

# South Western Sydney Local Health District

## Mental Health Strategic Plan 2015 - 2024

*Leading care, healthier communities*



**Health**  
South Western Sydney  
Local Health District

**South Western Sydney Local Health District**

Liverpool Hospital Eastern Campus

Locked Mail Bag 7279

Liverpool BC NSW 1871

Tel. (612) 8738 6000

Fax. (612) 8738 6001

**[www.swslhd.nsw.gov.au](http://www.swslhd.nsw.gov.au)**

Prepared by: Leah D'Souza Consulting  
for South Western Sydney Local Health District

Wide distribution of this document is encouraged. It may be reproduced in whole or part for study or training purposes subject to inclusion of an acknowledgement of source. It may not be reproduced for commercial usage or sale. Copies may be made without permission; however, references made to information contained within must be done so with acknowledgment to the South Western Sydney Local Health District.

*ISBN 978 1 74079 187 8*

Further copies of this document can be downloaded from the SWSLHD website  
[www.swslhd.nsw.gov.au](http://www.swslhd.nsw.gov.au)

July 2015





## Foreword

Mental ill-health directly affects almost half the Australian population at some point in their lives. Despite this high prevalence it is still misunderstood. Reducing the impact of mental ill-health on consumers, their carers, families and communities is of the highest priority for the South Western Sydney Local Health District (SWSLHD).

The *Mental Health Strategic Plan 2015-2024* is aligned with *Living Well: A Strategic Plan for Mental Health in NSW 2015-2024*, which was developed by the NSW Mental Health Commission of NSW, and adopted by the NSW Government. *Living Well* provides a ten-year roadmap for reform of the NSW mental health system. The *Mental Health Strategic Plan 2015-2024* will drive the reform process in SWSLHD and enable the District's vision of **Leading care, healthier communities**.

South Western Sydney Local Health District has an established record of delivering high quality mental health services. Significant improvements have been made in the past decade. These improvements have included enhancements in the availability of community and inpatient mental health services, strengthened partnerships with the community managed sector, and models of care which focus on recovery.

This Plan has been developed following extensive consultation with community, consumer and carer representatives, staff and partner organisations. I would like to thank all those who contributed to our planning. The consultation has identified the key issues which impact on people who experience mental ill-health, including service delivery, availability and accessibility. It has also identified strategies which will enable SWSLHD and the broader mental health service system to be more responsive, consumer focused and recovery-oriented in the provision of care and support.

Key priorities for investment have been identified, consistent with the directions identified in national and state policy. Our priorities include:

- Assertive Community Treatment models of service to support consumers with higher acuity or support needs in the community
- Transitional supported accommodation packages provided in conjunction with community managed organisations to support people being discharged from inpatient care
- Additional services for older people
- Improving the physical health of consumers of the Mental Health Service
- Enhancing the capacity of community and inpatient mental health services towards benchmarks identified in agreed population-based planning methodology.

The SWSLHD Executive and the SWSLHD Mental Health Service are committed to increasing community resilience and capacity, strengthening quality of care, fully engaging with consumers and carers in service provision, working collaboratively with service partners and building services and facilities to meet the growing needs of our community. Ongoing improvement to the mental health system, facilitated through the Plan, will benefit the whole community of south western Sydney.

Amanda Larkin  
Chief Executive  
South Western Sydney Local Health District





## Contents

### Foreword

<b>1. Introduction .....</b>	<b>1</b>
1.1 Definitions .....	2
<b>2. Policy Context.....</b>	<b>3</b>
2.1 National Policy .....	3
2.2 State Policy .....	4
2.3 Local Policy .....	5
<b>3. Key Facts about South West Sydney .....</b>	<b>7</b>
3.1 Geography .....	7
3.2 Community Characteristics - South Western Sydney at a Glance.....	8
<b>4. Mental Health Services in South Western Sydney .....</b>	<b>9</b>
4.1 South Western Sydney Local Health District Mental Health Services.....	9
4.2 Affiliated Health Organisations .....	10
4.3 The South Western Sydney PHN .....	11
4.4 The Community Managed Sector.....	11
4.5 Other Government Departments .....	11
<b>5. What the Community Has Told Us .....</b>	<b>12</b>
5.1 What Has Improved in South Western Sydney .....	12
5.2 Issues .....	13
<b>6. Vision and Values Driving Change .....</b>	<b>15</b>
6.1 Vision and Values .....	15
6.2 The SWSLHD Mental Health System in 2024 .....	15
<b>7. Directions Ahead .....</b>	<b>17</b>
7.1 Mental Health Promotion and Prevention.....	18
7.2 Strengthening the Local Mental Health Service System to Provide Integrated Care .....	20
7.3 Delivering a Recovery-Oriented Mental Health Service.....	23
7.4 Addressing Inequalities .....	25
7.5 Enhancing Care in the Community .....	26
7.6 Physical Health of Mental Health Service Consumers .....	27
7.7 Education, Training and Employment .....	29
7.8 Housing and Homelessness.....	30
7.9 Improving Services for Children and Young People .....	32
7.10 Improving Services for Older People.....	34
7.11 Aboriginal People and Communities .....	36
7.12 People from Culturally and Linguistically Diverse Communities.....	38
7.13 People who are Lesbian, Gay, Bisexual, Transgender and Intersex .....	40
7.14 People with an Intellectual Disability .....	41
7.15 People who Misuse Substances .....	42
7.16 People in Contact with the Criminal Justice System .....	43



7.17	People who Experience Eating Disorders.....	44
7.18	People who Experience Borderline Personality Disorder .....	45
7.19	People who Self-Harm or are at Risk of Suicide .....	46
7.20	Families and Carers .....	48
7.21	Engaging Consumers and Carers in Service Design.....	50
7.22	The Mental Health Workforce.....	52
7.23	Developing the Peer Workforce .....	54
7.24	Developing the Community-Managed Sector .....	55
7.25	Better use of Technology .....	56
7.26	Research and Knowledge Exchange .....	58
7.27	Governance .....	60
<b>8.</b>	<b>Acronyms .....</b>	<b>61</b>
<b>9.</b>	<b>Appendices.....</b>	<b>62</b>
	Appendix 1 SWSLHD Mental Health Services.....	62
	Appendix 2 SWSLHD Mental Health Service Organisational Structure.....	63
<b>10.</b>	<b>References.....</b>	<b>64</b>



## 1. Introduction

Improving the mental health of the people in south Western Sydney is a high priority for the South Western Sydney Local Health District (SWSLHD) in achieving its vision of **Leading care, healthier communities**.

Research shows that one in five adults will be directly affected by mental ill health at any point in time and that 45% of the population will experience mental ill health at some point in their lives; that adolescents and young people are at a particularly high risk of developing a mental health issue; and that mental illness is a significant cause of premature death. People with a severe and persistent mental illness are among the most vulnerable people in our community, due to the complexity of their health and support needs. Mental ill health affects people from all cultural backgrounds, although the number of Aboriginal people and refugees experiencing mental ill health is disproportionately high. Carers of people with a mental health problem may also be vulnerable and need support.

A new approach is required in SWSLHD to improve the mental health of the community; to promote resilience and wellbeing; to respond early and appropriately to signs of mental ill health; and to support people to recover from their experiences. To achieve this, more work is required to reduce the stigma associated with mental illness which is a significant barrier to seeking help. Shifting the focus of all services to a recovery-oriented model in which the consumer is central to all decision making is required and enhanced capacity in and responsiveness of community mental health services is a priority to deliver care and treatment to consumers in a range of settings.

The mental health service system is complex and difficult to navigate. Consumers and their carers/families relate to the public health system, private health care providers such as General Practitioners, psychiatrists, psychologists, private hospitals and the community managed sector. People who experience a severe and persistent mental health issue may have involvement with government and community managed services in relation to income, education, employment, housing and social support. Improving the way these services work with consumers and each other will make the system more effective and efficient.

The *South Western Sydney Local Health District Mental Health Strategic Plan 2015 - 2024* has been developed in collaboration with consumers, carers, service providers and staff. It provides a blueprint for continued improvement in local and state priority areas. The strategies when implemented, will help to meet the District's vision of **Leading care, healthier communities** and the NSW Government's vision of the people of NSW having "*the best opportunity for good mental health and wellbeing and to live well in their community and on their own terms*", described in the NSW Mental Health Commission's *Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024*.<sup>1</sup>



## 1.1 Definitions

**Consumer** - A person who uses or has used a mental health service. <sup>2</sup>

**Carer** - any person, of any age, who provides unpaid care and support to a relative or friend who has a disability (including a mental illness), a chronic health condition, a terminal illness, drug or alcohol issue or who is elderly and frail.

**Integrated care** - the provision of seamless, effective and efficient care that responds to all of a person's health needs, across physical and mental health, in partnership with the individual, their carers and family. <sup>3</sup>

**Mental Health** - the capacity of individuals and groups to interact with one another in ways that promote subjective wellbeing, optimal development, and the use of mental abilities (cognitive, affective and relational), and the achievement of individual and collective goals consistent with the law. <sup>2</sup>

**Mental illness or ill-health** - a disorder diagnosed by a medical professional that significantly interferes with an individual's cognitive, emotional or social abilities. <sup>4</sup>

**Mental health problem** - a problem that interferes with a person's cognitive, emotional and social abilities, but may not meet the criteria for a diagnosed mental illness. Mental health problems often occur as a result of life stressors, and are usually less severe and of a shorter duration than mental illnesses.....they may develop into mental illness. <sup>4</sup>

**Resilience** - the capacity to cope, adapt and grow in the face of stress or adversity. It recognises that stress and situations of deep sorrow and grief cannot be avoided and are a natural part of human experience. <sup>1</sup>

**Recovery** - 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. <sup>5</sup>

**Recovery-oriented practice** - the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations. <sup>5</sup>

**Trauma-informed care** - the core principles of trauma-informed care are safety, trustworthiness, choice, collaboration and empowerment, in parallel with the core tenets of a recovery-informed approach. It requires staff to have a basic understanding of how trauma affects the life of a person and accommodate the particular sensitivities and vulnerabilities of trauma survivors. It also moves away from a sole focus on diagnosis and towards the provision of holistic care based on lived experience and individual need.

**Treatment** - Specific physical, psychological and social interventions provided by health professionals aimed at reducing impairment and disability and/or the maintenance of current levels of functioning. <sup>5</sup>

**Wellbeing** - The state of complete physical, mental and social wellbeing and not merely the absence or presence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition. <sup>5</sup>



## 2. Policy Context

This section describes the policy environment in which mental health services are provided and in which mental health is promoted at a national, state and local level.

### 2.1 National Policy

#### 2.1.1 The National Mental Health Strategy and Plans

Launched by the Australian Health Ministers' Advisory Conference in 1992, the *National Mental Health Strategy* aims to promote the mental health of Australians; prevent the development of mental disorders where possible; reduce the impact of mental disorders and assure the rights of people with a mental illness. The *Fourth National Mental Health Plan 2009 - 2014* focussed on social inclusion and recovery, prevention and early intervention, service access, coordination and continuity of care, quality improvement and innovation and accountability.

#### 2.1.2 The Council of Australian Governments Roadmap for National Mental Health Reform

In 2012 the Council of Australian Governments issued *The Roadmap for National Mental Health Strategy Reform 2012 - 2022*, which outlines a number of priority issues for reform of Australia's mental health system. Priorities focussed on promoting person-centred approaches, improving mental health and social and emotional wellbeing, preventing mental illness, focussing on early detection and intervention, improving access to high quality services and supports and improving the social and economic participation of people with mental illness.

#### 2.1.3 National Mental Health Commission and the Report of the National Review of Mental Health Programmes and Services

The Australian Government established the National Mental Health Commission (NMHC) in 2012 to provide independent reports and advice to the community and government on the effectiveness of the mental health sector. The NMHC's philosophy of '*contributing lives, thriving communities*' is strongly anchored in the concept of 'recovery'.

In 2015 the NMHC released the *Report of the National Review of Mental Health Programmes and Services*. The review made recommendations in relation to health promotion and wellbeing, developing a person-centred mental health system, shifting funding from hospital to community based care, suicide prevention, improving responses for Aboriginal people, workforce capacity (including developing the peer workforce), technological innovation and research.

#### 2.1.4 National Framework for Recovery-Oriented Mental Health Services

The *National Framework for Recovery-Oriented Mental Health Services* was endorsed by the Australian Health Ministers' Advisory Council in 2013. The Framework describes the practice domains and key capabilities required for the mental health workforce to operate using a recovery-oriented approach. It recognises that cultural and attitudinal change is necessary within the mental



health workforce and that the contribution of people with a lived experience of mental illness is fundamental to achieving this.

### 2.1.5 National Safety and Quality Health Service Standards

The *National Safety and Quality Health Service Standards (2012) (NSQHS)* were developed by the Australian Commission on Safety and Quality in Healthcare. There are ten standards. SWSLHD Mental Health Services undergo accreditation against the NSQHS Standards through participation in the Australian Council of Healthcare Standards EQuIP National Process. EQuIP National assess the Service against the ten NSQHS standards and five additional standards addressing corporate and service delivery domains.

### 2.1.6 National Standards for Mental Health Services

The *National Standards for Mental Health Services* identify ten key areas which must be addressed to provide a comprehensive mental health service that responds to community expectations. The standards focus on rights and responsibilities, safety, consumer and carer participation, diversity responsiveness, promotion and prevention, consumers, carers, governance, leadership and management, integration and delivery of care. The Standards are based on principles which promote quality of life, recovery, consumer and carer recognition and involvement, individualised care, limiting personal restriction and good governance.



### 2.1.7 The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) will introduce a financial support system which will enable eligible people with a psychiatric disability to access a wide range of support services to facilitate their participation in community life. Rollout of the NDIS across NSW is expected from 2018.

## 2.2 State Policy

### 2.2.1 NSW State Plan - NSW 2021: A Plan to Make NSW Number One

The *NSW State Plan* guides the development of infrastructure and services in NSW to 2021. In relation to Health, the plan aims to keep people healthy and out of hospital and provide world class clinical services with timely access and effective infrastructure. The plan identifies the need for person centred care delivery, improved communication and collaboration.

### 2.2.2 NSW State Health Plan: Towards 2021

The *NSW State Health Plan* was released in 2014 and aims to meet the goals for health outlined in the *NSW 2021 Plan*. The plan describes the CORE values which underpin the provision of health services across NSW: - Collaboration, Openness, Respect and Empowerment and aims to ensure '*the right care, in the right place at the right time.*'



Three key directions to deliver innovation are identified: - Keeping People Healthy; Providing World-Class Clinical Care; and Delivering Truly Integrated Care. Key focus areas within the plan include reducing health risk behaviours, helping people manage their own health, improving connections within the health system, developing new models of care, strengthening partnerships internally and externally, maintaining a focus on quality and safety, listening to and empowering consumers, building infrastructure, workforce and research capacity and capability.

### 2.2.3 Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024

The *Living Well* plan was developed by the Mental Health Commission of NSW to set the direction to reform the mental health system in NSW. It has been adopted by the NSW government. *Living Well* articulates the vision of “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.” *Living Well* promotes a recovery-oriented approach to mental health in NSW, which recognises the diversity of consumers and consumer experiences before, during and after engagement with the mental health system. It has a strong focus on building community resilience, growing the community mental health system and developing the capacity of the community managed sector to take a more active role in the provision of mental health services.

## 2.3 Local Policy

### 2.3.1 SWSLHD Strategic Priorities in Health Care Delivery to 2021

This plan provides the overall plan for healthcare services development for SWSLHD to 2021. It describes how services will be implemented consistent with the CORE values of NSW Health and articulates a vision for SWSLHD of **Leading care, healthier communities**. Key principles



underpinning the plan are delivering high quality health care, evidence based practice, consumer centred care, equity, learning and reflection, continuous quality improvement, innovation, sustainability, excellence and accountability, valuing and supporting the workforce, leadership and teamwork.

Mental Health priorities in the plan include the need to expand the availability of services, increase community awareness of mental health (including prevention and early intervention), improve the physical health of people with a mental illness and collaborate with other stakeholders to focus on improved responsiveness to both emergency situations and long term recovery.

### 2.3.2 SWSLHD Corporate Plan 2013 - 2017

The *SWSLHD Corporate Plan* supports the *Strategic Priorities in Health Care Delivery to 2021* plan. This plan identifies eight areas for corporate action - Providing High Quality Health Services,



Community Partnerships, Seamless Networks, Developing our Staff, Research and Innovation, Enhancing Assets and Resources, Supporting Business and Efficiency and Sustainability.

### 2.3.3 Consumer and Community Participation Framework 2012

The *SWSLHD Consumer and Community Participation Framework 2012* was developed collaboratively between the community, consumers and the District and builds upon a decade of active community engagement. The Framework documents the formal structure and processes by which health staff can facilitate meaningful participation by consumers and community representatives in SWSLHD planning, service delivery and evaluation.

The Framework identifies the key role for consumer and community representatives in providing training to build the capacity of staff in community engagement and to provide direct and unique insight into community and consumer experiences with health care.

### 2.3.4 HealthPathways

The *South Western Sydney HealthPathways* program has been developed collaboratively between SWSLHD, the South Western Sydney Medicare Local and *HealthPathways Australasia* to support General Practitioners (GPs) to provide and manage care and support which requires input from multiple organisations, agencies and/or care providers. Accessed electronically, *HealthPathways* provide GPs with detailed clinical information, red flags which highlight the need for active monitoring and/or referral, assessment tools, management tools and referral and support information. A number of *HealthPathways* projects are underway in South Western Sydney and there is a commitment to develop additional *HealthPathways* in response to identified need.



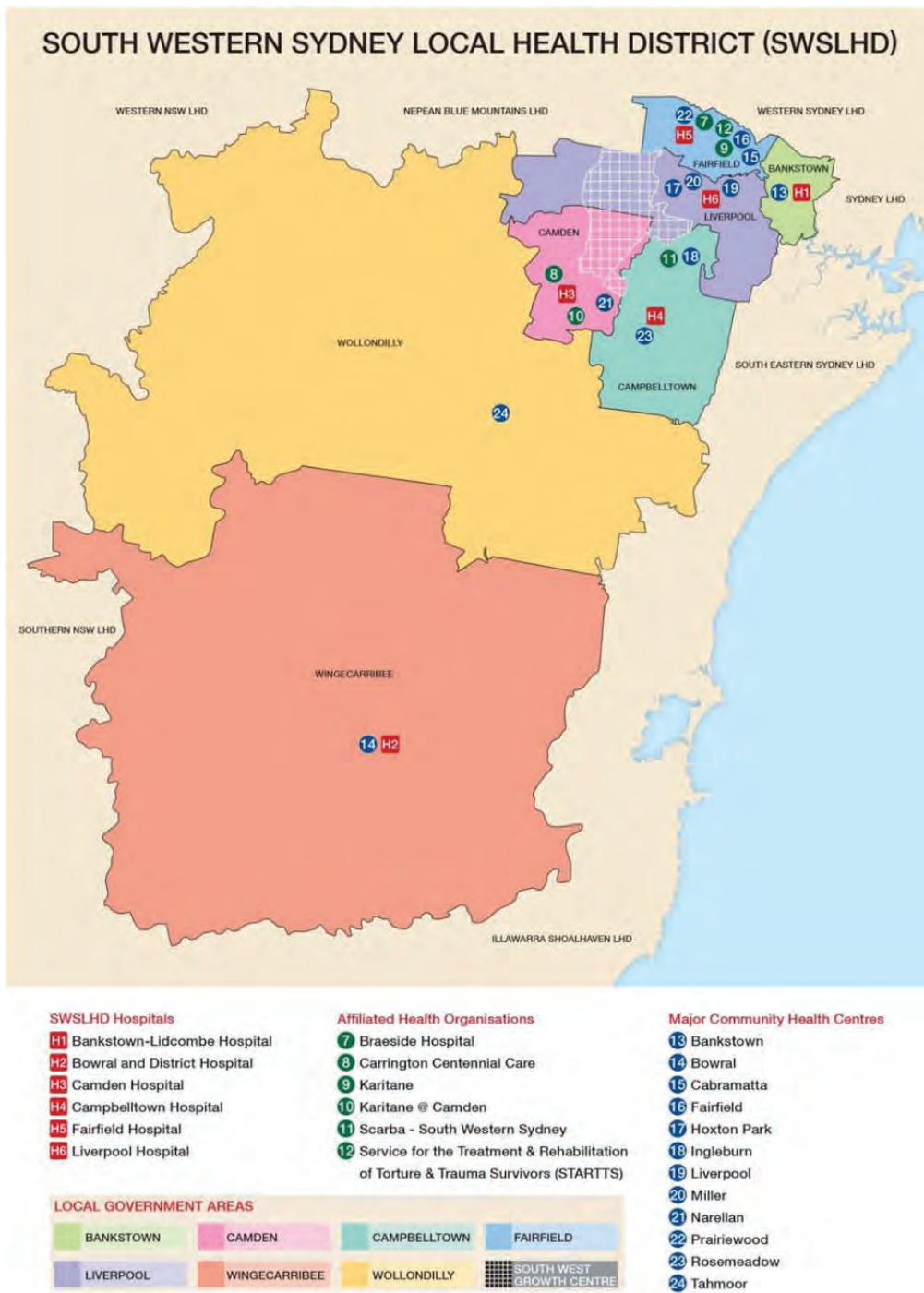


### 3. Key Facts about South West Sydney

#### 3.1 Geography

As shown in Figure 1, the South Western Sydney Local Health District (SWSLHD) encompasses the Local Government Areas (LGAs) of Bankstown, Fairfield, Liverpool, Wingecarribee and the Macarthur region LGAs of Campbelltown, Camden and Wollondilly i.e. an area of over 6,000 square kilometres.

**Figure 1 SWSLHD Location, Boundaries and Facilities**





### 3.2 Community Characteristics - South Western Sydney at a Glance

- In 2014, an estimated 921,718 people lived in the District. By 2021 it is projected that this will increase to 1.25 million people
- Most population growth will occur in Liverpool, Campbelltown and Camden LGAs
- South western Sydney has a relatively young population and a higher than state average fertility rate
- The District's population is ageing rapidly, with a 50% increase in the number of people aged over 70 years between 2011 and 2021
- Aboriginal people make up 1.6% of the District's population (13,090 people)
- A third of the District's residents were born overseas
- Between 2008 and 2012, 8,000 people who were humanitarian arrivals settled in south western Sydney (39% of humanitarian entrants to NSW)
- Other than English, the most commonly spoken language in the District is Arabic, followed by Vietnamese and Cantonese
- Residents experience a high level of socioeconomic disadvantage compared to other urban areas. Fairfield, Bankstown, Liverpool and Campbelltown are among the ten most disadvantaged LGAs in NSW
- Some residents experience geographic isolation and transport disadvantage, particularly those residing in the Wingecarribee and Wollondilly LGAs
- Residents in Bankstown, Fairfield and Campbelltown typically have a lower than state average income
- 41% of residents have year 10 or equivalent as their highest educational qualification
- There is a significant concentration of social housing, with 26,244 social housing dwellings across the District
- There are an estimated 2,000 people who are homeless or living in insecure housing across the District
- There are around 2,000 children living in out of home care arrangements
- Around 50,000 local residents describe themselves as having a disability and over 77,000 people describe themselves as carers of people with a disability
- A higher proportion of south western Sydney residents report high or very high levels of psychological distress compared with the rest of NSW, with women reporting higher levels of distress than men
- On a typical day SWSLHD Emergency Departments respond to the needs of 27 people with a mental health issue and community based Mental Health Services provide 974 occasions of service to existing consumers. <sup>6</sup>



## 4. Mental Health Services in South Western Sydney

Mental Health services in south western Sydney are provided by the public sector, third schedule facilities, the private sector (including General Practitioners, private psychiatry, psychology and counselling services and private hospitals) and the community managed sector. Other government departments and coordinating organisations such as the South Western Sydney PHN are also significant within the District.

### 4.1 South Western Sydney Local Health District Mental Health Services

SWSLHD's Mental Health Service (MHS) employs 830 staff to deliver a comprehensive range of clinical care and support services to residents of south western Sydney. These services are provided across a continuum from health promotion (focussing on mental health, wellbeing and resilience) through to care for people with severe and enduring needs.

Appendix 1 lists mental health services currently provided by SWSLHD.

#### 4.1.1 Mental Health Promotion

Mental Health Promotion services are based at Bankstown, Liverpool and Macarthur/Wingecarribee. The teams work collaboratively with the SWSLHD Health Promotion Unit, other Mental Health Services, other government departments and the community managed sector to develop and deliver evidence-based mental health promotion programs within local communities. Programs are focussed around strengthening protective factors for mental health, improving mental health literacy in the community, improving the physical health of people with a mental illness and addressing the social determinants of mental health e.g. housing, education and employment.

#### At a Glance:

- Community based Mental Health services are provided through facilities at Bankstown, Carramar, Liverpool, Campbelltown, Tahmoor, Camden and Bowral
- SWSLHD provides 176 mental health inpatient beds across Bankstown-Lidcombe, Liverpool and Campbelltown Hospitals
- Liverpool and Campbelltown Hospitals have 6 bed Psychiatric Emergency Care Centres each

#### 4.1.2 SWSLHD Community Mental Health Services

SWSLHD Community Mental Health Services are provided either District-wide or at a local level i.e. in Bankstown, Fairfield, Liverpool, Macarthur and Wingecarribee. These local teams support continuity of care between community and inpatient services and service collaborations with the community managed sector.

There are specialised services for older people; infants, children and adolescents; rehabilitation/recovery, Aboriginal Mental Health, eating disorders and substance misuse.

In 2013/14 there were 459,024 non-admitted patient occasions of service delivered by Community Mental Health services across the District (including Braeside - see Section 4.2). Significant effort has



been directed to improving the responsiveness of follow up care in the community within seven days of a hospital discharge, with services generally meeting or exceeding the target of 70% in 2014/15.

#### **4.1.3 SWSLHD Hospital and Inpatient Mental Health Services**

People experiencing an acute mental health episode may present to any Emergency Department (ED) within the District, with many people being transported by the NSW police or ambulance service. In 2014 there was an average of 787 mental health presentations to ED each month. Six bed Psychiatric Emergency Care Centres (PECC) are located within Emergency Departments at Liverpool and Campbelltown Hospitals. PECCs enable timely access to specialist mental health services for people with mental health conditions presenting to hospital EDs.

SWSLHD Inpatient Mental Health Services are located at Bankstown-Lidcombe (30 beds), Liverpool (86 beds) and Campbelltown (60 beds) hospitals. These services include various mixes of high dependency, general adult, sub-acute/rehabilitation and adolescent/youth units (see Appendix 1). There are no acute older person's mental health beds within SWSLHD. In 2013/14 there were 3,497 separations from SWSLHD mental health inpatient facilities with consumers staying an average of 18.8 days. In 2015 bed occupancy averages 100%.

As at March 2015, unplanned readmission rates for people discharged from a SWSLHD mental health unit were 8.7%, less than the target of 13%.

## **4.2 Affiliated Health Organisations**

Within south western Sydney, three Affiliated Health Organisations are significant partners in the development and delivery of mental health services for the local community.

Braeside Hospital is colocated with Fairfield Hospital and operated by HammondCare. Braeside Hospital provides a 16 bed sub-acute unit for older people with a mental health condition. The Specialist Mental Health Service for Older People team for Liverpool/Fairfield also provides outreach services from Braeside Hospital. In 2013/14 there were 115 separations from Braeside Hospital, with an average length of stay of 45 days.

Karitane is a mothercraft organisation with bases in Carramar (Fairfield) and Camden, providing outreach, parenting clinics, day stay and residential services. There are 22 beds at Carramar (11 mother and 11 baby) and 16 beds at Camden (8 mother and 8 baby). Target groups include families experiencing or at risk of perinatal mental health issues and those experiencing parenting difficulties. Karitane undertakes a significant research role.

The NSW Service for the Treatment and Rehabilitation of Trauma and Torture Survivors (STARTTS) provides a state-wide service to assist refugees and humanitarian entrants recover from their experience and build a new life in Australia. Individual and group services are offered, including health promotion, psychiatry, psychology and counselling. STARTTS also undertakes a significant research role.



### 4.3 South Western Sydney PHN

South Western Sydney PHN (SWSPHN) replaced the South Western Sydney Medicare Local in July 2015. SWSPHN will continue to develop the capacity of the primary health sector to respond to the needs of people with a mental health issue and to promote the mental health and wellbeing of the local community. To date, key initiatives have included a suicide prevention service, support for General Practitioner education, providing information on access to support and treatment services and building partnerships.

### 4.4 The Community Managed Sector

The community managed sector, also known as non-government organisations (NGO), refers to organisations working within health and community services in areas such as building community resilience, mental health promotion and providing direct support to people with a mental health issue and their carers. Community Managed Organisations (CMO) include peak bodies, charities and not for profit providers.

SWSLHD funds a number of CMOs through the NSW Ministry of Health NGO Grant Program to provide agreed services. This is discussed further in Section 7.24 Developing the Community Managed Sector.

### 4.5 Other Government Departments

Other Australian and NSW government departments provide support and assistance to people with a mental health issue, either directly or indirectly through funding of support services. Key government agencies include the Australian Government Department of Human Services (through Centrelink) and the NSW government departments of Family and Community Services (incorporating Community Services; Ageing, Disability and Homecare and Housing); Corrective Services and Education, as well as the NSW Police Force and the other NSW Health services such as the Ambulance Service of NSW.



## 5. What the Community Has Told Us

An extensive consultation process was undertaken to develop the *SWSLHD Mental Health Strategic Plan* over the period January 2013 - May 2015. This consultation involved the community, consumers, carers, the community managed sector, other government departments and staff from both the Mental Health Service and other parts of SWSLHD. Participants identified key issues and identified strategies to help the Service achieve the vision of **Leading care, healthier communities**.

### 5.1 What Has Improved in South Western Sydney

Key improvements to the local mental health service system identified through consultation include:

- Growth in the mental health workforce from 143 positions in 1993 to 830 positions in 2015, with staff undertaking a range of education and training to improve their skills
- Reorientation of services and systems to focus on recovery and not just diagnosis
- Greater consumer involvement in individual care planning and goal identification
- Improved recognition of the important role of carers
- Strengthening of carer support services, including the employment of a peer Carer Support Worker, creation of carer support groups (with language specific groups and groups for young carers) and respite care
- Establishment of mental health interagency committees in Wingecarribee, Macarthur, Fairfield-Liverpool and Bankstown to promote partnerships and improve service responses to people with a mental health issue, their families and carers
- Greater involvement of consumers and carers in service planning and design, primarily through the establishment of the Mental Health Community, Consumer and Carer Committee
- Expansion of community based mental health services, including emergency services at Bankstown, Liverpool-Fairfield and Macarthur
- Designated and expanded services for older people and for infants, children and adolescents
- Greater support for young people in relation to prevention, early intervention and treatment, through collaborating with headspace, school-based programs and the establishment of a Youth Mental Health Team at Campbelltown
- Psychiatric Emergency Care Centres established at Liverpool and Campbelltown Hospitals
- Additional Karitane services at Camden Hospital to support perinatal mental health care
- Expansion of acute and sub-acute inpatient services at Liverpool Hospital and planning for additional inpatient facilities
- Additional Aboriginal staff to improve mental health and wellbeing services for Aboriginal people and their families and establishing an Aboriginal Mental Health Training Program linked to Charles Sturt University
- New services delivered in partnership with the community managed sector including the Housing and Accommodation Support Initiative, headspace and Partners in Recovery
- A growing capacity for research across all services, with internationally recognised expertise in areas such as perinatal, child and adolescent mental health, eating disorders, trauma, physical health and the mental health of refugees.

This Plan builds on these improvements.



## 5.2 Issues

While there is acknowledgement of the progress made in improving the local mental health system and services, a number of issues have been identified through the consultation process. Table 5.1 below summarises the key issues for Mental Health Services in south western Sydney.

**Table 5.1 Issues for Mental Health Services in South Western Sydney**

Issue	Description
<b>Population Growth and Demographic Change</b>	<ul style="list-style-type: none"> <li>• Significant population growth will occur in the next ten years, placing an increased demand on clinical and support services</li> <li>• The population of south western Sydney is ageing, resulting in an increased demand for specific services for older people</li> <li>• The birth rate in SWSLHD is high, resulting in high demand for perinatal mental health care and support</li> </ul>
<b>Community based mental health services</b>	<ul style="list-style-type: none"> <li>• SWSLHD is under-resourced to provide community based mental health services when compared to existing benchmarks</li> <li>• Emergency response teams are not able to respond quickly enough to meet the needs of people having an acute episode, resulting in inappropriate utilisation of emergency departments</li> <li>• Insufficient community based services to meet demand, particularly to prevent the need for hospitalisation</li> </ul>
<b>Inpatient services</b>	<ul style="list-style-type: none"> <li>• Existing inpatient services are at capacity and there are high levels of outflow to other Districts for inpatient treatment</li> <li>• Lack of information about treatment types, limited choice of treatment and quality of treatment</li> <li>• Emergency Departments are not designed to respond to the needs of people experiencing an acute mental health episode and their families</li> <li>• Limited recreational or therapeutic programs and activities</li> </ul>
<b>Complex service environment</b>	<ul style="list-style-type: none"> <li>• Consumers must access various supports from a range of agencies and organisations which results in duplication of effort, consumer stress and the need for care coordination</li> <li>• Fragmented service system and conflicting advice</li> <li>• Police and ambulance service used as an alternative to community based emergency teams</li> </ul>
<b>Availability of information</b>	<ul style="list-style-type: none"> <li>• Up to date information on mental health services and supports provided by the LHD and the community managed sector is difficult to obtain</li> <li>• Translated information in community languages is limited</li> </ul>
<b>Mental health awareness</b>	<ul style="list-style-type: none"> <li>• Poor awareness and understanding of mental health in the community</li> <li>• High levels of stigma associated with mental ill-health</li> <li>• Frontline staff in health and other government/service agencies do not have a good understanding of mental ill health and associated disability</li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li>• Variable approach to the implementation of recovery oriented practice</li> </ul>
<b>Social isolation</b>	<ul style="list-style-type: none"> <li>• Stigma and requirements for initial support to integrate can be barriers to participation in mainstream community activities/groups</li> </ul>



<b>Education and employment</b>	<ul style="list-style-type: none"><li>• Stigma and requirements for ongoing support are barriers to access</li><li>• Need for flexible and supportive working arrangements</li><li>• Services focus on people with a recent diagnosis</li></ul>
<b>Housing</b>	<ul style="list-style-type: none"><li>• Lack of affordable, secure, long term housing, with associated support as required. This can be a barrier to discharge from inpatient units</li><li>• Concerns about housing options after the loss of a carer</li><li>• Hoarding and squalor impacts on housing security and health</li></ul>
<b>Physical Health</b>	<ul style="list-style-type: none"><li>• Mental health services have a limited focus on physical health</li><li>• Access to dentistry and oral health services is difficult</li><li>• Low utilisation of screening and preventative health services</li><li>• Consumers exhibit high rates of health risk taking behaviour</li></ul>
<b>Substance misuse/comorbidity</b>	<ul style="list-style-type: none"><li>• Increasing number of people with psychosis related to drug misuse presenting to emergency departments. They are then difficult to diagnose and treat</li><li>• High levels of interaction with law enforcement and criminal justice systems, which are ill-equipped to respond to mental health needs</li><li>• Integration and coordination of care is difficult</li></ul>
<b>Aboriginal people</b>	<ul style="list-style-type: none"><li>• Cultural understanding of mental health, wellbeing and family</li><li>• Experience high levels of social isolation</li><li>• Experience barriers to accessing mainstream services</li><li>• Fear of institutionalisation</li><li>• Lack of Aboriginal Health Workers after hours</li><li>• Cultural competency of health staff</li></ul>
<b>Carers</b>	<ul style="list-style-type: none"><li>• Difficulty obtaining information regarding the status of their loved one</li><li>• Lack of engagement in care planning, monitoring and review</li><li>• Lack of access to respite services</li><li>• Support groups are limited in flexibility (times, days of week)</li></ul>
<b>People from culturally and linguistically diverse backgrounds</b>	<ul style="list-style-type: none"><li>• High levels of stigma associated with mental illness within communities is a barrier to access services, including carer support</li><li>• Refugees and humanitarian arrivals have complex needs and may have experienced significant trauma or torture</li><li>• Difficulty accessing interpreters and appropriate translated material</li><li>• Lack of cultural awareness of staff</li></ul>
<b>Workforce</b>	<ul style="list-style-type: none"><li>• The consumer and carer peer workforce in SWSLHD is under developed</li><li>• Recruitment and retention of senior medical staff is difficult</li></ul>

---



## 6. Vision and Values Driving Change

### 6.1 Vision and Values

The South Western Sydney Local Health District Mental Health Strategic Plan 2015-2024 is consistent with the District's vision of **Leading care, healthier communities** and with the NSW government's vision of "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." <sup>1</sup>

Strategies contained within this plan are consistent with the CORE values of the NSW Ministry of Health and SWSLHD reflected below. They are also consistent with the values of respect, recovery, community, quality, equity, citizenship and hope, described in *Living Well*.

<b>Collaboration</b>	Working as one team with patients, carers, the community and other service partners
<b>Openness</b>	Services are transparent and open and explain the reason for decisions
<b>Respect</b>	Everyone involved in patient care or a health project can contribute and their views will be heard, valued and respected
<b>Empowerment</b>	Staff, patients, consumers, carers and the community can make choices and influence outcomes. Systems and processes will enable participation, supply necessary information, support delegation and ensure accountability

### 6.2 The SWSLHD Mental Health System in 2024

By 2024, the mental health service system in south western Sydney will:

- Be **recovery-oriented**, with each individual enabled to make **informed choices about their health**, be partners in their care and plan for their future
- Clearly articulate the roles and responsibilities of the public, private and community managed sector, with **all agencies and organisations working in partnership** to improve the mental health system and outcomes for people with a mental health issue and their carers
- **Build the mental health literacy** of the community through increasing awareness and understanding of mental ill health
- Provide **additional mental health services** to meet increase demands associated with a growing population and identified community priorities and needs
- Be **accessible to all members of the community**, regardless of their age, history, cultural or linguistic background, geographic location, financial circumstances and lifestyle
- **Involve consumers, carers and communities and other service providers** in the planning and development of new mental health services, models of care and facilities and in service evaluation, in ways which are relevant and meaningful to them
- Be focussed on the delivery of **community-based services**, with **care coordination** and **service integration** between consumers, carers and all relevant service providers



- **Recognise and value the role of carers** and enable carers to get the support they need to maintain their physical and mental health and their caring role
- Demonstrate **improvements in the physical and mental health** of consumers, participation in **education and/or employment** and access to **secure, long term housing**
- Deliver **high quality services** which are **continuously improved** as a result of ongoing evaluation and research
- Encompass a **strong peer workforce** which recognises the valuable role of people with a mental health problem in delivering care and support
- Be delivered by a **workforce equipped with the therapeutic skills** to deliver effective interventions that improve mental health and wellbeing
- Recognise **SWSLHD as an employer of choice** for people wishing to build a career in mental health
- Innovatively **utilise technology** to improve the accessibility of the service system, improve the provision and transfer of information and better support consumers and service providers at all points in the system
- **Lead research**, in particular **translational research**, in relation to mental health priority issues in south western Sydney
- Be able to demonstrate delivery of services which are **efficient and cost effective**
- Be provided in **safe and healthy environments** which are mindful of **environmental and social sustainability and wellbeing**.





## 7. Directions Ahead

The following sections of this Plan describe how the SWSLHD mental health system will be developed to meet the vision of **Leading care, healthier communities**. These strategies have been developed in collaboration with consumers, carers, staff, the community managed sector and other stakeholders. The strategies are presented using a structure which is closely aligned with *Living Well* and is reflective of the key directions in mental health service development in NSW. Each strategy has been allocated a timeframe for completion and a position responsible for leading the action has been identified. Abbreviations are used in the following sections and described in full in Table 7.

**Table 7** Positions with Responsibility for Implementing Strategies

Abbrev.	Position	Abbrev.	Position
<b>DMH</b>	Director Mental Health	<b>DO</b>	Director Operations, Mental Health
<b>DAH</b>	Director Allied Health, Mental Health	<b>DoN</b>	Director Nursing, Mental Health
<b>MCMH&amp;P</b>	Manager Community Mental Health & Partnerships	<b>DMS</b>	Director Medical Services, Mental Health
<b>CDSMHSOP</b>	Clinical Director, Specialist Mental Health Service for Older People	<b>CDICAMHS</b>	Clinical Director, Infant Child and Adolescent Mental Health Service
<b>SHPO-MH</b>	Senior Health Promotion Officer - Mental Health	<b>Director PRTU</b>	Director Psychiatry Research and Training Unit

Implementation of this Plan will primarily be the responsibility of the SWSLHD Mental Health Service, with the support of the SWSLHD Board and Executive. Many of the strategies require collaboration between multiple internal and external stakeholders and changes to current systems. Strong leadership and collaboration will be required to implement this plan. Regular monitoring and review of the strategies is required, particularly in light of anticipated changes to the policy environment resulting from state-wide implementation of *Living Well* and the introduction of activity based funding and the *National Disability Insurance Scheme*.

The success of implementation will be measured by a number of indicators, including:

- Increase in the proportion of the workforce in mental health who are peer workers
- Increase in the proportion of consumers with a positive experience of service delivery
- Decrease in the rate of suicide and suicidal behaviour
- Increase in the proportion of mental health spending for community based service provision
- Mental Health Acute readmission within 28 days (%)
- Mental Health Acute post-discharge community care - follow up within seven days (%)
- Mental Health Presentations staying in Emergency Departments greater than 24 hours (no.)
- Mental Health Inpatient Emergency Admission Access Target Performance: patients admitted to a mental health inpatient bed within four hours of arrival in the Emergency Department (%)
- Proportion of the mental health workforce who identify as Aboriginal

Additional indicators will be developed during the implementation of this plan.



## 7.1 Mental Health Promotion and Prevention

Building a community of people who are individually and collectively resilient supports greater individual wellbeing and improved mental health. Resilience is a strength which enables people to cope with difficult life events and to support family, friends and others to do the same. People who are resilient are less likely to engage in risk taking behaviours and report a greater sense of physical and mental wellbeing. They actively manage their own health and seek additional support when the need arises. Resilient communities display high levels of connection between individuals and groups, with people supporting each other and actively improving the wellbeing of the whole community.

Supportive and inclusive communities are essential in the recovery of people who have experienced mental ill-health. People with a severe and persistent mental health issue are vulnerable to social isolation, due in part to negative community attitudes which stigmatise people with mental ill health and their families. Self-management, including identifying deterioration, adhering to treatment and seeking support when required are significant factors in achieving and maintaining recovery.

### Key facts <sup>1,7</sup>

- 45% of Australians will be affected by a mental illness at some point in their life
- At any one point in time, 2-3% of the population will be affected by a severe mental illness, 4-5% by moderate to severe mental illness and 9-10% by moderate mental illness
- Mental illness ranks fourth as the major cause of years of life lost, after heart attacks, stroke and cancer
- Anxiety and depression combined are increasingly adding to the burden of disease in Australia

*Living Well* identifies the need to strengthen individual and community wellbeing, through the delivery of coordinated, evidence-based health promotion activities, the use of *Wellbeing Impact Assessments* when undertaking new initiatives and the use of online and other self-management tools.

*Prevention First: A Prevention and Promotion Framework for Mental Health* <sup>4</sup> identifies the need to target mental health promotion and intervention initiatives at five groups - the whole community/community groups, groups in the community with a higher risk of mental ill-health, groups/individuals showing early signs of mental ill-health, individuals currently experiencing an episode of mental ill-health and those recovering from a mental illness.

The SWSLHD Mental Health Promotion and Diversity Committee is responsible for mental health promotion and inclusion initiatives. It has prioritised strengthening protective factors for mental health (with a focus on priority population groups), improving mental health literacy in the community, improving the physical health of people with a mental illness and addressing the social determinants of mental health. These priorities are consistent with *Living Well*.

Resources to promote self-management in relation to anxiety and depression are readily available. These include online resources to screen for mental health problems, to assess severity and to



support self-referral or self-management. Such approaches are supported by a range of online tools. The SWSLHD Mental Health Service encourages the use of these tools through a wide range of promotional material available in community and hospital settings. For people with a severe and persistent mental illness and those experiencing an acute episode, assistance may be required to develop self-management skills.



1.	Strategies for mental health promotion and prevention	Lead	Completed by
1.1	Deliver a range of evidence-based mental health promotion initiatives and social support programs in collaboration with other SWSLHD services, other government agencies and the primary and community managed sectors to improve the mental health and wellbeing of the SWSLHD community	SHPO-MH	2016
1.2	Deliver mental health literacy training to staff in public, private and community managed sectors	SHPO-MH	2016
1.3	Pilot the use of Wellbeing Impact Assessments on local projects in collaboration with SWSLHD Population Health	DMH	2017
1.4	Implement and evaluate programs which promote community participation for people with a mental health issue	SHPO-MH	2016
1.5	Review existing self-management tools to identify high quality resources and implement a communication strategy to promote across the District	DMH	2017
1.6	Develop systematic approaches to enable mental health consumers to manage their own health	DMH	2018

See also: Section 7.4



## 7.2 Strengthening the Local Mental Health Service System to Provide Integrated Care

The mental health service system in south western Sydney is highly complex. It comprises all three levels of government, private health providers, the community managed sector, industry, communities and individuals. It ranges from individuals who experience poor mental health to specialists in mental health care and general human service providers and incorporates services from health promotion to reduce the risk of developing a mental illness, through to community based and inpatient care. This system becomes more complex for people with co-morbidities such as substance misuse or intellectual disability and for people who are already disadvantaged. The complexity of the mental health service system can lead to fragmentation and makes determining the most appropriate services difficult for consumers, carers and service providers.

### Key facts

- Socioeconomic disadvantage is a contributor to ill-health and those who experience a severe and persistent mental illness are among the most disadvantaged in the community
- For people with a severe and persistent mental illness, a range of clinical and non-clinical supports are required to support recovery, including psychiatric treatment, physical health care, social support, housing, education, employment and assistance with the activities of daily living
- Improving outcomes for people with a mental illness requires a long term approach, which relies on multiple partners working cooperatively and collaboratively to achieve a shared vision

Developing a strong service system, delivered by a skilled and experienced workforce and providing integrated care is essential if health outcomes for people with a mental health issue are to be improved commensurate with those of the general population. This requires care to be consumer focussed and driven, with an equal emphasis on physical and mental health and wellbeing.

The *NSW Health Integrated Care Strategy 2014 - 2017* aims to transform the way care is delivered to improve outcomes for consumers and reduce costs associated with the provision of inappropriate and fragmented care. The strategy encourages system reforms which focus on the delivery of consumer centred care, enhanced connectivity, improved information flow within a person's care network and a reduction in the need for hospital based care. This is consistent with the NSW Government's *Interagency Action Plan for Better Mental Health* which extended responsibility for the mental health needs of individuals and communities beyond the traditional boundaries of mental health service providers. *Living Well* reiterates these focus areas and recommends the use of a Collective Impact Approach involving all stakeholders, working towards a common goal, to address highly complex, social issues, such as the recovery of people with a mental illness.

The South Western Sydney Integrated Health Committee was established in 2013 to improve integration between SWSLHD and primary care providers (represented by the Medicare Local). Initial activity has focussed on identification of priority health issues (of which mental health was



one), commencement of the *HealthPathways* project and developing innovative, technology focussed integrated care models within new and existing community health facilities. In addition, SWSLHD Mental Health services participate in system coordination and integration initiatives with primary care providers, particularly GPs, to improve discharge planning and care planning, implement shared-care models and enhance skill development and service capacity.

SWSLHD Mental Health Services work collaboratively with other SWSLHD services including carer support, emergency departments, drug health, Aboriginal health and aged care and rehabilitation to provide high quality, coordinated care to consumers and their carers and families through consultations, case conferencing and research.

Extensive collaboration also occurs with the community managed sector and government agencies to address broader needs of consumers. Examples of collaboration include in-reach support to consumers in inpatient facilities and colocation of support services. Mental Health Interagency meetings at Bankstown, Liverpool-Fairfield, Macarthur and Wingecarribee provide forums for strengthening local action and care coordination.





In recognition of the rapidly changing and highly complex mental health service environment, SWSLHD participates in ongoing initiatives to improve the quality, availability and accessibility of service information available. Examples include service directories, the *NSW-wide Mental Health Telephone Access Line* and the SWSLHD Mental Health website. *Partners in Recovery*, in collaboration with the University of Sydney, the University of Western Sydney and the mental health sector is gathering detailed information about local mental health services, known as the ATLAS project to improve the quality of service information available. Improving access to information about what services are provided, where and for whom has been considered a priority to address inequality in service provision. Consumers, carers, staff and related service providers including GPs need to be able to quickly source this information. Projects that include the redevelopment of the SWSLHD Mental Health internet and the development of a ‘No Wrong Door’ website for south western Sydney have commenced to address this issue.

2.	Strategies for strengthening the local mental health service system to provide integrated care	Lead	Completed by
2.1	Establish a high level Mental Health cross-agency committee with human service agencies to drive change, improve service access and develop models of joint service provision and to address the unique needs of individuals with complex needs, using a Collective Impact Approach	DO	2016
2.2	Collaborate with South Western Sydney PHN and General Practitioners to develop innovative models of shared-care and improve communication	DMH	2016
2.3	Review and improve discharge planning processes, including the development and communication of electronic discharge summaries to all relevant service providers to enhance the continuity of care	DoN	2016
2.4	Expand the availability of collaboratively delivered and colocated services, including in-reach services to inpatient units and outreach services delivered in community settings	DO	2017
2.5	Improve the service information available to consumers and carers through a range of mediums, giving consideration to the needs of people from priority populations	DAH	2016
2.6	Develop pathways to care and effective information systems to ensure there is reliable and accessible information to assist people in navigating the mental health system	DMH	2016
2.7	Undertake a clinical redesign project focusing on management of consumers with acute mental health needs in emergency departments and roll out across the LHD if effective	DMS	2017
2.8	Develop pathways and other service responses for people who present with anxiety and other mental health issues in inpatient and ambulatory care services	DMS	2018

See also: Section 7.4, Section 7.5 and Section 7.25



### 7.3 Delivering a Recovery-Oriented Mental Health Service

Understanding consumers' individual experiences and needs contributes to an improved therapeutic relationship and to achieving recovery. Recovery in mental health refers to the ability of a person with a lived experience of mental illness to live a contributing and meaningful life in the place and manner of their choosing. Supporting people's recovery requires an understanding of their lived experience including their culture, any history of trauma, levels of education, presence of support systems and individual strengths. Recovery-oriented mental health practice refers to *"the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations"*.<sup>5</sup>

#### Key facts<sup>5, 1, 8</sup>

- Central to recovery-oriented practice and service delivery is a service culture and language that makes a person feel valued, important, welcome and safe, communicates positive expectations and promotes hope and optimism
- Personally defined and led recovery now forms the basis of service practices and service delivery
- Lack of communication is a consistent theme raised in consumer/carer feedback about health services
- A strengths-based approach in working with consumers and carers is very effective in supporting the recovery process

The *National Framework for Recovery-oriented Health Services: Guide for Practitioners and Providers (2013)* provides policy direction and a process for services to use when shifting to the provision of recovery-oriented care and support. *Living Well* reinforces the need to implement this framework and provides a basis for strengthening the legislative and policy context to better facilitate recovery.

*Living Well* promotes the use of trauma-informed care as a therapeutic approach, in recognition of the high levels of trauma experienced by many clients of mental health services. *Living Well* also identifies the need for a 'no wrong door' approach to mental health services, by which staff across the Mental Health Service and related community and government services facilitate consumer access and engagement with mental health and other support services.

SWSLHD is also developing a suite of resources to support implementation of a strengths-based model. This model recognises that a consumer's identified strengths are assets that promote personal recovery goals. This project is being undertaken with funding from the NSW Mental Health Commission and incorporates the development of training materials, policy documentation, assessment instruments and clinical supervision guidelines.

The *SWSLHD Consumers as Partners in Clinical Care Policy (2015)* describes the expectations for working collaboratively with mental health consumers and carers in relation to decision making regarding treatment and care planning. The policy provides clear direction to staff on strengthening the involvement consumers have in managing their recovery.



3.	Strategies for delivering a recovery-oriented mental health service	Lead	Completed by
3.1	Implement the <i>National Framework for Recovery-oriented Mental Health Services</i>	DO	2016
3.2	Support each consumer to develop an individual, recovery-focussed plan which is developed in collaboration with families/carers and other support services as required	MCMH&P	2016
3.3	Support consumers, carers and staff to increase knowledge and skills related to recovery	MCMH&P	2016
3.4	Increase the capacity of staff to deliver trauma-informed care and strengths-based approaches as a component of the clinical skills required to support recovery	MCMH&P	2017
3.5	Establish a review process to utilise the results from clinical audits to undertake continuous improvements in the implementation of a District-wide recovery-oriented service	DoN	2017



## 7.4 Addressing Inequalities

Access to mental health services varies significantly across NSW and south western Sydney, particularly in regard to specialist services and services for people with complex needs. Ensuring the provision of consistently high quality services across SWSLHD and NSW is also required to address inequality.

### Key facts

- Compared to the availability of mental health services elsewhere in NSW, SWSLHD is currently under resourced in relation to community and hospital-based services
- The population of south western Sydney is expected to increase by over 380,000 people over the 20 year period from 2011 to 2031
- Using endorsed population-based planning tools, significant progressive increases in community and hospital-based services are required for all age groups

New approaches to population based planning and service benchmarking are being developed nationally through the *National Mental Health Services Planning Framework*. Population based planning for mental health has historically been undertaken through the Mental Health - Clinical Care and Prevention Model (MH-CCP) developed by the NSW Ministry of Health. The MH-CCP (2010) provides the estimated resource requirements for inpatient and community services by clinically defined age groups. Based on MH-CCP (2010) projections, SWSLHD requires an additional 153 community based staff to be recruited between 2015 and 2021.

Expansion of mental health inpatient services has been included in the planning for the redevelopment of Bankstown-Lidcombe and Campbelltown hospitals. Priority inpatient service enhancements include provision of mental health intensive care, acute older persons care, psychiatry emergency care, and acute adult gender-separated units. Planning for the inclusion of mental health services within the Oran Park Health Centre and other proposed integrated community-based health facilities in South Western Sydney growth areas is also underway. Planning processes will require consideration of how these new models will integrate with the existing service system.

4.	Strategies for addressing inequalities	Lead	Completed by
4.1	Use agreed population-based planning methodology to ensure that both community and inpatient mental health service provision is appropriate to meet the needs of people living in south western Sydney	DMH	2019
4.2	Establish new mental health services in the South West Growth Centre to improve service accessibility, in partnership with the South Western Sydney PHN	DMH	2025

**See also: Section 7.1, Section 7.2, Section 7.5, Section 7.6, Section 7.10, Section 7.11, Section 7.12, Section 7.13, Section 7.14 and Section 7.25**



## 7.5 Enhancing Care in the Community

A strong mental health system requires a range of care and support services to be available, with a focus on health promotion, prevention, early intervention and community-based services. Adequate provision of these services has the potential to foster recovery and to result in reduced avoidable presentations to emergency departments, reduced admissions and reduced lengths of stay. As noted in Section 7.4, additional community Mental Health services are required to meet the needs of the rapidly growing population in south western Sydney and hospital-based services will continue to be required for people requiring intensive support which is unable to be provided safely in a community setting.

### Key facts

- Community based mental health services in SWSLHD have grown over the past decade
- Population growth is placing increased demand on existing community mental health services and facilities
- When community based services are unavailable, the hospital system is the only alternative care option available for many people with a mental health problem
- The highest priority for the development of community-based care is the provision of assertive outreach services that reduce the need for presentation to emergency departments and prevent avoidable hospital admissions

*Living Well* articulates that future growth funding in NSW will be directed to the delivery of community based mental health services. SWSLHD provides an extensive network of community based support as outlined in Section 4.1.2 and Appendix 1. There are opportunities to develop new models to enhance care in the community, making it more responsive to the needs of consumers and to reduce the need to present to an emergency department, to prevent avoidable hospital admissions and following contact with the hospital system.

5.	Strategies for enhancing care in the community	Lead	Completed by
5.1	Develop community-based models of care, providing assessment and admission services, as an alternative to hospital emergency departments	DO	2016
5.2	Develop transitional supported accommodation packages in conjunction with community managed organisations for people being discharged from inpatient care	DMH	2017
5.3	Develop, implement and evaluate an Assertive Community Treatment model to support consumers with higher acuity and /or support needs in the community	DO	2016
5.4	Facilitate people with a psychosocial disability to be assessed for and, if appropriate, provided with services under the National Disability Insurance Scheme	DAH	2016

**See also: Section 7.4**



## 7.6 Physical Health of Mental Health Service Consumers

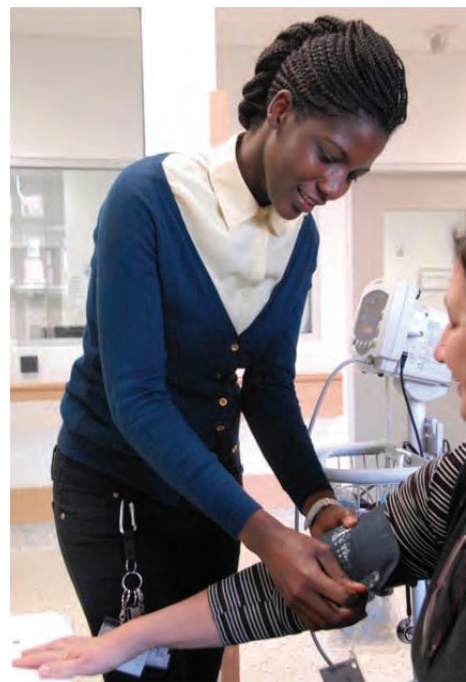
Internationally, it is recognised that the physical health of people with a mental illness is consistently worse than that of the general population. Having a severe and persistent mental illness is known to reduce life expectancy by more than ten years.

### Key facts <sup>1,9</sup>

- People with a mental health issue are more likely than others to engage in health risk behaviours such as smoking, alcohol consumption and other drug use and are less likely to have a good diet, sufficient exercise which may result in higher rates of obesity, inactivity, hypertension, metabolic syndrome and type II diabetes
- People with a mental health issue are less likely than others to participate in screening programs, such as those for breast, cervical and prostate cancer
- Some prescribed medications are associated with weight gain and obesity
- The poor physical health of mental health consumers is linked to reduced access to appropriate assessment and treatment, including preventative health services
- 27% of Australians with psychotic illness experience heart or circulatory conditions compared with 16.3% of the general population
- Respiratory and heart disease are key causes of death for people with a mental illness

In 2009, the Ministry of Health responded to this critical issue by releasing the *Physical Health Care of Mental Health Consumers Guidelines (2009)* to establish a baseline for the provision of physical health care. These Guidelines identify mechanisms to improve the physical health care of Mental Health Service consumers through screening, assessment, interventions and collaboration with GPs and other service providers. These Guidelines do not address how other parts of the health system identify and respond to people with a mental illness or problem.

Internationally there has been recognition of the need to ensure that addressing the physical health needs of people with a severe mental health issue starts at diagnosis to reduce ongoing risks. The NSW government has committed to the Healthy Active Lives (HeAL) Declaration which aims to ensure young people who experience psychosis have the same life expectancy of other young people in their community.



The SWSLHD Mental Health Service Physical Health Care Committee leads initiatives to improve the physical health care of consumers, in line with NSW policy and guidelines. This includes state initiatives to establish smoke free environments and improve nutrition in mental health inpatient units.



6.	Strategies for physical health of mental health service consumers	Lead	Completed by
6.1	Expand representation on the Physical Health Care Committee to include representation from the South Western Sydney PHN and relevant SWSLHD clinical services and develop initiatives to strengthen referral and treatment practices	DoN	2015
6.2	Develop and implement <i>HealthPathways</i> between SWSLHD services, General Practitioners and community managed organisations which include lifestyle interventions and monitoring programs	DMH	2016
6.3	Provide lifestyle programs to mental health consumers and carers which address key issues including nutrition, exercise, smoking, drug and alcohol use, immunisation, screening and use of health services	DoN	2016
6.4	Expand access to exercise facilities and exercise physiology support for mental health consumers through shared use of existing facilities, use of private facilities and exercise physiology student placements within mental health services	DoN	2016
6.5	Implement the <i>Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW</i>	DoN	2016
6.6	Review prescribing practices to reduce the use of medications which have adverse physical impacts	DMS	2016
6.7	Develop and evaluate metabolic screening, assessment and management clinics in community settings in partnership with relevant SWSLHD clinical services and General Practitioners	DMS	2016
6.8	Provide training to Mental Health staff in relation to: <ul style="list-style-type: none"><li>- implementing <i>Managing Nicotine Dependence: A Guide for NSW Health Staff</i></li><li>- risk factors for deteriorating physical health</li><li>- physical health screening, assessment and care</li></ul>	DoN	2016

See also: Section 7.2



## 7.7 Education, Training and Employment

Employment, education and training are recognised as significant factors in achieving recovery through improving self-esteem, reducing social isolation and achieving greater levels of financial security.

### Key facts <sup>1, 10</sup>

- 31% of people receiving the Disability Support Pension have a psychological or psychiatric condition
- Up to 90% of people with a mental health disability want to work, though around three quarters of this group are unemployed
- Employment outcomes for people with a mental illness are greater for those with higher educational attainment

*Living Well* identifies the need to promote access to employment for people with a lived experience of mental illness.

SWSLHD has established relationships with education, training and employment providers and refers consumers to those which are best place to meet individual needs. SWSLHD Mental Health staff support consumers to access these services as required. Education, training and employment options are discussed with consumers and carers during the care planning and goal setting process. In Liverpool-Fairfield, a vocational clinic is provided on a regular basis, which aims to link consumers with appropriate options. In all SWSLHD mental health rehabilitation services, supporting employment focussed goals for consumers is fundamental to care coordination and the recovery process.

Opportunities exist to expand the role of Peer Workers in promoting ongoing education and employment and in supporting consumers to access these options.

7.	Strategies for education, training and employment	Lead	Completed by
7.1	Strengthen partnerships with the education, training and employment sectors to support consumers accessing these services	DO	2017
7.2	Develop key staff, including peer workers, as expert resources in education, employment and training within each youth and adult Mental Health service	DO	2017

**See also: Section 7.22 and Section 7.23**



## 7.8 Housing and Homelessness

People with a severe and persistent mental illness are at high risk of becoming homeless due to difficulties maintaining relationships with family and friends, difficulties maintaining steady employment, extensive periods of hospitalisation, the limited supply of affordable housing and difficulties performing activities of daily living which support the ongoing maintenance of tenancies. Homelessness is a significant barrier to recovery and can result in unnecessarily long lengths of stay in hospital when no suitable accommodation is available in the community.

The Housing and Accommodation Support Initiative (HASI) provides a package of care to people with a severe and persistent mental illness, incorporating accommodation, clinical and non-clinical support delivered in a partnership between social housing providers, SWSLHD and the community managed sector.

### Key facts <sup>7,1</sup>

- Waiting lists to access social housing can exceed ten years in some Local Government Areas <sup>11</sup>
- Of the 484,400 people in Australia who reported ever being homeless, 54% had a 12 month mental disorder. This is almost three times the prevalence of people who reported they had never been homeless (19%)
- In 2011/12 about 24% of all Specialist Homelessness Service clients in Australia were experiencing a current mental health issue
- Young people are particularly at risk, with estimates that 50%-75% of homeless youth in Australia have some experience of mental illness
- 80% of Partners in Recovery clients report secure housing as their greatest need <sup>12</sup>
- HASI in south Western Sydney supported 185 people in 2013. Packages comprised 119 low level, 10 medium level, 48 high level and 8 very high level
- People living with severe domestic squalor usually present with complex physical and/or mental health issues that impact on their ability to maintain tenancies and prevent homelessness. <sup>13</sup>

Mental health and homelessness is a current priority of the NSW Premier's Council on Homelessness and the Mental Health Commission of NSW. The *Mental Health and Homelessness Report (2013)* made recommendations relating to governance, development of a robust referral system, accessing the private rental market, early identification of risk and greater involvement of consumers. *Living Well* identifies the need to increase the number and range of HASI packages, improve referral pathways and improve access to the private rental market.

A District Interagency Coordination Committee (DIACC) comprising the Mental Health Service, housing and supported accommodation providers has been established under the *NSW Housing and Mental Health Agreement*. The DIACC is responsible for providing a coordinated response for people with a mental illness requiring housing and accommodation support.



SWSLHD is implementing *Going Home Staying Home* and is committed to ensuring that no inpatient is discharged into homelessness, consistent with National and State policy. To secure a greater variety of accommodation options, a pilot partnership project, the Macarthur Real Estate Engagement Project, was established in 2012 under the *Homelessness Action Plan* to improve access to housing and sustain tenancies for people with a mental illness. Outcomes from this project have been positive.

Living in squalor and compulsive hoarding have been identified as significant issues which may affect people with a mental health problem. People who hoard or who live in squalor require intensive, multidisciplinary intervention and support from a variety of agencies if they are to break the cycle and recover. However, research indicates that many people who hoard and/or live in squalor are particularly averse to receiving assistance, either formally or informally. The SWS Partners in Recovery Program has identified this as a key issue.



8.	Strategies for housing and homelessness	Lead	Completed by
8.1	Improve the accessibility of secure accommodation for mental health consumers through strengthening partnerships with the government and community managed sector	DAH	2019
8.2	Support the extension of the Macarthur Real Estate Engagement Project across the District to increase the accommodation options for people with a mental illness, in collaboration with the DIACC	DAH	2017
8.3	Develop staff capacity to assess and respond to hoarding and squalor	DAH	2016

See also: Section 7.5



## 7.9 Improving Services for Children and Young People

Promotion, prevention and early intervention programs are effective in reducing the prevalence and severity of mental health issues experienced at a young age. When considering children and young people, reference includes parents before the birth of a child through to 24 years.

### Key facts

- Environmental factors contributing to the development of a mental health issue in children and young people include exposure to violence or neglect, lack of parental attachment, poor parental health (including mental health), financial hardship and/or drug and alcohol misuse
- An estimated 2,000 SWSLHD women experience perinatal depression each year. As yet little is known about the mental health of men in early parenthood
- One in five young people experience signs and symptoms of mental health problems and mental illness, the most common being behavioural disorders, depression and anxiety
- Mental health disorders account for 50% of the burden of disease among 15-24 year olds<sup>14</sup> and suicide is the leading cause of death in this age group
- There has been a large increase in the number of child and adolescent mental health presentations in south western Sydney over the last 5 years. Over 50% were for self-harm and suicidal behaviour<sup>15</sup>

All three levels of government in Australia, along with the community managed sector are working to improve the security of children and young people, with a goal of ensuring their long term physical and mental health and wellbeing. Attention is focussed on the needs of vulnerable families, for example where there is a history or risk of family and domestic violence, sexual assault, child abuse and/or neglect or where one or more parents has a mental illness.

*Healthy, Safe and Well: A strategic health plan for children, young people and families 2014-24* has been developed by the NSW Government to improve the support systems available for children, young people and families from pre-conception to 24 years of age. *Living Well* reinforces the principles of *Healthy, Safe and Well* and highlights the need to strengthen the early intervention and prevention system in NSW collaboratively with other human service agencies and the community managed sector.



Within south western Sydney, a range of mental health promotion initiatives are undertaken to improve the mental health and wellbeing of families and school-aged children and to support early identification and treatment of problems. Specific programs to support children of parents with a mental illness and young carers are also available, consistent with the NSW Government *Safe Start*



*Strategic Policy.* This policy focuses on the identification and support of families who are or have the potential to be impacted on by mental health problems, to ensure they receive the coordinated support they need.

In SWSLHD, perinatal and infant Mental Health Services are provided through community mental health, inpatient services and also through Karitane/Jade House. These services provide support to women who experience a range of mental health problems during the perinatal period including depression, anxiety and difficulties with attachment. The District-wide Infant, Child and Adolescent Mental Health Service (ICAMHS) provides community based and inpatient services, although the primary focus is on prevention and early intervention to improve the mental health of children, young people and families. The Mental Health Service provides early psychosis intervention services in partnership with the *headspace* centres located at Bankstown, Liverpool and Campbelltown by providing regular clinical and therapy programs.

The rapidly growing population of south western Sydney, the high birth rate and lower socioeconomic status of a large proportion of residents are resulting in an increasing demand for services.

9.	Strategies for improving services for children and young people	Lead	Completed by
9.1	Provide targeted, multidisciplinary health services to vulnerable families in partnership with the government and community managed sectors	DAH	2017
9.2	Expand early psychosis intervention services across SWSLHD in collaboration with the community managed sector	DO	2019
9.3	Increase community capacity to provide outreach services for high risk children and young people, especially those referred from emergency departments, paediatric units and related health services working with these age groups in Campbelltown, Liverpool and Bankstown-Lidcombe hospitals and Community Health	CDICAMHS	2017
9.4	Participate in the implementation of the Department of Education Network Specialist Centre program in Wollondilly and Wingecarribee	DMH	2016
9.5	Develop staff capacity to identify and support children of mental health consumers consistent with the <i>Safe Start Policy</i> and program to support children of parents with a mental illness	DAH	2017

**See also: Section 7.11, Section 7.13, Section 7.16, Section 7.17, Section 7.19 and Section 7.20**



## 7.10 Improving Services for Older People

Older people may become consumers of mental health services for the first time in their life, or may have ongoing support needs as a result of a pre-existing episodic or severe and persistent mental illness. The mental health needs of long-term consumers may change, reflecting other changes at this stage in the life cycle. As the population ages, demand from this group will continue to rise.

### Key facts <sup>16</sup>

- Depression is a significant mental health issue for older people and is particularly prevalent in residential aged care settings. There are high rates of suicide in older people
- In 2013/14, 627 residents of SWS aged over 65 years were discharged from hospital after treatment for a mental health issue. The average length of stay in SWSLHD facilities, including Braeside Hospital was 28 days
- In 2013/14, 32% of SWSLHD residents aged over 65 years discharged from hospital for a mental health issue were treated in a local, public hospital. 27% received treatment from a private hospital
- Dementia is not considered a mental illness. However, people who experience behavioural and psychological symptoms of dementia may require the support from specialist mental health services

The *NSW Service Plan for Specialist Mental Health Services for Older People 2005 - 2015* describes a comprehensive service model integrating generalist aged care and specialised community, acute and-subacute inpatient and residential aged care services to provide the care and support needed by older people and their carers. The Plan further identifies the need to expand availability of clinical services and the capacity of the workforce to respond to the needs of this group.

The SWSLHD Specialist Mental Health Service for Older People (SMHSOP) provides services to older people (generally aged over 65 years). Three community SMHSOP teams service the District, including one based at Braeside Hospital in partnership with HammondCare. Community SMHSOP services provide assessment and care coordination, primarily for people who have developed or are at risk of developing a mental health disorder such as depression or psychosis, or who have severe behavioural and psychological symptoms of dementia. A Community Model of Care which recognises the role of consumers, their carers and families is being implemented across SWSLHD. In addition, there are 16 sub-acute inpatient beds at Braeside Hospital operated by HammondCare via a Service Agreement. There are no acute older persons mental health beds within SWSLHD.

Strong partnerships exist with mainstream aged care services, particularly the Aged Care Assessment Teams, Home and Community Care services and the residential aged care sector. Outreach services are provided to residents of aged care facilities who require specialist mental health services.



10.	Strategies for improving services for older people	Lead	Completed by
10.1	Strengthen the capacity of the community managed and residential aged care sectors to support early identification of and referral for mental health issues in older people	CDSMHSOP	2017
10.2	Review service agreements with residential aged care providers for the provision of psychogeriatric services	CDSMHSOP	2016
10.3	Develop <i>HealthPathways</i> for delirium and behavioural and psychological symptoms of dementia	CDSMHSOP	2016
10.4	Review the governance structure of Specialist Mental Health Services for Older People in collaboration with the SWSLHD Aged Care and Rehabilitation Clinical Stream and develop Service Level Agreements to articulate agreed governance structures	DO	2016
10.5	Develop a specialised older persons mental health sub-unit within the Liverpool Hospital Mental Health service to better support older inpatients and expand the availability of psychogeriatricians to support this sub-unit	DoN	2018
10.6	Increase the capacity for adult mental health services to respond to the needs of ageing consumers, particularly Aboriginal people	DMS	2018

See also: Section 7.11 and Section 7.19





## 7.11 Aboriginal People and Communities

For Aboriginal people, good mental health and social and emotional wellbeing, is founded on the basis of strong connections to community, family and land. Disruption to and destruction of these connections has resulted in Aboriginal people experiencing a higher level of mental ill-health than the non-Aboriginal population and also in high levels of difficulty managing grief and loss.

### Key facts <sup>1</sup>

- The life expectancy gap between Aboriginal and non-Aboriginal people in NSW is 8.5 - 9.3 years, with mental illness problems accounting for 10% of this gap
- Aboriginal people are twice as likely to experience high or very high levels of distress as non-Aboriginal people
- In NSW, the suicide rate of Aboriginal people is three times that of non-Aboriginal people
- Aboriginal people are less likely to receive help from mainstream mental health services for an established mental health problem or disorder than non-Aboriginal people <sup>17</sup>

Significant work is occurring at a national, state and local level to close the gap in health outcomes between Aboriginal and non-Aboriginal people, as outlined in *Closing the Gap*. Mental health and wellbeing is not clearly addressed through these initiatives. *Living Well* identifies the need to strengthen partnerships with Aboriginal people and communities, improve the capacity of staff and services to meet the mental health and wellbeing needs of Aboriginal people, improve mental health literacy for Aboriginal people and communities and strengthen participation in service design.

The *SWSLHD Aboriginal Mental Health Action Plan 2014 - 2016* guides improvements in the design and delivery of mental health services to Aboriginal people. Implementation of this plan is overseen by the Aboriginal Mental Health Leadership Group, which is co-chaired by the Mental Health Service and Aboriginal Health. Aboriginal Mental Health staff are based in Bankstown, Liverpool, Campbelltown and Wingecarribee LGAs, providing support services in community and hospital settings. Specialised mental health assessment and treatment services are also provided at Tharawal Aboriginal Corporation and Miller Community Health Centre to improve accessibility. There is a particular need to ensure that the physical and emotional health of Aboriginal people with a mental health issue is addressed.

Mental health staff are attending *Respecting the Difference* training to improve the cultural safety of services and the service environment for Aboriginal consumers and staff.

11.	Strategies for Aboriginal people and communities	Lead	Completed by
11.1	Implement targeted, evidence-based health promotion initiatives in partnership with Aboriginal Health, Tharawal Aboriginal Corporation and Gandangara Aboriginal Land Council	MCMH&P	2016



11.2	Develop <i>HealthPathways</i> for Aboriginal People to improve access to coordinated care and support for Aboriginal people which ensures physical health and mental health needs are addressed, in collaboration with Tharawal Aboriginal Corporation and Gandangara Aboriginal Land Council and the South Western Sydney PHN	DMH	2016
11.3	Develop and implement evidence-based models of care to support Aboriginal people managing grief and loss and those with a mental health issue, initially focussing on perinatal, infant and child services, young people experiencing psychosis, older people and suicide prevention	DO	2017
11.4	Develop staff capacity to provide culturally appropriate care to Aboriginal consumers and carers building on Respecting the Difference	DMH	2017

See also: Section 7.6, Section 7.9, Section 7.10, Section 7.15, Section 7.19, Section 7.21, Section 7.22 and Section 7.23





## 7.12 People from Culturally and Linguistically Diverse Communities

South western Sydney is one of the most culturally and linguistically diverse (CALD) regions in Australia. Mental health and mental illness are viewed differently by each community, based on cultural norms and expectations. Some cultural groups are less likely to engage with mental health related services and providers due to stigma or cultural beliefs.

### Key facts<sup>1, 18</sup>

- People who have lived through a violent conflict in their country of origin are at a high risk of experiencing mental illness
- Well recognised mental health issues in people who are refugees include post-traumatic stress and anxiety disorders and depression
- People can experience considerable stress when adapting to a new culture, particularly children
- Cultural and language barriers reduce the accessibility of existing services and culturally accessible services are limited in availability
- Mental health literacy in the general population is low and is likely to be lower for many people from CALD backgrounds

The *NSW Multicultural Mental Health Plan 2008 - 2012* identified strategies to improve mental health services for CALD communities. Issues requiring attention include provision of in-language counselling, access to interpreters, access to carer support services and the cultural competency of staff. NSW Health and the NSW Transcultural Mental Health Centre (TMHC) have developed a range of clinical resources to improve assessment, referral and care planning processes. *Living Well* identifies the need to work with the community managed sector to develop a better understanding of the mental health needs of CALD communities, develop specialist support services, develop and implement evidence based practices and strengthen staff capacity.

The SWSLHD Mental Health Promotion and Diversity Committee reviews, plans and develops mental health services for the multicultural population. The committee includes representation from the Mental Health Consumer, Carer and Community Committee, health promotion staff, Multicultural and Refugee Health Services and related research units. Priority issues identified by the committee include access to services, use of translation services and provision of mental health services to CALD communities.

The *NSW Refugee Health Plan 2011 - 2016* identifies the need for specialist mental health services for people who are refugees and improved accessibility and cultural competence of mainstream services. Mental Health services work collaboratively with the NSW Refugee Health Service to refer and support consumers; and with the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). Opportunities exist for further collaboration with both services to improve access and address unmet need.



Mental Health Services also work actively with the community managed sector to provide services to migrants, refugees and humanitarian entrants who settle locally. A range of social and clinical services are provided.

Translated resources are available through the Transcultural Mental Health Centre and other organisations including *BeyondBlue*, covering topics from carer support to medication information. SWSLHD carer support services also provide translated material and language-specific carer support groups.

12.	Strategies for people from culturally and linguistically diverse communities	Lead	Completed by
12.1	Deliver mental health awareness initiatives to people from CALD backgrounds through partnerships with the Transcultural Mental Health Centre, NSW Refugee Health and STARTTs, as well as community managed organisations to increase understanding of mental illness and how to access Mental Health services	MCMH&P	2017
12.2	Develop <i>HealthPathways</i> for people from CALD communities with a mental health issue, in partnership with General Practitioners and the community managed sector to enhance the provision and coordination of services	DMH	2016
12.3	Develop and implement evidence-based models of care to support people from CALD backgrounds with a mental health issue and their families, initially focussing on post-traumatic stress	DO	2017
12.4	Deliver cultural competency training for Mental Health staff which includes coverage of refugee issues to enhance the quality of and access to services	DAH	2017
12.5	Develop staff capacity to undertake culturally informed outcomes assessment and care planning	DAH	2017
12.6	Expand the range of translated information available about mental health and local mental health services	DAH	2016

See also: Section 7.2, Section 7.13, Section 7.20 and Section 7.21



### 7.13 People who are Lesbian, Gay, Bisexual, Transgender and Intersex

People who are lesbian, gay, bisexual, transgender or intersex (LGBTI) can be marginalised in our communities. People who are questioning their gender identity or sexual orientation are particularly at risk of experiencing poor mental health, especially those from cultural or religious backgrounds where disclosure would mean social shame or rejection.

#### Key facts <sup>1</sup>

- Depression and anxiety are significant mental health problems within the LGBTI population and young people are at a high risk of engaging in self-harming behaviours, attempting or committing suicide
- Confusion about identity, lack of family acceptance, fear of discrimination and marginalisation are driving factors in the development of mental health problems

The community managed sector, including peak bodies for the LGBTI community, has been instrumental in undertaking research, promoting mental health and wellbeing and in establishing and promoting support services. In 2013, the National LGBTI Health Alliance MindOUT! Suicide Prevention and Mental Health released an *LGBTI Cultural Competency Framework* designed to support mainstream mental health services in meeting the needs of LGBTI people. The framework identified issues which LGBTI people experience when trying to access mental health services, including labelling and fear of discrimination. ACON's *Mental Health and Wellbeing Strategy 2013 - 2018* focuses on the need for partnership approaches, health promotion, referral pathways, education and training of the health workforce, direct care and support and advocacy.

Mental Health services working specifically with the LGBTI community are limited locally. However, the SWSLHD Youth Health Service provides support groups for young LGBTI people at Campbelltown and Bankstown, clinical services including medical, nursing and social work are provided through the Sexual Health Service and the Liverpool HIV/Immunology Clinic and the HARP Health Promotion Team provide health promotion, education and referral services relevant to the LGBTI communities.

13.	Strategies for people who are lesbian, gay, bisexual, transgender and intersex	Lead	Completed by
13.1	Develop an understanding of the mental health needs of people who are LGBTI	SHPOMH	2017
13.2	Develop the capacity of Youth Health, Drug Health and Sexual Health services to identify and screen for mental health issues and initiate appropriate referrals to mental health services	DO	2018
13.3	Develop, implement and evaluate a LGBTI champions program across the Mental Health Service	DAH	2017
13.4	Deliver <i>Equal Not the Same: Working with the LGBTI client in Mental Health Services</i> workshops to staff in Mental Health Service and NGO mental health support services	DAH	2016
13.5	Implement a reducing stigma and LGBTI awareness project for community leaders in two CALD communities	SHPOMH	2017

See also: Section 7.12 and Section 7.19



## 7.14 People with an Intellectual Disability

Intellectual disability originates in childhood and is characterised by significant difficulties with intellectual development and functioning, communication and ability to independently undertake activities of daily living. While all people with an intellectual disability will have an IQ below 70, people with an intellectual disability require varying degrees and types of support, ranging from low level assistance to 24 hour care.

### Key facts <sup>1</sup>

- Approximately 1.8% of the population has an intellectual disability
- Compared to the rest of the population, people with an intellectual disability experience poorer mental health and greater general disadvantage
- Intellectual disability is a barrier to accessing health promotion, assessment, screening and treatment services, in relation to both physical and mental health
- People with an intellectual disability and mental health problem are disproportionately represented in the criminal justice system

The National Disability Insurance Scheme is currently being piloted. Roll-out of the program in south western Sydney is anticipated from 2018. At this stage, the impact of the NDIS on access to and utilisation of mental health services and supports is unknown.

Little data exists at a District level about the number of people with a dual diagnosis of mental illness and intellectual disability and there are no specialist intellectual disability/mental health services located in S. People with a dual diagnosis of intellectual disability and mental illness are supported in a partnership between the Mental Health Service and Ageing, Disability and Home Care within the NSW Department of Family and Community Services, guided by a state-wide agreement and local coordination committees. Enhanced service responsiveness will be delivered through strengthening local capacity and service networks, consistent with *Living Well* and the *Accessible Mental Health Services for People with an Intellectual Disability: a Guide for Providers*.

14.	Strategies for people with an intellectual disability	Lead	Completed by
14.1	Improve the accessibility of Mental Health Services and information for people with an intellectual disability and their families and carers	DoN	2017
14.2	Build capacity of the workforce to recognise, assess and respond to the needs of people with an intellectual disability and mental illness	DoN	2017
14.3	Develop inter-District networks and pathways to access tertiary services provided by other Local Health Districts	DO	2018

See also: Section 7.16



## 7.15 People who Misuse Substances

Substance misuse is associated with illicit drugs, as well as prescription drugs, alcohol and over-the-counter medications. People who misuse substances are more likely to experience a mental health problem than the general community. The misuse of drugs and alcohol may exacerbate the symptoms of mental illness and the existence of a mental illness may also exacerbate drug and alcohol misuse. When occurring together, these issues can act as a barrier to access.

### Key facts <sup>1</sup>

- People with a comorbid mental health and substance use problem have an average lifespan 25 years less than the general population and are at risk of cardiovascular disease, respiratory disease and cancer
- A history of trauma and current post-traumatic stress are common and suicide risk is high
- An increasing number of people using methamphetamines present to Emergency Departments with complex presentations and may require long term mental health support
- A low proportion of those with comorbid mental health and substance misuse seek treatment

*Living Well* identifies the need to better coordinate and integrate mental health and drug and alcohol services, focussing on health promotion (within a healthy lifestyle framework), improved access and transition between services and workforce development. The *National Comorbidity Initiative* has supported improvements in integrating research, treatment and clinical practice. It has demonstrated effective treatment methods for comorbid conditions.

To strengthen clinical and service collaboration, the SWSLHD MHS and Drug Health Service have established a Service Level Agreement and a Mental Health/Drug Health Steering Committee. Comorbidity positions have been established at Campbelltown and within the Liverpool Drug Health Service to improve responsiveness to the needs of people with a co-morbid mental health/substance misuse problem. The MHS collaborates with Drug Health, and SWSLHD funds residential support services provided by GROW Community in Liverpool and Odyssey House in Campbelltown to identify and support consumers who have co-morbid conditions. Integrated care is essential at the conclusion of residential or inpatient treatments to reduce the risk of relapse.

15.	Strategies for people who misuse substances	Lead	Completed by
15.1	Develop conjoined service models with Drug Health to improve services for people with co-morbid mental health and substance use problems, initially focussed on Aboriginal people	DO	2016
15.2	Expand clinical/consultancy services to enhance care coordination between Mental Health, Drug Health, hospital emergency departments and community managed services	DMS	2016
15.3	Build the capacity of staff and the community managed sector to identify, assess, treat and refer consumers with a co-morbid mental health/substance use problem and their carers	DO	2019



## 7.16 People in Contact with the Criminal Justice System

A large number of people in custody have a current or past history of mental health problems and disorders. Many others develop a mental health problem while in a correctional setting.

### Key facts<sup>19</sup>

- 50.5% of adults in custody experience depression compared with 7.1% in the community
- 47.2% of adult males and 54.4% of adult females in custody have been treated for a mental or emotional problem
- 81% of forensic patients have a principal diagnosis of schizophrenia or schizoaffective disorder
- Young people in custody have higher rates of mood disorders, behavioural/conduct disorders and substance abuse problems than young people who are not in custody<sup>19</sup>

The *NSW Department of Attorney General and Justice Strategic Framework 2012 - 2014* identifies the need to divert people with a serious mental illness from custody into appropriate treatment and to decrease the number of people with a serious mental illness who are incarcerated. *Living Well* identifies initiatives in research, policy and clinical practice to better meet the needs of this group.

The Department of Corrective Services and the NSW Justice and Forensic Mental Health Network (JFMHN) provide a range of forensic and generalist mental health services. SWSLHD works with these organisations to provide clinical management of persons subject to the forensic provisions of the Mental Health Act and consumers with offending related risks. SWSLHD also has a partnership with Corrective Services NSW, Housing NSW and the Community Restorative Centre (CRC) to deliver Extended Reintegration Service (ERS). ERS provides housing, clinical and psychosocial support to persons exiting correctional settings who are subject to parole supervision. Staff of the CRC are colocated with the MHS to improve integration of the clinical and psychosocial supports.

The Reiby Juvenile Justice Centre (Reiby), at Campbelltown also provides health and re-settling services and associated community programs. The Mental Health Service collaborates with Reiby through referrals to the Infant, Child and Adolescent Mental Health teams.

16.	Strategies for people in contact with the criminal justice system	Lead	Completed by
16.1	Revise information exchange and collaboration processes between SWSLHD, the Department of Corrective Services and the Justice and Forensic Mental Health Network	DO	2017
16.2	Develop Health Justice Partnerships with Legal Aid to support the provision of legal assistance of consumers	MCMH&P	2017
16.3	Evaluate the Extended Reintegration Service and colocation of the Community Restorative Centre and expand if appropriate	DO	2018
16.4	Pilot the delivery of the evidence-based <i>Violence Reduction Program</i> <sup>20</sup> in collaboration with JFMHN's Forensic Mental Health Service	DO	2015
16.5	Develop workforce capability in clinical risk assessment and management for consumers with offending-related risks	DO	2016



## 7.17 People who Experience Eating Disorders

Eating disorders are a significant mental health problem in Australia and may be difficult to recognise and treat. People who have an eating disorder require coordinated care from multidisciplinary teams to holistically address their physical, psychological and social needs.

### Key facts <sup>1</sup>

- In 2012, there were an estimated 289,560 people in NSW living with an eating disorder
- 47% of people with eating disorders had a binge eating disorder, 12% had bulimia nervosa, 3% had anorexia nervosa and the remainder had other eating disorders
- Anorexia nervosa has the highest mortality rate of any psychiatric disorder, due both to an elevated risk of suicide and the physical complications
- Eating disorders in the overweight are common but often unrecognised and prescribed 'treatments' for obesity may exacerbate the disorder
- Adolescent girls are particularly vulnerable to the development of eating disorders

The *NSW Service Plan for People with Eating Disorders 2013 - 2018* aims to enhance the capacity of the mental health sector to deliver specialised responses to meet the needs of people with an eating disorder. It proposes a networked model of care which links local primary and secondary services to state-wide tertiary services for specialised inpatient care, enabling consumers to step-up and step-down as needed. *Living Well* identifies the need to develop community-based models of care for eating disorders and to develop the capacity of all mental health staff to recognise and respond to these disorders.

Through the Campbelltown Mental Health Service, SWSLHD provides a specialised, multidisciplinary eating disorders outpatient clinic and a limited consultation service to people with eating disorders leading to obesity. NSW tertiary Eating Disorder services for adults are located at Royal Prince Alfred Hospital and within the Children's Hospital Network for children and adolescents, with local services networked to these and the Centre for Eating and Dieting Disorders (CEDD).

17.	Strategies for people who experience eating disorders	Lead	Completed by
17.1	Develop a SWSLHD Eating Disorders Plan	DO	2015
17.2	Develop <i>HealthPathways</i> for people with eating disorders in conjunction with the CEDD, South Western Sydney PHN, private providers and Community Managed Organisations	DMH	2016
17.3	Develop the Campbelltown Mental Health Service as the SWSLHD's centre of excellence in eating disorders, including: <ul style="list-style-type: none"> <li>- a multidisciplinary day program</li> <li>- a multidisciplinary obesity/eating disorders service in collaboration with other clinical streams</li> <li>- a support role for staff in other services and facilities</li> </ul>	DMS	2016
17.4	Build the capacity of Mental Health and Youth Health staff to recognise, assess and treat eating disorders	DO	2019



## 7.18 People who Experience Borderline Personality Disorder

Borderline personality disorder (BPD) is a complex disorder in which people experience great difficulty in relating to others and have distressing emotional states, often leading to self-harming behaviours. People who experience BPD have often experienced trauma, abuse and/or neglect during early childhood, although their symptoms are most likely to appear during adolescence or young adulthood. The complex nature of BPD is associated with barriers to accessing the mental health system, placing greater pressure on carers and family who are already under considerable stress.

### Key facts

- An estimated 1-2% of the population is affected by BPD
- An estimated 23% of outpatients and 43% of inpatients experience BPD
- People with BPD may have other mental health problems and experience higher rates of suicide and self-harming behaviour

Significant research and development has been undertaken to improve outcomes for people with BPD. The National Health and Medical Research Council released a set of *Clinical Practice Guidelines for the Management of Borderline Personality Disorder (2012)* which describe available therapies and medications.

Consistent with these guidelines, the SWSLHD Mental Health Service, working with the SWSLHD Drug Health Service, has initiated programs to improve services to people with BPD. These include the development of local, peer-reviewed clinical guidelines, establishment of evidence based dialectical behaviour therapy programs, the delivery of education and training to staff and a program of cultural change in responding to the needs of people with BPD.

The University of Wollongong has developed a therapeutic program, *Project Air*, which is designed to enhance treatment options for people with personality disorders, their families and carers. In 2015 an implementation plan to roll-out Project Air through a collaboration between the Mental Health and Drug Health Services was developed. Implementation in SWSLHD is subject to funding by the NSW government.

18.	Strategies for people who experience borderline personality disorder	Lead	Completed by
18.1	Adopt and implement the <i>Clinical Practice Guidelines for the Management of Borderline Personality Disorder (2012)</i>	DMS	2016
18.2	Implement <i>Project Air</i> in collaboration with the University of Wollongong and SWSLHD Drug Health Services	DO	2016
18.3	Develop increased capacity to deliver evidence based BPD treatment through investing in skills-based education and training	DO	2018
18.4	Develop carer and family support related interventions	DAH	2016

See also: Section 7.1 and Section 7.3



## 7.19 People who Self-Harm or are at Risk of Suicide

Prevention of suicide is a priority area for government and communities, due to the devastation it causes for individuals, families, friends and communities. Suicide and suicidal behaviours (such as suicide ideation and self-harm) are potentially preventable.

### Key facts <sup>21</sup>

- Suicide accounted for 2,520 deaths in 2013 in Australia at a standardised death rate of 10.7 per 100,000 people
- In 2013, suicide was the leading cause of death of children between 5 and 17 years of age and for Australians aged 15 to 44
- Men represent 75% of suicide deaths with high rates of suicide within the teenage years, early-twenties through to mid-fifties, and later years (80+)
- Suicide was the 5th leading cause of death for Aboriginal and Torres Strait Islander peoples (compared to the 14th leading of cause of death for all Australians)
- In south western Sydney between 2000 and 2011, 808 people died by suicide. A further 1,184 people were hospitalised for intentional self-harm, 62% of whom were female and 26% of whom were aged 15-24 <sup>22</sup>

*Living Well* recommends that suicide prevention efforts should reflect the unique needs and higher rates of suicide in particular communities and populations. Aboriginal people, especially Aboriginal young men are disproportionately over represented in deaths by suicide. The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* emphasises the need for service provision for those who are suicidal and suicide prevention activity using the *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework*.

Mental health services and clinicians have a key role in preventing suicide by undertaking comprehensive clinical assessments and implementing effective management strategies. Opportunities exist to further improve the identification, assessment and management of at risk consumers across all health services and settings. In recognition of this need, the NSW Mental Health Drug and Alcohol Office have drafted a Policy Directive *Suicidal People-Clinical Assessment and Management by Mental Health Services* due for release in 2015.

Both this Policy Directive and *Living Well* highlight the importance of training and education to support clinicians in assessment and management of suicidal people in community and hospital services. The Health Education and Training Institute and the South Western Sydney Centre for Education and Workforce Development (SWSCEWD) deliver a range of suicide awareness and prevention courses, targeted at Mental Health Service and other staff.

The community managed sector also undertakes significant work in suicide prevention. This includes free counselling and referral as required for those at risk of suicide, as well as provision of information and grief and loss counselling for those bereaved by suicide.



The impact of a suicide on family, friends, social and cultural networks and community can be immense and heightens the risk of suicide contagion and possible suicide clusters. Providing timely and appropriate support to individuals and communities after a suicide (postvention) can assist in identifying and responding to those who may be at risk.

Enhanced co-ordination across the spectrum of suicide prevention activity will contribute to the more effective development and implementation of programs.

SWSLHD Mental Health services participate with Community Managed Organisations in interagencies that focus on suicide prevention within their communities, and in state-wide networks focussing on broader populations e.g. the NSW Elderly Suicide Prevention Network.

19.	Strategies for people who self harm or are at risk of suicide	Lead	Completed by
19.1	Deliver community based suicide prevention and postvention initiatives to support the early identification of people at risk in partnership with the community managed sector, local government and other government departments	SHPOMH	2017
19.2	Develop <i>HealthPathways</i> for people identified at risk of suicide or self harm	DMH	2016
19.3	Develop a community based model of care, which includes education and training, to support consumers who self-harm and/or are at risk of suicide and their families, at all points of contact with the Health service	DMH	2017
19.4	Scope and implement Aboriginal emotional and social well-being programs to reduce the prevalence of self-harm and suicidal behaviour in Aboriginal men	MCMH&P	2018
19.5	Provide education and training to staff in suicide prevention including issues for priority populations	MCMH&P	2018
19.6	Pilot a Community Suicide Postvention Response Project in one local government area and then if successful roll out across SWSLHD	SHPOMH	2018

**See Also: Section 7.11 and Section 7.13**



## 7.20 Families and Carers

Carers and families play a crucial role in the mental health system. Carers, families and friends of people with poor mental health contribute to the quality of life, wellness and wellbeing of consumers in a way that the health service system cannot. They provide supports to consumers to aid recovery, including assisting with treatment and activities of daily living and providing emotional and social support. Importantly, carers, families and friends may observe that a consumer is becoming unwell before health workers or the consumer themselves, and can provide early notification to mental health services of a relapse or crisis.

Friends and family do not always undertake a caring role, but their role in the life of the consumer should still be acknowledged, understood and valued.

### Key facts<sup>23</sup>

- Carers and family members may experience significant grief, stress and anxiety as a result of their loved ones behaviour and/or diagnosis. This can be exacerbated during acute episodes, hospitalisations and in situations where emergency services are involved
- Carers also experience poorer physical and mental health than the general population, with depression a significant issue
- Carers may experience difficulty in maintaining employment due to their caring role

The *NSW Carers (Recognition) Act 2010* and the *NSW Carers Charter* highlight the role of public sector agencies in recognising the role of carers, supporting carers to achieve optimum health and wellbeing, valuing carers and respecting their knowledge, choices and experiences. *Living Well* endorses these principles and proposes a mental health system which places a greater recognition on the role of carers as partners in support and recovery.

The *Mental Health Act* requires the Mental Health Service to collect information on individual carers and their health and support needs. Carer assessment processes allow the early identification and response to situations such as carer stress and carer ill-health and enable appropriate planning to be undertaken to support both carers and consumers in the longer term. Opportunities exist to improve the capturing of and response to carer needs, particularly in relation to young carers/children of consumers who experience mental ill health and older carers who are experiencing increasing difficulty undertaking their caring role.

The *SWSLHD Mental Health Service Carer Policy (2012)* establishes key principles and standards for mental health services and clinicians in carer involvement, education and support. It clearly articulates when and how carers should be engaged, consistent with national best practice. However, consultations and service audits have highlighted the need to significantly increase the participation of carers in the assessment, care planning and review of their loved one. There is also a need to better incorporate the assessment of carer needs into these processes to ensure their physical and mental health and wellbeing is also supported.



Carer support services available in south western Sydney include information, education, assistance with referrals, advocacy, carer support groups, carer events, social support activities and respite. Specific services are provided also for the children of people with poor mental health who have a caring role and there are a range of culturally diverse carer support groups available. Carer support services work closely with carers and families in inpatient and community services. However as a result of varying funding sources, geographic boundaries, target groups, service providers and outcome requirements, there are both gaps and overlaps in carer support service availability and the system is difficult to navigate.

The SWSLHD Carers Webpage provides extensive information for carers, including specific information for carers of people with mental ill health. A Peer Carer Support Worker for Liverpool-Fairfield also provides information and support to carers and families. This position works collaboratively across inpatient, outpatient and community services and the community managed sector. This is the only role of its kind in the south western Sydney.

20.	Strategies for families and carers	Lead	Completed by
20.1	Strengthen the coordination of carer services and carer support models to accommodate changing carer profiles, strengthen collaboration with carers and the community managed sector and meet identified need	DAH	2018
20.2	Revise the information provided to support the diverse profile of carers across the District in collaboration with the community managed sector	DAH	2019
20.3	Strengthen staff capacity to identify care needs and support carers consistent with the <i>Mental Health Act 2007</i> , the <i>SWSLHD Mental Health Carer Policy</i> and the <i>Safe Start Strategic Policy</i>	DAH	2016

**See also: Section 7.9, Section 7.12 and Section 7.21**



## 7.21 Engaging Consumers and Carers in Service Design

Engaging consumers and carers in service planning and design is essential if services are to be responsive to community needs and scarce resources are to be utilised effectively.

### Key facts <sup>1</sup>

- Consumer and carer participation in service design and delivery makes services more accountable, relevant and accessible
- Consumers, carers and staff build mutual respect and understanding through working collaboratively

The *National Standards for Mental Health (2010)* and the *National Safety and Quality Health Service Standards (2012)* require the involvement of consumers and carers in planning, service delivery, evaluation and quality review of programs. *Living Well* reiterates the importance of this role.

A continuum of participation is required to enable carers and consumers to participate in a manner and at a level that best meets their needs. The continuum ranges from the provision of information to consultation and partnership.



SWSLHD has demonstrated its commitment to community (consumer and carer) participation over the last decade. The Mental Health Consumer, Carer, Community Committee (MHCCCC) provides a formal structure for consumer and carer participation in the overall planning, development and provision of services. This committee is supported by the SWSLHD Community Participation Unit and



the Mental Health Service, consistent with the *SWSLHD Community Participation Framework*.<sup>24</sup> MHCCCC members play an active role in reviewing information provided to consumers and carers (including fact sheets and web pages), reviewing draft plans and policies and facilitating the relay of information to and from the meetings. In addition, members have represented consumers and SWSLHD in state and national forums and regularly participate in local interagency and community managed service planning forums.

Consumers and the community are provided with opportunities to provide feedback on services they receive through the *Your Experience of Service Survey* and complaints/compliments processes. Feedback is used to continuously review and improve services.

An opportunity exists in south western Sydney to broaden the way in which consumers and carers guide the development of a more responsive mental health system. Continuous review and evaluation of effectiveness is also required.

21.	Strategies for engaging consumers and carers in service design	Lead	Completed by
21.1	Increase the participation of carers and consumers in Mental Health governance structures, service planning, implementation and evaluation processes	DMH	2017
21.2	Explore use of new and alternative technologies e.g. skype, teleconferencing to obtain the diverse views of consumers and carers in a flexible manner	DMH	2018
21.3	Support MHCCCC members to achieve meaningful participation through identifying individual learning and development needs and providing support to undertake relevant training	DO	2016
21.4	Develop and implement programs to enhance staff capacity to engage with consumers and carers	DMH	2017
21.5	Develop the skills of peer workers and staff to use appropriate consultation methodologies when seeking consumers and carers input into service development and evaluation	DMH	2017
21.6	Evaluate the effectiveness of consumer and community participation initiatives in influencing decision making	DMH	2018

**See also: Section 7.2 and Section 7.20**



## 7.22 The Mental Health Workforce

The SWSLHD Mental Health Service is built upon the quality, dedication and strength of its workforce. The provision of an effective service that treats consumers with dignity, compassion and respect relies on staff who are supported to effectively perform their work. This support includes the provision of a safe, respectful, healthy and engaging workplace.

The Mental Health Service employs a large, diverse workforce, including both clinical and corporate staff across inpatient and community settings. Our workforce comprises staff with a broad range of experiences and who are at different stages in their careers. The Mental Health Service is committed to providing high quality education and training experiences for students and staff.

A key priority for the Service is to actively support and value its workforce to provide an employment experience that promotes retention and builds a reputation as an employer of choice.

The *SWSLHD Workforce Strategic Plan 2014 – 2021* has been developed to align the workforce with the health needs of the community, both now and in the future. The Mental Health Service will progress the Plan's four workforce strategic priority areas: Meeting Future Health Needs, Building a Sustainable and Capable Workforce, Becoming an Employer of Choice and Developing Future Leaders - Clinical and Corporate.

The *SWSLHD Aboriginal Workforce Implementation Plan* identifies key actions to support the expansion and professional development of the Aboriginal workforce across the District. The SWSLHD Mental Health Service supports trainees undertaking a Bachelor of Health Science (Mental Health) in Aboriginal Mental Health at Charles Sturt University. A comprehensive in-service training program linked to competency development complements the academic program. Further expansion and strengthening of the local Aboriginal mental health workforce, including the peer workforce is required.





Within SWSLHD, responsibility for the ongoing education and training of the workforce is shared between individual disciplines, the Mental Health Service and the SWS Centre for Education and Workforce Development. To build workforce capacity and capability, a Mental Health Workforce Committee has been established.

Education partnerships have been developed with the University sector to support the training and clinical placement experience of students in a range of disciplines. Clinical placement provides an opportunity to strengthen the skills of the entire health workforce in mental health, regardless of future career directions. Clinical placement also provides an opportunity to identify talented students and to provide them opportunities to work within the District.

22.	Strategies for the mental health workforce	Lead	Completed by
22.1	Undertake a workforce planning exercise to identify staffing requirements to 2024 using approved planning tools	DO	2016
22.2	Establish new clinical placement partnerships with Education Providers which build workforce capacity in strategic priority areas e.g. exercise physiology and dietetics	DAH	2018
22.3	Evaluate clinical placement experiences in the Mental Health Service in partnership with Education Providers and implement recommendations	DoN	2018
22.4	Develop, implement and evaluate a clinical supervision framework for the mental health workforce.	DAH	2016
22.5	Utilise the <i>SWSLHD Leadership Framework</i> to build leadership capacity within the Mental Health Service	DMH	2016
22.6	Develop and implement an action plan to address issues raised in the 2015 Your Say survey and/or other staff climate and culture surveys	DMH	2016
22.7	Identify and implement opportunities to facilitate staff from CALD backgrounds to utilise language and cultural skills to improve service responses to the CALD community	DMH	2017
22.8	Develop opportunities for the recruitment of Aboriginal people into a range of positions within the Mental Health Service	DO	2017
22.9	Identify opportunities to recruit people with an identified disability into the Mental Health Service	DO	2018
22.10	Implement and evaluate a staff recognition program for the Mental Health Service.	DMH	2016
22.11	Develop a framework to support scope of practice and credentialing for the mental health workforce.	DAH	2016
22.12	Develop, implement and evaluate a bi-yearly Education and Training Plan aligned to identified strategic and clinical priorities	DO	2016

**See Also: Section 7.23**



### 7.23 Developing the Peer Workforce

People with a lived experience of mental illness and their carers are in a unique position to provide support to consumers and carers throughout their recovery. Consumer and carer peer workers add a new dimension to and depth of support, based on their lived experience.

#### Key facts <sup>25</sup>

- Consumers who are supported by peer workers experience reduced stigma, greater inclusion and enhanced recovery prospects
- Employment for peer workers can result in greater individual health and wellbeing and enhanced skills which contributes to recovery

The *Mental Health Peer Workforce Study* <sup>25</sup> and *Living Well* recommend the development of a set of National Peer Workforce guidelines, provision of a system of skills development and support, building awareness and respect for peer worker roles and research and policy reform. *The Report of the National Review of Mental Health Programmes and Services (Volume 1)* highlights the need for the peer workforce to be strengthened, both in numbers and capabilities and identifies the need for the peer workforce to be recognised as an integral part of the care and support team.

The SWSLHD Mental Health Service *Framework for Consumer Participation in Mental Health* provides a basis for the development of the peer workforce in the District. In 2015, consumer peer workers were based at Bankstown, Liverpool and Campbelltown and a Carer Peer Worker is based at Liverpool. These workers support consumers and carers in inpatient and community settings, providing individual advocacy, mentoring, information, education and assistance to link with services to support recovery. Consumer and carer peer workers also participate in service planning, delivery and evaluation.

23.	Strategies for developing the peer workforce	Lead	Completed by
23.1	Expand the SWSLHD consumer and carer peer workforce consistent with the <i>SWSLHD Framework for Consumer Participation in Mental Health</i> representative of the diverse communities within the District	DMH	2018
23.2	Review and evaluate the SWSLHD consumer peer worker model	DMH	2019
23.3	Develop a SWSLHD carer peer worker model, consistent with the <i>SWSLHD Mental Health Carer Policy (2012)</i>	DMH	2016
23.4	Include peer workers in Mental Health staff orientation and training programs to build awareness and respect for these roles	DAH	2015

See also: Section 7.22



## 7.24 Developing the Community-Managed Sector

The community managed sector in south western Sydney is an essential component of the mental health system, providing care and support for people with mental health related issues, their carers and families. Further detail about this sector locally is provided in Section 4.4.

### Key facts <sup>1</sup>

- Community managed organisations (CMOs) are funded through a range of Australian and NSW government programs with variable resourcing, requirements, target groups, boundaries and timeframes
- CMOs are well placed to provide non-clinical care and support to consumers and carers
- CMOs have historically initiated innovation and reform in service provision

A key component of the NSW Government's goal to improve care and support provided for people with a mental illness, their families and carers is implementation of the strategies in the *Interagency Action Plan for Better Mental Health*. This plan recognises that to maximise the benefits for people needing the support of mental health service providers, coordination and building of links between the service providers is essential. *Living Well* recommends the strengthening of the community managed sector to play an enhanced role in the delivery of mental health care and support.

Partnerships have been developed between SWSLHD and a number of community organisations and government departments. The partnerships are based on formal and informal agreements and provide frameworks to work together to improve the provision and coordination of services.

In 2015-16, SWSLHD will participate in the state-wide review of priorities for funding under the NGO Grant Management Improvement Program. This will align allocations with the strategic priorities for provision of non-clinical support services.

Implementation of the National Disability Insurance Scheme will impact also on the model for service provision through the CMOs. At this stage, the implications for people who experience mental ill health and their families remain unclear.

24.	Strategies for developing the community-managed sector	Lead	Completed by
24.1	Involve CMO partners in planning and development of services, identification of ways to align with strategic priorities and how to best utilise resources as partnership roles and resources change	DO	2018
24.2	Develop new service level agreements which respond to emerging needs	DO	2017
24.3	Facilitate access to education and training opportunities provided to SWSLHD staff for staff of CMOs	DO	2018



## 7.25 Better use of Technology

Investing in the use of technology to promote mental health and deliver improved mental health care will ensure the delivery of high quality health care now and in the future. Information management and technology provides potential for developing efficiencies, promoting innovation and improving patient care.

### Key facts <sup>1</sup>

- 86% of people use the internet, 44% using the internet more than five times each day
- Young people rely on technology as a primary means of communication and learning
- Individual demand for face to face mental health services may be reduced by using technology more effectively

*Living Well* identifies the need for mental health services to better utilise available and emerging technology in health promotion, assessment, treatment and operational decision making.

A range of initiatives by the public and community managed sector have been developed to improve the accessibility of services to the community, and the efficiency and effectiveness of services. The *Blueprint for eHealth in NSW (2013)* also notes that rapid technological advancement is changing the way in which clinical care can be delivered and in how corporate systems are supported.

The community managed sector has been at the forefront of developing online resources to promote mental health and to support the community in identifying and managing mental ill-health. On-line resources include general information, chat forums, self-assessment tools and some counselling support with new Apps also being made available for smart devices. These supports are often useful as a starting point in engaging with the mental health system as they are accessible, anonymous and affordable.



The *SWSLHD Information Communications and Technology (ICT) Strategy 2015 - 2021* guides the expansion of ICT across the District to better meet the needs of the community, consumers and staff. Key actions focus on supporting the shifting technology needs of the healthcare workforce and enabling innovative approaches to facilitate access to and connectivity with technology.

For health service consumers, SWSLHD has introduced an electronic Medical Record (eMR) with increasing availability of electronic, standardised clinical information. Expansion of the eMR to the



community setting will facilitate the availability of clinical information at the points of care beyond hospitals. The Mental Health Service is also introducing photographic patient identification and electronic medication management (EMM) to assist clinicians in providing consumer centred care. Personally Controlled Electronic Health Records will also strengthen care and facilitate secure, electronic storage of an individual's health information.

The Mental Health Service is an active user of telehealth services in inpatient and community settings to liaise with the Mental Health Tribunal and to conduct assessments for forensic and child and adolescent patients. The Wollondilly Health Alliance and SWSLHD are investigating ways in which telehealth can be expanded and technology can be utilised to improve service access and care integration for people in the Wollondilly local government area.

Further development of information management systems will ensure that clinical and performance data is current and useful to clinical services and management. Development of the eMR to report on consumer outcomes is essential to the provision of quality services.

25.	Strategies for better use of technology	Lead	Completed by
25.1	Develop a Mental Health Information Communications and Technology strategy	DO	2015
25.2	Implement Electronic Medication Management for Mental Health services	DMS	2018
25.3	Develop innovative ways of using telehealth and other technology across Mental Health services, in particular to improve access to specialist care for people who are geographically isolated, commencing in Wollondilly	DMH	2017
25.4	Incorporate the use of the electronic Medical Record and the electronic standardised clinical documentation form in Mental Health community services	MCMH&P	2016
25.5	Encourage consumers to maintain their own Personally Controlled Electronic Health Records as a centralised repository of health information available to multiple service providers	MCMH&P	2018

**See also: Section 7.1, Section 7.2 and Section 7.4**



## 7.26 Research and Knowledge Exchange

Staff of the Mental Health Service are internationally recognised for the quality of research they undertake and for their contributions to improving clinical practice, particularly at a local level. Mental Health research has been identified as a key priority for SWSLHD and the Ingham Institute for Applied Medical Research, through both the Mental Health and Early Years Research Groups. The South Western Sydney Research Hub brings together local health providers, universities and the Ingham Institute of Applied Medical Research to identify and respond to common research priorities.

Several mental health research units are supported by the District. Of particular note are those provided in partnership with the University of NSW, including the Psychiatry Research and Teaching Unit, incorporating the Centre for Population Mental Health Research, the Schizophrenia Research Unit and the Infant, Child and Adolescent Mental Health Research Unit. The growth of the University of Western Sydney has facilitated new partnerships through the funding of a Chair in Academic Psychiatry with further research expansion required to consolidate the partnership.

The need to expand research in mental health is well recognised locally and internationally. The *Fourth National Mental Health Plan 2009 – 2014*<sup>26</sup> emphasises the need to focus on translational and multidisciplinary research practice. It recommends development of a national mental health research strategy to drive collaboration and inform the research agenda and refers to both quantitative and qualitative research, and research led by consumers and carers. The *NSW Health Mental Health Research Framework (2010)* provides a similar emphasis.

The *Research Strategy for South Western Sydney Local Health District 2012 – 2021*<sup>27</sup> recognises the breadth and depth of research capability within the District and seeks to strengthen this across all clinical areas and staff disciplines. It describes a vision in which SWSLHD researchers are recognised for undertaking high quality research which improves health outcomes of local people and the broader community. There is a strong focus on building research capacity, capability, quality and outcomes.



Current research interests and expertise within the Mental Health Service relate to the mental health of refugees, social and cultural factors impacting on population mental health, gender and mental health, perinatal, infant and childhood mental health, developmental disorders, eating disorders, schizophrenia, trauma, anxiety and stress, and the relationships between physical health and mental health. Other SWSLHD clinicians in the Liverpool Brain Injury Rehabilitation Unit, Cancer Services



and Drug Health are engaged in mental health related research on suicide prevention, psychoncology and the presence of co-morbid conditions. Karitane and STARTTS also undertake research in collaboration with SWSLHD academic units in their state-wide roles. In undertaking this research, SWSLHD researchers collaborate with international and national partners including universities and research institutes, other government departments and the community managed sector. SWSLHD units continue to attract grants from the National Health and Medical Research Council and Australian Research Council and supervise a substantial number of higher degree students.

Further opportunities exist to better understand the needs of the local community, by undertaking peer led research and by collaborating with a broader range of organisations working with priority population groups.

26.	Strategies for research and knowledge exchange	Lead	Completed by
26.1	Establish a Mental Health Research and Practice Committee to: <ul style="list-style-type: none"> <li>- Identify all Mental Health related research being conducted within South Western Sydney</li> <li>- Identify research priorities, including priority populations</li> <li>- Develop a five year research plan for mental health</li> <li>- Build collaborative research partnerships with key stakeholders</li> <li>- Support and facilitate translational research</li> </ul>	DO	2015
26.2	Expand the research workforce within the Mental Health Service through: <ul style="list-style-type: none"> <li>- Appointment of a Professor of Mental Health Nursing</li> <li>- Establishment of foundational positions for post-doctoral fellows</li> <li>- Incorporation of research opportunities into position descriptions of clinical staff</li> <li>- Providing opportunities for research within all clinical roles</li> </ul>	DMH	2017
26.3	Build the capacity of the community, consumers and carers to understand, participate in and design research projects	Director PRTU	2017
26.4	Build a culture of innovation, research and evaluation into clinical services	Director PRTU	2019



## 7.27 Governance

The Inter-District Agreement (IDA) between Sydney Local Health District and South Western Sydney Local Health District in relation to the cross-District management of Mental Health Services concluded on 30 June 2014. The conclusion of the IDA required the establishment and implementation of new governance structures for the leadership and management of the SWSLHD Mental Health Service.

These governance structures have been developed as a modular set, consistent with the corporate directions of SWSLHD, the requirements of National and State policy, the National Safety and Quality Health Service Standards and the EQulP accreditation framework. These inter-related and inter-dependent frameworks incorporate:

- Organisational structure - this describes the roles, responsibilities and reporting lines of senior managers and the Mental Health Service executive leadership team. A copy of the organisational structure is provided as Appendix 2
- Committee Framework - interdisciplinary committees have been established to progress work on priority issues within the Mental Health Service. The Committee Framework outlines how each of these committees will work towards achieving the SWSLHD vision
- Clinical Audit Framework - documents a system of regular auditing to be undertaken to measure clinical and corporate domains. It incorporates the use of data to evaluate services and facilitate continuous improvement
- Risk Management Framework - articulates how the SWSLHD Enterprise-wide Risk Management Framework will be implemented within the Mental Health Service. It incorporates the effective identification and management of strategic and business related risks
- Performance Framework - describes how data is to be used within the Mental Health Service to monitor and improve performance.

27.	Strategies for governance	Lead	Completed by
27.1	Develop a Quality Plan for the Mental Health Service	DMH	2015
27.2	Develop a set of agreed performance indicators that are used to drive performance improvement and are regularly reported to the District Board and Executive, staff, and the community	DMH	2016
27.3	Engage and involve clinicians in clinical governance structures and processes that enable reform and innovation	DMH	2016
27.4	Implement financial management systems which align to Activity Based Funding	DO	2017
27.5	Measure consumer and carer experiences, using qualitative and quantitative methods, to improve service delivery	DMH	2016
27.6	Develop a safety plan to address patient safety risks	DO	2016
27.7	Establish a formal process to review progress in implementing this Plan, with six monthly reporting to the SWSLHD District Executive and the SWSLHD Mental Health Consumer, Carer, Community Committee	DMH	2015

**See Also: Section 7.21**



## 8. Acronyms

AHMAC	Australian Health Ministers' Advisory Council
BPD	Borderline personality disorder
CALD	Culturally and Linguistically Diverse
CMO	Community Managed Organisation
ED	Emergency Department
eMM	Electronic Medication Management
eMR	Electronic Medical Record
GP	General Practitioner
HeAL	Healthy Active Lives
ICT	Information Communications and Technology
IDA	Inter-District Agreement
IM&T	Information Management and Technology
JFMHN	Justice and Forensic Mental Health Network
LGBTI	Lesbian, Gay, Bisexual, Transgender or Intersex
MH-CCP	Mental Health - Clinical Care and Prevention Model
MHS	Mental Health Service
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NMHC	National Mental Health Commission
NSQHS	National Safety and Quality Health Service
PECC	Psychiatric Emergency Care Centre
SMHSOP	Specialist Mental Health Service for Older People
STARTTS	Service for the Treatment and Rehabilitation of Trauma and Torture Survivors
SWS	South western Sydney
SWSLHD	South Western Sydney Local Health District
SWSPHN	South Western Sydney PHN



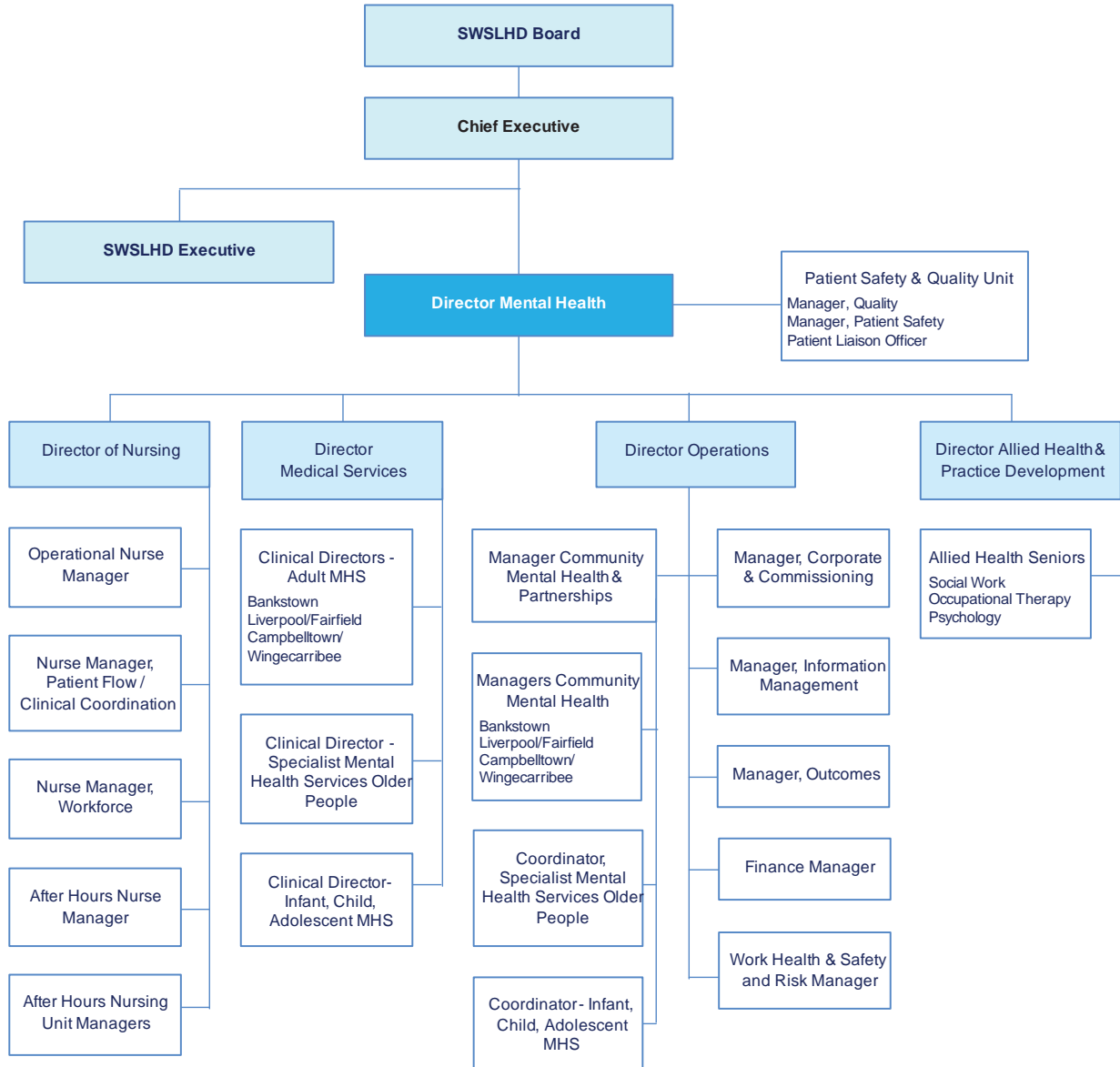
## 9. Appendices

### Appendix 1 SWSLHD Mental Health Services

Service	Bankstown	Fairfield	Liverpool	Macarthur i.e. Campbelltown Camden and Wollondilly	Wingecarribee
<b>COMMUNITY SERVICES</b>					
Health Promotion	✓	✓	✓	✓	✓
Aboriginal Mental Health	✓	✓	✓	✓	✓
Care Coordination - Adults	✓	✓	✓	✓	✓
Community Emergency Care	✓	✓ (Provided by Liverpool)	✓	✓	
Early Intervention for Psychosis	✓	✓	✓	✓	
Rehabilitation/ Recovery	✓	✓	✓	✓	✓
Perinatal and Infant Mental Health Service	✓	✓ (inc. Karitane at Carramar)	✓	✓ (inc. Karitane at Camden)	
Child and Adolescent Mental Health Service	✓	✓	✓	✓	✓
Specialist Mental Health Service for Older People	✓	✓ (Braeside Hospital)	✓	✓	✓
<b>INPATIENT SERVICES (available beds at July 2015)</b>					
Adult - High Dependency	10		10	8	
Adult - Acute	20		40	22	
Adult Rehabilitation - Subacute			34		
Adolescent - Acute				10	
Young People - Acute				20	
Older People - Non-Acute		16 (Braeside Hospital)			
Psychiatric Emergency Care Centre - Adults			6	6	



## Appendix 2 SWSLHD Mental Health Service Organisational Structure





## 10. References

1. NSW Mental Health Commission, *Living Well: A Strategic Plan for Mental Health in NSW*. NSW Mental Health Commission: Sydney 2014.
2. Department of Health Victoria, *National Practice Standards for the Mental Health Workforce*. Department of Health Victoria: Melbourne 2013.
3. NSW Ministry of Health, *NSW Integrated Care Strategy 2014 - 2017*. NSW Ministry of Health: Sydney 2014.
4. Hunter Institute of Mental Health, *Prevention First: A Prevention and Promotion Framework for Mental Health*. Hunter Institute of Mental Health: Newcastle 2015.
5. Australian Government Department of Health, *National framework for recovery-oriented mental health services: Guide for practitioners and providers*. Commonwealth of Australia: Canberra 2013.
6. South Western Sydney Local Health District, *SWSLHD Mental Health Performance Management Framework 2013/2014*. SWSLHD: Sydney 2013.
7. Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing Catalogue No: 4326.0*. ABS: Canberra 2007.
8. South Western Sydney Local Health District, *Complaints Data*. Sydney 2015.
9. NSW Department of Health, *Physical Health Care of Mental Health Consumers GL2009\_007*. NSW Department of Health: Sydney 2009.
10. Vocational Education Training and Employment Service, Fact Sheet One: Introduction to the Vocational Education, Training and Employment (VETE) Service.
11. NSW Family and Community Services, *Housing Pathways: Expected Waiting Times for Social Housing 2013*. Available from: [http://www.housingpathways.nsw.gov.au/NR/rdonlyres/85ECAFA9-8F41-4946-95F0-5DA83746B8F5/0/Expected\\_Waiting\\_Times2013.pdf](http://www.housingpathways.nsw.gov.au/NR/rdonlyres/85ECAFA9-8F41-4946-95F0-5DA83746B8F5/0/Expected_Waiting_Times2013.pdf) Accessed on.
12. Partners in Recovery, *Service Mapping and Gap Analysis: Initial Report*. Partners in Recovery: Sydney 2013.
13. Snowdon J., Shah A. and Halliday G., Severe domestic squalor: a review. *International Psychogeriatrics*, 19(1), pp. 37-51.2007.
14. Centre for Epidemiology and Evidence, *The Health of Children and Young People in NSW: Report of the Chief Health Officer 2014*. Ministry of Health: Sydney 2014.
15. Firstnet, *Firstnet Report 2015*.2015.
16. NSW Department of Health, *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005–2015*. NSW Department of Health: Sydney 2006.
17. De Leo D, Milner A and Svetcic J., Mental disorders and communication of intent to die in indigenous suicide cases, Queensland, Australia. *Suicide and Life Threatening Behaviours*, 42(2), pp. 136-146.2012.
18. NSW Department of Health, *Refugee Health Plan 2011-2016*. NSW Department of Health: Sydney 2011.
19. NSW Justice & Forensic Mental Health Network, *Justice & Forensic Mental Health Network Strategic Plan 2013 - 2017*. Justice & Forensic Mental Health Network: Sydney 2013.
20. Wong S. and Gordon A., The Violence Reduction Programme: a treatment programme for violence-prone forensic clients. *Psychology, Crime & Law* 19(5-6).2013.
21. Australian Bureau of Statistics, *Causes of Death, Australia*. ABS, Commonwealth of Australia, Catalog No: 3303: Canberra 2013.
22. NSW Ministry of Health, *Health Stats*.2015.
23. Australian Bureau of Statistics, *Census of Population and Housing 2011*. Australian Bureau of Statistics: Canberra 2011.
24. South Western Sydney Local Health District, *Consumer and Community Participation Framework*. SWSLHD: Sydney 2012.
25. Health Workforce Australia, *Mental Health Peer Workforce Study*. Health Workforce Australia: Canberra 2014.
26. Australian Government Department of Health, *Fourth National Mental Health Plan 2009 - 2014* Commonwealth of Australia: Canberra 2009.
27. South Western Sydney Local Health District, *Research Strategy of South Western Sydney Local Health District 2012-2021*. SWSLHD: Sydney 2012.





**Health**  
South Western Sydney  
Local Health District

**South Western Sydney Local Health District**

Liverpool Hospital Eastern Campus

Locked Mail Bag 7279

Liverpool BC NSW 1871

Tel. (612) 8738 6000

Fax. (612) 8738 6001

[www.swslhd.nsw.gov.au](http://www.swslhd.nsw.gov.au)



supported by **SWSLHD**

**Consumer and Community Participation**