

Guiding Principles to Manage a Surge in Demand for Mental Health Services

Improving the mental health response for
children, young people and families in NSW

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NSW MINISTRY OF HEALTH
1 Reserve Road
ST LEONARDS NSW 2065

Tel. (02) 9391 9491
Fax. (02) 9391 9928

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www.health.nsw.gov.au

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Endorsed by	David Pearce, Executive Director, Mental Health Branch
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Improving the Mental Health Response for Children, Young People and Families in NSW

Guiding Principles to Manage a Surge in Demand for Mental Health Services

In September 2020 the Child and Youth Mental Health Advisory Group of the Mental Health Program Council created a specific Working Group (WG) to address the significant increase in demand for mental health services amongst children, adolescents and young people during 2020, in the context of individual and societal responses to the COVID-19 pandemic.

The WG participants included representation across the sector including Local Health District (LHD) and Specialty Health Network (SHN) Child, Adolescent and Youth Mental Health Service Directors, Emergency Medicine, Whole of Health, Agency for Clinical Innovation, Primary Health Networks (PHNs) and key service/stakeholders including representation from the Mental Health Commission of NSW, Health Education and Training Institute (HETI), Mental Health Carers NSW, Being, headspace, Royal Far West and the Advocate for Children and Young People.

A key outcome of the collaborative Working Group has been the development of the Guiding Principles to Manage a Surge in Demand for Mental Health Services to support services to design and implement solutions which address increasing demand on Mental Health Services.

A SharePoint platform was created as a resource to share knowledge, evidence and best practice strategies and examples. The resources are additional to, and do not replace, existing NSW Health and LHD/SHN local policy, guidance and protocols.

An evidence check was conducted by the Critical Intelligence Unit, NSW Health examining the mental health surge in children and young people as a result of the COVID-19 pandemic. The focus of the check was to identify innovative mental health service models to deal with the pandemic, the elements for an effective mental health service response to a surge in presentations due to natural disasters, and identify specific issues for different age groups, amongst children and young people.

Key findings highlighted the rapid transition to the use of telehealth for mental health care. The benefits of digital services (such as text-based crisis support, online therapy, web-based interventions and telehealth) included enhanced access to care and broad acceptability amongst young people.

Challenges included lack of familiarity with the technology platforms and privacy concerns. In the post-disaster literature, forming collaborative local partnerships across sectors including health, schools and the community were identified as key components of intervention programs. Post-disaster interventions were found to be beneficial, even when delivered a considerable period after the disaster; and had a long-lasting impact on children and young people. School-based programs were found to significantly reduce mental health symptoms in children and young people.

Context

An escalation of serious mental health issues for children and young people and the resulting growth in service demand, combined with the impact of the pandemic, may continue over many years.

NSW MH-TRACE data and system-wide consultation highlights a surge in child and youth mental health related presentations (spanning from aged 0 to 24 years) across all service settings, including General Practitioners (GPs) and crisis support in the context of the COVID-19 pandemic. In particular, the 12–17 years age range showed a 21% increase in NSW Emergency Department presentations in 2020 compared to the previous year. This increase is on the background of a continuous rise in the number of child and youth mental health related presentations over the last decade, disproportionate to other age groups. The use of crisis lines by those under 18 years also increased by 23% in the same time period.

Furthermore, suicide is the leading cause of death for people aged between 15-49 years ([Australian Bureau of Statistics, 2020](#)). Around one in seven young people aged 4 – 17 years have a mental disorder ([Department of Health, 2015](#)). The impacts of failing to treat psychological distress and mental illness in young people early, when conditions emerge, are extensive and long lasting and include implications for children's health, learning and employment outcomes.

The COVID-19 pandemic has highlighted the need for a Mental Health system that is agile, adaptable and able to respond early and adequately to distress and surges in demand for care.

Aim

The Guiding Principles to Manage a Surge in Demand for Mental Health Services, 'The Guiding Principles', provides LHD/SHN Mental Health Services with a series of key principles for managing an increase in service demand, adaptable to local service models and settings.

The Guiding Principles should be used in conjunction with other strategies that address demand on Mental Health Services, such as locally developed surge plans and workforce planning frameworks.

Values

Collaborative, trauma-informed, person-centred, family inclusive and culturally sensitive Child, Adolescent and Youth Mental Health Services improve the experience, outcomes and recovery journey for consumers and carers. These values are expressed in services and supports that are co-designed with consumers and carers, evidence-based and adaptable to changing needs and demographics.

NSW Health also promotes CORE values (Collaboration, Openness, Respect, Empowerment), striving to make continuous improvement to workplace culture across the state.

Key Principles

The Working Group recommends the use of co-design principles for reviewing and adapting system responses to improve the mental health care of children, young people and families. Co-design is therefore an overarching principle across all areas identified below (See [A Guide to Build Co-design Capability](#), [Co-Design Tool Kit](#), [ACI](#) and [Lived Experience Framework](#), NSW Mental Health Commission). Giving people an equal voice as active partners in healthcare improvement leads to better outcomes for all.

Collaboration across government, private services, Community Managed Organisations (CMOs) and the primary care sector is critical for the delivery of specific services for individuals and for the delivery of improved outcomes for the whole community.

1. Governance

The governance structure of a service/organisation has three key areas to consider: strategic planning, partnerships, and service delivery and resourcing. It is important to consider all three when managing mental health demand surge planning:

- **Strategic Planning**

- Identify the key governance structures within your own service that will need to agree to any changes
- Negotiate governance support for flexibility of response according to changing need
- Implement governance structures that support change/flexibility
- Provide systems and supports for staff in completing statistics to better recognise and reflect the significant work undertaken and the increase in demand on services
- Use data and evaluation to drive change
- Ensure plans are informed by existing policy/strategic frameworks
- Negotiate high level service agreements or Memorandums of Understanding (MOUs) ahead of time
- Create a channel for dialogue between consumers, carers and governance bodies, so consumers and carers can provide direct input into service governance. For instance, by including consumer and carer representatives on governance committees.

- **Partnerships**

- Identify the key stakeholder agencies and negotiate how services/agencies will work together
- Identify service gaps and negotiate agreement around responsibility for addressing them
- Clarify roles and responsibilities within your own service and between your service and other relevant services/agencies.

- **Service Delivery and Resourcing:**
 - Prioritise what can be done within current resource
 - Ensure that governance agreements support individual consumer/family needs through integrated care
 - Consider whether specific consumer cohorts require specific/individualised governance arrangements e.g. youth, First Episode Psychosis, transitions between developmental stages/services
 - Redirect current resources to meet demand
 - Negotiate governance support for flexibility of response according to changing need.

2. Access

Response should be structured to short-, medium- and long-term strategies to ensure sustainability and flexibility to changes in demand over time. Virtual platforms can enhance service delivery and engagement, and have been shown to be acceptable to younger consumer groups (See *NSW Health, CIU Evidence Check, 2021* for further information):

- Implement a 'no wrong door' approach:
 - Devise plan for 'basic service' that is available for all first contacts
 - Timely response and access are needed
 - Equity of access is needed: low thresholds for access
 - Warm handovers/referrals to most appropriate assessment/treatment service
 - Consider reallocating staff to assist in promoting increased access to services
 - Use peer workers or navigators to assist
 - Provide alternative support options or facilitate referral if the service is not suitable for the consumer's needs.
- Clarify specific eligibility criteria for your service during the surge:
 - Service models may be different at different points of the surge
 - Communicate clearly to community (via website; intake) and other service providers within and external to your service
 - Ensure rapid triage to allow for access at the appropriate time.
- Access for consumers and families to the service:
 - Ensure access to an appropriate environment for assessment/intervention (welcoming, comfortable, informal)
 - Access to information for consumers and families (e.g. online, posters, wallet cards).
- Consider the role of outreach:
 - Consultation to/from other services (Community, GPs, CMOs, Emergency Departments, Schools)
 - Use Telehealth to improve access (See [Telehealth in Mental Health](#))

- Identify most appropriate service to provide clinical outreach.
- Negotiate referral pathways with key service stakeholders:
 - Identify gaps and the appropriate service that will take responsibility
 - Plan for collaborative meetings to manage unidentified gaps that arise.
- Develop systems for managing transitions of care:
 - Consider 'co-case management'
 - Clear communication processes between services and with consumers and carers
 - Ensure continuity of care
 - Use peer workers to assist, particularly during transition points, e.g. inpatient unit to community team.
- Support partners to manage distress in children and young people:
 - Access to information/online resources, e.g. online modules, peer support, group programs and [mental health services navigators](#)
 - Provide resources and/or training for non-mental health partners (young people, family, Emergency Department staff, GPs, CMOs)
 - Support community-led initiatives for improving mental health and wellbeing
 - Consider the unique role of schools and local partners in Education in providing access to mental health support, referral pathways and mental health information provided by teachers and other school welfare staff.
- Plan for vulnerable groups:
 - Develop links with other services (Aboriginal Community Controlled Health Organisations (ACCHOs), Department of Communities and Justice, Alcohol and Other Drugs, Justice Health and Forensic Mental Health Network)
 - Consider specific access issues for vulnerable groups (Aboriginal communities, Out Of Home Care, LGBTIQ+, Intellectual Disability Mental Health, coexisting physical health conditions)
 - Costs of services need to be considered for individual consumers in planning.

3. Care pathways

Collaborative planning between services/agencies is essential to ensure appropriate responses throughout the geographical area and identify gaps in service delivery:

- Collaboration:
 - Service changes should be co-designed (See [A Guide to Build Co-design Capability](#), Agency for Clinical Innovation)
 - Consider formalising service/agency agreements about responsibilities, pathways, communication (including sharing of information) and transitions of care
 - Consider setting up resource-sharing facilities e.g. SharePoint website.

- Care Planning:
 - Care facilitation must be considered
 - Navigation – assisting consumers and carers to navigate system
 - Warm handovers – staying engaged until the consumer is engaged with next care provider
 - No wrong door
 - Consumer-centred care is essential
 - Take individual choice into account
 - Individual needs should be addressed
 - Implement a family-focused approach and address the relational aspects of recovery: involve family members in care planning as appropriate or seek permission from the consumer to do so
 - Safety plans should be held by consumers and by parents/carers involved in their care ensuring they understand the plan and know who to contact when/if required
 - Clear points of contact for escalation including after hours, avoiding Emergency Departments where possible
 - Have a low threshold for holding case conferences when more than one agency is involved in care.
- Access:
 - Need to consider flexibility of inclusion criteria during a surge
 - Consider a centralised triage system to ensure people don't fall through gaps
 - Support communication and education about services/care options that creates a realistic expectation of the services that are provided.

4. Models of Care

Models of Care (MOC) should be adaptable to surges in demand and changing needs. It is important for services to adapt innovative, strengths-based care models that provide responsive services for the community. The [Integrated Care Framework](#) should be used as a key guiding document for managing surges in demand:

- High level service agreements or MOUs may need to be negotiated ahead of time (see Governance, p.4-5)
- Define tipping points and trigger points to inform when to activate/deactivate surge MOC
- Ensure consistency of approach across district, in collaboration with all stakeholders
- Service changes to deal with a surge:
 - Rapid response teams to provide rapid initial triage, assessment and/or short-term crisis management
 - Investigate and negotiate referral pathways with local services for ongoing care
 - Identify online platforms for interventions (where appropriate) while awaiting access to face-to-face services

- Ensure a strengths-based approach
- Identify brief interventions and train staff in their use
- Assess service demand and capacity within available resources
- Prioritise need across services and adjust resources accordingly
- Consider temporarily reducing intensity of service delivery to those with less acute needs
- Assess training and support needs for redeployed staff (see Staffing Key Principles)
- Consider staff skill mix in redeployment
- Consider alternative care delivery models (e.g. online, videoconference; see Access p.5-6 and [Telehealth for NSW Health clinicians](#))
- Consider group therapy options if appropriate to support an increased number of consumers.
- Develop systems to support people for whom normal services are reduced during a surge:
 - Develop clear guidelines for professionals, consumers and carers about when, how, and where to get help if needed
 - Implement a triage service for those who deteriorate while waiting
 - Link consumers and carers to surge rapid response team if needed
 - Plan for referral pathways in case of deterioration.
- Linking to other services:
 - Consider wider support systems for consumers and families (schools, CMOs, online resources)
 - Consumers and families may need assistance with coordination/navigation.
- Evaluate outcomes of MOC changes:
 - Ensure that changes are in line with available evidence
 - Build in evaluation of outcomes for consumers, staff and stakeholders.

5. Workforce and Staffing

Appropriate workforce development and ongoing workforce support are integral to planning service responses to increasing clinical demand. Planning must consider contingencies where staffing supply and shortages may occur (e.g. unplanned leave, border closures, local outbreaks).

The focus should be on increasing the scope and capability of existing staff; onboarding new staff; orientation and induction to support staff redeployed between different areas within a service; and refresher programs for clinicians. Strategies need to be adapted to local service needs, resources and settings. Planning must incorporate strategies that prioritise staff wellbeing including access to supervision and wellbeing support:

- Optimised recruitment and on-boarding:

- Plan upskilling requirements for staff to support surge, including identifying skills, competencies and training required
- Develop recommended training pathways using existing resources (Health Education and Training ([HETI](#), [Emerging Minds](#)))
- Use the [CAMHS Competency framework](#) to identify individual skill gaps and needs
- Develop comprehensive district wide orientation for new and relocated staff
- Streamline on-boarding processes through consolidating forms and/or creating a checklist
- Identify key information for new/redeployed staff
- Identify required software access for new/redeployed staff
- Increase Peer Work staff and streamline recruitment.
- Collaboration and resource sharing:
 - Support deployment register use, to move staff within and between LHDs where appropriate
 - Encourage a culture of sharing workforce to support areas of higher need when required
 - Consider the use of Peer Workers to supplement the work/skills of clinicians when providing support
 - Investigate access to Telehealth between LHDs to support areas of higher need where required
 - Identify roles that can be readily shared (i.e. initial contact, triage)
 - Support the identification and sharing of specialist roles that are difficult to upskill quickly:
 - Psychiatry/registrar
 - Mental Health clinicians
 - Identify and engage collaborative partners for shared care:
 - Private Providers
 - Community Managed Organisations
 - General Practitioners.
- Advocacy:
 - Advocate for appropriate resources to match changes in demand, to ensure staff and services are supported to deliver safe and quality care
 - Collect and review data and evidence to monitor changes in demand and service need:
 - to support the case for additional resources;
 - to assess effectiveness of referral pathways; and
 - to identify areas for development (support or training for collaborative partners).

- Efficient use of resources:
 - Assess workload in different areas of service(s) and adjust staffing to respond to changing demand
 - Provide upskilling opportunities within Adult Mental Health Services for registered nurses and allied health staff in CAMHS competencies
 - Develop a plan to manage demand (See [NSW Public Health Workforce Surge Guidelines](#)):
 - Identify priority areas and implement waiting lists or alternative referral for non-urgent work
 - Identify tipping points and trigger points in demand to proactively prepare for surges
 - Support staff to work at the top of their scope of practice, and consider using other workforces to provide support where appropriate (see [Models of Care](#) resources including the process to [Develop](#) or [Implement](#) a Model of Care)
 - Build in supports and training for other workforce staff.
- Staff wellbeing
 - Develop a plan to support, monitor and promote staff wellbeing, and manage fatigue and stress
 - Consider flexible workloads/hours to prioritise staff wellbeing and maintain high quality service provision
 - Prioritise staff wellbeing, including supporting the continuation of supervision, reflective practice and other protective factors throughout surge
 - Promote and facilitate access to staff wellbeing support resources (e.g. [Pandemic Kindness Movement](#), and [COVID Connexion](#), Meditation-based Wellness & Compassion - MWAC Program).

Glossary

A Consumer is a person with lived experience of a mental health condition who is accessing or has previously accessed a mental health service. Within a child and youth mental health context, both the parents and the child or young person may sometimes also be described as consumers.

Co-design brings consumers, families and staff together to improve health services. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other. Planning, designing and producing services with people who have experience of the problem or service means the final solution is more likely to meet their needs.

Peer Work is a fast-growing occupational group in the mental health workforce. Peer services are a core component of a genuinely recovery-based service. Peer work, peer workers and peer workforce include all workers in mainstream or alternative mental health services or initiatives who are employed to openly identify and use their lived experience of mental illness and recovery as part of their work. Peer support workers provide support for personal and social recovery to other people with mental health conditions, including in acute mental health settings housing, supported employment, community-based support and so on.

Recovery is defined as 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.

Trauma-informed is the re-conceptualisation of traditional approaches to health and human service delivery whereby all aspects of services are organised acknowledging the prevalence of trauma throughout society. `Trauma-informed' services are aware of and sensitive to the dynamics of trauma as distinct from directly treating trauma per se.

Warm handover is trauma-informed as it reduces the stress and number of times the individual needs to repeat their story. The goal is to increase the likelihood that the individual will follow up on a referral to one provider from another. Rather than simply providing the name and phone number of a provider, a warm hand-over connects the individual with the new provider before the first appointment.

An example of a warm handover would be when an emergency department, primary care or inpatient staff member facilitates a phone call between the individual and an outpatient provider before the individual's first appointment with that provider.

Additional information and resources

A range of resources mentioned in this framework as well as supporting evidence and case studies and best practice examples can also be found via the Improving Child & Youth Mental Health Service Response – NSW Health SharePoint site.

Policies and Guidelines

[NSW Child and Adolescent Mental Health Services \(CAMHS\) Competency Framework](#)

The Framework articulates the subspecialty work of CAMHS and describes key competencies for working with infants, children, adolescents, their families and carers.

[NSW Health Strategic Framework for Integrating Care](#)

The NSW Health Strategic Framework for Integrating Care sets an overarching vision for how NSW Health approaches integration of care. It guides activities to support better outcomes for individuals, families, health professionals, community health workers, and the broader health system.

[A Guide to Build Co-design Capability](#) – Agency for Clinical Innovation

A resource designed to support local health districts and health networks partner with people with lived experience of a mental health condition to make healthcare improvements using co-design processes.

[Lived Experience Framework](#) – NSW Mental Health Commission

The Framework is part of the response to the call for embedding lived experience across the sector and in system processes. It encourages service providers to embrace the rich knowledge that lived experience can bring to service design, delivery, monitoring, evaluation and improvement activities.

The Framework comprises a language guide, vision, guiding principles, actions and implementation approach to embed lived experience across mental health and social services systems.

[Recruitment and support of Suicide Prevention Peer Workers](#)

This guidance material has been developed by the NSW Ministry of Health to assist local health districts and specialty health networks to recruit and support peer workers for the Towards Zero Suicides Alternatives to Emergency Departments and Suicide Prevention Outreach Teams initiatives.

[NSW Family Focused Recovery Framework 2020-2025](#)

The NSW Family Focused Recovery Framework 2020-2025: A framework for NSW Health services replaces the NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services 2010-2015 and provides a fresh way forward to guide services in improving support to families where a parent lives with mental health issues and has dependent children through implementing a family focused approach.

[Living Well in Focus 2020-2024](#)

Living Well in Focus 2020 – 2024: A strategic plan for community recovery, wellbeing and mental health in NSW identifies three whole-of-government priorities that inform the direction

of mental health reform over the next five years. The strategic priorities set out in this plan will: strengthen community recovery and wellbeing, strategically invest in community wellbeing and mental health, and ensure the right workforce for the future.

[Strategic Framework for Suicide Prevention in NSW 2018-2023](#)

The Framework guides suicide prevention activities in NSW until 2023 and marks the beginning of the journey towards zero suicides in NSW. The Framework was developed by the Mental Health Commission of New South Wales and the NSW Ministry of Health in collaboration with people with lived experience of a suicide attempt or suicide bereavement, government agencies, mental health organisations and experts in suicide prevention.

Pandemic Related

[National Mental Health and Wellbeing Pandemic Response Plan](#)

The National Mental Health and Wellbeing Pandemic Response Plan responds to the mental health and wellbeing needs of all Australians during the response and in recovery from the COVID-19 pandemic. This plan has been developed under the co-leadership of Victoria, New South Wales and the Australian Government and has been informed by all jurisdictions.

[Mental health for the health workforce during COVID-19](#)

Health workers are facing unprecedented circumstances and pressure during the coronavirus (COVID-19) outbreak. This can take a toll on mental health. Read about what you can do to look after your mental health and wellbeing during this challenging time.

[NSW Workforce Surge Capacity Plan](#)

The information in this template should build on and where appropriate summarise surge planning work already completed. The intent is to ensure a complete surge plan that takes account of the potential flow of patients between services and ensure planning for each service does not seek to leverage the same supplementary resources. It also recognises that surge strategies may differ across services and surge activity in one service may be an indicator for other services to scale.

[Psychiatric Emergency Care Centre \(PECC\) - Repurposing Guidelines](#)

PECCs have been identified as an option to provide alternate assessment spaces for lower acuity patients presenting with MH problems to the ED. Due to their specialist MH workforce and co-location within EDs, PECCs can provide an alternate space to assist timely patient flow from the ED for MH assessment for the duration of the pandemic. The intention of this document is to provide high level principles that are adaptable to different service models and locations.

[Mental Health Emergency Department Avoidance Framework Principles](#)

This document will assist LHDs in planning alternative pathways to care for appropriate patients and can be used to inform local pandemic and disaster response plans with reference to the NSW Health Influenza Pandemic Plan in clinical management to preserve and maintain essential healthcare services.

Supporting Tools and Additional Resources

Many LHD/SHNs have already developed local approaches and tools for surge planning. The following additional resources have been provided to further support surge planning if required:

- Improving Child & Youth Mental Health Service Response - [Share point site available for Working Group members](#)

- [Peer workforce](#)

NSW Health launched the Peer Supported Transfer of Care initiative (Peer-STOC) in 2017. Peer-STOC provides up to 6 weeks of support by experienced, qualified peer workers for people who are discharged from actual mental health care to successfully transition back into the community. These positions are based in community mental health teams and provide in-reach support to people prior to discharge.

- [Centre of Excellence in Peer Support Mental Health](#)

The Centre of Excellence in Peer Support provides a centralised specialist clearinghouse and online resource centre for mental health peer support. The site contains a resources directory and a research directory as well as an interactive discussion forum, designed to foster a community of practice for those using and providing peer support services.

- [Mental Health Peer Workforce Literature Scan](#). [Mental Health Peer Workforce Study](#). Health Workforce Australia, 2014

The Health Workforce Australia Literature Scan was conducted to inform the Peer Workforce Study which examined the status of the peer workforce across public, non-government and private mental health services. These activities provided a national picture of the mental health peer workforce and identified opportunities for more structured and strategic approaches to peer workforce development.

- [ACI Using videoconferencing for Mental Health Consultations Guide](#)

This guide provides instructions to deliver mental health services via videoconference as effectively as in-person.

- CAPA – [Choice and Partnerships Approach](#)

A continuous service improvement model that combines personalised care and collaborative practice when partnering with service users and their family. Benefits include enhanced effectiveness of service delivery, and improved demand and capacity management.

- [Mental health models to support children and young people](#) - Rapid Evidence Check

- [NSW Strategic Framework and Workforce Plan for Mental Health, 2018–2022, A Framework and Workforce Plan for NSW Health Services](#)

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.

- [Planning mental health workforce responses in coronavirus \(COVID-19\) recovery and outbreaks - VIC Health](#)

This document provides guidance to Victorian Area Mental Health Services (AMHSs) preparing local contingency plans to address potential workforce shortfalls during the coronavirus (COVID-19) pandemic due to an outbreak in mental health services or increased demand for clinical services.

Staff Wellbeing

[Mental Health for the health workforce during COVID-19 - Australian Government Department of Health](#)

Health workers are facing unprecedented circumstances and pressure during the coronavirus (COVID-19) outbreak. This can take a toll on mental health. Read about what you can do to look after your mental health and wellbeing during this challenging time.

- [Pandemic Kindness Movement - Spreading only kindness](#)

The Pandemic Kindness Movement was created by clinicians across Australia, working together to support all health workers during the COVID-19 pandemic. Providing evidence-informed resources and links to valuable services to support the wellbeing of the health workforce.

- [Welcome to COVID Connexion](#)

NSW Health has launched COVID Connexion, an independent and professional wellbeing advice line for health workers. The service is private and confidential, available 24/7, staffed by professional and qualified staff. The service is tailored specifically to health workers' experiences.

- [Meditation-based Wellness and Compassion - MWAC](#)

MWAC is a meditation-based NSW Health staff wellness and compassionate care program in which staff members learn and practice relaxation, stress reduction, mindfulness, kindness, compassion and self-compassion skills. The program is practical, non-religious and science-informed.

Working Group Members

Working Group membership includes representation from all LHD/SHNs and key representatives from the following organisations:

- Ministry of Health Mental Health Branch, Whole of Health Program
- Agency for Clinical Innovation
- Clinical Excellence Commission
- Office of the Advocate for Children and Young People
- Albury Wodonga Health
- BEING – Mental Health Consumers
- Black Dog Institute
- headspace National Youth Mental Health Foundation
- Health Education and Training Institute
- Mental Health Carers NSW
- Mental Health Commission of NSW
- Primary Health Networks
- Royal Australian and New Zealand College of Psychiatrists (NSW Branch)
- Royal Far West.

References

Causes of Death, Australia - Australian Bureau of Statistics 2020

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Commonwealth of Australia 2015

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2>

Mental Health Models to Support Children and Young People – Rapid Evidence Check, COVID-19 Critical Intelligence Unit, NSW Health, 10 February 2021

MH-TRACE, Early indicators of COVID-19 effects on NSW Mental Health service demand and care, 2021.

