansion under the Reform will increase mental health care and support for older people with mental illness, by supporting teams providing specialist mental health services for older people. Key partners for Older People's Mental Health Services are aged and disability providers, PHNs, primary care and other health services.

Whole Family Teams

Whole Family Teams deliver specialist in-home and community based interventions for children and families with complex mental health and drug and alcohol issues where one or more children have a substantiated risk of significant harm report. This initiative is heavily reliant on strong partnerships between mental health, drug and alcohol, FACS, Education, counselling and other services.

Youth Community Living Support Service (YCLSS)

The Youth Community Living Support Service (YCLSS) is a community mental health service for young people aged 16 to 24, living in the South West Sydney and Northern NSW regions of NSW. The Youth Community Living Support Services program aims to improving the lives of young people experiencing severe mental health problems, giving them the best chance at recovery where they are surrounded by their existing support network of friends, family and carers. YCLSS is funded by the NSW Ministry of Health and delivered in partnership by Wellways, the Northern NSW Local Health District Mental Health Service and the South West Sydney Local Health District Mental Health Service.

Appendix 6 – Supporting initiatives

This section provides further information on the priorities for each goal and describes some of the key activities listed under each goal. Workforce actions are identified by 'WP' and Framework actions are identified as 'SF'.

Supporting initiatives for Goal 1

Objective 1 – Recovery-oriented services

RECOVERY ORIENTED APPROACHES

Objective 2 – Holistic care

RECOVERY-ORIENTED APPROACHES

Recovery-oriented approaches are **person-centred**, **trauma-informed**, **culturally appropriate**, family and systems focussed, and considerate of diverse needs. They support autonomy and self-determination and help people engage in their valued life roles, assisting people to live well in the community and reducing dependence on services. Person-centred care is treatment, care and support that places the person at the centre of their own care and considers the needs of the person's carers (ref Fifth Plan).

More detail on embedding **recovery-oriented practice** is provided in Enabler 1.

HOLISTIC CARE

Holistic care considers a person's physical, mental health, developmental, cultural and social needs and preferences. This involves mental health services partnering with general health providers, other mental health services and agencies that can supply consumers with stable housing, disability services, community living supports, vocational, social and educational opportunities.

Recognising and responding to the needs of carers and children of parents with a mental illness is essential to a holistic approach.

WP 4.2.2 key action: Conduct a Mental health training needs analysis

NSW Health will conduct a mental health training needs analysis in 2018 to determine mental health training priorities for health and partner workforces over the next five years.

WP 4.2.1 key action: Scope a Mental Health Training Program

NSW Health is scoping a Mental Health Training Program to improve access to a range of mental health training. The training will include trauma-informed practice, recovery-oriented care, physical health care, core and specialist mental health interventions.

WP 4.2.3 key action: Expand the content hosted on the Mental Health Workforce development portal

The NSW mental health professional development portal hosted by HETI is being enhanced and subspecialty content is being expanded.

WP 4.3.1 key action: Scope a professional development pathway for nursing

The Nursing and Midwifery Office (NaMO) in partnership with LHDs/SHNs will scope a professional development pathway for mental health nursing.

WP 2.4.1 key action: Scope and take forward priorities for the mental health allied health workforce

A range of priorities will be scoped and activity will commence with the development of guidance for Allied Health Assistants (AHAs) in Mental Health. AHAs in mental health is a growing workforce. NSW Health will support this emerging workforce through the development of guidance in the revised Allied Health Assistants Framework and priority access to HETI scholarships.

WP 4.7.4 key action: Scope opportunities to increase Aboriginal workers in mental health

NSW Health will scope opportunities to increase mental health engagement with Aboriginal cadetships, traineeships and other education programs.

WP 4.2.6 key action: Support the capacity of partner workforces

NSW Health is working to extend mental health professional development and training access to partner workforces including GPs, primary care providers, CMOs, aged care, disability, education, private providers and other government agencies.

VALUE BASED SERVICE DELIVERY

Basing mental health practice on a foundation of strong values is essential to developing positive cultures of care (refer Enabler 1 – Culture and approach). Some LHDs and SHNs have commenced value-based recruiting in an endeavour to attract and recruit appropriately trained staff whose values and behaviours align with recovery-oriented care.

WP 2.2.1 key action: Scope a Mental health attraction campaign

NSW Health will scope development of a mental health attraction campaign to include tools for recruiting and retaining a workforce with the recovery-oriented values and attitudes for working in mental health.

CO-DESIGN

A **co-design approach** assists services to deliver person-centred care through considering consumer, carer, staff and other stakeholder perspectives in planning and service delivery. Enabler 5 – Service delivery and partnerships provides information and resources to guide mental health co-design.

WP 3.2.1 key action: Support Co-design

NSW Health organisations will develop resources to support successful mental health co-design processes. More on **co-design** is found in Enabler 5 – Service delivery and partnerships.

PEER WORKERS

The Workforce Plan has detailed information on the **peer workforce** and related initiatives.

WP 4.6.1 key action: Develop Peer workforce frameworks

NSW Health is partnering with the Commonwealth in the development of a National Peer Workforce Framework. NSW Health and Being I Mental Health and Wellbeing Consumer Advisory Group are collaborating in the development of NSW specific guidance to support the growth and embedding of this new and highly valued workforce.

ADDRESSING STIGMA AND DISCRIMINATION

Consultations identified the continuing impact of stigma in health services and in society generally. Consultation participants identified that stigma and discrimination can cause inequalities in access to physical health care for people with lived experience of mental illness. Stakeholders proposed a multipronged, long-term approach, with a first goal of reducing stigma in health settings.

SF 1.2.1 key action: Scope an anti-stigma initiative

NSW Health and the NSW Mental Health Commission will scope an anti-stigma initiative with a focus on securing equal access to physical health care for consumers.

Of importance is the need to address stigma and discrimination for groups known to experience inequality in service access. These include Aboriginal people, people from CALD backgrounds, people identifying as LGBTIQ, people with coexisting intellectual disability, people with co-occurring drug or alcohol dependencies, and people with an eating disorder.

LEADERSHIP

Leaders have a privileged role in providing strategic and operational direction for the system. They face the challenge of responding to increasing complexity and demand, often with the same available resources. All staff can demonstrate leadership in their individual roles and contribute as positive members of high performing teams (refer Enabler 2 – Leadership).

The report on the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities highlighted the need for mental health representation on LHD/SHN leadership committees to support the delivery of safe, high quality care through integrated mental health operations and clinical governance.

QUALITY HEALTHCARE

WP 4.5.1 key action: Develop a Psychiatry workforce plan

NSW Health will work with key partners such as the NSW Branch of the RANZCP, PHNs, Psychiatry Training Networks, HETI, Tertiary Institutions and other partners to develop a Psychiatry Workforce Plan that will include a focus on psychiatry leadership in mental health.

Objective 3 – Physical health care

In July 2017, the National Mental Health Commission (NMHC) released the Equally Well National Consensus Statement. The statement calls for a national commitment to improve the physical health of people with mental illness and provide equal access to quality health care.[48]

NSW Health endorsed the Consensus Statement. The NMHC will monitor and report on implementation of the National Consensus Statement across jurisdictions.

People living with a mental illness have significantly higher rates of physical ill health, poor health outcomes and a decreased lifespan.[49] People living with severe mental illness have a life expectancy 14-23 years less than the general Australian population. Additionally, people with poor physical health have an increased chance of developing mental illness.[50]

Equally Well

quality of life — equality in life

Improving the physical health and wellbeing of people living with mental illness in Australia

Australian Government
National Mental Health Commission

Areas of concern in physical health include an increased risk of:

» cardiovascular disease
» respiratory disease
» metabolic syndrome
» overweight and obesity
» diabetes
» osteoporosis
» dental problems, and
» swallowing disorders.

Several groups have a greater risk of poor physical health, preventable diseases and decreased life expectancy. These include Aboriginal people, those living with severe mental illness and psychosis, people with a coexisting intellectual disability,[51] and those living with an eating disorder.

Medications used to manage mental illness can affect physical health. The use of atypical (second generation) antipsychotics has been linked to poor physical health, increased cardiovascular risk factors, weight gain and increased metabolic abnormalities.[52] People prescribed antipsychotic medications require careful monitoring and a collaborative approach to health care to prevent a reduced life expectancy and early death.[53]

Mental illness, coexisting neurological disorders and some medications used to treat mental illness can cause chewing or swallowing difficulties, limiting nutritional intake and substantially increasing the risk

of choking or respiratory infection.[54] For this reason, it is essential that appropriately trained specialist staff provide treatment. Speech pathologists can assess an individual's ability to swallow safely and, in collaboration with colleagues such as dietitians, can provide advice and recommendations to improve an individual's quality of life and reduce the risks associated with these difficulties.[55]

To improve the physical health of people living with mental illness a collaborative, whole of health approach is needed to provide care and treat preventable diseases. As GPs are often the first point of contact when people seek care, they play a pivotal role in working with consumers to improve their physical health. GPs can provide treatment, support, education, resources and referrals to ensure the best physical health outcomes for their patients. Hospital EDs also have an essential role in improving the physical health of people who have a lived experience.

Additionally, CMOs play an important part in improving physical health of mental health consumers through promotion and prevention, early intervention, support for families, peer support, education, mentoring and counselling. NSW Health and CMOs working in partnership allows consumers to feel supported and encouraged to focus on their physical health. Taking a complementary approach to health care makes efficient use of limited resources.[56]

The following NSW Health policies and guidelines focus on improving the physical health of people in mental health facilities:

» Physical health care within mental health services Policy directive PD2017_033 and Physical Health Care of Mental Health Consumers Guideline GL2017_019

» Metabolic Monitoring module in the NSW Mental Health Clinical Documentation Suite. Information bulletin IB2012_024 Metabolic Monitoring, New Mental Health Clinical Documentation Module

» Nutrition Care Policy directive PD2017_041

» Safety Alert Broadcast System – NSW Ministry of Health, 2017b, 'Safety Information: Choking Risk in Mental Health Consumers 001/17'

» NSW Health Tobacco Strategy 2012-2017

» NSW Healthy Eating Active Living Strategy 2013-2018.

The following spotlight and the personal story on page 34 showcasing the Hornsby GP clinic provide examples of approaches to improving physical health of mental health consumers.

SPOTLIGHT – COLLABORATIVE CENTRE FOR CARDIOMETABOLIC HEALTH IN PSYCHOSIS (CCCHIP)

ccCHIP is a partnership between Sydney University and Concord Hospital, partially funded by NSW Health.

The model involves three multidisciplinary clinics based in Sydney's inner west that screen, detect, monitor and follow up people living with severe mental illness and metabolic disorders.

The ccCHIP website contains valuable resources including videos and education tools which provide clinicians with a model for offering a similar service.

SPOTLIGHT – KEEPING THE BODY IN MIND (KBIM) PROGRAM

Keeping the Body In Mind (KBIM), a South Eastern Sydney LHD Mental Health program, helps consumers to prevent and address cardiometabolic health issues.

Teams at Bondi, Maroubra, St George and Sutherland consist of a nurse, exercise physiologist, dietitian and peer support worker.

The teams work with consumers to develop health goals and work towards supporting lifestyle changes that are achievable, measurable and sustainable.

A high priority for KBIM is young people aged 15 – 25 years who have experienced first episode psychosis and are prescribed antipsychotic medications. KBIM uses an evidence-based model of care providing a 12-week individualised program to support changes to diet, exercise, smoking, sleep and stress and equip consumers with skills to sustain changes.

KBIM has been extended to consumers prescribed clozapine or long acting antipsychotic medication. Consumers can participate in an 18-week structured group program to address physical health issues, especially weight-related chronic diseases.

Referrals are made through primary clinicians or case managers.

Objective 4 – Increasing community based options

A high priority for NSW Health under the Reform is to expand community based options for service delivery and care. Consultations identified the need for expanded community based specialist mental health services, particularly those that operate in assertive outreach extended-hours models and provide support in EDs.

SF 4.1.1 key action: Expand community based specialist mental health services

Under the Reform, a range of community based specialist mental health services are being enhanced. See Appendix 5.

SF 4.2.1 key action: Expanded community mental health support services

Under the Reform, a range of community mental health and living support services delivered by CMOs are being enhanced. See Appendix 5.

Supporting initiatives for Goal 2

Objective 5 – Continuously improving safety and quality

NSW Health has a range of safety and quality processes in place at the local and state levels. The NSW Ministry of Health monitors local performance through the NSW Health Performance Framework and has been building a stronger focus on safety and quality.

NSW Health is also working toward increased public reporting of outcomes for a range of indicators including safety and quality measures.

NSW Health is integrating a greater emphasis on commissioning for safety and quality outcomes in CMO contracts. Data collection systems are being enhanced to capture this information (refer Enabler 4 – Funding and performance).

For many years, NSW has conducted quality improvement benchmarking and reflecting on practice programs for child and adolescent, youth, adult and older persons' mental health services. These forums involve NSW Health staff along with consumers and carers, and provide an opportunity for services to make adjustments to practice as a result of reflecting on data and consumer stories.

SF 5.1.2 and 5.1.3 key actions: Embed the use of Your Experience of Service (YES) survey and Carer Experience of Service (CES) survey

The YES survey is used to review consumer experiences of care. NSW is expanding the YES survey to CMOs and implementing the Carer version of the YES (refer Enabler 4 –Funding and performance).

SF 5.1.1 key action: Improve therapeutic environments

In response to the recommendations of the Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Health Facilities, the NSW Government has recently funded minor capital works and equipment purchases to improve therapeutic potential in EDs and acute mental health units.

WP 4.1.7 key action: IDMH Reform initiatives

Under the Reform, new initiatives will be developed that enable people living with mental illness and intellectual disability to access high quality mental health care including:

» accessible information about mental health services for people with an intellectual disability and their families and carers

» clinical service pathways for people with intellectual disability through adult mental health services

» supports to enhance local strategic partnerships for people with intellectual disability and mental illness

» specialist capacity to meet the more complex needs of people with coexisting mental illness and intellectual disability.

Objective 6 – Early intervention for children and young people

NSW Health is working to increase prevention and early intervention for children and young people over the next five years through implementing enhancements under the Reform.

Funding has been provided to LHDs and SHNs to improve the mental health of consumers who are pregnant or parents caring for children. These enhancements aim to improve the mental health of and wellbeing of parents and their children as well as offering support for the broader family unit. See Appendix 5.

Expanded services include Perinatal and Infant Mental Health Services (PIMHS) and Whole Family Teams (WFTs). In addition, NSW Health is commissioning the CMO-delivered Mums and Kids Matter Program.

NSW Health has funded LHDs and SHNs to improve early intervention services for the Getting on Track in Time (Got It!) program statewide roll-out, expansion of School-Link and enhancement of CAMHS. Specific funding targets more vulnerable populations.

These include an Aboriginal Got It! program, early intervention for conduct disorder for children in contact with the criminal justice system and enhanced mental health services for children and young people in out of home care. See Appendix 5.

The YCLSS delivered by CMOs and operated in partnership with LHD clinical mental health services, have also been expanded.

SF 6.2.1 key action: Develop and implement a Family Focussed Recovery Framework

NSW Health is currently preparing a Family Focussed Recovery Framework that will guide specialist mental health care for consumers who are parents and their children.

Objective 7 – Suicide prevention

Suicide is a leading cause of death in Australia. The Australian Bureau of Statistics (ABS) reported that in 2016 preliminary data, the Australian Bureau of Statistics reported that the standardised death rate for suicide in NSW was 10.3 per 100,000 compared with the national rate of 11.7 per 100,000.[57]

Any death by suicide is a tragedy and the NSW Government supports a system wide approach to suicide prevention, recognising that suicide is a complex problem. Under the Reform, NSW Health is supporting suicide prevention activities including gatekeeper and suicide awareness training, crisis telephone helpline responses, Project Air for

personality disorders roll out and expansion of specialist mental health services. In addition, NSW Health is funding CMO-led suicide prevention activities. Further it is supporting implementation of the NSW LifeSpan pilots across four sites, being led by the Black Dog Institute.

Resource: COPSETI

The policy directive PD2016_007 Clinical care of people who may be suicidal establishes minimum standards for NSW mental health services and clinicians in the identification, assessment and management of people with suicidal behaviour and ideation in all care settings. Clinical Care of People who may be Suicidal: Education and Training Initiative (COPSETI) training is available through HETI. The training was co-designed.

SF 7.1.2 key action: Improve integrated data collection to improve system responses to people with self-harm and suicidal behaviours

NSW Health is working to improve data collection that will assist identification of and responses to people presenting to services with suicide and self-harm behaviours.

SUICIDE AND YOUNG PEOPLE

Suicide accounts for over one-third of deaths (35.4%) among people aged 15-24 years of age.[58] A 2015 national survey found around 2.4 per cent of 12-17 year olds made a suicide attempt in the previous 12-month period. Further, 7.5 per cent

reported suicidal ideation, 5.2 per cent had made a plan and 0.6 per cent received medical treatment for an attempt.[59]

NSW data shows that self-harm among young people is increasing. More young people under 25 years are presenting to NSW EDs and are being hospitalised for intentional self-harm. More than half are young women aged between 15-17 years. On a per-capita basis, presentations are much more common in rural and regional areas.

AFTERCARE

One of the strongest predictors of a suicide attempt or suicide death is a previous suicide attempt.[60] A UK study found one in ten survivors make another attempt within five days and one in seven within 12 months.[61] Many suicide survivors presenting to NSW EDs receive no follow-up following their hospital discharge.

NSW LHDs and SHNs are partnering with PHNs, CMOs and other community partners in the Lifespan pilots. Of the nine LifeSpan strategies, follow-up care after a suicide attempt (aftercare) has the strongest evidence for reducing further suicidal behaviour.[62] The Black Dog Institute estimates that improving emergency and follow-up care will decrease suicide attempts by 20 per cent.

Effective aftercare maintains long-term support by linking people discharged following a suicide attempt with general hospitals and community services with rapid follow up and coordination by a dedicated team or individual.

Aftercare may include:

» 24/7 call out emergency teams experienced in adult, child and adolescent suicide prevention

» crisis-call lines and chat services for emergency callers

» assertive outreach for up to three months for attempt survivors, including those hard to engage with online support services

» brief contact interventions such as postcards, letters and telephone calls.

There is currently no consistent model of aftercare offered to people following ED presentation and no aftercare model has been tailored to address the needs of children and adolescents.

Improving follow-up support after a suicide attempt is an opportunity to make an important contribution to suicide prevention and to save further lives from suicide. This area is targeted for improvement across the next five years.

The NSW Health Suicide Prevention Fund has supported a range of aftercare models being led by CMOs in partnerships with NSW Health and other local partners in four districts across NSW. These have been highlighted in the following spotlight box.

SF 7.1.1 key action: Develop a Suicide Prevention Framework for NSW

The NSW MoH and the Mental Health Commission of NSW are leading the Suicide Prevention Advisory Group in developing a suicide prevention framework for NSW that is expected to include a focus on aftercare.

SPOTLIGHT – NSW AFTERCARE MODELS FUNDED UNDER THE SUICIDE PREVENTION FUND

Clarence Coordinated Aftercare Service

CRANES Community Support Programs is being funded $1.4 million over four years to deliver the Clarence Coordinated Aftercare Service. This project is modelled on the beyondblue Way Back Support Service model. This project supports individuals, families and others following a suicide attempt and presentation at Grafton and Maclean Hospitals, in Northern NSW.

Hunter Primary Care Way Back Support Service

Hunter Primary Care is being funded $750,000 over four years to support the continuation of the Hunter Primary Care Way Back Support Service. This project is a trial of the Way Back Support Service model in the Newcastle region of NSW. The project involves case management for up to three months for people who have had a recent suicide attempt and presented to Calvary Mater Newcastle Hospital. The trial has been running since May 2016 and is fully funded by beyondblue up until January 2018. After January 2018, the Service will use funds from the Suicide Prevention Fund.

Next Steps Suicide Attempt Response Team

Grand Pacific Health is being funded $1.7 million for the Next Steps Suicide Attempt Response Team. This project delivers seven days per week aftercare services in the Illawarra Shoalhaven region. Aftercare services are provided to people who have attempted suicide or are at a high risk of suicide and have presented to Wollongong, Shellharbour or Shoalhaven Hospitals. Support is also provided to families or carers.

HealthWISE Suicide Prevention Initiative

HealthWISE New England North West is being funded $1.5 million for the HealthWISE Suicide Prevention Initiative. This project will provide clinical mental health aftercare support for those at risk or affected by suicide in the New England North West region of NSW. The Service uses an interdisciplinary team of clinicians. The model of care includes support for families and significant others involved in the client's recovery.

Supporting initiatives for Goal 3

Objective 8 – Organise local systems of care

Joint regional mental health and suicide prevention planning and service delivery aims to organise local service systems. This is anticipated to reduce duplication and ensure stepped care service options are available to meet consumer, carer and community needs.

Coordinated efforts by LHDs, SHNs, PHNs, GPs, CMOs, ACCHSs, the AH&MRC, NDIS providers, the NDIA, Education, aged care services, other private providers and social service agencies in partnership with consumers, carers and other community stakeholders are essential to make the best use of local resources and connect systems of care.

This involves working together to map services, address gaps, strengthen referral pathways and clarify roles and responsibilities across the system.

In line with the Fifth Plan, priorities for joint regional planning and service delivery include:

» the physical health needs of consumers

» service delivery and suicide prevention for Aboriginal people

» coordinated treatment and supports for people with severe and complex mental illness, including children and adolescents.

The Royal Commission into Institutional responses to Child Sexual Abuse recommendations showed the importance of establishing service pathways with trauma-focussed service providers.

The Fifth Plan recommends PHNs and LHDs/ SHNs explore innovative methods to improve efficiencies, sustainability and consumer outcomes. Joint commissioning of health services may be one option. Some LHDs are working with PHNs on pilot initiatives such as shared intake and referral pathways to improve consumer experience and system efficiencies.

WP 1.2.2 key action: Improve access to mental health workforce data

Gaining a clear real-time picture of the mental health workforce in public and CMO settings to assist planning has been challenging to date. On-going development of NSW Statewide Management Reporting Service (SMRS) and/ or eHealth NSW Corporate Analytics Business Intelligence reports will assist this. Further information on improvements in workforce data and planning tools is included in Enabler 7-Information and planning.

SF 9.1.3 key action: Models of care that improve transitions and address barriers to care

NSW Health under PCLI Stage One (for patients over 65 years of age) has established capacity-building partnerships with the Commonwealth funded aged care sector at state and Federal levels. This is a major innovation. PCLI is designing, evaluating and expanding innovative models of care that improve transitions for high risk populations and address barriers to care.

SF 8.2.4 key action: Coordinated Care Bilateral Agreement

NSW is working with the Australian Government and PHNs to implement the Commonwealth-NSW Coordinated Care Bilateral Agreement 2017-19 to support joint PHN and LHD/SHN commissioning of mental health services. The Bilateral Agreement also seeks to improve coordination in mental health service and policy planning and strengthen workforce capacity across primary, aged care and specialist mental health sectors.

NDIS

Framework consultations identified challenges for LHDs, SHNs and consumers and carers in locating the rapidly growing range of NDIS service providers. Involving the NDIA and NDIS local providers in planning will support optimal consumer access to NDIS services.

SF 9.4.1 key action: NDIS initiatives

NSW Health is commissioning projects to support consumer access to high quality support through the NDIS. These include information sharing workshops for mental health consumers, carers and families; tailored workshops for Aboriginal consumers, carers and families; and education and communities of practice to support LHDs/SHNs, CMOs, the NDIA and other NDIS service providers.

Resources: NDIS champions

Each LHD/SHN has an NDIS mental health champion and an NDIS transition lead. Joint regional planning teams could benefit from consulting with people in these roles.

Resources: Planning guidance

Advice is provided on regional planning in Regional Planning for Mental Health and Suicide Prevention – a Guide for Primary Health Networks (PHNs).

STEPPED CARE APPROACH

The Australian Government has provided advice to governments and PHNs on implementing a stepped care approach,[63] central to the national mental health Reform agenda. Stepped care is a staged system of interventions, from the least to the most intensive, matched to individual needs. The tailored, person-centred approach to matching care to needs and providing choice wherever possible, are key to stepped care.

The levels within a stepped care approach do not operate in silos or in one direction, but offer a spectrum of service interventions which need to be integrated across time and providers. A stepped care model addresses the full range of clinical needs in the population. This means the full range of service providers need to be engaged in planning for stepped care.

Benefits of this approach include shifting the focus towards prevention and early intervention and away from acute and crisis intervention. This can occur through greater use of self-care, primary care and digital options. Stepped and integrated care also has the potential to improve recovery and minimise relapse through addressing causes of illness and distress. These may include trauma-related issues, physical health problems, drug and alcohol issues and social needs at the earliest point possible.

Resources: Stepped care principles

The NSW/ACT PHN Network has developed further guidance and resources on implementing stepped care which can be sourced from local PHN coordinators (refer Appendix 6 for one example).

Objective 9 – Improve transitions

Continuity of care is delivering care that is sustained throughout transitions. Connected systems improve continuity of care. Continuity of care has been linked to better health outcomes and improved experiences of care for mental health consumers, along with positive economic outcomes.[64]

A review of 26 Australian and international studies found the following improved outcomes:

» Quality of life, health outcomes and consumer and carer satisfaction

» A reduction in hospital admissions, reduced length of hospital stay, longer time spent in community, fewer re-presentations at EDs and a reduction in symptoms

» Decreased suicidal ideation, reduced readmissions and improved medication adherence in children and adolescents following hospital admission.[65]

The studies noted the following factors influencing continuity of care:

» Flexibility of care, accessibility to services and collaboration between staff is crucial

» Team leadership, decision making, and experiences of teamwork support are facilitators for cross boundary and team continuity

» Face-to-face communication between teams, managers, general practitioners, and the voluntary sector were facilitators for information continuity

» Incompatibility of information technology systems hindered information sharing and continuity of care

» Flexibility in continuity of care was more challenging to provide for consumers with more complex needs

» Dedicated teams and roles can make continuity of care more achievable

» People who were more likely to access transitional care had higher incomes and were more likely not to have secondary factors such as co-morbidity and poor compliance with medication.

The studies recommended:

» Efforts to improve continuity of care should target high risk patient groups (CALD populations, people with dual diagnosis and younger adults with early onset psychosis), as well as community-level risk factors (provider supply and geographic barriers for rural areas) that impede access to care[66]

» Stronger links are needed between adult and child and adolescent mental health services to provide continuity over a person's lifespan, better preparing young people to engage with adult services, and preventing the most vulnerable re-engaging with mainstream services only at crisis points – often at great personal cost to the individual and placing demand on already stretched services.[67]

SF 9.1.1 key action: Develop a CAMHS to Adult Mental Health Services Transitions guideline

NSW Health is preparing guidance to support transitions for young people from child and youth mental health services to adult services.

Appendix 7 – Stepped Care Principles

1 Matched to choice & need

Service intensity is matched to need. The ideal intervention is the least intensive and least intrusive but most likely to lead to the most significant possible gain. Importantly, the decision is driven by client choice. The System where possible should align to the needs of the person, rather than the person having to align to the system.

2 Flexibility adapt to change

Stepped care approaches recognise that peoples' needs can change over time and therefore services should have the flexibility to cater for these changing needs.

3 User focused referral

Flexibility is critical and allows an individual to move with ease across services without necessarily needing to be re-referred, and to re-tell their story. Assessment and review is embedded and ongoing.

6 Crisis pathways

Through regional integration, there is always a pathway available to those with high or urgent needs and access to specialist mental health services is fast-tracked.

7 Flexible access

Improved access is essential, and is supported by clearer referral processes, extended service hours, flexible modes of delivery, and readily available support to navigate services.

8 Connected services and supports

The focus is not only on the services commissioned by the PHN, but also includes informal supports, primary care, specialist supports, hospitals, NDIS, non-government, private and social supports.

4 Service options provided

PHNs will aim to commission and connect a broad mix and range of services to meet community needs. The goal being to address demand, and provide individuals with choice and service options.

5 Client focus and plans

Recovery plans and arrangements are led by the consumer, focused on their needs and goals and connect members of their care and support team including family and carers if desired.

Stepped Care Principles developed by NSW/ACT PHN Mental Health Network, guided by the 2016 Australian Government framework. PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance. Stepped care, available from the Department of Health website at **www.health.gov.au**
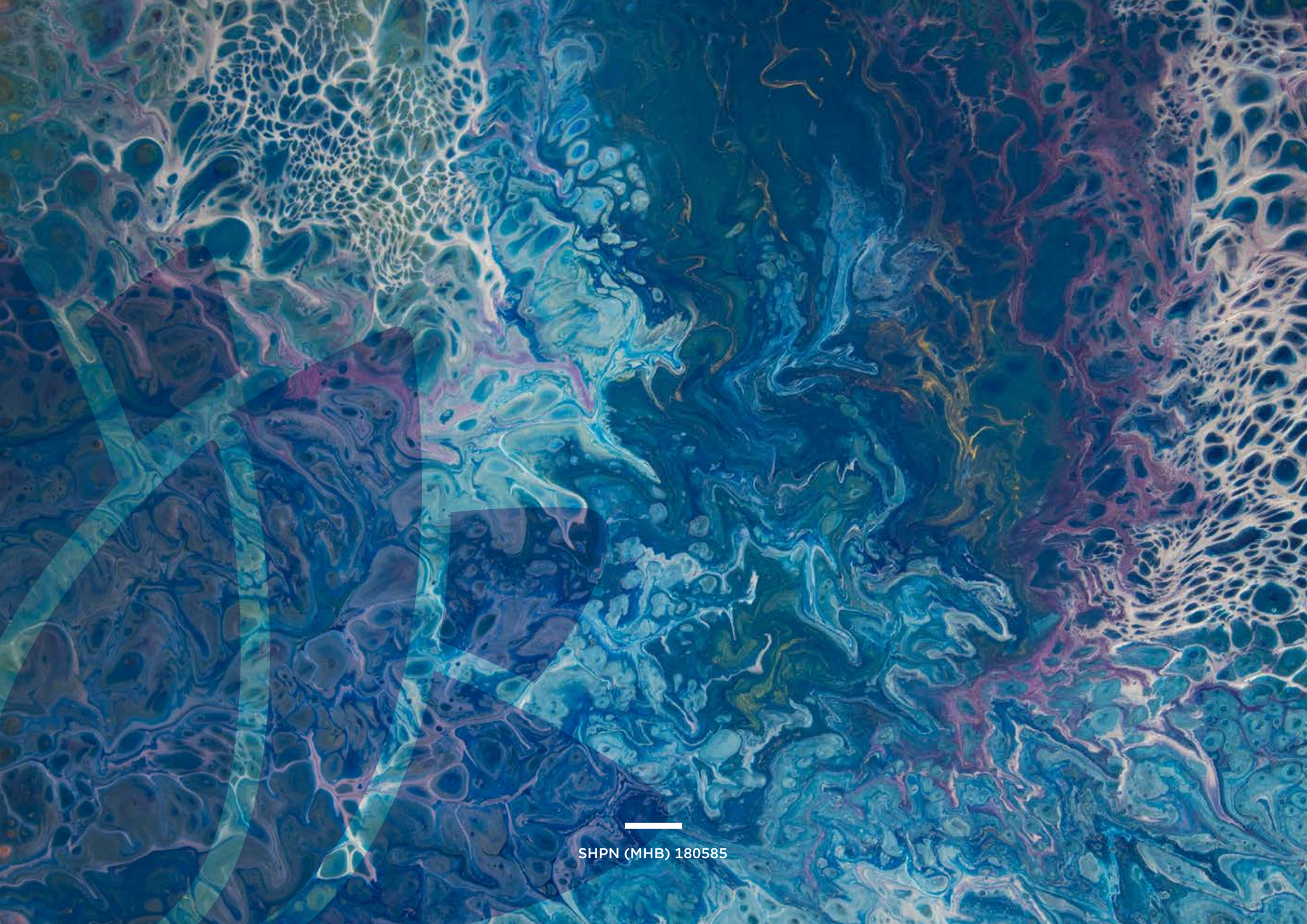
9 Quality accountability

Providers lead robust operational process, with clinical governance in place, quality management and improvement, reportable and measurable outcomes, evidence based interventions – all of which have a meaningful and measurable impact on population health needs identified in regional needs assessments.

10 Focus on underserviced groups

The system is adaptive to changing local community needs and policy and service directives. PHNs focus on the populations and communities that are underserviced, at risk and who traditionally find services difficult to access.

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