



Australian Health
Ministers'
Advisory Council

State & Territory Jurisdictional Reports

**Activity relating to Mental Health Reform prior to the
implementation of the Fourth National Mental Health Plan**

December 2010

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Fourth National Mental Health Plan

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Preamble

Mental Health has been a National Health Priority for the past two decades. Despite this, there has remained widespread public concern about the nature and pace of mental health reform, particularly in the past decade. In 2006, as a response to this concern, the Council of Australian Governments (COAG) agreed to a five year National Action Plan for Mental Health¹. This \$5 billion plan together with the revised National Mental Health Policy² and the release of recurring National Mental Health Plans represent the key policy and planning framework underpinning current national mental health reform.

This document outlines the activity conducted by all States and Territories prior to the release of the Fourth National Mental Health Plan³ (the Fourth Plan) and sets the baseline from which progress under the Fourth Plan can be measured. The activity described was current as at January 2010 and is structured against the actions of the Fourth Plan to assist in relating current activity to the agreed actions in the Plan. The report does not include all activity relating to mental health reform, rather it documents activities relevant to the new priorities outlined in the Fourth Plan. The Mental Health Standing Committee (MHSC) have endorsed these jurisdictional reports as a companion document to the Fourth Plan's Implementation Strategy with a view towards building on existing frameworks and structures from which new initiatives under the Fourth Plan may emerge.

Historical Policy Environment

In 1992, all Australian Health Ministers agreed to the National Mental Health Policy and the First National Mental Health Plan. Together with the National Mental Health Statement of Rights & Responsibilities, they formed the initial documents known as the National Mental Health Strategy (the Strategy). Over the past two decades, a range of other documents have been developed as components of the Strategy. These include:

- National Mental Health Policy 2008
- A series of National Mental Health Plans successive every five years (currently the Fourth Plan). The first three Plans had associated funding agreements;
- Numerous State & Territory Mental Health Plans and Frameworks.
- A number of specific National sub-plans and strategies.
- Mental Health Statement of Rights and Responsibilities⁴;
- National Standards for Mental Health Services 2010⁵;

The Strategy works within a whole of government context that incorporates commitment from across Government (Australian, State and Territory Governments) towards a unified plan for mental health service reform. The commitment further extends to include housing, employment, education and justice sectors to complement and support the impact of mental health interventions.

1 COAG (1996) *National Action Plan for Mental Health 2006-2011*, Commonwealth of Australia, Canberra

2 Australian Health Ministers Conference (2009) *National Mental Health Policy 2008*, Commonwealth of Australia, Canberra

3 Australian Health Ministers Conference (2009) *Fourth National Mental Health Plan – an agenda for collaborative Government action in mental health 2009-2014*, Commonwealth of Australia, Canberra.

4 Australian Health Ministers (1991) *Mental Health Statement of Rights and Responsibilities*, Commonwealth of Australia, Canberra

5 Australian Health Ministers Conference (2010) *National Standards for Mental Health Services 2010*, Commonwealth of Australia, Canberra.

Given the diversity of need across jurisdictions, the Strategy provides the broader framework of principles and agreed priorities for mental health service reform with scope for individual jurisdictions to implement activity in accordance with local priorities and systems.

Fourth National Mental Health Plan

Of particular relevance to these jurisdictional reports is the Fourth National Mental Health Plan. The Fourth Plan was endorsed by the Australian Health Ministers Conference (AHMC) on 4 September 2009 and released on 13 November 2009. The Plan includes 34 agreed actions across five priority areas:

- Social inclusion and recovery;
- Prevention and early intervention;
- Service access, coordination and continuity of care;
- Quality improvement and innovation; and
- Accountability – measuring and reporting progress.

The Plan takes a whole of government approach acknowledging that many of the determinants of good mental health and of mental illness are influenced by factors beyond the health system.

Since endorsement of the Plan in 2009, the MHSC has focused on the development of an Implementation Strategy to guide the implementation of actions in the Plan. The Implementation Strategy aims to articulate the way in which a detailed approach to implementation of each action will be developed. The MHSC has also established small working groups to develop the detailed year-by-year implementation approach for actions in the Fourth Plan and coordinate national activities relevant to each action.

To ensure strong linkages with other sectors, the Chair of AHMC invited other Ministerial Councils to participate in a Cross-Sectoral Working Group (CSWG) whose primary membership includes representatives from relevant Ministerial Councils. The role of the CSWG is to progress the whole of government aspects of the Plan and to establish ongoing relationships with other sectors to promote further adoption of mental health reform by other Ministerial Advisory Councils that were represented on the Fourth Plan Reference Group. Many actions have been highlighted by the CSWG for monitoring and for facilitating implementation in sectors beyond that of Health services.

Jurisdictional Reports

The reports contained in the following attachments reflect mental health reform activity that pre-dates the implementation of the Fourth Plan. The data was current to January 2010 for most jurisdictions, although in West Australia, it was considered necessary to provide more recent data to June 2010 to reflect significant changes that occurred independently to the Fourth Plan. The information should be considered within the following context:

- The activity reported is not a reflection of all mental health initiatives being conducted in the jurisdiction, but rather only that activity that is directly relevant to the priorities and actions contained in the Fourth Plan. Therefore, no assumptions should be made in regard to the entirety of funding, priorities or activity within each jurisdiction;

- As the information pre-dates the implementation of the Fourth Plan, the reports shall be used as a baseline to indicate the progress of initiatives under the Fourth Plan that is relevant at a jurisdictional level only.

Nationally coordinated initiatives relating to the Fourth Plan will be developed and reported to the MHSC at their October 2010 meeting.

These reports are being released as a companion document to the Fourth Plan's Implementation Strategy and together, they will form a starting structure from which future initiatives can progress.

Contact Details

For any enquiries in relation to the implementation of the Fourth National Mental Health Plan, please contact the Fourth Plan Secretariat as follows:

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Attachment A: Jurisdictional Report for the Commonwealth

Key to Commonwealth's role in National Implementation Strategy:

Commonwealth to lead national implementation of action

Commonwealth to participate in national implementation sub-group

1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.

Department of Health and Ageing

- The Australian Government funds a range of activities that have the broad aim of reducing stigma, raising community awareness of mental illness and promoting mental health literacy. Core objectives of current programs include:
 1. Promotion of mental health literacy and understanding of mental illness in the broader community including:
 - Funding to beyondblue: national depression initiative, beyondblue's key goals are to promote awareness, change community attitudes and improve services for people with depression and anxiety disorders.
 - the Commonwealth's National Suicide Prevention Strategy which aims to reduce the incidence of suicide and self harm, and to promote mental health and resilience through a range of population health activities.
 - Mental health publications /materials. Approximately 100 free publications are available to reduce stigma and raise awareness of mental illness and the rights of consumers and carers.
 - funding the Mental Health Council of Australia to enhance awareness of mental health and mental illness through World Mental Health Day activities.
 - support for consumer and carer organisations.
 2. Raising awareness of mental health and the importance of help seeking among school aged children including:
 - Mindmatters- aims to build positive school environments , includes mental health promotion, prevention and early intervention
 - KidsMatter primary-framework for primary schools which promotes collaboration between health and education sectors
 - KidsMatter Early Childhood-an initiative for children from birth to school age being piloted in preschools and long day care centres
 - headspace – youth friendly, community based service for people between 12-25 and their families
 3. Promoting better understanding by the media of mental illness and suicide and hence more responsible and accurate reporting;
 - Mindframe Media Initiative; and
 - SANE Australia Stigma Watch – a web-based StigmaWatch program to promote accurate, respectful and sensitive depiction of mental illness.
 4. Targeting awareness raising of mental health issues and reducing stigma among key frontline professionals including teachers, journalists, child care workers, and family court workers including
 - Response Ability Teacher Education
 - Mental Health First Aid Training conducted through the Australian Rotary Health
 - National Eating Disorders Collaboration
 - *Better Access Initiative – allows psychiatrists, paediatricians and GP's to refer patients for intensive short term subsidised mental health services.*
 5. Providing a complaints avenue for the reporting of poor media coverage e.g. SANE Media Watch as above.

- Funding is provided to the Mental Health Council of Australia for national secretariat activities through the Community Sector Support Scheme which covers raising public awareness and acceptance of mental illness through publications, submissions, media releases and policy forums.
- The Department of Health and Ageing is leading the 4th National Mental Health Plan Implementation Stigma Subgroup, a cross-jurisdictional group to focus on taking forward the priority area of stigma reduction.

Department of Families, Housing, Community Services and Indigenous Affairs

- Targeted Community Care (mental health) Program: comprises three initiatives funded under the COAG National Action Plan on Mental Health 2006-2011: Personal Helpers and Mentors; Mental Health Respite and Community Based Services

Service providers funded through the Targeted Community Care (TCC) initiative are required to have mental health training that improves their understanding of mental health and helps them reduce the barriers to seeking help for people with mental illness.

Broad objectives of TCC are to increase:

- community awareness and understanding of mental health issues and the impact of mental illness on families,
- community participation and
- awareness and understanding of mental health issues in the community.

Initial findings from the TCC Evaluation indicate that the three community-based mental health services are being well received within the community. They are achieving their objectives for people with mental illness, their families and carers and the community more broadly.

- United Nations Convention on the Rights of Persons with Disabilities - On 17 July 2008, Australia became one of the first western nations to ratify the United Nations Convention on the Rights of Persons with Disabilities (the Convention). While not creating any new rights, all tiers of Australian government now have an obligation to act in accordance with the rights provided for in the Convention. The Convention aims to enhance opportunities for people with disability to participate in all aspects of social and political life including access to employment, education, health care, information, justice, public transport and the built environment.
 - Under the Convention, Australia is obliged to combat stereotypes and prejudices and to promote awareness of the capabilities of persons with disabilities (Article 8). Article 33(1) requires the designation of *a joint focal point in government and a national mechanism to promote and monitor the implementation of the Convention*. On 15 September 2009 FaHCSIA and the Attorney-General's Department were formally designated as a joint focal point within government for matters relating to the implementation of the Convention.
 - *National Disability Strategy - The Australian Government is developing a National Disability Strategy (NDS) which will provide direction and focus at a national level for the development of disability legislation, policy and standards which deliver a whole-of-government, whole-of-life approach to disability planning. The Convention has a significant focus on implementation and monitoring and the Government has been considering how to appropriately enhance implementation through both formal and informal mechanisms, including the NDS.*
- The NDS will be an important mechanism to ensure that the principles underpinning the Convention are incorporated into policies and programs affecting people with disability, their families and carers.
- National Secretariat Program - FaHCSIA provides funding to 12 national disability peak organisations to provide 'grass roots' policy advice to the Australian Government and other agencies on national issues affecting people with disability and their families.

Department of Veterans' Affairs

- The Men's Health Peer Education Program continues to assist in promoting healthy lifestyle choices within the veteran community and encourages members of the veteran community to share responsibility for managing their own health and wellbeing. The program continually develops new and improved ways to raise awareness of men's health issues.

	<ul style="list-style-type: none"> - The At Ease Recognise-Act-Maintain website provides mental health promotion resources that supports and encourages veterans and their families to recognise take action, and assume more responsibility for their own mental health and wellbeing. <p>Department of Defence</p> <ul style="list-style-type: none"> - As a key prevention strategy, the Australian Defence Force (ADF) is establishing a comprehensive resilience training program called BattleSMART (Self Management and Resilience Training). - Defence support the expansion of mental health literacy training initiatives that will increase the general understanding of the impact and appropriate management of mental health conditions. Currently there are innovative and interactive mental health literacy programs across Defence in the areas of suicide prevention and alcohol, tobacco and other drugs. - Defence and Department of Veterans' Affairs are embarking on the largest, most comprehensive health study of ADF serving and ex-serving members. This Military Health Outcomes Program (MilHOP) will support Defence and DVA efforts to achieve better long-term health outcomes for Defence personnel through improved health services and policies. <p>The mental health component of the program specifically targets stigma reduction.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Australian Disability Enterprises are commercial businesses that provide employment for people with disability. Australian Disability Enterprises provide employment for people with disability and operate as a commercial business. <p>There are approximately 329 Australian Disability Enterprise outlets across Australia, providing supported employment assistance to more than 20,000 people with moderate to severe disability who need substantial ongoing support to maintain their employment.</p> <p>Australian Disability Enterprises enable people with disability to engage in a wide variety of work tasks such as graphic design, printing, metal fabrication, packaging, timber and furniture manufacture, production, recycling, screen printing, horticulture, garden maintenance and landscaping, hospitality, cleaning services, laundry services and food services. Employees of Australian Disability Enterprises enjoy the same working conditions as those in the general workforce.</p> <ul style="list-style-type: none"> - The Personal Helpers and Mentors (PHaMs) and Mental Health Respite (MHR) initiatives link individuals, families and carers with appropriate support mechanisms, including employment, education and housing. <p>Department of Education, Employment and Workplace Relations</p> <ul style="list-style-type: none"> - New Disability Employment Services will be introduced from 1 March 2010. The new services will provide flexible, tailored assistance for eligible job seekers with disability, including mental illness. There will be two demand driven employment services: <ul style="list-style-type: none"> o Program A will provide services to job seekers who require the assistance of a specialist disability employment service but are not expected to need long term support in the workplace; and o Program B will be available to job seekers with a permanent disability and an assessed need for more regular, long term support in the workplace. <p>Assistance will be available through Job in Jeopardy services to people with disability already working but whose jobs are at risk because of their injury, disability or health condition. Job in Jeopardy services will be available from both Program A and Program B providers.</p> <p>Job in Jeopardy assistance is aimed at people who need help to retain their current employment. People can access Job in Jeopardy assistance by directly approaching a disability employment service provider and requesting help.</p> <p>A new Employment Assistance Fund (EAF) has been created to remove red tape and simplify access, and to broaden the range of support</p>

available. Under the EAF, funding will be available to employers, employment service providers and individuals for workplace modifications, including Mental Health First Aid Training.

- Job Services Australia is a network of generalist and specialist employment service providers contracted by the Department of Education, Employment and Workplace Relations. Job Services Australia provides a single entry point to a range of employment services for job seekers, including those with disability or a mental health condition. This includes the development of an individual Employment Pathway Plan, tailored to a job seeker's individual needs, including job search, training and work experience.
- Employer engagement: The Australian Government is undertaking measures to encourage employers to recruit and retain people with mental illness. These measures include the JobAccess service, Employment Assistance Fund and research into mental health and employment.
- \$6.8 million was provided in the 2009-10 Budget for a Disability Support Pension Employment Incentive Pilot. The Disability Support Pension Employment Incentive Pilot will provide 1000 DSP recipients with opportunities for sustainable jobs of at least 8 hours a week for at least 26 weeks.
- The Family-centred Employment Project (FCEP) has been designed to assist jobless families move into education and work. The FCEP will focus on the family as a whole and test a different approach to service delivery which addresses the educational needs of jobless families, supports their capacity for employment and their social inclusion.
- The Innovation Fund is a competitive grants program designed to address the needs of the most disadvantaged job seekers through funding projects that will foster innovative solutions to overcome barriers to employment which these job seekers face.

The objective of the Innovation Fund is to fund innovative place-based solutions to address barriers to employment for groups of the most disadvantaged job seekers. These groups include, but are not limited to, people in areas with entrenched disadvantage, the homeless and those at risk of homelessness, people with mental health conditions, Indigenous Australians, and job seekers in jobless families.

- At its 30 April 2009 meeting, the Council of Australian Governments (COAG) agreed to a Compact with Young Australians to increase young people's engagement with education and training pathways.

The Compact with Young Australians is part of the National Partnership on Youth Attainment and Transitions that will also drive longer term reform to ensure that young people stay engaged in education and training and attain a year 12 or equivalent qualification.

The National Partnership includes the implementation of a National Youth Participation Requirement which will be in place in all jurisdictions from 1 January 2010. This includes a mandatory requirement for all young people to participate in schooling until they complete Year 10 and participate full-time in education, training or employment, or a combination of these activities, until the age of 17.

The Youth Connections program will be delivered under the National Partnership. It builds on the success of some of the existing programs and streamlines support for young people.

Youth Connections will provide an improved safety net for young people who have disconnected from education or their community, or are at risk of disengaging. It will be flexible, offering a combination of case-managed support as well as linkages with wider community activities to help young people to re-connect with education or training and build resilience, skills and attributes that promote positive choices and wellbeing. Youth Connections will address barriers to transitioning through education and training to employment, including mental health issues and other personal barriers.

- The National Disability Coordination Officer (NDCO) program—which is a network of 31 officers across Australia—helps people with disability, including mental illness, make the transition from school and further education to employment. The program targets barriers that make it difficult for people with disability to enter and complete post-school education and training and then obtain employment.

	<p>NDCOs helps to build linkages between a range of school, post-school, employment and community organisations including Disability Employment Service providers, registered and group training organisations and Australian Apprenticeship Centres to improve training and employment for people with disability.</p> <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - CRS Australia currently coordinates health, education and employment strategies for people with mental illness as part of its delivery of Disability Employment Services for DEEWR.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Access to Allied Psychological Services initiative (ATAPS) facilitates links between primary and specialist mental health care. <p>ATAPS is an Australian Government mental health initiative which funds the provision of short term psychology services for people with mental disorders through fundholding arrangements administered by Divisions of General Practice. Divisions are able to adopt a model that best suits their local arrangements.</p> <p>ATAPS enables GPs to refer consumers with high prevalence mental health disorders to allied health professionals for six sessions of evidence based mental health care. An option for a further six sessions exists (and up to an additional six sessions in exceptional circumstances), pending a mental health review by the referring GP.</p> <p>While any consumer with a mental disorder would generally be eligible for ATAPS, it is intended to target services to those individuals requiring primary mental health care who are not likely to be able to have their needs met through Medicare based mental health services (Better Access).</p> <p>The Department encourages a high level of communication between referring and treating providers. A team based approach to care involving the GP in care coordination is often crucial to effective whole-of-person care.</p> <p>The Department recognises the need for close linkages between GPs, allied health professionals and specialist mental health services in the community and is encouraging further development of linkages. This will become more important when the new Flexible Care Packages for people with severe mental illnesses become operational under ATAPS late in the 2010-11 financial year.</p> <ul style="list-style-type: none"> - Better Access initiative <p>The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative includes a range of Medicare rebateable services for eligible people with a diagnosed mental disorder, including psychological strategies provided by GPs, psychiatrists, clinical psychologists, registered psychologists and other suitably qualified mental health providers.</p> <p>Psychiatrists, paediatricians and general practitioners can refer patients for intensive, short-term Medicare subsidised mental health services.</p> <p>Medicare rebates are available for eligible people for up to 12 individual and/or up to 12 group allied mental health services per calendar year. In exceptional circumstances an additional six individual services may be accessed.</p> <p>Mental health services that can be provided under the Better Access initiative include Psychological Therapy services provided by Medicare-eligible clinical psychologists, and Focused Psychological Strategies services provided by registered psychologists, and other suitably qualified mental health providers..</p> <p>The Better Access initiative encourages a collaborative approach to the provision of mental health services, with the GP responsible for developing a Mental Health Treatment Plan for their patient and referring them for psychological services. The GP retains the responsibility for the care and treatment of the patient and receives a report back from the allied mental health professional which includes an outline of the treatment provided; patient outcomes and recommendations on future management of the patient's disorder. This report allows the GP to</p>

review the patient and assess their progress and any further treatment needs.

– Rural & Remote

The Mental Health Services in Rural and Remote Areas (MHSRRA) Program provides funding for mental health professionals in communities that would otherwise have little or no access to mental health services. Organisations such as Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service are funded to deliver mental health services by appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers. The GP has an active role in the care and management of the patients needs including referral of patients for services under the Program and liaison with the mental health professionals in implementing a suitable treatment plan.

Department of Families, Housing, Community Services and Indigenous Affairs

– Targeted Community Care (mental health) Program assists people with mental illness, their carers and families to find appropriate support and facilitate access where necessary.

- o Personal Helpers and Mentors – one on one supports for people who cannot manage their daily activities or live independently because they have a severe mental illness. The PHaMs mainstream service model was adapted to recognise and promote spiritual, cultural, mental and physical healing for Indigenous Australians living with mental illness in remote communities. This Remote Service Model had the age restriction removed to allow younger people, especially those engaging in risk of taking behaviours to access the program.
- o Mental Health Respite – respite, education and support for carers of people with severe mental illness; and
- o Mental Health Community Based Services - supports families, young people (aged between 16 and 24 years) and carers affected by mental illness.

– National Disability Agreement - As part of the National Disability Agreement, a National Framework for Service Planning and Access will be developed, focussing on providing a person centred approach to service delivery and to simplify access to specialist disability services.

– National Compact: Working Together - One of the actions identified in the National Compact Commonwealth Action Plan is to:

- o act to improve opportunities for the Commonwealth Government and Third Sector Agencies to work together to better coordinate service delivery, particularly for marginalised and disadvantaged people (linked to the following National Compact priority action areas: 3: Recognise Sector diversity; 5: Reduce red tape; 7: Act on workforce issues; and, 8: Improve funding/procurement processes).

The lead/reporting agencies identified for this action are FaHCSIA and the Department of Human Services with National Compact Across Government Working Group members to report their agency's ongoing achievements against this action. The expected outcome of this action is: Better coordinated service delivery, particularly for marginalised and disadvantaged people.

Progress to date includes: In the week beginning 26 April 2010 - Community Links Projects are being coordinated by the Dept of Human Services. This is the beginning of the "roll out" of new arrangements to bring "wrap around services" models to 4 Centrelink offices and involving the participation of Community service organisations as partners.

Human Services Portfolio

– Centrelink social workers provide crisis intervention in addition to counselling, support and referral services

Department of Veterans' Affairs

– The VVCS – Veterans and Veterans Families Counselling Service provides counselling support to all Australian veterans, peacekeepers, their family members and eligible Australian Defence Force personnel. This service is free, confidential and provided by professionally qualified psychologists and social workers. VVCS has 15 centres across Australia and operates an after-hours counselling support and crisis assistance telephone service, Veterans Line.

– VVCS has approximately 550 contracted providers who are qualified psychologists or social workers located in outer metropolitan and regional areas around Australia. Of these providers, 509 delivered 31,366 counselling sessions to 5,465 clients who were not able to access a VVCS

	<p>centre.</p> <ul style="list-style-type: none"> - VVCS is conducting a 12-month pilot using videoconferencing technology to provide counselling to veterans and their families who live in regions where access to a local mental health service is problematic or non-existent. This is aimed at improving access to community mental health services. <p>Department of Defence</p> <ul style="list-style-type: none"> - The ADF and VVCS have an agreement for services to provide counselling support services to current serving personnel across all regions. - The mental health workforce will be enhanced by the full integration of health professionals, including social workers into the regional garrison health care delivery areas. This will allow the formation of multi-disciplinary teams in order to deliver evidence based care. There will also be further enhancement of the interaction with the Defence Community Organisation.
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - Funding is being provided to implement the National Standards for Mental Health Services. The Standards include a Recovery Standard and a set of national principles for Recovery Oriented Practice. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - The Targeted Community Care (mental health) Program contributes to a recovery culture and adapts services to meet the needs of individual clients through innovative service delivery models. <p>Department of Defence</p> <ul style="list-style-type: none"> - As mental health issues may not surface for some period after separation from the ADF a robust program that encourages contact with Defence and veteran organisations may serve to assist the better management and early detection of emerging mental health problems. - Defence and DVA are currently exploring the issue of Keeping in Touch following discharge.
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Personal Helpers and Mentors (PHaMs) - Where housing is an issue PHaMs works one on one with individuals with mental illness to help them obtain and maintain suitable housing. Just over 10.5 per cent of PHaMs clients were homeless or at risk of homelessness as at 31 January 2010. PHaMs Round Four Funding is targeted at vulnerable groups which include the homeless. Selected sites include known concentrations of people experiencing homelessness across all states and territories. - Support services for people who are homeless (including people with mental health issues) <ul style="list-style-type: none"> o All States and Territories are delivering the following support under the <i>National Partnership Agreement on Homelessness</i>: <ul style="list-style-type: none"> • Street to Home program which assists people living on the street to move into accommodation with support services. • Support for private and public tenants to help sustain their tenancies, including through tenancy support, advocacy, case management, financial counseling and referral services. • Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing. Reconnect program which uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless. <p>Some examples include:</p> <ul style="list-style-type: none"> • A new assertive outreach model is being implemented in Qld (Brisbane, Townsville, Cairns and Gold Coast) to bring people off the streets into housing. Similarly an assertive outreach program is being delivered in WA (Inner city-Perth and Fremantle) which includes wrap around support services for rough sleepers.

- In SA a statewide early intervention Intensive Tenancy Support Program is assisting tenants to avoid tenancy disruption and eviction from public and private accommodation.
 - A new statewide project in Vic is assisting young people leaving care to ensure a successful transition to sustainable accommodation and independence.
 - Up to eight houses are being provided in Sydney metropolitan and northern NSW to house women leaving detention who may have one or more children. Indigenous women are considered a priority group.
- o People with mental health issues may also benefit from the following assistance, which is being provided by some jurisdictions under the *National Partnership Agreement on Homelessness*:
 - Support to assist homeless people with mental health issues to secure or maintain stable accommodation. Examples include:
 - In NSW and ACT – the Housing and Accommodation Support Initiative is providing accommodation and tenancy support, clinical care and rehabilitation and personal support to people with mental health issues.
 - In QLD - services for young people (15-25 years) showing early signs and symptoms of mental health problems will be established. The service will offer short term, intensive and focused support for young people experiencing mental health issues for up to three weeks.
 - Services to assist homeless people with substance abuse to secure or maintain stable accommodation. An example is:
 - In WA – provision of 10 Alcohol and Drug Housing Support Workers to integrate homeless services with mainstream services to provide intensive support for homeless people with substance issues to secure or maintain stable accommodation.
 - Support for women and children experiencing domestic and family violence to stay in their present housing where it is safe to do so.
 - o The Household Organisation Management Expenses (HOME) Advice Program provides early intervention to assist families at risk of homelessness to manage their finances and household expenses in order to prevent future accommodation crises. The HOME Advice Program funds one community organisation and one Centrelink social worker in each state and territory. Centrelink social workers provide clients with detailed advice on Centrelink services, while community organisations provide specialised assistance around a range of issues.
- Affordable housing supply
 - o A large part of the solution for people who are homeless, which includes people with mental health problems, is to provide more affordable social housing. The Australian Government is working in partnership with States and Territories to increase the supply of affordable housing by more than 80,000 dwellings – 50,000 affordable rental homes and 30,000 social housing dwellings.
 - o The Nation Building Economic Stimulus Plan, National Partnership Agreement on Social Housing, A Place to Call Home (APTCH) and National Rental Affordability Scheme (NRAS), are providing targeted accommodation and support services for people who are homeless. These include:
 - 8 Common Ground developments
 - Provide affordable rental housing, and parallel personal support, to low income people and those experiencing, and at risk of, homelessness.
 - 3 Foyer type models
 - Provide young people safe housing while they participate in education and work.
 - 750 APTCH, including 361 long term homes for families
 - People at immediate risk of homelessness move directly into permanent housing and receive tenancy and support services for the first 12 months to help them address the issues that led to homelessness and reintegrate with the broader community.
 - 3 developments for aged people who are homeless, including Wintringham in Victoria.
 - Long term housing and support for older people who have been chronically homeless.

	<ul style="list-style-type: none"> • Accommodation for young people aged from 11 years who are unable to live at home, eg Reunification House in SA • Housing for Domestic Violence perpetrators, transitional accommodation for Aboriginal people in SA and NT, and accommodation for women and children escaping domestic violence. <ul style="list-style-type: none"> o Under the National Partnership Agreement on Remote Indigenous Housing the Commonwealth is providing \$5.4 billion over 10 years to reform responsibilities between the Australian Government, the states and the Northern Territory in the provision of housing for Indigenous people. o The Australian Government's \$512 million Housing Affordability Fund is lowering the cost of new homes by reducing planning delays and lowering infrastructure changes on new developments. o The Australian Government's National Rental Affordability Scheme (NRAS) is stimulating the supply of new affordable rental dwellings by up to 50 000. Under NRAS successful applicants will be eligible to receive a National Rental Incentive for each approved dwelling, on the condition that they are rented to eligible low and moderate income households at 20 per cent below market rates. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - VVCS – Veterans and Veterans Counselling Service implemented a mental health case management service in 2008–09, to provide support for members of the veteran community with complex needs affecting their mental health and wellbeing. <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - Centrelink Community Engagement Officers (CCEOs) provide Centrelink services on an outreach basis to individuals and families as well as to relevant agencies such as emergency accommodation services
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Some of the projects being delivered under the National Partnership Agreement on Homelessness (cf action 5) facilitate access to mental health programs for people at risk of homelessness. - The Commonwealth, State and Territory Governments are working together to progress the homelessness reform agenda, which includes better integration of mainstream services with specialist homelessness services. - The States and Territories are delivering several multi-disciplinary initiatives under the <i>National Partnership Agreement on Homelessness</i> which will benefit people with mental health issues. - Reconnect is a community based early intervention program for young people aged 12 to 18 years, who are homeless or at risk of homelessness, and their families. Reconnect services provide counselling, group work, mediation and practical support to the whole family, to help break the cycle of homelessness. Reconnect providers also 'buy in' other services to meet the individual needs of clients, such as specialised mental health services. There are currently 107 Reconnect services located in metropolitan, regional, rural and remote communities around Australia. - FaHCSIA also funds Reconnect specialist services including Indigenous and Newly Arrived Youth Specialists. The Reconnect – Newly Arrived Youth Specialist providers target newly arrived young people aged 12 to 21 years who are homeless or at risk of homelessness and their families. - Personal Helpers and Mentors – provides one on one supports for people who cannot manage their daily activities or live independently because they have a severe mental illness, including connecting people to appropriate services and helping them navigate justice (where appropriate) and service systems. - National Disability Agreement - Early intervention and prevention is one area identified as a priority under the National Disability Agreement. An Early Intervention and Prevention Framework will be developed to increase Governments' ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support by mid 2011.

<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Social and Emotional Wellbeing Framework 2004-2009 was designed to complement the National Mental Health Plan and the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH 2003-2013). The Australian Health Ministers' Advisory Council (AHMAC) endorsed the Framework in 2004. The Framework expired in December 2009. - It will be important, in considering next steps, to take into account the significantly changed policy environment since the Framework was released in 2004 and to work within the policy context set by Close the Gap. OATSIH will lead this work. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Cultural sensitivity is embedded in the principles of the Targeted Community Care (mental health) Program support services. The PHaMs mainstream model has been specifically adapted as a Remote Service Model to promote the spiritual, cultural, mental and physical healing for Indigenous Australians living with mental illness. The model has broader eligibility criteria to allow people younger than 16 years of age to access the service in order to address youth risk taking behaviours and high suicide rates in these communities. - FaHCSIA has established the Aboriginal and Torres Strait Islander Healing Foundation and the National Congress of Australia's First Peoples - National Secretariat Program - The Department provides funding to the First Peoples Disability Network (formerly known as the Aboriginal Disability Network) to establish itself as the peak disability organisation representing the views and interests of Aboriginal and Torres Strait Islander people with Disability. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - DVA delivered cultural awareness training across Australia for departmental client service centre staff to enhance skills and capabilities when working with Aboriginal and Torres Strait Islanders.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Department funds a range of prevention and promotion activities, as well as support for consumer and carer organisations, specifically: <ul style="list-style-type: none"> o MindMatters - the Australian Government's framework for improving mental health outcomes of secondary schools using a range of resources to increase the capacity of schools for mental health promotion and early intervention (also funded under the National Suicide Prevention Program); o Publications and materials to reduce stigma and raise awareness of mental illness and the rights of consumers and carers; and o The Children of Parents with a Mental Illness (COPMI) project which aims to promote better mental health outcomes for children of parents with a mental health problem or disorder. It aims to increase the availability of information on how to enhance children's resilience, reducing risk factors and resources to assist children, workers and families in relation to parental mental illness (also funded under the New Early Intervention Services initiative). - The New Early Intervention Services for Parents, Children and Young People (NEIS) initiative provides a framework for mental health promotion, prevention and early intervention for children from birth to 12 years and funds activities including: <ul style="list-style-type: none"> o KidsMatter Primary initiative which aims to improve the mental health and wellbeing of primary school students, reduce mental health problems among students, and achieve greater support and assistance for students showing signs of mental health problems. It is being extended to a further 300 schools following its pilot project in 101 schools; o KidsMatter Early Childhood initiative which aims to expand the KidsMatter concept into early childhood settings and enable preschools and long day care centres to implement evidence based mental health promotion, prevention and early intervention strategies that will improve the social and emotional health and wellbeing of children from birth to school age, reduce mental health problems, and achieve greater support and assistance for children showing signs of mental health problems. The initiative is being in at least 110 preschools and long day

- care centres across Australia over the 2010 and 2011 calendar years;
- o KidsMatter Transition to School: Parent Initiative which is an evidence-based approach to parenting guidance and support at the time of transition from preschool to primary school that will become an integrated part of the Parenting Support and Education component of the KidsMatter Primary School initiative;
 - o Strengthening early intervention pathways and ensuring the best available guidance and support is available on the management of significant mental health disorders such as eating disorders and Attention Deficit Hyperactivity Disorder; and
 - o Early childhood initiatives for indigenous parents and children which expand the KidsMatter framework to develop culturally appropriate information and resources aimed at the indigenous early childhood sector and Aboriginal and Torres Strait Islander children and parents.
- The National Youth Mental Health Initiative, which includes funding to headspace to provide a national, coordinated focus on youth mental health and related drug and alcohol problems in Australia and will improve access for young people with mental health problems to appropriate services and ensure better coordination between services.
 - The Department funds a range of prevention and promotion activities, as well as support for consumer and carer organisations, specifically:
 - o Publications and materials to reduce stigma and raise awareness of mental illness and the rights of consumers and carers; and
 - o Children of Parents with a Mental Illness (COPMI) which aims to increase the availability of information on how to enhance children's resilience, reducing risk factors and resources to assist children and families in relation to parental mental illness.
 - The National Suicide Prevention Program funds the following activities:
 - o The Peer Support Foundation - peer led programs which are integrated into curricula and implemented in primary and secondary schools (Kindergarten to Year 12). The program supports positive cultural change within schools by incorporating a range of strategies developed through collaboration with members of the whole community for specific needs of the school;
 - o Youth adaptation Mental Health First Aid - ORYGEN Research Centre;
 - o OzHelp Foundation - workplace based suicide prevention activities working with apprentices in male dominated industries in Tas, WA and ACT; and
 - o IncoLink - suicide prevention activities working with apprentices in the building and construction industry in Victoria.
 - Beyondblue is funded with a key goal of raising community awareness about depression, anxiety and related disorders and reducing stigma associated with the illness through five priority areas for action (1) community awareness (2) consumer and carer participation (3) prevention and early intervention(4) primary care and (5) targeted research.
 - Funding is provided to the Mental Health Council of Australia for the Stronger Consumer and Carer Representation Project in support of the National Mental Health Consumer and Carer Forum (NMHCCF) and the National Register of Mental Health Consumer and Carer Representatives. This includes consumer and carer advocacy through the NMHCCF to improve community mental health literacy.
 - The National Cannabis Prevention and Information Centre (NCPIC) aims to reduce the use of cannabis in Australia. In conjunction with Orygen Youth Health Centre, it has developed the MAKINGtheLINK program which is an early intervention program that can be offered through schools. The program which aims to improve young people's ability to approach and assist peers with emerging substance use and mental health issues and seek professional help.
 - NCPIC has also developed in conjunction with Orygen Youth Health Centre, Cannabis Mental Health First Aid Guidelines to inform members of the community how to recognise when someone's cannabis use has become a problem (including the experience of mental health problems), how to provide initial support and information, and how to guide the person to seek appropriate professional help.

Department of Families, Housing, Community Services and Indigenous Affairs

- Improvement of mental health literacy is embedded in the principles of the Targeted Community Care (mental health) Program.

- National Disability Agreement - Early intervention and prevention is one area identified as a priority under the National Disability Agreement. An Early Intervention and Prevention Framework will be developed to increase Governments' ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support by mid 2011.
- Community Investment Program - aims to improve the responsiveness and integration of local community services to increase participation of vulnerable people in community life. This initiative funds a wide range of projects that promote social connectedness and civic engagement (protective factors known to impact on mental health and well being), intervene early to avoid family crisis, establish positive goals that help avert destructive influences and encourage and assist individuals to achieve their full potential. Projects are listed by state and territory at http://www.fahcsia.gov.au/sa/communities/progserv/community_investment/Pages/default.aspx
- Volunteer Grants - this initiative is part of the Australian Government's ongoing commitment to supporting volunteering, and building social inclusion and community participation in Australian communities. Details are available at http://www.fahcsia.gov.au/sa/volunteers/funding/Pages/volunteer_grants2010.aspx

Department of Education, Employment and Workplace Relations

- At its 30 April 2009 meeting, the Council of Australian Governments (COAG) agreed to a Compact with Young Australians to increase young people's engagement with education and training pathways.

The Compact with Young Australians is part of the National Partnership on Youth Attainment and Transitions that will also drive longer term reform to ensure that young people stay engaged in education and training and attain a year 12 or equivalent qualification.

The National Partnership includes the implementation of a National Youth

Participation Requirement which will be in place in all jurisdictions from 1 January 2010. This includes a mandatory requirement for all young people to participate in schooling until they complete Year 10 and participate full-time in education, training or employment, or a combination of these activities, until the age of 17.

The Youth Connections program will be delivered under the National Partnership. It builds on the success of some of the existing programs and streamlines support for young people.

Youth Connections will provide an improved safety net for young people who have disconnected from education or their community, or are at risk of disengaging. It will be flexible, offering a combination of case-managed support as well as linkages with wider community activities to help young people to re-connect with education or training and build resilience, skills and attributes that promote positive choices and wellbeing. Youth Connections will address barriers to transitioning through education and training to employment, including mental health issues and other personal barriers.

- The National Disability Coordination Officer (NDCO) program—which is a network of 31 officers across Australia—helps people with disability, including mental illness, make the transition from school and further education to employment. The program targets barriers that make it difficult for people with disability to enter and complete post-school education and training and then obtain employment.

The program has three objectives:

- o improved transitions for people with disability between school and/or the community, vocational education and training (VET), higher education and employment
- o improved participation by people with disability in higher education and VET leading to employment
- o improved linkages between schools, higher education and VET providers and providers of disability programs and assistance.

NDCOs helps to build linkages between a range of school, post-school, employment and community organisations including Disability Employment Service providers, registered and group training organisations and Australian Apprenticeship Centres to improve training and

employment for people with disability.

For example, the NDCO based in Hobart recently collaborated with the Mental Health Council of Tasmania to facilitate an inaugural networking meeting (MH Intouch) for those interested in education and employment issues for persons with mental illness in Tasmania. The meeting included a presentation on a model to assist people with mental illness in employment networks. The meeting was attended by State Government Mental Health Services, representatives from the University, TAFE, Disability Employment Networks, Vocational Rehabilitation Services providers, an Australian Disability Enterprise organisation, private psychologists, group training organisations and consumers. Due to the level of interest, it is planned that the NDCO will continue to collaborate with the Mental Health Council of Tasmania to facilitate future meetings.

- New Disability Employment Services will be introduced from 1 March 2010. The new services will provide flexible, tailored assistance for eligible job seekers with disability, including mental illness. There will be two demand driven employment services:
 - o Program A will provide services to job seekers who require the assistance of a specialist disability employment service but are not expected to need long term support in the workplace; and
 - o Program B will be available to job seekers with a permanent disability and an assessed need for more regular, long term support in the workplace.

Key features of the new services include: a simplified fee structure which targets resources at those most in need; simpler eligibility criteria, with less complex assessment and referral processes; a reduction in red tape; and access to ongoing support in the workplace, including a flexible ongoing support option to assist job seekers who might have irregular support needs. The new services have a greater emphasis on education, skills acquisition and training and increased resources for job seekers in remote areas.

Assistance will be available through Job in Jeopardy services to people with disability already working but whose jobs are at risk because of their injury, disability or health condition. Job in Jeopardy services will be available from both Program A and Program B providers.

Job in Jeopardy assistance is aimed at people who need help to retain their current employment. People can access Job in Jeopardy assistance by directly approaching a disability employment service provider and requesting help.

A new Employment Assistance Fund (EAF) has been created to remove red tape and simplify access, and to broaden the range of support available. Under the EAF, funding will be available to employers, employment service providers and individuals for workplace modifications, including Mental Health First Aid Training.

The new disability employment services also include new flexible options for ongoing support in the workplace. Flexible ongoing support will provide a safety net for participants who have been placed into work, but whose support needs are likely to be irregular or less predictable. This support option enables providers to offer flexible assistance, including short bursts of intensive assistance in the workplace.

The Government has invested \$1.2 billion in the new services.

Human Services Portfolio

- The Child Support program works with service providers across a range of disciplines including health, mental health, relationship services, legal and financial to better support the needs of separated and separating families. The Child Support Program administers the Staying Connected program which aims to take support to separated parents (primarily fathers) in the workplace. Staying Connected is being run by Incolink and OzHelp foundation in the building and construction industries in regional areas.

Department of Veterans' Affairs

- DVA in partnership with Australian General Practice Network and the National Youth Mental Health Foundation has aligned the 'Can Do for young people' initiative to address mental health and drug and alcohol issues experience by young people. The *Headspace* youth services delivers three unit training sessions, inclusive of veteran case scenarios, across various Divisions of General Practice focussing on increased support to

	<p>younger veterans, as well as the children of veterans.</p> <p>Department of Defence</p> <ul style="list-style-type: none"> - Families and communities play a crucial role in the overall health and wellbeing of ADF personnel and, wherever possible, Defence will ensure that families are engaged and have the opportunity to be involved in mental health support programs. - The commitment to the importance of families will be demonstrated by the increased engagement of families across a member's service career including initial employment, periods of deployment and transition processes. Additionally Defence will support further development of a family friendly culture, specifically in relation to mental health and wellbeing, within Defence
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - <i>beyondblue's</i> key goals are to promote awareness, change community attitudes and improve services for people with depression and anxiety disorders. - The Department funds a range of prevention and promotion activities, as well as support for consumer and carer organisations, specifically: <ul style="list-style-type: none"> o MindMatters - the Australian Government's framework for improving mental health outcomes of secondary schools using a range of resources to increase the capacity of schools for mental health promotion and early intervention (also funded under the National Suicide Prevention Program); o Publications and materials to reduce stigma and raise awareness of mental illness and the rights of consumers and carers; and o The Children of Parents with a Mental Illness (COPMI) project which aims to promote better mental health outcomes for children of parents with a mental health problem or disorder. It aims to increase the availability of information on how to enhance children's resilience, reducing risk factors and resources to assist children, workers and families in relation to parental mental illness (also funded under the NEIS initiative). o The National Youth Mental Health Initiative, which includes funding to headspace to provide a national, coordinated focus on youth mental health and related drug and alcohol problems in Australia and will improve access for young people with mental health problems to appropriate services and ensure better coordination between services. - National Perinatal Depression Initiative aims to improve the prevention and early detection of antenatal and postnatal depression, and to provide better care, support and treatment for expectant and new mothers experiencing perinatal depression. - The Department funds a range of prevention and promotion activities, as well as support for consumer and carer organisations, specifically: <ul style="list-style-type: none"> o MindMatters - the Australian Government's framework for improving mental health outcomes of secondary schools using a range of resources to increase the capacity of schools for mental health promotion and early intervention (also funded under the National Suicide Prevention Program); o Publications and materials to reduce stigma and raise awareness of mental illness and the rights of consumers and carers; and o The Children of Parents with a Mental Illness (COPMI) project which aims to promote better mental health outcomes for children of parents with a mental health problem or disorder. It aims to increase the availability of information on how to enhance children's resilience, reducing risk factors and resources to assist children, workers and families in relation to parental mental illness (also funded under the NEIS initiative). - The New Early Intervention Services for Parents, Children and Young People (NEIS) initiative provides a framework for mental health promotion, prevention and early intervention for children from birth to 12 years and funds activities including: <ul style="list-style-type: none"> o KidsMatter Primary initiative which aims to improve the mental health and wellbeing of primary school students, reduce mental health problems among students, and achieve greater support and assistance for students showing signs of mental health problems. It is being extended to a further 300 schools following its pilot project in 101 schools; o KidsMatter Early Childhood initiative which aims to expand the KidsMatter concept into early childhood settings and enable preschools and long day care centres to implement evidence based mental health promotion, prevention and early intervention strategies that will improve the social and emotional health and wellbeing of children from birth to school age, reduce mental health problems, and achieve greater support and assistance for children showing signs of mental health problems. The initiative will be piloted in at least 110 preschools and long

- day care centres across Australia over the 2010 and 2011 calendar years;
- o KidsMatter Transition to School: Parent Initiative which is an evidence-based approach to parenting guidance and support at the time of transition from preschool to primary school that will become an integrated part of the Parenting Support and Education component of the KidsMatter Primary School initiative;
 - o Strengthening early intervention pathways and ensuring the best available guidance and support is available on the management of significant mental health disorders such as eating disorders and Attention Deficit Hyperactivity Disorder; and
 - o Early childhood initiatives for indigenous parents and children which expand the KidsMatter framework to develop culturally appropriate information and resources aimed at the indigenous early childhood sector and Aboriginal and Torres Strait Islander children and parents.
- Support Autism MBS Items are a package of initiatives developed and implemented to support allied health professionals, consultant paediatricians, consultant psychiatrists and general practitioners in their care and management of children with autism and other pervasive developmental disorders. They aim to increase early and accurate diagnosis and access to essential early intervention therapy. The Department is providing appropriate orientation, information and training to professionals, to support the implementation of the items, through funding Allied Health Professions Australia; the Royal Australian College of General Practice; and the Australian College of Rural and Remote Medicine.
- Department of Families, Housing, Community Services and Indigenous Affairs**
- Mental Health Community Based Service work with carers and families impacted by severe mental illness to help build resilience and coping skills for the family as early intervention or prevention.
 - National Disability Agreement - As part of the National Disability Agreement, a National Framework for Service Planning and Access will be developed, focussing on providing a person centred approach to service delivery and to simplify access to specialist disability services.
 - Children's Policy - Whilst we do not deliver any targeted prevention and early intervention programs for children and their families, we are involved in several national projects which will influence the implementation of targeted prevention and early intervention programs as indicated in the action item. These include:
 - o National Framework for Protecting Australia's Children 2009-2020 – On 30 April 2009, the Council of Australian Governments (COAG) endorsed the National Framework for Protecting Australia's Children 2009-2020. All Australian governments have endorsed this National Framework and are committed to implementing the initial actions it contains. It is a long-term, national approach to help protect all Australian children. The National Framework represents an unprecedented level of collaboration between Australian, State and Territory governments and non-government organisations to protect children by placing children's interests firmly at the centre of everything we do. Enhancing mental health care responses for children who have been abused or neglected to ensure they receive the support and care they need is addressed in several priorities under the Framework.
 - o National Early Childhood Development Strategy – On 2 July 2009, COAG endorsed the National Early Childhood Development Strategy- Investing in the Early Years (the Strategy). In jointly developing the Strategy, the Australian, State and Territory governments have signalled their intention to take a leadership role in early childhood development now and into the future. The Department of Education, Employment and Workplace Relations (DEEWR) is taking the lead on the Strategy which aims to improve the health, safety, early learning and wellbeing of all children and better support disadvantaged children to reduce inequalities. The Strategy will help all levels of government to build a more effective and better coordinated national early childhood development system to support the diverse needs of Australian children and their families. Whilst DEEWR is taking the lead with the Strategy as a whole, FaHCSIA has responsibility for Priority 2 (Support for Vulnerable Children) and is providing input and advice throughout the development phase.
 - Other projects and initiatives – FaHCSIA is also leading a project aimed at building the capacity of adult services (such as mental health) to have a focus on children and be able to refer families to appropriate services for the child.
 - Families and Children's Policy - Targeted prevention and early intervention programs for children and their families (9) – the Commonwealth and state, through the Early Childhood Strategy, are working on support for vulnerable children and their families, including mapping of relevant services (including mental health).

- The Family Relationship Services are dealing with clients with increasingly complex needs. Significant increases were recorded between 2007/08 and 2008/09 for clients presenting with mental illness and drug and alcohol abuse issues. Diagnosed mental illness increased from 448 clients to 2377 (an increase of 430%) and drug and alcohol use increased from 7645 to 9340 (an increase of 22%). The aim of current program development is to offer more coordinated and responsive services that are a point of contact with the wider service system and to link clients to more appropriate services around specific to needs including mental health.
- Developing tailored mental health care responses for highly vulnerable children is a priority under the National Framework for Protecting Australia's Children (responding to sexual abuse) and also links with the Early Childhood Strategy work.
- Community Investment Program - aims to improve the responsiveness and integration of local community services to increase participation of vulnerable people in community life. This initiative funds a wide range of projects that promote social connectedness and civic engagement (protective factors known to impact on mental health and well being), intervene early to avoid family crisis, establish positive goals that help avert destructive influences and encourage and assist individuals to achieve their full potential. Projects are listed by state and territory at http://www.fahcsia.gov.au/sa/communities/progserv/community_investment/Pages/default.aspx
- Volunteer Grants - this initiative is part of the Australian Government's ongoing commitment to supporting volunteering, and building social inclusion and community participation in Australian communities. Details are available at http://www.fahcsia.gov.au/sa/volunteers/funding/Pages/volunteer_grants2010.aspx
- The Helping Children with Autism (HCWA) package gives greater access to a range of early intervention programs including one-on-one intensive activities and tailored group and individual programs.

All eligible children with a diagnosis of an ASD, up to their seventh birthday have access to the early intervention funding of up to \$12,000 (up to \$6,000 per financial year) regardless of whether or not they have commenced school.

Parents can choose the early intervention measures that best suit their child from a panel of service providers. In recognition of the additional challenges faced by families in outer regional and remote areas, they may also be eligible for a further \$2,000 to help their children benefit from early intervention services, as well as training, respite and other resources.

In addition to the HCWA package, the Government is establishing six Autism Specific Early Learning and Care Centres which will provide early learning programs and specific support to children with ASDs or ASD like symptoms in a long day care setting.

Department of Education, Employment and Workplace Relations

- The Youth Connections program will be delivered under the National Partnership on Youth Attainment and Transitions. It builds on the success of some of the existing programs and streamlines support for young people.

Youth Connections will be a service delivery program providing support for young people at risk of leaving school early or who have already disengaged from school.

Youth Connections will improve education and life skills outcomes for all people at risk of not attaining Year 12 or equivalent and not making a successful transition to further education, training or work. Youth Connections will support personal development and facilitate connection with and progression through education.

Youth Connections providers will offer a continuum of service to at risk and disengaged youth. Youth Connections will address barriers to transitioning through education and training to employment, including mental health issues and other personal barriers.

	<p>Human Services Portfolio</p> <ul style="list-style-type: none"> - The Child Support Program has in place a range of partnerships aimed at supporting separated and separating families. Formal partnerships include; <i>beyondblue</i> – the national depression initiative, Kid’s Help Line, Australian General Practice Network and a newly created partnership with ANZ Bank aimed at improving financial literacy. The Child Support Program works in partnership with Family Relationship Service Providers (through their Peak Body Family Relationship Services Australia) and Family Relationship Centres. The Child Support Program also works closely with legal practitioners and financial counsellors.
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - Under recent COAG announcements, the Australian Government committed to the expansion of youth friendly mental health services. This will include up to 30 new headspace youth-friendly service sites, extra funding for the existing 30 headspace sites, and improvements to telephone and web-based services for young people. This announcement builds on the success of the current headspace program as evidenced by the recent evaluation of the Program which showed most young people reported improvements in the mental health as a result of using the service. - Building on the success and knowledge gained through the ‘Can Do’ initiative the Department is funding APGN until June 2010 to undertake <i>Building on ‘Can Do’</i> Grants Program which will enable Division of General Practice to apply for funds to enhance their capacity to develop and sustain delivery of quality mental health and substance use programs and services at a local level. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Mental Health Community Based Services – family counselling and other localised support services for families impacted by severe mental illness, targets young people aged 16 to 24 years of age. - Community Investment Program - aims to improve the responsiveness and integration of local community services to increase participation of vulnerable people in community life. This initiative funds a wide range of projects that promote social connectedness and civic engagement (protective factors known to impact on mental health and well being), intervene early to avoid family crisis, establish positive goals that help avert destructive influences and encourage and assist individuals to achieve their full potential. Projects are listed by state and territory at http://www.fahcsia.gov.au/sa/communities/progserv/community_investment/Pages/default.aspx - Volunteer Grants - this initiative is part of the Australian Government's ongoing commitment to supporting volunteering, and building social inclusion and community participation in Australian communities. Details are available at http://www.fahcsia.gov.au/sa/volunteers/funding/Pages/volunteer_grants2010.aspx
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - Under recent COAG announcements, the Australian Government is contributing \$24.8 million over four years to expand early psychosis services for young people aged 16 and 25 years. These young people and their families will benefit from improved detection of, and earlier treatment and holistic support for, early psychosis. Interested State and Territory Government will be invited to partner with the Australian Government to invest in this project. This approach builds on the successful implementation of the Early Psychosis Prevention and Intervention Centre (EPPIC) model in Victoria.

12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.

Department of Health and Ageing

- The National Suicide Prevention Program is funding the following activities:
 - o Youth adaptation Mental Health First Aid - ORYGEN Research Centre;
 - Square Project - education and training to GPs in SA, managed by SA State Office; and
 - Wesley Mission - LifeForce Suicide Prevention Education and Training project - mostly community members but some welfare/NGP/NFP organisations.
- The Mental Health Response to the 2009 Victorian Bushfires provides funding for:
 - o Community Capacity Building – including mental health training, professional development and support to primary and secondary schools affected by the fires and frontline training for non-health professional community leaders and key community members. The professional development is being targeted to the teachers and school staff in these schools to better respond to bushfire affected children, better identify those with early signs and symptoms of mental health disorders which may require professional assistance and understand when to refer to appropriate services; and
 - o Supporting Health Professionals - the delivery of specialised training and support to GPs, general nurses and specialist mental health practitioners.
- A cross-professional working group was established to inform the delivery of education and training from mid-2009 for professionals working with those affected by the Victorian bushfires. The Cross-Professional Education and Training Working Group comprises experts from each medical and allied mental health profession and others with expertise in trauma management.
- The Working Group has endorsed a framework for the delivery of education and training which is inclusive of the ATAPS providers. The Framework for Mental Health Response to the Victorian Bushfires identifies three levels of training requirements for professionals providing psychological care for people affected by the bushfires, as follows:
 - o Level 1: Generic Workers (Teachers, Clergy, Welfare workers, Youth workers, Maternal health care nurses, etc.); Level 2: Primary Care Health Workers (ATAPS, GPs, Nurses, Psychologists, Social Workers, Occupational Therapists, etc.); and
 - o Level 3: Specialist Mental Health Workers (Postgraduate Psychologists, Psychiatrists, some ATAPS workers, etc.).
- Funding has been provided to the Australian Psychological Society (APS) to work with the Australian Centre for Posttraumatic Mental Health to develop and deliver education, training and support to GPs and ATAPS allied health professionals within the affected Divisions of General Practice.
- The Department has also provided funding to the Royal Australian and New Zealand College of Psychiatrists to provide training and support for psychiatrists working with clients affected by the bushfires. This includes resources and workshops to improve psychiatrists' knowledge and competency in trauma responses as well as referral pathways to assist GPs refer their patients appropriately.
- The Mental Health in Tertiary Curricula Program provided funding to various allied health professions to review and update their existing accreditation standards in relation to mental health best practice. The Program also funded the development and implementation of projects to increase the mental health content of tertiary curricula. In January 2010 the Program was expanded and universities were invited to apply for funding to develop multidisciplinary training modules for students in allied health, nursing and medical disciplines.
- COAG Improving the Capacity of Workers in Indigenous Communities initiative which supports health workers to identify and address mental illness and sub use and to recognise early signs of mental illness in Aboriginal and Torres Strait Islander people.
- Mental Health Textbook is a textbook for use by health practitioners working with Aboriginal and Torres Strait Islander people, and students in the Vocational Education Training (VET) and tertiary education sector nationally.
- Mental Health Toolkit (previously Multi-Media Resource) for health practitioners working with Aboriginal and Torres Strait Islander people

(Aboriginal Health Workers, nurses, counsellors and other clinic staff) including a range of mental health literacy, health promotion and training resources. Health Outcomes International is currently undertaking a scoping study which will inform the development of the Toolkit, which may include the development or adaptation of a assessment tool(s).

- Mental Health Assessment Tool for health practitioners working with Aboriginal and Torres Strait Islander people (Aboriginal Health Workers, nurses, counsellors and other clinic staff) undertaking mental health assessments for Aboriginal and Torres Strait Islander people, including those with co-morbidities of mental health issues in conjunction with substance use issues. Health Outcomes International is currently undertaking a scoping study which will inform the development of the Toolkit, which may include the development or adaptation of a assessment tool(s).
- Mental Health Worker Positions (ten) have been provided nationally, as well as development of resources and information to support health practitioners to assist Aboriginal and Torres Strait Islander people at risk of, or experiencing mental illness.
- 25 Peggy Hunter Memorial Scheme scholarships for Aboriginal and Torres Strait Islander students undertaking studies in a mental health discipline across the fields of medicine, nursing, allied health and Aboriginal and Torres Strait Islander Health Worker courses.

Department of Families, Housing, Community Services and Indigenous Affairs

- Service providers funded through the Targeted Community Care (mental health) Program are required to have mental health training. Mental health education is embedded in the principles of the Program.

Human Services Portfolio

- Centrelink has commenced a national rollout of Mental Health First Aid training to its staff. This program is aimed at better informing and skilling our staff in their interactions with customers presenting with mental health issues.

Department of Veterans' Affairs

- The Department commissioned the Australian Centre for Posttraumatic Mental Health (ACPMH) to develop a clinical algorithm for health practitioners based on the National Health and Medical Research Council Australian Guidelines for the Treatment of Adults with Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). The algorithm aims to assist practitioners in providing best practice clinical care for people with ASD or PTSD. The algorithm has been widely distributed to primary care providers, specifically those in general practice.
- A Mental Health Advice Book for health practitioners helping veterans with common mental health problems was developed to assist all health practitioners to deliver the most effective mental health treatment for veterans. It draws upon the latest Australian and international best practice guidelines for the treatment of common mental health problems.
- A Suicide Awareness Staff Training Package for Centrelink staff was developed to assist frontline workers to identify and appropriately respond to and refer members of the veteran community to appropriate related mental health services, if required.

Department of Defence

- As part of the goal to improve mental health training for the workforce, the Defence Acute Mental Health on Operations (AMHOO) course will be delivered to all deploying health professionals. This course specifically addresses management of acute military mental health issues on operation.
- Regional mental health teams are an important part of enhancing the mental health workforce and will be created to provide mental health literacy training, specifically suicide prevention and alcohol, tobacco and other drugs programs.
- The Australian Centre for Posttraumatic Mental Health has been contracted to develop and deliver clinical case management training both face to face and online modules to enhance effective evidence based models of care delivery within the multi-disciplinary care team.

13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.

Department of Health and Ageing

- The National Suicide Prevention Program (NSPP):
 - o Provides community-based grants managed by state and territory offices, projects funded under the community based grants component that have national applicability and national projects that are not community based grants but have a national focus (LIFE Communications and LIFE Framework, Mindframe Media Initiative, SANE Australia); and
 - o Is funding the Access to Allied Psychological Services suicide prevention trial.
- The Commonwealth has convened a working group with jurisdictions to coordinate the alignment of Suicide Prevention Frameworks across all jurisdiction. This group has met on 5 February 2010 and 7 May 2010. Jurisdictions have agreed to use the LIFE Framework as the National framework for suicide prevention.
- The Government is providing \$276.9 million (over four years) for the Mental Health: Taking action to tackle suicide package. This includes:
 - o \$113.9 million to boost frontline services and provide more services to those at greatest risk of suicide, including psychology and psychiatry services and non-clinical support to assist people with severe mental illness and carers with day-to-day needs;
 - o \$74.3 million in direct suicide prevention and crisis intervention, including more services through Lifeline and funding to improve safety at suicide hotspots;
 - o \$22.8 million to provide more services and support to men who are at greatest risk of suicide, including through Beyondblue to assist up to 30,000 additional men each year; and
 - o \$65.9 million to promote good mental health and resilience in young people to prevent suicide later in life.

Human Services Portfolio

- Suicide Prevention training is regularly provided to Centrelink's front line staff by Centrelink social workers.

Department of Veterans' Affairs

Independent Study into Suicide in the Ex-Service Community by Professor David Dunt.

- The recommendations from the Suicide Study will provide a key platform to assist the Government to improve mental health services for the veteran and ex-service community and cover wide ranging matters including suicide prevention, mental health programs, compensation schemes and administrative processes.

Operation Life – A National Suicide Prevention Strategy for the Veteran Community

- Operation *Life* was developed in consultation with the veteran community and the Departments of Defence and Health and Ageing. Operation *Life* was developed from the Living Is For Everyone (*Life*) National Suicide Prevention Strategy, but specifically targeted to the veteran community. It lays out a framework for action to raise awareness and suicide prevention.
- A major component of Operation *Life* is a choice of workshops offered through the VVCS – Veterans and Veterans Family counselling Service across Australia. There are three Operation *Life* workshops: a half-day introduction workshop, a two-day skills training workshop, and a half-day refresher workshop. Operation *Life* workshops are particularly targeted at veterans living in rural and remote areas.

Department of Defence

- Dunt 2009 – 'Review of Mental Health Care in the ADF and Transition through Discharge'
- The recommendations from the Dunt 2009 ADF study provides the springboard to ensure the best mental health support is available to ADF personnel and the ex-service community. The Strategic Reform Process will address the gaps identified, including providing improved mental health governance and policy, enhanced mental health workforce, improved mental health training for ADF personnel and providers, enhanced prevention strategies including greater research and surveillance, enhanced mental health rehabilitation and transition services greater involvement of families in the mental health of ADF members and better facilities from which mental health services will be delivered.

<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<p>The Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Children of Parents with a Mental Illness project aims to promote better mental health outcomes for children of parents with a mental health problem or disorder. It aims to increase the availability of information on how to enhance children's resilience, reducing risk factors and resources to assist children, workers and families in relation to parental mental illness (funded under the National Mental Health Program and NEIS). - The Department funds school based initiatives as well as support for consumer and carer organisations. - The Australian Child and Adolescent Trauma Loss and Grief Network is a web based network, with website content that is informed by a panel of experts in different areas related to children and adolescents and their trauma, loss and grief. It aims to link stakeholders and resources by providing up-to-date information; an online forum for people to communicate and share information and expertise; and key resources to help people understand and respond to the diverse and complex needs of these children, adolescents and their families. <p>The Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Mental Health Respite – provides respite and support for carers of people with mental illness, including young carers. Services can include counselling, education and peer support as well as alternate care. - Mental Health Community Based Services – includes family counselling services and local projects to support families. A component of this COAG initiative was the Carer Engagement Project, aimed at building resilience and help-seeking amongst carers. The Adversity to Advocacy report, which documents the outcomes of the workshops, was launched on 22 October 2009. - Young Carers Respite and Information Services Program – provides support to young carers who are at risk of not completing secondary education or vocational equivalent due to the demands of their caring role. Approximately one-third of clients are children of parents with a mental illness. The program enables young carers to access respite services and age appropriate support including educational, social and recreational activities, for example time off to study for exams, tutoring, skills development, young carer camps and activities in the school holidays. The program also provides a range of information, advice and referral services, including referral to counselling, to support young carers in managing the challenges they face as part of their caring role. - A National Carer Recognition Framework that includes a National Carer Strategy is being developed. The Strategy will identify priorities and actions to improve support for families and carers of people with disability, medical condition, mental illness and frailty due to age. The Strategy will shape the long-term agenda for reform and guide policy development and the delivery of services for carers and consider, amongst other things, the training and skills development needs of carers and the adequacy of case management and care coordination for carers. - National Disability Agreement - Early intervention and prevention is one area identified as a priority under the National Disability Agreement. An Early Intervention and Prevention Framework will be developed to increase Governments' ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support by mid 2011. - UN Convention on the Rights of People with Disability - Article 28 of the Convention recognises the right to an adequate standard of living and social protection, including housing, services and assistance for disability-related needs, as well as assistance with disability related expenses where necessary. Under the Convention, Australia is obliged to develop and carry out policies, laws and administrative measures for securing this and all other rights recognised in the Convention. - National Secretariat Program - FaHCSIA provides funding to 12 national disability peak organisations to provide 'grass roots' policy advice to the Australian Government and other agencies on national issues affecting people with disability and their families. This policy advice assists government to better target services to the needs of people with disability. - Families and Children's Policy - Targeted prevention and early intervention programs for children and their families (9) – the Commonwealth and
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	<p>state, through the Early Childhood Strategy, are working on support for vulnerable children and their families, including mapping of relevant services (including mental health).</p> <ul style="list-style-type: none"> - The Family Relationship Services are dealing with clients with increasingly complex needs. Significant increases were recorded between 2007/08 and 2008/09 for clients presenting with mental illness and drug and alcohol abuse issues. Diagnosed mental illness increased from 448 clients to 2377 (an increase of 430%) and drug and alcohol use increased from 7645 to 9340 (an increase of 22%). The aim of current program development is to offer more coordinated and responsive services that are a point of contact with the wider service system and to link clients to more appropriate services around specific to needs including mental health. - Developing tailored mental health care responses for highly vulnerable children is a priority under the National Framework for Protecting Australia's Children (responding to sexual abuse) and also links with the Early Childhood Strategy work. - Community Investment Program - aims to improve the responsiveness and integration of local community services to increase participation of vulnerable people in community life. This initiative funds a wide range of projects that promote social connectedness and civic engagement (protective factors known to impact on mental health and well being), intervene early to avoid family crisis, establish positive goals that help avert destructive influences and encourage and assist individuals to achieve their full potential. Projects are listed by state and territory at http://www.fahcsia.gov.au/sa/communities/progserv/community_investment/Pages/default.aspx - Volunteer Grants - this initiative is part of the Australian Government's ongoing commitment to supporting volunteering, and building social inclusion and community participation in Australian communities. Details are available at http://www.fahcsia.gov.au/sa/volunteers/funding/Pages/volunteer_grants2010.aspx <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - Centrelink social workers provide services to young carers to help them negotiate the Centrelink system. - The Child Support Program provides support to customers in emotional distress or at risk of harm to themselves and others via a range of referrals to support services. The most immediate is the Parent Support Service – an immediate and confidential telephone counselling service. - The Child Support Program supports the children of separated parents through targeted support and information products; <ul style="list-style-type: none"> o A Guide to Separation for Teens (aimed at 12 to 18yrs) o CD ROM and activity booklet for the under 12s (in development) o Formal partnership with Kid's Help Line - Centrelink will implement new servicing arrangements for customers with mental health issues from May 2010. Customers who lack insight into their condition, are remotely disadvantaged, are unable to provide medical information or are unwilling to provide medical information due to their mental health condition, will have new arrangements in place to make transition to Disability Support Pension easier. Centrelink registered psychologist Job Capacity Assessors will be empowered to diagnose relevant conditions without the requirement of a detailed medical report. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - Veterans and Veterans Family Counselling Service provides a range of services for the children of veterans. VVCS aims to reduce suicide risk among the children of veterans through developing partnerships with local services to ensure that sons and daughters receive appropriate care, and by supporting self-help initiatives and projects that aim to increase personal strength, resilience and coping skills. VVCS services include counselling, support and referral, psychiatric assessments, the VVCS Outreach Program, group programs and information sessions.
<p>15. Develop tailored mental health care responses for highly</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - Mental Health Response to the 2009 Victorian Bushfires provides funding for: <ul style="list-style-type: none"> o Community Capacity Building – including mental health training, professional development and support to primary and secondary schools affected by the fires and frontline training for non-health professional community leaders and key community members. The professional development is being targeted to the teachers and school staff in these schools to better respond to bushfire affected children, better

vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.

- identify those with early signs and symptoms of mental health disorders which may require professional assistance and understand when to refer to appropriate services; and
- o Supporting Health Professionals - the delivery of specialised training and support to GPs, general nurses and specialist mental health practitioners.
- The Australian Child and Adolescent Trauma Loss and Grief Network is a web based network, with website content that is informed by a panel of experts in different areas related to children and adolescents and their trauma, loss and grief. It aims to link stakeholders and resources by providing up-to-date information; an online forum for people to communicate and share information and expertise; and key resources to help people understand and respond to the diverse and complex needs of these children, adolescents and their families.

Department of Families, Housing, Community Services and Indigenous Affairs

- The National Framework for Protecting Australia's Children is a long-term approach to ensuring the safety and wellbeing of Australia's children. The National Framework was developed by the Australian Government in partnership with state and territory governments and the non-government sector, and was endorsed by the Council of Australian Governments in April 2009. The National Framework will operate through to 2020 with the first three year action from 2009-2012 currently underway. Developing tailored mental health care responses for highly vulnerable children is a priority under the Framework.
- UN Convention on the Rights of People with Disability - Article 7 of the Convention relates specifically to children with disability. Australia is obliged to ensure that steps are taken so children have the same rights and freedoms as other children, and that when making decisions for or about children with disability, the most important this is what is best for the child. The Convention also requires that laws and administrative measures must guarantee freedom from exploitation, violence and abuse. In case of abuse, countries must promote the recovery, rehabilitation and reintegration of the victim and investigate the abuse (Article 16).
- National Secretariat Program - FaHCSIA provides funding to Women with Disabilities Australia and Children with Disability Australia to provide 'grass roots' policy advice to the Australian Government and other agencies on national issues affecting people with disability and their families. This policy advice assists government to better target services to the needs of people with disability.
- The Family Support Program is an umbrella program with three core service streams:
 - o Community and Family Partnerships - provides intensive and coordinated support targeted at significantly disadvantaged communities and families and especially vulnerable and at risk families and children.
 - o Family and Parenting Services- provides early intervention and prevention services to families to build and strengthen relationships, develop skills and support parents and children.
 - o Family Law Services (Attorney-General's Department responsibility) - assists families to manage the process and impacts of separation in the best interests of children.

N.B. Attorney Generals also funds family and children's services

- Indigenous Children Program – focuses on early intervention and prevention in Indigenous families, particularly where children are at risk
- Indigenous Family Violence Program – supports families and communities to break the cycle of violence
- Personal Helpers and Mentors Round Four funding targets vulnerable people with mental illness who are humanitarian entrants, Forgotten Australian, the Stolen Generation or homeless. Participants are required to be 16 years or older unless they reside in a remote community where there is no age restriction.
- Families and Children's Policy - Targeted prevention and early intervention programs for children and their families (9) – the Commonwealth and state, through the Early Childhood Strategy, are working on support for vulnerable children and their families, including mapping of relevant services (including mental health).

<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Department has committed funding to build a national evidence base for mental health policy and planning. This work will focus on population surveys as well as the development of a population-based service planning framework that specifies the mix and level of services required to meet a given level of need. The framework will specify service development requirements and targets that can be used to both guide future development and assess the adequacy of current mental health service systems available in Australia. Extensive consultation as well as the establishment of expert advisory groups will be required. - As a first step a scoping study to gather information on what is currently being undertaken in mental health services planning, identify what is common across jurisdictions that can inform a national approach to service planning, and identify the issues to be resolved and options for moving towards a national approach has been undertaken. Planning to commence the development of the framework is underway.
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Targeted Community Care (mental health) Program Partnerships - FaHCSIA consulted widely with mental health stakeholders on the design and development of the three community based mental health initiatives for which it is responsible and is engaging with stakeholders in the current evaluation of the programs. - A PHaMs remote service model was developed to recognise and promote spiritual, cultural, mental and physical healing for Indigenous Australians living with mental illness in remote communities. Service providers are required to develop relationships and work closely with the whole community to deliver services appropriate to the community as well as individual needs. - With FaHCSIA funding the Mental Health Council of Australia conducted a series of Carer Engagement Workshops around Australia to assist families and carers to further develop coping and management skills for caring for and living with a person with a mental illness. They also provided carers with the opportunity to share their views on the most important issues and challenges they face as carers. - Through the Young Carer Respite and Information Services Program partnerships have been developed with funders, service providers, consumers and Centrelink on multiple levels. At the Commonwealth level FaHCSIA has established connections with Centrelink and the Department of Education, Employment and Workplace Relations, addressing education as well as youth issues. - FaHCSIA has also progressed issues facing young carer with State and Territory Education Departments, and meets regularly with service providers to discuss young carer needs. At the local level providers raise awareness of young carer issues in their community. Cross-referral processes have been established between providers of the program and Youth Pathways, managed by the Department of Education, Employment and Workplace Relations. - Community Investment Program - aims to improve the responsiveness and integration of local community services to increase participation of vulnerable people in community life. This initiative funds a wide range of projects that promote social connectedness and civic engagement (protective factors known to impact on mental health and well being), intervene early to avoid family crisis, establish positive goals that help avert destructive influences and encourage and assist individuals to achieve their full potential. Projects are listed by state and territory at http://www.fahcsia.gov.au/sa/communities/progserv/community_investment/Pages/default.aspx - Volunteer Grants - this initiative is part of the Australian Government's ongoing commitment to supporting volunteering, and building social inclusion and community participation in Australian communities. Details are available at http://www.fahcsia.gov.au/sa/volunteers/funding/Pages/volunteer_grants2010.aspx <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - The Child Support Program coordinates with FaHCSIA, the Child Support National Stakeholder Engagement Group (CSNSEG) to better link

	<p>community, government and advocacy groups to share information and where possible promote a joined up response to parental needs. Supporting the national group are stakeholder engagement groups in each state who meet quarterly to improve information sharing and networks. In regional areas where the Child Support Program has a Regional Service Centre (co-located with Centrelink), local networks are facilitated in order to link up all local services who deal with separated families.</p>
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Department of Health and Ageing funded the Mental Health Professionals' Association for Phase 1 of the Mental Health Interdisciplinary Networks (MHIN) project to develop a multidisciplinary education and training package. The package includes: an environment scan to determine the ways in which mental health professions were working together in late 2007; a multidisciplinary training package for mental health professionals; and the establishment and maintenance of a website to enable publication of Phase 1 project deliverables. - The Mental Health Professionals Network (MHPN) has been established to deliver the mental health multidisciplinary training package, developed under MHIN Phase 1, for the primary care and specialist mental health workforce. It is expected to engage up to 24,000 mental health professionals through 1,200 workshops delivered between February 2009 and July 2010. - The MHIN project aims to promote shared and collaborative referral and treatment strategies in communities across Australia. General Practitioners, Psychiatrists, Occupational Therapists, Social Workers, Psychologists and Mental Health Nurses have been attending national wide education and training workshops to discuss collaborative mental health care and network with other local mental health clinicians. Clinicians attending the workshops receive continuing professional development points from their professions. - A web portal is also being developed which will allow for the establishment of online networks supported by a central administrative function.
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of,</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Department of Health and Ageing funded the National Drug and Alcohol Research Centre (NDARC) to develop a national clinical guide to comorbidity service delivery in the alcohol and other drug (AOD) sector. The Guidelines provide a practical guide for AOD workers in the management of a range of mental health conditions in AOD treatment settings. The Guidelines, entitled <i>Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings</i>, were released in December 2009. A training package has also been developed to facilitate the implementation of the Guidelines and is available at the Guidelines website http://ndarc.med.unsw.edu.au/comorbidity - The National Comorbidity Collaboration has been established to assist the Commonwealth and the States and Territories to focus on comorbidity issues and identify opportunities for progressing shared priorities and interests on a whole-of-government basis.

<p>and improved referral and treatment for, mental and physical health problems.</p>	<ul style="list-style-type: none"> - <i>Improved Services for People with Drug and Alcohol Problems and Mental Illness</i> initiative (Improved Services initiative) - aims to build the capacity of non-government drug and alcohol treatment services to effectively address and treat coinciding mental illness and substance abuse. It forms part of the Commonwealth's component of the Council of Australian Governments' (COAG) <i>National Action Plan on Mental Health 2006 - 2011</i>. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Personal Helpers and Mentors: As at to 31 January 2010 PHaMs has assisted 2550 (28.6%) participants who had co-morbid conditions. - The Family Support Program provides a range services available to people in need, including Forgotten Australians and former child migrants. Counselling and support services can help them deal with the inter-generational consequences of institutionalised abuse. Service providers will refer clients to specialist mental health or other intensive services as required. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - The Department contracted the Australian General Practice Network to provide education and training about the drug and mental health needs of veterans in the Australian community as part of the '<i>Can Do' Initiative – Managing Mental Health and Substance Use in General Practice</i>. This education and training includes resources to enhance the knowledge and skills of primary care and community health professionals and allied health workers and aims to ensure those health professionals in general practice, community health teams and designated veterans services are familiar with, and sensitive to, the particular needs of members of the veteran community. <p>Department of Defence</p> <ul style="list-style-type: none"> - The Department is working closely with the Australian General Practice Network to develop and deliver online training for mental health professionals, including General Practitioners, in accordance with the Better A Department of Defence
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> o Ensuring information about pathways into and through care is highly visible, accessible and culturally relevant is embedded in the principles of Targeted Community Care (mental health) Program. <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - The Child Support Program has released (in partnership with Attorney General's Department) a website titled Familyseparation.gov.au which hosts a navigation tool entitled "My Family is Separating – What Now?" The tool enables separated and separating parents to better navigate the best pathway to services they will need including legal, relationship and financial services. The website also caters for grandparents. - For Child Support Program customers requiring a more supported approach to linking them with mental health services, there are assisted telephone referrals. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - Since launching the <i>At Ease</i> website – www.at-ease.dva.gov.au – in May 2008, the Department has been focussing on raising awareness of mental health and wellbeing within the veteran community. The information on the website provides self-help information relating to mental health and wellbeing for veterans and serving members, their families, friends and carers. <p>Department of Defence</p> <ul style="list-style-type: none"> - Defence health staff can refer to a number of external mental health providers in their regions. There is an agreement for services with the VVCS that allows for a visible pathway to care that is accessible across all regions.
<p>22. Better target</p>	<p>Department of Health and Ageing</p>

<p>services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<ul style="list-style-type: none"> - Access to Allied Psychological Services (ATAPS) provides flexible mental health care services and targets gaps for people who are unable to access Medicare rebateable mental health services. In 2010/11 a tier model was introduced. <ul style="list-style-type: none"> Tier 1 ATAPS will provide funding for patients unable to access psychological services due to barriers, including financial. Tier 2 ATAPS will provide for patients from specific target groups including; women with peri-natal depression, children aged 12 years and under, people who are homeless or at risk of homelessness and suicide prevention. - Mental Health Services in Rural and Remote Areas recognises that people in rural and remote locations are not able to readily access Medicare rebateable mental health services. Given the diverse needs and conditions of rural and remote Australia, the Mental Health Services in Rural and Remote Areas (MHSRRA) Program employs a flexible range of service delivery models with each organisation utilising slightly different models according to the needs of its local communities. - Models available to organisations under the MHSRRA Program include: <ul style="list-style-type: none"> o full or part time direct employment; o 'topping up' existing part time mental health services; o subcontracting services to other organisations in the area; o 'sharing' mental health professionals, or forming a partnership, with other organisations within the community; o brokerage/sessional payments; o 'fly in/fly out'; o outreach; o hub and spoke; and o ehealth. - Organisation delivery services under the program are required to liaise with other service providers in the local area to build on and complement existing services. <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - VVCS – Veterans and Veterans family counselling Service is conducting a 12-month pilot using videoconferencing technology to provide counselling to veterans and their families who live in regions where access to a local mental health service is problematic or non-existent. This is aimed at improving access to community mental health services. <p>Department of Defence</p> <ul style="list-style-type: none"> - The Regional Mental Health Teams will provide outreach to the health professionals in the regions by assisting with complex cases, act as a specialist referral agency as well as providing clinical supervision, training and support. - The ADF National Mental Health Centre will become the hub of tele-psychiatry services for Defence and provide supervision to mental health professionals nationally, as well as have the capability to support deployed health professionals.
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Commonwealth will contribute to a review of the Mental Health Statement of Rights and Responsibilities to be overseen by the Safety and Quality Partnership Group. The review will involve a consultation process with stakeholders. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - FaHCSIA have contributed to the review of the Statement through its membership of the Mental Health Standing Committee - The rights and responsibilities of people with mental illness, their carers and families are embedded in the principles of Targeted Community

	<p>Care (mental health) Program.</p> <ul style="list-style-type: none"> - A National Carers Recognition Framework that will include Commonwealth Carer Recognition Legislation is being developed. The legislation was introduced in 2010 and provides national acknowledgement of the commitment and dedication of carers.
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Commonwealth will contribute to the conduct of a scoping review of existing state and territory legislation which also identifies options for moving towards nationally consistent legislation.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Commonwealth is contributing to the development of a National Mental Health Workforce Strategy and Plan which is being overseen by the Mental Health Workforce Advisory Committee. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Under the National Disability Agreement, a national workforce strategy will be developed to address qualifications, training and cross sector career mapping issues and establishing the disability sector as an 'industry of choice' by the end of 2010. - FaHCSIA is contributing to the review of the National Mental Health Workforce Strategy through its membership of the Mental Health Standing Committee and participation in subcommittees working on workforce issues. - Personal Helpers and Mentors – each service provider has a team of five, including peer support workers where possible. The service guidelines define the role of each member and the required capabilities. Standardised workforce competencies for peer support workers are being developed. - National Disability Agreement - Under the National Disability Agreement, a national workforce strategy will be developed to address qualifications, training and cross sector career mapping issues and establishing the disability sector as an 'industry of choice' by the end of 2010. <p>Department of Defence</p> <ul style="list-style-type: none"> - The ADF National Mental Health Centre will contribute to enhancing the mental health workforce. This centre will offer group based residential programs for ADF members, addressing the special needs of younger veterans and provide early intervention and treatment. Services will include outpatients programs and specialist professional training programs.

<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - The Targeted Community Care (mental health) Program makes funding available to providers for training and support purposes including: <ul style="list-style-type: none"> • Personal Helpers and Mentors engages peer support workers to help people with mental illness. • Mental Health Respite engages experienced mental health carers, where possible, to provide alternate care, information and education and peer support. <p>Human Services Portfolio</p> <ul style="list-style-type: none"> - The Carers Improved Support Project has utilised carers' associations in developing training programs for Centrelink employees.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The revised National Standards for Mental Health Services provide the basis for accreditation of all public and private mental health services in Australia. The DoHA has committed funding to support the implementation of the Standards across sectors. This initiative will be aimed at supporting the introduction of the new Standards through the development of training and promotional materials. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - National Disability Agreement - Quality Improvement Systems based on Disability Standards is a priority under the National Disability Agreement. A National Disability Quality Framework with a National Quality Assurance system for disability services will be developed to introduce a national approach to quality assurance and the continuous improvement of disability services. - National Disability Agreement - Quality Improvement Systems based on Disability Standards is a priority under the National Disability Agreement. A National Disability Quality Framework with a National Quality Assurance system for disability services will be developed to introduce a national approach to quality assurance and the continuous improvement of disability services.
<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The DoHA funded the National Mental Health Benchmarking Project between 2006-08 aimed to facilitate a culture of information use and continuous quality improvement through the establishment of time limited benchmarking forums for adult, child and adolescent, older persons and forensic mental health services. The Project laid the foundation for large scale engagement by publicly funded mental health services to compare performance data and work together to achieve best practice standards. - An evaluation report of this project is expected to be released in the first half of 2010. - The DoHA will continue to support national service benchmarking as committed in the Fourth Plan and will establish a national benchmarking network of organisations to lead the sector. Ongoing internet-facilitated tools will be developed that provide the means for mental health provider organisations to undertake collaborative benchmarking using the national performance indicator framework.
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The Commonwealth will contribute to the development of a national mental health <i>research</i> strategy. This will be developed under the auspices of the NHMRC which will establish a reference group to bring together a range of mental health research interests. - Psychogeriatric Research is aimed at improving the care and treatment of people with psychogeriatric conditions in aged care homes. This work is being undertaken collaboratively between the Department of Health and Ageing and the National Health and Medical Research Council (NHMRC). Research to be undertaken will: <ul style="list-style-type: none"> o promote an evidence base for medication and psychosocial interventions for people with more severe psychogeriatric conditions; and/or o promote collaborative partnerships between researchers and service providers particularly across the older persons mental health and aged

	<p>care sectors.</p> <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - Social Policy Research Paper No. 39 <i>'Longing to Belong: personal social capital and psychological distress in an Australian coastal region'</i>, contributes to the articulation and critical evaluation of perceptions about community participation and how it impacts mental health. It also adds to the evidence base for the development of social policy. - Carer Engagement Project Report <i>Adversity to Advocacy</i> describes the 15 major issues faced by carers of people with mental illness across Australia. - National Disability Agreement - Disability Ministers have agreed to contribute \$10 million over 5 years for disability research. Initial national efforts will concentrate on several identified priority areas to underpin the policy directions and achieve reforms in the disability service system. The research effort will be focused on building the evidence base for policy and practical change relevant to the outcomes of the National Disability Agreement <p>Department of Veterans' Affairs</p> <ul style="list-style-type: none"> - Through its Applied Research Program (ARP), DVA commissions research that contributes to the strategic development, implementation and improvement of veteran-related policy and service delivery. This enables the Department to better identify the holistic needs of current and former members of the ADF and deliver maximum benefit to the veteran and defence communities. One of the specific ARP priorities is veterans physical and mental health needs: A wellness approach. A number of active research projects are as follows: <ul style="list-style-type: none"> o Veterans: Real Partners in Health – A trial of implementing evidence-based care and self management for veterans with alcohol related disorders; o The effectiveness of Cognitive Processing Therapy for Veterans and Veterans' Families Counselling Service clients with Posttraumatic Stress Disorder; o Australian Peacekeepers: the long-term effects on mental health status, health service use and quality of life; o Promoting the use of evidence-based psychological treatment of posttraumatic mental health problems; o Suicide in the Ex-service Community Review; and o Veterans at Risk Study 2008. <p>Department of Defence</p> <ul style="list-style-type: none"> - The collection of prevalence mental health data will enable the capture of mental health information to inform future priorities of mental health programs. Defence will explore options for adapting current research programs to meet an identified need. This will be assisted by the introduction of an electronic health record. Defence will continue to place priority on mental health research.
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - COAG Telephone Counselling, Self-Help and Support program funds: <ul style="list-style-type: none"> o The Inspire Foundation to enhance and extend the Reach Out! Service; o The Telephone-Cognitive Behaviour Therapy (T-CBT) trial in rural and remote areas; o The Clinical Research Unit for Anxiety and Depression (CRUfAD) online treatment program, encouraging mental health professionals and GPS to provide evidence-based online treatment programs as a valuable adjunct to other treatments; o Kids Help Line – a free, confidential, anonymous 24-hour telephone counselling service for young people aged 5-25 years. Also offers online counselling service; o Kids Helpline Expanded Indigenous Services Project which is an extension of the mainstream Kids Helpline and aims to improve indigenous children's access to telephone counselling and online support, and improve responses and intervention techniques for indigenous callers in culturally sensitive ways; and o Other similar projects for telephone crisis counselling and the development of evidence-based online mental health treatment programs to

supplement or substitute face-to-face services, such as the Black Dog Institute's Mobile Tracker program and Australian National University Centre for Mental Health Research –e-hub programs and the Swinburn University eTherapy Unit which has developed an online CBT program to manage anxiety.

- The National Suicide Call Back Service provides funding to the Victorian Crisis Support Service to expand the Call Back Service to provide national coverage.
- The Consumer Activity Network (CAN) - Phone Connections. A Peer support phone support for people living with a mental illness that operates 4 evenings a week. Does not rely on callers ringing in to receive support, rather peer support workers call consumers who have been referred.

Department of Families, Housing, Community Services and Indigenous Affairs

- Innovative approaches to service delivery to meet the needs of individuals, families and communities across a wide range of situations and locations is embedded in the principles of Targeted Community Care (mental health) Program:
 - o Personal Helpers and Mentors mainstream model was adapted to meet the specific needs of remote communities, including removing age restrictions.
 - o Mental Health Respite services are tailored to meet the needs of individual carers and person to whom they provide care and can include telephone services as well as internet education and peer support.
 - o Community Base Services and Mental Health Respite use art and craft groups, camps, cultural outings and social and sporting activities to meet the needs of people with mental illness, their carers and families.
 - o Mental Health Program Evaluation has assessed the effectiveness of FaHCSIA community based mental health services including innovation in service delivery.
- FaHCSIA's Targeted Community Care Program funds a service in Central Queensland to deliver:
 - o on-line recovery training (Boston model from the centre of psychiatric rehabilitation) to staff working in the mental health sector. This is a certified on-line training course aligned with contemporary approaches that are recovery focused; and
 - o recovery based workshops, education and mentoring support through the internet, phone services, DVDs and face-to-face mentoring to meet the challenges of rural and remote carers.

Human Services Portfolio

- The Child Support Program administers the Parent Support Service a priority telephone service for its customers who present in emotional distress or who are at risk of self harm or harm to others.
- The Child Support Program is also able to immediately transfer to Centrelink any customers who identify as being fearful of collecting child support for an assessment and possible exemption via Centrelink Social Workers. The Family Relationships Advice Line (FRAL) is utilised for a high number of Child Support Program customers requiring support and on-referral for parenting or relationship issues.

Department of Veterans' Affairs

- The VVCS – Veterans and Veterans Family Counselling Service (VVCS) provides a range of e health services to veterans, families and current and former members of the Australian Defence Force (ADF).
 - o Changing the Mix is a self paced correspondence alcohol program open to all Australian veterans and peacekeepers and their partners, adult sons and daughters of Vietnam veterans and all current members of the Australian Defence Force. DVA entitlement is not required, and information is confidential.
 - o The program is delivered via correspondence, with modules sent to participants. Participants complete the modules, monitor their drinking and assess their progress with the support of a Changing the Mix consultant.
 - o Veterans Line is the after-hours crisis counselling service designed to assist veterans and their families in coping with crisis situations outside of VVCS office hours. It is administered through the VVCS and delivered through a single national contracted provider, Crisis Support Service.
 - o Video counselling - a 12-month pilot using videoconferencing technology is being conducted to provide counselling to veterans and their

	<p>families who live in regions where access to a local mental health service is problematic or non-existent. This is aimed at improving access to community mental health services.</p> <ul style="list-style-type: none"> o The use of SMS text messaging was implemented to remind clients (who consented to being contacted in this way) of counselling appointments and group program sessions. Staff in each centre were provided with training in the use of the SMS portal. This service to clients commenced in December 2008 and will be evaluated at the end of the first 12 months through a review of 'did not attend' statistics, client satisfaction surveys and staff consultation <p>Department of Defence</p> <ul style="list-style-type: none"> - An electronic E-Health system is being developed that will meet world best practice standards. The introduction of this system will have a wide reaching impact allowing seamless access to health information for all health workers, both within and external to ADF. Communication within the multi-disciplinary teams will be greatly enhanced. Research will be enabled through the development of easily accessed databases. - The All Hours Support Line in a 24 hour telephone counselling support service offered by Defence to all serving members and their families. - A scoping study will be conducted to explore alternative models for delivery of rehabilitation both in Defence and civilian environments. The goal will be to develop an innovative approach that meets the unique needs of serving military personnel and their particular conditions.
<p>31. Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholder needs.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The DoHA funds the publication of three annual reports on mental health services in Australia: <ul style="list-style-type: none"> o The National Mental Health Report (National Mental Health Report). o The Mental Health Services in Australia (MHSIA). o The annual report on progress of the COAG Action Plan on Mental Health. - The DoHA together with the Mental Health Information Strategy Subcommittee (MHISS) are committed to removing the duplication across the reports and improve their timeliness and relevance. They are in the process of developing a restructured National Mental Health Report which will report on mental health reform and respond to the full range of stakeholder needs. The restructured report will report progress and outcomes of the Fourth Plan and continue to report against the key contextual indicators used in previous reports. As outlined in the Fourth Plan the restructured report will also include independent commentaries from invited national stakeholders and other bodies to contribute to the ongoing analysis of mental health reform in Australia. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - FaHCSIA is contributing to the establishment of national reporting through its membership of the Mental Health Information Strategy Subcommittee and Mental Health Standing Committee
<p>32. Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The issue of public reporting was discussed by the National Mental Health Information Strategy Committee (MHISS) at its meeting of 19-20 November 2009. MHISS agreed the approach taken to implementation of the Fourth Plan needs to be informed by lessons learned elsewhere and identify the risks and opportunities awaiting the Australian mental health sector. - MHISS, with funding from the DoHA, are undertaking a review of the available evidence and experience, in both published and grey literature, of public reporting at the health service provider level. This review will inform the development of recommendations and an implementation strategy for the introduction of public reporting by mental health service organisations. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - FaHCSIA is contributing to building of an accountable service delivery system through its membership of the Mental Health Information Strategy Subcommittee and Mental Health Standing Committee

other stakeholders.	
<p>33. Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The DoHA together with the Mental Health Information Strategy Subcommittee (MHISS) are working towards filling gaps in current national data collections and developing new data methods that can be implemented in day to day service delivery. They are reviewing the current National Mental Health Information Priorities, including the development in the priority areas identified in the Fourth National Mental Health Plan (consumer perceptions, recovery measures etc.). - The DoHA have funded AIHW to scope the issues, options and work required to develop a National Minimum Data Set for the NGO mental health sector. As part of the first stage of the scoping exercise the AIHW initiated contact with stakeholders to begin gaining a better understanding of current jurisdictional mental health NGO activities and any existing requirements for data collection and reporting that may already exist. Consultations have occurred with a number of jurisdictions' government departments, peak bodies and organisations. - DoHA will commit funding to reviewing the initiatives being taken by several jurisdictions to regularly monitor consumer perceptions of care, with the aim of developing a national standard set of indicators for use by all states and territories. This will be followed by a trial of current consumer perceptions of care and recovery measures, with the aim to incorporate them into routine outcome collections. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - FaHCSIA is contributing to the development of mental health information through its membership of the Mental Health Information Strategy Subcommittee and Mental Health Standing Committee
<p>34. Conduct a rigorous evaluation of the Fourth National Mental Health Plan.</p>	<p>Department of Health and Ageing</p> <ul style="list-style-type: none"> - The DoHA has agreed to fund an external contractor to develop an evaluation framework for the Fourth Plan during 2010 and has set aside funding for future years for prospective data collections beginning in 2010-11 and extending to the evaluation of the Fourth Plan in 2014. The evaluation will "involve the development of a clear framework at its outset that operationalises the aims of the Fourth Plan in a manner that enables them to be assessed". This framework will be used to determine any additional evaluative information that needs to be collected to examine the extent to which the aims of the Fourth Plan are achieved. <p>Department of Families, Housing, Community Services and Indigenous Affairs</p> <ul style="list-style-type: none"> - FaHCSIA will contribute to the evaluation of the Fourth National Mental Health Plan through its membership of the Mental Health Information Strategy Subcommittee and Mental Health Standing Committee

Attachment B: Jurisdictional Report for NSW

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p><u>NSW DROUGHT AND CLIMATE CHANGE MENTAL HEALTH ASSISTANCE PACKAGE</u></p> <p>The NSW Drought Mental Health Assistance Package was developed in consultation with NSW Farmers' Association and originally announced in October 2006 by the Government. It was initially focus on people affected by drought but has now been broadened to account for a range of issues arising from climate conditions, that have an impact on rural communities, including flood and storms. Its key objectives are to:</p> <ul style="list-style-type: none"> ▪ enhance rural community awareness of and capacity to respond to mental health problems in rural and regional areas; ▪ reduce the stigma of having a mental health problem; ▪ identify emerging mental health needs of rural communities; ▪ improve early intervention strategies and pathways to care for rural people; ▪ participation of General Practitioners in the improvements of mental health related networks and services. <p><u>ANXIETY PUBLIC EDUCATION CAMPAIGN</u></p> <p>An Anxiety Awareness Campaign is being developed for launch in 2010/11 to provide an overarching communication framework to support mental health programs dealing with anxiety in NSW. The campaign will be developed through support from Area Health Services and non-government organisations and a media strategy that will place the campaign within the context of existing national mental health communication campaigns.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p><u>VOCATIONAL EDUCATION TRAINING AND EMPLOYMENT (VETE) PROGRAM</u></p> <p>VETE continued to provide clinical rehabilitation services to support recovery in the community. In 2008/09, the Vocational Education, Training and Employment (VETE) Program was rolled out to provide a coordinated pathway to education and employment while the Resources and Recovery Program operated through specialist mental health NGOs in 19 areas of need to help people with mental illness connect with their local communities.</p> <p><u>NSW SCHOOL-LINK INITIATIVE</u></p> <p>The NSW School-Link initiative is a partnership between NSW Health and the NSW Department of Education and Training, that provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work on three main areas:</p> <ul style="list-style-type: none"> ▪ Assisting in strengthening formal and informal links at local and area level between TAFE Institutes and colleges, schools, school and TAFE Counsellors and Area Health Service Mental Health Services for children, adolescents and young people. ▪ Training programs for mental health workers and school and TAFE counsellors to enhance skills in the recognition, intervention planning, treatment, support and prevention of mental health problems in children and young people. ▪ Supporting the implementation of programs in schools for the prevention of or early intervention in mental health problems, such as Adolescents Coping with Emotions, Resourceful Adolescents Program and MindMatters. <p>The School-Link Initiative has been extended to target children and young people with mental health problems who also have developmental problems or who are involved in the criminal justice system.</p> <p><u>'Got-It – Getting on Track in Time'</u></p> <p>The "Got It – Getting On Track In Time" initiative will be a new schools based early intervention initiative for children with disruptive behaviour in Kindergarten to Year 2. Based on a Victorian model, Child and Adolescent Mental Health Service staff partner with teachers, parents and children to provide interventions in school settings. The program will be piloted in Newcastle, Dubbo and Mt Druitt.</p>

3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.

MY HEALTH RECORD

My Health Record is a patient-held health record that aims to facilitate the flow of information between all health service providers, including public allied health services and GPs.

A new version of My Health Record, with amendments to make it user-friendly for people with mental illness or disorder, has been piloted with mental health consumers, families, carers and service providers.

PHYSICAL HEALTH CARE OF MENTAL HEALTH CONSUMERS

Resources and guidelines for mental health staff have been developed to guide the provision of physical health care for mental health patients to ensure that people with mental illness get physical health care in line with the care provided to the general population.

Resources will also be provided for families, carers and General Practitioners to support the role they play in improving the general health of people with mental problems. In addition, components of Guidelines have been translated into ten key languages and specific resources are being developed for Aboriginal people. The Policy and Guidelines were released on 20 May 2009 with implementation by the Area Health Services now underway.

PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)

NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.

The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.

Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.

An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice allowing continued education for GPs in the mental health field.

YOUTH MENTAL HEALTH SERVICE MODEL

The Youth Mental Health Service Model is being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:

- early intervention and prevention;
- flexible approaches to service provision;
- access as easily and as early as possible to a range of mental health and other health services for young people.

SPECIALIST MENTAL HEALTH SERVICES FOR OLDER PEOPLE – COMMUNITY TEAMS

This initiative has increased the ability of the Area Health Services to respond to the needs of older people with complex mental health problems in a community setting.

Since 2005/06, each Area Health Service has recruited new staff to specialist community teams of old age psychiatrists, specialist psycho-geriatric nurses and allied health professionals such as psychologists, occupational therapists and social workers with expertise in mental health problems affecting older people. From 2005/06 to 2010/11, a total of 128 new positions are being established:

	<p>These teams promote independent living and wellbeing by providing specialist assessment and treatment teams to respond to the needs of older people with complex mental health problems in a community setting. This includes 'at risk' groups in residential aged care facilities, older people who are homeless or at risk of homelessness and older people currently in non-acute and sub-acute facilities as long stay patients.</p>
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p><u>THE COMMUNITY MENTAL HEALTH STRATEGY 2007-2012 (NSW): FROM PREVENTION AND EARLY INTERVENTION TO RECOVERY</u></p> <p>The Community Mental Health Strategy 2007-2012 (NSW) describes the model for community mental health services in NSW.</p> <p>The Strategy renews a focus on community mental health and highlights a reform of mental health services to strengthen and develop the capacity of the mental health workforce (public and NGO) and key service partners, GPs, other primary health care services and other government agencies.</p> <p>All of the community mental health services outlined in the Strategy, including the Housing and Accommodation Support Initiative and Vocational Education, Training and Employment program, apply recovery focused service principles. This is supported through applying evidence-based practices, ensuring service integration and providing individualised care.</p> <p>The Strategy aims to ensure that mechanisms for effective consumer, family and carer participation are consistently available across the state and that consumers, families and carers are engaged as partners in the delivery, planning and evaluation of quality mental health services.</p> <p>Promotion, prevention and early intervention initiatives are also essential to enhance the well being of the overall community and ensure early access to treatment. The Strategy is supported by underlying frameworks to ensure the quality and safety of care.</p>
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p><u>HOUSING ACCOMMODATION AND SUPPORT INITIATIVE (HASI)</u></p> <p>This initiative, involving coordination between NSW Health, Housing NSW and the NGO sector, continued to support participation in community life by providing access to secure housing accommodation support and clinical mental health services. In 2008/09, 1076 support packages were funded statewide with high to lower levels of care provided. The roll out of the new HASI in the Home packages also commenced with 240 places as did the development of a 100 place model of care for Aboriginal people.</p> <p><u>NGO SUPPORTED HOUSING PROJECTS</u></p> <p>NSW Government agencies continue to provide funding to Non Government Organisations for the provision of supported housing projects.</p> <p>Funding continues to be allocated through the devolved Non Government Organisation Operational Grants Program under the Mental Health Supported Housing Initiative. Non Government Organisation infrastructure grants totalling \$2.7m were allocated for 54 service improvement projects in 2007 and 2008.</p> <p>The Infrastructure Grant Program was established in 2006 to allocate small one off grants to promote the capacity of mental health non government organisations to implement infrastructure or service quality improvements and progress towards accreditation with recognised quality standards. It is anticipated that all projects will be finalised by December 2010.</p> <p><u>RISK ASSESSMENT TOOL FOR SUPPORTED ACCOMMODATION AND ASSISTANCE PROGRAM SERVICES</u></p> <p>The NSW Department of Human Services funded Homelessness NSW to develop a risk assessment tool to assist Supported Accommodation and Assistance Program services to assess the risks associated with servicing clients who present with complex needs (including mental illness) and to enable them to make informed decision about a person's appropriateness for the Supported Accommodation and Assistance Program.</p>

<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p><u>NSW HOMELESSNESS ACTION PLAN</u></p> <p>On 28 July 2009, Cabinet approved the NSW Homelessness Action Plan. This Plan includes projects to be funded by the Commonwealth under the NSW Implementation Plan for the National Partnership Agreement on Homelessness which are linked to the benchmarks for the reform agenda. People with mental illness have been identified as a key target group within the plan.</p> <p>In developing this Plan, the NSW Government has prioritised cross-agency collaboration which has included participation by all NSW government agencies with a responsibility for homelessness. The Interagency Advisory Committee on Homelessness will oversee a whole of government approach to implementation of the Plan.</p> <p>The community sector has also been consulted throughout the development of the Plan. Further consultation with the community sector will continue through the Premier's Council on Homelessness, which once established, will function as the peak advisory body in relation to homelessness in NSW and will also include representatives from academia, non-government and business sectors. One of the major outcomes of the Plan will be the reform of the specialist homelessness and mainstream service systems to ensure that services identify people early who are homeless or at risk of homelessness and provide them with joined-up and flexible services that meet their needs.</p> <p><u>WORK AND DEVELOPMENT ORDERS</u></p> <p>This is an across-government initiative led by the Department of Justice and Attorney General. In order to provide a more meaningful response than a monetary penalty for offending by vulnerable groups, a two-year trial of a new fine mitigation option, called a Work and Development Order (WDO), has been initiated. The trial started on 10 July 2009 and allows eligible people who have a mental illness, intellectual disability or cognitive impairment; are homeless; or who are experiencing acute economic hardship to satisfy their fines debt by non monetary means through unpaid work with an approved organisation or by undertaking certain courses or treatment.</p> <p>WDOs can only be considered and made if an application is supported by an approved organisation, or in the case of mental health or medical treatment, a health practitioner qualified to provide that treatment. Specific activities which can be undertaken under a WDO include receiving mental health treatment and/or other medical treatment in accordance with a treatment plan developed by a mental health or other health professional.</p>
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p><u>NSW ABORIGINAL MENTAL HEALTH AND WELL BEING POLICY 2006-2010</u></p> <p>On 5 July 2007, the <i>NSW Aboriginal Mental Health and Well Being Policy 2006-2010</i> was launched as Phase Two of the Aboriginal Mental Health Program. Actions to implement the Policy are set out below under the Aboriginal Mental Health Workforce Program and the Aboriginal Partnership and Development initiative.</p> <p><u>HOUSING ACCOMMODATION AND SUPPORT INITIATIVE (HASI) – ABORIGINAL MODEL</u></p> <p>The successful HASI initiative has now been expanded to provide culturally appropriate support for Aboriginal people to participate in community life by providing access to secure housing accommodation support and clinical mental health services. 100 supported places will be progressively rolled out, and the program will be fully operational in 2010/11.</p> <p><u>NSW ABORIGINAL MENTAL HEALTH WORKFORCE PROGRAM</u></p> <p>This program is the first of its kind in Australia and aims to build a skilled Aboriginal workforce by training local Aboriginal people to become qualified mental health workers and work in their community. As at 31 December 2009, there were 17 Aboriginal trainees working full time in the Area Health Services while undertaking a three year Bachelor of Health Services (Mental Health) through Charles Sturt University.</p> <p>In addition, as part of the Aboriginal Clinical Leadership Program five Aboriginal clinical leadership positions have been rolled out across the state. Area mental health leadership, both clinical and managerial, will ensure the effective development of the NSW Aboriginal mental health program over the next five years as well as help promote service utilisation and responsive service provision. Planning is also underway for the next annual forum of Aboriginal Mental Health Workers to be held in October 2010.</p>

	<p><u>CULTURALLY APPROPRIATE ASSESSMENT</u> NSW Health funded the Aboriginal Health and Medical Research Council to develop a mental health assessment package (the AMHAT – Aboriginal Outcomes and Assessment Tools) relevant to the needs of the Aboriginal population of NSW.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p><u>NSW SCHOOL LINK INITIATIVE</u></p> <p>The NSW School-Link initiative is a partnership between NSW Health and the NSW Department of Education and Training, that has received wide acceptance and recognition in NSW, across Australia and internationally. School-Link provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work together to on 3 main focus areas:</p> <ul style="list-style-type: none"> ▪ Assisting in strengthening formal and informal links at local and area level between TAFE Institutes and colleges, schools, school and TAFE Counsellors and Area Health Service Mental Health Services for children, adolescents and young people. ▪ Training programs for mental health workers and school and TAFE counsellors to enhance skills in the recognition, intervention planning, treatment, support and prevention of mental health problems in children and young people. ▪ Supporting the implementation of programs in schools for the prevention of or early intervention in mental health problems, such as Adolescents Coping with Emotions, Resourceful Adolescents Program and MindMatters. <p><u>MENTAL HEALTH FIRST AID</u></p> <p>Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The Mental Health First Aid training program was developed in Australia in 2001. The training course teaches the symptoms, causes and evidence-based treatments for depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. In addition it promotes mental health awareness in the community. Since 2003 over 21,000 people have completed a Mental Health First Aid course in NSW.</p> <p>The Mental Health First Aid training program continues to be provided by different agencies statewide including NSW Health, Department of Juvenile Justice, Department of Ageing, Disability and Homecare, Department of Education and Training, Department of Community Services, Department of Corrective Services and Housing NSW.</p> <p><i>(See also Priority Area 1)</i></p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p><u>FAMILIES NSW</u></p> <p>Families NSW is the NSW Governments overarching strategy to enhance the health and wellbeing of children up to 8 years of age and their families. Since its inception in 1998, this initiative has been the joint responsibility of five government agencies working with the non government sector and the community led by the NSW Department of Human Services (Community Services; Ageing, Disability & Homecare; Housing) NSW Department of Education & Training and NSW Health. They key objectives of Families NSW are to:</p> <ul style="list-style-type: none"> ▪ Help parents build their skills and confidence in parenting and to identify problems early ▪ Build communities that support children and families ▪ Improve the way agencies work together to make sure families get the services they need <p>Programs under the Families NSW Strategy are Safe Start, Brighter Future Program, & Early Childhood Intervention Coordination Program.</p> <p><u>SAFE START</u></p> <p>The roll out of the <i>SAFESTART</i> program continued to enable screening for depression for all women expecting or caring for a baby and support for families. Commencing in 2009/10 new SAFE START Consultation-Liaison (C-L) positions in each Area Health Service will provide essential mental health consultation and liaison functions across mental health, drug & alcohol, maternity, child & family, general practitioner and other services for families with multiple and complex needs during the perinatal period.</p>

	<p>Perinatal families identified with multiple and complex risk factors require a range of specialist health and other services to work together to support and treat parent and child individuals within the family, and family functioning. The new SAFE SMART C-L positions will collect information on these families over a period of 2 years. Evaluation of SAFE SMART 'complex needs' in this manner will highlight health service development and planning priorities for families that are expecting or caring for a baby, and are at greatest risk of adverse outcomes.</p> <p>The <i>SAFESTART Strategic Policy and Guidelines: Improving Mental Health Outcomes for Parents and Infants</i> were released in March 2010 along with an online web-based education platform to support staff in implementing the program.</p> <p><u>BRIGHTER FUTURES PROGRAM</u></p> <p>In 2007, NSW Health signed an MOU with the Department of Community Services in relation to the <i>Brighter Futures</i> program which is a voluntary, targeted program designed for families with children aged 0-8 years encountering problems that impact on their ability to care for their children. The program provides families with the necessary support and services to help prevent an escalation of the problems they are facing. The MOU facilitates the provision of mental health services to families who need support before problems reach a crisis. The Brighter Futures program has targeted over 2,700 vulnerable families with parental mental health a key risk factor.</p> <p><u>CROSSING BRIDGES NSW</u></p> <p>Crossing Bridges NSW is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children. The NSW Institute of Psychiatry has been contracted and funded to provide training sessions across all Area Health Services by June 2010, with subsequent training provided locally. The roll out to Areas commenced in August 2009.</p> <p>The Clinician, volume 4, "Children of Parents with Mental Health Illness and their Families: "Working Together" is a publication from MH-Kids which informed practitioners providing mental health services to children and adolescents about specific disorders and issues. Copies have been distributed across NSW to key human service groups. This volume has been produced to support CBNSW training program.</p> <p><u>SCHOOLS AS COMMUNITY CENTRES</u></p> <p>Schools as Community Centres are a Families NSW interagency project, which aims to reduce the impact of disadvantage for children entering school by providing integrated services for families in communities where indicators of disadvantage are high. 51 Schools as Community Centres operated across NSW in 2007/08, supporting up to 27,000 families and young children through initiatives such as supported playgroups, early literacy initiatives, parenting skills, and transition to school projects in collaboration with the human services agencies.</p> <p>A program evaluation found that the Schools as Community Centres model has proved to be highly effective in reaching families, particularly in fostering trust and partnership with parents leading to a more effective transition into the school environment.</p>
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p><u>YOUTH MENTAL HEALTH SERVICE MODEL</u></p> <p>The Youth Mental Health Service Model being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:</p> <ul style="list-style-type: none"> ▪ early intervention and prevention; ▪ flexible approaches to service provision; ▪ access as easily and as early as possible to a range of mental health and other health services for young people. <p>The roll-out of Youth Mental Health Service Models across NSW is currently underway. While each Area Health Service has the flexibility to design a model best suited to local needs, each model must comply with the following nine key principles:</p>

	<ul style="list-style-type: none"> ▪ commitment to a promotion and prevention framework for mental health; ▪ sustainable clinical governance of youth mental health and quality control; ▪ improving early access; ▪ promoting 'best practice' youth mental health clinical services; ▪ developing effective strategic partnerships; ▪ focus on recovery and hope; ▪ establishing youth participation in governance, planning and implementation; ▪ improving participation of families and carers in mental health services; ▪ developing a youth mental health workforce.
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<p><u>BRAIN AND MIND RESEARCH INSTITUTE – NEW YOUTH FACILITY</u> The NSW Health funded Youth Mental Health Facility was opened by the Brain and Mind Research Institute in 2009 to provide clinical services and research during the early stages of mental illness such as psychotic disorders, depression and bipolar disorder as well as other neurological disorders including multiple sclerosis.</p> <p><u>NSW EARLY PSYCHOSIS PROGRAM</u> The NSW Early Psychosis Program aims to improve outcomes for young people who are experiencing psychosis through evidence-based intervention as early as possible.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p><u>MENTAL HEALTH FIRST AID</u> Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The Mental Health First Aid training program was developed in Australia in 2001. The training course teaches the symptoms, causes and evidence-based treatments for depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. In addition it promotes mental health awareness in the community. Since 2003 over 21,000 people have completed a Mental Health First Aid course in NSW.</p> <p>The Mental Health First Aid training program continues to be provided by different agencies statewide including NSW Health, Department of Juvenile Justice, Department of Ageing, Disability and Homecare, Department of Education and Training, Department of Community Services, Department of Corrective Services and Housing NSW.</p> <p><u>NSW POLICE MENTAL HEALTH INTERVENTION TEAM TRIAL</u> The NSW Police Mental Health Intervention Team 24 month pilot program concluded in June 2009. The collaborative program between NSW Health and NSW Police included the development of a 4 day intensive mental health training targeted at front line police officers, to provide them with the tools to effectively manage people with whom police come into contact. These tools range from communication strategies, de-escalation skills, risk assessment & crisis intervention techniques. The aims of the project include:</p> <ul style="list-style-type: none"> ▪ reducing the risk of injury to police and mental health consumers when dealing with mental health related incidents ▪ improving awareness amongst front line police of the risks involved in the interaction between police and mental health consumers ▪ improved collaboration with other government and non-government agencies in response to, and management of, mental health crisis incidents, and ▪ reducing the time taken by police in the handover of mental health consumers into the health care system <p>The team has now been set a target of delivering the four day mental health training package to a minimum of 10 percent of all frontline officers over the next five years. This equates to approximately 300 officers per year undertaking the training and becoming accredited as specialist Mental Health Intervention officers. NSW Health will continue to support the MHIT by funding the mental health clinician position for a further three years.</p>

	<p><u>MENTAL HEALTH EMERGENCY CARE (MHEC) LEARNING AND DEVELOPMENT PROGRAM</u> The Mental Health Emergency Care Learning and Development program (2008-2010) commenced in September 2008, with the primary aim of increasing the capacity of NSW Health personnel to provide safe and effective mental health emergency care services.</p> <p>NSW Health had funded the NSW Centre for Rural and Remote Mental Health and the NSW Institute of Psychiatry to develop and deliver in partnership an accredited, online academic course that would articulate into formal tertiary qualifications and a three- day, non-accredited, workshop-style course to be delivered “face-to-face” in each NSW Area Health Service. The face-to-face MHEC-L&D course promotes a collaborative care model and is targeted at staff from Emergency Departments and mental health service staff to provide services to people presenting to hospital emergency departments with acute mental health problems.</p> <p><u>TRAINING FOR TEACHERS IN AWARENESS OF DEPRESSION AND OTHER RELATED MENTAL ILLNESSES</u> The NSW School-Link initiative, which provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work together, has developed a compact disc through which NSW Department of Education and Training has available professional development activities for school counsellors to use with teachers that address the understanding and support of students with depression and related illnesses, and self-harm.</p> <p><u>AMBULANCE WORKFORCE INITIATIVES</u> NSW Health and the Ambulance service are working together on a coordinated approach to the development and implementation of initiatives targeting mental health and suicide prevention in the Ambulance workforce, including activities to increase awareness of mental health issues, build resilience, and foster an environment where it is safe and acceptable to talk about mental health and suicide.</p>
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p><u>NSW WHOLE OF GOVERNMENT SUICIDE PREVENTION STRATEGY</u> NSW Health is currently coordinating the development of a new five year, whole of government Suicide Prevention Strategy. The new strategy will adopt a promotion, prevention and early intervention approach to reduce suicide and its impact, build resilience and wellness in the community, and promote shared understanding and quality practice. It is based on the strategic directions of the national suicide prevention framework, Living is for Everyone, as well as the expertise and experience arising from the NSW stakeholder fora conducted in 2009. The NSW Strategy was released for public consultation in June 2010 and is intended to be finalised for release in late 2010.</p>
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<p><u>ENHANCE FAMILY AND CARER PROGRAM</u> This program is the first of its kind in Australia and aims through the Area Health Services and non government sector to enhance the education and training, support and participation of families and carers in the care of people with mental illness. In relation to Family Sensitive Mental Health Services, new positions were established in the Area Health Services with training and local resources provided. Direct support services including training, advocacy and peer support, were also rolled out in all Area Health Services and delivered by Carers NSW, Carer Assist, Uniting Care Mental Health and ARAFMI.</p> <p><u>The <i>Connecting with Carers Is Everybody's Business</i> DVD and Handbook has also been distributed to clinicians to enhance everyday practice in working with carers. Area Health Services have also undertaken a broad range of staff training and developed local resources.</u></p> <p>CARERS NSW</p>

Carers NSW was funded to develop the Carer Life Course Framework that provides a structure for carers to receive information and supports. This resource was reprinted in 2009 with an additional 3,000 copies now available.

CHILDREN OF PARENTS WITH A MENTAL ILLNESS

Programs for *Children of Parents with a Mental Illness* have been established across NSW progressively since 1996. A resource kit was developed and distributed in June 2006 to support professionals working with children who have parents with a mental illness.

The new NSW *Children of Parents with Mental Illness* Framework for Mental Health Services was released in March 2010 and was developed in consultation with a wide range of relevant stakeholders and key partners. The new COPMI framework describes four strategic directions for an integrated approach for Area Mental Health Services in collaboration with NSW Health partners to improve the mental health and well being of children and young people in NSW who have a parent with a mental illness and will promote prevention and early intervention to also provide for a parenting perspective in mental health services and a mental health perspective in parenting and children's services.

A NSW COPMI Working Party of the Child & Adolescent Mental Health Committee has been established to provide a statewide forum for members to participate in problem solving, information sharing and activities related to the implementation of the NSW COPMI Program in each Area Mental Health Service. The Working Party has assisted the NSW Institute of Psychiatry in the implementation planning of COPMI training (*Crossing Bridges NSW*) and will assist in local networking and evaluation of the training.

CROSSING BRIDGES NSW

Crossing Bridges NSW is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children. The NSW Institute of Psychiatry (NSW IoP) has been contracted and funded to provide training sessions across all Area Health Services (AHS) by June 2010, with subsequent training provided locally. The roll out to Areas commenced in August 2009.

The Clinician, volume 4, "Children of Parents with Mental Health Illness (COPMI) and their Families: "Working Together" is a publication from MH-Kids which informed practitioners providing mental health services to children and adolescents about specific disorders and issues. Copies have been distributed across NSW to key human service groups. This volume has been produced to support CBNSW training program.

SUPPORT FOR CONSUMER AND CARER GROUPS

NSW Health funds the following organisations to support families and carers:

- **The NSW Consumer Advisory Group**
The NSW Consumer Advisory Group is a state-wide, incorporated, non-government organisation that provides an ongoing mechanism for mental health consumer participation into policy and service development, implementation and evaluation. It acts as a bridge between consumers in NSW and State and Federal Governments. An essential part of the role is to encourage consumer input in decision making at all levels concerning mental health provision.
- **Association of the Relatives and Friends of the Mentally Ill (ARAFMI)**
Mental Health Carers ARAFMI NSW (ARAFMI NSW) is the peak mental health NGO in NSW representing families and carers of people with a mental illness. Along with core funding, the Association also receives funding to deliver services under the Family and Carer Mental Health program.

15. Develop tailored mental health care responses for highly vulnerable children

KEEP THEM SAFE

The Government's *Keep them Safe, a shared approach to child wellbeing* response to the 2009 Wood Special Commission of Inquiry into Child Protection Services is a commitment to better support families and to protect vulnerable children. It recognises that carer drug and alcohol and mental health issues have been a significant factor in child protection reports and funding has been provided to help address this

<p>and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>concern.</p> <ul style="list-style-type: none"> ▪ In relation to specific mental health funding and initiatives, an enhancement of \$18 million over five years, beginning in 2009/10, includes provision for 4 new mental health Whole Family teams to address the needs of families where carers have mental health problems and parenting difficulties. ▪ An additional \$10 million over 5 years funds the drug and alcohol component of the initiative. <p>Whole Family Teams will better address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties and there are child protection concerns. They will provide specialist assessment, group, family and individual interventions. The needs of children and their parents will be identified through a comprehensive drug and alcohol and mental health assessment. Their priority will be referrals from Community Services.</p> <p>The Whole Family Team pilots will be evaluated to inform further development of evidence-based programs for children and families. NSW Health is also committed to revising policies and protocols to include parenting responsibilities in the risk assessment of patients of adult mental health and drug and alcohol services, especially when children under the age of 5 are involved.</p> <p>Existing training, such as the <i>Crossing Bridges NSW</i> training for adult mental health staff, will also be revised and adapted into a joint training program for staff in adult mental health and drug and alcohol services to improve understanding of parenting, the needs of children, and child protection issues.</p> <p>NSW Health has established a Steering Committee including representation from the participating Areas and the Department of Community Services. This group is currently developing a model of care to guide establishment of these new Whole Family Teams.</p> <p>It is envisaged that the Whole Family Team model will include home visits to support more comprehensive assessment and the capacity for assertive outreach.</p>
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p><u>MENTAL HEALTH CLINICAL CARE PREVENTION MODEL</u></p> <p>The NSW mental health service planning model (known as Mental Health Clinical Care Prevention Model) is used to estimate need for mental health services amongst populations. The model uses epidemiological, clinical and financial information to estimate future service demand. NSW also participates in the development of a national model through the Mental Health Standing Committee.</p>
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental</p>	<p><u>THE DROUGHT MENTAL HEALTH RELIEF PACKAGE</u></p> <p>The Drought Mental Health Relief Package initiative was continued in 2008/09 to raise awareness and respond to mental health needs of people in rural and remote NSW resulting from the drought. Activity included 80 rural community events, 15 consultative forums, 30 Mental Health First Aid courses, 40 mental health education sessions and 20 community networks established.</p> <p><u>RESOURCE AND RECOVERY PROGRAM</u></p> <p>The Recovery and Resource Services Program has been introduced to increase the capacity of NGOs to help people with mental illness connect with their local community through social, leisure and recreational opportunities for people. Through this, individually tailored support services are provided to people 16 aged years and over with a mental illness.</p>

<p>health needs of communities.</p>	<p>The Program helps people with a mental illness to reintegrate back into society and to improve the quality of their lives. Such support enables people with a mental illness to maximise their choices, minimise or avoid the trauma of relapse, and in doing so develop a sense of community.</p>
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<p><u>BETTER SERVICE DELIVERY PROGRAM</u> The Better Service Delivery program was established to help welfare and community agencies to share information, improve their services to clients and develop a shared understanding of the service system. Since 2001, this program has aimed to improve information sharing and coordination of services across government and non government agencies through the Human Services Network. Particular use is made of internet technology to provide agencies with the tools to communicate with each other, to provide faster, more accurate referrals and to work with clients more effectively. This program is coordinated by the NSW Department of Commerce in partnership with the Council of Social Service NSW.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u> NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services. The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p><u>MOU FOR EMERGENCY RESPONSES</u> An MoU for Mental Health Emergency Response has been agreed between NSW Health, the Ambulance Service and NSW Police to improve the co-ordination of emergency mental health response. The MoU is to reviewed and updated during 2010 to fully incorporate relevant provisions of the Mental Health Act 2007 with the Area Health Services being consulted to identify declared mental health facilities under the new legislation.</p> <p>Local Protocol Committees operate across NSW to manage the operation of the MOU in practice at a local level.</p> <p><u>WHATEVER INFO GUIDE</u> The recently released "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting. It is an interactive guide to support the young person by providing them with important information about the ward, what to expect while they are in hospital, and to assist them in planning for their discharge. The guide has been distributed for use in paediatric, mental health and general inpatient settings around NSW.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and</p>	<p><u>EXPANDING EARLY INTERVENTION SERVICES FOR YOUTH</u> Tertiary mental health treatment services will be expanded for young people 14-24 years of age. These services will focus on intervention at the early stages of their serious mental illness and effective evidence-based treatment, bringing together specialist youth mental health treatment services, general practitioners (GPs), drug and alcohol workers and other relevant services in a one-stop shop.</p>

<p>primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p><u>PHYSICAL HEALTH CARE OF MENTAL HEALTH CONSUMERS</u> Guidelines for mental health staff have been developed to guide the provision of physical health care for mental health patients to ensure that people with mental illness get physical health care in line with the care provided to the general population.</p> <p>These Guidelines will be supported by a NSW Health departmental Policy Directive setting out minimum requirements for Area Health Services, with implementation to be monitored by the Department.</p> <p>Resources will also be provided for families, carers and General Practitioners to support the role they play in improving the general health of people with mental problems. In addition, components of Guidelines have been translated into ten key languages and specific resources are being developed for Aboriginal people. The Policy and Guidelines were released on 20 May 2009.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u> NSW Health has engaged GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services. The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<p><u>NSW MULTICULTURAL MENTAL HEALTH PLAN</u> The NSW Multicultural Mental Health Plan In 2008/09, an additional 68 positions were recruited for this program to expand the capacity of mental health services to respond to emergency and critical care events that occur on site, particularly outside of normal business hours.</p> <p><u>WHATEVER INFO GUIDE</u> The recently released "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting. It is an interactive guide to support the young person by providing them with important information about the ward, what to expect while they are in hospital, and to assist them in planning for their discharge. The guide has been distributed for use in paediatric, mental health and general inpatient settings around NSW.</p> <p><u>Child and Adolescent Mental Health Discharge and Transition Planning</u> This project will develop a child and adolescent discharge planning guidelines for use in all NSW public sector child and adolescent mental health services.</p>
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary</p>	<p><u>YOUTH MENTAL HEALTH SERVICE MODEL</u> The Youth Mental Health Service Model is being implemented Statewide and is being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:</p> <ul style="list-style-type: none"> ▪ early intervention and prevention; ▪ flexible approaches to service provision; ▪ access as easily and as early as possible to a range of mental health and other health services for young people.

<p>mental health care.</p>	<ul style="list-style-type: none"> ▪ The roll-out of Youth Mental Health Service Models in each of the Area Health Services has commenced. While each Area Health Service has the flexibility to design a model best suited to local needs, each model must comply with the following nine key principles: ▪ commitment to a promotion and prevention framework for mental health; ▪ sustainable clinical governance of youth mental health and quality control; ▪ improving early access; ▪ promoting 'best practice' youth mental health clinical services; ▪ developing effective strategic partnerships; ▪ focus on recovery and hope; ▪ establishing youth participation in governance, planning and implementation; ▪ improving participation of families and carers in mental health services; ▪ developing a youth mental health workforce. <p><u>THE GP MENTAL HEALTH EDUCATION PROGRAM</u></p> <p>The Studies in Mental Health (General Practitioner) Postgraduate Training Program provided through the NSW Institute of Psychiatry IOP) was designed to fill a gap in postgraduate educational opportunities for GPs in the area of mental health.</p> <p>The Institute has offered a Graduate Certificate since 2005, a Graduate Diploma from 2006, and a Master's Degree from 2007. The first GP to attain a Master in Mental Health (General Practice) graduated in May 2008, the first GP in Australia to achieve this qualification.</p> <p>A number of new workshops were widely advertised to GPs in 2008, and have been positively evaluated by participants.</p> <p>In 2009 there was a significant increase in enrolments in the GP Program with 19 doctors enrolled in the Mental Health General Practitioner Postgraduate Training, of which 8 students have completed the requirements for Graduate Certificate course, and 1 student has completed the Graduate Diploma course.</p> <p>Four General Practitioners have now completed a Masters in Mental Health (General Practice), these are the first to achieve this qualification in Australia.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u></p> <p>NSW Health has engaged GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.</p> <p>The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>23. Review the Mental Health Statement of Rights and</p>	<p>The key framework for NSW is the <i>NSW Mental Health Act 2007</i>.</p>

Responsibilities.	
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>Under the direction of the National Mental Health Plan 2003-2008 NSW entered into Ministerial Agreements with bordering States for the treatment care and transfer patients. National Mental Health Policy 2008 reiterates this position by stating that mental health legislation should be underpinned by consistent principles that support, wherever possible, people moving between jurisdictions.</p> <p>Given the passage of the NSW Mental Health Act 2007 and NSW Mental Health (Forensic provisions) Act 1990 as well as the fact that current agreements are now 6-7 years old, the NSW Minister for Health wrote to Ministers of relevant jurisdictions seeking a review of existing Interstate Agreements. This work started in 2008 has significantly progressed.</p> <p>A new Agreement with South Australia was signed in March 2009. Guidelines to accompany this Agreement have been drafted and circulated for consultation. Work is underway reviewing existing Civil and Forensic Mental Health Patient Transfer Agreements and operational Guidelines with Victoria and Queensland, and establishing Guidelines where none currently exist.</p>
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>A range of initiatives is in place in NSW to actively support the recruitment, retention and skill development of the NSW mental health workforce.</p> <p>Mental Health Nursing Scholarships Funding has been provided for undergraduate and postgraduate scholarships for enrolled and registered nurses to undertake further studies which are relevant to mental health. Through these scholarships, nurses may study at postgraduate level in mental health specific courses including Nurse Practitioner, Older Person's Mental Health, Child and Adolescent, Forensic Mental Health Nursing and Advanced Practice. Scholarships include:</p> <ul style="list-style-type: none"> ▪ scholarships for postgraduate study in a relevant mental health program (up to \$5000 each); ▪ scholarships for enrolled nurses wanting to upgrade their skills and qualifications to become registered nurses (up to \$5000 each); ▪ Mental Health Innovation scholarships for projects promoting contemporary evidence-based mental health nursing practice (up to \$10,000 each). <p>Mental Health Nurse Connect This program aims to attract former nurses back into the mental health work force. It is boosting the numbers of mental health nurses by providing four weeks salary replacement and \$1000 teaching support for every nurse recruited. These funds enable nurses who are new to mental health to receive intensive orientation and support in their first weeks in the role.</p> <p>Transition Programs for Nurses New to Mental Health Nurses new to Mental Health may receive intensive support during their first three months through the Mental Health Nurse Transition program. The transition program is currently available through all AHSs. To aid uniformity across the state, the program is being developed and updated in collaboration with AHSs and the Mental Health Nursing Advisory Group (MHNAG) who have established a sub-group tasked with devising and developing core learning aims, objectives and outcomes and will provide a standardised foundation level knowledge and skills for nurses in their first three months in mental health. The Transition Program will also provide a mentor to the nurse to offer ongoing support and supervision during and beyond the transition period.</p> <p>New training networks for trainee psychiatrists Starting in 2006 this program has encouraged 14 more junior medical officers to choose psychiatry as their speciality in addition to the 204 already in training. Priority is also being given to rural placements with scholarships available for doctors who choose to do more than one</p>

	<p>rotation in a rural area.</p> <p>The Rural Psychiatry Project was established in 2002 to support psychiatrists working in rural NSW and to further allow for the local expansion of this workforce. Project funding has been provided to the Royal Australian College of Psychiatrists which has resulted in an increase in the number of rurally based psychiatry trainees in NSW from 3 in 2003 to 9 currently. Additional funding has been provided to continue this project to 2011/12 that will expand access to mental health professional development, training, mentorship and recruitment for psychiatrists in rural areas.</p> <p>Psychiatric training In July 2006, the Government announced \$1 million annually to University of Western Sydney to fund important academic posts in identified clinical areas including psychiatry.</p> <p>Masters Program in Forensic Mental Health Justice Health is sponsoring the University of NSW for the provision of a Masters Program in Forensic Mental Health. This course commenced in January 2007 and is designed to provide training, skills and expertise required in the forensic mental health workplace both in the private and non-private settings. It can be undertaken on a part-time (two year) basis by flexible delivery and is designed for mental health professionals (medical practitioners, nurses, psychologists, social workers) as well as the legal profession and correctional staff.</p> <p>CHILD AND ADOLESCENT MENTAL HEALTH WORKFORCE DEVELOPMENT</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health Competency Framework A child and adolescent mental health competency framework for NSW mental health staff working with children and adolescent is currently being developed. This competency framework will in turn progress the following workforce priorities identified for NSW child and adolescent mental health services (CAMHS): <ul style="list-style-type: none"> • The development of a NSW CAMHS Workforce Development Framework • Guidelines for NSW CAMHS Orientation/Induction programs • Support for CAMHS subspecialty competency based training including the development of resources • Child and Adolescent Mental Health on-Line professional development This project will improve access to NSW CAMHS subspecialty training via new information technology media. Quality CAMHS specific PD podcasts will be created by NSW Area CAMHS staff and hosted on the NSW Institute of Psychiatry website and accessed statewide by mental health staff working with children, adolescents and their families.
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<p><u>CONSUMER AND CARER PARTICIPATION AND SUPPORT NEW FRAMEWORK</u> Over 2009/10 - 2010/11, NSW Health will lead work in developing a <i>Framework for Consumer, Carer and Community Participation in Mental Health</i>. This will be done in consultation with mental health consumers, their families and carers, and other key stakeholders.</p>
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<p>N/A</p>

<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	<p>N/A</p>
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p><u>MENTAL HEALTH RESEARCH FRAMEWORK</u> NSW Health invests significant funding to support mental health research in NSW, such as:</p> <ul style="list-style-type: none"> • Black Dog Institute to support research to improve the understanding, diagnosis and treatment of mood disorders. • Schizophrenia Research Institute to understand the causes of schizophrenia. • Hunter Medical Research Institute to support the establishment of a Neurobehavioural Genetics Unit in the Hunter, investigating the field of genetics of psychiatric illness and learning disability. • Support for mental health Non-Government Organisations, and drug and alcohol Non-Government Organisations, to conduct comorbidity research with other research partners, such as Universities and Area Health Services. <p>A Mental Health Research Framework was endorsed in March 2010 to improve collaboration and strengthen the research effort across the NSW Health Mental Health Program. The next step is to develop a consultation strategy to assist develop the research priority areas for investigation. .</p> <p><u>CHAIR IN SCHIZOPHRENIA EPIDEMIOLOGY</u> NSW Health has funded Australia's first Chair in Schizophrenia Epidemiology and Population Health at the University of NSW with the appointment made in May 2009.</p>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<p><u>RURAL MENTAL HEALTH EMERGENCY AND CRITICAL CARE PROGRAM</u> Under the Rural Mental Health Emergency and Critical Care Program, a range of innovative service models have been developed in response to the specific challenges and needs of rural and regional areas, including demographic patterns, long travel distances and issues in accessing service. These models are designed to enable smaller rural emergency departments to manage mental health presentations.</p> <p>Utilising advanced internet protocol based video conferencing 24/7 resource hubs staffed by mental health clinicians are able to support local hospitals by providing:</p> <ul style="list-style-type: none"> ▪ Mental health assessment ▪ Advice and support with management of mental health emergencies ▪ Specialist psychiatrist review to assess whether inpatient admission is required ▪ Coordination of patient transfers ▪ Mental health education to clinicians including generalist health staff <p>As well as 24/7 telephone consultation for emergency departments, telephone triage and referral line for the community.</p> <p><u>TELE-PSYCHIATRY</u> Increasing capacity for people in rural and regional areas to be treated for mental health emergencies in their areas. . Tele-psychiatry and video conferencing services are now provided at more than 60 rural and remote hospitals in the Greater Western and Greater Southern Area Health Services, with over 1300 video mental health emergency assessments completed.</p> <p><u>CHILD AND ADOLESCENT PSYCHOLOGICAL TELEMEDICINE OUTREACH SERVICE (CAPTOS)</u> CAPTOS is the Tele-psychiatry service conducted from the Children's Hospital Westmead that supports rural and remote child and adolescent mental health clinicians across NSW. This service provides between 700 and 900 contacts per annum in tele-psychiatry, tele-supervision and tele-education. Site visits for consultation liaison, supervision and training are also conducted and support the tele-medicine service.</p>

Attachment C: Jurisdictional Report for VIC

The information in this report is sourced from the Mental Health Reform Strategy Implementation Plan 2009-11. This document and *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-19*, is available on the internet at www.health.vic.gov.au/mentalhealth/reformstrategy/

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<ul style="list-style-type: none"> • Fund <i>beyondblue</i> and the Centre for Excellence in Depression, Anxiety and Related Disorders, to research interventions and treatment for depression, anxiety and related disorders. • Launch a new mental health promotion website and online network to support the mental health promotion workforce and provide opportunities to share information and ideas, collaborate and coordination at the local and regional level. Additionally, a Department of Health Mental Health Promotion website has been development, which provides a gateway to mental health promotion policy, evidence and resources. • Support Mental Health Week through funding and activities to promote mental wellbeing, awareness of mental health issues and reduce stigma associated with mental illness.
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> • Partner with WorkSafe, <i>beyondblue</i>, VicHealth and the McCaughey Centre to explore how current approaches to addressing risk factors for poor mental health in the workplace can be consolidated and expanded. • Develop an <i>Environments for Health Promoting Workplaces Framework</i>, which provides employers with evidence-based guidance to create physical health and mental health promoting workplaces. • Explore and develop partnerships with industry to trial and evaluate the Framework in selected workplaces from the second half of 2010. • Identify international good practice in addressing workplace violence.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> • Support specialist primary mental health teams, located in all area mental health services, to provide expert secondary consultation, training and short term shared care, to support general practice and other primary health care providers. This initiative aims to identify, appropriately treat and refer people with mental health problems across a spectrum of disorders. • Work with the Australian Government to address service gaps in the provision of private mental health services and improve the uptake of the MBS mental health items, particularly by young people and older people. • Undertake an analysis of the role of the specialist mental health system in supporting clients with physical health problems as part of a broader system of physical healthcare. • Conduct demonstration projects in two metropolitan regions, to assist people who have a severe mental illness and chronic physical health problems to access primary health care services provided by Community Health Services. • Implement two Child and Youth Demonstration Projects over four years, in one metropolitan and one rural site, to explore how a coalition of providers can plan and deliver earlier, more integrated and comprehensive mental health care for children and young people aged 0-25 years. • Establish four new early intervention Youth Mental Health Teams in metropolitan sites to provide a more dedicated response across a broader range of mental health conditions for young people 12-25 years. The teams will work with Commonwealth-funded <i>headspace</i> sites, where available, to enhance the capacity of these services to respond to young people with more prevalent mental health problems

<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<ul style="list-style-type: none"> • Undertake A <i>Psychosocial Rehabilitation and Recovery Services Reform and Development Plan</i> which will include a focus on the identification and implementation of evidence based, recovery focused service models and practice. • Develop a set of recovery principles to assist specialist mental health services develop recovery orientated service cultures and practices.
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • Introduce a new tier of intensive support into the Psychiatric Disability Rehabilitation and Support Services (PDRSS) Home Based Outreach Support (HBOS) program, to create a more graduated and flexible psychosocial support response for people with severe mental illness and psychiatric disability who are homeless or at risk of homelessness (commencing with new 78 packages in 2009-10: funded in part through National Partnership Agreement on Homelessness). • Conduct a review of public housing allocation policy and practice to facilitate improved access to public housing, including people with a mental illness who are homeless or at risk of homelessness. • Open a major new social housing property incorporating a supportive housing model for 50 people with severe mental illness and psychiatric disability who have a history of entrenched homelessness. • Develop and implement an embedded youth dual diagnosis response within the youth homelessness service system. The initiative will be delivered by the Statewide Dual Diagnosis program funded through the National Partnership Agreement on Homelessness. • Continue effort to enhance the viability and stability of the pension-level supported residential services (SRS) sector and improve quality of life and health outcomes for residents through the Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI). • Develop a new homelessness strategy for Victoria, which takes into account the needs of people with a mental illness.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<ul style="list-style-type: none"> • Release the <i>Justice Mental Health Strategy</i> as an important step in addressing the significant number of individuals with mental health problems committing crime or becoming a victim of crime. • Victoria has led the national development of a key policy resource, <i>Diversion and support of people with a mental illness: guidelines for best practice</i> for use by staff in the criminal justice system. • Commence a four year pilot of a new Assessment and Referral Court (ARC) List, in the Magistrates' Court to provide the criminal justice system with the capacity to proactively address the underlying causes of offending for people with a mental illness or other cognitive impairment, reduce the need for custodial sentences and improve outcomes for this population group. • Undertake a study into the health needs of Koori prisoners in order to provide an evidence base to guide the development and enhancement of culturally appropriate health care and support of prisoners in correctional facilities. • As part of the development of the third phase of the Aboriginal Justice Agreement, consider ways to better divert Aboriginal people with mental health problems from the criminal justice system and provide more culturally competent mental health services across the justice continuum. • Integrate approaches to addressing the mental health needs of young people experiencing homelessness as part of the implementation of new models of housing and support that will focus on preventing the transition to adult homelessness.

<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<ul style="list-style-type: none"> • Develop an Aboriginal mental health plan which will draw on the social and emotional well being framework. The plan will also build on the principles for action agreed nationally in the Closing the Gap initiative. • Develop a culturally responsive metropolitan wide Aboriginal mental health service focusing on early intervention and recovery. • Fund the Victorian Aboriginal Community Controlled Health Organisation to support the development of a skilled and sustainable Aboriginal mental health workforce and culturally responsive, mainstream mental health services. • Commence the review of the Koori Mental Health Liaison Officer program which operates in rural area mental health services.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<ul style="list-style-type: none"> • Develop a Promoting healthy minds for living and learning resource, which provides guidance and evidence-based strategies to support schools and early childhood settings to recognise their role in promoting mental health and act to create environments where children and young people can thrive, grow and learn. • Rollout KidsMatter – Australian Primary School Mental Health Initiative in selected Department of Health Regions. • Provide training for Student Support Service Officers and school staff in Youth Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) to improve mental health literacy and intervention skills, with a particular focus on capacity to identify and respond to students at risk of suicide in schools. • Develop an <i>Environments for Health Promoting Workplaces Framework</i>, which provides employers with evidence-based guidance to create physical health and mental health promoting workplaces. • Continue support for Festival for Healthy Living programs.
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<ul style="list-style-type: none"> • See reference to Child and Youth Demonstration Projects under action 3. • Support the staged expansion of the Child and Adolescent Mental Health and Schools Early Action (CASEA) program which provides a primary school based early intervention program to prevent and better manage behavioural disturbances, such as conduct disorder, in young children. • Implement prenatal depression screening in maternity services and postnatal depression screening in maternal and child health services as part of the National Perinatal Depression Initiative. • Implement a workforce strategy to strengthen the capacity of the school health and wellbeing workforce to better respond to the needs of students with mental health problems, and provide mental promotion and early identification training for secondary school nurses.
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<ul style="list-style-type: none"> • See reference to Youth Mental Health Teams under action 10. • Implement the new Youth Justice Mental Health Initiative to facilitate coordinated access to early intervention services and, clinical treatment for youth justice clients with mental health problems. • Establish new dedicated coordinators, funded under the Autism State Plan in selected specialist mental health services to improve service quality, support staff training and provide greater access to clinical assessment and treatment services for children and young people with Autism Spectrum Disorders. • Commence the development of a new state-wide framework for consistent specialist care for young people with eating disorders, to support the improved provision of locally coordinated treatment and care and access to inpatient care if required with back up from regional resources and state-wide expertise. <p>• Implement integrated approaches to address the mental health needs of young people experiencing homelessness as part of implementation of new models of housing and support that focus on preventing transition to adult homelessness. Particular attention will be given to building mental health support into new models of service delivery for eight youth refuges and</p>

	<p>housing and support for young people in regional Victoria.</p> <ul style="list-style-type: none"> • Deliver an embedded Youth Dual Diagnosis response within the youth homelessness service system. • Implement a pilot project funded through the National Partnership Agreement on Homelessness that will provide tenancy support for young people exiting care or clinical settings including those with mental health problems. The project will operate in the North and West Metropolitan Region, assisting up to 24 young people who are at risk of homelessness at any one time. • Commence Building Up Dual Diagnosis Youth (BUDDY) services to enhance dual diagnosis responsiveness to children, adolescents, young adults and their families/carers engaged in mental health and alcohol and other drug treatment services.
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<ul style="list-style-type: none"> • Youth Early Psychosis Program implemented statewide. The new early intervention Youth Mental Health Teams are being built on the base provided by this program.
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<ul style="list-style-type: none"> • See reference to mental health literacy programs under action 8. • Develop a five year whole of government <i>Victorian Aboriginal Suicide Prevention and Response Action Plan</i>. The plan focuses on preventative community building programs, early intervention for people at risk, coordinated reporting of incidents of suicide and self harm, and response systems for communities post suicide. • Create a pool of accredited trainers who have delivered Mental Health First Aid training to 1,300 police officers across the state to date. • Establish a Mental Disorder Knowledge Bank on the police intranet to provide police officers with readily available electronic information related to mental disorders. • Fund 120 Peer Support Officers in the Victoria Police to undertake Applied Suicide Intervention Skills Training and commenced the trial of an online course on suicide, substance use and mental health.
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<ul style="list-style-type: none"> • Refresh the <i>Next Steps: Victoria's Suicide Prevention Action Plan 2006</i> to align with the national framework and more systematically embed effective measures in policies and practices across government. • Work with selected youth and community mental health services to develop new approaches to preventing suicide by building resilience and social connectedness in young people who have self-harmed and families, peers and local communities connected to young people who have committed suicide. • See reference to <i>the Victorian Aboriginal Suicide Prevention and Response Action Plan</i> under action 12.
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<ul style="list-style-type: none"> • Progressively implement the Families where a Parent has a Mental Illness (FaPMI) program across the state. This initiative targets vulnerable children, young people and families. It has a particular focus on parents who have a mental illness and/or a substance misuse problem who are engaged with ChildFIRST (Child and Family Information, Referral and Support Teams) agencies.

<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<ul style="list-style-type: none"> • Continue funding of Child and Adolescent Mental Health Services across the state. • Continue funding of Take Two services which work intensively with children and young people who have suffered the trauma of family violence, child abuse and neglect. • Enhance capacity of Austin Health's Psychological Trauma Treatment Service to provide expert advice and training to generalist and specialist counselling services and clinical mental health services who are working with individuals and communities affected by the Victorian 2009 bushfires. • Improve mental health outcomes for people from refugee backgrounds and their families, through the provision of specialist mental health care to children, young people and adults from refugee backgrounds who have experienced torture and trauma related mental health problems.
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<ul style="list-style-type: none"> • Implement the new <i>Community Mental Health Planning and Service Coordination Initiative</i> in all Regions. This initiative supports the development of local area population and service planning capacity embracing the diverse elements of a community response to mental health. A select number of achievable service development and coordination priorities consistent with the mental health reform agenda will be addressed over a four year period in each local area. • Engage specialist mental health services in local service coordination platforms such as Primary Care Partnerships. • Provide funding for alliances between Area Mental Health Services and Psychiatric Disability Rehabilitation and Support Services sector.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and</p>	<ul style="list-style-type: none"> • See reference to new <i>Community Mental Health Planning and Service Coordination Initiative</i> under action 17. • Implement shared access to the current mental health information system to improve the collaboration and sharing of data between the specialist clinical and Psychiatric Disability Rehabilitation and Support Services sector.

<p>processes that promote continuity of care and the development of cooperative service models.</p>	
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<ul style="list-style-type: none"> • Trial a new police and community triage model to provide short term case management and care coordination for people with behavioural problems who have repeated police interactions. • Conduct an evaluation of the Police, Ambulance and Crisis Emergency Response (PACER) trial. This service model provides an integrated emergency management response to people experiencing a psychiatric crisis.
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<ul style="list-style-type: none"> • Continue development of education and training materials for staff in the mental health and alcohol and drug service systems through the Victorian Dual Diagnosis Initiative (VDDI) Education and Training Unit (ETU). • Provide support to the ETU to involve consumers and carers in the development of the online course materials and encourage consumer advocates to undertake the online course. • Provide scholarships for alcohol and drug and mental health workers to undertake an online dual diagnosis course offered through Central Gippsland TAFE. • Continue expansion of the knowledge and skills of staff in both the alcohol and drug and mental health sector agencies by offering three month reciprocal rotations for clinicians in the other service sector. • Implement the Community Mental Health Planning and Service Coordination Initiative (see action 17).
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<ul style="list-style-type: none"> • Establish a new dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. • Progressively consolidate and streamline access to specialist mental health triage services to improve capacity to assess people who unwell and proactively support those not referred to the specialist mental health system to access appropriate public and private mental health care. • Introduce a standardised triage classification scale for use by community based clinical mental health services in order to achieve a consistent approach to recording triage assessment. • Standardise triage data collection to allow better collection and monitoring of data.
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<ul style="list-style-type: none"> • Continue expert support to primary mental health care providers, particularly general practice, to support the early identification and appropriate treatment of people with lower acuity mental health disorders through continued funding for specialist primary mental health teams.
<p>23. Review the Mental</p>	<ul style="list-style-type: none"> • Develop a new, contemporary Mental Health Act and commence the system reforms needed to manage compulsory mental health care in accordance with the new Act.

Health Statement of Rights and Responsibilities.	
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<ul style="list-style-type: none"> • See action 23.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<ul style="list-style-type: none"> • Support the uptake of National Mental Health Workforce initiatives in Victoria. • Establish an Institute for mental health workforce development and innovation.
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • Continue support for the consumer and carer consultant program.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • As part of the accreditation process, undertake an in-depth review of all public mental health services in health and community sectors using the National Standards for Mental Health Services. • Implement the National Practice Standards for the Mental Health Workforce in Victoria.

<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<ul style="list-style-type: none"> • Develop an applied mental health research and evaluation agenda to strengthen the evidence base informing policy and program development and service delivery. • Promote the wider application of research, evidence and practice knowledge to achieve 'cutting edge' best practice across the specialist mental health service system. The new Institute of Mental Health Workforce Development and Innovation will play a key role in achieving this outcome.
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<ul style="list-style-type: none"> • Establish a new dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. • Develop new statewide and local web-based directories to provide accessible information on mental health services. • Establish an electronic health records system for Victorian prisoners. The system will facilitate improved health care (including mental health care) through timely and accurate information exchange where prisoners frequently change locations and have multiple health professionals.

Attachment D: Jurisdictional Report for QLD

Key to Queensland's role in National Implementation Strategy:

Queensland to lead national implementation of action

Queensland to participate in national implementation Sub-Group

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>The Queensland Government is committed to improving community and service understanding and attitudes towards mental health and stigma reduction and is currently engaged in a number of projects that will support the development of a national stigma reduction strategy. These include:</p> <p><i>Queensland Centre for Mental Health Promotion, Prevention and Early Intervention</i> The Queensland Plan for Mental Health 2007-2017 (QPMH) identifies mental health promotion, prevention and early intervention as one of five priority areas. The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (QCMHPPEI) has been established to progress a comprehensive, whole of community approach to enhance individual and community wellbeing, and prevent and intervene early with mental illness. Planning and implementing a suite of linked activities aimed at improving the accuracy and quality of the knowledge and attitudes towards mental illness across the community as well as within key sectors is currently being progressed. Actions to specifically address the stigma experienced by people living with mental illness are also occurring. A national approach to a stigma reduction strategy is supported.</p> <p><i>The Queensland Health Consumer, Carer and Family Participation Framework (CCFPF)</i> Due to be launched in 2010, the CCFPF is a resource to support mental health services in engaging with consumers, carers and family members. Implementation strategies aim to enhance mental health services understanding of, and attitudes towards, consumers, carers and families, thereby reducing stigma.</p> <p><i>Forensic Mental Health Community Awareness Initiative</i> A website has been designed to help people understand the Queensland Forensic Mental Health System which responds to people with a mental illness who have been charged with an offence. In addition to a wide range of information for the general public, the website includes specific sections for media professionals and a resource kit for indigenous communities. The section specifically designed for media professionals includes facts, statistics and definitions and common myths. Through accurate reporting, the media can play a very important role in increasing community understanding and reducing the stigma associated with mental illness and people living with a mental illness.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p>The Queensland Government currently provides a number of initiatives aimed at coordinating vocational and educational programs with mental health services and recognising the contribution of education and employment outcomes in mental health and wellbeing. These include:</p> <p><i>Queensland Health Employment Specialist Initiative</i> The Queensland Government recognises integrating vocational services in to public mental health services can contribute to psychosocial rehabilitation for consumers. This initiative engages employment specialists from Disability Employment Service providers to work within a Queensland Health public mental health service team. These co-located positions offer opportunities to:</p> <ul style="list-style-type: none"> • synchronise employment with mental health; and • form normalising views of consumers as job seekers. <p>Eight demonstration sites are participating in the initiative and are currently undergoing evaluation with a view to expanding the model to include an employment specialist within each team by 2017.</p>

	<p>Social Inclusion and Recovery Working Group The Statewide Mental Health Network is a statewide advisory group formed to guide the development of public Mental Health Services. The Community Sub Network has formed this working group to identify key strategies establish practices within public Mental Health Services that promote social inclusion and recovery. A key aspect of this involves improving vocational and educational options for mental health consumers.</p> <p>Clubhouse style initiatives The Department of Communities currently provides pre-vocational training and clubhouses style initiatives to mental health consumers through community organisations.</p> <p>Work 'n' Place Project (Skilling Queenslanders for Work Initiative) The Department of Employment, Economic Development and Innovation is committed over 5 years (2006-2011) under the Skilling Queenslanders for Work program to assist 100 persons with a mental illness each year across Queensland, under the Work 'n' Place project with the Mental Health Association of Queensland.</p> <p>Hero's Journey Project (Skilling Queenslanders for Work Initiative) Following the successful pilot in 2007/08 under the Participate in Prosperity program, the Department of Employment, Economic Development and Innovation has committed a total of \$796,350 to the Hero's Journey project with the Mental Health Association of Queensland. The project, currently in its second year, aims to strengthen the capacity of people facing substantial barriers to access opportunities such as training and entry into the workforce. The project will assist 90 persons with a mental illness in the South West Metropolitan corridor.</p> <p>Social Enterprises The Queensland Government Social Enterprises initiative will seed the development and establishment of 4-6 social enterprises across Queensland which will provide vocational skills and employment opportunities for people with mental illness.</p>
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<p>The Queensland Government is currently engaged in a number of activities aimed at improving coordination between primary care and specialist mental health services in the community. These activities will inform the development of a national approach to implementing this action under the Fourth Plan. Statewide activities to improve coordination between primary care and specialist mental health services include:</p> <p>Partners in Mind (PIM): Implementation of the Queensland Framework for Primary Mental Health Care Queensland Health supports the implementation of the Queensland Framework for Primary Mental Health Care through the PIM initiative. The Framework guides system reform and identifies a range of strategies at the local and state level to support a more integrated and effective primary mental health care system. It places an emphasis on partnerships and joint planning, education and training, resources, policy and processes, and increasing the understanding and use of available resources and initiatives.</p> <p>Queensland Health has funded General Practice Queensland (GPQ) to lead the implementation of the PIM initiative in 12 sites across Queensland. Within these sites, the public mental health service and Division of General Practice are working collaboratively to increase the capacity of the primary care sector to meet clients' needs, better integrate the public and private mental health care services and improve continuity of care.</p> <p>Queensland Health Primary Care Liaison Officer Positions As part of the QPMH, Queensland Health has established 10 Primary Care Liaison Officer (PCLO) positions across Queensland based within public mental health services. The PCLOs are responsible for leading the implementation of the PIM initiative within their local public mental health service and will liaise with relevant stakeholders to improve existing systems and processes between the primary care and specialist mental health services.</p>

The Statewide Mental Health Network

The Statewide Mental Health Network is a statewide advisory group formed to guide the development of public Mental Health Services. The Community Sub Network has formed a working group to identify strategies to strengthen relationships and referral pathways between public mental health services and other services including primary care.

Care Coordination Model

The Queensland Government prioritises improved systems coordination for consumers with severe mental illness under this initiative. With a focus on the specific needs of the individual consumer, 20 Service Integration Coordinators positions located in public mental health services were established to work with service providers to build capacity and increase collaboration between local organisations to meet these needs. Currently in its second year of implementation, this initiative provides flexible, tailored and coordinated care to Queenslanders with severe mental illness while building sustainability in to the sector for the longer term.

The Care Coordination Model has been founded on the following principles:

- Person centred and consumer driven;
- Carer and family inclusive;
- Recovery orientated; and
- Socially inclusive.

Time Out House Initiative (TOHI)

TOHI is a collaborative initiative between Department of Communities and the Queensland Alliance in partnership with Queensland Health and Queensland Treasury. The Queensland Government is currently running a three year pilot program in two communities (one metropolitan and one regional) to support young people aged 18 to 25 years with early signs and symptoms of mental illness. Services are provided by non-government organisations and Divisions of General Practice in collaboration with a range of local youth and health services to enable a seamless transition to a range of medium and long term support services for the young person.

Perinatal and Infant Mental Health Universal Risk Assessment and Referral Pathways Framework

A statewide and cross sectoral Perinatal and Infant Mental Health Advisory Group has been established to progress key perinatal and infant mental health service development priorities. Membership includes specialist mental health service providers across the government and private sectors, maternity and child health services, and General Practitioners.

This group has established a statewide Perinatal and Infant Mental Health Universal Risk Assessment and Referral Pathways Framework which forms the basis of cross sectoral workforce development initiatives, local partnership development and the identification and promotion of pathways to care.

Queensland Emergency Department Follow-Up Care Project

The Queensland Emergency Department Follow-Up Care Project is being piloted during 2009-2010 and 2010-2011. It aims to improve discharge planning, engagement with a medical practitioner, referral and community support for people who are at-risk of deliberate self-harm/suicide. The project will enhance clear and effective linkages between Divisions of General Practice, general practice services, clinical staff within hospital emergency departments, and relevant community based services.

Queensland Government Suicide Prevention Action Plan (QGSPAP)

The QGSPAP currently under development will consolidate and expand actions aimed at ensuring people at risk of suicide are better able to access appropriate clinical and community based services, including primary care, through improved service coordination at the local level.

4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.

The Queensland Government is committed to promoting a recovery oriented culture within all mental health services. This commitment is supported by a number of key policy documents and sector development activities. These include:

Recovery Oriented Mentoring Program (ROMP) Pilot

This active learning program supports mental health leaders from government and non-government organisations to implement strategies towards recovery oriented system transformation.

Recovery Oriented Certificate IV (ROC IV)

Department of Communities has funded this initiative in partnership with the Department of Education and Training and other stakeholders to train Vocational Education and Training providers in the delivery and content development of a recovery oriented certificate IV in Mental Health.

The development of the Queensland Health Recovery Framework

The Recovery Framework assists public mental health services to create and sustain recovery oriented systems of care. This framework is currently under review and will be completed in 2010.

The draft Queensland Plan for the Mental Health Community Sector 2009-17

The Department of Communities is developing a *Queensland Plan for the Mental Health Community Sector 2009-17*, framed in the context of self agency and self management and the range of support agencies developed will take account of this.

The Model of Service Project

The Community Sub Network of the Statewide Mental Health Network has formed a working group to identify key strategies to ensure recovery oriented practice in public mental health services. The working group will ensure that the Model of Service guidelines for public mental health services reflect recovery oriented care.

Implementation of the Queensland Health Consumer, Carer and Family Participation Framework

The Framework provides a guide to adopting a consumer driven, recovery oriented, and carer and family inclusive mental health service model. The Framework provides direction to mental health services across the state regarding enhancing participation at the local level. Priority Area 2 of the Framework to be implemented in 2010 is *Consumer-directed recovery planning and carer and family participation in recovery planning processes*.

Real Lives, Real People, Real Journeys DVD.

The Queensland Centre for Mental Health Learning has developed a Recovery DVD. This 20 minute DVD will contribute to the development of a recovery oriented culture through showcasing service providers, consumers and carers sharing their personal stories and recovery journeys. The DVD is designed to be used in staff orientation programs, mental health education/training activities, marketing activities amongst undergraduate students, recruitment activities, and at initial supervision sessions

Development and Implementation of a Consumer Perceptions of Care (CPOC) Survey

The CPOC Project aims to develop and implement a framework to facilitate regular measurement and reporting of CPOC information to support service evaluation, quality improvement and benchmarking. Perceptions of care – feedback for service improvement. The CPOC survey will contribute to recovery oriented mental health services through providing and empowering consumers in the improvement of service delivery.

<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p>The Queensland Government is currently engaged in both strategic planning activities and the delivery of innovative programs that integrate housing and mental health support services. Policy and reform activities include the development of a draft Queensland Plan for the Mental Health Community Sector 2009-17 which proposes a range of strategies for social housing options for people with mental illness including those who are at risk of homelessness. Current initiatives include:</p> <p><i>Housing & Support Program (HASP)</i> The HASP program provides social housing with clinical and non clinical support to enable people with a psychiatric disability to live in their own homes. HASP offers housing support to consumers in a range of locations across Queensland. The program is an innovative and collaborative partnership between Queensland Health, Department of Communities and the non-government sector.</p> <p><i>Transitional Housing Program</i> This program is designed to provide up to six months transitional housing for individuals who are current inpatients of acute mental health units who, if discharged, would be homeless or at risk of homelessness. The service provides non clinical supports to people with a mental illness to facilitate re-engagement in the community and personal skills development. Collaborative partnerships with the non-government sector form a key element of the program to ensure a smooth transition into long term housing and support options.</p> <p><i>Transitional Recovery Program</i> Provides support services through the non-government sector to enable people with a mental illness to transition from acute or extended treatment facilities to community living.</p> <p><i>Transition from Correctional Facilities Program</i> Provides non-clinical support for people with a mental illness to transition from corrective facilities to accommodation in the community.</p> <p><i>Resident Recovery Program</i> The Resident Recovery Program is designed to support people with a mental illness living in marginalised housing (boarding houses and hostels) who regularly transition between homelessness, Queensland Health acute care inpatient facilities and private residential rental services.</p> <p>The Resident Recovery Program promotes positive mental health to prevent hospitalisation and relapse. It encourages community participation and inclusion. It has strong links to a recovery framework and promotes recovery in individuals. The funded non-government organisations work in collaboration with Community Mental Health and the consumer to actively support them to live in the community.</p>
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>The Queensland Government is committed to developing and implementing integrated approaches between sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage. Current activities include:</p> <p><i>Housing & Support Program (HASP)</i> - Please refer to Action 5 for details</p> <p><i>Transitional Housing Program</i> - Please refer to Action 5 for details</p> <p><i>Prison Mental Health Service Transition Coordination Program</i> The Prison Mental Health Service offers the Transition Coordination Program to a limited number of people being discharged from custody with complex mental health and psychosocial needs. The primary goal of this program is to ensure that consumer's are able to access mental health care follow-up in the community, and have basic essentials for release, such as accommodation, and access to crisis support payments.</p> <p><i>Transition Support Program</i></p>

	<p>The Transition Support Program is provided by approved non-government agencies specialising in the provision of psychosocial support to people over 18 years with a mental illness who are to be released from correctional facilities. The majority of Transition Coordination Program participants are referred to this service, and are provided with up to six months of intensive support by the non-government agency after release.</p> <p>Transitional Recovery Program Provides support services through the non-government sector to enable people with a mental illness to transition from acute or extended treatment facilities to community living.</p> <p>The development of a new Queensland Health Forensic Mental Health Policy Queensland Health is working with other Queensland government agencies and the non-government sector to develop a new Queensland Health Forensic Mental Health Policy for release in 2010. The policy will ensure that people who have a mental illness and who are involved with the criminal justice system, or who are at risk of becoming involved in the criminal justice system, have access to appropriate mental health care. The policy will aim for an integrated approach to care across the police, justice, corrections and health portfolios.</p> <p>Homeless Health Outreach Teams (HHOT) Queensland Health has funded HHOT in five locations across Queensland to provide comprehensive assessment, case management, and intervention for homeless persons who are experiencing mental illness. A further two teams will commence in 2010 with HHOT operating in a total of seven sites across Queensland.</p> <p>Resident Recovery Program Assists people with a mental illness who regularly transition between homelessness, Queensland Health acute care inpatient facilities and private residential services (boarding houses and hostels).</p> <p>Community Sub Network The Community Sub Network of the Statewide Mental Health Network has formed a working group to identify key strategies to strengthen relationships, referral pathways and access between public mental health services and other services.</p>
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p>The Queensland Government is well placed to support the development and implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework. A well established SWMHN subnetwork provides strategic advice in regards to the development, implementation and ongoing monitoring of mental health services that are responsive to the needs of Aboriginal and Torres Strait Islander consumers in Queensland.</p> <p>Other current and planned activities that will support the implementation of a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework include:</p> <p>The establishment of an Aboriginal and Torres Strait Islander Hub The Queensland Government is committed under the QPMH to the establishment of a specialist hub of expertise to provide leadership and oversight of the development of service models, workforce and partnerships and to provide support to Aboriginal and Torres Strait Islander workers in the development and delivery of clinical services. Queensland Health is currently engaged in scoping a model for the hub, identification of directions and potential structure, activities and governance models in relation to broader internal and external partners.</p> <p>Culturally Specific Mental Health Programs The Queensland Government currently provides culturally specific mental health programs through Aboriginal and Torres Strait Islander organisations in Far North Queensland. The programs include the Creative Recovery Mental Health Program, a community based art project in remote Cape York communities specifically committed to the recovery from mental illness of people from an Aboriginal and Torres Strait Islander background.</p>

	<p>Capacity Building Activities in Aboriginal and Torres Strait Islander Health Services The Queensland Government supports the Queensland Aboriginal and Islander Health Council (QAIHC) to enhance the mental health capacity of Indigenous Health Services to compete for new funding available from the State and Commonwealth governments.</p> <p>The LIFE Promotion Program Provides suicide prevention programs and support in three Indigenous communities in North Queensland.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p>The Queensland Government is currently engaged in a number of activities to improve mental health literacy and enhance resilience at both strategic planning and service delivery levels. The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention, established under the Queensland Plan for Mental Health 2007-2017, provides leadership in this area. The Department of Communities also provides support for non government organisations to visit schools and increase the mental health literacy of secondary students.</p> <p>Other activities that will contribute to the implementation of this action include:</p> <p>The development of a Mental Health Literacy Plan One of the key actions for the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention is to improve mental health literacy and capacity in non clinical workers in key government and non government services, carers and the general community. The development of a MH Literacy Plan is scheduled for 2010.</p> <p>A statewide approach to Mental Health First Aid (MHFA) A statewide approach for MHFA is being developed which aims to facilitate improved delivery and coordination of training to target groups and areas of need. For example, a Youth MHFA Instructor Training Course was conducted in 2009, followed by the establishment of a Youth MHFA Instructors Network. Groups identified to target for ongoing Youth MHFA training include child protection, alcohol and drug workers, youth workers, non-government organisations working with young people, secondary school staff, and rural and remote communities. Mental Health First Aid for Carers, is also being rolled out to four sites across Queensland in 2009-10.</p> <p>Ed-LinQ: Strengthening partnerships between school communities and child and youth mental health services Ed-LinQ is a Queensland Health program aimed at strengthening partnerships between school communities and child and youth mental health services to improve the detection and management of mental health problems in children and young people. The program includes the development and implementation of a professional development and training program for health care professionals, education personnel and other key stakeholders.</p> <p>The development of resources for non Mental Health Nurses Queensland Health is working with the Hunter Institute of Mental Health on the adaptation of the MIND (Mental Illness Nursing Documents) Essentials resource; a MH literacy resource targeting non MH nurses.</p> <p>Older Persons Mental Health and Emotional Wellbeing Project Will develop and deliver a sustainable training program aimed at increasing the awareness of HACC staff to promote mental health and wellbeing and prevention of mental health disorders, for older persons in Queensland</p> <p>Mental Health Week Promotion Queensland Health leads the cross government and cross sector coordination of awareness raising and health promotion activities.</p> <p>Development of Human Psychosocial Framework Enhancing Community Resilience Queensland Health is currently leading the on-going development of human social (psychosocial) framework enhancing communities' resilience in responding to disasters. Specific activities include the delivery of Psychological First Aid to staff of Queensland Health, other Government and non-</p>

	<p>government agencies involved in disaster response and recovery activities.</p> <p>Foundations of Psychosocial Disaster Management: Disaster Connect Developed in collaboration with New Zealand Ministry of Health, University of Western Sydney and the Australian Homeland Security Research Centre. Training is currently being rolled out across Queensland Health to improve the department level of preparedness to manage responsibilities during disaster events in the community. A proposal is currently being considered to role this training out to other Government agencies.</p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p>The Queensland Government recognises the value of targeted early intervention services that connect mental health services with maternal and child health services, schools, early childhood centres and other related organisations. Current state based programs that will inform the development of a national approach to implementing this action include:</p> <p>Ed-LinQ: Strengthening partnerships between school communities and child and youth mental health services Ed-LinQ is a Queensland Health initiative aimed at strengthening partnerships between school communities and child and youth mental health services to improve the prevention, detection and management of mental health problems in children and young people. The Ed-LinQ initiative will develop a state-wide approach to the evidence-based implementation of prevention activities targeting school aged children and young people.</p> <p>Perinatal and Infant Mental Health Universal Risk Assessment and Referral Pathways Framework A Queensland Perinatal and Infant Mental Health Universal Risk Assessment and Referral Pathways Framework has been developed in partnership with mental health, maternal and child health services, child protection services, and General Practitioners. The framework aims to enhance the detection of mental health problems and early intervention for families during the perinatal period and/or who have infants up to 36 months.</p> <p>Perinatal Mental Health Nurses National Perinatal Depression Initiative funding is being utilised to enhance specialist assessment, brief intervention and referral for women considered to be at moderate to high risk of perinatal mental health problems. Women are referred to Queensland Health perinatal mental health nurses by obstetric, general practice, maternity and child health services following antenatal and postnatal psychosocial screening.</p>
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p>The Queensland Government supports the expansion of community based youth mental health services and currently funds community organisations to deliver a range of activities for young people, including counselling, community awareness and mental health promotion. Other key activities that will support implementation of this action include:</p> <p>The development of a Youth Mental Health Policy for Public Health Services In 2010 Queensland Health will develop a Youth Mental Health Policy for public mental health services. This policy will address the specific mental health service needs of young people aged between 15 and 25 years and form the basis for future expansion of community based mental health services.</p> <p>Time Out House Initiative (TOHI) - Please refer to Action 3 for details</p>
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide</p>	<p>Current Queensland Government activities that will support the implementation of evidence-based and cost-effective models of intervention for early psychosis in young people include:</p> <p>Early Psychosis Model of Care for Public Mental Health Services The draft Early Psychosis Model of Care for public mental health services provides consistent guidelines, expectations and key recommendations for service provision. It will support the development of appropriate outcome measures for youth experiencing early psychosis, promote data collection to</p>

<p>broader national coverage.</p>	<p>improve understanding of this group, and bridge service gaps between Child and Youth and Adult Mental Health Service systems.</p> <p>The model provides a standardised framework and key recommendations to improve access, early detection and treatment in mental health services working with young people aged 15-24 years with an early psychosis. The guidelines utilise a developmental focus of care, with emphasis on an assertive therapy outreach model and holistic care involving families, carers and organisations across the youth sector.</p> <p>The development of a statewide Early Psychosis Interim Implementation Team has been funded for an initial 18 months to support local early psychosis service development initiatives across Queensland.</p> <p>Time Out House Initiative (TOHI) - Please refer to Action 3 for details</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p>The Queensland Government is currently engaged in a number of cross government strategic planning and service development and delivery activities that support workers in emergency, welfare and associated sectors through the provision of education mental health and suicide prevention. Activities include:</p> <p>Queensland Government Suicide Prevention Action Plan (QGSPAP) A central component of the QGSPAP currently under development will be strengthening the understanding, linkages, collaboration and sharing of information to improve continuity of care across key sectors and ensure people at risk of suicide receive timely and effective treatment and ongoing support. The development and implementation of a cross-sectoral suicide prevention workforce capability plan will be undertaken that identifies key competencies for front-line workers and service providers reflecting their role in regard to risk detection and management and facilitates provision of appropriate training and skill development.</p> <p>Mental Health Intervention Program (MHIP) The Queensland Government aims to prevent and safely resolve incidents involving persons with a mental illness who are experiencing a mental health crisis under this innovative initiative. A statewide network of staff from Queensland Police Service, Queensland Health and the Queensland Ambulance Service come together to share expertise and resources. Local Mental Health Intervention Coordinators from each agency routinely liaise to increase the capacity of district services to respond to mental health crisis situations.</p> <p>Mental Health Intervention Coordinators from each agency recognise the need to develop cross agency training to provide:</p> <ul style="list-style-type: none"> • agreed responses to individuals experiencing a mental health crisis; • improved safety; • improved continuity in communication and liaison regarding roles and responsibilities across all situations; and • adequate and timely responses informed by risk. <p>Evolve Therapeutic Services (ETS) The Queensland Health ETS program includes Professional Development Coordinators who provide education and training to a range of government and non-government stakeholders who work with children in out of home care regarding the emotional and behavioural sequelae of trauma, abuse and neglect and how to manage appropriately and reduce escalation of destructive behaviours. A key goal of the training is to prevent or reduce the levels of distress experienced by children and young people through the earlier identification and intervention of key support personnel. In 2009, ETS staff provided education and training to 651 child protection staff, 140 disability services staff, 1635 education staff, 1597 health staff, 424 foster carers, 416 non-government residential care providers, 46 youth workers, 174 medical students and 45 police officers.</p> <p>Queensland Emergency Services Mental Health Literacy Project The Queensland Emergency Services Mental Health Literacy Project is a partnership between Queensland Health and the Hunter Institute of Mental</p>

	Health to develop a specific mental health literacy resource for the Queensland context which will target workers who provide front line response to people with mental illness.
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p>Queensland Health is currently leading the Queensland Government in a number of suicide prevention activities that are aligned with the National Suicide Prevention Strategy. Activities that will support the development of a nationally agreed suicide prevention framework include:</p> <p>Queensland Suicide Prevention Plan (QGSPAP) Queensland Health is coordinating the development of the QGSPAP consistent with the National Suicide Prevention Strategy. Based on evaluations of previous state suicide prevention strategies, consultations and review of the expert literature, four priority areas from the Living is for Everyone (LIFE) framework have been identified for action in Queensland. These priority areas focus on improving the cross-sectoral, whole-of-government response in detecting, responding and managing suicide risk and are 'working together; responding early; connecting early and strengthening the foundation'. A central component of the QGSPAP will involve strengthening the understanding, linkages, collaboration and sharing of information to improve continuity of care across key sectors and ensure people at risk of suicide receive timely and effective treatment and ongoing support.</p> <p>LIFE Promotion Program The delivery of suicide prevention programs and support under the LIFE program in three Indigenous communities in North Queensland.</p>
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<p>The Queensland Government is well positioned to develop a national approach to implementing this action having undertaken a number of activities under the QPMH that have enhanced the capacity of consumers and carers to be actively involved in mental health service planning and delivery. Current activities that will inform further work in this area includes:</p> <p>The Queensland Health Consumer, Carer and Family Participation Framework (CCFPF) Due to be implemented in 2010, the CCFPF is a resource to support mental health services in engaging with consumers, carers and family members. One of the implementation strategies of the Framework is to provide education to carers and families about mental illness, treatment options, recovery and support strategies.</p> <p>Queensland COPMI Framework A Queensland COPMI Framework (with links to the National COPMI Initiative) is under development which will include the documentation of 'good practice' program examples; linking service providers with existing networks and initiatives; supporting service providers to enhance assessment, care planning, and interventions to meet the needs of children and their families; and the identification of sustainable statewide mechanisms for promoting linkages between mental health services and key government and non government agencies providing services to children and families.</p> <p>Meeting the needs of children for whom a person with a mental illness has care responsibilities policy In 2008, Queensland Health introduced a policy with the aim of enhancing support for families in which there is a child of a parent/carer with a mental illness. The policy clarifies the Queensland Health processes for ensuring the immediate protection needs of children; determining the impact of parental/caregiver mental illness on the care and protection needs of children; and supporting parents or carers with a mental illness to meet the needs of children for whom they have care responsibilities.</p> <p>Carers Matter Website and Workshops The Carers Matter Website was developed by Queensland Health to provide information and resources for carers and families of people with a mental illness. In 2009, four Queensland Health Carers Matter Workshops were piloted with the aim of enhancing the skills and coping strategies of carers, encouraging partnerships between carers and mental health services, and providing practical and relevant information regarding carer support resources. Following a positive evaluation of these workshops, additional workshops will be conducted across Queensland during 2010.</p>

<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>The Queensland Government is committed to the continued development of whole-of-government responses to young people who have experienced physical, sexual, emotional abuse and other forms of trauma. Tailored mental health care for vulnerable young people is currently delivered through:</p> <p><i>Responding to the needs of children and young people with identified sexually abusive behaviours project</i> In 2008, the Responding to the needs of children and young people with identified sexually abusive behaviours project aimed to identify the nature and incidence rates of sexually abusive behaviours, Queensland's capacity and response to the issue, and a gap analysis of the existing service provision system. Recommendations identified a range of immediate to long term strategies to improve service system responses in order to better meet the needs for these children and young people.</p> <p><i>Queensland Health Evolve Therapeutic Services (ETS) program</i> The ETS program provides mental health therapeutic interventions for children and young people in the care Department of Communities (Child Safety Services). Interventions are medium to long term and aimed at reducing the child or young person's maladaptive emotional and behavioural responses, improving their emotional wellbeing and assisting in the development of skills to enhance their participation in school and the community. There are currently seven ETS teams across the state, with a further two teams to be established in 2010.</p> <p><i>The Queensland Health Child and Youth Forensic Outreach Service (CYFOS)</i> CYFOS provides multi-disciplinary services to young people up to 18 years of age with severe and complex mental health and substance use problems who are involved or at risk of involvement in the juvenile justice system. Services include an integrated consultation-liaison, mobile assessment and intervention service in the community, outreaching to a wide range of agency sites across the state, including a court liaison service. CYFOS has proposed a number of enhancements to service delivery through implementation of the second phase of the QPMH.</p>
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p>The Queensland Government will support the development of national service planning frameworks that establish targets for the mix and level of mental health services. Queensland contribution to the implementation of this action will be informed by the following activities and initiatives:</p> <p><i>Queensland Plan for Mental Health 2007-2017 (QPMH)</i> The QPMH has established targets and will improve access to public mental health services through funding additional community mental health positions, additional acute and extended treatment mental health inpatient services, and improving access to housing and support options for people in the community.</p> <p><i>Mental Health Activity Based Funding</i> Queensland is leading the development of a nationally consistent approach to Activity Based Funding for mental health services that will improve the efficiency and capacity of these services.</p> <p><i>The draft Queensland Plan for the Mental Health Community Sector 2009-2017</i> The Department of Communities is developing a Queensland Plan for the Mental Health Community Sector 2009-17 which will propose planning targets for non-government support services in Queensland and the mix of services required.</p> <p><i>Model of Service for Mental Health in Queensland Project (MOS)</i> MOS is developing guidelines for each type of public mental health service in Queensland, including specialist and statewide programs. Each MOS guideline will contextualise and define the structure, function and design of the nominated service/program, by outlining a range of service characteristics including operational procedures, service aims, target population, governance and service linkages. The MOS Framework is intended to inform and guide service providers in the provision of high quality mental health care, and to support</p>

	<p>service partners, consumers, carers and the community in their navigation through the public mental health system. The MOS Framework will align with national and state priorities for mental health outcomes.</p>
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<p>The Queensland Government is committed to supporting local communities in developing solutions to improve mental health. In recent years sector development projects have improved the ability of the non-government sector to work collaboratively with relevant stakeholders. A number of mental health interagency networks across the state make a valuable contribution to the development of regional solutions. These networks will be well placed to support the implementation of this action. Other Queensland Government activities that will contribute to the establishment of regional partnerships of funders, service providers, consumers and carers include:</p> <p><i>Rural and Remote Mental Health Project</i> \$2.36 allocated in the 2007-08 budget to develop rural and remote mental health service models and innovative mechanisms to improve recruitment and retention in rural and remote areas. The three sites are Roma, Normanton, and Winton.</p> <p><i>Housing & Support Program (HASP)</i> The HASP program provides social housing with clinical and non clinical support to enable people with a psychiatric disability to live in their own homes. HASP offers housing support to consumers in a range of locations across Queensland. The program is an innovative and collaborative partnership between Queensland Health, Department of Communities and the non government sector.</p> <p><i>Implementation of Queensland Health policy 'Service delivery for people with dual diagnosis (co-occurring mental health and alcohol and drug problems)' 2008</i> This policy outlines Queensland Health service requirements for mental health services and Alcohol, Tobacco and Other Drugs Services to establish local governance structures that provide leadership in the development and implementation of collaborative partnerships and interagency relationships that facilitate the provision of care and linkage with services for people with dual diagnosis (co-occurring mental health and alcohol and other drug problems). District reporting requirements on the progression of policy implementation is to be developed by the Alcohol, Other Drugs and Mental Health Collaborative, a partnership between Mental Health Directorate and Alcohol, Tobacco and Other Drug Branch in 2010.</p>
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<p>The Queensland Government is well placed to develop a national approach to implementing this action and currently supports the improved flow of information between primary care and specialist mental health service providers through a number of innovative projects. These include:</p> <p><i>Partners in Mind (PIM): Implementation of the Queensland Framework for Primary Mental Health Care</i> - Please refer to Action 3 for details</p> <p><i>Queensland Health Primary Care Liaison Officer Positions</i> - Please refer to Action 3 for details</p> <p><i>CIMHA Phase II: Secure transfer of information</i> Queensland Health is investigating implementation of the capacity to securely transfer discharge, or other key pieces of clinical information, from the Consumer Integrated Mental Health Application (CIMHA), to General Practitioners and other relevant external clinical stakeholders using the established Queensland Health Secure Transfer Service.</p> <p><i>The Statewide Mental Health Network (SWMHN)</i> The Statewide Mental Health Network (SWMHN), established in 2006, is a statewide advisory group that provides strategic direction and leadership in the development of policy, planning and service improvement strategies for Queensland Health mental health services. A variety of Sub Networks established under the SWMHN ensure that mental health policy and service development are progressed in consultation with key stakeholders such as consumers and carers, specialist mental health services, the primary care sector, and the non-government sector.</p>

	<p>Memorandum of Understanding (MOU) between Queensland Health Child and Youth MH Services and the Department of Communities (Child Safety Services) This MOU will improve partnerships between the two services to enhance services for children and young people with mental health issues who are at risk of harm or in need of protection. The MOU will address communication and information sharing, case planning and pathways to appropriate care options.</p>
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p>Current Queensland Government activities that will support the implementation of this action include:</p> <p>Mental Health Intervention Program (MHIP) The Queensland Government aims to support transitions between service sectors and prevent and safely resolve incidents involving persons with a mental illness who are experiencing a mental health crisis under this initiative. A statewide network of staff from Queensland Police Service, Queensland Health and the Queensland Ambulance Service come together to share expertise and resources. Local Mental Health Intervention Coordinators from each agency routinely liaise to and develop local protocols and increase the capacity of district services to respond to mental health crisis situations.</p> <p>The Community Sub Network The Community Sub Network of the Statewide Mental Health Network has formed two working groups to specifically address barriers in order to improve transition for mental health consumers between service sectors and jurisdictions.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p>The Queensland Government currently works to improve linkages between mental health services, alcohol and other drug services, and primary care services with a focus on addressing physical health outcomes for mental health consumers through a number of programs and activities. These include:</p> <p>Alcohol, Other Drugs & Mental Health Collaborative (AOD&MHC) Queensland Health has convened the AOD&MHC, a partnership between the Mental Health Directorate and Alcohol, Tobacco and Other Drug Branch to progress strategies to improve service delivery for people with dual diagnosis (co-occurring mental health and alcohol and drug problems). The AOD&MHC are progressing a range of strategies to support the implementation of the Queensland Health policy 'Service delivery for people with dual diagnosis (co-occurring mental health and alcohol and drug problems)' 2008.</p> <p>Dual Diagnosis E-Learning Program A dual diagnosis e-learning training package is currently being developed by the Queensland Centre for Mental Health Learning and the Alcohol and Drug Training and Research Unit. This program aims to upskill mental health staff and alcohol and other drugs staff in the assessment and treatment of people with a dual diagnosis.</p> <p>Activate: Mind and Body (Improving the Physical and Oral Health of Individuals with Severe Mental Illness) Queensland Health and General Practice Queensland are working collaboratively on the Activate: Mind and Body project in an aim to improve the physical and oral health of individuals with severe mental illness. The project targets strategies at the public mental health services and General Practice, and places an emphasis on education and awareness, policy and processes, prevention and early intervention, and partnerships.</p> <p>Partners in Mind (PIM): Implementation of the Queensland Framework for Primary Mental Health Care - Please refer to Action 3 for details</p> <p>Queensland Health Primary Care Liaison Officer Positions - Please refer to Action 3 for details</p>

	<p><i>The Community Sub Network</i> The Community Sub Network of the Statewide Mental Health Network has formed a working group to address mental health promotion, prevention and early intervention issues relating to Queensland Health community mental health services. This working group will collaborate with other working groups under the Sub Network to identify strategies to strengthen relationships and referral pathways between Queensland Health community mental health services, alcohol and drug services, and primary care services, in order to facilitate earlier identification and intervention for people with mental and physical health problems.</p>
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<p>The Queensland Government is currently engaged in a number of activities that will contribute to the implementation of this action. This includes the formation of a number of Sub Networks under the Statewide Mental Health Network that work collaboratively to identify strategies to improve and clarify care pathways within mental health services, and transition between sectors. Priority Area 1 and 2 of the Queensland Health CCFPF also emphasise the importance of consumer, carer and family participation within mental health assessment and recovery planning processes. Other activities include:</p> <p><i>Development of forensic mental health system resources</i> The Queensland Centre for Mental Health Learning in 2007-08 has developed three resource packages aimed at enhancing community awareness and understanding of the forensic mental health system. One package focuses on improving general community understanding, another is tailored to the needs of Indigenous people, while the third targets media professionals' practice. A DVD and series of factsheets were developed for Indigenous people, which are used by Indigenous Mental Health Workers to facilitate community information sessions.</p> <p><i>Statewide Guidelines for Admission to Child and Youth Inpatient Services</i> These guidelines provide principles and minimum standards to guide service delivery with an emphasis on promoting best practice and improving consumer outcomes.</p> <p><i>Trial guidelines for the admission of adults with eating disorders to inpatient facilities</i> The Eating Disorders Sub Network of the Statewide Mental Health Network is a statewide advisory group formed to guide the development of eating disorders services in Queensland. The Sub Network is monitoring trialling of new guidelines for the admission of adults with eating disorders to medical and psychiatric inpatient facilities.</p>
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<p>Current Queensland Government activities that will support the development of cooperative and innovative service models for primary mental health care include:</p> <p><i>Partners in Mind (PIM): Implementation of the Queensland Framework for Primary Mental Health Care</i> - Please refer to Action 3 for details</p> <p><i>Queensland Health Primary Care Liaison Officer Positions</i> - Please refer to Action 3 for details</p> <p><i>Eating Disorders Sub Network</i> The Eating Disorders Sub Network of the Statewide Mental Health Network aims to promote the provision of training, supervision and resources to support General Practitioners in the identification, referral, assessment and treatment of people with eating disorders.</p> <p><i>Consumer Operated Services Program</i> The Consumer Operated Services Program is an innovative service model that will support the delivery of a range of services, including primary mental health care, through employing peers with a lived experience to support individuals with a mental illness. The program is focused on short term practical</p>

	<p>support, crisis prevention and providing an alternative to inpatient admission.</p> <p>Time Out House Initiative (TOHI) - Please refer to Action 3 for details</p> <p>Perinatal Mental Health Pathways to care for women experiencing perinatal mental health problems in Queensland have been enhanced through the establishment of local service networks and the identification of appropriate pathways. A model for the delivery of specialist mental health assessment and brief intervention in partnership with primary care providers has been piloted to inform the state-wide enhancement of perinatal mental health services. National Perinatal Depression Initiative funding is being utilised to create up to 14 perinatal mental health nurses across the state to implement this model.</p>
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>Queensland supports and is participating in processes to develop nationally consistent mental health legislation. Current jurisdictional activities include the development of a number of interstate agreements detailed below.</p> <p>Interstate Agreements Queensland has developed Forensic Apprehension and Return Agreements with New South Wales (NSW), Victoria and the Australian Capital Territory (ACT), which allow for the interstate apprehension and return of Queensland classified, forensic and certain other patients to Queensland, and for the apprehension and return of security, forensic and certain other patients to the other State.</p> <p>Queensland has established Civil Agreements with the ACT and NSW, which allow for the transfer of persons between health facilities in Queensland and facilities in the other State, and for the apprehension and return of persons who abscond from Queensland to these States, and vice versa. A Civil Agreement has been drafted between Queensland and Victoria and negotiations have commenced for development of an agreement between Queensland and South Australia. It is anticipated that these agreements will be finalised in 2010.</p> <p>While the Queensland <i>Mental Health Act 2000</i> provides for the Minister for Health to enter into an agreement with another State about the application of mental health laws of Queensland or the other State, there is some ambiguity regarding how these provisions apply in relation to movement of forensic patients and on the impact of interstate movement of a patient on the forensic order. Consideration is being given as to whether legislative amendment may be required to enable interstate transfer of forensic patients.</p>
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and</p>	<p>Current Queensland Government activities under the QPMH are aligned with this action and good progress towards implementation is underway. This includes:</p> <p>Recovery Oriented Certificate IV (ROC IV) The statewide implementation of a new Certificate IV in Mental Health developed in partnership the community sector.</p> <p>Mental Health Professional Online Development Program (MHPOD) MHPOD is a national project that aims to develop and implement an innovative web-based professional education tool for clinical staff from a range of disciplines in public mental health services. The goal of MHPOD is to create an evidence based curriculum which is consistent with the National</p>

<p>roles in clinical, community and peer support areas.</p>	<p>Practice Standards for the Mental Health Workforce. Pilot testing will commence in July 2010 with two Queensland Health Service Districts participating (Metro North and Sunshine Coast - Wide Bay).</p>
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<p>The Queensland Government, through Priority 2 of the QPMH, is committed to increasing consumer and carer employment in clinical and community support settings. In 2009-10 Queensland Health established a statewide manager position for consumer and carer participation to further develop activities that will make a significant contribution to the development of a national approach to implement this action. Current activities include:</p> <p><i>Intentional Peer Support Training</i> Currently 55 peer workers have completed the five day training course. There has by a general move in Queensland to require funded community organisations to consider employing peer workers as a component of their workforce.</p> <p><i>The implementation of the Queensland Health Consumer and Carer Workforce Pathway</i> In 2009-10 the implementation of the Queensland Health Consumer and Carer Workforce Pathway will provide a career structure for consumer and carer workers across Queensland.</p> <p><i>Expansion of the Queensland Health Consumer Companion Program</i> 2009-10 will see continuous growth in the Queensland Health Consumer Companion Program, with approximately 90 consumers remunerated to offer peer support to consumers in acute mental health facilities across Queensland.</p> <p><i>Consumer Operated Services Program</i> The Consumer Operated Services program will employ peers with a lived experience to support individuals with a mental illness. The key focus of the program will be on short term practical support and crisis prevention and providing an alternative to inpatient admission.</p>
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<p>Queensland Health is committed to supporting the public, private, primary care and non-government sectors to implement the National Standards for Mental Health Services (NSMHS). Current activities that will support this action include:</p> <p><i>The development of a Queensland Implementation Plan of the NSMHS</i> Queensland Health plans to implement the NSMHS using a range of cross government and cross sector strategies to facilitate and guide all sectors to incorporate the NSMHS. Accreditation and reporting systems will occur via an agreed methodology established under the National Standards Implementation Steering Committee.</p> <p>This Queensland Health implementation plan is guided by the following fundamental principle:</p> <p>Clinical care and non clinical care through the adoption of the revised NSMHS will be guided by and monitored effectively leading to improved service delivery across all mental health care providers and settings.</p>
<p>28. Further develop and progress implementation of the National Mental Health Performance</p>	<p>The Queensland Government is currently participating in national performance and benchmarking activities. These include:</p> <p><i>Queensland Mental Health Benchmarking and Service Development Activities</i> Queensland Health is working towards developing a clear benchmarking framework, linked with the national benchmarking work and integrated with a performance framework which includes the construction and reporting of key performance indicators, across the service delivery system to enable</p>

<p>and Benchmarking Framework</p>	<p>comparison between services and within services over time to promote quality improvement in mental health care.</p> <p>Seclusion and Restraint Reduction Project The Queensland Health supports mental health services to progress strategies identified in the Queensland Health Policy statement on reducing and where possible eliminating restraint and seclusion. Since 2008 the project has been involved in the development of state policy and engagement of services in improvement activities. In 2010 the project will focus on promoting and progressing improvement initiatives across the state by engaging with local champions and providing a central coordinating role for the distribution and communication of resources.</p> <p>Development and Implementation of a Consumer Perceptions of Care (CPOC) Survey The CPOC Project aims to develop and implement a framework to facilitate regular measurement and reporting of CPOC information to support service evaluation, quality improvement and benchmarking.</p> <p>Adult Mental Health Clinical Collaborative Queensland Health continues to support the Mental Health Clinical Collaborative which aims to develop and review clinical indicators to promote clinician driven service improvement in the treatment of Schizophrenia and reduction of seclusion and restraint in adult mental health services. In 2010, the MHCC will focus on the development of community indicators in the area of community treatment of Schizophrenia.</p>
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p>Development of health and medical research capability is a priority for Queensland Health. Current jurisdictional activities that will inform the Queensland contribution to the development of a national approach to implementing this action include:</p> <p>The Mental Health Research Network The Mental Health Research network is a formal network established to identify state research priorities and develop strategies to facilitate collaboration between universities, research entities and mental health services. Research activity will be further supported by the development of a framework to guide involvement in research and support for developing researchers.</p>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<p>The Queensland Government is strongly committed to better utilisation of current technologies and innovative approaches to service delivery. Current projects that will inform further expansion and implementation of this action include:</p> <p>E-CYMHS Queensland Health Child and Youth Mental Health Services provides E-CYMHS, a coordinated telepsychiatry/mental health service linking specialist child psychiatry and other mental health clinicians via videoconference, telephone and email to child and youth mental health practitioners in rural and remote areas across central and north Queensland. This is linked to a scheduled outreach service to each rural and remote clinic.</p> <p>Telemedicine (e-PACE) trial for Older Persons The Older Persons Mental Health Service at the Princess Alexandra Hospital in Queensland has been trialling a psychogeriatric assessment and clinical support via telemedicine (e-PACE) service since January 2009. The Medical Specialist Outreach Assistance Program (MSOAP) already makes telemedical dementia diagnostic services available through the Aged Care Assessment Service in many parts of Queensland. e-PACE is a trail enhancement of the telemedical dementia service and provides an opportunity to test the feasibility of psychogeriatric assessment by telemedicine in Queensland.</p> <p>On-Track on-line technology On-Track is an on-line technology program aimed at facilitating access by the Queensland public and health service practitioners to high quality psychological interventions for mental health.</p>

<p>31. Establish comprehensive, timely and regular national reporting on the progress of mental health reform which responds to the full range of stakeholders.</p>	<p><i>National Mental Health Performance Subcommittee</i> The Mental Health Directorate provides chair and secretariat roles and is a member on the National Mental Health Performance Subcommittee, which promotes and progresses the ongoing development of a national performance measurement framework for mental health services, and provides information and expert advice to stakeholders on performance measurement within the mental health sector.</p>
<p>32. Build an accountable service delivery system that monitors its performance on service quality indicators and makes this information available to consumers and other stakeholders.</p>	<p>The Queensland Government will support the implementation of this action, informed by the following activities currently taking place:</p> <p><i>Development of a Queensland Mental Health Performance Framework</i> The Mental Health Directorate is progressing the development and implementation of a mental health performance framework for Queensland mental health services, which includes the construction and reporting of the key performance indicators identified in the National Mental Health Performance Framework.</p> <p><i>Integrated Mental Health Data Reporting Repository Project</i> The Integrated Mental Health Data Reporting Repository Project is investigating the inclusion of a business intelligence solution which supports information delivery that enables performance monitoring and data collected to be transformed into actionable information.</p>
<p>33. Further develop mental health information, including national mental health data collections, that provide the foundation for system accountability and reporting.</p>	<p>The Queensland Government will support the implementation of this action, informed by the following activities currently taking place:</p> <p><i>Data analysis and reporting</i> The Mental Health Directorate is developing it's capacity to facilitate the development and enhancement of an evidence base to support clinical practice, including investigating the development of an Integrated Mental Health Data Reporting Repository Project.</p> <p><i>Management, Validation and Reporting of Mental Health Collections</i> Queensland Health is investigating the establishment of a National Minimum Dataset for Residential Mental Health Care. The Mental Health Directorate continues to support data collection through the ongoing management of the National Minimum Data Set, National Outcomes Collection and Mental Health Establishments.</p> <p><i>CIMHA Phase II</i> The Consumer Integrated Mental Health Application (CIMHA), implemented in the latter part of 2008, is a clinical information system that supports the ongoing information requirements and evolving needs of public mental health services in Queensland. CIMHA Phase II will see the further development of this health electronic record so that comprehensive information can be used to support quality clinical practice, informed decision making, and service delivery, to improve consumer outcomes, continuity of care and promote recovery.</p>
<p>34. Conduct a rigorous evaluation of the Fourth National Mental Health Plan.</p>	<p>The Queensland Government will support the implementation of this action, informed by the following activities currently taking place:</p> <p><i>Evaluation of the Queensland Plan for Mental Health 2007-2017-</i> The Mental Health Directorate is conducting an evaluation of the Queensland Plan for Mental Health 2007-2017 to assess how well the visions for reform set out in the Plan have been achieved, to develop ways of capturing and measuring the change and to assess what realistically can be achieved from the Plan.</p>

Attachment E: Jurisdictional Report for WA

Key to Western Australia's role in National Implementation Strategy:

Western Australia to lead development of implementation approach

Western Australia to participate in sub-group for development of implementation approach

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>The Mental Health Commission (MHC) produces a free statewide mental health magazine, <i>Head2Head</i> three times a year. It seeks to reduce the stigma associated with mental illness by raising awareness of mental health issues, profiling best practice supports and services and including the perspectives of consumers, carers and mental health employees. Each edition explores a different theme, such as culture, youth, recovery, and health and wellbeing. There are consumer, carer and service provider representatives on the editorial committee.</p> <p><i>Head2Head</i> is available online and up to 12,000 hard copies of each edition are distributed to community venues, mental health services, libraries, schools, universities and government and non-government agencies.</p> <p>Music Feedback statewide youth anti-stigma project MHC has partnered with the WA Music Industry Association to develop the youth anti-stigma project, Music Feedback: <i>What if we talked about music the same way we talk about mental illness?</i></p> <p>This campaign targets 14-25 year olds and encourages them to:</p> <ul style="list-style-type: none"> • participate in music and healthy activities to improve their wellbeing, express themselves and connect with others; • talk more openly about mental health and get help early for any problems; • accept, support and include people with a mental illness; and • study and work in mental health, particularly nursing. <p>Local musicians have supported the project by providing songs, interviews and performing to reduce stigma and share how they deal with life's difficulties. Resources developed include:</p> <ul style="list-style-type: none"> • 20,000 copies of CD/DVDs featuring a documentary, songs and music videos • Interactive website (www.musicfeedback.com.au) with songs, posters to download, band interviews and information on how to get help • Documentary and pages on YouTube, Facebook and Myspace. <p>Youth groups, schools, musicians and mental health services have organised gigs and speakers to promote the anti-stigma message and distribute the resources. The Office for Youth and <i>beyondblue</i> have come on board for the second phase of the project targeting groups at higher risk of suicide. <i>beyondblue</i> are also interested in replicating the project on a national level.</p> <p>Community Forums In 2009 the former Mental Health Division of the Department of Health (MHD) coordinated a series of free public forums on <i>Mental Health and Wellbeing for Children and Young People, Disability and Mental Health</i> and <i>Achieving Mental Health and Wellbeing Through Music</i>. These attracted a total of 500 attendees from across the community, including consumers, carers and people in regional areas via videoconferencing.</p>
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MHD also supported the Transcultural Mental Health Service to hold a 'Let's Talk Culture' lecture series which covered *Spirituality and Mental Health, Refugees; from Bad to Worse* and *International Perspectives*. More than 600 participants from diverse backgrounds participated in these forums.

The forums included the perspectives of consumers, carers, Indigenous people, culturally and linguistically diverse communities, public mental health employees and community organisations. This helped to raise community awareness of mental health and enhance social inclusion.

Mental Health Week

MHC (previously MHD) coordinates and sponsors a number of community-focused, statewide activities for Mental Health Week.

- The *Mental Health Good Outcomes Awards* publicly recognise outstanding individuals, groups and organisations who have reduced stigma, improved mental wellbeing, developed innovative services and/or enhanced the human rights of consumers and carers. There are 11 categories, including consumer and carer awards, improved outcomes for children and youth, and Aboriginal and culturally and linguistically diverse mental health. Community members are encouraged to nominate consumers, carers, mental health employees, organisations and the media. The winners are announced by the Minister for Mental Health at a gala breakfast.
- The *WA Music Song of the Year Competition* encourages songwriters to enter in 14 categories, including the *Mentally Healthy* category. The extensive publicity via schools, music street press, newspapers, online websites and community radio effectively promotes mental wellbeing to a broad audience, particularly young people.
- *Living Libraries* were held in partnership with local governments and local libraries in 2008 and 2009, to reduce stigma by sharing personal stories about mental illness and recovery. The public could borrow a "living book" - a consumer, carer or mental health worker - for one-on-one conversations. In 2009 a documentary was produced as a resource for community groups to hold their own Living Libraries. It also features "reading sessions" which cover issues for carers and groups at higher risk of suicide, including:
 - Indigenous people
 - same-sex attracted young people
 - men
 - prisoners
 - culturally and linguistically diverse communities.

Website

The WA Mental Health Website provides up-to-date information and resources on mental health and mental illness. It features:

- fact sheets which address different aspects of mental health and mental illness, including overcoming stigma and discrimination
- personal stories by consumers and carers
- mental health service directory and how to get help
- information on current policies and reform
- opportunities to participate in mental health planning, events, conferences and community activities.

Media Training

The MHD coordinated a series of four workshops on engaging with print, radio and TV media for 15 consumers, carers and government and NGO service providers. The practical workshops developed their skills and confidence to write press releases and be interviewed by different media.

Several journalists were guest speakers during the training, which increased their awareness of the mental health sector and efforts to overcome stigma in the media.

What government department(s) have involvement in the activities identified?

Head2Head magazine regularly features contributions from other government agencies including the Department for Child Protection,

	<p>Department of Education and Training, Drug and Alcohol Office, Department of Communities, Department of Culture and the Arts.</p> <p>The MHC (formerly MHD) has taken a lead role in reducing stigma through the Music Feedback anti-stigma campaign. Partnerships have been established with the Office for Youth, Department of Education and Training, local governments, <i>beyondblue</i> and non-government organisations (NGOs) to implement the project.</p> <p>The community forums included speakers from the Office of the Public Advocate, Commissioner for Children and Youth, Disability Services Commission, Department of Education and Training and NGOs.</p> <p>Mental Health Week activities have attracted partners and sponsors including universities, legal firms, the Equal Opportunity Commission, local governments and small businesses.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p>The <i>WA Core Competency Framework</i> (Framework) for the Public Mental Health Workforce is being developed through consultation with health services. The Framework will target all staff employed in public mental health services. The Framework will establish an agreed list of the knowledge, skills and abilities required by the mental health workforce to meet the level of service delivery that is consistent with the <i>National Practice Standards for the Mental Health Workforce</i>. Once implemented, it will be used to identify priority areas for staff development and to plan the delivery of staff development training and resources in 2010-11.</p>
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<p>The <i>HealthRight Project</i> was developed to address the health inequities for people with mental illness in WA, via multilevel strategies to engage them in visiting their General Practitioner (GP) and address lifestyle risk factors. The project is facilitated by the University of WA (UWA) School of Community, Culture and Mental Health Unit and was funded by the MHD. This Project has developed various community and professional resources and has made a substantial investment in peer support training leading to the employment of Peer Supporters in public mental health services, as well as in the NGO sector. The Project is jurisdiction-wide. More information can be accessed at: www.healthright.org.au.</p> <p>The South Metropolitan Area Mental Health Service has developed a <i>Physical Health Screening For Mental Health Patients Tool</i>, which is derived in part from The <i>Physical Mental Health Handbook, August 2004</i>, NSW Health Department. This Tool has been compiled to increase awareness and assist GPs and mental health clinicians in their management of the physical health of mental health clients. This Tool can be utilised jurisdiction-wide.</p> <p>Strong links have been established with the Development and Liaison Officer Mental Health of the WA General Practice Network.</p>

<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p>In June 2008 the MHD sponsored the <i>Discover Recovery – Mental Health Rehabilitation Symposium</i>. Its aim was to raise awareness and challenge people's views of rehabilitation and recovery and be a catalyst for change by delivering a first step toward developing a comprehensive recovery orientated mental health rehabilitation system for WA.</p> <p>As a consequence of the symposium an expert advisory group was requested to consider the symposium's outcomes and to provide advice on the fundamental elements necessary for a mental health rehabilitation system in WA. The expert advisory group confirmed the principles laid out in the <i>A Recovery Vision for Rehabilitation – Psychiatric Rehabilitation Policy and Strategic Framework</i> (2004) and produced a position paper that recommended, in part, that a greater awareness of available skills sets required in establishing recovery orientated services, partnerships and coordinated care plans would assist in developing a greater understanding and confidence in recovery. It went on to recommend that there was a need to undertake workforce education and skill development as a parallel process to system reform and development.</p> <p>This position paper was subsequently provided to the external consultants who undertook the first phase of the development of the State Government's strategic directions for mental health in Western Australia. The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation paper includes a component on implementing a recovery focused culture in WA.</p>
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p>In support of the Mental Health Housing Strategy an established program between the Department of Health (DoH)–WA and the Dept of Housing (DoH) -WA continue to build and commission a range of supported accommodation options for people with mental illness. Current projects within this program include three Community Supported Residential Units and an Intermediate Care Facility.</p> <p>This integrated program between the two departments also involves NGO service providers in the provision of support services once accommodation has been built. This program has and will continue to provide supported accommodation where required throughout the State and caters for all target groups as required.</p> <p>The development of a partnership agreement titled <i>Mental Health Care Coordination Public Housing Pilot</i> has been progressed. The pilot is designed to establish the roles and responsibilities between the Department of Housing (DH – WA) and the DoH in support of a small test quantum of individuals who currently receive clinical, community and housing support services. Service collaboration is at the core of successful implementation of <i>Care Coordination</i> thereby requiring commitment and a partnership approach at both departmental and local levels which will improve care planning and continuity of care across service boundaries.</p> <p>This action is targeting individuals 18 years or older with a severe mental illness and complex care needs that have lost social and family support networks and rely extensively on multiple services for assistance to maintain their lives in the community.</p>
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>An interagency <i>Public Protection Strategy</i> (PPS) is being developed for the collaborative management of dangerous offenders. The PPS will provide a structured and collaborative response from agencies concerned with the management of offenders who present the highest level of risk to the community.</p> <p>The <i>People with Exceptionally Complex Needs</i> (PECN) Initiative is designed to improve interagency collaboration and coordination of services that respond more adequately to individual adults with exceptional needs. The target group clients pose a significant risk of harm to themselves and others, requiring extensive support that can only be delivered with well-coordinated services authorised by senior officers from key agencies. The PECN Initiative has also been provided with funding under the COAG National Partnership Agreement on Homelessness to test new funding models for specialist homelessness services that reflect the costs of delivering services to people with exceptionally complex needs.</p>
<p>7. Lead the development of coordinated actions to implement a renewed</p>	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and</p>

<p>Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework</p>	<p>provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation will provide guidance on the actions required by the MHC to assist in the development of an Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework.</p> <p>The development of a Statewide Specialist Aboriginal Mental Health Service is also being progressed by the MHC, for progressive implementation during 2010/11.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience</p>	<p>Jurisdiction-wide implementation of <i>Triple P (Positive Parenting Program)</i>. Triple P is a parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.</p> <p>The <i>WA Children of Parents with a Mental Illness (COPMI)</i> Collaboration Implementation and Monitoring Committee has been convened to promote the timely provision of accessible, effective and comprehensive services for children of parents with a mental illness, and their families. This is a jurisdiction wide initiative which seeks to ensure that these services are provided within a system of care in which multiple agencies work collaboratively to ensure that their physical, intellectual, emotional, social, spiritual and developmental needs are identified and attended to as early as possible to support the resilience of children and their families.</p> <p>The <i>Mental Health Promotion Action Link (MHPAL)</i> brings together representatives from all sectors who value the promotion and prevention of mental health issues in the WA community. MHPAL exists as a way to encourage proactive collaboration, discussion, and sharing of information and ideas that will support and facilitate better mental health promotion and illness prevention across WA. Jurisdiction-wide.</p> <p>Funded by the MHC, the <i>Aussie Optimism Program (AOP)</i> was developed to meet requests for classroom implementation of mental health promotion programs and aimed at preventing the internalization of problems in children and adolescents. The AOP provides teachers, practitioners and parents with practical strategies for developing children's social competence, self-management, and positive thinking. The AOP and training were developed in collaboration with experts in the fields of education, psychology, and health promotion. Since 1997, the program has been evaluated extensively. To date, in WA, more than 1,200 teachers and practitioners from 240 schools and private organisations have received training and over 13,000 students have participated in the jurisdiction-wide programs.</p> <p><i>Act-Belong-Commit</i> is a statewide community-based health promotion campaign that encourages people to take action to improve their mental health and wellbeing. The campaign is led by the Mentally Healthy WA project based at the Curtin University and is implemented through health services, local governments, women's health services and not-for-profit groups.</p>
<p>9: Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations</p>	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation paper includes components on early intervention across the age ranges, but particularly within the infant, child, adolescent and youth age range.</p> <p>The WA Perinatal Mental Health Unit is complying with the National Perinatal Mental Health Initiative Agreement to:</p> <ul style="list-style-type: none"> • ensure routine and universal screening for depression for women during the perinatal period (once during pregnancy and again about four to six weeks after the birth) by a range of health care professionals including midwives, child and maternal health nurses, general practitioners and Aboriginal Health Workers – using the Edinburgh Postnatal Depression Scale • provide follow-up treatment, support and care for women who are at risk of or experiencing perinatal depression. This includes focussed psychological treatment, counselling services, fostering better networks of support groups for new mothers, acute inpatient care and community-based care and support • provide training and development for health professionals to help them screen expectant and new mothers to identify those at risk of or experiencing perinatal depression, make appropriate referrals and provide treatment, care and support and • undertake research and data collection including research into prevention activities and surveys of women's preferences to ensure services meet their needs

<p>10. Expand Community based youth mental health services which are accessible and combine primary health care; mental health and alcohol and other drug services</p>	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation paper includes components on the development and expansion of services for infants, children, adolescents and youths.</p>
<p>11. Implement evidence based and cost effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<p>Child and Adolescent Mental Health Services (CAMHS) offer community based out patient care with specialist assessment and treatment for children, adolescents and their families experiencing severe emotional, psychological, behavioural, social and/or mental health problems. They are located across WA and managed by their respective area health service.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors</p>	<p>The <i>WA Core Competency Framework</i> (Framework) for the Public Mental Health Workforce is being developed through consultation with each of the Health Services. The Framework will target all staff employed in public mental health services. The Framework will establish an agreed list of the knowledge, skills and abilities required by the mental health workforce to meet the level of service delivery that is consistent with the <i>National Practice Standards for the Mental Health Workforce</i>. One of the competency standards will relate to the requirement for all staff to have a knowledge of the minimum requirements for safe practice as outlined in <i>Clinical Risk Assessment and Management (CRAM) in Western Australian Mental Health Services: Policy and Standards</i>. <u>Access to ongoing training and development in CRAM will be a feature of the implementation plan.</u></p>
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p>The <i>WA Suicide Prevention Strategy 2009-2013</i> (Strategy) was launched in September 2009. The Strategy is aligned with the National Suicide Prevention Strategy's <i>Living is for Everyone (LIFE)</i> Framework (2007).</p> <p>The strategy will support the work of individuals, communities and agencies to reduce suicide and set the framework for the development and delivery of future suicide prevention initiatives in WA. Particular emphasis of the strategy is on young people, young men, Aboriginal people and people who lived in rural and regional parts of the State.</p> <p>The restructured Ministerial Council for Suicide Prevention has new responsibilities to oversee suicide prevention initiatives and to identify communities that require more support. A NGO has been identified to implement the strategy, increase public awareness, and oversee research, evaluation, education and training in suicide prevention. This organisation will also lead the response if suicide clusters emerge and work with a network of locally employed community coordinators to develop community action plans.</p>
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness</p>	<p>For action on Children with Mental Illness (COPMI) see response to Action 8 above.</p>
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma</p>	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The development of the final policy and strategic directions document will provide an opportunity to outline the reform agenda for <i>Infant, Child, Adolescent and Youth Mental Health Services</i> (ICAYMHS).</p> <p>At present each Area Mental Health Service has varying arrangements within their district regarding collaboration with Princess Margaret Hospital, the Sexual Assault Resource Centre and DCP sites.</p>

<p>16: Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models</p>	<p>The WA Mental Health Commission was established on 8 March 2010 and has responsibility for determining the appropriate mix of mental health services in Western Australia and associated resourcing requirements. Statewide mental health service planning in WA is conducted within the framework of the <i>WA Health Clinical Services Framework (CSF)</i>. The CSF is updated every two (2) years and provides a strategic map of health care services including mental health. The CSF includes projected future demand models for clinical mental health services, that are based on population growth and ageing, and include scenario modelling to determine the impact of reform initiatives. The CSF includes a resource allocation funding model designed in WA to fund inpatient and community based health services.</p>
<p>17: Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities</p>	<p>The establishment of effective partnerships with all key stakeholders in the metropolitan and regional areas was a priority for the MHD and has been a significant priority for the MHC since its establishment in March 2010. The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation paper includes a component on establishing partnerships to meet the mental health needs of communities.</p> <p>The <i>WA Suicide Prevention Strategy 2009-2013</i> was launched in 2009 and will be implemented at several levels, including locally employed community coordinators, who will report to a non-government organisation to work with individual communities around suicide prevention. This work will inform the development of community action plans in suicide prevention</p>
<p>18: Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models</p>	<p>The <i>Assertive Patient Flow – Mental Health</i> initiative was developed to maximise the efficient use of mental health beds and to ensure improved and consistent management of patient flow across and within mental health services. The initiative commenced operation in August 2008.</p>
<p>19: Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions</p>	<p>The DoH and WA Police have collaborated on improving the transfer of consumers with an apparent mental illness and developed an operational protocol for use in metropolitan Area Health Services. The <i>Transport Risk Assessment Form</i> is used by WAPol to assess the need for a police escort on a case-by-case basis. Expansion of the transfer protocol is planned for the regional, rural and remote localities. Amendments to the <i>Mental Health Act 1996 (MH Act)</i> are being considered to authorize persons other than police officers to act as mental health escorts.</p> <p>Other initiatives include:</p> <ul style="list-style-type: none"> • State Emergency Management Plan for Health (Westplan-Health) which is prepared by the Disaster Preparedness and Management Unit on behalf of the Health Services Subcommittee (representation includes Executive Director, MHD). • State Emergency Management Plan for the Provision of Welfare Support (Westplan-Welfare) which is prepared by the Department for Child Protection and approved by the State Emergency Management Committee. • The MHC is represented on the State Welfare Emergency Committee (SWEC) and the Personal Support Subcommittee of SWEC.
<p>20: Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier</p>	<p>The WA Collaboration for Substance Use and Mental Illness has been established to plan, progress and evaluate initiatives aimed at providing better care for people with both substance use and mental illness throughout WA. The WACSUMI Executive Group held its inaugural meeting on 30 November 2009 and is establishing three (3) key working groups to drive initiatives aimed at the following priority areas; Promotion, Prevention and Early Intervention; the development of a Model of Care; and Workforce Development.</p>

<p>identification of, and improved referral and treatment for, mental and physical health problems</p>	<p>The Drug and Alcohol Office, MHC and Department of Health continue to work in partnership to drive and support the development of robust and sustainable linkages, reflected in MOU between mental health and alcohol and other drug services.</p>
<p>21: Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant</p>	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The consultation paper is based in part on information collected from a review of current Mental Health Services in WA. The development of the final policy and strategic directions document will provide an opportunity to reform mental health services, to make them highly visible, readily accessible and culturally relevant to Indigenous communities as well as communities from a range of cultural backgrounds.</p>
<p>22: Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care</p>	<p>The joint Commonwealth State 'Street to Home' program being delivered in WA within the <i>National Affordable Housing Agreement</i> is an example of an innovative service which addresses a service gap in providing assertive clinical services for inner city homeless people. The new service is planned for implementation in 2010 and will provide a dedicated mobile clinical team that will offer consultation liaison and case management for individuals, as well as education and training for non mental health staff from NGOs working with the client group</p>
<p>23. Review the Mental Health Statement of Rights and Responsibilities</p>	<p>There are no current activities addressing the review of the Mental Health Statement of Rights and Responsibilities. There are a number of organisations and initiatives that have been established to protect the rights and responsibilities for consumers and carers including:</p> <ul style="list-style-type: none"> • The <i>Council of Official Visitors</i> whose role is to ensure that consumers are aware of their rights and that those rights are observed. • The <i>Mental Health Review Board</i> whose role under the <i>MH Act 1996</i> is to review involuntary patients in accordance with the Act. • The <i>Mental Health Law Centre</i> whose role is to provide legal advice and representation to people who are involuntary patients in the mental health system and also assist with other legal problems related to mental illness. • The development of carers' guides to facilitate the sharing of information between carers and mental health service staff with the aim of achieving better outcomes for consumers. • The <i>Office of the Chief Psychiatrist</i>, DoH, conducts clinical reviews of mental health services, monitors care standards in non-government agencies and carries out targeted reviews regarding particular aspects of psychiatric care and treatment to ensure that consumer's rights are protected. • The <i>Holman Review (The Way Forward, 2003)</i> made recommendations for a new <i>WA MH Act</i> that have a particular focus on the Rights of consumers. Several recommendations have been accepted and are to be included in the new legislation.
<p>24: Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation</p>	<p>Presently the <i>WA MH Act 1996</i> is not robust enough to support cross-border agreements in regard to civil and forensic patients under mental health legislation. Informal agreements exist on an ad hoc basis which require communication between jurisdictions where decisions are made in the best interests of mental health patients. The <i>Holman Review (The Way Forward, 2003)</i> recommended changes to future legislation to provide for agreements between WA and other jurisdictions. The <i>Mental Health Bill</i> is presently being drafted with the intention of it be legislated for in Spring 2010. The new Act will provide for formal agreements between WA and other jurisdictions in relation to involuntary detained patients absconding across the border, patients on Community Treatment Orders leaving WA either temporarily such as on holiday and more permanently. The issue of forensic patients will be addressed in the new <i>Criminal Law Mentally Impaired Accused Act</i> which should come into force at the same time as the new <i>WA MH Act</i>.</p>
<p>25: Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical,</p>	<p>Consultants have been engaged to develop the strategy.</p>

community and peer support areas	
26: Increase consumer and carer employment in clinical and community support settings	<p>The MHC is currently seeking community feedback on the "WA Mental Health Towards 2020: Consultation Paper" to assist in the development of the final policy and strategic directions document that will outline the State Government's policy for mental health and provide a blueprint for mental health priorities and reform in WA over the next decade. The development of the final policy and strategic directions document will provide the opportunity to determine the most appropriate approach to increase consumer and carer employment in clinical and community support settings.</p> <p>At present WA has Peer Support training through the public mental health services and NGOs.</p>
27: Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services	<p>The Mental Health Commission has been actively involved in the implementation processes of the revised National Standards for Mental Health Services as well as in national discussions on potential methods for accreditation and reporting of the National Standards. The MHC will require all mental health services funded by the Commission to implement the revised National Standards.</p> <p>The Chief Psychiatrist has incorporated the monitoring of the <i>National Standards for Mental Health Services</i> in the framework developed for 'Chief Psychiatrist Reviews' and 'the Chief Psychiatrist's Clinical Governance (CG) Review Program' since 2003. All mental health services are monitored by the Chief Psychiatrist in meeting statutory functions under the <i>MH Act 1996</i>. The CG Reviews include a site visit by a team of reviewers including clinicians, consumers and carer representatives.</p> <p>The Chief Psychiatrist also monitors the NGO compliance with the NGO Standards.</p>
28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework	<p>MHC representatives participate in the National Mental Health Performance Sub Committee. This Committee focuses on promoting and progressing the ongoing development of a national performance and benchmarking framework for mental health services.</p>
29: Develop a national mental health research strategy to drive collaboration and inform the research agenda	<p>While the MHC funds some limited mental health research in WA it is currently not part of a national strategy</p>
30: Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services	<p>WA's vast expanse of regional area adds to the complexity of delivering an effective and accessible mental health service. The future directions for the WACHS Mental Health include the further expansion of an established telepsychiatry service including clinical consultations, staff development and supervision sessions.</p> <p>The <i>Mental Health Emergency Response Line</i> (MHERL) is a 24/7 specialist mental health telephone service, staffed by experienced mental health clinicians, that provides triage and referral to the population of the Perth metropolitan area.</p> <p><i>Rurallink</i> is an after hours specialist mental health telephone service, and provides triage and referral to 75% of WA rural and remote population. Rurallink is staffed by experienced mental health clinicians.</p>

Attachment F: Jurisdictional Report for SA

Key to South Australia's role in National Implementation Strategy:

South Australia to lead development of implementation approach

South Australia to participate in sub-group for development of implementation approach

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>South Australia has recently undertaken Market Research to gain an understanding of the views from targeted groups about Mental Health. The groups that were contacted comprised –</p> <ul style="list-style-type: none"> • Non Government Organisations • General Public • Mental Health Staff <p>Information has been collated; from the responses from the three groups. This information will be used to create a mental health communication strategy and in a local marketing campaign to address issues notified in the Market Research.</p> <p>South Australia strongly believes that a National campaign with complimentary local initiatives will give the best results in this area.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p>Limited action has been undertaken in this area, a project has been developed for employment options, but awaiting funding prior to being implemented.</p> <p>We are currently piloting the collocation of Disability Employment workers in a number of our community services.</p> <p>SA Health has contracted with SA Mental Health Coalition to provide Cert IV training in Mental Health</p>
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<p>South Australia has contracted with GPSA to provide 30 Shared Cared Mental Health clinicians working in General Practice. This programme is in its third year and an interim evaluation was completed midway through the programme, this indicated the programme was successful. A final evaluation is currently being undertaken. It is anticipated that this programme will be continue for a further three years.</p>
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p>South Australia has provided a significant amount of training for Mental Health staff in the Recovery paradigm. The recently developed South Australia Mental Health & Wellbeing Policy has Recovery as a fundamental to good mental health care. The Mental Health reforms currently being undertaken in South Australia have meant that service Models of Care have been reviewed, recovery principles have been embedded into the new models. South Australia believes there is still much work to be done in this area and see this as an ongoing strategy</p>

<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p>There is currently a Memorandum of Understanding between Health & Housing to ensure services are in place. Health & Housing meet on a regular basis to review issue with tenancies and to put in place actions where required. Housing provides tenancy support programmes to assist people who are finding difficulty to maintain their tenancy.</p> <p>Mental Health provides a number of support programmes/packages, in conjunction with NGO's to support mental health consumers to live in the community. We have a well developed HASP (Housing and Support Programme) in place</p> <p>South Australia has been successful in gaining an allocation of 250 social houses from the housing Stimulus package. These houses will be allocated to mental health consumers and will be supplemented by flexible support packages provided by contracted NGO's</p>
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>South Australia has a State Strategic Plan (2006) which has identified a key target '(T6.6) - Halve the number of people rough sleeping by 2010 and maintain thereafter.' This is intended to support the National Partnership Agreement on Homelessness which has established a target of reducing rough sleeping by 25% by 2012-13 in addition to specific targets for addressing Aboriginal homelessness and rough sleeping.</p> <p>Key activities in respect of homelessness include:</p> <p>Homelessness Inter-Ministerial Committee (HIMC) This committee is responsible for overseeing the implementation of a Performance Framework which specifies performance targets and measurement indicators aimed at addressing rough sleeping and homelessness on a whole of government basis. The Performance Framework is currently in draft form and is to be considered for adoption at the next meeting of the HIMC. The Performance Framework identifies 4 key strategy areas:</p> <ul style="list-style-type: none"> • Direct Services to Prevent Rough Sleeper Homelessness • Housing First as the Primary Response to end Rough Sleeping Homelessness • Assertive and Integrated Health and Housing Services for People with Complex Needs • Specialist Homeless Sector Reform <p>Key activities have been identified for each strategy and measurement criteria determined. The following state government agencies have been identified to lead action in respect to the key activities identified:</p> <ul style="list-style-type: none"> • SA Health – Primary Health Care, Acute Services, Mental Health • SA Health – Regional Health Services (Central Northern Adelaide Health Service; Southern Adelaide Health Service; Child Youth and Women's Health Service; Country Health SA) • Families and Communities SA (Housing) • Families and Communities SA (Disability) • Education and Children's Services • Further Education, Employment, Science and Technology • Drug and Alcohol Services SA <p>Integrated Service model SA Health has taken a lead role in developing and implementing an 'Integrated Service Model' to enhance the services provided by the inner city Street to Home service based in Adelaide. This initiative is consistent with a Housing First approach and seeks to strengthen linkages with mainstream service providers (Mental Health, Drug and Alcohol Services, Housing SA, Disability SA) within the existing Street to Home service. Additional staffing resources have been provided by SA Health (Mental Health, Drug and Alcohol Services SA) with a matching contribution by Housing SA.</p> <p>New Model of Care Significant work has been undertaken in the development of new models of care for a range of mental health service components. In</p>

	<p>particular, the Model of Care for Adult Community Mental Health Services includes specific reference to people with high and complex needs being considered a priority for service response. The requirements for ensuring that care is provided, regardless of whether the persons mental health condition is the main reason for contact with the service, is a key principle within the new practice requirement. In addition, the need to ensure that care is effectively coordinated across government and non-government agencies is a key aspect of the new Model. 'Care Co-ordination' (in addition to Case Management) is established as an integral requirement of the new Model.</p> <p>High and Complex Needs Committee A forum has been established to facilitate communication and planning with non-government organisations regarding the services provided by them to people with high and complex needs. The organisations represented have commenced identifying people that meet the criteria for high and complex needs and it is intended to create a care coordination forum to enable the effective coordination of multiple services responses to the highest needs consumers of this client group. An information sharing protocol is being developed to facilitate the exchange of client information within this group of agency representatives.</p> <p>Regional Initiatives Various initiatives occur at regional service delivery level to facilitate service response. Activity has occurred within the metropolitan area to identify high needs consumers with a mental health issue so that local agencies are engaged in the provision of coordinated services. Regional Case Allocation Committees also provide a mechanism where individuals and families with multiple and severe needs are discussed and appropriate involvement of government and non-government agencies occurs.</p> <p>Research The Mental Health unit has commissioned research regarding the incidence of high and complex needs among clients referred for non-government agency support by community mental health teams. This research has been used to inform the approach taken to more appropriately addressing the needs of this client group.</p> <p>Aboriginal Homelessness A specific set of strategies intended to support the needs of Aboriginal people who have high and complex needs has been developed as part of the HIMC process. SA Health and Housing SA have been assigned lead responsibility on developing initiatives intended to reduce the level of homelessness and rough sleeping in the Aboriginal population. Specific targets have also been set for rural and remote areas.</p>
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<ul style="list-style-type: none"> • (Improved access and responsiveness of mainstream mental health care. • Facilitate improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people. • Development of regional Aboriginal Mental Health Network committees to improve access and equity to mainstream mental health services. • Coordination of resources, programs initiatives and planning. • Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being. • Improving coordination, planning and monitoring mechanisms.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p>South Australia contracts with Relationships South Australia, since 2005 to provide Mental Health First Aid training to a number of organisations, these have included - Police, Metropolitan & Country Fire services, Local Government Councils, Community & Neighbourhood Housing, Community Indigenous groups</p> <p>Recently the Department of health & Department of Transport, Energy and Infrastructure have formed a partnership with the Taxi council of South Australia to increase psychological wellbeing of taxi drivers and their passengers. South Australia continues to work with Beyondblue on a number of initiatives, these have included the dissemination of depression and</p>

	<p>anxiety related materials, promoting the health & wellbeing of age groups across the population, including younger & older people. Also assisting rural communities to cope and thrive through times of drought</p> <p>A range of mental health initiatives targeting young people have also been undertaken including, Healthy Young Minds, this programme expands child & adolescent mental health services in high demand areas, over 1000 young people have already accessed the programme.</p> <p>Headroom is a programme that aims to promote positive mental health for children & young people and provides information to people who care and work with them. Also includes a website and printed mental health literacy resources</p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p>As outlined in action 8, plus the work SA are undertaking in the National Perinatal Screening Initiative</p> <p>We are also working with Families SA to put in place programmes for children of parents with a mental illness</p> <p>Discussions are being held with Education on how we can assist them to deal with children who have parents with mental illness, where this impacts on the schooling of the child.</p>
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p>South Australia has created Healthy Young Minds (26 FTE's) this is an expansion of child & Adolescent services in high demand areas. Three positions are identified as co morbidity positions to work with youth who have mental health and alcohol/substance abuse issues.</p>
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<p>South Australia has recently developed a community based early youth psychosis services. This service will be state-wide and work on a hub & spoke model, the spokes will come from our community mental health services.</p> <p>We are also in the process of reviewing of model of care for Child & Adolescent mental health services, a focus of this review will be services to youth.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p>The South Australian Government contributes to suicide prevention training and support for front-line health and community workers through:</p> <ol style="list-style-type: none"> 1. SQUARE (Suicide, Questions, Answers and Resources SQUARE) has been developed for South Australia in collaboration with the Federal Government and General Practice SA (2004-2009). SQUARE is a primary health care suicide prevention, intervention and training resource model for front line workers which promotes assessment and management of suicide risk in patients in the primary health care setting through training programs, packaged resources and follow-up sessions. The South Australian Government has funded SQUARE in 2009-2010 to deliver the following activities: <ul style="list-style-type: none"> • Maintaining the SQUARE website and training programs for front line workers in SA. • Evaluating the SQUARE resources and suicide networks established through SQUARE activities in South Australia (2004-2009)

- Mapping suicide assessment practice and protocols in currently place in South Australian public mental health community and hospital facilities, including Emergency Department facilities
 - Identifying the referral pathways to suicide prevention/support services offered to people who are assessed as being at risk of committing suicide by health professionals working in these facilities
2. **Mental Health First Aid Training Program** delivered by Relationships Australia SA, this program aims to increase the effectiveness of communities to assist individuals who are experiencing distress resulting from mental illness, and assists people at risk through timely access to mental health care that enables prevention of suicide and self-harm. The program is helping to develop supportive environments that promote safety and resilience for all.
 3. **Centacare's ASCEND Suicide Intervention Program:** Centacare Suicide Prevention Program ASCEND, providing assessment, support, consultation, education, networking and direction The program provides services to young people who are exhibiting depressive, suicidal or self-harming behaviours. Clinical consultations can be one-to-one with the young person at risk or in a secondary capacity with the worker who is supporting the young person at risk. A key component of the program is the provision of training to ensure that professionals learn how to correctly recognise, interpret and respond to suicidal and depressive behaviours. Organisation specific training can be provided to your staff team on request. Over the last 18 months, 269 health, welfare and educational professionals have attended the one day Youth Suicide Risk Assessment Workshops. Since January 2009, has had involvement with more than 20 schools from both the public and Catholic education sectors.
 4. **South Australian Youth Welfare Advisory Committee** was formed in 2006 with representatives from South Australia Police, Child and Adolescent Mental Health Services and the education sector with representatives from State, Catholic and Independent schools. The Committee has recommended that police, in consultation with the bereaved family, will manage the dissemination of information about a youth suicide to the media. The group has also developed guidelines for schools to follow in disseminating information about a student suicide to school communities. These guidelines, including models of letters that may be sent to parents, are publicly available online. This work is led by the Department of Education and Children's Services (DECS).

Mental Health Education: There are also a wide range of community awareness and skill building mental health initiatives that contribute to raising awareness of the importance of mental health. These messages include self care and enhanced coping, resilience and family and community connectedness. Such initiatives include:

- *Beyondblue partnership* The South Australian Government and aims to reduce the burden of depression and anxiety in the community. The diverse range and reach of Beyondblue programs and initiatives undertaken across South Australia reflect the ongoing success of this partnership.
- SA Health is currently developing an anti-stigma campaign as part of South Australia's *Mental Health Communication Strategy*. While this campaign will not target suicide specifically, it will focus on increasing awareness of risk factors as well as reducing stigma and discrimination associated with mental illness.
- SA Health's *Statewide Drought Initiative* programs have been successful in increasing mental health literacy and helping develop support networks amongst farming communities across South Australia.
- The current five year Mental Health reform program for South Australia aims to implement comprehensive integrated mental health services, underpinned by the *Mental Health Act 2009*, and the Mental Health and Wellbeing Policy.
- A *Mental Health Memorandum of Understanding* between the Department of Health, SA Ambulance Service, the Royal Flying Doctor Service and South Australia Police was signed in 2006. This has increased collaboration and assisted in clarifying the roles of relevant services in assisting individuals at risk of suicide.
- *In rural and remote South Australia*, the Emergency Triage and Liaison Service, Rural and Remote Mental Health Services, is extremely well utilised by primary health care networks and emergency services. The Services assist in coordinating service-wide responses, assess risk and conduct comprehensive assessments and provides clinical/operational advice and support.

<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p>South Australia is currently preparing to collaboratively develop the <i>South Australia Suicide Prevention and Postvention Strategy</i> that will be underpinned by the nationally agreed suicide prevention framework. This Strategy will be developed cooperatively with stakeholders and organisations and will assist in a coordinated approach to the SA suicide prevention activities across the state. The Strategy and will be built on the current prevention activities, informed by suicide prevention program evaluations and the mapping of suicide practice and protocols within SA Health organisations/facilities.</p>
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<p>South Australia has appointed a Carer Consultant to the Mental Health Unit at SA Health; this position is working with a state-wide carers group to better understand the needs of carers. A new Mental Health Care plan has also been developed, this will have a section for carers to complete, this will provide additional information and assist in giving a full picture of needs.</p> <p>We are also working with Carers on issues to do with the support needs for ageing carers, this includes NGO packages and housing requirements, this is still at an early stage of development.</p> <p>South Australia also has released a Carers Recognition Act</p>
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>Apart from the normal activities of CAMHS with this population group there are new programs under development that are currently being researched and implemented. The Parallel Parent Child Narrative/Parent and Child Therapy (PPCN/PACT) programs focus on healing disordered attachment between parent and child as a result of trauma of all types. Rather than separate the child from the family the therapy team works to prevent family breakdown and where appropriate and safe to reunite the family.</p> <p>These programs have been implemented in the Southern Adelaide Health Service (SAHS) and Southern Country Regions at present these programs target families with younger children where other therapeutic approaches have failed but they also have the potential to support older children and their families.</p>
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p>The Mental Health Reform process in South Australia, which came from a review of Mental Health services by the Social Inclusion Unit, and resulted in the release of the "Stepping up" report in 2007, used the work of Gavin Andrews to identify the range of services required to meet the populations needs in South Australia</p>
<p>17. Establish regional partnerships of funders, service providers, consumers</p>	<p>South Australia have developed a number of Programme Management Committees, which bring together the major partners in various areas to develop service models, these include- Housing & Accommodation Support Partnership (HASP) Returning Home (for consumers who are moving from hospital to community living) Social Housing</p>

<p>and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<p>Exceptional Needs Committee (a cross government group for clients with high & complex needs) Local Liaison Groups (local groups that deal with issues in the Emergency Services MOU) Local Housing groups There are also a number of cross sector groups that have been established as part of the SA Mental Health Reform process</p>
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<p>As per action 17, 21</p> <p>South Australia has developed an electronic Consumer Care Plan; it is proposed that this plan will follow the consumer where ever they receive services. Unfortunately are I.T. systems will require further development to allow for information to be shared with Primary Care and NGO's</p>
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p>South Australia currently has in place a Memorandum of Understanding between Health, Ambulance, Police and the Royal Flying Doctor service. This MOU has just been evaluated and some minor changes are being made. The recent changes to SA Mental Health Act will also require some amendments to the MOU.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p>South Australia has developed a number of Mental Health/Drug & Alcohol co morbidity positions to work across these service groups. As previously identified there are also 30 Shared Care Mental Health clinicians that work in Primary Care.</p> <p>A project has been established to ensure the physical health needs of Mental Health consumers, both in hospital and in the community are being assessed and treated, work is progressing to ensure mental health consumers are linked to a General Practitioner</p> <p>South Australia has developed GP Plus centres, these are primary care centres that bring together a number of providers to meet the needs of the population's services, Mental health is linking with the GP Plus centres and in some regions they will either have community mental health centres as part of the GP Plus, or collocated with GP Plus.</p>
<p>21. Develop and implement systems to ensure</p>	<p>South Australia has embarked on a significant mental health reform process, as per the Social Inclusion report "Stepping Up". To implement the changes South Australia has revised all the current service models of care and created new models of care for services currently not provided in South Australia, this includes reviewing entry & exit criteria and creating pathways into services. The review of</p>

<p>information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<p>community mental health services will result in integrated teams, where the consumer's journey is seamless with no referrals being required between different parts of the community team. All consumers will also be allocated a case co-ordinator to assist them in their journey through mental health services.</p>
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<p>As per actions 3, 20, 21</p>
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<p>See action 24</p>
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>The new <i>Mental Health Act 2009 (SA)</i> was assented to in June 2009 and will enter into force on 1 July 2010, replacing the current <i>Mental Health Act 1993</i>. The new legislation contains updated provisions to support the development of cross-border agreements and the transfer of people under civil orders.</p> <p>South Australia currently has cross-border agreements for the transfer of people under civil orders with the Northern Territory, Victoria and New South Wales. These agreements will be revised when the <i>Mental Health Act 2009</i> enters into force.</p> <p>South Australia is also currently in the process of developing or making arrangements to develop cross-border agreements for the transfer of people under civil orders with all other States and Territories. These agreements will have effect under the <i>Mental Health Act 2009</i>.</p> <p>South Australia does not currently have any agreements to support the transfer of people under forensic orders. Amendment of South Australia's <i>Criminal Law Consolidation Act 1935</i> will be required to support the development of such agreements.</p>
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>This should be covered by the development of the Mental Health National Workforce Strategy that is currently being developed</p>
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<p>South Australia has a number of positions for consumer and carer employment these include-</p> <ul style="list-style-type: none"> Ward based consumer consultant Ward based carer consultants Community consumer consultants Community carer consultants

	<p>Peer support workers Peer support work training is funded by SA Health SA Health also employs a consumer consultant & a carer consultant based at the Mental Health Unit, they are part of the Mental Health senior management team.</p>
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<p>These are being developed in South Australia, the current information systems do not meet the needs of the service and investigation is currently underway for replacement systems.</p>
<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p>South Australia Mental Health services fund a bi-annual clinical research day, to better promote and share mental health research in the state, this has proven to be very successful. South Australia has also recently appointed a Chair in Mental Health nursing to promote mental health research. There is already a Mental Health research group developed. Work is also underway to recruit top the vacant Chair in Psychiatry</p>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<p>South Australia has developed a telephone based Central Triage service, this is collocated with the South Australian Ambulance service, the triage service is a single point of contact for mental health consumers requiring assistance</p> <p>South Australia has piloted a programme which uses text messages in our youth services. We are also piloting, with Beyondblue a telephone counselling service for sufferers of Anxiety and Depression. (based on the Doncaster model)</p> <p>South Australia's Country Mental Health services are a significant user of video-conferencing technology as a clinical too. They also provide advice to Country General Practitioners and Country Hospitals as a Distance Consultation services, either using telephone or video-conferencing</p>

Attachment G: Jurisdictional Report for TAS

Key to Tasmania's role in National Implementation Strategy:

Tasmania to lead development of implementation approach

Tasmania to participate in sub-group for development of implementation approach

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<ul style="list-style-type: none"> • In October 2009, the Tasmanian Government released <i>Building the Foundations for Mental Health and Wellbeing, A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania</i>. Under this Framework, the development of a social marketing strategy to increase mental health literacy and reduce the stigma and discrimination against people with a mental illness has been identified as a priority for 2009 – 2010. This work will be done in partnership with the Mental Health Council of Tasmania with significant preliminary work to occur at a community development level prior to the development of a campaign. • Tasmania also funds beyondblue, the national depression initiative. • Tasmania, through the Migrant Resource Centre in the South and Aspire in the North, supports the rollout of “Stepping Out of the Shadows” stigma reduction training for culturally and linguistically diverse communities.
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> • The Department of Health and Human Services, through Statewide & Mental Health Services, has established the Integrated Employment Project in the north and south of the State. An employment specialist is located within the adult community mental health team who actively works with the multidisciplinary mental health team and the client to achieve employment solutions. Results have been positive to date. It is intended that this project be rolled out across all adult community mental health teams in Tasmania. • MH In-Touch is a new network that meets periodically to discuss how to best assist people living with a mental illness to access education, training or employment. MH In-Touch aims to link mental health service providers with education and training providers and employment agencies.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> • Statewide & Mental Health Services has employed a GP Liaison Officer to support the development of a stronger and more strategic relationship with the primary health care sector. The Officer is currently working on the establishment of a mental health primary clinical network for Tasmania.
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<ul style="list-style-type: none"> • Statewide & Mental Health Services, through its assertive case management model and underpinned by the <i>Mental Health Services Strategic Plan 2006 – 2011</i>, is working consistently to re-orient service delivery to ensure a culture of recovery. This work is also occurring within the community sector level. • The recently released <i>Building the Foundations for Mental Health and Wellbeing Framework</i> is founded on a positive concept of mental health and a commitment to recovery. This is articulated in the Framework, particularly in regard to mental health promotion, with the Framework articulating the roles and responsibilities of Mental Health Services and funded Community Sector Organisations, in mental health promotion, mental ill-health prevention and early intervention. • The Framework highlights the important role of consumers and carers in re-orienting a mental health service to recovery. Statewide

	<p>& Mental Health Services conducted a review of consumer and carer participation during 2008 and is progressing the implementation of the recommendations of the report.</p> <ul style="list-style-type: none"> • Statewide & Mental Health Services Workforce Development Unit delivers training to mental health service staff and recently engaged Ron Coleman, a Scottish Mental Health Trainer and Consultant specialising in Recovery and Psychosis, to work with staff from the mental health service sector in Tasmania.
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • The Department of Health & Human Services funds a number of community sector organisations to provide residential and rehabilitation support to clients with a mental illness. Business units within the Department liaise regularly to determine priorities for clients with a mental illness and/or disability.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<ul style="list-style-type: none"> • Inter Agency Support Teams are cross agency teams through which young people identified at high risk, are able to benefit from cross agency solutions to emerging problems. The teams are supported with input from across State Government agencies and are located within each Local Government Area in Tasmania. The Department of Police & Emergency Management is currently reviewing the operation of the teams to identify whether the model can be extended to support adult clients. • Partnership with Housing Tasmania regarding the residential support for clients with severe mental illness
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<ul style="list-style-type: none"> • In Tasmania, the Department of Health & Human Services, through Population Health, employs a Policy Officer, Aboriginal Health, who has an established relationship with Statewide & Mental Health Services' Aboriginal Policy & Liaison Officer. • Statewide & Mental Health Services State Office, through Commonwealth funding, has engaged an Aboriginal Policy & Liaison Officer to provide strategic policy advice. • In the <i>Building the Foundations for Mental Health and Wellbeing Framework</i>, released by the Tasmanian Government in October 2009, Priority Five identifies a number of strategies to reduce mental health inequalities. <ul style="list-style-type: none"> ◦ <i>Strategy Three</i>: Work with relevant policy makers, health organisations and communities to ensure the unique promotion, prevention and early intervention needs of Tasmanian Aboriginal people are identified and met. • Staff within DHHS will work across agency and with the Aboriginal communities in Tasmania to coordinate actions to support the directions noted in the <i>Building the Foundations Framework</i> and also those identified with the renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<ul style="list-style-type: none"> • MindMatters and KidsMatter are implemented through Project Officers based within the Department of Education • Tasmania supports the pilot Kids Matter (Early Childhood) program. • Mental Health in Schools Reference Group with representation from the public, Catholic and independent education sector • DHHS provides mental health first aid training across the health sector and to CSOs as required • Statewide & Mental Health Services, in partnership with the Department of Premier & Cabinet, recently released a tender to engage providers that offer workplace specific mental health and wellbeing training and education for the purpose of establishing a panel of preferred contractors for engagement by State Service Agencies.

	<ul style="list-style-type: none"> Implementation of Good Sports and Build Your Game to support the development of responsible alcohol culture within sporting clubs and an increased understanding of mental health promotion and early signs of mental ill-health. Partners include beyondblue, DHHS, Department of Sport and Recreation and the Australian Drug Foundation.
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<ul style="list-style-type: none"> National Perinatal Depression Initiative (statewide) <ul style="list-style-type: none"> A Project Officer has been appointed for Tasmania to progress the initiative statewide.
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<ul style="list-style-type: none"> <i>HeadSpace</i> currently provides multidisciplinary services to youth in Northern Tasmania (Launceston) only. SMHS is currently in negotiations with headspace in the North to identify areas of need and opportunities for collaboration. The Link, a community-based service, provides health services to young people in the greater Hobart area and is based within the Hobart CBD. Development of Integrated Care Centres and rollout of Child and Family Centres across Tasmania
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<ul style="list-style-type: none"> The recently released <i>Building the Foundations for Mental Health and Wellbeing Strategic Framework and Action Plan</i> identifies the need to: <ul style="list-style-type: none"> Re-define current service delivery profiles to include four service streams – children, adolescents and youth (12-25 years), adults, and older adults. Develop a mechanism for the early identification of emerging risks affecting mental health to ensure timely service access for shared clients of mental health, alcohol and other drug services, child protection and corrections, as well as for family members who might also be at increased risk.
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p> <p>Tasmania is a member of the implementation subgroup: Suicide Prevention Framework Alignment Working Group</p>	<ul style="list-style-type: none"> Human Capital Alliance was engaged in December 2009 to develop Tasmania's first Suicide Prevention Strategy. The Draft Strategy is due by the end May 2010 and the final Strategy is expected by June 2010. The Strategy will form a sub-strategy of <i>Building the Foundations for Mental Health and Wellbeing</i> and will identify whole of government and whole of community strategies and actions, targeting populations know to be at higher risk of suicide. An MoU has been developed between the 24/7 Standby Response Team and Tas Ambulance and is due for sign off late April 2010. Tasmania, through Wesley mission LifeForce and Lifeline Hobart, held the first Suicide Memorial Service in April 2010 which was attended by service providers from government, community and non-profit sectors.
<p>13. Coordinate state, territory and</p>	<ul style="list-style-type: none"> Tasmania's first Suicide Prevention Strategy will be finalised by June 2010. The Strategy will be developed in line with the LIFE Framework and will form a sub-strategy of <i>Building the Foundations for Mental Health and Wellbeing</i> and will identify whole of government and whole of community strategies and actions, targeting populations know to be at higher risk of suicide.

<p>Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p> <p>Tasmania is a member of the implementation subgroup: Suicide Prevention Framework Alignment Working Group</p>	<ul style="list-style-type: none"> • The Department of Premier and Cabinet's Social Inclusion Unit, in its recently released report, highlights suicide prevention, stigma and discrimination and links with community-based solutions. • The CEO of Statewide & Mental Health Services chairs the Tasmanian Suicide Prevention Committee, with representation from across agency and the community. •
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<ul style="list-style-type: none"> • Kids in Mind Tasmania initiative (support for children of parents with mental illness) <ul style="list-style-type: none"> ◦ Taz Kidz Clubs, Champs Camps and Parenting Support Programs – Anglicare Tasmania ◦ Statewide Coordinator ◦ Early Intervention Support for Young People and Families from culturally and linguistically diverse and refugee backgrounds. • Tasmania was one of two states to pilot the National COPMI E-learning resource (August 2009) • Implementation statewide of the National COPMI Initiative's recently launched e-learning module, Keeping Families and Children in Mind (October 2009) • Implementation of the recommendations under the recently released Consumer and Carer Participation Report • Strengthening the development of ARAFMI Tas Inc, the primary family/carer organisation. ARAFMI will provide support, information and peer support.
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<ul style="list-style-type: none"> • Under the Kids in Mind Tasmania initiative, Anglicare Tasmania Inc. is funded to provide Taz Kidz Clubs and Champs Camps for children of parents with mental illness • Family and individual therapeutic programs through CAMHS • Early Intervention Project (Migrant Resource Centre Southern Tasmania Inc.) provides tailored training for schools, child care workers regarding issues faced by former refugee young people and their families. The Centre, through the Phoenix Centre program, provides individual and family counseling and support. • Development of a Child and Adolescent Inpatient Unit will begin in 2010
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<ul style="list-style-type: none"> • Under the funding allocation supporting the Bridging the Gap initiative, Tasmania provides a mixed range of mental health services which also saw the recent addition of a transition unit of 12 beds at Rocherlea, in the north of the State. • Pre-planning for the development of a new Mental Health Services Strategic Plan • Development of a new Mental Health Services Information System to guide service planning, funding models and data collection.

<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<ul style="list-style-type: none"> • Management and implementation of the Collaboration Strategy which will enhance the opportunities for the development of local solutions across sectors through Inter/Intra Agency Working Groups for Mental Health.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<ul style="list-style-type: none"> • Establishment of Mental Health Clinical Network for Tasmania with a strong focus on the primary health and mental health care interface.
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<ul style="list-style-type: none"> • Provision of a range of training opportunities to Police and Emergency Services Management and Ambulance Services in mental health legislation and mental health first aid. • Consideration being given to facilitate training for health staff in relation to legal processes.
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<ul style="list-style-type: none"> • Development of Mental Health Clinical Network for Tasmania with key stakeholders primary health care / mental health services and alcohol and drug services. • Ongoing implementation of a Statewide Comorbidity Framework

<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<ul style="list-style-type: none"> • In October 2009, Statewide & Mental Health Services released the Consumer and Family Support Guide for Mental Health Services in Tasmania which provides an overview of current services in Tasmania and the referral pathways. • SMHS has developed a range of other publications promoting available services and has also developed a stronger Intranet and Internet presence. • The MHS helpline brochure will be translated into five new languages in 2010.
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<ul style="list-style-type: none"> • Establishment of Primary Mental Health Clinical Network for Tasmania
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<ul style="list-style-type: none"> • The Mental Health Statement of Rights and Responsibilities informs policy development, strategic and service planning for Tasmania's Mental Health Services.
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<ul style="list-style-type: none"> • Part 12 of the <i>Mental Health Act</i> enables the Minister for Health to enter into agreements with interstate counterparts to give effect to the: <ul style="list-style-type: none"> ◦ transfer of involuntary patients, forensic patients who are not prisoners and persons who are subject to supervision orders between jurisdictions on humanitarian grounds (referred to here as humanitarian transfer agreements), and ◦ apprehension, detention and return of patients subject to continuing care orders, and forensic patients who are not prisoners, who abscond from the approved hospital or secure mental health unit in which they are being detained and are found at large, from the jurisdiction in which they are found at large to the 'home' jurisdiction (referred to here as interstate control agreements). • The development of cross-border arrangements is a key direction of the <i>Fourth National Mental Health Plan 2009 - 2014</i>. The development of cross-border arrangements for the humanitarian transfer and interstate control of mental health patients is also a standing item on the Mental Health Standing Committee of the Australian Mental Health Advisory Council Health Policy Priorities Principal Committee. • Despite a history of negotiation between Tasmania and other jurisdictions, in particular Queensland and Victoria, Tasmania is yet to enter into any humanitarian transfer or interstate control agreements. • Negotiations have been sporadic for a number of reasons, including the need to amend the <i>Criminal Code 1924</i>, <i>Sentencing Act 1997</i>, <i>Criminal Justice (Mental Impairment) Act 1999</i> and <i>Mental Health Act</i> in 2002 to enable Tasmania to enter into bilateral agreements and the introduction of the forensic provisions to the <i>Mental Health Act</i> that occurred in late 2005. More recently, negotiations have not progressed significantly because of the need to dedicate available legislative resources to the review of the <i>Mental Health Act</i> and subsequent development of a new Mental Health Act. • SMHS has however recently commenced negotiations with South Australia and renewed discussions with Victoria with a view to developing agreements between those jurisdictions and Tasmania. • It is envisaged that the new Mental Health Act, which is currently being drafted, will contain provisions similar to Part 12 of the <i>Mental Health Act</i> enabling the Minister for Health to enter into interstate agreements. Any agreements entered into prior to the commencement of the new Mental Health Act would simply be modified to the extent necessary to ensure their continued operation under the new legislation.

<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<ul style="list-style-type: none"> • Statewide & Mental Health Services is engaged at a national level in the development of a workforce strategy for mental health. • In process of completing five year state based workforce development framework for SMHS and implementing "Leading the Way" recommendations (Whole of DHHS plan for nursing and allied health professionals) • <i>Growing Forward</i> paper commissioned by the Mental Health Council of Tasmania, examines the need for a workforce development strategy for Tasmania's mental health community sector organisations. • Commencing pilot for implementation of Mental Health Professional Online Development program (2010).
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • Statewide & Mental Health Services <i>Consumer and Carer Participation Review</i> <ul style="list-style-type: none"> ○ Implementation of the recommendations of this report including the development of a single, properly constituted, sustainable consumer organisation, with statewide reach and appropriate governance arrangements. ○ Development of peer support programs ○ Development of appropriate consumer and family/carer worker positions within Mental Health Services
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • Statewide & Mental Health Services is seeking accreditation through the Australian Council on Health Care Standards. This process formally began in 2009. • The Department of Health & Human Services established the Office for the Community Sector in 2008. The office has finalised a process of consultation with the community sector and government and has developed a range of new reporting frameworks including Quality and Safety, Performance Monitoring and Financial Reporting.
<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<ul style="list-style-type: none"> • In 2007, Statewide & Mental Services established the Mental Health Services Helpline, a statewide service available 24 hours a day, seven days a week. The Helpline serves as the single point of entry into the public mental health system in Tasmania. • Launched in November 2009 the new health direct Australia telephone health advice line (1800 022 222)

Attachment H: Jurisdictional Report for ACT

Key to Australian Capital Territory's role in National Implementation Strategy:
Australian Capital Territory to lead national implementation of action
Australian Capital Territory to participate in national implementation sub-group

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>This action is a national responsibility, however:</p> <ul style="list-style-type: none"> • The ACT Government provides support to <i>beyondblue</i>. • The ACT Government provides funding to Mental Illness Education ACT (MIEACT). MIEACT provides education about mental illness with an aim to reduce stigma, increase mental health literacy and encourage help seeking behaviour as well as to provide information on where people may seek help. MIEACT have both a school and a community program delivering education sessions to high school students in years 9 to 12, and in the community to community organisations and government agencies including police. ACT Health provides over \$240,000 of funding per annum to MIEACT. The funding has been increased by over \$150,000 since 2002. The Mental Health Community Education Officer in the ACT Mental Health Policy Unit works closely with MIEACT providing education, raising awareness and encouraging help seeking. • The ACT Government provided an additional \$200,000 for the next two years to enhance the roll out of Mindmatters and KidsMatter, which are school-based initiatives.
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> • Vocational programs: The ACT Government currently supports two vocational programs providing training and paid work experience for people with mental illness in the ACT. In 2009-2010, \$342,659 funding was provided for: <ul style="list-style-type: none"> • A café which has been operating for nearly 15 years and: • A yard maintenance business which has been operating for 21 years. <p>These two programs combined provide vocational rehabilitation for approximately 65 consumers at any one time. The outputs of the two programs include: the provision of 1000 hours available paid work experience per month; 20 new clients accepted in, and trained every six months and 20 clients exited every six months, with a minimum of 8 clients progressing on to employment, further study of other positive activity.</p> • Enhanced vocational services and employment success: In 2008-09, the ACT Government funded two new initiatives: • Pilot of an Individual Placement and Support Program: This program aims to achieve ongoing competitive employment as opposed to supported or transitional employment for people with mental illness. The program is intended to work through embedding an employment specialist in a community mental health team to assist finding and maintaining employment for mental health consumers. The pilot is yet to be implemented due to difficulty engaging a disability employment network. • Establishment of a Social Enterprise Hub: Social enterprises are businesses that create employment opportunities for people with disability, mental illness or other disadvantage; they play an important role in overcoming social exclusion and provide real jobs. The hub is a 3-way partnership between Social Ventures Australia, government and a corporate partner, each partner contributing equally. The ACT Social Enterprise Hub was launched in June 2009. Eight organisations are formally engaged, another six are in the preliminary research stages and nine are potentially interested in involvement. • Consumer Scholarships: In 2009-10, the ACT Government funded an initiative to offer ten scholarships to consumers to study Certificate IV in Mental Health. Mental Health ACT is supportive of employing consumers as peer support workers within the service. This opportunity will make individuals completing their studies attractive to potential employers in the community sector where peer

	support workers are being employed.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> • Mental Health ACT and the ACT Division of General Practice meet quarterly. • The Better Health Program (BHP) initiative began in the City region of ACT in 2004. The model links General Practitioners with a community mental health service to improve the physical health of mental health consumers. Participating GP's bulkbill participating consumers of the BHP attending their practice, with an aim to review the physical health of each participant at least once every six weeks when a physical illness is present or more frequently if clinically indicated. Funding was increased in 2008-09 to expand the successful program to another region in ACT. • Actions in the <i>Building a Strong Foundation: A Framework for promoting mental health and wellbeing in the ACT 2009-2014</i>: <ul style="list-style-type: none"> Action 2.1: 'Expand the clinical capacity of perinatal mental health services to provide early intervention, treatment and support to expectant mothers who have been identified as at risk of developing post-natal depression or another mental illness'. Action 3.1.1: 'Ensure comorbidity strategy in development aligns with other strategies such as Primary Care strategy'. Action 3.7: 'Increase access to general health care for individuals with a mental illness'. • Actions in <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>: <ul style="list-style-type: none"> Action 4.2.1: Bring identified gaps in referral pathways and shared care arrangements specific to suicide prevention and postvention to the attention of service providers.
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p>Services across the mental health sector in the ACT have had an active interest in recovery concepts and facilitating recovery promoting initiatives for more than 5 years, with a core group of people developing their understanding and working to create a culture shift in services. In 2007, mental health services in the ACT, led by Mental Health ACT adopted a set of principles and service delivery guidelines as a foundation to providing services that promote recovery - (http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=-1134856058&sid=</p> <p>Staff orientation and more intensive training around recovery principles, understanding recovery, practical approaches and recovery planning are features of the core training program for mental health services and participation of consumers, family/carers and the broader community sector is invited. In addition, partnerships between government and community sectors has enabled regular visits to the ACT by internationally acknowledged experts in recovery for more intensive training.</p> <p>Mental Health ACT has also been actively developing a Recovery Plan which is a consumer centred planning tool that aims to facilitate consumer participation, collaboration and coordination of services and ultimately consumer leadership in planning treatment, relapse prevention and recovery from mental illness. In line with recovery principles, the process of developing these tools has been a collaborative process, inclusive of consumers, family/carers and the community sector.</p> <p>Critical to the process of recovery planning is how this process is carried out, i.e. the ability of staff to engage and empower consumers. The tools are designed to facilitate this process and be more accessible to consumers and their families in their language, design etc. Staff are supported in the process through training, case review, supervision, documentation audits and ongoing discussion which is integral to the development of the recovery planning process and the overall culture shift in service delivery. Information and education to consumers, carers and other service collaborators is ongoing but another critical element to creating expectations that will help drive the transformation of services.</p> <p>The <i>ACT Mental Health Services Plan 2009- 2014</i> has three complementary and inter-related foundation areas for service development over the next five years: Recovery Focus; Consumer and Carer Participation; Partnership and Collaboration. The plan outlines strategic</p>

	<p>directions for consolidating work done, extending capacity across the mental health sector, supporting innovation and a collaborative, inclusive approach to implementing change and monitoring progress.</p> <p>The <i>ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006-2008</i> and its successor <i>Building A Strong Foundation – A Framework for Promoting Mental Health and Wellbeing 2009-2014</i> provide strategic support to the development of activities and programs that will support those recovering from mental illness such as security of housing and social inclusion. These plans provide a guide for the whole of government and whole of community.</p> <p>Increasingly, as services are better aligned with recovery principles, innovative programs are established. Ongoing recovery support is available through the ACT Health funded mental health outreach support services, Commonwealth funded Personal Helpers and Mentors Program; peer support and peer advocacy services run by consumer and advocacy programs; consumer led groups such as MI Recovery; and strategies to achieve better employment outcomes for mental health consumers.</p>
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • The ACT Government currently supports 128 supported accommodation places for people with mental illness. This includes supported group accommodation, rehabilitation, respite and step-up step up down facilities. • In addition the ACT Government is developing a pilot for a Housing Accommodation Support Initiative (HASI) program. HASI is a model being used successfully in NSW, where it has been assessed as lowering Hospital LOS and readmissions for HASI clients. This is a joint project between Housing ACT and Mental Health ACT (MHACT). In the HASI model, the housing department works in partnership with the health service and a community organisation to provide accommodation and tenancy support linked to clinical and psychosocial rehabilitation services for people with psychiatric illness.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p>In developing the ACT's Mental Health Promotion, Prevention and Early Intervention Framework – <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, the Mental Health Policy Unit worked closely with ACT Housing and the Department of Justice and Community Safety (JACS) to identify actions to support individuals experiencing mental health problems who reside in public housing in the ACT and those who are in detention. Specific actions identified include:</p> <p><u>Housing</u></p> <ul style="list-style-type: none"> • Begin discharge planning at the commencement of a consumer's admission to prevent the risk of discharge into homelessness. • Through the <i>Housing for Young People Program</i> (HYPP) work with those transitioning to independent Housing ACT tenancies to ensure increased supports are available during this transition period. • Housing ACT continues to make MHFA training available to housing managers as part of its regular training program. • Housing ACT to make additional mental health training available to housing managers and other staff involved in the <i>Housing Accommodation Support Initiative</i> (HASI) program. • Housing ACT Client Support Coordinators (CSC's) play a role in early identification of people with a mental illness and link identified individuals to supports to sustain tenancies. • Develop service protocols between MHACT and Housing ACT to determine support and tenancy management models to enable HASI. • Housing ACT and MHACT support people with a mental illness to maintain their tenancy • Implement the <i>Street to Home initiative</i> to provide intensive community outreach to assist people experiencing chronic homelessness to maintain their housing. • MHACT develops and implements protocols to provide mental health services to rough sleepers. <p><u>Justice</u></p> <ul style="list-style-type: none"> • Detainees in both juvenile and adult detention centres in the justice system have increased access to mental health risk assessment and evidence-based early interventions.

	<p>This will be achieved by:</p> <ol style="list-style-type: none"> a) Ensuring that all new residents at <i>Bimberl Youth Justice Centre</i> and the <i>Alexander Maconochie Centre (AMC)</i> receive a mental health and drug and alcohol risk screening assessment upon arrival. b) Ensuring that individuals requiring medication as part of their recovery plan are supplied with a script for their medication upon exiting the facility. c) Developing protocols and referral pathways to ensure follow-up of all individuals exiting AMC and <i>Bimberl Youth Justice Centre</i>. d) Providing ongoing training and support to operations staff at AMC and <i>Bimberl Youth Justice Centre</i> to meet the individual needs of detainees with a disability; e) Providing cultural education for all operational staff upon entry to ACT Corrections Staff and <i>Bimberl Youth Justice Centre</i>. f) Providing training on Indigenous awareness and cross cultural awareness to operations staff upon entry to ACT Corrections Staff and <i>Bimberl Youth Justice Centre</i>. g) Developing mental health promotion, prevention and early intervention resources for detainees.
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p>Under the ACT's PPEI Framework, <i>Building a Strong Foundation: a Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, the ACT will create a youth outreach network to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander peoples.</p> <p><i>The Aboriginal and Torres Strait Islander Residential Rehabilitation Service</i> provides a residential rehabilitation service for Aboriginal and Torres Strait Islander people from the ACT with alcohol or other drug dependency</p> <p><i>The Opiate Program</i> provides a flexible multidisciplinary health care service to meet the needs of Aboriginal and Torres Strait Islander people with a dependency on opiates and/or alcohol.</p> <p><i>The Youth Detoxification Program</i> provides support to young Aboriginal and Torres Strait Islander people up to the age of 25 years accessing detoxification services.</p> <p>An <i>Aboriginal and Torres Strait Islander Mental Health Worker</i> provides support to clients with mental disorders and facilitates access to mainstream mental health services.</p> <p><i>The Dual Diagnosis Program</i> coordinates integrated mainstream services and Aboriginal and Torres Strait Islander community controlled services for people with a dual diagnosis of mental health and drug and/or alcohol issues.</p> <p><i>The Correctional Outreach Service</i> provides an outreach health service to Aboriginal and Torres Strait Islander people in adult and juvenile correctional facilities in the ACT.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p>Improving mental health literacy is a significant area of action under the ACT PPEI Framework <i>Building a Strong Foundation: a Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>. A number of actions are currently being implemented and new actions have been identified for delivery over the next 5 years.</p> <p><u>School based Programs</u> Within the schools setting, numerous secondary schools and colleges have participated in the National Health promotion program <i>MindMatters</i>. Additionally, 8 primary schools participated in the 2008 pilot of <i>KidsMatter</i>. These programs will continue to be offered in the ACT. Recognising the importance of such programs, the ACT Government has committed additional funding of \$200,000 a year for two years to boost the capacity of <i>MindMatters</i> and <i>KidsMatter</i>. The funding has enabled a full time <i>KidsMatter</i> Project Officer to be employed where previously the Project Officer was only a 0.5 position. The first phase of <i>KidsMatter</i> (this years funding) is expected to fund 15 public schools, 6 catholic schools and 4 independent schools to roll out the training program. <i>MindMatters</i> has been able to boost its capacity also through the increased funding.</p>

Workplace programs ACT Health has contracted *beyondblue*, in partnership with The University of Melbourne to develop, implement and evaluate a workplace mental health promotion and job stress intervention in the ACT. Staff from nine participating organisations attended workshops and seminars relating to mental health and wellbeing and organisational improvement efforts to reduce job stress. The relationship between working conditions and health was also examined. Data from the three-year project is currently being collected for analysis.

ACT Health funds a number of non-government organisations to provide workplace mental health and wellbeing promotion and early intervention initiatives. These include:

OzHelp Foundation, which is funded to provide early intervention, suicide prevention and capacity building programs targeting industry and community organisations. Programs delivered include:

- The *Life Skills Toolbox*, which has been specifically designed to help develop resilience and well being in apprentices entering the building and construction industry;
- *ASIST* – a skills-based workshop that equips participants to provide effective suicide intervention should they encounter someone at risk. The emphasis is on suicide first aid - helping a person at imminent risk stay safe and seeks further help; and
- The *Workplace stress management* program covers the stress response, typical workplace and other stressors, and a range of stress management techniques.

Community, work and school based programs

The *Bungee Program* is a mental health early intervention program, run through Belconnen Community Services, which promotes resilience in children and young people, aged 5 - 18, who are living or studying in North Canberra. Bungee promotes mental health and well-being through physical activity and connection with the arts. Bungee incorporates three program areas:

1. individual support, including short-term counselling, individual assessment and referral for children and young people along with referral to appropriate community services and activities;
2. community based group programs; and
3. schools based outreach services, providing group programs in schools settings.

The Bungee program has received additional funding for expansion to the Tuggeranong region in 2009-2010.

Marymead Child and Family Centre Counselling Services provide a range of prevention and early interventions for children and families. Specific programs include:

- The Connecting Kids program, a school based intervention, aimed at 9-11 year olds, who are at risk of suspension or have already been suspended from school;
- The Horizons-family mental health services deliver programs to children from 0-8 years old that have a family member suffering with a mental illness;
- *The Circle of Security*, an effective evidence-based clinical intervention that is offered through the Marymead Child and Family Counselling Services.

Mental Illness Education ACT (MIEACT) operates a mental health promotion program for schools and the wider community. Through its education program, MIEACT aims to provide understanding about mental health, as well as to reduce stigma and discrimination towards people with mental illness. The MIEACT model recognises the expertise of people who have experienced mental illness and offers a training program for volunteer educators.

MIEACT undertakes the following activities:

- Education sessions in schools and the wider community;
- A weekly radio show about mental illness on Community Radio;

	<ul style="list-style-type: none"> • Education about body image and self-esteem through the play "Any body's Cool". <p>The Mental Health Policy Unit employs a community education and development officer who provides a range of mental health education and promotional activities on request. These include education about the prevalence, symptoms and management of a range of mental illnesses, where to seek assistance, reducing stigma and discrimination, and enhancing consumer and carer participation.</p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p><u>Targeted Mental Health Activities for Children and their Families</u></p> <p>Mental Health ACT provides specialised support to families where a parent has a mental illness through the Children of Parents with a Mental Illness (COPMI) program. The COPMI worker delivers education training sessions, in conjunction with staff from the Department of Housing and Community Services (DHCS) to government and non-government organisations providing care and support services to children.</p> <p>Many of the health promotion activities comprising the MindMatters and KidsMatter programs (outlined in Action 8) include parents and families. There are specific models within the Families Matter program that aims to include families and parents in school health promotion activities. Two ACT schools participate in Families Matter.</p> <p><u>Partnerships between Mental Health, Maternal and Child Health Services, Schools and Other Related Organisations</u></p> <p>In the ACT, there are links between MindMatters and the Child and Adolescent Mental Health Team.</p> <p>headspace ACT - currently funded by the Commonwealth Government, aims to:</p> <ul style="list-style-type: none"> • Build a stronger awareness about youth mental health in order to encourage young people with mental health concerns to seek help much earlier; • Build the capacity of communities to undertake: <ul style="list-style-type: none"> ○ Early detection and early intervention in the emergence of mental ill-health ○ Evidence based interventions for the treatment of mental ill-health and associated substance use and other issues; ○ Improvements in service integration and coordination through co-location and other strategies; and ○ Continuous evaluation and service improvement. <p>The Junction provides a flexible, multidisciplinary approach to the provision of integrated health and support services for young people in the ACT. This service draws together key services and organisations in a coordinated approach to enhance support and provide an integrated and individually tailored service response to the identified needs, including the provision of services and information about mental health and drug and alcohol problems, of young people.</p> <p>The Child and Family Centres, funded by the Commonwealth Department of Health and Community Services, provide a range of services for children and their families in the Gungahlin and Tuggeranong areas who may need assistance with parenting or parenting advice and information. Services include maternal and child health clinics, case management, individual and family support, community education and community development activities.</p> <p>The implementation of the National Perinatal depression Initiative in the ACT follows on from the work undertaken in a <i>beyondblue</i> pilot project in 2004 that initiated the inclusion of the Edinburgh Postnatal Depression Scale in the ACT Maternity Shared Care Guidelines. Work under the new initiative will strengthen and expand on existing services.</p>

<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p><u>headspace ACT</u> provides integrated, multidisciplinary and evidence-based early intervention, prevention and promotion services for young people with emerging mild to moderate mental health and/or substance use problems. The demand for <i>headspace ACT</i> services has grown in 2009 resulting in a fifty percent increase in referrals. This increase is indicative of the rise in incidence of mental health problems and the high need in the Canberra community for the early intervention work headspace ACT undertakes. The provision of accessible and timely support is one of the key strategies for reducing help seeking barriers in young people.</p> <p><u>Teenage to Adult Transition Support</u> with priority for young <u>Aboriginal</u> people through the Winunga / Gugun Gulwan Indigenous youth program (ACT).</p> <p>A new program to be designed and implemented in 2011 that will provide for the creation of a youth outreach network to support early diagnosis, treatment and advice to at-risk young Aboriginal and Torres Strait Islander people.</p> <p>Winnunga Nimmityjah Aboriginal Health Service is partly funded by the ACT Government. This Aboriginal community controlled primary health care service sees around 3000 clients per year, with a growth rate of about 80 new patients per month. Winnunga's primary purpose is to provide culturally safe and holistic health services to the Aboriginal and Torres Strait Islander people of the ACT and surrounding areas. Winnunga offers a range of clinical services and programs.</p> <p>ACT Health is committed to the implementation of a four stream model of care in mental health services. The streams are i) child/family (0-12), ii) youth (12-25), iii) Adult 26-64, and iv) Older People (65+). The focus is not on the age definitions rather the services that are appropriate to developmental and life stages a person is currently traversing. Preliminary planning is underway for the building of the Adolescent and Young Adult Mental Health Inpatient Unit. Plans include six beds for 12-16 year olds, and fourteen beds for 17 – 25 year olds. The model of care for the inpatient unit is being developed but it is intended to operate in an integrated fashion to support community based services, including both clinical and psychosocial support.</p> <p>The ACT Government has funded the first youth specific step-up step-down residential facility. It is managed by CatholicCare community agency and has daily clinical inreach services provided by Mental Health ACT. It is co-located with a youth Alcohol and other drug residential program run by Ted Noffs Foundation ACT.</p>
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<ul style="list-style-type: none"> • The Child and Adolescent Mental Health Service [CAMHS] gives priority to early onset psychosis. Options for care include admission to the Paediatric/Adolescent, ward at the Canberra Hospital, referral to the multidisciplinary community teams or referral to The Cottage Adolescent Day Program for both therapy and education. • ACT Health funds a five-bed community based step up step down unit. The unit provides residential care and support for young people aged 13 to 17 with sub-acute mental illness. The aim is to provide transition back to the community from a hospital admission or to forestall a hospital admission through early additional support. Mental Health ACT (MHACT) provides clinical input with the residential support needs addressed by a community agency. • MHACT also provides clinicians from the CAMHS and Mobile Intensive Treatment Team (MITT) to support headspace ACT, the Commonwealth funded early intervention services for young people aged between 12 to 15 years. The MHACT clinicians are able to provide linkage to the clinical program when early psychosis is identified. • From the adult perspective, the clinical process mirror that described for CAMHS. In addition, one specific team manages this target group. The Mobile Intensive Treatment Team south (M.I.T.T) was established to provide an intensive clinical management service to clients in the community with first or early onset psychosis. MITT was established with a view to minimising the sometimes lengthy, and repeated, inpatient treatments required by these clients, and to provide a frontline intensive service to this growing client group. MITT closely follows the research and clinical guidance of the ORYGEN Youth Health Service, which is at the forefront of the assessment and treatment of young people experiencing such problems. • MHACT will introduce a four stream model of care that includes a youth mental health stream for people aged 12 – 25, with sub-specialties for 12- 17 and 18 to 25 years. • Preliminary planning is underway for the building of the Adolescent and Young Adult Mental Health Inpatient Unit. Plans include six

	<p>beds for 12-16 year olds, and fourteen beds for 17 – 25 year olds. The model of care for the inpatient unit is being developed but it is intended to operate in an integrated fashion to support community based services, including both clinical and psychosocial support.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p>The ACT Government committed an additional \$100,000 per year for two years in the 2009-10 ACT Budget for enhanced mental health training for emergency service workers.</p> <p><u>ACT's new suicide prevention strategy</u> Under the <i>Managing the Risk of Suicide: A Suicide Strategy for the ACT 2009-2014</i> the ACT will be mapping training programs currently available and identifying existing gaps in training for professionals and para-professionals working in the field of suicide prevention and postvention.</p> <p>A community education and development officer, employed by ACT Health, provides a range of mental health education and promotion activities to welfare organisations on request. These include education about the prevalence, symptoms and management of a range of mental illnesses, where to seek assistance, reducing stigma and discrimination and enhancing consumer and carer participation.</p> <p><i>Support Link</i> provides training, development and professional support services to emergency support personnel in the ACT, including the Australian Federal Police, ACT Ambulance staff and their families.</p> <p><i>Mental Illness Education ACT</i> operates a mental health promotion program which includes the wider community. As part of this program, <i>MIEACT</i> provide ad-hoc training to the Australian Federal Police on topics such as understanding mental health and the impacts of stigma and discrimination on people with mental illness.</p>
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p>The ACT Government has recently released its new Suicide Prevention Strategy <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>. In order to maintain uniform objectives with national policy and to effectively capitalise on the public response to any national campaigns and promotions, <i>Managing the Risk of Suicide</i> is strongly aligned with the Commonwealth's <i>LIFE Framework</i>.</p> <p><i>Managing the Risk of Suicide</i> takes a whole of government, whole of community approach to promoting suicide prevention activities and preventing suicide in the ACT. Consistent with the <i>LIFE Framework</i>, the objectives of <i>Managing the Risk of Suicide</i> are to:</p> <ul style="list-style-type: none"> • Provide access to a timely and integrated service response; • Increase community awareness of and access to suicide prevention training, education, information, networking and postvention; • Identify specific at risk groups, risk and protective factors and interventions to support at risk groups; • Develop future suicide prevention initiatives; and • Improve the general well-being, resilience and connectedness of the ACT community by supporting the implementation of the <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014</i>, as appropriate.
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including</p>	<p>In 2008-09, the ACT Government funded two initiatives to enhance consumer and carer participation through:</p> <ul style="list-style-type: none"> • <u>Implementation of the Consumer & Carer Participation Action Framework</u> <ul style="list-style-type: none"> • Mental Health ACT has published a best practice model of consumer and carer participation. This funding allowed for continued implementation of recommendations within the Consumer and Carer Participation Framework and assisted Mental Health ACT to meet government requirements for effective consumer and carer participation in health care. • <u>Carer Participation Network</u> - to provide training, recruitment and support to carers undertaking participation roles.

<p>children of parents with a mental illness.</p>	<p>ACT Health employs a full time officer to provide training and liaison for Children of Parents with a Mental Illness (COPMI).</p> <p>ACT Health funds family respite services provided by CatholicCare and Tandem.</p>			
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>The Child and Adolescent Mental Health Service (CAMHS) has specifically developed best practice programs for highly vulnerable young people who have experienced physical, sexual or emotional abuse, or other trauma, such as the Dialectical Behaviour Therapy Program, a comprehensive multi-modal program.</p>			
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p>This action is a national responsibility:</p> <p>The ACT Government released the <i>ACT Mental Health Services Plan 2009-2014</i> (the Services Plan) earlier this year. The document outlines the long term vision and strategic objectives for future mental health service provision in the ACT, with initial priorities outlined for the next five years. The Services Plan describes three fundamental bases for all services, including using a recovery focus, ensuring consumer and carer participation and promoting a partnership and collaborative approach across and beyond the mental health service sector.</p> <p>The Services Plan is structured with activity linked to objectives within four strategic directions as listed below:</p> <table border="1" data-bbox="486 794 1664 1465"> <tr> <td data-bbox="486 794 1046 1465"> <p>Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System</p> <p>Objective 1.1 Align services to a Four Life Stages Developmental model</p> <p>Objective 1.2 Develop organisational capacity in the community sector</p> <p>Objective 1.3 Further develop care coordination</p> <p>Objective 1.4 Further develop service collaboration mechanisms</p> <p>Objective 1.5 Develop a workforce strategy</p> </td> <td data-bbox="1046 794 1664 1465"> <p>Strategic Direction 2: Extending the Mental Health Service System</p> <p>Objective 2.1 Extend capacity in the community sector</p> <p>Objective 2.2 Establish an Access and Information Service</p> <p>Objective 2.3 Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector</p> <p>Objective 2.4 Extend crisis assessment services</p> <p>Objective 2.5 Extend services for youth</p> <p>Objective 2.6 Extend services for adults</p> <p>Objective 2.7 Extend services for Older people</p> <p>Objective 2.8 Extend rehabilitation and ongoing recovery support services</p> <p>Objective 2.9 Extend the mental health system to address identified gaps in services to special</p> </td> </tr> </table>		<p>Strategic Direction 1: Reinforcing Capacity in the Mental Health Service System</p> <p>Objective 1.1 Align services to a Four Life Stages Developmental model</p> <p>Objective 1.2 Develop organisational capacity in the community sector</p> <p>Objective 1.3 Further develop care coordination</p> <p>Objective 1.4 Further develop service collaboration mechanisms</p> <p>Objective 1.5 Develop a workforce strategy</p>	<p>Strategic Direction 2: Extending the Mental Health Service System</p> <p>Objective 2.1 Extend capacity in the community sector</p> <p>Objective 2.2 Establish an Access and Information Service</p> <p>Objective 2.3 Strengthen promotion, prevention and early intervention linkages with the primary care sector and outside the mental health sector</p> <p>Objective 2.4 Extend crisis assessment services</p> <p>Objective 2.5 Extend services for youth</p> <p>Objective 2.6 Extend services for adults</p> <p>Objective 2.7 Extend services for Older people</p> <p>Objective 2.8 Extend rehabilitation and ongoing recovery support services</p> <p>Objective 2.9 Extend the mental health system to address identified gaps in services to special</p>
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		needs groups	
	<p>Strategic Direction 3: Innovation in the Mental Health Service System</p> <p>Objective 3.1 Apply research and innovation in service design and evidence based design and encourage teaching in the tertiary education sector</p> <p>Objective 3.2 Support consumer led and directed services</p>	<p>Strategic Direction 4: Planned Implementation of Change</p> <p>Objective 4.1 Establish an intersectoral (government, community sector, consumer, carer) process to oversee the design, implementation, and monitoring of change.</p>	
<p>A Strategic Oversight Group (including government, community sector, consumer, carer) will be established to oversee the design, implementation and monitoring of the ACT Mental Health Services Plan. This group will ensure all relevant agencies are involved in service development and that the Plan stays relevant to current research, policy and community expectation.</p> <p>As the Services Plan is largely an overarching strategic document, specific activities to achieve the objectives will be determined and prioritised by the Strategic Oversight Group. However, some initiatives have already been committed, including the following:</p> <ul style="list-style-type: none"> • Establishment of a Youth Inpatient Facility for operation in 2012; • Developing organisational capacity in the community sector funded through annual growth in budget allocation of 2009-2010; • Implementing care coordination model in consultation with consumers, carers and service providers by the end of 2010; • An ACT Workforce Strategy and Action Plan for mental health services to 2020 to be developed by December 2010; • Expansion of community sector services aligned with four stream clinical model targeted for 2011; • Development of a business case for a sector wide Access and Information Services by December 2010; • Launch extension plans for mental health promotion, prevention and early intervention and suicide prevention as sub-plans of the Services Plan by end of 2009; • Explore opportunities for mental health promotion, prevention and early intervention including infant mental health and linkages with the proposed new Women's and Children's Hospital by end of 2010; • Establish a Mental Health Assessment Unit within the Canberra Hospital Emergency Department for operation by April 2010 and explore options for a similar service at the Calvary Hospital by the end of 2009; • Establish an Acute Day Hospital service targeted for adults and older persons with acute mental health needs. The timeline for this service will be determined through the Capital Asset Development Project; • Establish 6 youth (18-25) step-up/step-down places for implementation by 2012; • Establish a 20 bed dedicated youth mental health inpatient facility for operation in 2012; • Extend adult step-up/step-down services by 2014; • Develop an ACT wide integrated co-morbidity strategy by the end of 2009; 			

	<ul style="list-style-type: none"> • Establish a new 15 bed secure inpatient unit for operation in 2012; • Establish links with residential aged care facilities and enhance service options for aged mental health care by mid 2010; • Complete a service feasibility study to explore options for people with severe behavioural problems related to dementia and acquired brain injuries by the end of 2010; • Develop a detailed strategic and action plan for rehabilitation and recovery support programs by Dec 2011; • Invest in 30 inpatient and 24 hour community rehabilitation places and 450 places of residential supported accommodation and supported home care by 2020; • Invest in 10 multiple and complex needs packages by 2020; • Develop an ACT wide shared care model by the end of 2010; • Develop a community sector mental health outcome measurement framework for implementation by mid 2012; • Develop a strategy to improve the mental health of homeless people by end 2010; • Develop a research and innovations framework by the end of 2012; • Review existing consumer and carer participation frameworks and investigate models of consumer led services by December 2011; <p>In addition to the overarching Services Plan, there are currently two sub-plans relating to suicide prevention and mental health promotion, prevention and early intervention. These plans document more specific objectives relating to their specialty area and as their focus is aimed at the community at large, not just the mental health sector, they have a high component of cross sectoral activity. Specific working groups will be established to progress the implementation of these sub-plans, with monitoring and direction provided by the Services Plan Strategic Oversight Group.</p>
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<p>The ACT is effectively a region as well as a jurisdiction.</p> <ul style="list-style-type: none"> • The Strategic Oversight Group will oversee the implementation of the ACT <i>Mental Health Services Plan 2009 – 2014</i>. The Strategic Oversight Group is comprised of representatives from; ACT Government Departments, Commonwealth Departments of Health and Aging, and Family, Housing, Community Services and Indigenous Affairs, mental health carers, consumers and the community sector. • Consumers, carers and community agencies are represented on the Executive committee of the regional mental Health service – Mental Health ACT. They are also strongly represented on numerous workplace committees within Mental Health ACT. • The overall allocation of resources to the community sector in the ACT is well above the national average. <i>The National Mental Health Report 2007</i> states that 80.5% of ACT Government spending on mental health was expended in the community, through both the public sector and community sector agencies. This is compared to the national average of 51.1%. • The ACT Health budget for recurrent mental health services in 2009 – 10 was \$77.8 million from which Mental Health Policy Unit provides \$10.2 m of funding to twenty seven (27) community organisations. • This represents 13.1% total ACT mental health services spending and is a significant increase from the 2.5% reported at the start of the <i>National Mental Health Strategy</i>. • According to the <i>National Mental Health Report 2007</i>, the ACT leads all jurisdictions with the highest percentage of funding provided to the community mental health sector, with the per capita expenditure currently at 10% above the national average. • In the 2009-2010 budget, the ACT Government committed an additional \$14.5 million for community mental health over 4 years, of which 50% (\$7.2 million) is committed to community sector mental health services. • The services provided by the ACT mental health community sector are primarily focussed on rehabilitation and support services and include; supported accommodation and outreach, vocational and social skills training, and mental health promotion and prevention activities. • The supported accommodation and outreach, vocational and social skills training accounts for approximately 70% of all community funding. • In 2009-2010, ACT Health will fund over \$4.62 million for community organisations to provide supported accommodation and respite care services. This funding includes a small number of consumers with complex needs who have individual care packages. • In March 2008, the ACT Minister for Health opened a five (5) bed Youth Step Up /Step Down community based mental health residential facility in March 2008 called <i>STEPS</i>. We understand that STEPS is the first Step-up Step-down Unit specifically targeted

	<p>at youth mental health consumers in Australia.</p> <ul style="list-style-type: none"> • STEPS is managed as a partnership between CatholicCare and Mental Health ACT, Child and Adolescent Mental Health Service (CAMHS). • In January 2009, the ACT Minister for Health opened the first five bed <i>Adult</i> Step Up /Step Down residential facility for the ACT. Mental Illness Fellowship Victoria and Mental Health ACT, Crisis Assessment and Treatment Team are the partners for this facility. • Including the Step Up/Step Down programs, ACT Health funds 69 places in supported accommodation and residential respite and 170 places in outreach support and community based respite. • Outreach support services provided by the ACT community sector have a similar focus to the COAG funded PHaMS programs currently being provided in the ACT. The ACT funded programs have higher unit costs per place. The programs are intended to support mental health consumers with high support needs and includes some provision for those requiring “after hours” support. • The general picture of social housing in the ACT is reasonably good, with 11% of total housing stock given over to social housing, compared to a national average of 5%. The occupancy rate for supported accommodation provided by the community organisations is currently around 96%. • The ACT Government funds the community sector to provide a centre based living skills and psychosocial rehabilitation program. This has a similar focus to the COAG funded Day to Day Living programs (D2D). • In the ACT, the community sector is also the primary focus for mental health promotion and prevention activities. 16% of the community sector mental health funding is for PPEI activity. • For example Community organisations such as Oz Help/VYNE , Post and Antenatal Depression Support and Information, the Bungee youth program and Mental Illness Education focus on suicide prevention, resilience building and early intervention. • The ACT has 100% public mental health services with consumer and carer participation arrangements, including representation on the Mental Health ACT Strategic Executive. • The ACT Government funds peak organisations for mental health consumers, carers and community sector mental health providers. Funding to the Peak organisations accounts for 7% of the community sector mental health budget.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<ul style="list-style-type: none"> • Mental Health ACT and the ACT Division of General Practice meet quarterly. • The Althea Wellness Centre – the clinical service of Directions ACT, has utilised MBS arrangements for mental health care planning and referral to locate a private psychologist within their premises. • The ACT Primary Health Care Strategy 2006 – 2009 identifies the need for general practice liaison with mental health services. • ACT Health is aiming for the development of a single medical record for each individual ACT health care consumer, across the whole of the ACT, in both private and public sectors. • An electronic discharge summary capability has recently been implemented at the Canberra Hospital and it is anticipated that this will be extended to mental health services in the near future. <ul style="list-style-type: none"> • An electronic referral system is also being planned.
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p>ACT Health through Mental Health ACT has a memorandum of understanding between the Australian Federal Police Canberra Community Policing, the ACT Ambulance Service, the Canberra Hospital and Calvary Hospital.</p> <p>The ACT Government funds 27 community organisations to provide psychosocial services for mental health consumers. Mental Health ACT has signed service level agreements with most of these organisations; these agreements manage the day-to-day relationships between the public mental health clinical agency and the signing agency.</p> <p>ACT Health has memoranda of understanding encompassing mental health with Corrections, Youth Justice and Public Housing.</p>

	<p>In May 2009, the ACT Government committed additional funding for enhanced mental health training for emergency service workers, especially targeted to the Police and Ambulance services</p> <p>The ACT Government has mental health interstate agreements to support the transition of people subject to the respective mental health acts with Victoria, Queensland and New South Wales. The ACT is currently negotiating with South Australia to finalise a similar agreement.</p> <p>Mental Health ACT has developed mental health protocols with Greater Southern Area Mental Health Service of New South Wales to manage the transition of consumers through the common border areas between the two jurisdictions.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p><u>The ACT Wide Comorbidity Strategy</u> The <i>ACT Mental Health Services Plan 2009-2014</i> and the <i>ACT Alcohol, Tobacco and Other Drug Strategy</i> recognise that many of the people at risk of or experiencing mental health problems are also the same people who are at risk of or experiencing alcohol and other drug problems.</p> <p>The ACT is currently developing the <i>ACT Wide Comorbidity Strategy</i> (the Comorbidity Strategy), which will articulate the roles of mental health services, alcohol and other drug services and primary care services in ensuring those at risk of or experiencing both mental health and alcohol and other drug problems receive the right services at the right time.</p> <p>Opportunities to improve the linkages and coordination between these services and to facilitate earlier identification of, and improved referral and treatment of mental health, alcohol and other drug and physical problems is a key focus of the Comorbidity Strategy.</p> <p>The Comorbidity Strategy will:</p> <ul style="list-style-type: none"> • articulate the roles and responsibilities of mental health, alcohol and other drug and primary care services in working with people at risk of or experiencing mental health and alcohol and other drug problems in the ACT; and • identify areas where further investment is required in terms of effort and/ or funding to support those who deliver and receive mental health, alcohol and other drug and primary care services. <p><u>The Better Health Program</u> Mental Health ACT has been rolling out the <i>Better Health Program</i> to mental health consumer's case managed through the City Team since 2005.</p> <p>The <i>Better Health Program</i> aims to support the interaction between adult community mental health teams and local general practice teams to enhance the physical health outcomes for mental health consumers.</p> <p>The program will be expanded to the Woden region in 2009-2010.</p> <p>Through the Comorbidity Strategy, investigations will be undertaken into the feasibility of developing and implementing a similar program between alcohol and other drug and general practice teams.</p>
<p>21. Develop and implement systems to ensure information about the pathways</p>	<p>The Mental Health ACT Directory of Services is available via the Internet and is also available in hard copy from all program areas of Mental Health ACT. This directory is also accessible via the Canberra Connect website, along with access to the Mental Health ACT website and other mental health resources.</p> <p>Mental Health ACT has a single number 24 hour Triage line providing immediate response where required, as well as referral and</p>

<p>into and through care is highly visible, readily accessible and culturally relevant.</p>	<p>information about Mental Health services within the territory.</p> <p>Mental Health ACT have adopted a 'no wrong door' approach to access, which provides a single process of entry with multiple points of access, including Triage, the Crisis, Assessment and Treatment Team (CATT), Community Mental Health Teams, the Emergency Departments at the Canberra Hospital and Calvary Hospital, and Consultation Liaison.</p> <p>Construction of a Mental Health Assessment Unit (MHAU) is underway in the Emergency Department of the Canberra Hospital. It will provide a safe therapeutic environment, timely access to specialised mental health assessment, crisis stabilisation and treatment. The MHAU will be a gazetted facility under the Mental Health (Treatment and Care) Act 1994, and is expected to be operational by early 2010.</p> <p>A Model of Care has been developed for the MHAU and the Adult Inpatient Unit. Access issues, information about the pathways into and through care, and cultural relevance have been addressed through the development of these models of care. Work continues on developing models of care for the Secure Adult Mental Health Inpatient Unit and the Adolescent and Young Adult Mental Health Inpatient Unit which are part of the Capital Asset Development Program.</p> <p>Mental Health ACT has employed a Transcultural Mental Health Community Development and Liaison Officer. This worker has a role in staff training, resourcing and awareness raising of cultural issues as well as providing support and assistance for community based activities to promote access to mental health services.</p> <p>MHACT through the above position also support a stigma reduction program run in the ACT based on a national training initiative.</p> <p>All people remanded to custody (either at the Alexander Maconachie Centre or Bimberi Youth Justice Centre) undergo a mental health and risk assessment by Forensic Services. This is part of standard practice endorsed by ACT Health and the relevant justice agency (Corrective Services for AMC and Youth Justice Services for Bimberi) and is underpinned by a Memorandum of Understanding.</p> <p>Provisions for ongoing care are arranged for people identified to have mental health issues; and self-referral options are also in place and are again supported by the relevant justice agency. These through care practices are also detailed in <i>Operational Guidelines for Forensic Services</i>.</p> <p>Through-care is provided by ensuring that clinically managed consumers ready to be released from custody are linked with a community team. If there are any delays in assigning a clinical manager for such individuals, Forensic Services provide short-term follow-up in the community.</p> <p>The Aboriginal Liaison Officer for MHACT is available to conduct joint sessions with AMC and Bimberi Staff; and to attend quarterly multidisciplinary team reviews.</p> <p>A newly funded position for 09-10 is that of a second Court Liaison Officer, who is able to attend Court for people suffering from mental illness. Many of these people are being held in either the AMC or Bimberi and if they are released from custody unexpectedly, the Court Liaison Officer is able to arrange medication scripts and follow-up by the appropriate mental health team. All Magistrates and Justices in the ACT have been informed on the role of the Court Liaison Officer and know to request their assistance if they suspect a person may be experiencing mental health symptoms during an appearance in Court. A Service Level Agreement also supports this, and the Aboriginal Liaison Officer can be contacted at any time.</p>
<p>22. Better target services and address service gaps through cooperative and</p>	<p>The Better Health Program engages General Practitioners with a community mental health service to improve the physical health of mental health consumers. Participating GPs bulk bill participating consumers of the BHP who attend their practice, with an aim to review the physical health of each participant at least once every six weeks when a physical illness is present or more if clinically indicated. Funding was increased in 2008-09 to expand this successful program to another region in ACT.</p>

<p>innovative service models for the delivery of primary mental health care.</p>	<p>In addition, the Better Health Outcomes Initiative provides a supported relationship between Mental Health ACT and individual GP practices to enable mental health care consumers to have access to care for their general physical health.</p>
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<p>This is a national initiative.</p> <p>In the 2008 ACT Election, ACT Labor made a commitment to develop a Charter of Rights for Mental Health Consumers. The Charter is to complement the ACT Human Rights Act and to build on the work of the ACT Mental Health Consumer Network in developing Principles for a Mentally Healthy Community. ACT Labor made a commitment to work with key stakeholders in the development of the Charter.</p> <p>ACT Health has taken the lead in developing the Charter. An Advisory Group has been established to oversee the development process and to provide expert advice. A consultation plan will ensure members of the public have an opportunity to participate in the development of the Charter</p>
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>The scope requirements for nationally consistent legislation are national responsibilities. However, the ACT is currently:</p> <ul style="list-style-type: none"> • Undertaking a review of the ACT Mental Health Treatment and Care Act 1994. The Review will conclude in 2012. • The ACT currently has: <ul style="list-style-type: none"> ○ A civil Ministerial Interstate Mental Health Agreement with NSW, and has started discussions to review the Agreement against the changes in the NSW Mental Health legislation; ○ Civil and forensic Ministerial Interstate Mental Health Agreements with Queensland; ○ Forensic Ministerial Interstate Mental Health Agreement and is concluding negotiating a civil Ministerial Interstate Mental Health Agreement with Victoria; ○ Started negotiations with South Australia for a Civil Ministerial Interstate Mental Health Agreements; and • ACT Health and the Greater Southern Area Health Service have protocols in place for the treatment, care and support of individuals accessing services through our common border.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>The responsibility for the action is at national level, however in the ACT:</p> <p>In the 2008 Budget, the ACT Government allocated \$500,000 to review community contracts across ACT Government to ensure that staff wages and conditions were adequate, and to develop a funding strategy to address identified needs so as to improve the industrial relations environment for non-government organisations in the ACT.</p> <p>The review will be undertaken in two phases. In the first phase, a consultant has been engaged to review existing community service funding arrangements and to assess the adequacy of wages and conditions provided by community sector organisations. The second phase will focus on ways to improve industrial relations advice for the community sector.</p> <p>The community sector mental health services have expanded based on historic and individual needs assessments, without a strategic framework to guide Government priorities. Funding of programs under the COAG initiatives have resulted in some duplication of services, while at the same time gaps in service provision remain. \$150,000 has been made available to fund a review which will map existing service provision, identify gaps in service provision, research and identify evidence based practice, establish sector wide quality standards, identify and develop an outcomes approach to service delivery, and assist with developing a co-coordinated approach to service delivery.</p> <p>The community sector review will contribute to knowledge of how to improve the quality standards within the community mental health sector. The Mental Health Community Coalition, the peak body for the sector, will auspice \$155,000 of funding for the sector reform to</p>

	<p>assist organisations in their introduction of external quality standards, minimum workforce standards and the development of sector wide outcome measures.</p> <p>Funding of \$32,000 has been allocated for scholarships for mental health consumers to study Certificate IV in Mental Health at Canberra Institute of Technology. This initiative will increase the employment opportunities for mental health consumers within the mental health sector.</p>
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • Mental Health ACT employs two consumer consultants, and a consumer to coordinate the implementation of the Mental Health ACT Carer and Consumer Framework. <p>Vocational programs:</p> <ul style="list-style-type: none"> • The ACT Government currently supports two vocational programs providing training and paid work experience for people with mental illness in the ACT. In 2009-2010, \$342,659 of funding was provided for: <ul style="list-style-type: none"> ◦ A café which has been operating for nearly 15 years and: ◦ A yard maintenance business that has been operating for 21 years. <p>These two programs combined provide vocational rehabilitation for approximately 65 consumers at any one time. The outputs of the two programs include: the provision of 1000 hours available paid work experience per month; 20 new clients accepted in, and trained every six months and 20 clients exited every six months, with a minimum of 8 clients progressing on to employment, further study of other positive activity.</p> <p>Enhanced vocational services and employment success:</p> <ul style="list-style-type: none"> • In 2008-09, the ACT Government funded two new initiatives: • Pilot of an Individual Placement and Support Program: This program aims to achieve ongoing competitive employment as opposed to supported or transitional employment for people with mental illness. The program intends to work through embedding an employment specialist in a community mental health team to assist finding and maintaining employment for mental health consumers. The pilot is yet to be implemented. • Establishment of a Social Enterprise Hub: Social enterprises are businesses that create employment opportunities for people with disability, mental illness or other disadvantage; they play an important role in overcoming social exclusion and provide real jobs. The hub is a 3-way partnership between Social Ventures Australia, government and a corporate partner, each partner contributing equally. The ACT Social Enterprise Hub was launched in June 2009. Eight organisations are formally engaged, another six are in the preliminary research stages and nine are potentially interested in involvement. <p>Consumer Scholarships:</p> <ul style="list-style-type: none"> • In 2009-10, the ACT Government funded an initiative to offer ten scholarships to consumers to study Certificate IV in Mental Health. Mental Health ACT is supportive of employing consumers as peer support workers within the service. This opportunity will make individuals completing their studies attractive to potential employers in the community sector where peer support workers are being employed. The scholarships will be available in 2010.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • The nineteen Australian Council of Healthcare Standards Evaluation and Quality Improvement Program (EQUIP) accreditation standards used for conducting an in depth mental health review are mapped to the 1996 National Standards for Mental Health Services. • Accreditation with ACHS is a four year cyclical program, with one major activity undertaken annually. An in-depth review of the mental health service occurs every four years and a periodic review occurs at the two year mark. MHACT underwent an indepth mental health review in February 2009, and achieved 11 MA, 7 EA, and 1 OA ratings.

	<ul style="list-style-type: none"> • Since 2002, ACT Health contracts with external service providers have required providers to implement the National Standards for Mental Health Services, or other relevant standards, as they apply to that organisation.
<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p>This is a National issue for development. However, in the ACT:</p> <ul style="list-style-type: none"> • The <i>ACT Mental Health Services Plan 2009-2014</i> supports clinical and social research. Item 6.3.1 articulates that ACT has numerous opportunities to maximise research potential through local universities, the ACT Division of General practice and partnerships with interstate universities. Supporting and utilising this base of knowledge will result in modern innovation for the ACT mental health system. • ACT Health funded the Centre for Mental Health Research at the ANU with establishment funding for several initiatives. These include the development of MoodGYM, a demonstrated effective interactive e-therapy based program; Blue Pages, online depression information and Mental Health First Aid training. The Centre for Mental Health Research is an internationally recognised research and development leader in e-health technologies for the prevention, early intervention and treatment of mental health problems. The Centre has four online self-help programs for mental health available and launched a new e-health database during mental health week 2009. This database is a compilation of e-health programs from all over the world and provides accessibility in one location and a rating of the effectiveness of each. • ACT Health is working in partnership with <i>beyondblue</i> and the University of Melbourne to deliver a three-year workplace mental health promotion campaign which is also a research project on work related stress, anxiety and depression. • The ACT Health Epidemiology Unit's continuous health survey incorporates questions related to mental health in its annual phone survey. • ACT Health is working in partnership with the Centre for Mental Health Research and the University of Canberra to evaluate the factors that facilitate the implementation of the ACT Mental Health Promotion, Prevention and Early Intervention Framework <i>Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing 2009-2014</i> and the Suicide Prevention Strategy <i>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014</i>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	

Attachment I: Jurisdictional Report for NT

1. Action	Existing resources / activity
<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p>This action is a national responsibility, however locally:</p> <ul style="list-style-type: none"> • The Northern Territory Government (NTG) provides funding support to <i>beyondblue</i>. • NTG provides funding support for MindMatters and KidsMatter, which are school-based initiatives and which are delivered by staff of the Department of Education. • NTG funds the Community Visitor Program to monitor compliance with the Mental Health & Related Services Act (MHARS Act) but also aims to promote greater community awareness and understanding of mental illness. • The Northern Territory Mental Health Service (NTMHS) funds a number of Non Government Organisations (NGO) to undertake MH promotional activities and community forums which aim to raise community awareness of mental illness, increase mental health literacy and to reduce stigma. • NTMHS is implementing the Recovery Model throughout the service. NTMHS is working with MH NGOs to ensure a Recovery Approach is used within their programs. • NTMHS provides joint education sessions to staff of NGOs to increase understanding of mental illness, and its effects. • NTMHS also provides education sessions to external agencies eg Police; Legal staff; GPs; Remote Health Centre staff on MH. • NTMHS produces and distributes Territory-wide a mental health newsletter <i>MHuses</i>. The MH NGO MHACA, which is based in Alice Springs, also produces a regular newsletter which is widely distributed. These newsletters assist in reducing stigma associated with mental illness by, including the viewpoints of consumers, carers and mental health employees and thereby raising awareness of mental health issues. • NTMHS annually conducts free community workshops on a range of topics eg in 2009, '<i>MH in the Workplace</i>' forums were held. These aimed to encourage the promotion of mental health supportive workplaces especially within NT organisations with high percentage of male employee's eg building industry. • NTMHS provides funding for Territory wide activities and events during Mental Health Week. Mental Health Week activities attract partners and sponsors including universities, legal firms, the Equal Opportunity Commission, local governments and small businesses. • MH First Aid training is delivered in the Top End & Central Australia by staff from NTMHS and funded NGOs. • The NT Suicide Prevention Action Plan 2009-2011 is a whole-of-Government response to guide future direction in suicide prevention over the next three years. One of the main aims of this plan is to strengthen wellbeing, optimism, connectedness, resilience, health and capacity across the NT community, with a particular focus on young people and their families.

<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<ul style="list-style-type: none"> Some locally based individual programs are undertaken by MH NGOs in the Top End & Central Australia in relation to housing, but these are currently not coordinated Territory wide eg activity within the funded NGO sector assists MH clients to find employment & study eg MHACA. NGOs work with individuals to meet their needs.
<p>3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.</p>	<ul style="list-style-type: none"> The weekly GP Clinic in the Top End Mental Health Service (TEMHS) Community MH Centre in Darwin established in the early 2000s, has resulted in regular physical health review for clients of the service. GP's bulkbill MH consumers whose attendance at the GP clinic is facilitated by TEMHS Case Managers. The GPs review the physical health of each consumer and Case Managers ensure that any follow up action occurs. This has improved client access to primary health care services and the care of clients with physical health problems and mental illness in Community MH Services. This service has now been established in Alice Springs. The establishment of two <i>headspace</i> centres, one in the Top End and the other in Alice Springs has improved access for young people who have mental health issues to specialist care and strengthened the relationship between MHS & primary care providers. This collaboration has enhanced the capacity to respond to young people with more prevalent mental health problems (e.g. depression and anxiety) that are significantly impacting on personal and social functioning and wellbeing. The <i>headspace</i> consortium partners include public MHS, funded MH NGOs and other community sector organisations. The newly established co-location of the TEMHS Community MH Team with a GP Practice in Palmerston is improving liaison. The TEMHS & Central Australian Mental Health Service (CAMHS) Remote Teams continue to work very closely with Primary Health services in remote communities to provide expert secondary consultation, training and support for primary health care providers including remote medical officers to diagnose, and treat people with mental health problems. Increased staffing to NTMHS Remote MH Teams and Child & Youth MH services has augmented MH service delivery to the wider community & strengthened links between primary health care and social welfare agencies. TEMHS & CAMHS Psychiatrists undertake sessional work with Aboriginal Controlled Organisations and remote health centres. Registrars also work with these primary health services through the expanded settings specialists training program. In the NT, access to GPs is very difficult and to private practitioners very limited and several innovative initiatives have addressed this: GP Registrars (including Indigenous registrars) rotate into TEMHS for work placements; & Alice Springs Hospital & Royal Darwin Hospital medical interns rotate into public MHS for work placements. The Commonwealth funded NT 'Perinatal Mental Health Project' aims to develop the framework that will support improved prevention and early detection of antenatal and postnatal depression, and better care, support and treatment for expectant and new mothers experiencing depression in urban and remote areas. A Territory wide Perinatal Reference Group has been established to progress work in relation to perinatal development priorities. Membership includes specialist MHS providers across the government and private sectors, maternity and child health services, and General Practitioners. This project aims to identify the specific needs of Northern Territory women and their families, and commence identifying and addressing the gaps in existing services in the areas of screening, workforce training and education and pathways to care. Currently two pilot projects have commenced to roll out the initiative in remote Top End & Central Australian sites. Closer relationships between Top End schools and the TEMHS Child & Adolescent Team has been established via regular liaison

	<p>between MHS & education staff in order to ensure a more integrated and comprehensive MH care approach for children and youth (0-16 yrs). This also facilitates early intervention when MH issues are identified.</p> <ul style="list-style-type: none"> • NTMHS is currently planning an initiative to address the needs of people with chronic MH issues. This initiative relates directly to the NTG <i>Chronic Conditions Prevention & Management Strategy 2010-2020</i>. The NTMHS initiative aims to provide strengthened responses for people with severe and complex conditions requiring specialist MH treatment, by addressing lifestyle risk factors, identifying strategies to engage NTMHS clients to engage with their GP & generally providing additional support and interventions for people with chronic mental illness. Current NTMHS activities include: <ul style="list-style-type: none"> • Development of a <i>Physical Health Screening Tool</i>, which will assist in increasing awareness amongst MH staff in their management of the physical health of mental health clients. • Identifying Key Performance Indicators for use to measure progress of this initiative. • Development of a framework and guidelines to assist NTMHS staff to provide physical health care for MH clients to ensure that people with chronic MH receive appropriate physical health care. • Planning for development of resources for families, carers and GPs to support the role they play in improving the general health of people with mental problems. • In conjunction with the staff of the NT Perinatal Mental Health Project & the Palliative Care Grant Project, development of guidelines & resources that are applicable to Indigenous Territorians, particular those living in remote communities. • Development of education package for NTMHS staff on clinical assessment skills; • Planning for consultation with consumers & carers and consumer/carer groups to identify the best approach to utilise in addressing the physical care of NTMHS clients. • Strong links between TEMHS and the Royal Darwin Hospital (RDH) continue. Two current initiatives are: <ul style="list-style-type: none"> • The establishment of a project between the RDH Maxillo Facial Unit and the TEMHS Trauma Response Team ensures that Acute Care facial trauma patients are routinely screened for PTSD. Patients diagnosed with facial cancers are also able to receive initial counselling and support in similar fashion to the McMillan nursing model used in the UK. • The commonwealth funded 'Palliative Care Grant Project' which aims to improve outcomes for people with end-stage illness who have co-morbid mental health problems. This will be achieved by up-skilling Territory Palliative Care (TPC) services and primary care services health professionals, strengthening professional relationships between TPC and NTMHS & improving referral pathways. Exploration of use of screening tools, particularly in relation to culturally specific tools, and the development of medication protocols will assist in the education process of health professionals.
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<ul style="list-style-type: none"> • NTMHS is currently developing a <i>Mental Health Services Strategic Plan for 2010-2012</i> which will align with the Department of Health & Families Corporate Plan 2010-2012. This Strategic Plan will assist in orientating NTMHS to a recovery focused culture. • <i>Consumer & Carer Participation Review 2010</i>. NTMHS is currently conducting a review of the involvement of consumers and carers in the service. This review due to be completed in December 2010, is considering a range of options to ensure that the consumer and carer voice is central to the NTMHS. Public forums are being held across the Territory to obtain the views of the general community & to consult with consumers and carers. A review of all relevant policies & resources including information leaflets & guides will also occur. Submissions will be requested in order to obtain comprehensive feedback from key stakeholders. The principle areas that need to be addressed which identify key issues in service delivery which impact on consumer & carer engagement and participation in care are: <ul style="list-style-type: none"> • Improve involvement of consumers, and where appropriate, carers, in decisions regarding assessment, treatment and care planning, monitoring and discharge planning. • Improve the availability of information and education on topics of importance to consumers and carers. • Increase consumer participation in mental health and generalist community support services. • Increase consumer and carer involvement in local service planning, delivery and evaluation, and the provision of support to sustain this participation.

	<ul style="list-style-type: none"> • Involve consumers and carers in systemic planning, policy development and evaluation. • Promote mental health research, mental health information and good practices in consumer treatment and care and consumer and carer support and participation. <p>The outcomes/recommendations of the <i>Consumer & Carer Participation Review 2010</i> will be used to guide the adjustments that are required to ensure that NTMHS is oriented to a recovery culture.</p> <ul style="list-style-type: none"> • NTMHS has committed to facilitate an effective collaborative partnership with consumers & carers to ensure participation in embedding a recovery oriented culture within the organisation. • NTMHS staff have received a considerable amount of training in relation to the Recovery Model & this is ongoing. Intensive training on recovery principles, pragmatic approaches and recovery planning are currently being embedded into the mandatory core training program for mental health service staff. Consumers & carers can also participate in these sessions. NTMHS has funded visits to the NT by acknowledged experts in recovery for more intensive training for both public MHS staff and funded community sector organisations. • Recovery principles are currently being embedded into all NTMHS policies and protocols. NTMHS is currently developing a Recovery Framework. • Ongoing recovery support is also available through NT MHS funded programs via Non Government Organisations which provide support & advocacy services, this includes both non profit and for profit organisations. This also includes those provided by MH Consumer & Carer led organisations which provide essential support for individuals experiencing mental illness. • A funded NT MH NGO has commissioned a recovery based tool to assist staff in applying recovery approaches with consumers. • TEMHS - the Adult Community Mental Health Team (ACMHT) have adopted a recovery model & are in the process of clearly articulating this approach; & the inpatient units have implemented the Tidal Model. • The <i>CAMHS Consumer Engagement & Participation Review 2008</i> aimed to review and revise Consumer Participation policies, seeking input from key stakeholders to assist in identifying: how CAMHS can implement better policy and strategies, which facilitate improved participation in on-going development and evaluation of mental health services in Central Australia
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<ul style="list-style-type: none"> • Limited action has been undertaken in this area, however plans are underway to strengthen the relationship between NTMHS & Territory Housing in order to build a closer working connection between the public housing sector & MH. Development of a Memorandum of Understanding is planned. • Some locally based individual programs are undertaken by MH NGOs in the Top End & Central Australia in relation to housing, but these are currently not coordinated Territory wide eg activity within the funded NGO sector assists MH clients to find employment & study eg MHACA. NGOs work with individuals to meet their needs. • MHACA in Central Australia have recently completed a needs analysis on accommodation & support in Alice Springs and published a report on the housing situation. • CAMHS has MoUs with several organisations in which the issues of housing, accommodation and employment are itemised. In Central Australia plans are underway to work with these sectors to establish stronger links. • TEAMhealth in the Top End has a close partnership with Territory Housing which has resulted in a productive model for MH clients. TEAMhealth has been successful in gaining allocations of units from Territory Housing. These units were renovated and then allocated to MH consumers and support is also provided. • The NTG also funds MH NGOs to provide accommodation for people with mental illness which includes supported group

	<p>accommodation, rehabilitation, respite and step-up step-down facilities.</p> <ul style="list-style-type: none"> • NTMHS funds 13 NGOs to provide psychosocial services for MH consumers. NTMHS has contracted service agreements with these organisations.
<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<ul style="list-style-type: none"> • The <i>Shared Client Case Management Framework</i> & accompanying Practice Guidelines articulate the delivery of case management services to clients concurrently engaged with two or more of the following programs: Alcohol and Other Drugs; Aged and Disability; Families and Children & MH. The Framework provides direction for program staff in the case management of shared clients in line with relevant legislation, standards, departmental policies and best practice principles. The focus is the development of a joint case plan under a shared client case management framework that informs the assessment, planning, delivery and review of services to clients concurrently accessing more than one service. Clients accessing multiple concurrent services receive a shared client case management response aligned to the intensity and complexity of their individual needs. Multi-service clients including multi-service families, receiving targeted and coordinated services that enable provider knowledge, ideas and resources to be pooled, resulting in more effective service responses and better client outcomes. The guidelines are sufficiently broad to facilitate shared case management responses to clients engaged with two or more of the above named programs and another government department and/or non-government organisation. • The <i>Shared Client Case Management Framework</i> aims to achieve better client outcomes including: maximised service continuity; reduced service duplication; proactive rather than reactive service responses; more shared responses with a preventative focus; improved client risk management; articulating clear expectations of how providers should work together to deliver shared service responses to multi-service clients; reinforcing the practice of providers working together rather than in parallel to one another; reinforcing the exchange of client information between providers in accordance with established client information legislation and protocols; holistic assessment of client need, including risk; & the development and implementation of shared care plans for mutual clients with an assessed level of complexity and risk. • Recent amendments to the MHARS Act have provided additional diversion options at court for individuals with MH issues. • Work with North Australian Aboriginal Justice Agency has commenced to facilitate a trauma based legal framework that will assist an optimal approach by that legal service to clients as well as assist them to continue recovery processes throughout their work with clients of TEMHS. Larrakia Nation via the HEAL program are currently working in collaboration with NTMHS in providing education programs on trauma informed care for all workers. • Specifications for a 25 bed Mental Health and Behavioural Unit to be built adjacent to a proposed new Prison in Darwin are completed. • <i>Secure Care Initiative</i>. Secure care residential facilities will be built in Darwin and Alice Springs to create an additional 5 beds at Royal Darwin Hospital and 6 beds in Alice Springs Hospital. This accommodation will cater for individuals with complex behavioural and cognitive problems, whose needs cannot be met in a less restrictive environment. Assessment and treatment will be provided in a safe environment, in addition to management of high risk behaviour. Facilities will be available for young people, and adults with a disability, who exhibit high risk behaviours. These clients may engage in high risk taking, aggressive or disturbed behaviours that are likely to result in serious harm to themselves and/or others. These additional beds will also enable care to be provided in separate environments for young people and other people with special needs who require admission for their mental illness, for example mothers and babies and frail aged people. Medium to long term care will also be provided in secure care facilities in the community. Separate accommodation will be established for 8 young people and 8 adults with a disability in both Darwin and Alice Springs (total of 32 beds). Clients will receive intensive daily support and therapeutic intervention as part of a multi-disciplinary case management approach. The anticipated reduction in their high risk behaviours will mean that many clients will be able to safely return to living in the community. • NTMHS & MH NGOs in a joint initiative are working with forensic clients to provide support during transition from custody in relation to employment and accommodation. Offenders in Top End & Central Australia correctional facilities with MH issues have increased

	<p>access to mental health risk assessment following an increase in staff resourcing.</p> <ul style="list-style-type: none"> • NTMHS staff work with Territory Housing when individuals are at risk of losing accommodation.
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<ul style="list-style-type: none"> • The NTG fully supports development of coordinated action on this national framework. • Locally, the following initiatives are being undertaken in relation to the needs of Indigenous Territorians. Currently the NTMHS is undertaking a range of initiatives both as part of the DHF and as a separate program. • The NTMHS <i>Consumer & Carer Participation Review 2010</i>. The NTMHS review of the involvement of consumers and carers in the service includes obtaining the perspectives of the Indigenous people of the NT. This is pivotal to the Review. This review, due to be completed in December 2010, is considering a range of options to ensure that the consumer and carer voice is central to the NTMHS. Public forums are being held across the Territory including some in remote areas, to obtain the views of the general community & to consult with consumers and carers. Particular effort is being made to obtain the views of Indigenous consumers and carers. A review of all relevant policies & resources including information leaflets & guides will also occur – with a view of making current NTMHS documentation more accessible to Indigenous people & to develop resources that avoid the requirement of basic English literacy eg manually activated posters & books with information provided verbally in Indigenous language. • <i>One Talk Technology</i>: Several NTMHS initiatives involve the development of information posters, albums & other media utilising One Talk Technology to facilitate knowledge and understanding by Indigenous users of NTMHS. This is one element of a larger plan to develop Indigenous friendly materials across NTMHS to ensure that information is provided in a culturally user friendly format regardless of media eg in print form, via technology, in policies, & in staff training and education. eg Translation of NTMHS ‘Legal rights and responsibilities’ posters into A3 size, ‘talking posters’ currently being translated into 9 Central Australian languages. eg Perinatal MH information including Edinburgh Depression Scale will be translated into Top End & Central Australian languages & installed into a ‘talking’ album for use by staff working with mothers. • Aboriginal and Torres Strait Islanders (ATSI) represent 30% of the Territory’s population and in rural and remote settings this can be up to 90%. This demographic brings with it additional challenges and unique opportunities for the DHF service delivery and employment strategies. As a substantial proportion of NTMHS clients are Aboriginal, understanding more clearly how Aboriginal people’s culture intersects with the services is an important knowledge base from which better outcomes can be reached. • NTMHS has a commitment to strengthening the ATSI workforce & investment in the health and community services ATSI workforce is a priority for DHF and NTMHS. The strength of an organisation is held in its ability to reflect the population within which it is embedded. A workplace that reflects the diversity of the community will understand its clients better and will lead to improved service delivery and communication, based on a deep understanding of the needs of the community. NTMHS aims to empower Aboriginal staff to reach their full potential by encouraging and providing internal and external development opportunities including, higher duties, temporary transfers and access to training. Gainful employment is one of the key social determinants of health. By strengthening employment outcomes, particularly in rural and remote areas, there will be positive influence on the broader health and wellbeing of the community. • An <i>Aboriginal and Torres Strait Islander Strategic Workforce Plan 2008-2011</i> has been developed by DHF. This plan, with the <i>DHF Strategic Workforce Plan 2008-2011</i>, has a key focus on building and strengthening ATSI employment, opportunities and outcomes. One of the most valued qualities Aboriginal people bring to the DHF is their ability to network. Through those networks, NTMHS develop rapport with consumers & this assists in delivering improved services and outcomes. Aboriginal people generally feel safer and more comfortable accessing services if their first contact is with Aboriginal staff. Recruitment of Aboriginal staff to positions that provide services to Aboriginal individuals, families and communities assists NTMHS to provide safe and effective services & employing Aboriginal people also helps address service issues surrounding consistency of services.

	<ul style="list-style-type: none"> • An environment that acknowledges and respects the diversity of Aboriginal culture will retain its staff. All NTMHS staff, are mandated to undertake the <i>DHF's Aboriginal Cross Cultural Awareness Program</i>. The <i>DHF Aboriginal Cultural Security Policy</i> was launched in 2007; this Policy represented a significant step forward for the Territory's health and community services sector. DHF has made a commitment that the services offered to Aboriginal Territorians will respectfully combine the cultural rights and values of Aboriginal people with the best health and community service systems. Providing culturally secure services requires health and community service providers to: identify those elements of Aboriginal culture that affect the delivery of health and community services in the NT; review service delivery practices to ensure that they respect and value Aboriginal people's culture; act to modify service delivery practices where necessary & monitor service activity to ensure that our services continue to meet culturally safe standards. • NTMHS are currently restructuring several parts of the service in order to improve the efficiency & effectiveness of service delivery. One important change is the implementation of a supervisory and mentorship structure in TEMHS for Aboriginal and Torres Strait Islander staff, students and cadets. • Enhancement of locally based MHS to Tiwi Islands. Provision of outreach psychiatrist services to Tiwi Islands has resulted in: increased communication between TEMHS & Tiwi Island primary health care providers; increased the amount of service provided to Tiwi Islands; & improved standard of treatment & care for the Indigenous community.
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<ul style="list-style-type: none"> • Funding is provided by NTG for the provision of Applied Suicide Intervention Skills Training (ASIST) to the NT community. • NTMHS conducts annual forums for the NT community which aim to improve <i>MH literacy</i>. eg in 2009 a 2 day event <i>Mental Health in the Workplace Forum</i> was held which aimed to promote mentally <i>healthy workplaces</i> and prevent suicide. <i>The provision of presentations, workgroup activities, & advice on actions to be taken to promote workers' MH, & education to the general community on MH issues.</i> The forum was particularly targeted at male dominated industries & participants included NT major industry representatives. The forum aimed to improve understanding of the importance of promoting MH in the workplace & to achieve greater uptake amongst Industry HR staff of strategies to use in the workplace to promote MH. It provided participants with guidance on the most effective ways to support and maintain good MH. • TEMHS employs an educator who regularly provides MH education sessions to a range of participants including community sector organisations & services including Police, Fire & Ambulance staff & workers in remote communities. These sessions include education about the symptoms and management of mental illnesses, and how to access services, thereby increasing community understanding & reducing stigma. • The NTMHS Child & Adolescent Teams work closely with counsellors in Top End & Central Australian schools; staff from Family & Children Services; with <i>headspace</i> & with Strong Men & Strong Women Groups in Indigenous communities across the Territory. NTMHS aims to strengthen partnerships between school communities and child and adolescent MH services to improve the early detection and management of MH problems in children and young people. • <i>KidsMatter</i>, the primary school mental health promotion, prevention and early intervention initiative developed in collaboration with the Commonwealth Government is offered in schools in the NT. The KidsMatter initiative aims to: improve the mental health and well-being of primary school students; reduce mental health problems among students (e.g., anxiety, depression and behavioural problems) & achieve greater support and assistance for students experiencing mental health problems. • <i>The Triple P</i> program is used in NT schools & communities. This evidence-based parenting and family support strategy aims to prevent behavioural, emotional and developmental problems in children (or halt their progression and reduce their severity) and provide support for parents and families. The <i>Triple P</i> system helps parents develop a safe, nurturing environment and promote positive, caring relationships with their children, and to develop effective, non-violent strategies for promoting children's development and dealing with common childhood behaviour problems and developmental issues. • The NTG Department of Education and Training continues to implement <i>MindMatters</i>, the national MH initiative funded by the Commonwealth for secondary schools which aims to use a whole-of-school approach to create environments where youth can feel

	<p>both valued & safe. <i>MindMatters</i> assists schools & colleges to provide resources to undertake MH promotional activities within the school curriculum.</p> <ul style="list-style-type: none"> • <i>Indigenous Mental Health promotion activity in Top End</i>. TEMHS Aboriginal MH Promotion Officer provides Mens Health camps in remote areas to improve MH amongst Indigenous males living in urban & remote communities; increases collaboration between MHS, non government organisations and community controlled Indigenous organisations. • Enhanced capability for provision of clinical outreach visits to remote stations has been facilitated by use of a camper trailer in the remote Barkly Region. This has provided accommodation for MH clinicians & has increased the capacity of Barkly Region MH staff to supply outreach services to remote outstations & provide better MH service support & education for communities based in remote areas of the Barkly region. • In the Top End, TEMHS staff provide post-vention support for individuals & communities after suicide & other traumatic events have occurred. Funding is provided by NTMHS to MHACA to coordinate response to suicide and undertake suicide prevention programs in Central Australia. • The <i>NT Suicide Prevention Action Plan 2009-2011</i> provides a whole-of-Government response to guide future direction in suicide prevention. It converts the NT Strategic Framework for Suicide Prevention into actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community. The Action Plan reflects the suicide prevention priorities of those NT Departments that are members of the NT Suicide Prevention Coordinating Committee. Some activities contributing to the Action Plan may be part of core services or projects funded by relevant Departments. There are others that are new initiatives or may involve the formation of partnerships outside of NT Government. These partners may include the Australian Government and local and national non-Government agencies. • The main aims of <i>NT Suicide Prevention Action Plan 2009-2011</i> are to: <ul style="list-style-type: none"> • Strengthen wellbeing, optimism, connectedness, resilience, health and capacity across the NT community, with a particular focus on young people and their families; • Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm; • Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response; • Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal and self-harming behaviour; • Provide culturally appropriate programs that support community response to high rates of suicide and self-harm in Indigenous communities; and • Build the evidence base, share good practice and provide education and training. • NTG funds community sector organisations to provide <i>Mental Health First Aid</i> training to the NT community generally and this includes staff from health, welfare & emergency organisations, including Police, Fire, Ambulance services, & Acute Care staff. <i>Mental Health First Aid</i> aims to increase awareness in the community of MH problems, to develop environments that promote safety and resilience for all. It assists participants to effectively help individuals who are experiencing a MH crisis prior to the involvement of MH professionals. <i>Mental Health First Aid</i> training educates participants on symptoms, causes & treatments for mental illness. • NTMHS continues to fund and work with Beyondblue on a number of initiatives. <p>NTMHS is collaborating with Lifeline NT to develop psychiatric First Aid program specific to NT.</p>
<p>9. Implement targeted prevention and early intervention programs for children</p>	<ul style="list-style-type: none"> • Funded by the Commonwealth Government, <i>headspace</i> Top End & <i>headspace</i> Central Australia provide treatment & support for youth experiencing MH problems. In both locations NTMHS is a consortium member along with community sector organisations & the GP divisions. This has led to closer service integration and better coordination as a result of the partnerships between NTMHS & other involved organisations.

<p>and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<ul style="list-style-type: none"> • The Commonwealth funded NT 'Perinatal Mental Health Project' aims to develop the framework that will support improved prevention and early detection of antenatal and postnatal depression, and better care, support and treatment for expectant and new mothers experiencing depression in urban and remote areas. A Territory wide Perinatal Reference Group has been established to progress work in relation to perinatal development priorities. Membership includes specialist MHS providers across the government and private sectors, maternity and child health services, and General Practitioners. This project aims to identify the specific needs of Northern Territory women and their families, and commence identifying and addressing the gaps in existing services in the areas of screening, workforce training and education and pathways to care. Currently two pilot projects have commenced to roll out the initiative in remote Top End & Central Australian sites. Support & treatment is being provided for women identified women as at risk of or are experiencing perinatal depression. • Currently guidelines & resources for use in the Perinatal MH Project are in development. These will be applicable to Indigenous Territorians & culturally accessible, particular to those living in remote communities. Perinatal MH information including Edinburgh Depression Scale will be translated into Top End & Central Australian languages & installed into a 'talking' album & posters for use by staff working with mothers. • NTMHS Child & Adolescent teams provide community based treatment for children, adolescents and their families experiencing emotional, psychological, behavioural, social & MH problems. An outreach service is also provided to regional centres and select remote communities in the Top End & Central Australia. Increased provision of Child & Adolescent MH services has been made to both urban and rural and remote areas in the NT.
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<ul style="list-style-type: none"> • Funded by the Commonwealth Government, and supplemented by the NT Government <i>headspace</i> Top End & <i>headspace</i> Central Australia provide treatment & support for youth experiencing MH problems. In both locations NTMHS is a consortium member along with community sector organisations & the GP divisions. This has led to closer service integration and better coordination as a result of the partnerships between NTMHS & other involved organisations. The two NT <i>headspace</i> programs provide integrated, multidisciplinary early intervention, prevention and promotion services for young people with emerging mild to moderate MH & substance use problems. The provision of the services by the two <i>headspace</i> programs has augmented care for young people in the NT. • The <i>Shared Client Case Management Framework</i> & accompanying Practice Guidelines articulate the delivery of case management services to clients concurrently engaged with two or more programs: Alcohol and Other Drugs; Aged and Disability; Families and Children & MH. Clients accessing multiple concurrent services receive a shared client case management response aligned to the intensity and complexity of their individual needs. Multi-service clients including multi-service families, receiving targeted and coordinated services that enable provider knowledge, ideas and resources to be pooled, resulting in more effective service responses and better client outcomes. The <i>Shared Client Case Management Framework</i> aims to achieve better client outcomes including: maximised service continuity; reduced service duplication; proactive rather than reactive service responses; more shared responses with a preventative focus; improved client risk management; articulating clear expectations of how providers should work together to deliver shared service responses to multi-service clients; reinforcing the practice of providers working together rather than in parallel to one another; reinforcing the exchange of client information between providers in accordance with established client information legislation and protocols; holistic assessment of client need, including risk; & the development and implementation of shared care plans for mutual clients with an assessed level of complexity and risk.
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national</p>	<ul style="list-style-type: none"> • This is a relatively under developed area in the NT. • NT MHS works collaboratively with <i>headspace</i> and accepts clinical responsibility for young people if early psychosis is suspected. • NT MHS Child and Youth Teams, Inpatient Services and Community Mental Health Teams are alert for young people demonstrating early psychosis, and put into place management plans that provide support for their recovery.

coverage.	
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<ul style="list-style-type: none"> • The <i>NT Suicide Prevention Action Plan 2009-2011</i> is a whole-of-Government response to guide future direction in suicide prevention over the next three years. It converts the NT Strategic Framework for Suicide Prevention into assessable actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community. The Action Plan reflects the suicide prevention priorities of those NT Departments that are members of the NT Suicide Prevention Coordinating Committee. Some activities contributing to the Action Plan may be part of core services or projects funded by relevant Departments. There are others that are new initiatives or may involve the formation of partnerships outside of NT Government. These partners may include the Australian Government and local and national non-Government agencies. • Workshops on a range of topics have been provided to the professional community in the NT as a product of the activities associated with elements of the <i>NT Suicide Prevention Action Plan 2009-2011</i>. Currently workshops on 'Self-Harming Behaviour in Young People' are being held across the Territory. Hundreds of staff from Police, Ambulance, & Fire services; Education department; Family & Children Services; Acute Care; & Remote Health have attended these workshops. • Funding is provided to NGOs by NTG for the provision of Applied Suicide Intervention Skills Training (ASIST) to the NT community & particularly for front line workers. • <i>Disaster Response</i>. Disaster response capacity has been developed & equipment purchased for Disaster Response Team to enhance safety; and regular provision of training to NGO's eg; Lifeline and Red Cross. • NTMHS work closely with Melaleuca Refugee Centre (NGO which assists refugees and people from CALD background). Currently planning to increase links between TEMHS, MH funded NGOs, & trauma and torture services. • The TEMHS educator provides regular education to all new Police recruits on a range of MH related matters. The TEMHS educator and Director of Psychiatry attended the NSW Police Mental Health Intervention Team training program in order to gain knowledge relating to this training initiative. Subsequent to this, a new Police training program for NT recruits and an on-line refresher course has been developed by NTMHS. This training aimed to provide the Police with the knowledge & skills to more effectively manage people presenting with challenging behaviour. • NT MHS Forensic Teams offer support and education for correctional officers on request. • NT MHS remote mental health teams implement a consultation liaison model in which education of remote clinic staff is a primary goal. • NT Child & Adolescent services provide mental health education to NT Family & Children services workers.
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support</p>	<ul style="list-style-type: none"> • The <i>NT Suicide Prevention Action Plan 2009-2011</i> is a whole-of-Government response to guide future direction in suicide prevention over the next three years. It converts the NT Strategic Framework for Suicide Prevention into assessable actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community. The Action Plan reflects the suicide prevention priorities of those NT Departments that are members of the NT Suicide Prevention Coordinating Committee. Some activities contributing to the Action Plan may be part of core services or projects funded by relevant Departments. There are others that are new initiatives or may involve the formation of partnerships outside of NT Government. These partners may include the Australian Government and local and national non-Government agencies. <p>The <i>NT Suicide Prevention Action Plan 2009-2011</i> is aligned with the National Suicide Prevention Strategy's <i>Living is for Everyone (LIFE)</i> Framework (2007). The main aims of this plan are to:</p> <ul style="list-style-type: none"> • Strengthen wellbeing, optimism, connectedness, resilience, health and capacity across the NT community, with a particular focus on young people and their families; • Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm; • Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of

<p>available to them.</p>	<p>suicide and self-harm through prevention, recognition and response;</p> <ul style="list-style-type: none"> • Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal and self-harming behaviour; • Provide culturally appropriate programs that support community response to high rates of suicide and self-harm in Indigenous communities; and • Build the evidence base, share good practice and provide education and training.
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<ul style="list-style-type: none"> • DHF provides funding to NGOs who provide specific support services for carers, including young carers. • The NT Consumer Advisory Group (CAG) provides a mechanism for consumer and carer input into MH policy decision making processes. Within this broad framework, the NT CAG provides advice to the Minister for Mental Health on matters which affect the rights, needs, interests and the welfare of people with mental health problems/disorders and their carers. NTCAG also liaises with national peak bodies e.g. the National Mental Health Consumer and Carer Forum (NMHCCF), to ensure that the needs and concerns of NT consumers and carers are represented at this level. • The NT has a Carers Recognition Act. • <i>Consumer & Carer Participation Review 2010</i>. NTMHS is currently conducting a review of the involvement of consumers and carers in the service. This review due to be completed in December 2010, is considering a range of options to ensure that the consumer and carer voice is central to the NTMHS. Public forums are being held across the Territory to obtain the views of the general community & to consult with consumers and carers. A review of all relevant policies & resources including information leaflets & guides will also occur. Submissions will be requested in order to obtain comprehensive feedback from key stakeholders. • Several of the funded MH Non Government Organisations provide support & activities for children with parents who have a mental illness. eg TEMHCO provide workshops for children; MHACA run activities & camps for children. • The MHARS Act education 'Roadshow' delivered NT wide during March to May 2009 included sessions specifically aimed at informing consumers and carers of their rights under the legislation. Education also reinforced, to staff, the importance of use of consent process. Prior to the Roadshow, guides for MHS consumer & carers were developed to enhance understanding of these processes for both staff and others. Widely publicised educational sessions were held for consumers, carers, NGOs and NTG agencies in all major NT areas. For the first time a variety of targeted guides on the MHARS Act were produced: In addition to those for consumers & carers, guides were developed for MHS clinicians, for primary care Remote staff and for General Hospital staff. Leaflets around various aspects of the MHARS Act were also developed. • Central Australia MHS (CAMHS) 'parents of people with mental illness group' conducts activities in relation to the reduction of stigma and increasing community understanding by sharing personal stories about mental illness and recovery. • MH Carers NT (formerly ARAFMI) is the peak mental health NGO in the NT representing families and carers of people with a mental illness. NTMHS provides funding for this organisation. Carers NT provides support for all carers in the NT.
<p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<ul style="list-style-type: none"> • The <i>Shared Client Case Management Framework & accompanying Practice Guidelines</i> articulate the delivery of case management services to clients concurrently engaged with two or more of the following programs: Alcohol and Other Drugs; Aged and Disability; Families and Children & MH. This enables NTMHS to work closely with Families and Children services when the client is a vulnerable young person. • C&Y in TEMHS offer education programs throughout the NT relating to suicide and self harm behaviours. They recognise that many children in remote areas have experienced forms of trauma. • <i>Secure Care Initiative</i>. Secure care residential facilities will be built in Darwin and Alice Springs to create an additional 5 beds at Royal Darwin Hospital and 6 beds in Alice Springs Hospital. This accommodation will cater for individuals with complex behavioural and cognitive problems, whose needs cannot be met in a less restrictive environment. Assessment and treatment will be provided in a safe environment, in addition to management of high risk behaviour Facilities will be available for young people, and adults with a

	<p>disability, who exhibit high risk behaviours. These clients may engage in high risk taking, aggressive or disturbed behaviours that are likely to result in serious harm to themselves and/or others. These additional beds will also enable care to be provided in separate environments for young people and other people with special needs who require admission for their mental illness, for example mothers and babies and frail aged people. Medium to long term care will also be provided in secure care facilities in the community. Separate accommodation will be established for 8 young people and 8 adults with a disability in both Darwin and Alice Springs (total of 32 beds). Clients will receive intensive daily support and therapeutic intervention as part of a multi-disciplinary case management approach. The anticipated reduction in their high risk behaviours will mean that many clients will be able to safely return to living in the community.</p>
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<ul style="list-style-type: none"> • This action is a national responsibility. • Currently the development of a new NT Mental Health Services Strategic Plan is in the planning stage. This will detail the medium to long term strategic goals for NTMHS.
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p>	<ul style="list-style-type: none"> • There are very few NGO non-clinical support services in smaller communities and in regional & remote areas. This issue will be considered in the NTMHS strategic planning process. Further development is required for a service model that addresses the particular challenges & needs of remote regions, and reduces potential for confusion and duplication. • Currently NTMHS staff in remote areas work closely with primary health care providers & staff from other social welfare agencies to provide MH care. A Consultation Liaison model is used in recognition that 24 hour provision of health care occurs via the primary health staff based in most remote communities, & that MH staff generally operate on a drive-in, drive-out, fly-in fly-out basis. Provision of support, & treatment advice as well as assistance with operationalising MH legislation usually occurs via telephone and video conferencing & only occasional direct contact when MH staff are visiting the communities. This model requires MH staff to work closely with workers from a range of agencies & organisations.
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<ul style="list-style-type: none"> • <i>Digital Regions Initiative</i> aims to increase use of video-conferencing and video-diagnostics by clinicians. The NTMHS is the sole providers of public MHS to the people of the NT. 30% of the NTMHS target population live in remote and rural settings & a high percentage of these are Indigenous. Historical and modern cultural factors compounded by the remote setting, increase morbidity and complicate the delivery of effective treatment to this target population. Services are provided by remote mental health teams who are based in urban centres. The geographical isolation and dispersal of remote communities means that the population does not receive the service it requires as specialist MHS to this population are limited to a visiting service, the frequency of which is dependant on the size of population and need. This makes timely attention to unwell people problematic and follow-up for patients discharged from MH inpatient units difficult. • Poor infrastructure, including the lack of availability of functioning, quality units in remote communities has meant that videoconferencing is infrequent. This has also resulted in a lack of staff expertise and understanding of the benefits that could result. More effective use of videoconferencing technology will improve clinical service delivery, remote team support and professional development. Videoconferencing is an effective and relatively inexpensive avenue to providing MH services across the clinical, administrative and educational domains in remote and rural settings. <p>Jointly funded by the Commonwealth and the NTG, the <i>Digital Regions Initiative</i> will enhance NTMHS service delivery & provide improved clinical, administrative, & professional development and staff satisfaction/retention outcomes via:</p> <ul style="list-style-type: none"> • Earlier availability of specialist clinicians to provide clinical review of patients • Improved support to remote clinic staff

	<ul style="list-style-type: none"> • Decrease in patient trauma associated with emergency evacuation and dislocation from home supports • Reduced patient admission rates & improved discharge planning • Increased family and community education/enhancement • Improved participation of patient's family and carers, both in the community & when remote patients are in a an inpatient unit • Increased professional development opportunities for remote clinic and mental health staff • Remote mental health, remote clinic and NTMHS administrative staff trained to expert videoconferencing user level • Reduced isolation for specialist mental health and remote clinic staff Improved support to remote based specialist mental health staff • Improved engagement of remote managers with urban peers and supervisors • Reduction in demand for aero medical flights • Decreased administrative burden for clinical staff • Improved administrative support to remote mental health teams • Decreased financial costs including cost of travel & carbon footprint • It will enhance cross–border collaboration with other jurisdictions, especially for those in the APY Lands <ul style="list-style-type: none"> • In the NT, progress on e-Health initiatives such as Secure Electronic Health Record (SEHR) and Secure Electronic Messaging Service (SEMS) has offered active connectivity between Primary Health Practitioners (private and public) and Hospital Information Systems to share electronic patient health summaries – this coverage includes a significant portion of the NT medical community. However, Mental Health and other specialist community health programs utilising a separate client information management platform are excluded from SEHR AND SEMS because of complex technical issues that are a barrier to systems connectivity. At a departmental strategic level a business case is being drafted as a proposal to resolve the system connectivity issue through development of an over-arching 'consolidated client view' portal that will enable a shared access point for key summary-level clinical information on a designated client/patient. The development is expected to be long-term. • Increased access to clinical benchmarking and service performance and planning information will support improved decision-making and monitoring of service standards. NTMHS continues to develop its capacity to report a range of service and clinical data using web-based reporting tools in a standard that is accessible, meaningful and relevant for use by clinical leaders. • The <i>Shared Client Case Management Framework</i> & accompanying Practice Guidelines articulate the delivery of case management services to clients concurrently engaged with two or more of the following programs: Alcohol and Other Drugs; Aged and Disability; Families and Children & MH. The Framework provides direction for program staff in the case management of shared clients in line with relevant legislation, standards, departmental policies and best practice principles. The focus is the development of a joint case plan under a shared client case management framework that informs the assessment, planning, delivery and review of services to clients concurrently accessing more than one service. Clients accessing multiple concurrent services receive a shared client case management response aligned to the intensity and complexity of their individual needs. Multi-service clients including multi-service families, receiving targeted and coordinated services that enable provider knowledge, ideas and resources to be pooled, resulting in more effective service responses and better client outcomes. The guidelines are sufficiently broad to facilitate shared case management responses to clients engaged with two or more of the above named programs and another government department and/or non-government organisation. • <i>PCIS-CCIS Interface</i>. Currently NTMHS uses CCIS for electronic client record keeping. PCIS is used by the NTG Remote Health Program for the same purpose. 'Shared' clients who live in remote communities but also have MH issues have to have clinical notes kept in two different databases. As part of the service agreements between NTMHS and the Remote Health Program, there is an expectation that clinical information will be shared in a contemporary fashion. Remote Health & MH Programs have implemented a documentation sharing trial that ensures clinical reports are uploaded to PCIS within 3 days of receiving them. • <i>e-messaging</i> – TEMHS are currently experimenting with SMS messages from Computers to mobile telephones. This is being done initially with medical staff but will include Remote MH Teams eventually.
19. Work with emergency	<ul style="list-style-type: none"> • The <i>Shared Client Case Management Framework</i> & accompanying Practice Guidelines articulate the delivery of case management

<p>and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p>services to clients concurrently engaged with two or more of the following programs: Alcohol and Other Drugs; Aged and Disability; Families and Children & MH. The Framework provides direction for program staff in the case management of shared clients. The focus is the development of a joint case plan under a shared client case management framework that informs the assessment, planning, delivery and review of services to clients concurrently accessing more than one service. Clients accessing multiple concurrent services receive a shared client case management response aligned to the intensity and complexity of their individual needs. Multi-service clients including multi-service families, receiving targeted and coordinated services that enable provider knowledge, ideas and resources to be pooled, resulting in more effective service responses and better client outcomes. The guidelines are sufficiently broad to facilitate shared case management responses to clients engaged with two or more of the above named programs and another government department and/or non-government organisation.</p> <ul style="list-style-type: none"> • <i>Police/NTMHS Protocols.</i> The existing MoU between Police and NTMHS has been reviewed and a revised document which features a suite of protocols is nearing completion. The revised protocols will form the basis of an agreement between Northern Territory Police Force and Northern Territory DHF to work in cooperation to promote a safe and coordinated system of response and care for persons known or suspected to be suffering from mental illness or disturbance or exhibiting behaviours that may be indicative of a mental illness or disturbance. The revised protocols will be part of a framework of continuous improvement to ensure the effective and efficient delivery of services to meet the needs of individuals with a known or suspected mental illness and is to be used as the basis for the development of standard operating procedures within each organisation, including local procedures in regional and remote communities. • <i>Provision of 24 hr MH 'hot line' telephone triage and enhanced response.</i> \$930,000 has been allocated for a 24 hour mental health triage number linked to a triage and referral service. The hotline will provide specialist advice, support and referrals to professionals and carers helping people with mental illness. The service should help reduce the time taken for a mental health response. It is anticipated the service will commence at the beginning of the 2010/11 financial year. This new 24 hour phone line will facilitate the provision of MH information, advice and referral to consumers, carers, service providers & the NT community generally. It will provide advice and support to callers in relation to management of MH emergencies & enable callers to talk directly to experienced MH professionals. Advice on referral to local specialist services will be provided. MH education can be provided to other health staff including those from primary and acute care. It will provide needed additional support for NT's rural and remote population. This initiative is predicated on the National Emergency Mental Health Principles. • Significant numbers of external agencies – government & non government – receive education from TEMHS at least equivalent to 1.5 FTE weekly. • Increase in training hours for Police Officers will be provided by MH services, specifically for Cadet training, Police Negotiators and Aboriginal community policing officers. • A community outreach worker is employed by TEMHS. Currently this worker spends three days a week with the NGO - MH Carers NT. • Development of NTMHS transport <i>protocols based on National Safe Transport Principles</i> These have been trialled in Darwin urban area and about to be translated to the regional areas of Katherine, East Arnhem, Barkly.
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health</p>	<ul style="list-style-type: none"> • NTMHS is currently planning an initiative to address the needs of people with chronic MH issues. This initiative relates directly to the NTG <i>Chronic Conditions Prevention & Management Strategy 2010-2020</i>. The NTMHS initiative aims to provide strengthened responses for people with severe and complex conditions requiring specialist MH treatment, by addressing lifestyle risk factors, identifying strategies to engage NTMHS clients to engage with their GP & generally providing additional support and interventions for people with chronic mental illness. Current NTMHS activities include: <ul style="list-style-type: none"> • Development of a <i>Physical Health Screening Tool</i>, which will assist in increasing awareness amongst MH staff in their management of the physical health of mental health clients. • Identifying Key Performance Indicators for use to measure progress of this initiative. • Development of a framework and guidelines to assist NTMHS staff to provide physical health care for MH clients to

<p>problems.</p>	<p>ensure that people with chronic MH receive appropriate physical health care.</p> <ul style="list-style-type: none"> • Planning for development of resources for families, carers and GPs to support the role they play in improving the general health of people with mental problems. • In conjunction with the staff of the NT Perinatal Mental Health Project & the Palliative Care Grant Project, development of guidelines & resources that are applicable to Indigenous Territorians, particular those living in remote communities. • Development of education package for NTMHS staff on clinical assessment skills; • Planning for consultation with consumers & carers and consumer/carers groups to identify the best approach to utilise in addressing the physical care of NTMHS clients. <ul style="list-style-type: none"> • The weekly GP Clinic in the TEMHS Community MH Centre established in the early 2000s, has resulted in regular physical health review for clients of the service. GP's bulkbill MH consumers whose attendance at the GP clinic is facilitated by TEMHS Case Managers. The GPs review the physical health of each consumer and Case Managers ensure that any follow up action occurs. This has improved client access to primary health care services and the care of clients with physical health problems and mental illness in Community MH Services. This service has been established in Alice Springs. • The newly established co-location of the TEMHS Community MH Team with a GP Practice in Palmerston is improving liaison. • NTMHS is currently developing a system to ensure that all clients of Public MHS have an annual physical primary health care checks via the appointment of a clinic nurse who will be responsible to link clients with GPs, Community Health Centres as well as undertaking regular checks for metabolic syndrome. • NTMHS is currently exploring the development of a physical health screening for MH consumers tool. This will be developed for use across NTMHS. • Guidelines for mental health staff have been developed to guide the provision of physical health care for mental health patients to ensure that people with mental illness receive physical health care in line with the care provided to the general population. • An inter agency integrated comorbid care workshop is held regularly between MHS & AOD & all NGOs and primary care services are invited to these. The intention is to develop, implement and evaluate integrated care pathways between all sectors and all regional areas. The end plan is to incorporate NTFC and Aged & Disability into this network, • Exploration of joint conduit entry (MH & AOD) with new 24 hour service between 1600 – 0800 each day. • NTMHS staff currently undertake joint training with Alcohol & Other Drug service staff in order to enhance knowledge and skills of staff in both programs. MH & AOD staff undertake placements in the respective services. Jointly delivered to govt and non govt workers. Experiential and familiarisation placements.
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<ul style="list-style-type: none"> • <i>One Talk Technology</i>: Several NTMHS initiatives involve the development of information posters, albums & other media utilising One Talk Technology to facilitate knowledge and understanding by Indigenous users of NTMHS. This is one element of a larger plan to develop Indigenous friendly materials across NTMHS to ensure that information is provided in a culturally user friendly format regardless of media eg in print form, via technology, in policies, & in staff training and education. eg Translation of NTMHS 'Legal rights and responsibilities' posters into A3 size, 'talking posters' currently being translated into 9 Central Australian languages. eg Perinatal MH information including Edinburgh Depression Scale will be translated into Top End & Central Australian languages & installed into a 'talking' album for use by staff working with mothers. • Development of AIMHi cultural assessment project in TEMHS inpatient unit. Aboriginal Mental Health workers are implementing assessment and discharge planning using AIMHi instrument with Indigenous clients. This will assess changes in outcomes with the use of culturally appropriate processes and tools; provide more culturally appropriate assessment tools & ensure more involvement of Aboriginal Mental Health Workers in assessment and discharge planning. • Community- Inpatient liaison nurses specifically address the discharge needs of complex and/or remote clients. Remote workers are

	<p>involved in these activities as well as in ward rounds.</p> <ul style="list-style-type: none"> • Development of DVD in language to provide consumer and carer information in a format that can be easily accessed. Consultation process undertaken and decisions made in regard to format and languages which would be used on the DVD. Script written and agreed to. DVD has been developed to the 'First Concept' stage and is being reviewed by NTMHS. AHWs/AMHWs ensure that format and script will meet the requirements of Indigenous consumers.
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care.</p>	<ul style="list-style-type: none"> • A Consultation Liaison service is provided to rural and remote areas via the NTMHS Remote Teams usually on a drive-in, drive-out, fly-in, fly-out basis. NTMHS works closely with other agencies, particularly remote health clinic primary staff utilising videoconferencing, teleconferencing and other technologies to ensure delivery of services. • Service Agreements with Remote Health and MoU's are in place with the Primary Mental Health Care sector (GPNNT).
<p>23. Review the Mental Health Statement of Rights and Responsibilities.</p>	<ul style="list-style-type: none"> • This is a national initiative, & the NT will participate with other jurisdictions in the review. However locally: • The <i>Mental Health Statement of Rights and Responsibilities</i> has formed the basis of NTMHS policy development & strategic planning for many years. As a result many MH Program existing elements & initiatives address consumers and carers rights and responsibilities. Examples of these include: <ul style="list-style-type: none"> • Part 12 of the MHARS Act specifically addresses the rights of patients & carers – particularly in relation to information provision (especially to medication or treatment); disclosure of information; discharge planning; access to records; involvement of adult guardian or representative; access to telephone, letters and postal articles; & restriction or denial of entitlement. • Part 14 of the MHARS Act specifically addresses the Community Visitor Program – who have inquiry & review functions in relation to the adequacy of services for the assessment & treatment of consumers in NT Approved Treatment Facilities (ATF) or Approved Treatment Agencies (ATA). A community visitor may, at any time without notice, enter an ATF or premises occupied by an ATA & inspect any part of the facility or the premises. They can visit consumers who are receiving treatment or care; & inspect documents, medical records or registers relating to those persons at the facility or from the agency. They can monitor & inspect the standard and appropriateness of facilities; the physical well-being and welfare of consumers; the adequacy of information relating to the rights of consumers & the accessibility and effectiveness of complaint procedures under the Act; the failure of persons employed in ATFs or by ATAs to comply with the Act; & any other matter that a community visitor considers appropriate having regard to the principles and objectives of this Act. • Part 15 of the MHARS Act specifically addresses the role of the Mental Health Review Tribunal whose role under the MHARS Act is to review voluntary & involuntary patients in accordance with legislation. • Part 17 of the MHARS Act specifically addresses the role of the Approved Procedures & Quality Assurance Committee - The functions of the Committee are: to monitor and review the Approved Procedures and forms & to assess and evaluate the quality of MH services, including clinical practices and privileges, & to recommend amendments to them if required. • The production of leaflets, posters & guides for consumers & carers. • The Office of the Director of Mental Health undertakes periodic reviews of various aspects of the MH Program, monitors standards in funded NGO services & regularly conducts internal reviews in relation to specific delivery of clinical MH care. • The MHARS Act education 'Roadshow' delivered NT wide during March to May 2009 included sessions specifically aimed at informing consumers and carers of their rights under the legislation. Education was also provided to staff to reinforce the importance of use of the consent process under the MHARS Act. MH clinicians guides were provided for staff, to enhance understanding of these processes. This resulted in increased understanding by NTMHS staff of their legislative responsibilities in regard to the consent process. The widely publicised educational sessions were also delivered to consumers, carers, NGOs and NTG agencies in all major NT areas. For the first time a variety of targeted guides on the MHARS Act were produced: these included guides for consumers,

	<p>carers, Remote staff, & General Hospital staff. Information materials were also provided on various aspects of the MHARS Act.</p> <ul style="list-style-type: none"> • The NT had produced a 'Statement of Legal Rights' poster which is based on elements of the national document. This has been widely disseminated. • NTMHS is currently translating the poster 'Statement of Legal Rights' into nine Indigenous languages.
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<ul style="list-style-type: none"> • The Northern Territory currently has cross-border agreements for the transfer of people under civil orders with South Australia. • The NT MHARS Act contains the necessary provisions to support cross border agreements. On 3 March 2009 new regulations commenced which prescribes corresponding laws and includes the MH Acts of the 7 other jurisdictions. • NTMHS is currently in the process of developing or making arrangements to develop cross-border agreements for the transfer of people under civil orders with the remaining seven other jurisdictions. • In relation to forensic transfers, Part IIA of the NT Criminal Code is relevant to this issue. The Department of Justice is responsible for that legislation and are aware of the need to include the capacity for cross border agreements when the Criminal Code is next amended. • <i>Increased diversional options - Voluntary Treatment Orders – Amendments to MHARS Act (Part 10 Division 3)</i>. This amendment which includes provision for Voluntary Treatment Plans is a diversionary mechanism, which allows postponement of sentence while treatment occurs and progress is monitored. The policy intent of this provision is to divert individuals with mental illness from the criminal justice system and into a voluntary treatment arrangement within the community to enable treatment and support to occur and to assist the individual to function more effectively within the community. • Currently informal arrangements are made on an ad hoc basis between jurisdictions when decisions/action is required in relation to the transfer of consumers.
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<ul style="list-style-type: none"> • The responsibility for the action is at national level, & senior NTMHS staff are currently engaged with other jurisdictions in the development of a national MH workforce strategy. • The NTMHS is currently developing a Workforce Development Strategy & Framework. • DHF has undertaken considerable work in the area of workforce development with strategic workforce plans developed for the Indigenous population as well as non Indigenous workers. Nursing has specifically focused on requirements at various levels of the career structure introduced two years ago and will reflect the broad competencies for nursing staff accepted by the National Board of Nursing. • <i>Mental Health Nurse Practitioners</i>. NTMHS is committed to implementing MH Nurse Practitioner position. Currently 2 are completing study to become Nurse Practitioners in July 2010. Plans to further increase the numbers of Nurse Practitioners are underway. Prospective Nurse Practitioners in the NT undergo an authorisation process through the NT Nurses and Midwives Board. To become a Nurse Practitioner they are required to complete a Master of Nursing [Nurse Practitioner] program and have a minimum of 5 years in their designated speciality. • The NT is one of the pilot sites for the implementation of the Mental Health Professional Online Development (MHPOD) program (2010). • National competencies for MH workforce – the NT participated in the trial of framework and are awaiting the final National outcomes of this trial. The need for <i>Core Competencies</i> for public Mental Health Workforce consistent with the <i>National Practice Standards for the Mental Health Workforce</i> is a recognised need and hence the participation in the National trial. • The two major NT MH funded NGOs have made a commitment to ensuring their community based workers have a minimum

	<p>qualification of Cert IV Mental Health.</p> <ul style="list-style-type: none"> • NTMHS supports Indigenous workforce development via employment of Aboriginal MH Workers and the provision of ongoing support for their continuing education. NT MHS also supports an Indigenous cadet program by employing professional level Aboriginal employees and provide for their support and guidance. NT MHS offers placement for GP registrars and RMO placement, placement for medical staff from Aboriginal medical organisations & clinical supervision and placement for psychology, social work and OT students/graduates. • All disciplines in MH have clinical supervision available to them. • All mental health service employees can access financial and leave support to undertake qualifications relevant to their field.
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<ul style="list-style-type: none"> • The NT Consumer Advisory Group (CAG) provides a mechanism for consumer and carer input into MH policy decision making processes, and NT MH policies and processes. Within this broad framework, the NT CAG provides advice to the Minister for Mental Health on matters which affect the rights, needs, interests and the welfare of people with mental health problems/disorders and their carers. NTCAG also liaises with national peak bodies e.g. the National Mental Health Consumer and Carer Forum (NMHCCF), to ensure that the needs and concerns of NT consumers and carers are represented at this level. • <i>Consumer & Carer Participation Review 2010</i>. NTMHS is currently conducting a review of the involvement of consumers and carers in the service. This review due to be completed in December 2010, is considering a range of options to ensure that the consumer and carer voice is central to the NTMHS. Public forums are being held across the Territory to obtain the views of the general community & to consult with consumers and carers. A review of all relevant policies & resources including information leaflets & guides will also occur. Submissions will be requested in order to obtain comprehensive feedback from key stakeholders. A range of issues are being considered in this review and this includes consideration of paid consumer and care participation in NTMHS.
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<ul style="list-style-type: none"> • NTMHS has recently undertaken NT wide accreditation review via the Australian Council on Healthcare Standards (ACHS) review process. Following this review it was confirmed that NTMHS continues to be an accredited health care organisation. The ACHS Evaluation and Quality Improvement Program (EQuIP) accreditation standards are used for conducting the review & are mapped to the 1996 National Standards for Mental Health Services. • <i>MH NGO review Process</i>. The NTMHS is committed to ensuring the that appropriate standards of MH care are provided to consumers and carers throughout the Territory, including services provided by NGOs. Consequently in 2010 NTMHS established a process whereby NGOs funded through the MH Program are required to participate in a systematic quality review of services provided. Nationally, the Office of the Chief Psychiatrist in Western Australia has the most developed NGO quality review process, based on compliance with the National Mental Health Standards. The establishment of this review process was underpinned by the development of a framework of Service Standards against which organisations could be evaluated. This review process was developed in WA in 2004, and has been successfully implemented over the past four years. This process has been trialled in the NT & found to be useful. This review process will be mandated for all MH funded NGOs in the NT. The Office of the NT Director of Mental Health monitors NGO compliance with these WA NGO Standards. • Improvement of the contract management and monitoring of NTMHS funded NGOs in order to improve their efficacy and development of the community services sector in responding to mental health issues – still ongoing <ul style="list-style-type: none"> • Comprehensive review of contracts and reporting for all NTMHS funded NGOs • Introduction of new tracking system to ensure compliance with service agreements • All funded NGOs visited by NTMHS service development officers to ensure mutual understanding of obligations • Increased clarity in relation to activities of funded NGOs • More oversight of NTMHS NGO funding arrangements to achieve maximum effectiveness of service provision
<p>28. Further develop and progress implementation of</p>	<ul style="list-style-type: none"> • In 2006 the National Mental Health Benchmarking Project began. Mental health teams from the states and territories participated in

<p>the National Mental Health Performance and Benchmarking Framework</p>	<p>demonstration benchmarking programs for child and adolescent, adult, older persons and forensic services.</p> <ul style="list-style-type: none"> • <i>Benchmarking in the Northern Territory.</i> The development of service profiles for submission to the National Benchmarking project provided a good model for producing a standard service description profile that could be developed for each NTMHS team. The NT initially did not participate further in benchmarking activities due to limited information reporting capabilities and staff capacity. • In 2009 the Business Objects reporting facility made MH performance reports accessible to NTMHS staff. In the same year NTMHS appointed a project officer for 6 months to develop a process/plan to establish benchmarking. The aims of the project were to develop a proposal for benchmarking for the MH Executive; identify and assemble the available information that can be used for benchmarking & production of a report containing findings and recommendations for progressing benchmarking in the NT. • Business Objects reporting is a web-based reporting tool that has been implemented across the DHF that provides performance reports for NT Managers. The delivery of the Business Objects reports to NTMHS Managers via their computers provides a backbone from which to develop benchmarking activity. The reports contain both descriptive and performance information which teams can then use to begin to examine their own performance. As teams become more familiar with using information in this way they can begin to compare themselves to similar or upstream services eg. Remote teams; Community and inpatient teams. • Access to this information establishes a platform from which to implement benchmarking. Teams are able to review descriptive information of their client population and their needs, the types of frequency of interventions and the outcomes of that treatment. By comparing this information to their clinical experience and knowledge clinical teams can identify areas of good practice and areas requiring improvement. • The NT Benchmarking Project was developed as a series of stages which could be implemented according to resource availability. The stages are: Stage 1: Consultation and Development Phase; Stage 2: Business Objects Roll Out & Stage 3: Benchmarking Phase. Currently the NTMHS is currently at Stage 2 – consolidating use of Business Objects. • <i>Participation in the National Forensic Benchmarking Program.</i> In March 2009 the National Forensic Benchmarking Program began a second round of Benchmarking and the NT participated in this. Participation in the National Forum proved to be a valuable experience as this demonstrated that the NT could provide the data necessary to generate indicators in the National Benchmarking set. The outcomes indicated that: the NT is on par or ahead of other jurisdictions across indicators of National Standards compliance; & models that the NT can successfully participate in National Benchmarking programs. • Internal benchmarking activities has commenced between NT Remote & Child and Adolescent teams in the Top End & Central Australia. Planning for external benchmarking is underway. • Future activities include: plans to undertake Service Mapping and Performance Reporting; the NTMHS executive will identify the key strategic and policy development issues to be addressed by benchmarking; & the development of an NT MH Population Model. The latter will be used to provide a validated description of the resources required to meet the future mental health needs of the community. • The NT continues to support the establishment of a national remote benchmarking project operated from the NT - if resources are available.
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<ul style="list-style-type: none"> • This is a National issue for development. • In the NT, NTMHS funds some MH research eg: exploration and identification of culturally appropriate tools and processes associated with assessment, admission and discharge from the acute MH inpatient unit. Joint funding by NTG and Beyondblue of the BEAT Project. • NTMHS plans to establish a more coordinated approach to MH research. Currently an NT MHS Strategic Plan is under development. This will detail the medium to long term strategic goals for NTMHS & research utilising NTMHS data will be addressed. A Policy framework in relation to research into MH is also under development. Plans to create an NTMHS Research Group are underway. Via its partnerships with the Charles Darwin University, Menzies School of Health & other academic institutions, NTMHS aims to enhance

	<p>its research potential. This will encourage MH staff to identify new & innovative ways to enhance service delivery and achieve evidence based best practice in the field., ultimately for the benefit of MH consumers.</p> <ul style="list-style-type: none"> • Currently the service supports clinical and social research undertaken by individuals – particularly around Indigenous MH & trauma. • An Associate Professor in Mental Health – a joint appointment between CAMHS & the Centre for Remote Health - is working with all teams on service development and service evaluation. He liaises with Central Australian NGO's and is assisting CAMHS in defining and acquiring funding for research projects.
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<ul style="list-style-type: none"> • NT's geography adds to the complexity of delivering an effective and accessible MH service. In response to the specific challenges of providing services for remote communities, tele-psychiatry is frequently utilised by NTMHS staff as a clinical tool. Video conferencing and teleconferencing are used during inpatient unit ward rounds & the technology is particularly important to facilitate clinical consultation for remote teams. Staff supervision & development is also provided using this medium. • <i>Increased use of videoconferencing for psychiatric registrar training and supervision.</i> The NT Director of Training encouraged medical staff to utilise videoconferencing facilities more often when undertaking education/supervision activities. This has resulted in: increased access to interstate expertise for training/supervision purposes; increased medical officer knowledge of & ability to utilise videoconferencing; increase in communication options for clinical staff & enhanced consumer & carer communication. This has also increased options for consumers as assessment undertaken via video conferencing which can result in reduced need for consumer & carer travel, & prevention of admission to hospital. • <i>Provision of 24 hr MH telephone triage and enhanced response.</i> \$930,000 has been allocated for a 24 hour mental health triage number linked to a triage and referral service. The hotline will provide specialist advice, support and referrals to professionals and carers helping people with mental illness. The service should help reduce the time taken for a mental health response. It is anticipated the service will commence at the beginning of the 2010/11 financial year. This new 24 hour phone line will facilitate the provision of MH information, advice and referral to consumers, carers, service providers & the NT community generally. It will provide advice and support to callers in relation to management of MH emergencies & enable callers to talk directly to experienced MH professionals. Advice on referral to local specialist services will be provided. MH education can be provided to other health staff including those from primary and acute care. It will provide needed additional support for NT's rural and remote population. • <i>Amended MHARS Act</i> enhanced consumer assessment options for clinical staff. Amendments to specific elements of the MHARS Act enabled and facilitated increased use of video and teleconferencing to assess consumers in rural & remote areas & increased range of options for consumers & carers living in remote & rural Northern Territory. • <i>Digital Regions Initiative</i> to provide best available technology & thereby increase use of video-conferencing by clinicians. The NTMHS are the sole providers of public MHS to the people of the NT. 30% of the NTMHS target population live in remote and rural settings & a high percentage of these are Indigenous. Historical and modern cultural factors compounded by the remote setting, increase morbidity and complicate the delivery of effective treatment to this target population. Services are provided by remote mental health teams who are based in urban centres. The geographical isolation and dispersal of remote communities means that the population does not receive the service it requires as specialist MHS to this population are limited to a visiting service, the frequency of which is dependant on the size of population and need. This makes timely attention to unwell people problematic and follow-up for patients discharged from MH inpatient units difficult. • Funded by the Commonwealth, the <i>Digital Regions Initiative</i> will enhance NTMHS service delivery & provide positive outcomes. Poor infrastructure, including the lack of availability of functioning, quality units in remote communities has meant that videoconferencing is infrequent. This has also resulted in a lack of staff expertise and understanding of the benefits that could result. More effective use of videoconferencing technology will improve clinical service delivery, remote team support and professional development. Videoconferencing is an effective and relatively inexpensive avenue to providing MH services across the clinical, administrative and educational domains in remote and rural settings. • <i>Restructure of access point, triage, response and recovery services.</i> Restructure of TEMHS community service to optimise crisis response, case load coordination, recovery focused service. This restructure will provide: a dedicated team of staff with skills in

	<p>telephone triage and response; introduction of flexible work hours to enhance community based recovery service to clients; enhanced liaison with GPs and consideration of shared care arrangements; introduction clear referral guidelines and clinical pathways to guide staff at first point of contact; introduction of a standardised triage and intake assessment process; introduction of access processes which integrate Remote access as much as possible with the TEMHS single access system; & introduction of a wider range of staff grades to the community teams including AMHWs. All staff to be trained in brief intervention, crisis response, triage, initial assessment. Each staff member will be supported to embrace a recovery 'subspecialty' either within the service area (eg early intervention, specific therapy) or within discipline (eg work skills training, specific assessment).</p> <ul style="list-style-type: none"> • <i>The development and implementation of integrated strategies for supporting consumers who receive services from one or more DHF program.</i> Introduction of the DHF 'shared client case management' notification system in CCIS. CCIS now electronically informs MH service providers of other cross program service providers in order to facilitate & exchange data on consumers. This achieves better client outcomes through: enhanced case management responses to multi-service clients, particularly those identified as being at high to extreme risk of harm. • Creation and use of selected shared drives between CAMHS, TEMHS & MH Policy Branch to facilitate transfer of information between staff who are working on activities and projects. By changed access permissions on computer drives quality and education NTMHS staff were able to share documents more easily. NTMHS Quality Coordination Group embedded new information exchange processes into work practices this resulted in improved communication between NTMHS Quality & Education staff across the NT.
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