NSW Strategic Framework and Workforce Plan for Mental Health

2018–2022

A Framework and Workforce Plan for NSW Health Services

NSW GOVERNMENT

Thank you

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

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

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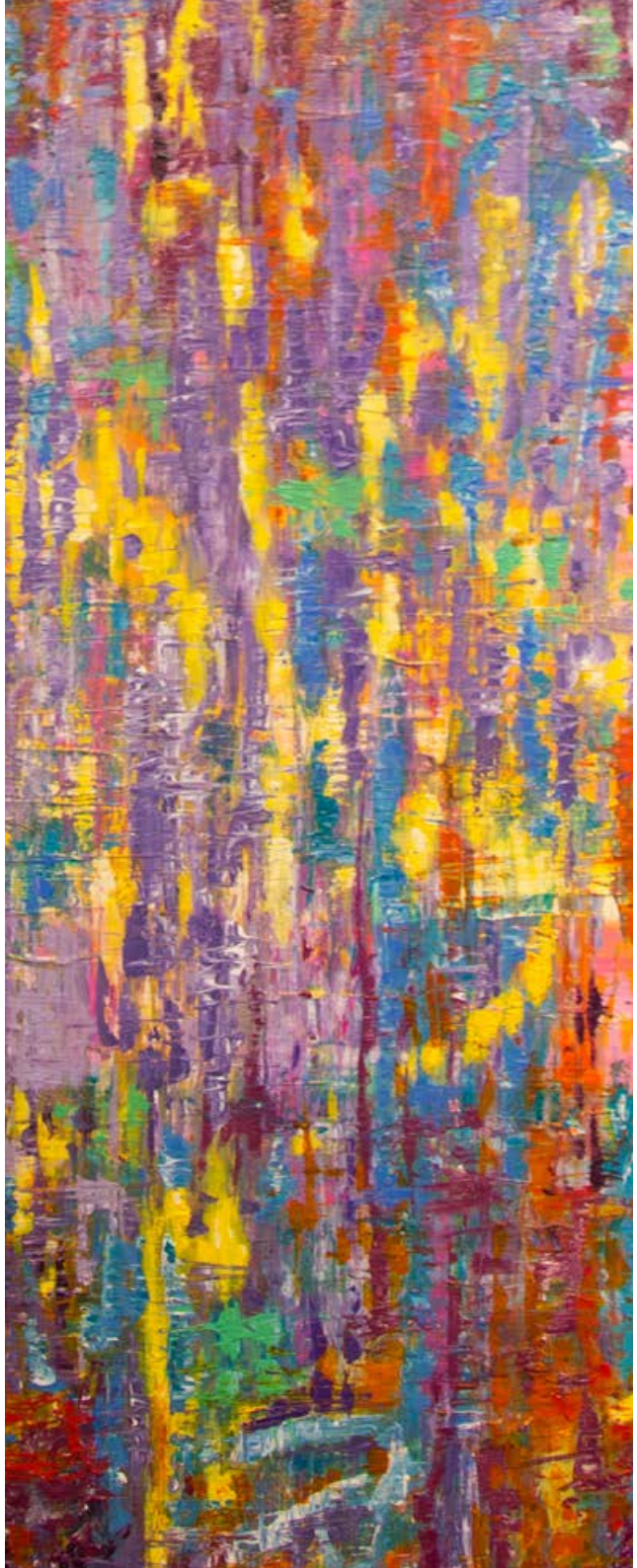


Message from the Secretary

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

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

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

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

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

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

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

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

Elizabeth Koff

Secretary NSW Health

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

Contents

OVERVIEW	**5**
AT A GLANCE	**13**
MENTAL HEALTH IN NSW	**19**
CHALLENGES AND OPPORTUNITIES	**25**
GOAL 1	**45**
GOAL 2	**53**
GOAL 3	**59**
ENABLERS	**65**
NSW MENTAL HEALTH WORKFORCE PLAN 2018-2022	**91**
APPENDICES	**117**

Overview

Introduction

The purpose

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

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

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

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

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

The target audience

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

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

The approach

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

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

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

Many providers and many reforms

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

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

Language

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

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

The policy context

The NSW Mental Health Reform

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

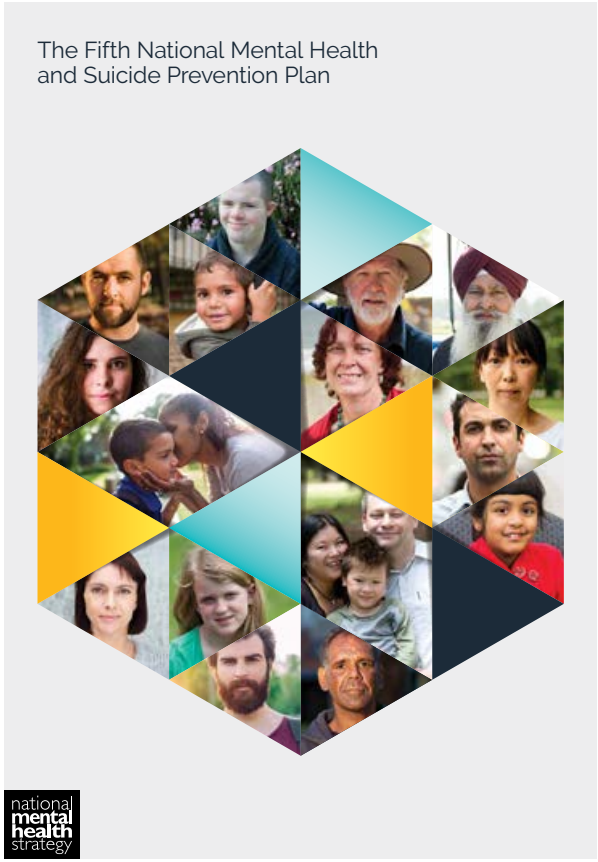
The **Reform** calls for care that is:

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

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

The five strategic directions of the Reform

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



The Fifth Plan

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

The Fifth Plan focusses on eight priority areas:

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

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

Consultation

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

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

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

Priorities and actions were identified through:

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

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

Key messages from families and carers

Additional carer peer support workers

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

More family interventions

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

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

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

Key messages from people with lived experience

Better connections and integration between services/systems

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

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

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

Help working with the NDIS

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

Co-design and consumer participation

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

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

Operationalising the Framework

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

Action tables

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

Enablers

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

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

Monitoring and reporting

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

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

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

Measuring success

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

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

At a glance

Framework overview

The people at the heart of the Framework are:

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

» families, carers and supporters (carers)

» health staff.

Vision

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

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

Goals

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

Goal 1 – Holistic, person-centred care

Goal 2 – Safe, high quality care

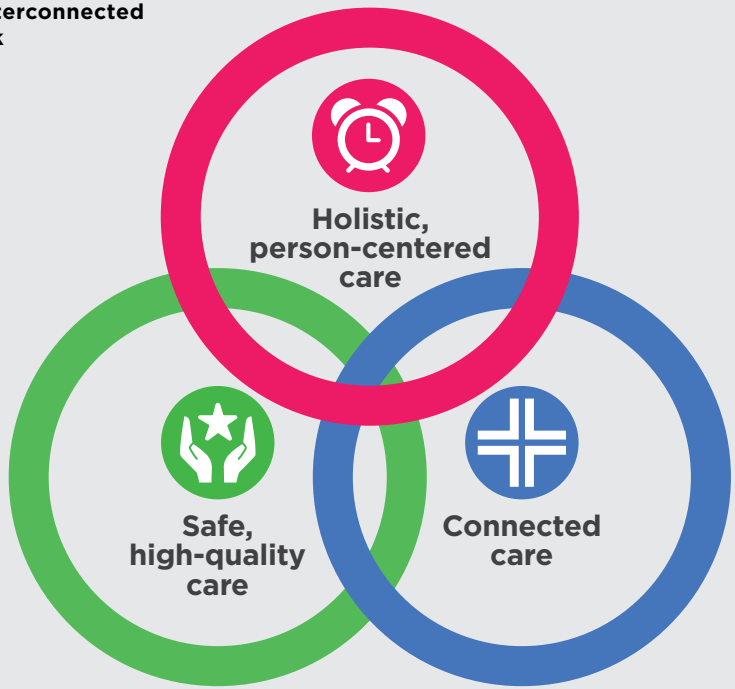
Goal 3 – Connected care.

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

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

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

Figure 1 | The three interconnected goals of the Framework



Objectives

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

GOAL 1 – HOLISTIC, PERSON-CENTRED CARE

Objectives:

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

GOAL 2 – SAFE, HIGH QUALITY CARE

Objectives:

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

GOAL 3 – CONNECTED CARE

Objectives:

8. Organise local systems of care
9. Improve transitions

Outcomes

Achievements against these objectives are expected to drive improvements in:

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

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

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

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

Fifth Plan priority areas are outlined on Page 9.

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

GOALS AND OBJECTIVES

DOMAINS AND INDICATORS*

Holistic, person-centred care

1 Strengthen recovery-oriented services

2 Deliver holistic care

3 Improve physical health care for consumers

4 Increase community based options

Effective support, care and treatment

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

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

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

Less stigma and discrimination

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

Better physical health and living longer

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

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

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

» Mortality gap for people with mental illness (5)

Meaningful and contributing life

» Connectedness and meaning in life (8)

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

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

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

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

Staff experience

» Proportion of mental health staff engaged

Safe, high quality care

5 Continuously improve safety and quality

6 Intervene early for children and young people

7 Strengthen suicide prevention

Less avoidable harm

» Rates of suicide (19)

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

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

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

» Rate of involuntary hospital treatment (23)

Healthy start to life

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

Connected care

8 Organise local systems of care

9 Improve transitions

Effective support, care and treatment

» Population access to mental health care (15)

» Post-discharge community care (16)

» Readmission to hospital (17)

Good mental health and wellbeing

» Prevalence of mental illness (6)

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

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

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

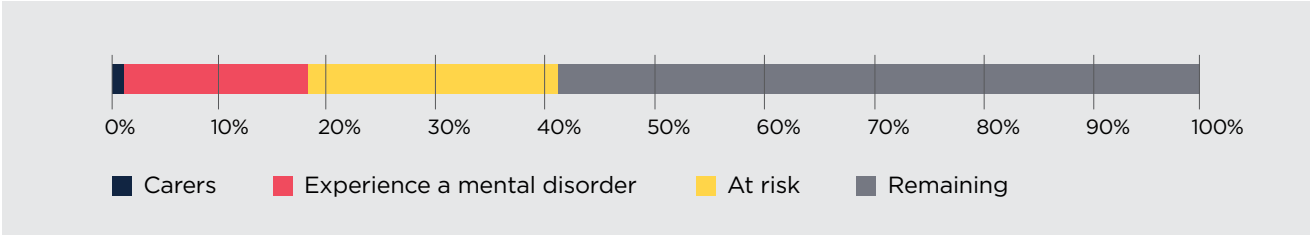
Mental health in NSW

Mental health in NSW

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

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

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



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

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

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

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

The NSW service system

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

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

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

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

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

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

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

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

Key partners

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Levels of mental health need and services

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

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

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

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

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

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

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

Challenges and opportunities

Challenges and Opportunities

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

Challenges for populations

INCREASING POPULATION GROWTH

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

STIGMA AND DISCRIMINATION

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

HIGH RATES OF EARLY DEATH AND SERIOUS ILLNESS

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

CHILDREN AND YOUNG PEOPLE

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

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

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

WOMEN IN THE PERINATAL PERIOD AND THEIR INFANTS

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

OLDER PEOPLE

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

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

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

PEOPLE LIVING IN RURAL AREAS

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

ABORIGINAL PEOPLE

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

PEOPLE FROM CALD BACKGROUNDS

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

PEOPLE IDENTIFYING AS LGBTIQ

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

PEOPLE WITH EATING DISORDERS

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

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

PEOPLE WITH INTELLECTUAL DISABILITY AND OTHER DISABILITIES

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

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

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

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

PEOPLE WITH COEXISTING SUBSTANCE USE PROBLEMS

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

PEOPLE WHO HAVE EXPERIENCED TRAUMA

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

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

PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

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

Challenges for the system

RURAL AND REGIONAL CHALLENGES

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

WORKFORCE CAPACITY AND CAPABILITY

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

SERVICE INTEGRATION

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

NATIONAL DISABILITY INSURANCE SERVICE (NDIS) TRANSITION

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

Opportunities

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

WORKING WITH NEW LOCAL PARTNERS

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

TAKING NEW PLANNING APPROACHES

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

INTEGRATING NEW AND EMERGING WORKFORCE ROLES

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

TRIALLING NEW SERVICE MODELS

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

INTEGRATING NEW TECHNOLOGY

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

USING NEW RESOURCES AND SUPPORTS

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

LINKING WITH OTHER GOVERNMENT INITIATIVES AND REFORMS

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

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

Recent Progress

Recent Progress

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

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

1. A personal story of hope – Lee

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

THE SERVICE MODEL

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

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

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

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

ABOUT LEE

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

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

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

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

SERVICES AND OUTCOMES

Over 18-months with the service, Lee received:

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

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

SUMMARY

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

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

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

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

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

CULTURE AND APPROACH (ENABLER 1)

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

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

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

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

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

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

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

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

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

FUNDING AND PERFORMANCE (ENABLER 4)

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

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

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

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

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

WORKFORCE (ENABLER 8)

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

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

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

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

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

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

The PCLI which commenced in 2015 has two aims:

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

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

At December 2017:

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

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

NANCY'S STORY – A STORY OF FUNCTION RESTORED.

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

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

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

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

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

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

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

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

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

4. Improvements in safety and quality

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

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

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

SECLUSION

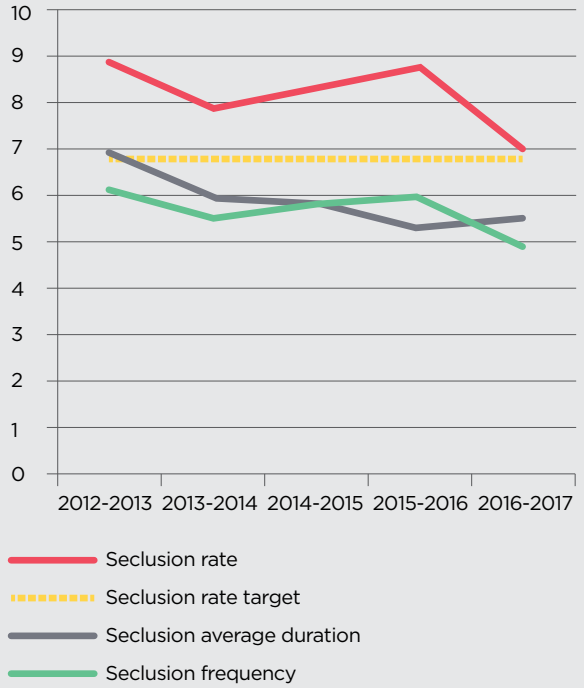
Seclusion rates are an indicator of safety. This indicator measures the rate of seclusion occurring in acute mental health inpatient units, calculated as the number of episodes of seclusion per 1,000 acute bed days*.

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

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

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

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



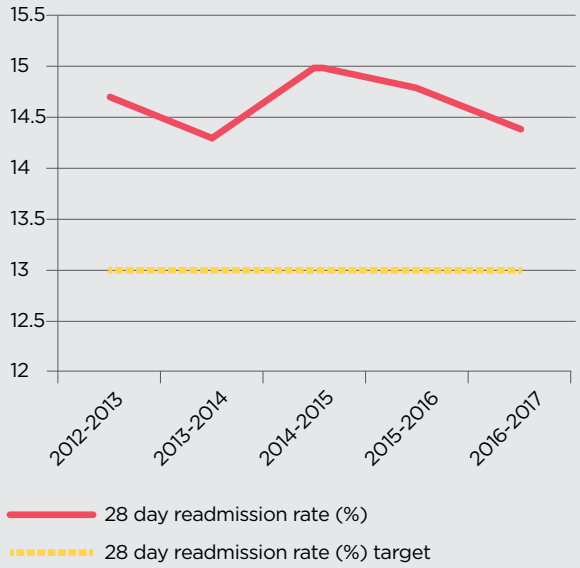
Note: The calculation method includes all acute bed days in all mental health units whether or not they have seclusion facilities. One thousand bed days is approximately the number of bed days for a 30-35 bed inpatient unit for a month.

READMISSION

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

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

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

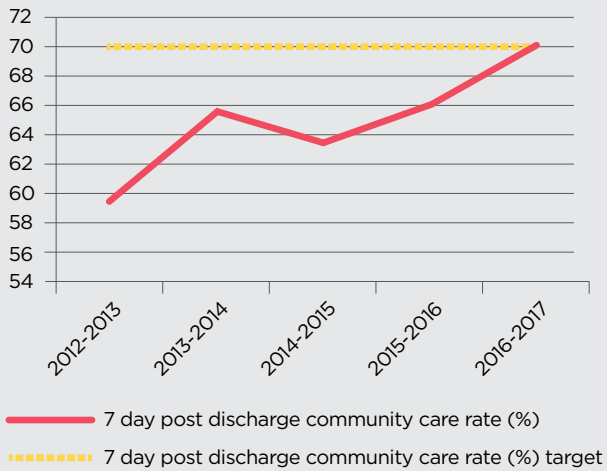


SEVEN-DAY FOLLOW-UP

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

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

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



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

5. Newly funded initiatives

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

1. STRENGTHENING PREVENTION AND EARLY INTERVENTION

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

2. CREATING A GREATER FOCUS ON COMMUNITY CARE

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

3. DEVELOPING A MORE RESPONSIVE SYSTEM

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

4. WORKING TOGETHER TO DELIVER PERSON-CENTRED CARE

- Supporting 355 more consumers through LikeMind Orange.

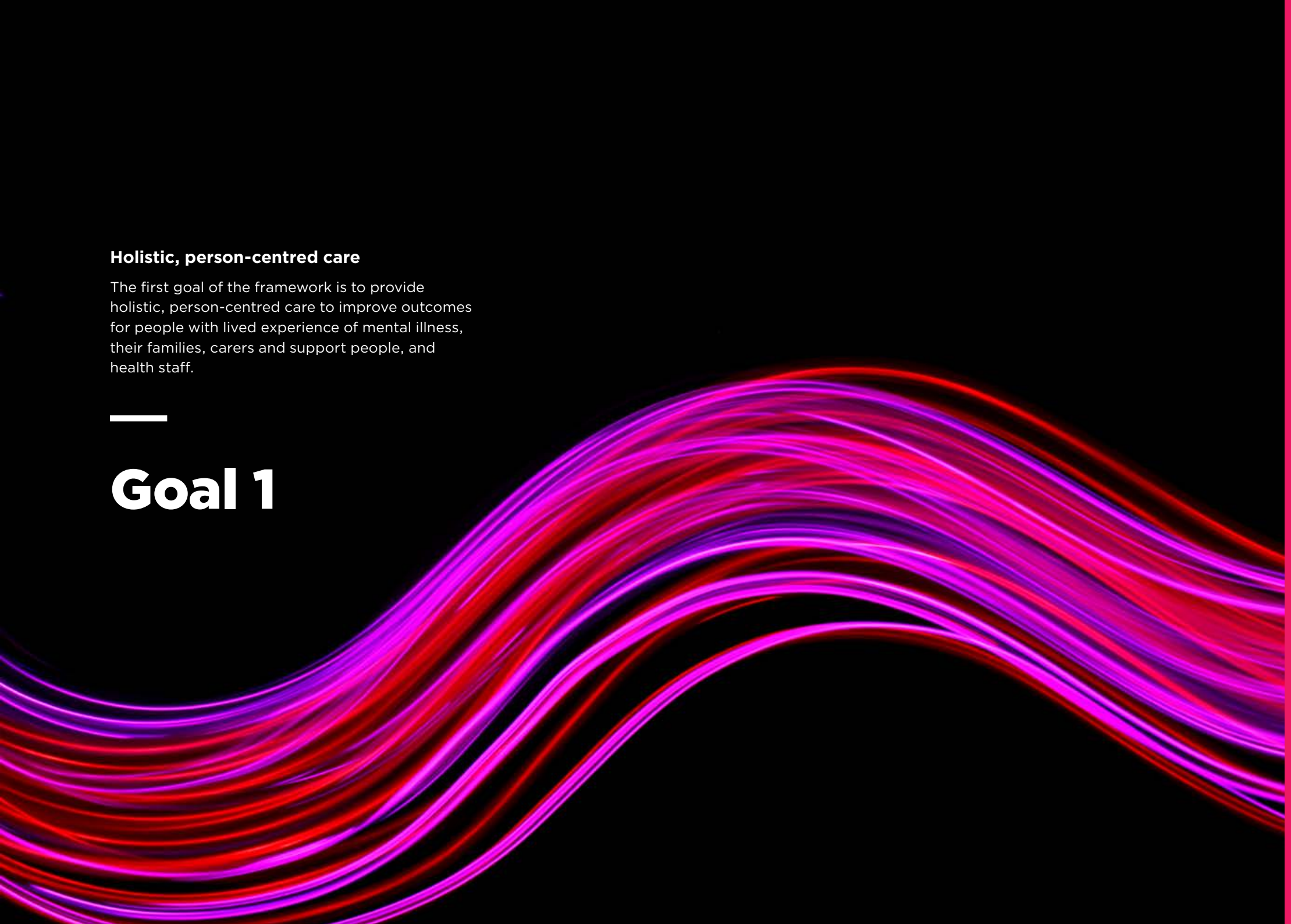
5. BUILDING A BETTER SYSTEM

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

Holistic, person-centred care

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

Goal 1



Overview

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

The objectives of Goal 1 are to:

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

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

Why is holistic, person-centred care a priority?

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

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

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

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

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

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

What would be different?

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

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

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

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

NSW Mental Health Reform strategic direction alignment:

2 – Supporting a greater focus on community based care

5 – Building a better system

Action Table 1 – Holistic, person-centred care

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

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

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

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

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

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

Safe, high quality care

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

Goal 2

Overview

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

The objectives of Goal 2 are to:

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

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

Why is providing safe, high quality care a priority?

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

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

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

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

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

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

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

What would be different?

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

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

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

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

NSW Mental Health Reform strategic direction alignment:

1 – Strengthening prevention and early intervention

3 – Developing a more responsive system

Action Table 2 – Safe, high quality care

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

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

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

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

Goal 3

Connected care

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

Overview

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

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

The objectives of Goal 3 are to:

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

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

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

Why is connected care a priority?

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

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

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

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

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

What would be different?

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

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

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

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

NSW Mental Health Reform strategic direction alignment:

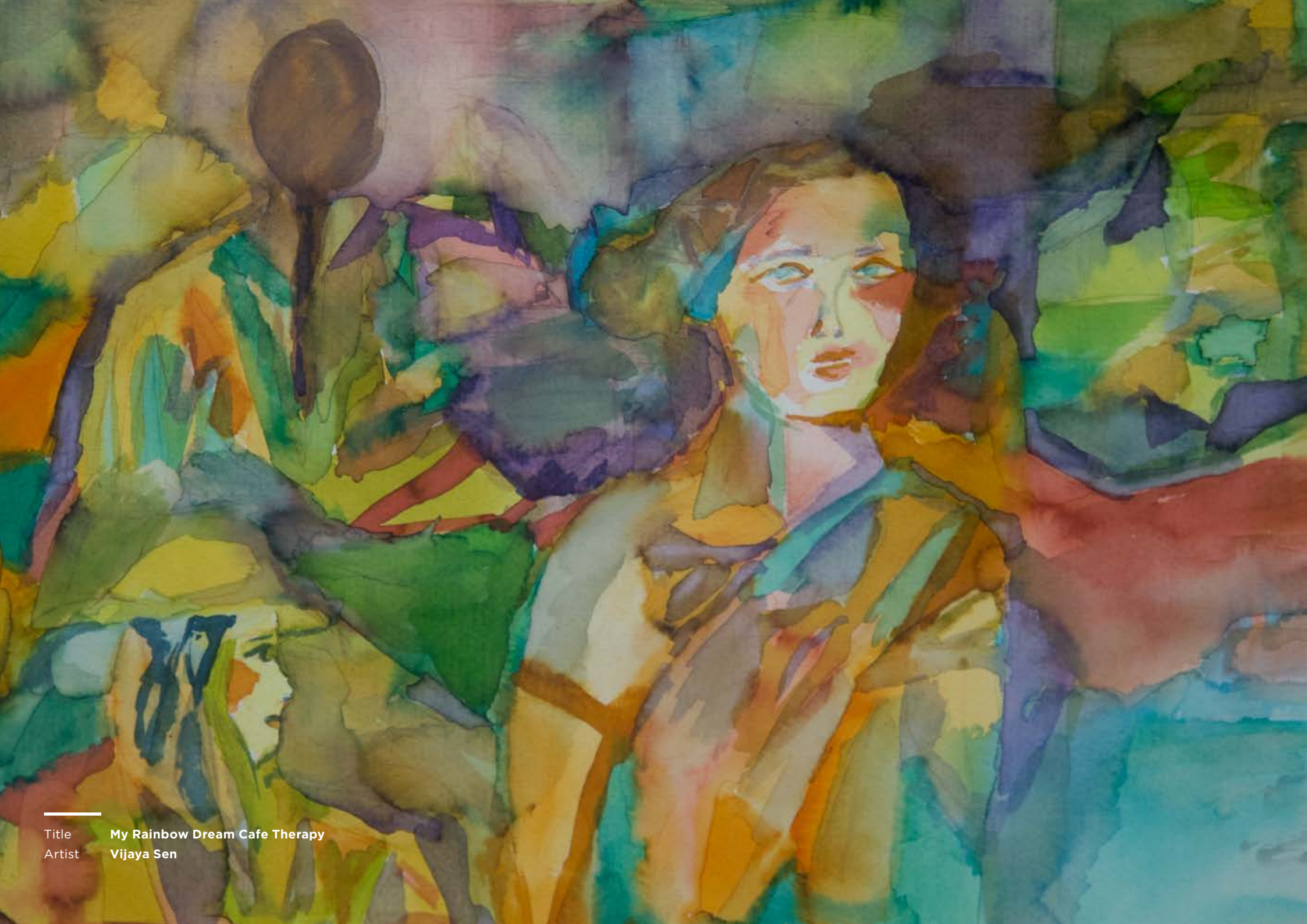
4 – Working together to deliver person-centred care

Action Table 3 – Connected Care

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

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

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



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

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.

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.

NSW Mental Health Workforce Plan 2018-2022

NSW Mental Health Workforce Plan 2018-2022

Workforce Plan overview

A capable and compassionate workforce is required to deliver services for and with people with lived experience of mental illness, their families, carers and support people.

The *NSW Mental Health Workforce Plan 2018-2022* (Workforce Plan) is the eighth enabler of the NSW *Strategic Framework for Mental Health 2018-2022*. The documents are interdependent and establish a platform for NSW Health action in mental health across the next five years.

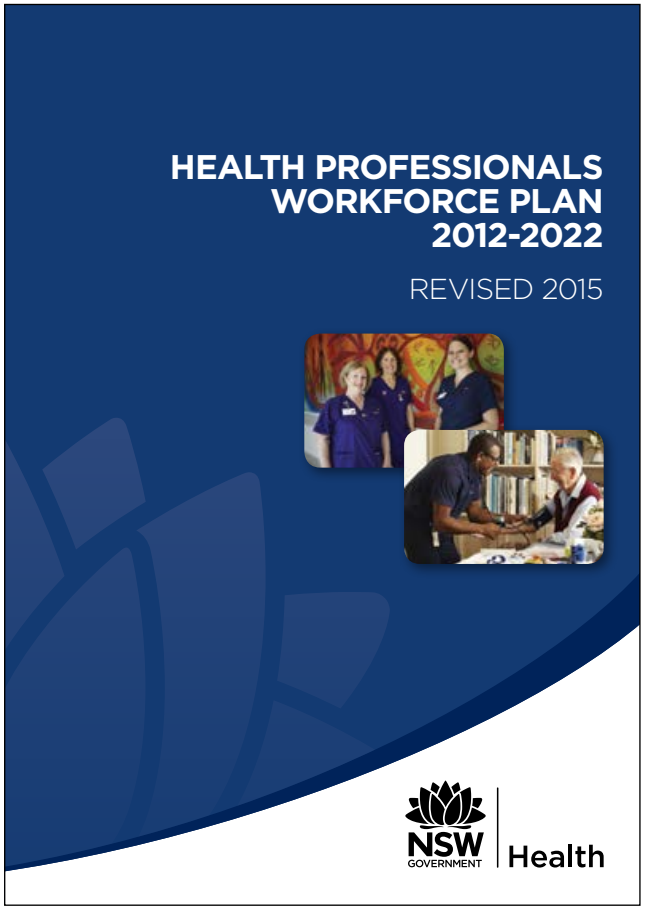
The mental health workforce comprises a significant proportion of the broader NSW Health workforce.

The *Health Professionals Workforce Plan (HPWP) 2012-2022* provides guidance for the entire NSW Health workforce in meeting the future needs of the community to 2022. For this reason, the Workforce Plan has been aligned with the HPWP. The Workforce Plan does not duplicate the actions outlines in the HPWP, but identifies mental health specific activities that build on the HPWP.

The Workforce Plan assists NSW to deliver against the strategic directions of the Reform and priority actions under the recently released Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan).

The Workforce Plan supports the vision, goal and objectives of the Framework, presented in the Framework and Workforce Plan on a Page (p14-15). The wellbeing and experience of consumers, carers and staff is central to the Workforce Plan.

Workforce Plan monitoring will be incorporated into Framework processes.



Structure of the Workforce Plan

The Workforce Plan follows the structure of the *HPWP* which has a three-part strategic framework:

1. STABILISING THE FOUNDATIONS

The first section is stabilising the foundations, which recognises that the challenges facing the NSW Health system are complex and solutions need to be multi-owned. Integrated and comprehensive workforce planning is an important component of this strategy.

Actions outlined in Workforce Plan Action Table 1 focus on:

- Integrating mental health workforce planning with local service and facility planning
- Improving the availability of and access to mental health workforce data.

2. BUILDING BLOCKS

The second section of the HPWP focusses on ensuring the health system is oriented to support the attraction and retention of staff.

Actions outlined in Workforce Plan Action Table 2 aim to improve:

- Recruitment and retention
- Collaborative ways of working with service partners, consumers and carers.

3. RIGHT PEOPLE, RIGHT SKILLS, RIGHT PLACE

The third section of the HPWP aims to ensure an appropriate NSW Health workforce is available, trained and located where services are needed.

Actions outlined in Workforce Plan Action Table 3 focus on growing and supporting a skilled workforce, including:

- new staff
- emerging workforces
- partner workforces
- mental health leaders.

Workforce Plan Action Tables mirror the format of the HPWP and identify key activities over the next five years. Workforce actions are also captured in the Strategic Framework Action Tables to provide a comprehensive overview of all initiatives. The **Supporting Initiatives** section in Appendix 6 provides more information on workforce initiatives.

Workforce resources follow the tables in the Workforce training and development initiatives and Workforce considerations for specific populations sections. These sections offer links to key resources and training to assist the NSW Health workforce fulfil the Framework vision.

NSW Mental Health Workforce Profile

The following workforce profiles provide an overview of the composition of both the total workforce and the clinical workforce employed in NSW Mental Health Services. Workforce priorities are outlined to inform planning. An increasing number of Australians are receiving mental health services from GPs, psychiatrists, psychologists and other allied health professionals, with GPs providing the largest proportion of these services.[33]

Services provided under Commonwealth funding have been expanded through initiatives such as the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative and the PHN flexible funding pool for mental health.

In addition to private community based services, NSW had 25 private psychiatric hospitals in 2015-16.

Specialist mental health services are funded to deliver services for people experiencing severe illness and disability. People with lived experience often have complex physical health and/or drug and alcohol and/or developmental coexisting conditions. They may also require acute services during periods of increased mental distress or illness or at times when risk of harm is greater to themselves or others.

Figures 9 and 10 show the breakdown of the NSW Health total workforce and clinical workforce employed in mental health services in 2015-16.

Thousands of other Health staff in partnership with specialist mental health services provide care through NSW Emergency Departments, ambulance services, drug and alcohol, general health and custodial health services.

Substantial partner workforces in other health (primary care, general health and private settings), ACCHSs, community managed, education, police and social service organisations also deliver care to people with lived experience and work with them, their families, carers and support people to improve health, mental health, wellbeing and social outcomes.

Partnering with these workforces is essential to ensuring consumers experience a streamlined journey through care.

THE CMO WORKFORCE

The workforce employed in CMOs plays an important role in the NSW mental health service system. The size of the CMO workforce is difficult to estimate. A national mental health non-government organisation landscape survey conducted in 2009 and a 2010 workforce scoping survey provided some information on this workforce, however low response rates mean findings may not be broadly representative.[34]

These surveys estimated that there were approximately 800 mental health non-government organisations in Australia with a total workforce of more than 12,000 FTE employees. Approximately 43 per cent of the NGO workforce surveyed had a bachelor degree or higher qualification in one of the health disciplines and 34 per cent had a certificate or diploma level qualification.[35]

The NSW Public Mental Health Workforce

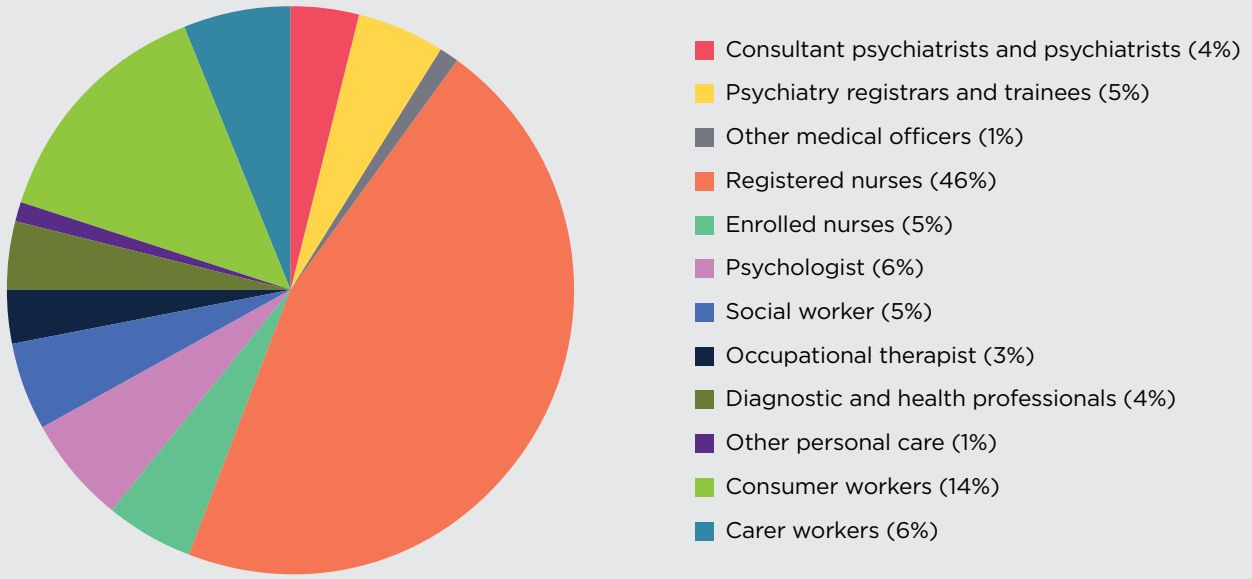
NSW reported 10,634 FTE staff in specialist mental health services (including forensic services) in 2015-16.

The NSW **total** mental health workforce is comprised of:

- nurses (52%)
- allied health (17%)
- medical staff (10%)
- other personal care, consumer and carer workers (1%)
- non-clinical support staff (20%).

Diagnostic and health professionals refers to qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).

Figure 9 | NSW mental health service composition by staffing category, 2015-16



Source: National Mental Health Establishments Dataset 2015-16, provided by System Information and Analytics, NSW Ministry of Health

The NSW Public Mental Health Clinical Workforce

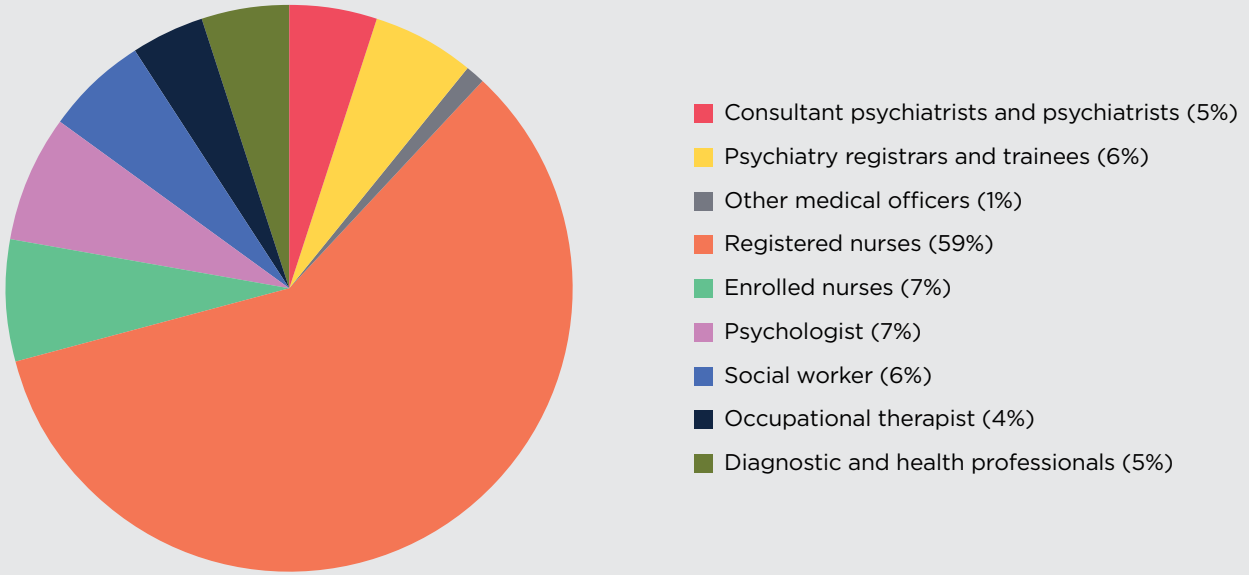
The NSW public mental health **clinical workforce** is comprised of a range of allied health, nursing and medical professions.

In 2015-16, NSW reported 8,384 clinical FTE. Figure 10 shows a breakdown by profession.

Nursing is by far the most frequently employed clinical workforce, comprising 66% of the total FTE staffing. Allied health make up approximately 22 per cent and medical comprise 12 per cent of the clinical workforce.

The range and mix of professions employed in NSW LHD/SHN teams is variable.

Figure 10 | NSW clinical mental health service composition by staff category, 2015-16



Source: National Mental Health Establishments Dataset 2015-16, provided by System Information and Analytics, NSW Ministry of Health

Workforce composition by professional grouping

The psychiatry workforce

Psychiatry is a small but critical workforce with a key role in mental health system clinical leadership. Along with appropriate staffing, distribution of the workforce is also essential to ensure specialist mental health service access across NSW.

The psychiatry workforce appears unevenly distributed. In 2015, NSW had a lower rate of psychiatry FTE per 100,000 (10.0) than the national average (10.5).[36] Adequate coverage is required for all age groups, including for children and adolescents and older people, where population growth is estimated to be higher.

The mental health nursing workforce

Nurses make up the largest proportion of the NSW public mental health workforce. They comprise approximately 66 per cent of the clinical workforce and 52 per cent of the total mental health workforce.

Nurses employed under a range of classifications work within mental health services. These include registered nurses, enrolled nurses and assistants in nursing. The most common pathway for entering mental health practice as a nurse is Transition to Professional Practice. This pathway guides new graduate nurses via a central access point to a range of experiences in mental health nursing within NSW Health from community-based services through to inpatient care.

NSW Health mental health nursing is guided by a strategic plan that contributes to safety and quality within mental health nursing through:

- Supporting the professional development of the existing and future workforces
- Enhancing clinical leadership skills and attributes
- Application of research and innovation to support best practice
- Partnering with consumers, carers and other disciplines.

The mental health allied health workforce

Allied health comprises approximately 17 per cent of the mental health workforce and 22 per cent of the mental health clinical workforce. Consumers need access to the full range of allied health professionals, to support their physical health, mental health and wellbeing.

Feedback during consultations strongly reinforced the need for NSW Health to work across mental and physical health settings and partner with CMOs, PHNs and other community based partners to improve access to allied health professionals. Consumers particularly need improved access to dietitians, exercise physiologists, speech pathologists, physiotherapists, pharmacists and occupational therapists.

NSW MoH Mental Health Branch is partnering with the Directors of Allied Health and Workforce Planning and Development Branch to scope and take forward priorities for the allied health mental health workforce.

The Aboriginal mental health workforce

NSW Health is implementing a range of workforce approaches to improve the mental health and wellbeing of Aboriginal people, including those who receive care from mental health services.

The first approach focuses on improving the cultural capability of the health workforce to better understand and respond to Aboriginal people with mental health and wellbeing problems and their family and carers.

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health provides a strong foundation for all NSW Health staff to undertake training and become familiar with issues affecting Aboriginal people throughout NSW. Respecting the Difference has been implemented across NSW Health as mandatory training.

The second approach is to increase the number of Aboriginal people working in mental health through recruitment into the NSW Aboriginal Mental Health Workforce Program and increasing the Aboriginal mental health workforce under NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 – 2020.

Under the Reform, seven new Aboriginal Mental Health Worker positions have been funded, including four clinical leaders, one clinician and two trainees. In addition, a new project officer role has been funded to support statewide coordination and strategic projects.

ABORIGINAL MENTAL HEALTH WORKER TRAINING PROGRAM

This program provides permanent full-time NSW Health trainee positions for Aboriginal people. The program employs a unique approach through growing local Aboriginal mental health workforces. Trainees are recruited from local communities to work in these communities. Trainees are supported through structured on-the-job supervision and training program as well as degree level tertiary education.

ABORIGINAL MENTAL HEALTH LEADERSHIP

The Aboriginal Clinical Leadership Program establishes clinical leaders in Aboriginal mental health in a number of LHDs. Aboriginal clinical leaders play a vital role in supporting the growing Aboriginal mental health workforce including trainees; promoting mental health service use by Aboriginal people; and assisting services to provide culturally appropriate care to Aboriginal people and communities.

GOOD HEALTH-GREAT JOBS

This framework encourages the recruitment of more Aboriginal people in identified and targeted positions in specific health services identified as being of critical importance in “Closing the Gap” in health outcomes. Mental health is identified as one of the priority health services. NSW Health promotes a range of initiatives encouraging Aboriginal people to become nurses, allied health, medical and other health professionals.

The mental health peer workforce

Consumer Peer Workers have a personal lived experience of mental ill-health and mental distress. They draw on their recovery journey and experiences accessing mental health services together with skills, training and education and are employed to support consumers throughout the mental health system by inspiring hope, modelling recovery and challenging stigma.

Carer Peer Workers have the personal experience of providing care for a person with lived experience. They use their experience as a carer together with skills, experience and qualifications and are employed to support the families, carers and support people of consumers who are on a recovery journey.

Peer workers help services to strengthen recovery-oriented ways of working and offer hope and empathy, support and mentorship to others facing similar situations.[37]

Research evidence on the contribution of the emerging peer workforce in relation to impact on outcomes is developing.

Title **My Journey**
Artist **Connections Aboriginal Women's Art Therapy Group**

NSW Health recognises peer workers as an important addition to multidisciplinary mental health teams, offering a complementary role to other team members.

Peer workers have been found to give hope to consumers, helping them reduce feelings of fear and self-stigma, encouraging them to take on new strategies for recovery, and empowering them to develop life skills and have more control over their wellbeing.[38]

Research has shown that peer work can have positive impacts on a range of outcomes for consumers, staff and for individual peer workers themselves.[39] Outcomes for consumers include greater engagement in care, empowerment, social functioning, housing, recovery needs and quality of life[40] along with outcomes including reduced re-admission rates, increased discharge rates and longer time spent in the community.[41]

Reported benefits for staff and services include peer workers insights, reminders of the courage and effort required for individuals to make progress and helping consumers to be open to new approaches to care. Peer worker benefits include an enhanced sense of empowerment, development of better social support and further personal recovery.[42]

A peer worker program involving older people developed in NSW has shown promise of effective results.[43]

As with any emerging workforce, strategies need to be developed to support planning and implementation. For example, research has found it is important to clarify peer worker roles and job descriptions and how they work as part of the team with non-peer staff. It is also important to develop organisational support strategies and approaches to training and supervision, as with any staff members.[44] This will ensure that any clinical risks are dealt with and the health and safety of the workers is maintained.

An Australian study overwhelmingly indicates executive/senior management commitment and action is critical to the success of lived experience roles. Greater or lesser understanding of lived experience work and perceived value by executive/senior management proportionately affected the degree of commitment and action demonstrated by management. Subsequently, the degree of management commitment influenced organisational factors and ultimately, the evolution and future growth of designated lived experience roles both within organisations and outside the mental health sector.[45]

Under the Reform, extra LHD/SHN peer worker positions are being funded to enhance assertive community mental health teams. These roles will provide support for people transitioning between acute mental health services and the community.

Positions are being integrated into existing community teams and will provide assertive in-reach support to consumers in acute care prior to discharge. The roles will work in partnership with existing clinical roles.

The service model delivers:

- Flexible, tailored support packages for up to six weeks following an acute mental health admission
- Direct face-to-face follow up for people discharged from an acute mental health inpatient setting within seven days
- Links between acute mental health services and the community, including referrals to community managed support services
- Direct follow-up within 72 hours of discharge from acute care.

Workforce priorities

There are many priorities for the mental health and partner workforces delivering services to people with lived experience. The priorities in the Workforce Plan have been identified through stakeholder consultation, evidence review and alignment with policy priorities. Many other local priorities will exist.

In line with the Reform and Fifth Plan, workforce planning and development over the next five years should consider:

Strengthening mental health leadership – Mental health leaders and managers are key to implementing a recovery-oriented culture and driving safety and quality improvements in mental health. Leaders also have an important role in ensuring adequate support for the workforce and improving staff experiences.

Strengthening the psychiatry workforce – The NSW psychiatry workforce is a small but critical workforce. Action is required to support retention of this workforce and its distribution across geographical settings and subspecialty populations.

Increasing access to allied health – Enhanced consumer access is required to allied health professionals, particularly speech pathologists, dietitians, exercise physiologists, physiotherapists, occupational therapists and pharmacists. Such access contributes to improved consumer functional recovery and physical health, physical and emotional wellbeing and social participation and inclusion.

Developing emerging workforces – NSW Health is supporting the growth and development of the mental health peer workforce and Aboriginal mental health workforce under the Reform. In addition, an opportunity exists to scope the development of an allied health assistant workforce in mental health.

Workforce planning – Until recently, NSW has had limited access to real-time mental health workforce data. A key action for the next five years is to improve access to workforce data to facilitate effective local and statewide planning.

Workforce development – Recent mental health reviews and reforms identified the need for targeted training and support to improve workforce capability and culture to increase consumer safety and outcomes.

Mental health training is currently provided by a range of agencies and individuals on an ad hoc basis. Finding and accessing quality mental health training is challenging for staff in both NSW Health and other sectors. There is a need for targeted, capability-based training that can be readily accessed. Increasing the capability of the workforce to work with new and emerging technologies is also an important focus.

In addition to training, it is important for all staff to be able to access appropriate levels of supervision, mentoring, coaching, professional development opportunities and other support required in their role.

Supporting capacity in partner workforces – People with lived experience often require a range of services. Strengthening capacity in partner workforces such as education, aged care, disability, other health and social care providers to identify and respond to the needs of people with lived experience of mental illness is supported.

Workforce Plan Action Tables

Workforce Plan Action Tables outline initiatives to address the workforce priorities.

Workforce Plan Action Table 1 – Stabilising the Foundations

Workforce Plan Action Table 1 outlines key strategies and actions aligned with the HPWP Stabilising the Foundations strategic direction.

Stabilising the Foundations				
Guiding principle	**Strategy HPWP reference**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
1. Integrated and comprehensive workforce planning	1.1 Integrate mental health workforce planning with local service and facility planning **2.1**	1.1.1 State level mental health and workforce planning forums include mental health workforce as a standing agenda item	■ MoH (MH, WP&D) ◆ LHDs/SHNs, PHNs	8.1
		1.1.2 Mental health planning is integrated with health workforce and service planning at state and local levels	■ MoH, LHDs/SHNs ◆ PHNs	8.1
		1.1.3 – The NMHSPF is considered as one of a range of resources that could be used in mental health service planning	■ MoH, LHDs/SHNs ◆ PHNs	8.1
	1.2 Ensure availability of and access to mental health workforce data **2.3**	1.2.1 Updated NSW mental health service, career and workforce development information is available on the NSW Health website	■ MoH (MH, WP&D)	5.3
		1.2.2 Improve state and local access to mental health workforce data	■ BHI, MoH (MH, HSI&PR, WP&D) ◆ LHDs/SHNs	8.1
		1.2.3 Mental health peer worker data is collected through routine reporting	■ MoH (MH, WP&D, HSI&PR) ◆ LHDs/SNs, eHealth NSW	2.2
		1.2.4 Aboriginal mental health worker data is collected through routine reporting	■ MoH (MH, WP&D, HSI&PR) ◆ LHDs/SNs, eHealth NSW	1.3
		1.2.5 Statewide rostering systems support demand based mental health rostering requirements	■ MoH (WP&D), ehealth ◆ LHDs/SHNs	8.1

Workforce Plan Action Table 2 – Building Blocks

Workforce Plan Action Table 2 outlines key strategies and actions aligned with the HPWP Building Blocks strategic direction.

Building Blocks				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
2. Provide effective working arrangements	2.1 Improve recruitment and retention **3.3**	2.1.1 Scope development of a Mental Health Attraction Campaign that includes a focus on value-based recruiting	■ MoH (MH, WP&D, NaMO, WR) ◆ LHDs/SHNs, Colleges, Tertiary Institutions, HETI	1.1
3. Develop a collaborative health system	3.1 Strengthen linkages within and between rural and metropolitan services and professionals to facilitate opportunities for secondments, professional development and service collaboration **4.1**	3.1.1 Implement tertiary consultation models that use modalities including telehealth to increase service collaboration, provide support to rural areas and build subspecialty capacity	■ MoH (MH), LHDs/ SHNs Tertiary service providers	2.8
		3.1.2 Statewide tertiary mental health outreach models consider offering rotating time-limited learning opportunities to build subspecialty workforce capacity	■ Tertiary service providers, LHDs/ SHNs	2.7
		3.1.3 Consider opportunities and formalise arrangements supporting service collaboration and professional development opportunities between metro and rural services	■ LHDs/SHNs ◆ PHNs	2.7
		3.1.4 Investigate expanding programs such as the Bob Fenwick Memorial Grants program and the Nurse Transition to Professional Practice rural metro placements to include mental health	■ MoH (MH, NaMO) ◆ LHDs/SHNs	2.7

Building Blocks				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
3. Develop a collaborative health system	3.2 Develop skills for collaboration that support mental health teams to operate effectively as a unit and in partnership with other workforces in delivering stepped and integrated care **4.2** adapted	3.2.1 Develop resources to support successful mental health co-design processes	■ NSW MHC, ACI HETI	1.1
		3.2.2 Implement co-design approaches and use consumer, carer and staff feedback mechanisms to understand stakeholder perspectives in planning and service delivery	■ NSW Health	1.1
		3.2.3 Implement training through the NSW School-Link Initiative to develop mental health workforce skills in partnering with school staff in the collaborative care of students with complex mental health needs	■ MoH (MH), Education, LHDs/SHNs	9.3
		3.2.4 Develop collaboration and partnership skills training to assist the mental health workforce in partnering with disability, social care, aged care services and other workforces	■ MoH, HETI, LHDs/ SHNs ◆ PHNs, CMOs, and partner service providers	9.3

Workforce Plan Action Table 3 – Right People, Right Skills, Right Place

Workforce Plan Action Table 3 outlines key strategies and actions aligned with the HPWP Right People, Right Skills, Right Place strategic direction.

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.1 Support new health practitioners in undertaking their roles and ensure that all practitioners have appropriate access to professional education and support **8.2, 8.4**	4.1.1 Ensure training, supervision and mentoring arrangements are in place to support practitioners newly entering mental health practice, including peer workers and Aboriginal mental health workers	■ LHDs/SHNs ◆ HETI, MoH (MH, WP&D, CAH)	5.6
		4.1.2 Professional development and support is available to staff new to subspecialty mental health practice	■ HETI, MoH (MH), LHDs/SHNs ◆ Tertiary providers	5.6
		4.1.3 Recruit to and support the education, supervision and mentoring roles of senior nursing, allied health and Aboriginal mental health clinical leaders, educators and clinicians	■ LHDs/SHNs ◆ HETI, MoH (MH, WP&D)	5.6
		4.1.4 Support senior peer workers to assist the professional development of new peer workers in mental health	■ LHDs/SHNs, Training providers	2.2
		4.1.5 Leaders support multidisciplinary teams to work in partnership with the emerging peer and Aboriginal mental health workforces	■ LHDs/SHNs ◆ MoH (MH)	1.5
		4.1.6 The composition of teams has adequate senior and junior staff and skill mix to ensure consumer safety and outcomes as well as provide support and development opportunities for junior clinicians	■ LHDs/SHNs ◆ CRRMH	5.6
		4.1.7 Resources and training are available that develop workforce capability to deliver therapeutic interventions, including for consumers with complex needs such as people with IDMH, borderline personality disorder and eating disorders	■ Tertiary providers, LHDs/SHNs, MoH (MH)	5.6

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.2 Develop and implement coordinated mental health education for mental health and partner workforces **No aligned action**	WP 4.2.1 – Scope the development of a Mental Health Training Program that delivers capability based training	■ MoH (MH), HETI ◆ MoH (NaMO)	2.1
		4.2.2 Conduct a mental health training needs analysis of NSW Health, CMO, other partner workforces	■ MoH (MH) ◆ HETI, MHCC, MH CAWG	2.9
		4.2.3 The NSW Health Mental Health Workforce Development Portal is updated and content expanded	■ MoH, HETI	2.1
		4.2.4 Develop information and clinical resources to support trauma-informed practice in mental health	■ ACI ◆ HETI	2.1
		4.2.5 Mental health staff are progressively trained in trauma-informed care	■ LHDs/SHNs	2.1
		4.2.6 Resources are developed to support the Health and commissioned CMO workforces in working with people accessing the NDIS who have mental illness	■ MoH (MH), HETI ◆ CMOs, Disability sector,	2.9
	4.3 Grow and support a skilled mental health nursing workforce in line with forecast health service demand and delivery requirements **7.7**	4.3.1 Implement a professional development pathway for mental health nursing	■ MoH (NaMO), LHDs/SHNs ◆ HETI, Training Institutions	2.5
		4.3.2 Increase the uptake of available nursing scholarships by mental health nurses	■ MoH (NaMO), LHDs/SHNs ◆ HETI, Training Institutions	2.5
		4.3.3 Expand mental health training opportunities for enrolled nurses	■ LHDs/SHNs ◆ TAFE, Training institutions	2.5
		4.3.4 Develop models of care that support nurse practitioner roles in mental health	■ LHDs/SHNs ◆ MoH (NaMO)	2.5
		4.3.5 Expand the number of positions under the Transition to Professional Practice program that support a mental health and general nursing exchange	■ LHDs/SHNs ◆ MoH (NaMO)	2.5
		4.3.8 Align the work of Productive Wards with other Quality and Safety initiatives	■ MoH (NaMO), LHDs/SHNs	5.1

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.4 Grow and support a skilled mental health allied health workforce in line with forecast health service demand and delivery requirements **7.8**	4.4.1 Scope and take forward priorities for the mental health allied health workforce, commencing with the development of guidance for Allied Health Assistants in Mental Health	■ MoH (MH, WP&D), Directors of Allied Health Leadership Group (LHDs/SHNs), Chief Allied Health Officer, HETI	2.4
		4.4.2 Provide scholarships to support attainment of Certificate IV in Allied Health Assistant for staff working in mental health	■ HETI, MoH (MH, WP&D), LHDs/SHNs ◆ Training providers	2.4
		4.4.3 Increase allied health recruitment in mental health	■ LHDs/SHNs, MoH (MH, WP&D), Directors of Allied Health	2.4
		4.4.4 Increase allied health student placements in mental health	■ LHDs/SHNs, MoH (MH), Tertiary Institutions, Directors of Allied Health ◆ Professional bodies, HETI	2.4
	4.5 Grow and support a skilled psychiatry workforce in line with forecast health service demand and delivery requirements **7.3**	4.5.1 A statewide Psychiatry Workforce Plan is developed and implemented	■ MoH (WP&D, MH) ◆ LHDs/SHNs, RANZCP, HETI, PHNs	2.6

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.6 Grow and support a skilled mental health peer workforce in line with forecast health service demand and delivery requirements **No aligned action**	4.6.1 NSW Health is developing NSW specific guidance to support the growth and embedding of this new and highly valued workforce. NSW Health will also collaborate with the Commonwealth in preparing National Peer Workforce Development Guidelines.	■ MoH (MHB)	2.2
		4.6.2 Recruit and train peer workers across all LHDs/SHNs	■ LHDs/SHNs, MoH (MH)	2.2
	4.7 Grow and support a skilled Aboriginal mental health workforce in line with forecast health service demand and delivery requirements **8.8, 8.9**	4.7.1 Recruit to new Aboriginal mental health worker trainee and clinician positions funded under the Reform	■ LHDs/SHNs ◆ MoH (MH, CAH, WP&D), HETI	1.3
		4.7.2 Improve role delineation for Aboriginal mental health worker positions	■ MoH (MH, CAH, WP&D), HETI ◆ LHDs/SHNs	1.3
		4.7.3 Promote clinical placements for Aboriginal Mental Health trainees in a variety of mental health settings including subspecialty streams (child and youth, perinatal and older persons' settings)	■ LHDs/SHNs ◆ TAFE, Training institutions, MoH (MH)	1.3
		4.7.4 Explore a range of training programs and pathways to increase Aboriginal staff in mental health	■ MoH, HETI ◆ LHDs/SHNs	1.3

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.8 Strengthen the capacity of partner workforces to respond to the needs of consumers **No aligned action**	4.8.1 Provide gatekeeper and suicide awareness training to non-mental health workforces including drug and alcohol workers, housing and older persons' services	■ MoH (MH, CAH), LHDs/SHNs, PHNs ◆ MH CMOs, Housing, Aged Care, ACCHSs, Social services and Disability	7.2
		4.8.2 Statewide implementation of Project Air and Project Air for Schools	■ MoH (MH), LHDs/SHNs, Education	7.2
		4.8.3 Make training and resources on the physical health care of consumers available to non-mental health workforces	■ MoH (MH), LHDs/SHNs, Education	2.9
	4.9 Improve mental health engagement in leadership programs **No aligned action**	4.9.1 Increase the number of mental health practitioners engaged in management, leadership and talent development programs	■ LHDs/SHNs ◆ HETI, CEC, MoH (MH)	1.5
		4.9.2 Increase participation of Mental Health Nurse Unit Managers in the 'Take the lead 2' program	■ MoH (NaMO, MH), LHDs/SHNs ◆ HETI	1.5
		4.9.3 Increase participation of senior mental health nurse managers with the 'In the lead' program	■ MoH (NaMO, MH), LHDs/SHNs ◆ HETI	1.5
	4.10 Increase mental health staff involvement in clinical redesign, research and improvement science **No aligned action**	4.10.1 Support more mental health staff to participate in clinical redesign, research and improvement science education and practice	■ ACI, CEC, OHMR, LHDs/SHNs ◆ HETI, MoH (MH)	5.1

Right People, Right Skills, Right Place				
Guiding principle	**Strategy Aligned HPWP No.**	**Actions**	**■ Leads ◆ Partners**	**Strategic Framework Alignment**
4. Grow and support a skilled workforce	4.11 Strengthen workforce skills in commissioning of mental health services **No aligned action**	4.11.1 Increase access to training and resources for heath service commissioning	■ ACI, MoH, HETI, LHDs/ SHNs	8.1
	4.12 Strengthen workforce cultural capability **No aligned action**	4.12.1 Develop and implement a resource to support the Health and commissioned CMO workforces in working with refugees, migrant communities and people from culturally and linguistic diverse backgrounds who have mental illness	■ Transcultural mental health, MoH (MH) ◆ LHDs/SHNs, HETI, CMOs	1.4

Workforce Training and Development Initiatives

The capabilities that mental health staff demonstrate can vary widely, depending on education and training, scope of the profession and individual factors. The NSW Government is committed to supporting capability based training for the mental health workforce.

The Fifth Plan and recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse identify trauma-informed care training as a priority for the mental health workforce. Mental health staff should be supported to access training that includes:

- an awareness of historical, cultural and contemporary experiences of trauma for Aboriginal people
- understanding of the experiences of specific populations such as refugees and asylum seekers
- how mental health service providers can partner with consumers and their families, carers and support people to:
  - conduct holistic, trauma-informed assessments
  - include information in clinical documentation
  - respond to trauma-related needs in safety and treatment planning
  - partner with and make appropriate referrals to trauma service providers
  - share information during transfer of care.

A range of training is offered by a variety of service providers including HETI and the Mental Health Coordinating Council (MHCC).

HETI training and resources

HETI provides mental health education and training for the NSW Health mental health workforce and the wider health workforce on mental health-related matters. HETI also works with sector partners such as GPs for improved mental health and wellbeing.

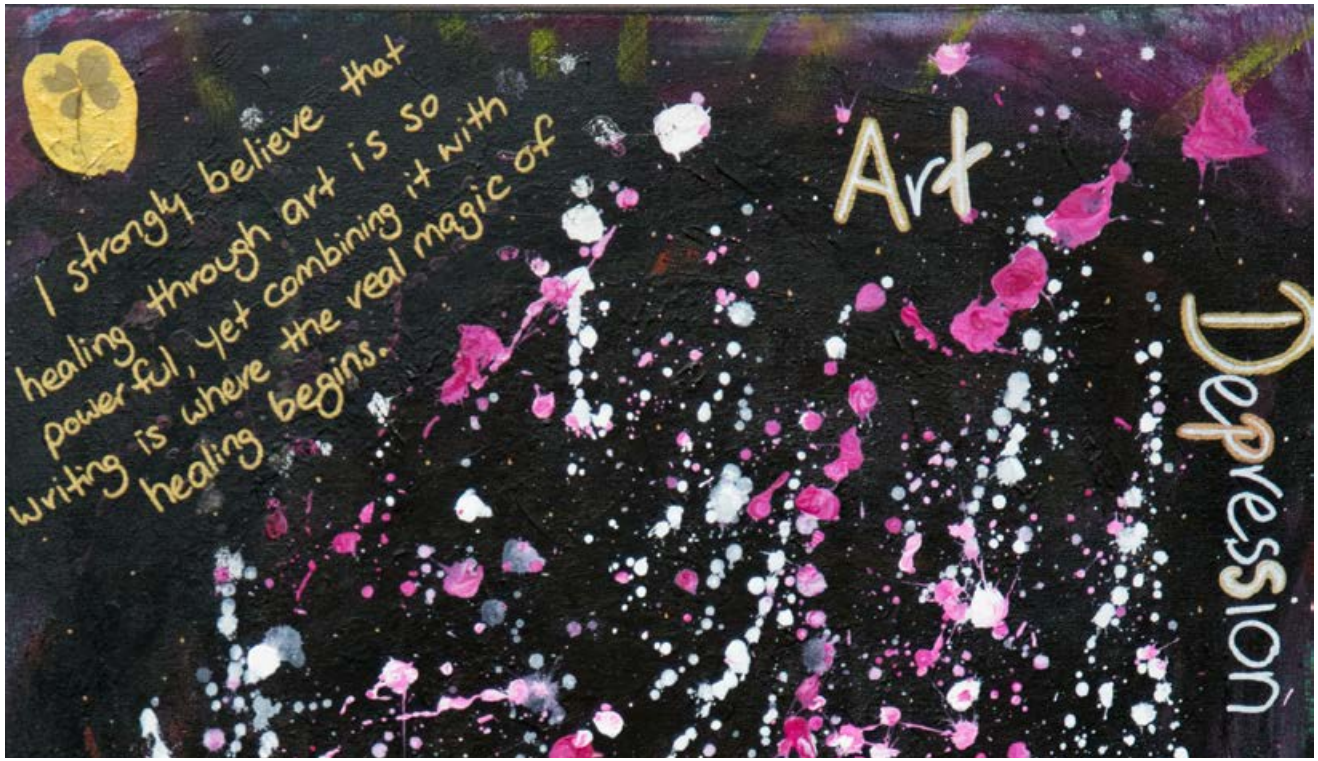
A range of courses are available through the HETI my Health Learning platform, including MH-POD, the national Mental Health Professional Online Development course. HETI also delivers Higher Education courses through frameworks for Psychiatric Medicine and Applied Mental Health Studies.

To complement existing undergraduate and post-graduate tertiary training, NSW Health has established an online portal for public sector Mental Health Workforce Development which hosted by HETI.

The portal contains a wide range of innovative, recovery-oriented, trauma-informed and evidence-based mental health education and training resources.

LHDs and SHNs can share locally developed high quality education and resources through the portal. The site also hosts communities of practice for subspecialty areas such as perinatal and infant mental health and emerging areas of practice such as family focussed recovery approaches.

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



MHCC

The MHCC develops flexible accredited training and professional development in response to the needs of the CMO sector. MHCC training is informed by recovery oriented and trauma-informed practice principles and is delivered throughout NSW by experienced trainers including those with a lived experience.

Peer workforce training options

Training and resources are available for peer workers and for managers supporting the lived experience workforce. A range of training options can be found on the Mental Health Coordinating Council (MHCC) and myskills websites and resources can be found at the NSW Mental Health Commission Peer Work Hub.

Workforce Considerations for Specific Populations

The Workforce Plan indicates actions for a range of subspecialty and diverse populations including CALD groups, people with intellectual disability and mental health problems (IDMH), people with eating disorders and people with personality disorders. Workforce development considerations and resources are highlighted for these groups.

People from CALD backgrounds

It is important that staff and services are responsive to different cultural experiences of mental health and recovery. People from culturally and linguistically diverse backgrounds have may have a different understanding of mental ill-health to that of mental health staff.

Language can be a barrier to accessing the right care. When people who are not fluent in English access health care services, they should be provided access to a professional interpreter.

Refugees are a priority group for mental health services. NSW is in the process of resettling a high number of refugees from Syria and Iraq. This population will have unique and significant mental health needs due to their experience of trauma in zones of conflict and civil unrest. Greater capacity in the mental health workforce is required, especially in refugee resettlement regions, to support the mental health needs of refugees.

Immigration, including a significant humanitarian intake, will be a continuing major contributor to NSW's population growth. This creates a pressing need for mental health services to respond in culturally inclusive ways.

Access to mental health services by migrant and refugee populations can vary widely between different population groups. Community and cultural traditions, beliefs and values play a significant role in and have a significant influence on a person's understanding of mental health, mental-ill health and recovery.

Given the diversity within NSW's migrant and refugee populations the strengthening of mental health-promoting assets in communities will need to be reached through multifaceted strategies including:

- on-line information
- building partnerships between mental health services, multicultural services and community managed organisations
- improved staff mental health literacy with CALD populations.

CALD workforce resources

A range of resources support the NSW Health workforce in working with CALD populations. These include:

Resources: HETI My Health Learning courses and course codes:

- Working in Culturally Diverse Contexts (39962639)
- Connecting with Carers from CALD backgrounds (43286675)
- MHPOD: Culturally Sensitive Practice Course (97553113)
- Meeting the healthcare needs of refugees (116308950)
- Course name: COPSETI – A CALD Community and Mental Health podcast is currently under development.

Resources: Online websites and resources

Transcultural Mental Health Centre

Cross Cultural Mental Health Care: A resource kit for GPs and Mental Health Professionals

RACGP: Subject Portal: Resources in refugee and migrant health

BlackDog Expert insights podcast: Episode 8 – Cultural and Contextual Considerations

Working with Interpreters in the Healthcare Setting – Training DVD: Vignette 6: Communicating through interpreters in mental health interviews

Mindframe: reporting and portrayal on mental illness and CALD communities

Resources: Organisations working in multicultural and/or mental health

These include but are not limited to:

Transcultural Mental Health Centre

Multicultural NSW

NSW Refugee Health Service

Settlement Service International (SSI)

Education Centre Against Violence (ECAV)

STARTTS

People with IDMH and other disabilities

A recovery-oriented approach supports people with an intellectual disability's right to self-determination and informed choice. Mental health staff can ensure that people with an intellectual disability are supported through all phases of service use and assisted to make decisions as far as possible given their capacity.

Supporting the health workforce to respond to the needs of people with intellectual disability and mental ill-health is essential to improving access to preventive mental health care and appropriate treatment and reducing early mortality from preventable causes.

A multifaceted approach is also required to identify and provide early mental health treatment for people who are deaf, non-verbal people, or those who have limited or restricted ability to communicate. Mental health services also need to consider the needs of people with physical disabilities to ensure mental health services are accessible for this group.

This aligns with the NSW Disability Inclusion Action Plan 2016-2019 in seeking to remove systemic and attitudinal barriers so that people have a better opportunity to live a meaningful life and enjoy the full benefits of membership in the community. Partnering with carers, disability carer support networks, NDIS service providers and the NDIA is important in this work.

IDMH workforce resources

Resources: Let's Talk Disability

The HETI Let's Talk Disability online training module assists Health staff to implement a person-centred approach and use a variety of strategies to communicate effectively with people with a disability.

Resources: IDMH Online learning and resources

The University of NSW Department of Developmental Disability Neuropsychiatry (3DN) has been funded by NSW Health to build subspecialty workforce capacity that improves health outcomes for people with an intellectual disability. A range of resources including e-learning courses are available at Health and mental health professionals.

People with Eating Disorders

The NSW Government provided funding under the NSW Service Plan for People with Eating Disorders 2013–2018 to improve access to treatment, support innovation and improvements in care for people with eating disorders.

Addressing stigma and discrimination is a key focus of the Service Plan, to ensure people with eating disorders have the same access to mental health and physical health services as people with other mental health issues. Under the Plan, evidence based treatments for people with eating disorders and their families, carers and support people should be offered as part of routine practice in specialist mental health care.

Resources: Eating disorders online learning and resources

A range of online learning courses and other resources to support the capability of health staff are found at the InsideOut Institute for Eating Disorders website (formerly Centre for Eating and Dieting Disorders).

People with borderline personality disorder

NSW Health is funding the statewide rollout of the internationally recognised Project Air Strategy for Personality Disorders led by the Illawarra Health and Medical Research Institute at the University of Wollongong. The Project Air team partners with NSW Health services, justice, drug and alcohol services, as well as communities, schools, families and individuals to support better treatments for people with personality disorders.

A broad range of resources are available on the Project Air website.

Title **Melancholy**
Artist **Jeff Thurkett**

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]

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.

SPOTLIGHT – LHD-LED AFTERCARE INITIATIVES

A number of different aftercare models are being trialled by LHDs/SHNs and partners in NSW, two examples are:

St Vincent's Hospital's Green Card Clinic provides an intervention for people presenting with suicide ideation or deliberate self-harm. A Mental Health Care Navigator refers consumers to community services according to their needs and follows them up to ensure continuity of care.

Western Sydney LHD is conducting research to explore the effectiveness of using text messages as follow up support for people.

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.

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.

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**

Endnotes

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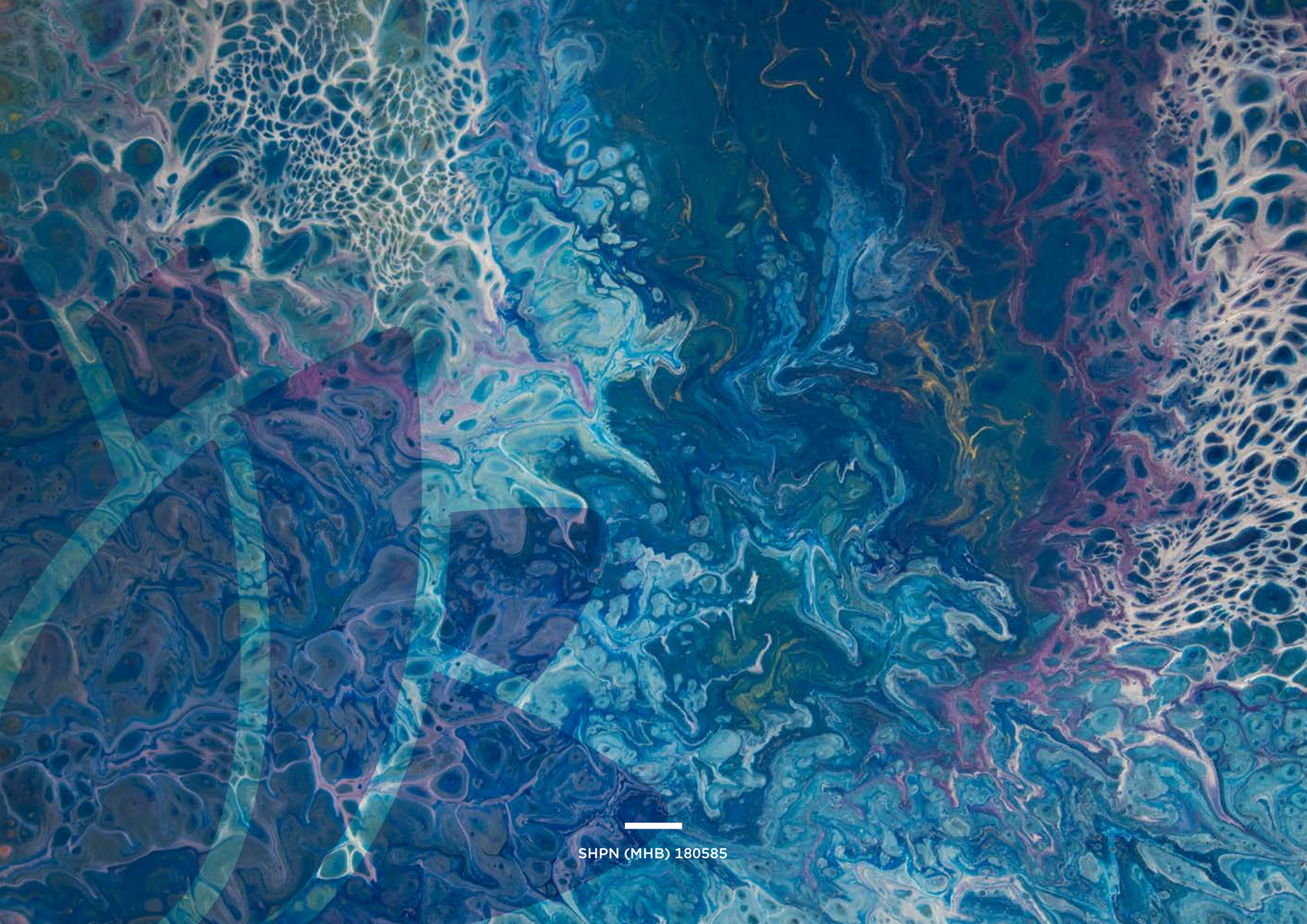

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