New South Wales
Interagency Action Plan for
Better Mental Health

Foreword

Mental health problems and mental illness are estimated to affect almost one in five adults at some stage in their lives.

Despite advances in our knowledge of causes, care and treatment, many people with mental illness still experience discrimination and disadvantage.

The challenge for government and the community is to ensure that mental illness is treated like any other serious health issue but at the same time to recognise and respond to the particular disabling effects that can be associated with the illness.

Tackling this challenge has been a longstanding commitment of the NSW Labor Government and is one of my highest priorities.

The Interagency Action Plan for Better Mental Health represents one component of a broad vision for improved mental health in New South Wales.

This plan turns the spotlight on the way government services respond to the needs of people with mental illness. The plan is focused on improving the coordination of services to realise three key aims:
- prevent or intervene early in the onset of mental illness
- improve community support to those who need continuing care, and
- improve responses to mental health emergencies.

The NSW Government is putting in place wide-ranging measures to improve mental health care. The Action Plan complements and contributes to this work by setting out a framework for collaboration across health, education, housing, police, justice, community and disability services.

Implementation of the plan will occur in consultation with clinicians, the non-government sector, families, carers, and people with mental illness.

I am committed to ensuring that government agencies work more effectively together and with the community to better support people with mental illness and those who care for them. The Interagency Action Plan provides an important blueprint for this work.

Morris Iemma MP
Premier of New South Wales

INTERAGENCY ACTION PLAN FOR
BETTER MENTAL HEALTH

introduction

Mental illness touches us all. Most members of the community have felt the effects of mental illness through their own experiences or the experiences of family, friends or colleagues.

While there has been substantial improvement in the treatments and supports available for a range of mental disorders, it remains the case that those affected by mental illness often experience poorer general health and higher rates of death from a range of causes, including suicide, than the general community.

Much progress has been made in raising awareness of the issue of mental illness and there is a growing acceptance of the importance of focusing on recovery and hope for those who live with it. However, mental illness remains one of the greatest causes of disability, diminished quality of life and reduced productivity.

Recognising this, much has been achieved to strengthen the mental health system in NSW and its capacity to respond to the needs of people with mental illness.

Mental health funding has doubled since 1995. In 2005/06 the mental health budget stood at $854 million and this funding is now quarantined so it can only be spent on mental health services. Greater accountability is now being achieved with the provision of mental health services forming a specific element of Area Health Service performance agreements.

Mental health care in NSW has undergone major strategic reform over the last decade when the shift in focus away from institutionally-based care to community care gathered considerable momentum. Accompanying this is an ongoing process of co-location of mental health inpatient facilities within general hospital settings and increased collaboration with the broader health system, including primary care. Significant too is the increasing focus on the involvement of consumers, their families and carers in the development and delivery of mental health services.

But more remains to be done.

For the first time the NSW Government has set out a strategic approach to mental health policy which encapsulates a whole-of-government commitment to improving the mental health and wellbeing of the NSW community. This has been achieved through the development of two companion plans:

NSW Mental Health Plan 2005-2010 which will provide a framework for the development and enhancement of mental health services delivered through Area Health Services and partner organisations in NSW

NSW Interagency Action Plan which recognises that a number of government agencies have a role to play in responding to the needs of people affected by mental illness and sets out a coordinated approach to managing these needs

This work is in keeping with the key principles of the *National Mental Health Plan 2003-2008* which sets the national priority areas for action. This work is also evidence of the Government's commitment to improving the mental health of the people of NSW.

> "Improving the mental health of Australians cannot be achieved within the health sector alone. A whole-of-government approach is required which brings together a range of sectors that impact on the mental health of individuals, such as housing, education, welfare and justice."
>
> *National Mental Health Plan 2003-2008*

This document represents the second component of the NSW Government's whole-of-government mental health policy – the Interagency Action Plan for Better Mental Health. The plan aims to enhance the mental health of people at risk of, or affected by, mental illness by improving the responsiveness and coordination of services.

To achieve this aim, the Action Plan is focused on the three key strategic areas where health services and the services provided or funded by other government agencies come together – prevention and early intervention, community support and emergency responses. Implementation of the priorities for action set out in this five year plan will be monitored in yearly reports to Cabinet.

interagency action plan for better mental health

Most mental health problems will be treated in the primary health sector with support from mental health professionals, other allied health professionals, community health services and a wide range of community organisations.

The extent of these problems is such, however, that many people accessing the range of government services will have a mental health problem. This means that agencies require an understanding of mental health problems and mental illness and appropriate responses to them in order to best respond to the needs of their clients. This also means that health services have an important role to play in prevention and early intervention and need to be responsive when mental health problems escalate.

The clinical services of the specialist mental health sector are generally focused on providing treatment for people experiencing severe mental illness. These clients are likely to be more vulnerable and have more complex needs and, as a consequence, will often require support from mental health services together with a broad range of government services.

The importance of developing a cross-agency focus on mental health was identified by the Legislative Council Select Committee Inquiry into Mental Health Services which reported to the NSW Parliament in December 2002. This comprehensive review provided the impetus for establishing mental health as a standing agenda item on the Cabinet Committee on Human Services.

aims of the plan

The increasing recognition of the burden of mental health problems and mental illness presents challenges for the health sector as a whole as well as a range of government agencies, non-government organisations and consumer groups.

Across these services there are different conceptions of mental health and varying skill bases from which to respond to mental health problems.

Achieving greater clarity about the roles of mental health services, primary health care, human service and justice agencies and the non-government sector is a first step in developing partnerships and ensuring service provision is better coordinated.

Better mental health through improved service responsiveness is the aim of the Interagency Action Plan for Better Mental Health. The plan sets out a framework for the improvement of service provision and coordination to people with mental illness in NSW.

The plan focuses on the coordination required to prevent or intervene early in the onset of mental illness and to improve outcomes for people with severe mental illness and those with complex needs. These vulnerable population groups often require the support of a range of agencies but are often the first to fall through the gaps in service provision. While coordination of support for this population group is particularly critical, competing service demands and requirements often act against it.

Such difficulties, however, can be overcome. This is evidenced by the range of partnerships that have already been developed, for example:

> *statewide partnerships* such as the School-Link initiative between NSW Health and the Department of Education and Training, and the Court Liaison Service where agencies are cooperating to divert people with mental illness who have been charged with minor offences into appropriate care.

> *local partnership arrangements* such as the collaborative planning mechanism established between the Department of Ageing, Disability and Home Care and hospitals in South East Sydney to facilitate access to services for clients with both an intellectual disability and a mental illness.

> *broader initiatives*, such as the Better Service Delivery Program, which assists human services to share information and make online referrals.

Such partnerships play an important role in increasing awareness of mental health issues, defining agency roles and responsibilities and improving service responses at the local level.

The Interagency Action Plan sets out a blueprint for building on this work.

strategic directions

The Interagency Action Plan recognises that to improve mental health a clear direction and structure for ongoing coordination of responses to mental illness is required in the three strategic areas where specialist mental health services intersect with other agencies:

Strategic direction 1: prevention and early intervention

Who: people at risk of developing mental illness or in its early stages

Aim: to maintain good mental health by reducing risk factors, preventing onset and progression of mental health problems and reducing the impact of mental illness

How: bringing together clinical services, child, youth and family services, education, disability services, juvenile justice

Strategic direction 2: community support services

Who: people with mental illness living in the community

Aim: to promote stability and good quality of life by breaking the cycle of re-admissions, social exclusion, homelessness and unemployment

How: bringing together acute and continuing care clinical services, housing, community support services, education and training, corrective services, disability services, juvenile justice, welfare and employment support

Strategic direction 3: coordination of emergency responses

Who: people experiencing acute mental illness or behavioural disturbance

Aim: to ensure safety and the provision of appropriate care by better coordinating responses in emergency situations

How: bringing together clinical services, ambulance, police

The plan sets out and builds on existing activities that contribute to preventing mental health problems and supporting people with mental illnesses, and outlines priorities for action to improve the provision and coordination of services.

implementing the plan

Improving the care and support provided to people with mental illness is a long-term challenge. As such, the development of the Interagency Action Plan represents the beginning of a process, not an end.

The actions set out in the plan can only be achieved through engagement with non-government organisations, families, carers and, most importantly, those people who experience mental illness. These actions will be reflected in regional planning at the local level which will target key population groups.

Implementation of these priorities will be evaluated progressively over the next five years. Progress will be reviewed by the Human Services Chief Executive Officers Forum which will report annually to the Cabinet Committee on Human Services.

The intention is for the plan to be an active document with further initiatives flowing from the development of partnerships between agencies and services.

STRATEGIC DIRECTION 1
getting in early: prevention and early intervention

This strategic direction focuses on ensuring people at risk of developing mental illness or in its early stages maintain good mental health

The aim of specific prevention and early intervention initiatives in mental health is to prevent emerging signs and symptoms progressing into a diagnosable mental health problem and to detect mental illnesses early in order to promote recovery and reduce longer-term disability. Prevention activities include universal programs for the general population as well as interventions that are targeted toward individuals considered at greater risk of poor mental health.

Evidence is accumulating that the earlier mental health problems are effectively dealt with, the less likely they are to develop into diagnosable disorders. The earlier mental health problems and mental illnesses are effectively treated, the less severe they are, the shorter their duration and the less likely they are to recur. Evidence also suggests that some groups in the community can face particularly complex mental health issues, such groups include Aboriginal people, refugees, offenders and people with intellectual disabilities.

The mental health and wellbeing of the community is measured through a set of standardised questions in the NSW Health Survey. The current prevalence of children and young people at substantial risk of clinically significant mental health problems is estimated at 8 per cent. The rate of high or very high psychological distress for NSW adults in 2003, which provides an indication of the rates of common mental health problems, is estimated at 11 per cent. NSW Health's Mental Health Clinical Care and Prevention model estimates that 2.5 per cent of the NSW population, or some 168,200 people, has a severe mental illness.

Reducing the factors that increase the risk of mental health problems and mental illnesses occurring requires long-term sustained effort across the community and government, and cannot be achieved by specialist mental health services alone. Recognising this, NSW agencies have made much progress in forging partnerships across sectors to develop prevention and early intervention initiatives.

STRATEGIES

1.1 Building resilience and coping skills of children, young people and families

1.2 Improving awareness of mental health issues and capacity to respond to mental health problems

1.3 Intervening early in the onset of mental illness

1.1 Building the resilience and coping skills of children, young people and families

The NSW Government has initiated a range of early intervention and prevention initiatives that cut across the traditional responsibilities of agencies. This recognises the interconnectedness of health, educational, and social outcomes and their associated risk factors. These interventions seek to achieve community inclusiveness, resilience and wellbeing.

For example, *Families First* is a universal prevention and targeted early intervention strategy to support families and promote effective parenting which integrates the work of government agencies, community organisations and local government. A range of activities fit within the Families First framework including the Aboriginal Child, Youth and Family Strategy, the Schools as Community Centres program, family worker services and supported playgroups. Specific mental health related programs being implemented within the framework include Health Home Visiting, Integrated Perinatal and infant Care and parenting training programs.

The school environment plays an important part in increasing the resilience and coping skills of children and young people. The Personal Development, Health and Physical Education (PDHPE) curricula, for example, provides for the social, emotional and physical development of students and includes a focus on healthy lifestyles, personal safety, drug education and relationships.

Targeted support is also being provided to vulnerable children, young people and families through specific programs within community, mental health, school and juvenile justice settings.

Priorities	Partners
▪ Continue to implement whole-of-government prevention and early intervention strategies aimed at improving family functioning and reducing the conditions that may be associated with mental health problems in children, such as Families First and Aboriginal Child Youth and Family Strategy.	DoCS, Health, DET, DADHC, DoH, NGOs
▪ Expand school-based interagency initiatives, such as the Schools as Community Centres program, which provide integrated support to strengthen connections to communities and ensure children have a healthy start to school.	DET, DoCS, Health, DoH, NGOs

▪ Implement targeted programs that improve the capacity of vulnerable families and communities to promote the health and wellbeing of children, such as the Early Intervention Program.	DoCS, Health, NGOs
▪ Expand the School-Link initiative to increase the knowledge of teaching staff and health workers about how to respond to the mental health needs of students.	Health, DET, DJJ
▪ Implement evidence-based whole-of-school approaches in all schools which aim to: - prevent mental health problems developing, and - support students with mental health problems. ▪ Such approaches include MindMatters, Resourceful Adolescent Program (RAP) and the Adolescents Coping with Emotions (ACE) program.	DET, Health
▪ Extend the implementation of evidence-based prevention programs to Juvenile Justice centres.	DET, Health, DJJ
▪ Support the extension of evidence-based prevention programs to primary schools.	DET, Health, Clth
▪ Implement the strategic directions of the review of the whole-of-government NSW Suicide Prevention Strategy.	Health, DET DoCS, DJJ, DADHC, DCS, Police, NGOs

1.2 Improving awareness of mental health issues and the capacity to respond to mental health problems

The level of mental health awareness within a community underpins its ability to prevent poor mental health and recognise and respond early to mental health problems and mental illness. Misunderstandings about mental health contribute to the discrimination experienced by many people affected by mental illness and discourage people from seeking help.

Mental health promotion is undertaken across health settings, and encompasses a broad range of activities to enhance the knowledge of individuals and the community. The increased recognition of the burden of mental health problems has also led to initiatives from the Commonwealth and State Governments to

support the provision of quality mental health services delivered in primary health care settings.

Improving the awareness of mental health issues within a broad range of government agencies and services is particularly important because many people seeking to access these services will have mental health problems. These services will also have clients in common with the specialist mental health sector. Specific initiatives are required to build the capacity of these services to better respond to the needs of these clients and improve the referral pathways across these services.

These initiatives will combine with the implementation and expansion of prevention and early intervention activities identified in strategy 1.1 and the range of community support priorities set out under strategic direction 2.

Priorities	Partners
▪ Facilitate the dissemination of awareness raising initiatives, such as Mental Health First Aid, in agencies and services to increase understanding of mental health issues.	Health, DoCS, DET, DADHC, DoH, DJJ, DAA, DCS, NGOs
▪ Ensure all human service agencies are aware of where to obtain mental health information and have identified processes for disseminating this information through their organisations.	Health, DET, DoCS, DoH, DADHC, DJJ, NGOs
▪ Encourage dissemination of mental health information to reach people in non-health settings. For example, material for children and young people developed by Streetwize provides information for children and young people on depression, coexisting mental illness and substance abuse, and parents with mental illness.	Health, DET, DoCS, DJJ, DADHC, NGOs
▪ Ensure consistent mental health messages are encapsulated in the material supporting the expansion of the *Joint Guarantee of Service for People with Mental Health Problems Living in Aboriginal, Community and Public Housing* (JGOS).	Health, DoH, DoCS, NGOs

1.3 Intervening early in the onset of mental illness and managing the precursors to mental illness across all age groups

Collaboration between specialist mental health services, community health services and primary health care is critical in order to identify emerging mental illness and intervene before a crisis develops or problems become entrenched. Much of the ground work for this collaboration has been laid but further action is required to support these partnerships across the state.

Similarly, partnership arrangements between the specialist mental health sector and government agencies need to be enhanced to assist in the identification of the early signs of mental illness and to establish clear pathways into appropriate mental health treatment and care.

Priorities	Partners
▪ Work with the Commonwealth and the Divisions of General Practice to encourage greater GP involvement in primary mental health care initiatives.	Health, Clth, Division of GPs
▪ Expand training initiatives for GPs (for example, training focused on co-existing mental illness and substance abuse).	Health, Division of GPs, Clth
▪ Increase liaison between specialist mental health services and primary mental health care providers to consolidate the development of effective partnerships.	Health, Division of GPs, Clth
▪ Build on awareness raising initiatives to better equip services to identify and support people of all ages with early signs of mental illness, including parents.	Health, DET, DADHC, DoCS, DJJ
▪ Expand School-Link training program to increase knowledge of teaching staff and school and TAFE counsellors about how to identify the early signs of mental illness, including training in coexisting mental health and substance use problems.	Health, DET, DJJ
▪ Review pathways to care identified through School-Link program for school and TAFE students with mental health problems.	Health, DET

- Improve the understanding of available early intervention measures among housing and supported accommodation organisations, including JGOS and Housing and Accommodation Support Initiative partner agencies (HASI).

Health, DoH, DoCS, NGOs

how we'll know

A range of process and outcome measures have been identified that will provide an indication of the extent to which people at risk of developing mental illness or in its early stages maintain good mental health.

In evaluating implementation of the plan, positive improvements are sought in:

- The rate of psychological distress and wellbeing in adults, young people and children
- The number of referrals from human service agencies to specialist mental health services and the speed of assessment of those referrals.
- The percentage of the population able to access specialist mental health services.
- The percentage of mental health related prevention and early intervention programs which:
  - set out formal aims, procedures and evaluation processes
  - have established agreements between key partners
  - have resources attached (funding, staff etc)
  - are embedded in core service delivery (rather than pilots or trials)

DATA SOURCES

K10 Plus and Strengths and Difficulties Questionnaire

NSW Child Health Survey

Mental health related Medicare item numbers and prescriptions

National Mental Health Key Performance Indictors

STRATEGIC DIRECTION 2
breaking the cycle: community support services

This strategic direction focuses on ensuring people with mental illness enjoy stability and good quality of life

At the heart of the Interagency Action Plan is the recognition that stronger links are critical between mental health, primary care and a broad range of government and non-government agencies. This coordination is essential to ensure that people affected by mental illness and their families and carers have access to the continuing care and community-based services necessary to meet their health and social needs.

Achieving continuity of care, providing effective rehabilitation and enabling recovery requires different parts of the health system to work well together. Strong partnerships with disability, housing, welfare, education, aged care and other services are also required to achieve these outcomes. GPs also play an essential role in the continuing care of people with mental illness and often act as a gateway into specialist and allied health services.

Some mental illnesses may occur as a single episode, others such as bipolar disorder may recur with variable frequency, and some illnesses may develop a chronic and disabling course. Relapse of severe mental illness is closely associated with complex biological and psychiatric factors which interact with personal circumstances. Managing and preventing the impact of life stressors is also an important element of recovery.

The aim of greater integration and coordination of services is to minimise the disabling effect of chronic mental illness, reduce hospital readmissions and poor social outcomes such as contact with the criminal justice system, homelessness and social isolation, and increase the capacity for community participation, education and employment.

Connected to this strategic direction is a range of broader initiatives underway in NSW to improve general service coordination and responsiveness. This includes work to improve the capacity for information sharing and referrals across government and non-government agencies, as well as targeted activity such as Two Ways Together, NSW's whole-of-government plan to improve service delivery to Aboriginal people.

STRATEGIES

2.1 Combat the escalation of mental illness by providing the appropriate service at the right time

2.2 Ensure supports are coordinated to enable people at high risk to live well in the community

2.3 Enable people with mental illness to have stable housing by linking them to other avenues of support

2.4 Improve participation in education by young people affected by mental illness

2.1 Combat escalation of mental illness by better coordinating agencies to provide the appropriate service at the right time

Improving the health and wellbeing of people with mental illness requires high standards of specialist treatment and access to support services before problems reach crisis point. For people who have experienced mental illness, effective interventions are needed to prevent recurrence or to intervene early and reduce the impact of further episodes of illness. This emphasises the need for effective discharge planning, home help, outreach support and continuity with primary care services.

Discharge and care plans play an important role in the assessment and coordination of treatment and support needs. While these plans have tended to focus on health needs, they can be an important step in linking community and primary health care and rehabilitation with broader social needs such as housing, education and caring responsibilities.

The priorities identified in Strategic Direction One to build the capacity of government and non-government agencies to work with people affected by mental illness and establish clear pathways into appropriate care are also critical building blocks in order to ensure the right service is provided at the right time.

Priorities	Partners
▪ Implement a standardised system of discharge planning for all people leaving in-patient mental health facilities which includes consideration of both health and social needs.	Health, DADHC, DoH, DoCS, NGOs, GPs
▪ Adapt the *My Health Record* patient books to enable people with chronic mental illness to keep track of treatment and support information.	Health, DADHC, DoH, DoCS, DET, NGOs, GPs
▪ Provide a contact point within Area Health Services to assist other agencies when the assistance of more than one part of Health is required.	Health
▪ Utilise the Better Service Delivery Program to develop a shared understanding of the service system; share best practice models across agencies; and enhance regional information sharing.	Health, DADHC, DoH, DoCS, DJJ, DET, DCS, AHMRC, NGOs

▪ Develop and implement protocols for the provision of clinical advice to support those agencies working with people who have mental health problems (including people with mental illness that coexists with substance abuse or intellectual disability).	Health, DET, DoCS, DADHC, DCS, DJJ
▪ Investigate the suitability and cost effectiveness of multi-agency interventions for children and young people with mental health problems in contact with the criminal justice system.	Health, DJJ, DoCS, DET, AGD, DADHC, DCS, NGOs
▪ Rollout a project to assist frontline DoCS workers and staff in NGOs work with families affected by coexisting mental illness and substance abuse. This project consists of a training package designed to educate DoCS workers, foster carers and other support workers; practice guidelines and referral protocols; and a set of age specific resources to assist families and out-of-home carers to better care for affected children.	DoCS, Mental Health Coordinating Council, Health, other NGOs
▪ Conduct local cross-agency workshops to identify and bridge the service gaps for offenders with coexisting mental illness and substance abuse.	DCS, Health, DADHC, DJJ
▪ Implement and assess the effectiveness of projects trialling integrated service delivery which links housing and support for specific population groups with coexisting mental illness and substance abuse (young people , Aboriginal people and ex-offenders). ▪ Explore options for joint mental health and drug and alcohol training across services.	Health, Housing, DET, DJJ, DoCS, DCS

2.2 Ensure supports are coordinated to enable people at high risk to live well in the community

Closely connected to the first strategy is the importance of coordinating care and support for people with mental illness who require ongoing access to services from multiple providers. The importance of coordination is reflected in NSW Health's Chronic Care Program to improve the care of people with chronic conditions such as cardiovascular and respiratory disease, which is

showing early evidence of reductions in unnecessary hospital admissions. Such concepts of coordination and support need to be mirrored in the management of chronic mental illness.

The majority of people with chronic and recurring mental illness are cared for in the community. Families and carers, public and private specialist mental health services, GPs, non-government organisations and other government services, including services provided by local government and those funded by the Commonwealth, can all have a part to play in contributing to this care.

The provision of community support services, however, is not always provided in a coordinated and systematic way. The complex nature of mental illness and competing service demands can act as a barrier against integration and coordination of support. In addition, the disability that can be associated with mental illness is often not recognised or well understood. Historically in NSW, for example, many people with a disabling mental illness have not utilised the support services that have been established to assist people with a disability to live independently, such as Home and Community Care services.

'Mental illness' in itself should not act as a barrier to mainstream and specialist community services. However, it is recognised that some people with severe mental illness will require the ongoing support of the specialist mental health sector, both in the form of rehabilitation and recovery-oriented programs and family and carer support, as well as in guiding access into this broader range of support services.

Priorities	Partners
▪ Develop a model of community support coordination to ensure appropriate supports are in place to enable people to function in the community. This model will focus on improving referral pathways, facilitating case coordination and promoting interagency initiatives and networks.	Health, DoH, DADHC, DoCS, DET, DJJ, DCS, NGOs, Clth, GPs, private specialists
▪ Implement and evaluate this model in targeted areas and, if effective, extend statewide.	
▪ Develop a risk assessment tool to assist Supported Accommodation and Assistance Program (SAAP) services in responding to clients referred who have a mental illness.	DoCS, Health, NGOs

▪ Explore and implement effective mechanisms to develop shared understanding and pathways between SAAP, mental health and drug and alcohol services (for example, the partnership work underway in the Hunter Area Health Service).	Health, DoCS, NGOs

2.3 Enable people with mental illness to have stable housing by linking them to other avenues of support

Safe, secure and stable housing plays a significant part in the quality of life of all members of the community. People with chronic and recurring mental illness, however, often experience difficulties in accessing housing and maintaining tenancies because of the disruptions caused by their illness. This can be particularly difficult for people with co-existing mental illness and substance abuse and those with other complex needs.

In recognition of the significant number of people with mental illnesses living in social housing, the *Joint Guarantee of Service for People with Mental Health Problems Living in Aboriginal, Community and Public Housing* (JGOS) was developed. This service agreement outlines the roles and responsibilities of agencies in the delivery of mental health and housing services for people with mental illness in social housing who have ongoing support needs.

Partnerships between government and non-government agencies to provide supported accommodation are also important to assist people in the transition to independence and in supporting people with complex and longer-term needs. The Housing and Accommodation Support Initiative (HASI), is a good example of such a partnership. Under HASI, tenancy management is provided by community housing providers and in the public housing system, support services by specialist mental health non-government organisations and clinical care by the public mental health sector.

An interagency agreement is also being developed to better support and coordinate planning for social housing clients with a range of complex needs, and improve the ability of these clients to sustain a tenancy. This agreement will build on partnership arrangements such as JGOS and HASI and, over time, will aim to facilitate the development of new cross-agency initiatives that address the diversity of needs of social housing clients experiencing mental health problems.

Priorities	Partners
▪ Extend comprehensive and planned range of psychiatric rehabilitation available to support people with severe mental illness to live successfully in the community.	Health, NGOs
▪ Implement the extended JGOS for people with mental illness living in community and Aboriginal housing and through SAAP services.	Health, DoH, AHO, DoCS, NGOs
▪ Expand HASI to provide more low, moderate and high support places.	Health, DoH, NGOs
▪ Explore options for expanding residential rehabilitation and supported accommodation for people with very high support needs.	Health, DoH, AHO, NGOs
▪ Continue to fund non-HASI residential rehabilitation and supported housing projects provided by NGOs.	Health, DADHC, NGOs

2.4 Improve participation and performance in education by children and young people with, or affected by, mental illness

The ability to live independently and to participate meaningfully in the community is often achieved through work, education and training or other community-based activity such as volunteering. The onset of a severe mental illness, however, frequently disrupts secondary and post-secondary education as well as effecting relationships, career and self esteem.

There is strong evidence linking an educational attainment of Year 10 or higher, to increased participation in vocational training programs and from there into employment. Despite this, a recent Australian study identified that only 11 per cent of people with severe mental illness who had not completed secondary education were employed. People with mental illness also have the lowest completion rates in vocational education and training.

Developing mechanisms to minimise education disruptions and support continued engagement in education, which build on the range of existing initiatives, are thus essential to ensure future options for young people. The NSW Government recognises that clearer pathways are required between State

and Commonwealth funded services – that is, between mental health rehabilitation and recovery-oriented programs, vocational education and training, and employment support – to assist people with mental illness acquire education and employment.

Priorities	Partners
▪ Increase the knowledge of teaching staff and health workers about how to work with, support and respond to students with mental illness, and students affected by mental illness (eg. in their family).	Health, DET, DJJ
▪ Develop phase four of the School-Link training program which will specifically deal with issues relating to coexisting mental illness and substance abuse.	Health, DET
▪ Improve case management of students with and affected by mental illness by providing professional learning programs on case management procedures and improved professional supervision on this issue.	DET, Health
▪ Explore options for building on the existing partnership between Health and DET, such as a Memorandum of Understanding for the provision of depersonalised advice.	DET, Health
▪ Expand School-Link training program to include Juvenile Justice psychologists/counsellors.	Health, DJJ, DET
▪ Include the issue of teacher training on mental health issues as part of broader HSCEOs dialogue with Vice Chancellors.	HSCEOs Forum
▪ Develop a cross agency Vocational Education, Training and Employment (VETE) framework which identifies: - services across the support spectrum - best practice mental health disability support models for VETE - agency roles and responsibilities - barriers and opportunities to enhance service delivery across the spectrum - recommendations for action.	Health, DET, TAFE, Clth, NGOs

- Develop a strategy of engagement across the service spectrum (including the Commonwealth) to enhance collaboration and supports and to encourage access and improved outcomes for people with mental illness seeking greater vocational and social participation.

how we'll know

A range of process and outcome measures have been identified that will provide an indication of the extent to which people with mental illness enjoy stability and good quality of life.

In evaluating implementation of the plan, positive improvements are sought in:

- The average length of tenancy within the public housing system of people with a Centrelink benefit for psychiatric disability.
- The average number and length of SAAP support periods for people with a psychiatric disability compared to non-disability clients.
- Number of people receiving specialist mental health supported accommodation.
- Unplanned readmission to hospital within 28 days of discharge from acute psychiatric inpatient units.
- Number of people admitted to acute mental health inpatient units who received community mental health care within seven days prior to admission, or within seven days of discharge.
- Number of children with a parent with mental illness identified as needing and who are receiving family support.
- The percentage of children in the State school system and TAFE with mental health disability confirmation.
- The percentage of mental health services providing support to people with coexisting mental illness and intellectual disability.

DATA SOURCES

Australian Institute of Health and Welfare

NSW Health Inpatient Statistics Collection

National Mental Health Key Performance Indicators

Department of Housing

Department of Community Services

Department of Education and Training

Department of Ageing, Disability and Home Care

STRATEGIC DIRECTION 3
coordination of emergency responses

This strategic direction focuses on ensuring people experiencing acute mental illness or behavioural disturbance are safe and receive appropriate care

While an underlying objective of the early intervention and community support strategic directions is to prevent people from experiencing mental health crisis, an acute episode of illness cannot always be avoided.

A mental health crisis can take the form of acute distress, escalation of psychotic symptoms or suicidal thoughts or attempts, and it can be difficult to immediately distinguish between acute mental illness and a behavioural disturbance that has resulted from drug or alcohol use, a physical condition or an intellectual disability.

Mental health crisis or acute community outreach teams and a range of services, such as police, ambulance, emergency departments (EDs) and telephone counselling lines, play a vital role in the provision of help during a crisis situation.

STRATEGIES

3.1 Ensure a state-wide emergency response model is in place to better manage people with acute mental illness or behavioural disturbance

3.2 Coordination of emergency responses to prevent inappropriate use of emergency services

3.3 Ensure safety of patient, emergency and health staff, and community

Police officers are often the first to be called when a person experiences a mental health emergency or acute problem, especially if the person is not engaged with a mental health service. Recognising this, a Memorandum of Understanding between police and health services was developed to clarify roles and responsibilities and set out procedures for dealing with acute mental health interventions. Concerted effort has also been made to improve police understanding of mental illness.

The 'mainstreaming' of mental health services has also meant that, as with any severe health problem, EDs are playing an increasingly significant role in delivering acute mental health care. Improving the capacity of EDs to provide this care has required greater coordination across the health system and increased support from specialist mental health services.

The coordination of emergency responses builds on this work to improve timely assessment and appropriate treatment, ensure the safety of patients, staff and community, increase awareness of safe work practices, and minimise the inappropriate involvement of police in acute mental health interventions.

3.1 Ensure a state-wide emergency response model is in place to better manage people with acute behavioural disturbance

The complex nature of acute mental health problems, the range of underlying causes that can contribute to behavioural disturbance and the differences in capacity to handle these situations that exists across metropolitan, rural and remote areas presents challenges for ensuring effective emergency responses.

The development of a coordinated approach to responding to people experiencing behavioural disturbance is critical for the provision of appropriate transportation and timely assessment and treatment wherever the location.

Work is well underway to establish such an approach in the form of a statewide framework for coordinated emergency responses. This framework is underpinned by a number of initiatives, including the Rural Mental Health Critical Care Project for inter-hospital transfers, which is being trialled on the Mid North Coast; Psychiatric Emergency Care Centres (PECCs), which provide 24-hour specialist assessment and care to mental health patients in an increasing number of metropolitan EDs; and the development of a state-wide rural emergency mental health critical care plan.

Priorities

Partners

- Implementation of agreed emergency response framework incorporating:

    - who responds when (matched to the person's condition and the services available)
    - arrangements for determining appropriate transport to appropriate health facility and between health facilities
    - seamless and timely handover procedures between police/ ambulance/EDs/mental health
    - reduction in police involvement, where appropriate

- Implementation of this framework will build on lessons learnt from the Mid-North Coast trial of inter-hospital transports and the Psychiatric Emergency Care Centre pilots.

Health, Police, ASNSW

▪ Review local area interagency protocols in keeping with new AHS boundaries and with reference to the principles established by the statewide framework.	Health, Police, ASNSW
▪ Investigate the feasibility of an integrated and statewide plan for providing an outreach and retrieval system which builds on existing models (eg ASNSW's Medical Retrieval Unit).	Health, ASNSW
▪ Examine funding arrangements between Health and Police for inter-hospital transfers.	Police, Health

3.2 Coordination of emergency responses to prevent inappropriate or frequent use of emergency services

Closely connected to the implementation of the statewide framework is the need to establish mechanisms for the development of joint management plans in order to appropriately respond to patients who frequently require an emergency response.

Priorities	**Partners**
▪ Identify clients (high-risk and high-frequency users) who require an integrated, interagency emergency response plan.	Health, Police, ASNSW
▪ Develop a model of interagency emergency response planning for clients identified in strategy 2.2.	Health, Police, ASNSW
▪ Develop a referral pathway from emergency interagency response to community support coordination in strategy 2.2.	Health, DoCS, DET, DoH, DADHC, DCS, DJJ, Police, NGOs, GPs

3.3 Ensure safety of patient, staff and community

Clinical presentations are becoming increasingly complex, particularly as a result of the coexistence of mental illness with substance abuse or intellectual disability and, as the population ages, comorbid physical and mental conditions. This has meant that greater skills are required to assess and manage risk in the treatment of behaviourally disturbed patients and in their transportation to or between hospitals. Ensuring the safety of the patient, staff and community in these circumstances is critical. Connected to this too is the need to consider the care and safety of children and young people when a parent is experiencing acute mental illness.

There has been significant focus on patient and staff safety over recent years and substantial progress in establishing consistent processes to improve the quality and safety of patient care. The NSW Sentinel Events Review Committee was established by the NSW Government to independently review incidents of suicide and homicide by mental health patients. The Committee has made a range of recommendations in relation to risk assessment and management, clinical practice and the involvement of families and carers which are being implemented by the NSW Government.

Comprehensive review systems are now in place so that poor practice or weaknesses in the provision of care can be identified and resolved to improve overall outcomes and prevent the escalation of mental health crisis. The ongoing challenge is to establish clear practice guidelines while at the same time supporting the provision of treatment in the least restrictive environment and in the most compassionate and flexible way.

Priorities	**Partners**
▪ Implement the NSW Health Restraint, Seclusion and Transport Guidelines. This will include establishing an operational environment where risk from behaviourally disturbed patients is minimised through the development of restraint protocols, training in manual restraint, and sedation guidelines.	Health, ASNSW, Police
▪ Facilitate the use of the incident information management system (IIMS) to monitor adverse events and inform system improvements.	Health, ASNSW
▪ Encourage interagency review of adverse events (using local protocol committees where appropriate).	Health, Police, ASNSW

▪ Explore options for formal interagency review of systemic contributors to adverse events.	Health, DoCS, DET, DoH, DADHC, DCS, DJJ, Police
▪ Ensure admission and discharge procedures for acute and emerging mental health problems direct mental health services/hospital personnel to consult DoCS if the patient is thought to be a child or young person for whom DoCS exercises some parental responsibility.	Health, DoCS
▪ Develop communication mechanisms between mental health services and relevant agencies to identify and respond to escalation of risk	Health, DoCS, Police, DET, DADHC

how we'll know

A range of process and outcome measures have been identified that will provide an indication of the extent to which people experiencing acute mental illness or behavioural disturbance are safe and receive appropriate care.

In evaluating implementation of the plan, positive improvements are sought in:

- The number of adverse events that occur
  - to patients and/or the community during a response from emergency services; and
  - from time of presentation to ED to the point of mental health admission or discharge.
- The percentage of patients with an emergency service transport duration of more than one hour
- The percentage of people presented to EDs by police:
  - who are required to wait longer than 30 minutes (triage level 3);
  - who are admitted to hospital;
  - in comparison to overall mental health ED admissions.
- The rates of police involvement in inter-hospital transports overall, including long distance inter-hospital transports.

DATA SOURCES

NSW Ambulance Service Computer Aided Dispatch (CAD) system

NSW Health Data

NSW Police mental health survey

abbreviations

AGD	Attorney General's Department
AHO	Aboriginal Housing Office
AHMRC	Aboriginal Health and Medical Research Council
ASNSW	NSW Ambulance Service
BSDP	Better Service Delivery Program
Clth	Commonwealth government
ED	Emergency Department
GP	General Practice
DAA	NSW Department of Aboriginal Affairs
DADHC	NSW Department of Ageing, Disability and Home Care
DCS	NSW Department of Corrective Services
DET	NSW Department of Education and Training
DJJ	NSW Department of Juvenile Justice
DoCS	NSW Department of Community Services
DoH	NSW Department of Housing
HASI	Housing and Accommodation Support Initiative
Health	NSW Department of Health
JGOS	Joint Guarantee of Service for People with Mental Health Problems Living in Aboriginal, Community and Public Housing
NGO	Non-government organisations
Police	NSW Police
SAAP	Supported Accommodation and Assistance Program