SESLHD MENTAL HEALTH CLINICAL SERVICES PLAN 2013-2018

Working together to improve the health and wellbeing of our community

Health
South Eastern Sydney
Local Health District
NSW GOVERNMENT

Contents

Foreword

South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) provides mental health care to a large and diverse population.

The Mental Health Clinical Services Plan 2013-2018 (the Plan) has been developed with input from a wide range of stakeholders and has been written for a broad audience including consumers, carers, staff, service partners and organisational leaders. The concepts of recovery-oriented practice and person-centred care are fundamental to the Plan. We place a high value on active consumer, carer and community participation at all levels of our service.

There has been a sustained focus on improving mental health services within SESLHD for a number of years, and our capacity to meet the mental health needs of the community has been enhanced with significant service growth and new infrastructure in recent times. Both the current SESLHD Strategy 2012-2017 and SESLHD Healthcare Services Plan 2012-2017 reaffirm the continued prioritisation of mental health services over the next 5 years.

Furthermore, the SESLHD Asset Strategic Plan 2012-2017 has identified the development of an integrated mental health precinct on the Randwick Hospitals Campus as the second highest capital priority for the organisation. The mental health precinct forms an important component of the Randwick Hospitals Campus Master Plan Development Strategy which will relocate acute and community/ambulatory mental health services to a new multilevel building collocated with the Mental Health Intensive Care Unit. The building of a world class mental health precinct close to a hub of hospital and health services will enable our staff to develop new models of integrated care and, importantly, provide residents with easier access to prevention, treatment and care.

To enable us to meet and exceed the standards expected by the community, the Plan provides a blueprint for what the MHS should look like in five years and the steps required to make this happen. It is envisaged there will be an increasing availability of a range of community-based mental health services working closely with primary care and other government and non-government agencies – providing timely, evidence-based and comprehensive health care … in particular, early and effective treatment for mental illness and for those physical problems associated with mental illness.

In considering this expectation it is important to understand that, while the service dedicates its entire effort to the delivery and improvement of mental health care, we cannot achieve our goals without engagement and collaboration with primary care services, drug and alcohol services, acute care services, the non-government sector, the non-health government sector, research bodies and education providers, and the community as a whole.

In short, it is important to properly understand that responsibility for mental health is *everyone's* business. On face value this is a simple concept, but it is still insufficiently understood – even within our own health services. In practical terms this means any member of our community suffering from mental illness will have equal access to safe, evidence-based, high quality care for *all* their health needs: in five years we should expect that the presence of a mental illness will no longer be a barrier to receiving adequate or effective treatment for the physical problems that significantly impact on life expectancy and quality of life. To achieve this we will continue to address the stigma that is associated with mental illness, because it is often stigma which underlies the difficulties in accessing proper care. Improvements in access to care for consumers with mental illness will begin the process of improving general health outcomes, thus improving quality of life. These goals are achievable and do not require additional resources or research breakthroughs – what they do require is changing attitudes through education and advocacy.

We are proud of the highly qualified staff of all disciplines who work together to provide clinical care alongside innovative research and academic teaching. As Director of the Mental Health Service within the SESLHD, I am committed to ensuring mental health consumers reap the benefits in terms of safe, timely and high quality mental health care – now and in the years to come. This Plan provides the framework for this to be achieved.

Dr Murray Wright

Director Mental Health | SESLHD

Conjoint Senior Lecturer | University of NSW

Executive Summary

The SESLHD Mental Health Clinical Services Plan 2013-2018 (the Plan) presents an outline of current services and strategic priorities for the Mental Health Service in the next five years. The Plan identifies the scope and breadth of the community and those who currently, or in the future, need to access mental health services. An overview of the Mental Health Service is provided and reflects the diversity and complexity of clinical need.

The Plan has been developed through a comprehensive, structured process and is informed by key National, NSW and District-wide plans. The Plan's strategies are linked directly to the National Safety and Quality Health Service Standards (2012), the National Standards for Mental Health Services (2010) and the SESLHD Healthcare Services Plan 2012-2017.

The Implementation Plan (Appendix A) contains strategies, priorities and key actions. Associated priorities include:

- **Communities and Consumers**: To empower consumers and ensure equity of access and targeted services for disadvantaged groups.
- **Partners**: To collaborate closely with primary health care providers and other key partners to ensure the health needs of consumers are met, and build specialty knowledge through collaborative research.
- **Clinical Networks and Services**: To strengthen multidisciplinary models of care to ensure seamless consumer journeys, and develop governance systems to support the best care possible.
- **Resource Accountability**: To align priorities and target resources where they are most needed.
- **Workforce Culture and Capability**: To develop systems that attract and retain a healthy workforce and are mirrored in the quality of care consumers receive.

The Plan complements the SESLHD Healthcare Services Plan 2012-2017; it sets the scene for further development and provides a framework for progressive evaluation and reporting over the next five years.

The generous feedback and thoughtful contributions of a wide range of internal and external stakeholders has informed the Plan. The Mental Health Service gratefully acknowledges these contributions.

Abbreviations

ADAHPS	AIDS Dementia and HIV Psychiatry Service
ADHC	Ageing, Disability and Home Care
AMS	Aboriginal Medical Services
ATAPS	Access to Allied Psychological Services
BPSD	Behavioural and Psychological Symptoms of Dementia
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
COPMI	Children of Parents with a Mental Illness
DET	Department of Education and Training
ED	Emergency Department
EoC	Essentials of Care
GP	General Practitioner
HASI	Housing and Accommodation Support Initiative
ISC	Inpatient Statistics Collection
LGA	Local Government Area
MBS	Medicare Benefits Schedule
MHDAO	Mental Health and Drug and Alcohol Office
MHS	Mental Health Service
MoH	Ministry of Health
NGO	Non-Government Organisation
PECC	Psychiatric Emergency Care Centre
PHaMS	Personal Helpers and Mentors
PIR	Partners in Recovery
SESLHD	South Eastern Sydney Local Health District
SLA	Statistical Local Area
SMHSOP	Specialist Mental Health Services for Older People
TAFE	Technical and Further Education
TCMHC	Transcultural Mental Health Centre
The Plan	Mental Health Clinical Services Plan 2013-2018
UNSW	University of New South Wales
VETE	Vocational, Education, Training and Employment

1. Introduction

South Eastern Sydney Local Health District

SESLHD covers nine NSW Local Government Areas from Sydney's Central Business District to the Royal National Park in the South. SESLHD also provides a key role in assisting residents of Lord Howe Island and Norfolk Island with access to hospital and health services, including NSW-wide services. The District has a complex mix of highly urbanised areas, industrialised areas and low density suburban development areas in the south. It caters to a Culturally and Linguistically Diverse (CALD) population of more than 840,000 people.

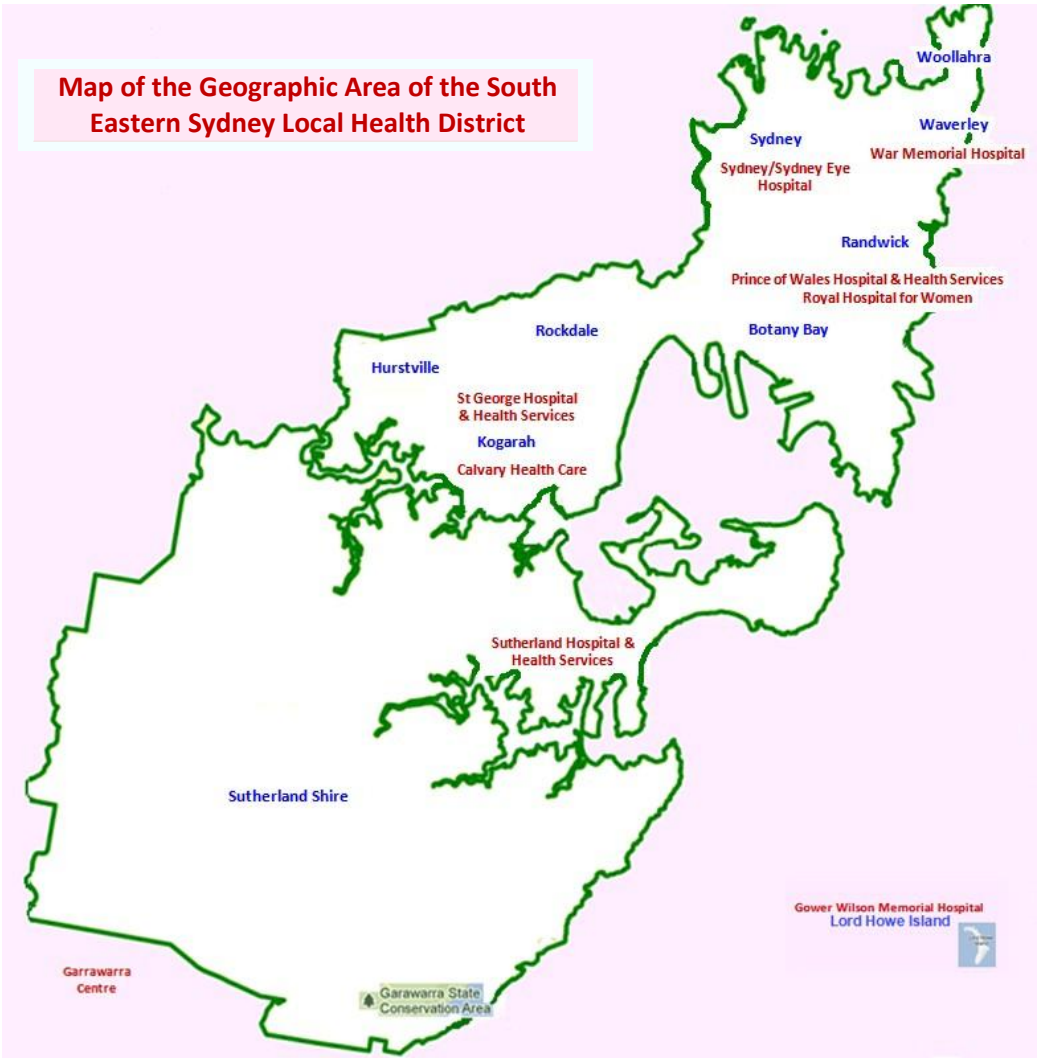
Vision

Working together to improve the health and wellbeing of our community

Purpose

The South Eastern Sydney Local Health District exists to:

- Promote, protect and maintain the health of its community.
- Provide safe, quality, timely and efficient care to all in need
- Address gaps in health service access and health status.



The services provided across the District include: population health programs and services; ambulatory, primary health care and community services; hospital inpatient and outpatient services; and imaging and pathology, among others. Facilities include six public hospitals and associated health services: Prince of Wales; Royal Hospital for Women; St George; Sutherland; Sydney / Sydney Eye; and Gower Wilson Memorial on Lord Howe Island. The District also provides one public residential aged care facility (Garrawarra Centre), and oversees two third schedule health facilities – War Memorial Hospital (third schedule with Uniting Care) and Calvary Healthcare (third schedule with Little Company of Mary Health Care). Various fundamental principles guide our decisions on the directions and actions to take with regard to the development and delivery of health care within the District. These are outlined in the ***South Eastern Sydney Local Health District Strategy 2012-2017***.

Other public health facilities located in the South Eastern Sydney District include Sydney Children's Hospital (Randwick), St Vincent's Hospital (Darlinghurst) and Sacred Heart Hospice, Darlinghurst. There are a growing number of private health care facilities and two primary health care organisations also located in the District (Eastern Sydney and South Eastern Sydney Medicare Locals).

South Eastern Sydney Local Health District Mental Health Service

The Australian Bureau of Statistics (2008) reports that approximately 45% of Australians aged 16-85 years experience a mental health disorder over their lifetime and 20% of adults experience symptoms of a mental health disorder every year. Most people with a mental health disorder are treated by General Practitioners (GPs), however it is estimated that[1]:

- 6% of the adult population require specialist mental health services.
- 3.3% experience moderate mental health disorders and require access to a range of primary and community-based care.
- 2.9% have severe mental illness and impairment.
- 1% require mental health inpatient care, and 0.02% need continuous inpatient care.

SESLHD Mental Health Service (MHS) provides mental health services for a large and diverse community across two geographically defined sectors: Eastern Suburbs Mental Health Service (known as Northern Sector), and St George/Sutherland Mental Health Service (known as Southern Sector). The Sectors are supported by a District Mental Health Office which has overall responsibility for mental health service delivery, quality and service development, budget and capital works.

[1] Prevalence Source: Mental Health Clinical Care and Prevention Model Version 2.008 Discussion Document and Treated Prevalence tables March 2009.

The District MHS works in partnership with other health providers – public and private, government and non-government including housing, employment and residential support services.

In recent times there have been numerous changes, largely guided by consumers, in the way contemporary mental health services are delivered. Foremost among these is the Recovery-Oriented Mental Health Service model, drawing on the lived experience of mental health consumers to inform environments and practices that support recovery. Another is the emergence of the Trauma-Informed Practice model. This model recognises that mental health service users are likely to have past experience as victims of violence and abuse and that their experiences of mental health services should contribute to, rather than inadvertently undermine, their capacity for recovery. The Strengths Model has also recently become embedded in practice, in recognition of the significant resources and resilience factors that consumers bring to clinical collaboration. All of these models are underpinned by the concept of consumer-focused care – a key concept in the National Standards for Mental Health Services (2010).

While the overall age distribution in SESLHD is similar to that of NSW, there are several geographic variations. Several Southern Sector local government areas (LGAs), for example, have more people in the 65+ age group than the State average, while some Northern Sector LGAs have fewer people aged between 10 and 14 years than the State average. Of all SESLHD's Aboriginal people, 5.7% are aged 65 years or older, compared to NSW with 4.2%. The SESLHD population, on average, is more socioeconomically advantaged than the NSW population as a whole, but includes pockets of greater disadvantage than the state index. SESLHD also has more people with accommodation challenges than any other local health district in NSW.

The Plan outlines the targets and strategies required to address priority areas identified in the SESLHD Healthcare Services Plan 2012-2017. These are: Communities and Consumers; Partners; Clinical Networks and Services; Resource Accountability; plus Workforce Culture and Capability.

2. Planning Context

Mental Health Clinical Services Plan Alignment with Other Key Plans

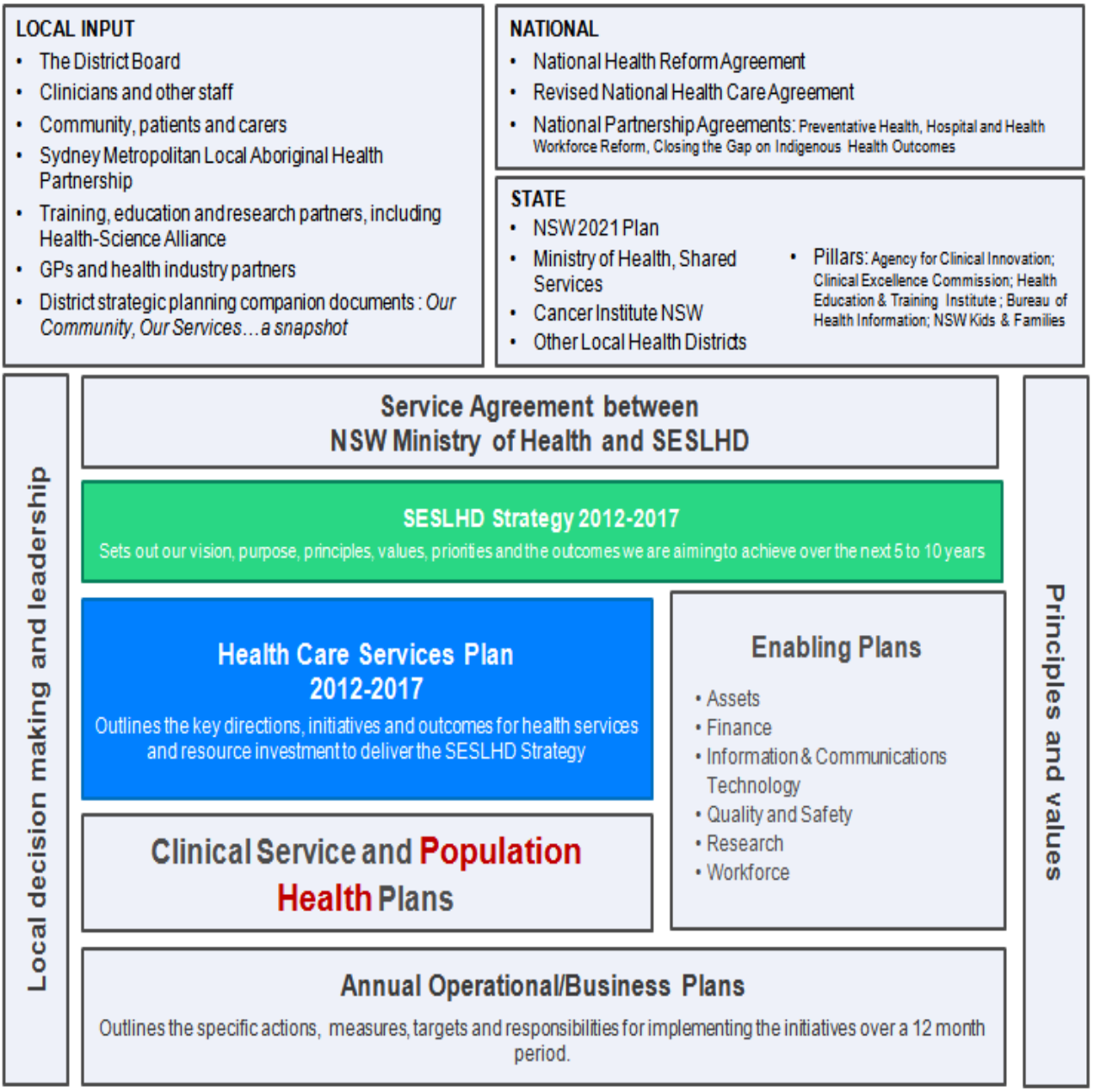
South Eastern Sydney Local Health District Planning Cascade

All planning within SESLHD is guided by several key strategic planning documents:

- SESLHD Strategy 2012-2017 provides the overarching vision for the District and espouses the values and principles, high level priorities and desired outcomes for the organisation for the next five years.
- SESLHD Healthcare Services Plan 2012-2017 details how the District's healthcare services deliver the Strategy, in terms of specific initiatives and outcomes.
- A companion document, Our Community, Our Services: a Snapshot (2012) provides an overview of trends in population health status and risks, plus patient access, utilisation and experiences of SESLHD services.

See Appendix C for more information on the methodology of the Plan.

South Eastern Sydney Local Health District Planning Framework



The Plan is based on a population health and lifespan approach and reflects contemporary evidence-based treatment and service models. It has been developed in collaboration with external and internal partners.

Service planning in mental health is further underpinned by National and State Mental Health Policies and strategic directions. Key policies and frameworks that guide development and delivery of the Plan are listed in Appendix D.

3. The South Eastern Sydney Local Health District Community

3.1 Demography and Health Status

3.1.1 Children and Adolescents

According to the NSW Health Population Projection Series 1 (2009), it is estimated that by 2016 170,260 SESLHD residents will be aged 17 years and under. This equates to around 19% of the total projected population. It is estimated that 62% of these children and adolescents will reside in the Southern Sector of the SESLHD.

Some 16% of children aged 5-11 will suffer from at least 1 mental health problem or disorder in a 6-month period. Of these, at least half may suffer from a mental problem or disorder severe enough to require specialist mental health services. It is also estimated that 1.85% may experience severe and complex problems and 0.075% may have the most severe and persistent or complex problems. The inpatient admission estimate (0.04% of population) is the current utilisation rate for children 5-11 years (from 1997/98 NSW Inpatient Statistics Collection [ISC] data), for all mental health diagnoses excluding drug and alcohol and same-day admissions. It is important to acknowledge that a large majority of these children will have a history of trauma, violence, abuse and/or sexual assault.

Some 20.6% of adolescents aged 12-17 will suffer from at least one mental health problem or disorder in a 6-month period. Of these, up to half may suffer from a mental problem or disorder severe enough to require specialist mental health services. Almost 2% may experience severe and complex problems and 0.4% may require a period of inpatient treatment.

Projected prevalence data for 2016 indicate that approximately 16,233 children and adolescents across the District will experience mental illness requiring treatment within a 12-month period. Of these, 3,613 will have a severe level of disability and distress resulting from their mental illness.

Projected number of children and adolescents (0 to 17yrs) with mental illness (MI) requiring treatment within a 1-year period and level of disability and distress – 2016[2]

	Estimated population 0 to 17 yrs - 2016	MI Diagnosis requiring treatment (no.)	Level of Disability and Distress associated with Mental Disorder		
			Mild (no.)	Moderate (no.)	Severe (no.)
Northern Sector	65,478	6,244	2,689	2,166	1,389
Southern Sector	104,782	9,989	4,299	3,465	2,224
SESLHD Total	**170,260**	**16,233**	**6,988**	**5,631**	**3,613**

[2] Population Data Source: NSW Health Population Projection Series 1, 2009 (NB. Official NSW Health population projection figures for SESLHD include inner and east Sydney Statistical Local Areas and Woollahra Local Government Areas). Prevalence Source: Mental Health Clinical Care and Prevention Model Version 2.008 Discussion Document. Methodology: Used NSW 2016 population projections by age group, then applied the percentage of treated prevalence of the primary mental illness diagnosis to each age group by severity of disability.

3.1.2 Young Adults

By 2016, the projected resident young adults population (18-24 years) for SESLHD will be approximately 85,324, representing 9.5% of the total District population (NSW Health Population Projection Series 1, 2009). It is estimated that 53% of these young people will be living in the Southern Sector.

Projected SESLHD population aged 18-24 years - 2016[3]

Sector	Local Government Area	Residents aged 18-24 yrs	% of population in Local Government Area aged 18-24 yrs
Southern	Sutherland	21,524	9%
	Rockdale	9,507	9%
	Hurstville	7,978	9%
	Kogarah	5,797	10%
	Total	**44,806**	**9%**
Northern	Randwick	16,245	12%
	Sydney	10,052	11%
	Waverley	5,328	8%
	Woollahra	4,894	9%
	Botany	3,970	9%
	Lord Howe Island	29	8%
	Total	**40,518**	**10%**
Total		**85,324**	**9.5%**

According to the Australian Institute of Health and Welfare (2011), in 2007 9% of young adults aged 16–24 years had high or very high levels of psychological distress, with 1 in 4 experiencing at least 1 mental disorder. Data summarised in the People Living with Psychotic Illness Report (Department of Health and Ageing, 2011*)* confirm that the majority of people with a psychotic illness experience the first symptoms during late adolescence or early adulthood. Local early psychosis data reveals the mean age for onset is 21 years of age (SESLHD, 2011). Late adolescence and early adulthood is recognised as a developmentally sensitive phase of life. The onset of mental health problems during this period has the potential to disrupt the developmental trajectory of the young person and impact on peer-related developmental milestones and activities[4].

Projected prevalence data for 2016 indicate that approximately 7,699 young adults across SESLHD will experience mental illness requiring treatment within a 12-month period and, of these, 2,131 will have a severe level of disability and distress resulting from their mental illness.

[3] Population Data Source: NSW Health Population Projection Series 1, 2009.
Official NSW Health population projection figures for SESLHD include Sydney and Woollahra Local Government Areas.

[4] McGorry P. D., Purcell R., Hickie I.B. and Jorm, A.F. (2007). Investing in youth mental health is a best buy. *Medical Journal of Australia 187*(7), S5-S7.

Projected number of young adults (18 to 24yrs) with mental illness (MI) requiring treatment within a 1-year period and level of disability and distress – 2016[5]

	Estimated population 18 to 24 yrs – 2016	MI Diagnosis requiring treatment (no.)	Level of Disability and Distress associated with Mental Disorder		
			Mild (no.)	Moderate (no.)	Severe (no.)
Northern Sector	40,519	3,656	1,432	1,211	1,012
Southern Sector	44,805	4,043	1,584	1,340	1,119
SESLHD Total	**85,324**	**7,699**	**3,016**	**2,551**	**2,131**

3.1.3 Adult

According to the NSW Health Population Projection Series 1 (2009), 477,804 adults will be residing in SESLHD by 2016 (representing 54% of the total population). Approximately 52% of this age group will reside in the Southern Sector.

Projected SESLHD population aged 25 to 64 years – 2016

Sector	LGA	Residents aged 25-64 yrs	% of population in LGA aged 25-64 yrs
Southern	Sutherland	116,128	49%
	Rockdale	57,613	54%
	Hurstville	43,708	52%
	Kogarah	31,597	54%
	Total	**249,046**	**52%**
Northern	Waverley	77,416	56%
	Woollahra	56,338	65%
	Randwick	41,140	60%
	Botany	30,524	55%
	Sydney	23,141	54%
	Lord Howe Island	199	55%
	Total	**228,758**	**58%**
Total		**477,804**	**54%**

According to the 2007 National Survey of Mental Health and Wellbeing, 45.5% of the Australian population aged 16-85 years experienced an anxiety, affective or substance use disorder at some stage in their lifetime, with 1 in 5 (20%) experiencing a mental disorder in the preceding 12 months. Findings of the second People Living with Psychotic Illness Report 2010 (Department of Health and Ageing, 2011*),* indicate that the overall prevalence of people meeting criteria for diagnosis of a psychotic disorder that can be medically coded (ICD-10 International Classification of Diseases) is 3.1 cases per 1,000 population*.*

Projected prevalence data for 2016 indicate that approximately 54,141 adults across SESLHD will experience mental illness requiring treatment within a 12-month period and, of these, 15,569 will have a severe level of disability and distress resulting from their mental illness.

[5] Population Data Source: NSW Health Population Projection Series 1, 2009 (NB. Official NSW Health population projection figures for SESLHD include inner and east Sydney Statistical Local Areas and Woollahra Local Government Area). Prevalence Source: Mental Health Clinical Care and Prevention Model Version 2.008 Discussion Document. Methodology: Used NSW 2016 population projections by age group, then applied the percentage of treated prevalence of the primary mental illness diagnosis to each age group by severity of disability.

Projected number of adults (25 to 64 yrs) with mental illness (MI) requiring treatment within a 1-year period and level of disability and distress – 2016[6]

	Estimated population 25 to 64 yrs - 2016	MI Diagnosis requiring treatment (no.)	Level of Disability and Distress associated with Mental Disorder		
			Mild (no.)	Moderate (no.)	Severe (no.)
Northern Sector	228,759	25,921	10,233	8,234	7,454
Southern Sector	249,046	28,220	11,141	8,964	8,115
SESLHD Total	**477,805**	**54,141**	**21,374**	**17,198**	**15,569**

3.1.4 Older People

The number of older people within SESLHD is increasing, with life expectancy projected to increase from the present 79 years for males and 84 years for females to around 92 years and 95 years respectively in 2051. For Aboriginal and Torres Strait Islander people, life expectancy is much lower, currently 60 years for males and 65 years for females, with the expectation this will increase in the future.

Projected SESLHD population aged 65+ years – 2016[7]

Sector	LGA	Residents aged 65+ yrs	% of population in LGA aged 65+ yrs
Southern	Sutherland	35,096	15%
	Rockdale	17,174	16%
	Hurstville	13,220	16%
	Kogarah	8,807	15%
	Total	**74,297**	**16%**
Northern	Waverley	19,470	14%
	Woollahra	10,354	12%
	Randwick	10,342	19%
	Botany	9,266	13%
	Sydney	6,777	16%
	Lord Howe Island	70	19%
	Total	**56,279**	**16%**
Total		**130,576**	**16%**

Approximately 14% of the total population within SESLHD is aged over 65 years. According to the NSW Health Population Projection Series 1, 2009, by 2016 there will be approximately 130,600 older people living across SESLHD, with 57% living in the Southern Sector. It is projected that by 2016, approximately 29% of the older adult population across the District will be aged 80 years and over.

Projected prevalence data for 2016 indicate that approximately 8,562 older adults across SESLHD will experience mental illness requiring treatment within a 12-month period and, of these, 2,271 will have a severe level of disability and distress resulting from their mental illness. The behavioural and psychological symptoms associated with dementia have a significant impact on the need for mental health services for the older adult population.

6 Population Data Source: NSW Health Population Projection Series 1, 2009 (NB. Official NSW Health population projection figures for SESLHD include inner and east Sydney Statistical Local Areas and Woollahra Local Government Area). Prevalence Source: Mental Health Clinical Care and Prevention Model Version 2.008 Discussion Document. Methodology: Used NSW 2016 population projections by age group, then applied the percentage of treated prevalence of the primary mental illness diagnosis to each age group by severity of disability.

7 Population Data Source: NSW Health Population Projection Series 1, 2009. Official NSW Health population projection figures for SESLHD include Sydney and Woollahra Local Government Areas.

Projected number of older adults (65+ yrs) with mental illness requiring treatment within a 1-year period and level of disability and distress – 2016[8]

	Estimated population 65+ yrs - 2016	MI Diagnosis requiring treatment (no.)	Level of Disability and Distress associated with Mental Disorder		
			Mild (no.)	Moderate (no.)	Severe (no.)
Northern Sector	56,280	3,690	1,506	1,205	979
Southern Sector	74,297	4,872	1,989	1,591	1,292
SESLHD Total	**130,577**	**8,562**	**3,495**	**2,796**	**2,271**

3.1.5 Aboriginal and Torres Strait Islander People

The 2006 census reported that 2% of the NSW population identified themselves as Indigenous. Within SESLHD, approximately 1% of residents identify as Aboriginal and Torres Strait Islander people. There are a total of 5,076 Aboriginal and Torres Strait Islander residents in the District; 2,827 reside in the Northern Sector and 2,249 in the Southern Sector.

The complexity of needs prevalent in Aboriginal and Torres Strait Islander communities present challenges for mental health services. Children and young people, in particular, continue to experience high levels of distress, poorer physical health and reduced social and emotional wellbeing in comparison with the non-Aboriginal community.

Burden of grief, loss and trauma impacts Aboriginal people, in particular members of the stolen generation. Sources of burden include the forcible removal of children, the erosion of family and community structures, disproportionate rates of incarceration and frequent deaths affecting all members within the extended kinship structures. Mental illnesses including psychosis, schizophrenia and mood disorders are often masked by, or associated with, alcohol and substance abuse and can lead to significant family dislocation and psychiatric disability. There are also significant physical health challenges for the Aboriginal and Torres Strait Islander population.

3.1.6 Intellectual Disability

People with an intellectual disability experience the same range of mental health disorders as the rest of the population. People with an intellectual disability, however, experience a higher incidence of anxiety disorders, depression and psychotic disorders than the rest of the population. There are indicators that people with an intellectual disability have up to 2.5 times the rates of psychiatric disorders, compared to the general population.

The Australian Institute of Health and Welfare estimates that approximately 1.8% of the adult Australian population aged less than 65 years have an intellectual disability. There are an estimated 7,832 people with an intellectual disability aged 15 to 65 years of age living in SESLHD.

[8] Population Data Source: NSW Health Population Projection Series 1, 2009 (NB. Official NSW Health population projection figures for SESLHD include inner and east Sydney Statistical Local Areas and Woollahra Local Government Area). Prevalence Source: Mental Health Clinical Care and Prevention Model Version 2.008 Discussion Document. Methodology: Used NSW 2016 population projections by age group, then applied the percentage of treated prevalence of the primary mental illness diagnosis to each age group by severity of disability.

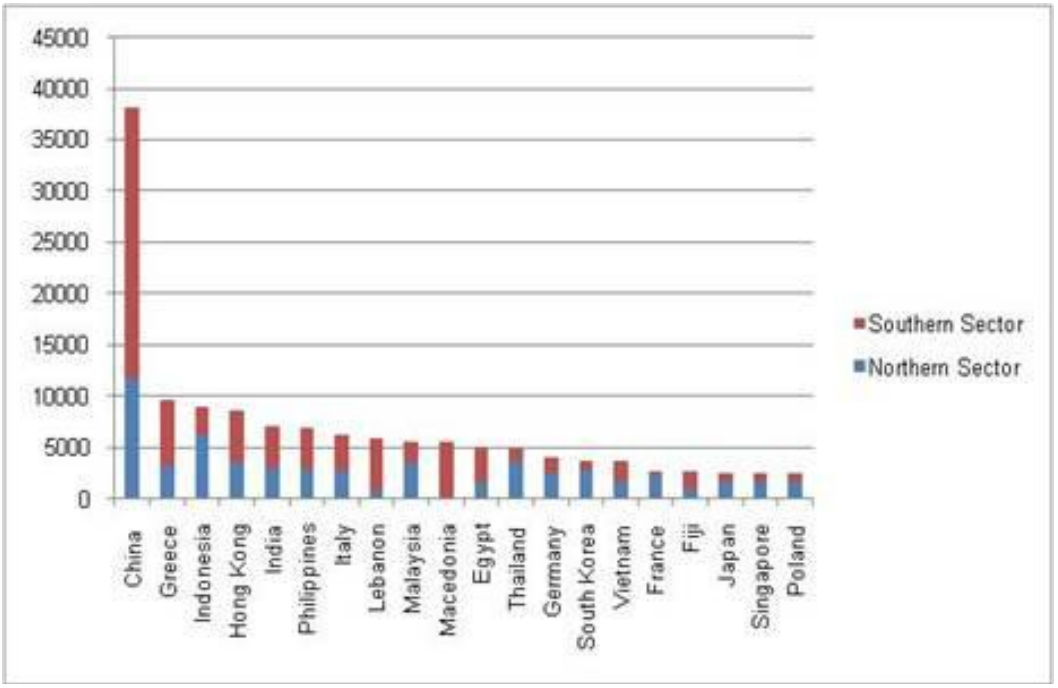
3.1.7 Cultural Diversity

It is important that health care services meet the needs of all members of a diverse community so that everyone has an opportunity to attain optimal health and wellbeing. Equitable access to health care services remains a priority for SESLHD, which has a large population who were born overseas. In 2011, 206,195 people (26% of the District's population) were born in a non-English speaking country, an increase of 5% from 2006. Some 55% live in the Southern Sector and 45% in the Northern Sector. Almost half (42%) of District residents from a CALD background live in the St George area; 11% live in the Sutherland Shire. More than one-third (37%) of SESLHD residents speak a language other than English at home; an increase of 13% from 2006. People born in China make up the largest population from a non-English speaking country in SESLHD, followed by Greece, Indonesia and Hong Kong.

Understanding the role of culture and the socioeconomic, religious, political, linguistic and familial frameworks to which individuals and their communities belong is essential to the effective assessment, diagnosis and treatment of mental illness. Recognising diversity is also critical to effective planning processes and services, particularly for achieving equitable access and outcomes. SESLHD has a higher than NSW average CALD population and is currently participating in a National pilot, the Framework for Mental Health in Multicultural Australia, which has been developed to help services evaluate their cultural responsiveness and enhance their delivery of services to CALD communities.

Top 20 Non-English Speaking Countries of Birth

South Eastern Sydney Local Health District Northern and Southern Sectors, 2011 Australian Bureau of Statistics (ABS) Census



3.1.8 People Subject to Homelessness

Through the NSW Homelessness Action Plan 2009-2014, SESLHD MHS is an active partner in developing strategies to support people who are subject to homelessness, such as: those leaving mental health facilities; women and children escaping domestic violence; people who have just left prison; people leaving long-term care; Aboriginal people and those with mental health or drug and alcohol problems.

The number of people experiencing homelessness on Census night 2011 increased by 17% from 89,728 people in 2006 to 105,237 people[9]. The rate of homelessness has increased from 45 per 10,000 to just under 49 per 10,000 people. This means that nearly 1 in every 200 Australians was experiencing homelessness on Census night 2011. There was a 30% increase in homelessness among children in NSW. Youth homelessness (12-24 years) increased by more than 33% between 2006 and 2011. Homelessness among older people remained about the same.

3.1.9 People with Other Primary Health Problems with Significant Mental Health Comorbidities

This includes, but is not limited to, people diagnosed with HIV, blood borne viruses or drug and alcohol-related health issues. SESLHD is committed to ensuring access to mental health services and shared care planning for these vulnerable populations.

[9] Ref: Homelessness Australia (2012) Sector briefing: 2011 Census night homelessness estimates 13 November.

3.2 Health Inequities Overview

One of SESLHD's key priorities is to reduce inequities in health service access and health outcomes. Those most at risk of experiencing health inequities are the most vulnerable population groups. Vulnerable populations are those at greater risk for poor health status and reduced healthcare access. The MHS recognises that issues relating to CALD, Aboriginal and other vulnerable populations apply across the lifespan.

As occurs in the rest of Australia, the starkest variation in health status between population groups resident in SESLHD is between Aboriginal and non-Aboriginal Australians. Other disadvantaged groups in South Eastern Sydney include: the economically disadvantaged; people experiencing homelessness; people with disabilities, including severe mental illness; refugees and new arrivals, due to additional difficulties they experience in accessing services; those with morbidities secondary to chronic illness (including smoking and tobacco-related health challenges); people who have experienced domestic violence; and people who are lesbian, gay, bisexual, transgender or intersex. Due to vulnerability associated with sexual assault, SESLHD MHS works closely with Sexual Assault Services and is taking a rigorous approach to improving sexual safety in inpatient services.

The vulnerability of these groups can be magnified by race, ethnicity, age, gender and factors such as poor access to health care. Health and healthcare problems intersect with social factors including housing, poor or no social capital and inadequate education.

Chronic illnesses and the impact of these illnesses are significantly more prevalent among vulnerable populations. The numbers within some of these vulnerable populations in SESLHD are increasing, particularly as the population ages. The health and non-health service needs of these populations are important, because of complex interactions between social disadvantage and poor health.

SESLHD aims to provide high quality, appropriate prevention and care to all people, including those from vulnerable population groups. To achieve this, it is guided by key state and local strategies and plans, which have been developed to:

- Support national, state and local planning efforts to achieve systems of care that meet the specific needs of vulnerable populations.
- Achieve equity in health care access and quality, and address concerns faced by vulnerable populations.
- Document and track health care quality for vulnerable populations.

4. South Eastern Sydney Local Health District Mental Health Service

SESLHD MHS is a comprehensive, population-based mental health service comprising inpatient, community (ambulatory), rehabilitation and specialist programs, all servicing a large and diverse population. This service is managed in an accountable and responsible way through effective clinical and corporate governance structures. It is administered through the following two sectors, defined by geography:

St George/Sutherland Mental Health Service

St George/Sutherland Mental Health Service (Southern Sector) provides the following inpatient services:

- St George Acute Unit (28 beds).
- Psychiatric Emergency Care Centre (6 beds).
- Older Persons Subacute Mental Health Unit (16 beds).
- Sutherland Acute Unit (28 beds).
- Mental Health Rehabilitation Unit (20 beds).

Eastern Suburbs Mental Health Service

Eastern Suburbs Mental Health Service (Northern Sector) provides the following inpatient services:

- Prince of Wales Acute Unit (Kiloh Centre, 50 beds).
- Mental Health Rehabilitation Unit (14 beds).
- Aged Care Psychiatry (Euroa Centre, 6 beds).
- Neuropsychiatry (Euroa Centre, 2 beds).
- Psychiatric Emergency Care Centre (4 beds).
- Mental Health Intensive Care Unit (12 beds).

The population (largely in the Northern Sector) accesses services provided by St Vincent's & Mater Health Sydney and Sydney Children's Hospitals Network. SESLHD MHS also provides in-reach to these services.

St Vincent's Hospital Mental Health Service

St Vincent's Hospital, part of St Vincent's & Mater Health Sydney, is located within the geographical area of SESLHD. Mental health services for youth, adults and older persons are provided by the St Vincent's Mental Health Service to the population of the Inner and East Sydney SLA and part of the Woollahra LGA.

The St Vincent's Mental Health Service has a 27-bed Acute Adult Inpatient Unit and a 6-bed Psychiatric Emergency Care Centre (PECC). Consultation Liaison Psychiatry services are provided to the St Vincent's and Sydney/Sydney Eye hospitals' inpatient and emergency departments by the Mental Health Service. Specialist programs include the Green Card Clinic, H2M Service and the Delirium Program. Community based care includes triage and acute care, short to medium-term continuing care programs, an early intervention for psychosis program (for 16-25 year olds), rehabilitation and specialist older adult services. Specialist inpatient psychogeriatric care is provided on Xavier 9 North (St Vincent's Hospital) with assertive community follow up. The Clinical Research Unit for Anxiety and Depression is a joint initiative of the University of NSW (UNSW) and St Vincent's Hospital and is comprised of both face-to-face and internet-based programs, including a virtual clinic and educational initiatives.

In addition to these services, SESLHD MHS provides in-reach to the St Vincent's population for Child and Adolescent Mental Health (16 years and under), Family and Carer Mental Health and School-Link. The State Mental Health Telephone Access Line is a networked service with St Vincent's Mental Health Service. A recently established Mental Health Intensive Care Unit located at the Randwick Hospitals Campus is also accessible to the St Vincent's Mental Health Service population.

These services are the subject of ongoing liaison, negotiation and review in response to changing demographics, resources and the mental health needs of SESLHD residents.

Sydney Children's Hospitals Network

The Sydney Children's Hospitals Network provides a single management structure for The Children's Hospital at Westmead, Sydney Children's Hospital at Randwick, the Newborn and Paediatric Emergency Transport Service, NSW Pregnancy and Newborn Services Network and Children's Court Clinic. This network and the SESLHD have a shared responsibility for servicing the child and adolescent mental health needs of the District. A Service Level Agreement is currently under development to formalise responsibilities and help ensure optimal mental health care for children and young people. Services provided by Sydney Children's Hospital at Randwick include Mental Health Clinical Nurse Consultants in the Emergency Department (ED) and an 8-bed Child and Adolescent Mental Health Unit, commissioned in 2013.

Population who access SESLHD MHS annually

Between July 2011 and June 2012 there were 2,392 mental health inpatient episodes in SESLHD. Of these 2,267 were overnight episodes of care (including 97 overnight sub-acute or non-acute), while 125 were same day episodes of care.

The average age of mental health inpatient clients was 41.3 years, with 74% of clients in the 16-50 age group. In 2011-2012, the youngest client was 15 years and the oldest client 92 years, with the under 18 age group representing 2% of inpatients and the over 65 age group 10%. Male clients accounted for a slightly higher proportion of inpatients (52%) overall, although the Sutherland Hospital inpatient MHS had a 61.5% male clientele.

The majority of inpatient clients were admitted via the ED (72.5% across SESLHD). Sutherland Hospital, at 58% ED admissions, accepts more than 10% of these as transfers from other hospitals.

The country of birth was recorded as Australia for just over 69% of inpatient clients with 2.4% identifying as Aboriginal, Torres Strait Islander or both. Australia was recorded as the country of birth for 82.4% of inpatient clients at Sutherland Hospital and 63% at St George Hospital. The most common other birth countries were England, New Zealand, China, Greece and Lebanon.

It was recorded that more than 90% of inpatient clients were referred to ambulatory services on discharge. There were 41,216 overnight acute mental health bed days for the period, with an average acute mental health length of stay of 19 days (ranging from 16 days at St George Hospital to 20.7 days at Prince of Wales Hospital).

The average length of stay for non-acute clients was 71.4 days. Total mental health bed days across all services totalled 48,262.

4.1 Child and Adolescent Mental Health

Overview

Child and Adolescent Mental Health Services (CAMHS) within the SESLHD are delivered across several settings including community, day program and inpatient care. These services will continue to develop as a coordinated, integrated, specialist clinical network, ensuring a streamlined interface with Youth Mental Health (see 4.2).

Children of Parents with a Mental Illness (COPMI)

Children in families where a parent or carer has a mental illness have specialised needs. The COPMI Program aims to develop support networks to address the individual needs of these children. SESLHD has designated COPMI coordinators whose role is to develop and implement training and resources and to provide consultation and support to other professionals to assist them to better meet the needs of these children.

Perinatal Mental Health (including SAFE START)

This service provides consultation liaison and assessment/care planning to all teams caring for perinatal clients. Between one half and two thirds of mental health clients are parents; many mothers become more vulnerable to relapse or experience new onset episodes in the perinatal period. Providing new parents and their children with a positive start in life can result in health and social benefits that extend across their lifespan. SAFE START is a comprehensive and integrated health response to the needs of families during the perinatal period (pregnancy to infant aged 2 years). SAFE START provides clinical supervision to individuals and teams working in Maternity and Child and Family health specialist positions, including Non-Government Organisations (NGOs), so they may optimally manage their clinical work with complex mental health clients accessing their services.

School-Link

The School-Link initiative is a partnership between NSW Health and the Department of Education and Training (DET). It provides a framework to support child and adolescent mental health services, schools and Technical and Further Education (TAFE) to work collaboratively on early identification of children and adolescents with mental health issues and early access to appropriate services.

Community Child and Adolescent Services

CAMHS are located throughout the SESLHD. These services provide comprehensive multidisciplinary assessment, intervention and treatment based on best practice principles for children and adolescents who are experiencing mental health problems.

Eating Disorders

Mental health services work with numerous general health and primary care services to provide coordinated care to people with eating disorders. A project to improve the provision of mental health services to this population has been in place over the past four years. Learnings from this project will inform the further strategic development of this component of the SESLHD MHS.

Keep Them Safe

As highlighted by the Special Commission of Inquiry into Child Protection Services, drug and alcohol and mental health issues for carers are significant factors in child protection reports. 'Keep Them Safe' is a shared inter-agency approach to better support families and to protect vulnerable children. Implementation is a key priority for the District MHS.

Inpatient Services

Although most children and adolescents receive mental health services in a community setting, a small number experience acute mental health problems associated with risk to self or others, high acuity and high complexity, with a confluence of problems and issues such that the individual cannot be managed in a community setting. A purpose-built tertiary inpatient unit (eight beds) based on the Randwick Hospitals Campus and operated by the Sydney Children's Hospitals Network in partnership with the SESLHD, was commissioned in 2013.

Priority Action Areas for 2013-2018

- Equitable resource distribution for CAMHS across SESLHD.
- Adaptation of service structures and priorities to accommodate evolving models, including Youth and Early Psychosis.

4.2 Youth Mental Health

Overview

Youth Mental Health aims to improve access to specialist mental health care for people aged 14 to 24, with a focus on young people with recent onset psychosis and those who meet criteria for being at ultra high risk for developing psychosis. This approach is supported at a State and Commonwealth level and is reflected in the proposed Early Psychosis Youth Centre model. It dovetails with primary care and NGO services, as well as planned headspace centres that will focus on high prevalence disorders (such as anxiety and depression) in the youth population.

Early Psychosis Services

Early Psychosis Services deliver a 2-year package of care (including pharmacological, psychological and psychosocial interventions) to young people with recent onset psychosis, as well as support and education for families/carers. Recently, physical health monitoring and targeted lifestyle interventions have been introduced in response to the increased vulnerability of young people on anti-psychotic medications in regards to weight gain and cardio-metabolic comorbidities.

Ultra-High Risk for Psychosis - Specialist Clinicians

When young people gain access to this specialist service by meeting ultra-high risk criteria for developing psychosis, they present with multiple and complex needs. They experience a range of significant mental health difficulties including depression, anxiety, deliberate self-harm and substance use issues, plus associated functional impairment.

Ultra-High Risk for Psychosis Services provide specialist assessment and short-term care aimed at promoting mental health and wellbeing, preventing mental ill-health and reducing the severity and duration of mental illness. Specialist clinicians provide direct clinical care, as well as build the capacity of mental health services in working with this high-risk population.

Tertiary Team

The Youth Mental Health Tertiary Team has SESLHD-wide roles and functions designed to complement and support clinicians in local services. The team oversees both the Early Psychosis and Ultra-High Risk for Psychosis programs and is comprised of a Staff Specialist, Clinical Nurse Consultant and the SESLHD Youth Mental Health Clinical Coordinator.

The Tertiary Team provides six key functions:

- High level clinical consultation and leadership.
- Education and training.
- Quality activities.
- Sustainable strategic alliances and partnerships.
- Strategic planning and development.
- Research.

Priority Action Areas for 2013-2018

- Adapt service structures and priorities to accommodate evolving models, including CAMHS.
- Build the capacity of specialist early psychosis services for youth.
- Strengthen comorbidity services for young people with first onset psychosis, including physical health care.
- Clarify pathways to youth friendly inpatient options.
- Strengthen partnerships to support the Youth Mental Health model.
- Develop and implement SESLHD-wide youth participation strategy.

4.3 Adult Mental Health

Community Services

Overview

Community mental health services are delivered in partnership with NGOs and the primary health sector to provide a balanced, comprehensive and effective system of mental health care. Adult mental health services are comprised of multidisciplinary teams, providing a range of integrated services across community and inpatient services. These services:

- Promote mental health and wellbeing.
- Embed a recovery approach within service delivery.
- Prevent and/or intervene early in the onset of recurrence of mental illness.
- Provide evidence-based mental health interventions.
- Enhance community responses to mental health emergencies and acute care needs through collaboration between acute care teams, inpatient units and PECCs.

Adult mental health services have close links with child and adolescent and youth services, as well as with older persons' mental health services, to ensure emergency and acute response capacity and to facilitate transitions in care. Between July 2011 and June 2012, 9,473 identified clients had contact with SESLHD MHS (excluding non-identified casual contacts), with 205,951 ambulatory service contacts recorded over the year. The average age of clients treated was 41 years, with females averaging 42 years and the average age of males slightly younger at 39 years. Clients in the 18-65 age group accounted for around 70% of the population, with the remainder of clients split almost equally between those under 18 years and those over 65 years.

Care Coordination

Case management (also known as care coordination) teams are located throughout SESLHD and provide assessments and case management interventions within a Recovery Framework.

The following are the top 10 primary diagnoses for community clients;

- Schizophrenia.
- Schizoaffective disorder.
- Bipolar affective disorder.
- Suicidal Ideation.
- Depression.
- Acute and transient psychotic disorders.
- Reaction to severe stress, and adjustment disorders.
- Mental/behavioural disorders due to substance abuse.
- Dementia.
- Anxiety disorders.

Psychiatric Emergency Care Centres (PECCs)

Overview

SESLHD MHS PECCs provide state-of-the-art emergency psychiatric services that aim to avoid prolonged hospital admission and/or premature discharge into the community. PECCs operate in the ED environment as an extension of the mental health triage and assessment service provided by the Mental Health team. The service provides rapid access to mental health care in the ED 24 hours a day, 7 days a week. The service is extended by the provision of:

- A permanent mental health staff presence in the ED.
- Full clinical assessment at the point of intake and active discharge planning from the first point of contact.
- Increased capacity to manage mental health-related behavioural risk in the ED.
- Bed capacity for overnight and short (<48hrs) stay.

PECCs are an integral part of acute mental health services. They offer high-intensity care of limited duration to patients who otherwise may require inpatient hospitalisation. These centres are also an important interface between ambulatory (community- based) care and acute inpatient services.

Priority Action Areas for 2013-2018

- Completion of the 6-bed PECC within the new St George Hospital Emergency Department (building works in progress).
- Targeted education for staff delivered by experts in the field of acute mental health assessment and other required knowledge/skill areas, such as drug and alcohol, youth mental health and domestic violence.
- Ongoing monitoring of service provision to ensure safety, timeliness of review, patient privacy and dignity.
- Implementation of an auditing process to ensure the practice of physical assessment for clients in PECCs remains consistent with NSW Ministry of Health (MoH) policy requirements.
- Establish a database of clients seen in EDs by mental health staff but not admitted to a PECC or an acute inpatient mental health facility.

Consultation Liaison Psychiatry

Overview

The Consultation Liaison Psychiatry Service addresses the mental health needs of people who are being treated primarily for physical health problems or symptoms in the general hospital setting. The prevalence of mental illness is particularly high in the general hospital setting, where almost half of all inpatients suffer from a mental health condition such as depression, anxiety, dementia or delirium. Mental health comorbidities complicate the treatment of physical conditions, such as diabetes and lung disease, and lead to increased length of hospital stay. A specialist service is provided for the increasing number of people with anxiety and/or depression in the context of smoking-related lung disease.

Priority Action Areas for 2013-2018

- Ongoing monitoring of service provision to ensure timeliness of review, privacy and dignity of mental health consumers in the general hospital setting.
- Further provision of education and capacity building of general hospital staff in the care of MHS consumers.
- Contributions to the optimised management of physical health problems among mental health consumers.

Acute Care

Overview

Acute care teams are available for acute mental health presentations 24 hours a day, 7 days a week. The multidisciplinary teams monitor people in crisis, deliver comprehensive emergency mental health and risk assessments, and offer short-term care for people who are in an acute phase of mental illness or distress. Education and support is also offered to families and carers who are affected by people in crisis.

Acute Inpatient Services

Acute Inpatient Services provide care for people with a mental illness or disorder in hospital, when community treatment is not possible or appropriate. Acute inpatient units provide:

- Specialist multidisciplinary mental health assessment and treatment during acute episodes prior to stabilisation and transfer to community-based services.
- Access to physical health care assessment and treatment.
- Education and support for consumers, their families and carers.
- Referral to multidisciplinary community support services and primary care.

Consumers and (where appropriate) their families/carers are involved in developing care plans and providing input into their treatment and care while in a mental health unit. Community mental health teams and NGO partners are also involved and assist the consumer when transitioning from the inpatient unit to the community. This model of care is integrated and flexible.

Priority Action Areas for 2013-2018

- Ensure access to long stay and supported accommodation.
- Opening of 12-bed Mental Health Intensive Care Unit on the Randwick Hospitals campus March 2013.
- Maximise consumer and carer involvement in care planning and transfer of care processes.
- Develop and implement a contemporary consumer-focused, recovery-oriented and trauma-informed training program for all clinical staff.
- Undertake research into the impact of the above training on culture, practice and safety in the acute inpatient setting.

4.4 Older Persons Mental Health

Overview

Specialist Mental Health Services for Older People (SMHSOP) aim to maximise the wellbeing of older people, their families and carers whose day-to-day lives are affected by severe mental illness or disorder. These specialist services operate across

a range of settings – the community, acute hospitals, residential aged care facilities and rehabilitation.

The target population for SMHSOP is people aged 65 years and over with:

- A mental health disorder or mental health problems arising for the first time.
- A pre-existing mental health disorder which has become complicated by an age-related condition or comorbidity, e.g. a person with chronic depression who becomes frail or has multiple medical issues.
- Severe Behavioural and Psychological Symptoms of Dementia (BPSD) or severe behavioural disturbance secondary to mental illness (within community settings).

This specialist mental health service functions within a framework which aims to provide person-centred care and ensures that older people experiencing mental health problems have access to integrated specialist services across the continuum of care. This care is provided in collaboration with various key care providers.

Community Services

Older Persons' Community Mental Health Services are central to the provision of coordinated care for older people with mental health problems. Community teams have three major functions; specialist assessment, care planning, and care coordination (case management). They provide specialist consultation-liaison services i.e. assessment, referral and training with primary care workers, GPs and residential service providers. SMHSOP also provides health promotion and prevention for older people through community forums, groups and individual programs.

Community-based older persons' mental health services are located throughout SESLHD and provide an integrated service with the older persons' acute inpatient mental health services.

Acute management and emergency responses for older people are provided by acute care teams.

Older People with Behavioural and Psychological Symptoms of Dementia

SMHSOP has a role in; the management of people with dementia with severe behavioural disturbance, diagnosing early dementia, and research.

The SESLHD 'Dementia Behaviour Management and Advisory Service' and 'Behavioural Assessment Intervention Service' provide a successful collaborative model between aged care, primary care, SMHSOP and residential aged care facilities.

Sub-Acute SMHSOP Care

The model for the Older Persons Sub-Acute Unit being built at St George Hospital has been developed. This unit will provide step up and step down care to people aged over 65 requiring mental health assessment and inpatient treatment within a multidisciplinary team setting.

SMHSOP Inpatient Services

Acute older persons' mental health inpatient units provide integrated care with the community and have strong links with aged care, GPs, residential aged care facilities and NGOs.

A specialist older persons' acute mental health inpatient unit (six beds) is located at Prince of Wales Hospital. Nominal older persons' beds are also located within St George and Sutherland hospitals' adult acute mental health inpatient units.

Priority Action Areas for 2013-2018

- Completion of the 16-bed specialist older persons' non-acute facility on the St George Hospital campus.
- Development of SESLHD model of care to integrate community, acute and sub-acute older persons' mental health care.
- Further development and strengthening of partnerships with geriatric medicine/aged care and residential aged care facilities.

4.5 Rehabilitation

Overview

Specialist rehabilitation services in NSW are provided by both public sector mental health services (clinical rehabilitation) and mental health NGOs (disability support). All providers use a recovery-focused approach to rehabilitation and provide a range of targeted, evidence-based interventions. Rehabilitation is supported by a network of partnerships.

Clinical rehabilitation services are:

- Specialised.
- Multidisciplinary.

- Integrated with the local mental health service.
- Provided in the setting most appropriate to the care plan.
- Recovery-focused.
- Planned and delivered in partnership with non-government and other relevant organisations.

Recovery-Focused Approach to Rehabilitation

Rehabilitation refers to the services and technologies that are made available to people with disabilities so they may learn to adapt to their world. Recovery refers to the lived or real experience of persons as they accept and overcome the challenge of disability.

Community Rehabilitation Teams/Clinicians

These services provide a combination of targeted individual and group clinical rehabilitation interventions. Programs are provided in the areas of: assessment and care planning; personal/living skills; pre-vocational training; health promotion and education; specialised therapies (e.g. cognitive, narrative, Recovery-based); community linkage and development; and early intervention/young peoples' programs. These services work in partnership with a variety of NGOs providing disability support and other rehabilitation-related programs.

Vocational, Education, Training and Employment (VETE) Services

Vocational, Education, Training and Employment (VETE) strategies are important contributors towards an individual's recovery and their participation in the community. Employment rates for people with a mental illness or disorder are lower than for any other disability group. This support can assist individuals with a mental illness or disorder to gain competitive employment.

Youth Rehabilitation

Within SESLHD, it has been identified that young people with a mental illness or disorder have specific rehabilitation needs that are not adequately addressed through existing services. As a result, specialist youth rehabilitation roles have been developed.

Partners in Recovery (PIR)

This program aims to assist people with complex needs who have severe and persistent mental illness, along with their carers and families, by coordinating support and flexible funding. To assist with recovery there are multiple sectors, services and supports available including income agencies, housing, employment and physical/mental health care services. These are brought together to work in a more collaborative, coordinated and integrated way.

Both the Eastern Suburbs and South Eastern Sydney Medicare Locals have been approved for funding within the Partners in Recovery program.

Social and Leisure Programs

Several NGOs within the SESLHD catchment provide a variety of social and leisure programs for people with a mental illness or disorder. Specific funding has been provided by the state and Australian governments for the following programs:

- Personal Helpers and Mentors (PHaMS).
- Mental Health Community-Based Program.
- Support for Day to Day Living in the Community Program.
- Recovery and Resource Services Program.

Inpatient Mental Health Rehabilitation Services

Inpatient Mental Health Rehabilitation Units provide multidisciplinary, recovery-focused, short-term, intensive inpatient rehabilitation for up to 6 months. These services aim to assist consumers to develop the skills necessary to live in the community, either independently or in supported accommodation. To this end, rehabilitation units provide individually tailored programs that address psycho-educational, living skills and social needs.

There are two Mental Health Rehabilitation Units in SESLHD, located at Sutherland (20 beds) and Prince of Wales (14 beds) hospitals.

SESLHD consumers can also access inpatient rehabilitation services provided by Bloomfield Hospital, Orange.

Housing and Accommodation Support Initiative (HASI)

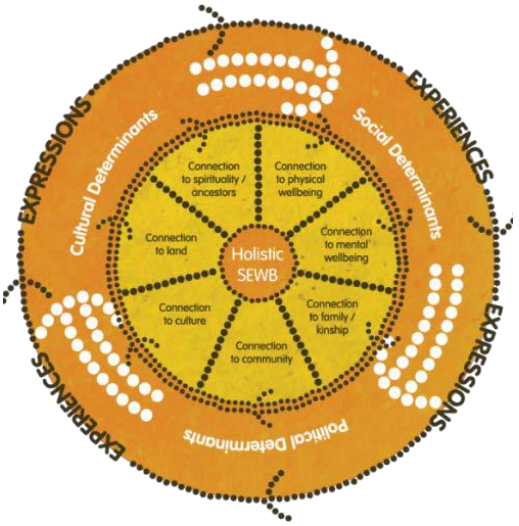
The HASI is a major partnership program jointly funded by NSW Health and Housing NSW. It is operated at local levels between NGOs, mental health services and community housing providers. It provides stable and secure accommodation, linked to clinical and psychosocial rehabilitation services, for people with a mental illness or disorder and a range of psychiatric disabilities. This initiative is also available for Aboriginal people.

Residential Services

Throughout the SESLHD, formal and informal partnerships exist between the MHS and NGOs providing supported accommodation services.

Priority Action Areas for 2013-2018

- Consolidate and extend partnerships with social housing providers and NGOs.
- Develop VETE services in coordinated collocation sites to improve employment outcomes.
- Explore potential for access to community-based, high support rehabilitation services.
- Expand the consumer workforce and development of sustainable structures.



4.6 Aboriginal Mental Health

Overview

Aboriginal Mental Health care is part of the core work of the SESLHD. It requires an integrated and mainstream approach, as well as one that prioritises the specific needs and issues of Aboriginal people (see Appendix E).

The role of Aboriginal Mental Health workers includes:

- Providing consultation to culturally informed mental health care.
- Raising awareness of and providing specialist training in cultural competency.
- Educating and capacity building for general mental health staff.
- Promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people across the continuum of care.
- Facilitating access to primary health care.
- Partnering with mainstream Aboriginal services, including Aboriginal Medical Services (AMS), for community development.
- Conducting mental health promotion and prevention activities.

Priority Action Areas for 2013-2018

- Build capacity within the current non-Aboriginal mental health workforce to provide culturally sensitive mental health care to Aboriginal consumers.

- Develop culturally safe workplaces for Aboriginal staff through education, including 'Respecting the Difference' and other training and educational initiatives.
- Identify other training programs e.g. the Aboriginal Nursing and Midwifery Cadetship program.
- Support local communities by providing Aboriginal Mental Health training.
- Establish Aboriginal Mental Health workers within the Eastern Suburbs MHS.

4.7 Intellectual Disability

Overview

People with an intellectual disability experience the same range of mental health disorders as the rest of the population. However, people with an intellectual disability experience higher incidences of anxiety disorders, depression and psychotic disorders than the rest of the population. There are indicators that people with an intellectual disability have up to 2.5 times the rates of psychiatric disorders compared to the general population.

To better provide for the mental health service needs of people with an intellectual disability living in SESLHD, there are several initiatives:

- A Clinical Coordinator for Intellectual Disability and Co-Existing Mental Illness, who supports all mental health staff in SESLHD in working with people with an intellectual disability.

- A Psychiatric Registrar (6-month term) in Intellectual Disability. In this position, trainee psychiatrists deliver mental health services to persons with an intellectual disability under the supervision of senior psychiatrists.

- A formal partnership with NSW Ageing, Disability and Home Care (ADHC), and regular meetings at both clinical and senior management levels, to improve coordination of care for joint clients.

- A close working relationship with the St George Hospital-based Developmental Assessment Service, which provides a range of health services to people with an intellectual disability, including a psychiatry clinic.

- A close working relationship with the UNSW Chair of Intellectual Disability Psychiatry, who develops training programs for mental health staff in intellectual disability and conducts research in the area of intellectual disability and mental illness.

Priority Action Areas for 2013-2018

- Establish psychiatric clinics for people with intellectual disabilities in both Sectors of the SESLHD.
- Conduct joint education with Disability Services staff and NGOs.
- Identify opportunities for collaborative research partnerships.

4.8 General Practitioner (GP) Liaison

Overview

The roles of Medicare Locals specific to mental health care include supporting key Australian Government initiatives, such as the Better Access and Access to Allied Psychological Services (ATAPS) programs. Medicare Locals within SESLHD also work in collaboration with the MHS to assist GPs to provide better support to their consumers with mental health issues.

Current mental health initiatives involving Medicare Locals in SESLHD include:

Better Access Support to GPs

The Better Access to Mental Health Care program aims to improve access and affordability for consumers requiring the services of psychiatrists, psychologists and GPs through the Medicare Benefits Schedule (MBS) items.

Access to Allied Psychological Services (ATAPS)

Through this program, Medicare Locals engage allied health professionals to provide focused psychological strategies and services for consumers who have been referred by their GP.

Interagency Network Meetings

The SESLHD MHS has established liaison committees with the Eastern Sydney Medicare Local and South Eastern Sydney Medicare Local. These committees aim to enhance communication and assist services to work together to improve the physical and mental health care of consumers.

GP and Mental Health Initiatives

The South Eastern Sydney Medicare Local runs the UpZone Youth Health Centre in partnership with St George Youth Service, Pole Depot Youth Zone and SESLHD.

The South Eastern Sydney Medicare Local has also developed a formal partnership with Shire Wide Youth Services to run a GP clinic offering bulk billing (1 day per week) to reach disconnected youth, often with mental health issues.

WAYS Youth Service (based in the Northern Sector) has developed a GP clinic for local marginalised youth and has established strong links with youth mental health services.

Sutherland Mental Health has developed a formal partnership with the Medicare Local to support the delivery of the ATAPS Suicide Prevention Program. This program enables GPs to refer consumers to mental health professionals, who deliver focused psychological strategies and services.

St George Mental Health Service has developed a formal agreement to contract a registered nurse to work with GPs through the Mental Health Nurse Incentive Program.

SESLHD MHS is participating with Medicare Locals in initiatives to close the gap in health outcomes between advantaged and disadvantaged groups, with a focus on; Aboriginal people, those experiencing homelessness, refugees, and some CALD communities.

As the lead agency for two headspace consortiums, the South Eastern Sydney Medicare Local has submitted business plans for the establishment of headspace sites in the Sutherland and St George/Canterbury areas. SESLHD MHS is represented on each of these consortia.

Priority Action Areas for 2013-2018

- Physical comorbidity.
- Collaborate with South Eastern Sydney Medicare Local in the PIR project.
- Establish GP clinics within St George/Sutherland and Eastern Suburbs Community Mental Health services.
- Support headspace implementation within SESLHD.

4.9 Patient Flow, Access and Service Integration

Overview

The SESLHD Mental Health Patient Flow, Access and Service Integration Team aims to facilitate a planned, predicted bed model to synchronise and sustain patient flow across the SESLHD MHS. The Team works in collaboration with all sites and services to ensure coordinated, timely and efficient patient journeys across ambulatory, acute, sub-acute and community-based services within SESLHD.

Current available and projected SESLHD Mental Health inpatient beds, by bed type

Bed type	Available 2012
Acute (POW MHICU + STG PECC under construction)	124 (+12)
Non Acute (STG Older Persons under construction)	34 (+16)
Very long stay (VLS) beds	0
Total	**158 (+28)**

Additional available inpatient beds (external to LHD)

Child and Adolescent beds (by agreement with Sydney Children's Hospital Randwick)	8

4.10 Teaching and Research

Research is integral to finding new and improved treatment options. SESLHD MHS places significant emphasis on the importance of research by supporting collaboration and encouraging strong partnerships with research institutes. It values its strong ongoing research links with tertiary education facilities e.g. with the UNSW School of Psychiatry, where clinical academics and conjoint appointments from the School work within the MHS.

The Minds in Transition (MinT) Research Project is a 5-year longitudinal study funded by the Australian National Health and Medical Research Council (NHMRC). The project aims to advance the understanding of the causes and risk factors of psychosis to assist early detection and intervention. The Sydney arm of the project is collocated with the youth mental health teams located at the Bondi Junction and St George Community Health centres.

In 2012, SESLHD – in partnership with the UNSW – was awarded a clinical research grant from the Mental Health and Drug and Alcohol Office (MHDAO) to evaluate the effectiveness and acceptability of targeted lifestyle (diet and exercise-based) and pharmacological interventions aimed at reducing cardio-metabolic risk in young people with first episode psychosis. This is known as the Keeping the Body in Mind Clinical Research Project.

4.11 Workforce Planning

The SESLHD MHS Strategic Workforce Plan 2012-2017 provides a framework to support and plan for a sustainable mental health workforce, capable of ensuring the delivery of high quality mental health care into the future. The challenges of an ageing workforce, anticipated growth in service demand and a competitive workplace market require a range of assertive strategies to sustain and grow the mental health workforce.

Developing and maintaining a competent mental health workforce is one of the challenges facing SESLHD MHS over the next decade. Workforce planning is undertaken collaboratively with key partners, including SESLHD Nursing & Midwifery, Aboriginal Health and Multicultural Health services.

Over the next 5 to 10 years SESLHD MHS faces many challenges and changes including population growth, ageing and redistribution. The burden of chronic disease, health reform and changes to funding will present further challenges, along with workforce supply and sustainability plus cultural and technological change.

SESLHD MHS currently employs approximately 640 full-time equivalent staff. Almost half of this workforce is nursing, with another quarter being allied health. Medical and administrative comprise the majority of the remaining workforce, along with domestic and para-professional team members, as indicated below:

• Administration/Corporate Services	60 FTE
• Nursing	315 FTE
• Medical	81 FTE
• Allied Health	160 FTE
• Hotel Services	10 FTE
• Para-Professional support	11 FTE
TOTAL	**637 FTE**

Priority Action Areas for 2013-2018

Changes in the structure of the population and the healthcare system will have a significant impact on the way mental health care is provided across the lifespan. Various innovative initiatives are planned to attract, develop, support and sustain a skilled mental health workforce to meet this challenge. These include:

- Expanding recruitment and retention strategies in priority areas.
- Supporting leadership development, mentoring and coaching across all professional groups.
- Adopting innovative e-learning approaches and supporting professional development and skill enhancement.
- Focusing on creating working environments that are safe, collaborative, supportive and stimulating.
- Encouraging involvement in research and translation of evidence into practice.
- Developing partnerships with agencies and healthcare providers to promote capacity.
- Supporting innovative interdisciplinary models of care.
- Developing effective succession planning strategies.
- Capitalising on people's unique skills, talent and capacity, including the development of new roles and redesign of some existing roles.

4.12 Key Internal Service Partners

The MHS works closely with other District services to deliver comprehensive and coordinated care. These include the Royal Hospital for Women, Drug and Alcohol services, EDs, Aged Care and targeted Consultation Liaison services plus HIV and related programs. Southern Sydney Sexual Assault Service, for example, works collaboratively with the Southern Sector MHS to respond to consumers who are victims of sexual assault and ensure a timely response, psychological intervention and, if required, medical intervention.

4.13 Key External Service Partners

Mental health services in SESLHD are delivered by a range of providers operating within and across government and non-government sectors. The mental health treatment sector is supported by the broader health sector and includes both public and private providers.

A variety of other interventions supporting people with mental illness and their carers are provided by the broader government and non-government sectors, including housing, employment and other personal care providers. By its very cross-sectoral nature, the way in which mental health services and supports are funded in Australia spans several portfolios, all levels of government, the private and community sectors, as well as charitable organisations. A list of external services, which partner with SESLHD to deliver services to the local population and provide a continuum of mental health care, are provided in Appendix F.

5. Monitoring and Evaluation

The strategies and outcomes identified in this Plan will be monitored and evaluated rigorously over the next five years. The Sectors and District Office team will develop an implementation plan supported by local service and business plans. Alignment with national and mental health quality standards provides a solid platform for the Plan.

Progress will be monitored by:

- Annual Mental Health Clinical Services performance reports from MHS sectors and the District Office team to the MHS Senior Executive.
- Key Performance Indicators through existing and discrete reporting forums.
- Formal and informal feedback from staff, consumers, carers and stakeholders.
- Updates to the SESLHD Chief Executive, Board and other interested stakeholders.

In addition to the continuous monitoring outlined above, the effectiveness of this Plan in achieving its broader aims will be formally evaluated at its completion in 2018.

6. List of Appendices

Appendix A: Implementation Plan

Implementation Plan

of the

SESLHD MENTALHEALTH

Clinical Services Plan

2013-2018

1. Communities & Consumers

Relationship to National Standards

- National Safety and Quality Health Service Standards (EQuIPNational)
  - Standard 2: ***Partnering with Consumers***
  - Standard 15: ***Corporate Systems and Safety***

- National Standards for Mental Health Services
  - Standard 1: ***Rights & Responsibilities***
  - Standard 3: ***Consumer Participation***
  - Standard 4: ***Diversity Responsiveness***

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 1.1: Empower patients in decisions about their health care and ensure communities' participation in planning and decision-making about the delivery and organisation of services.	
(*1.2.d) Work in partnership with mental health consumers to further develop mental health services, including increasing opportunities for prevention, early intervention, recovery and rehabilitation.	(*1.1.f) Further support SESLHD Mental Health Consumer Coordinator position and Mental Health Consumer Advisory Committees throughout SESLHD. Increase full time equivalents of consumer workers/advocacy positions. Review all policies to ensure inclusion of the principles of consumer participation. Ensure consumer participation in relevant projects and committees. Convene Annual Consumer Forum. (*1.2.e) Further develop implementation of the Youth Mental Health Service Model.
Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
Promote consumer self-determination and choice in all clinical settings.	Implement Strengths Model, Motivational Interviewing, Brief Solution Focused Therapy and Medication Adherence Therapy. (*1.2.e) Embed Recovery principles throughout the Mental Health Service. Ensure access to Rights and Responsibilities brochure for all consumers and carers. Promote individualised consumer-centred care planning, including use of Safety Plans and Wellness Plans in routine clinical practice. Increase proportion of clients whose status is voluntary under the Mental Health Act (2007) (inpatient and community). Develop and implement clinical service action plans based on Mental Health-Consumer Perception and Experiences of Services feedback.
Enhance carer participation in planning, implementation and delivery of services.	Further support a comprehensive carers' program, including Carers Week activities, carers' education, carers' resources and services. (*1.2.e) Implement and provide training and forums for staff regarding the Working with Families and Carers Program.

PRIORITY 1.2: Align services to better meet the needs of our ageing population, and residents with special care needs including those with mental illness a disability.	
Ensure older people and their carers are involved in consultation processes in the development and review/evaluation of mental health services for older people.	Consolidate Inpatient and Community Services for Older Persons. Complete building works and open Sub-Acute Older Persons Inpatient Unit. Include older people within local consumer and carer groups. Involve older consumers as health care partners and encourage their ongoing input into health care and service delivery, e.g. include Older Persons consumer on Consumer Advisory Committee. Ensure preadmission and discharge planning processes adequately identify and address needs of people with disabilities and involve carers as partners in care.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
Ensure services are responsive to the needs of older people.	Further develop and strengthen partnerships with geriatric medicine and other aged care service partners. Ensure planning processes incorporate changing demographics by including an increase in the number of older people. Build capacity of Adult Mental Health Services in relation to physical health care for older people.
PRIORITY 1.4: Ensure timely and equitable access to prevention, treatment and care, so that – irrespective of health literacy, place of residence, mobility, transport and other health and socioeconomic circumstances – individuals have the same opportunity to access and effectively navigate health services when they need them.	
(*1.4.i) Improve the identification, prevention and management of physical health problems among mental health clients.	(*1.4.i) Extend collaborative relationships with GPs and other stakeholders in the management of physical comorbidity in mental health clients, including trial of collocation of GP clinics. (*1.4.i) Establish a Mental Health Comorbidity Assessment Service for Sutherland Shire residents. Establish collaborative partnerships with other internal health providers, e.g. Allied Health Services, Endocrinology, Drug and Alcohol, Diabetes Services. Build and improve working relationships with key partners, e.g. Drug and Alcohol, the HIV/AIDS and Related Programs Unit, Diabetes Services. Extend collaborative relationships with relevant internal and external mainstream health providers to improve early detection and prevention of physical health problems. Establish Drug and Alcohol/Mental Health Liaison Committees.
Strengthen services for youth with emerging non-psychotic mental disorders.	Establish partnerships with internal and external service partners to establish care options.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 1.5: Close the gap in health outcomes between advantaged and disadvantaged groups, with a focus on Aboriginal people and other disadvantaged groups, including people of low socioeconomic status and those who are experiencing homelessness, refugees and some Culturally and Linguistically Diverse (CALD) communities.	
(*1.5.a) Develop and implement strategies to enhance access to culturally appropriate health services for refugee and high risk CALD populations, focusing on maternal, child and infant services, ageing communities and specific groups with relatively high risks of particular diseases (e.g. diabetes, cervical cancer, hepatitis B, tuberculosis, mental illness).	Implement cultural competency training programs for mental health staff. Consult with Culturally and Linguistically Diverse communities and Multicultural service providers regarding their use of mental health services. (*1.5.b) Improve consistency and accessibility of ethnicity data collection and use of interpreters. Convene/attend regular meetings with key stakeholders, e.g. Diversity Health Committee, Multicultural MH. Trial the Cultural Awareness Tool. Provide Family Education Groups for Culturally and Linguistically Diverse families. Ensure translation of relevant information into predominant community languages. Monitor data to determine equitable access to services of people from Culturally and Linguistically Diverse backgrounds. (*1.5.d) Conduct child and adolescent/youth health prevention and early intervention initiatives, including implementation of SAFE START Guidelines (2010). (*1.5.d) Implement Mental Health and wellbeing programs, including programs to reduce violence and promote safe communities.
(*1.5.d) Further develop, implement and evaluate effective and sustainable programs with and for Aboriginal people.	Improve the cultural competence of mental health staff working with Aboriginal consumers and communities by implementing training and providing culturally safe work environments. (*1.5.d) Work in partnership with Aboriginal and Drug and Alcohol services to promote safe communities. (*1.5.d) Strengthen collaboration and support of the Aboriginal Mental Health trainee program. Increase the identified Aboriginal Mental Health Workforce within SESLHD, including the appointment of a Clinical Leader – Aboriginal Mental Health. Implement Aboriginal Mental Health First Aid training program.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
Improve access to mental health services for people who are subject to homelessness.	Participate in SESLHD Homelessness Health initiatives, including data collection projects. Improve identification of people subject to homelessness on contact with mental health services. Improve care planning, collaboration and service delivery with other service providers, e.g. work in partnership with Medicare Locals and other non-government organisations (NGOs).

2. Partners

Relationship to National Standards

- National Safety and Quality Health Service Standards (EQuIPNational)
  - Standard 12: ***Provision of Care***

- National Standards for Mental Health Services
  - Standard 4: ***Diversity Responsiveness***
  - Standard 5: ***Promotion and Prevention***

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 2.1: Coordinate and integrate health care with other primary health care, aged care and community service providers, and play a lead role in communicating with the community about the availability of and pathways for accessing and navigating services.	
(*2.1.b) Establish processes to engage effectively with patients, clinicians, local lead clinicians groups, Medicare Locals and other stakeholders to optimise service integration and coordination.	Convene/attend regular meetings with key service partners, e.g. Medicare Locals, Drug and Alcohol, non-government organisations (NGOs), Emergency Departments, housing organisations, Police, consumers, carers. Strengthen collaborative relationships with internal Sector partners to ensure timely transfer of care and coordinated treatment response at the facility level.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
Build strong working relationship with headspace services – a new partnership initiative headed by the South Eastern Sydney Medicare Local targeting young people with emerging mental health issues.	Further support development and implementation of headspace model. Develop Service Level Agreement to support headspace implementation. Co-contribute to headspace sites in the form of mental health clinics, clinical consultation, supervision and mentorship.
PRIORITY 2.2: Plan and collaborate with our partners from other health care and community services, government and Non-Government Organisations, and teaching and research institutions.	
(*2.2.d) Ensure current Service Level Agreements and/or Memoranda of Understanding are in place with key partnerships of the SESLHD Mental Health Service.	Ensure District-funded non-government organisations (NGOs) work in collaboration with SESLHD Mental Health Service to provide collaborative models of care to meet the needs of consumers. Collaborate with NGOs to assist in the development of service models and care provision. Further support funding applications to NSW Ministry of Health (MoH) regarding the implementation of contestable funding arrangements. Provide stakeholder feedback to NSW MoH regarding evaluation and performance of NGOs in receipt of health grant funding. Establish/review Service Level Agreements with key external partners.
Strengthen the Vocational Education Training and Employment (VETE) Program within the SESLHD Mental Health Service.	Further develop employment collocation sites in line with the Individual Placement and Support Model of Supported Employment.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 2.3: Formalise relationships and arrangements for care between hospital sites and primary and community health care providers, particularly through working with Medicare Locals.	
(*2.3.b) Establish working partnerships and arrangements between SESLHD Sectors/facilities and Medicare Locals.	(*2.3.b) Work with GPs and Medicare Locals, in a range of priority areas, including improving the identification, prevention and management of physical comorbidities among mental health clients. Further develop relationship with South Eastern Sydney Medicare Locals, including headspace. Trial the establishment of GP clinics in community centres. Participate in Partners in Recovery program with Medicare Locals. Collaborate with the new Medicare Locals Child Mental Health initiative – scheduled for launch July 2013. Establish strong working partnership between Sector Mental Health Service and Medicare Locals through engagement between key staff, development of communication models and participation in forums, steering committees and advisory structures within the two organisations.
PRIORITY 2.4: Local Aboriginal Health Partnership, our partner universities, medical research institutes and other members of the (UNSW) Health-Science Alliance.	
(*2.4.i) Establish collaborative relationships with the four NSW Ministry of Health (MoH) pillar agencies to maximise resources, training and programs, and share advice and support.	Apply an integrated approach to health education and research. (2.4.j) Actively participate as a partner in Interdisciplinary Clinical Training Networks with partner Universities.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
Strengthen University partnerships.	Facilitate evaluation and research within the clinical setting e.g. Evaluation of the Strengths Model Project. Implement and evaluate Project Air (a personality disorders strategy). Maintain Clinical Academic appointments. Identify collaborative research opportunities with key projects, such as Safety For All. Maintain Academic representation on Mental Health Service Clinical Council.

3. Clinical Networks and Services

Relationship to National Standards

- National Safety and Quality Health Service Standards (EQuIPNational)
  - Standard 1: ***Governance for Safety and Quality in Health Service Organisations***
  - Standard 11: ***Service Delivery***

- National Standards for Mental Health Services
  - Standard 4: ***Diversity Responsiveness***
  - Standard 5: ***Promotion and Prevention***

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 3.1: Deliver health care based on the best available evidence, with strong clinical governance and focus on quality and monitoring and improvement of outcomes.	
(*3.1.a) Ensure all clinical services offered by SESLHD meet the ten National Safety and Quality Health Service Standards.	Enhance participation in EQuIPNational. (*3.1.b) Implement, monitor and evaluate relevant quality and safety initiatives developed by external authorities such as the Clinical Excellence Commission and The Australian Council on Healthcare Standards. (*3.1.c) Review and monitor Severity Assessment Codes Level 1, Root Cause Analyses and Safety Notices, and develop applicable policies, guidelines and processes to support action. Focus on National Safety and Quality Health Service Standards Nutrition Standard to ensure nutrition services are developed and effective for this population.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 3.2: Ensure seamless and safe patient journeys along the health care continuum, through development of patient-centred models of care and services that are networked, complementary, coordinated and multidisciplinary – both across SESLHD and between broader health and aged care systems.	
(*3.2.b) Identify and implement initiatives to enhance access, maximise patient flow, support the continuum of care and support integration between emergency care, critical care and other hospital and community-based services.	Implement projects to monitor and improve patient journey. Ensure compliance with relevant Ministry of Health (MoH) policies, e.g. Transfer of Care Policy. Regularly review access and patient flow Key Performance Indicators at monthly Performance Meetings. Build and consolidate relationships between internal service partners, e.g. Emergency Departments, Drug and Alcohol.
(*3.2.a.p) Develop processes and services for adolescent care across SESLHD, focusing on models of care that optimise the transition between paediatric, youth and adult services.	(*1.2.e) Review SESLHD Mental Health Services and develop new models of service delivery, e.g. Youth model in Mental Health Services, Working with Families and Carers Program.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
(3.2.a.q) Develop and implement new service models for mental health services.	(3.2.a.q) Review and redesign community-based services to address changing patterns of clinical needs and integrated service delivery models. Develop streamlined model of care for Older Persons Mental Health in context of new sub-acute unit (being commissioned 2013). Consolidate and streamline Child and Adolescent Mental Health Services/Youth Service Model. Develop, implement and evaluate MH Intensive Care Unit model of care. Further build and implement Project Air model of care for consumers with personality disorders. Build models of care that incorporate key external service partners, Medicare Locals, e.g. collocated GP clinics.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 3.4: Provide assets/infrastructure to respond to current and future demands for health services and deliver effective models of care.	
(*3.4.a) Improve the provision of mental health services in SESLHD.	(*3.4.a) Establish a Mental Health Intensive Care Unit in the Northern Sector. (*3.2.a.p) Expand Transitioning to Youth model in mental health services. (*3.4.a) Undertake planning in relation to Eastern Suburbs Mental Health Service 'precinct' at the Randwick campus. (*3.4.a) Open Older Persons Sub-Acute Mental Health inpatient facility at St George Hospital campus. Explore options for the establishment of community-based models of providing high support rehabilitation services. Increase collaboration between Justice and Forensic Mental Health Network (Adolescent Court & Community Team and State-Wide Court & Community Liaison Service) and SESLHD in regards to patients discharged from Court on a Section 32/33. Conduct joint education and training sessions in specialty forensic Mental Health subjects. Review of inpatient bed composition across units in the SESLHD to address the explicit needs of vulnerable sub-groups.
Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 3.5: Invest in and develop our quaternary and statewide specialty services and centres of excellence for our residents and the community of NSW.	
(*3.5.a) Enhance the integration of mental health services across SESLHD and wider health system.	(*3.5.a) Progress local pilot programs and evaluate integrated models of partnership for delivering Drug and Alcohol services. (*3.5.a) Develop a collaborative framework for Mental Health and Drug and Alcohol services. (*3.5.a) Implement NSW Mental Health Drug and Alcohol Comorbidity Framework. (*3.5.a) Progress local pilot programs and evaluate integrated models of partnership for delivering Alcohol and Other Drug service with Youth Mental Health Services.

4. Resource Accountability

Relationship to National Standards

- National Safety and Quality Health Service Standards (EQuIPNational)
  - Standard 13: ***Workforce Planning and Management***
  - Standard 14: ***Information Management***
  - Standard 15: ***Corporate Systems and Safety***

- National Standards for Mental Health Services
  - Standard 8: ***Governance, Leadership and Management***

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 4.1: Ensure strong and responsive corporate governance.	
(*4.1.b) Develop governance structures and processes that facilitate collaboration across disciplines while ensuring discipline-specific needs are met.	(*4.1.d) Implement processes to support and enhance staff awareness of statutory and organisational reporting requirements. Implement and maintain Mental Health Corporate Governance committee structure and ensure multidisciplinary membership.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 4.2: Implement sound and transparent decision making processes to determine the optimal mix of services, so as to ensure that the available resources and infrastructure are deployed for maximum health benefit.	
(*4.2.a) Implement, and monitor implementation of, Activity Based Funding (ABF) in accord with established timeframes.	(*4.2.a) Set targets to meet Activity Based Funding allocations. (*4.2.a) Develop clinical leaders' resource management capability through provision of relevant data, increased business support and targeted education, utilising data to improve service delivery. (*4.2.b) Undertake impact assessment of Activity Based Funding on non-Activity Based Funding funded services and programs (e.g. reductions in resource allocation).
PRIORITY 4.3: Align priorities for capital investment with the broader organisational priorities for realising the SESLHD's vision.	
(*4.3.a) Increase SESLHD mental health expenditure to meet the State average mental health expenditure.	Mental Health Management team to oversee full expenditure of Mental Health budget on annual basis. Promote advocacy by Chief Executive and SESLHD Board for increased budget allocation to the Mental Health Service.
PRIORITY 4.4: Provide value-for-money through technically efficient implementation of services and interventions.	
(*4.4.a) Improve data quality for a range of activities.	(*4.4.a) Utilise Activity Based Funding, State/Commonwealth reporting and support for future competitive funding application. (*4.4.e) Develop, implement and evaluate strategies to improve recording and coding accuracy in priority areas, with a focus on diagnoses, procedures and Diagnostic Related Groups for Activity Based Funding and Aboriginality of patients/clients. Strengthen evaluation frameworks for Youth Mental Health (including early psychosis) to fulfil funding-related reporting requirements. (4.4.d) Implement strategies for ongoing reduction of Excess Annual Leave balances.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 4.5: Take advantage of opportunities afforded by new health technology and information and communication technology to deliver optimal health outcomes.	
(*4.5.a) Continue to work with the NSW Ministry of Health (MoH) and eHealth NSW to lead local implementation of electronic prescribing, mental health and other systems, and their integration with the electronic medical record in NSW.	Participate in implementation of Electronic Medical Records/Community Health and Outpatient Care Project. Use Smartboard and Videoconference technology for meetings, forums and clinical reviews.

5. Workforce Culture and Capability

Relationship to National Standards

- National Safety and Quality Health Service Standards (EQuIPNational)
  - Standard 13: ***Workforce Planning and Management***
  - Standard 15: ***Corporate Systems and Safety***

- National Standards for Mental Health Services
  - Standard 8: ***Governance, Leadership and Management***

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 5.1: Foster a caring, supportive work environment and promote the wellbeing of our workforce.	
(*5.1.c) Implement Coaching for Performance program across SESLHD and encourage the inclusion of staff in service development goals and planning.	Ensure nomination and participation of Mental Health staff in Coaching for Performance Program.
Provide opportunities for staff to participate in activities that promote health and wellbeing in the workplace.	Implement and evaluate corporate-based Mindfulness Training for Managers. Collaborate with SESLHD Health, Safety and Wellbeing Unit to identify strategies to address known health and safety risks and reduce the incidence rate.
PRIORITY 5.2: Encourage clinician participation in, and transparency of, decision-making across the organisation.	
(*5.2.b) Secure effective governance and stewardship of clinical services.	(*5.2.b) Routinely apply evidence-based practice via Clinical Council leadership. (*5.2.c) District clinicians to provide input and advice to key State and National agencies on medical workforce policies, plans, issues and potential solutions.

Strategy **Direct link to SESLHD Healthcare Services Plan 2012-2017*	***Key Action/s***
PRIORITY 5.3: Build a workforce that embraces teamwork and interdisciplinary service models.	
(*5.3.b) Develop and promote interdisciplinary education opportunities to support improvements in the levels of collaborative, multidisciplinary patient-centred care offered in SESLHD facilities.	(*5.3.a) Ensure multidisciplinary clinical representation on peak State and National committees and other service planning forums. Participate in Interdisciplinary Clinical Network and interdisciplinary training programs developed by the Health Education and Training Institute. Provide training and supervision to clinicians focused on working in partnership with consumers and consumer workers. Increase clinical supervision training and promote uptake by all disciplines. Develop training and resources in identifying and responding to women experiencing Domestic Violence in partnership with the Women's Health Violence & Abuse (Adult) Prevention Program. Jointly develop training with child protection educators and Domestic Violence educators in the identification of the effects of Domestic Violence and trauma for Child, Youth and Adolescent staff – focusing on Domestic Violence and child protection. Jointly develop training with Domestic Violence educators in the identification of the effects of Domestic Violence and elder abuse for Specialist Mental Health Services for Older People staff.
PRIORITY 5.5: Attract and retain an appropriately skilled, flexible and competent workforce which matches current and evolving service needs and priorities.	
(*5.5.c) Develop and implement strategies to improve workforce attraction and retention.	(*5.5.c) Focus on professional sub-groups potentially in short supply and/or required at higher levels within specific SESLHD services. Work in collaboration with key internal partners, e.g. Nursing & Midwifery, Aboriginal Health and Multicultural health services to ensure targeted and timely recruitment in line with identified service demand. Promote participation in workplace surveys and develop appropriate action plans based on feedback. Participate in overseas recruitment activities for nurses and allied health staff. Maximise opportunities for promoting benefits of working in SESLHD Mental Health Service to a wide audience of undergraduates and potential employees. Recognise and promote achievements by Mental Health Service staff to a wide audience, e.g. Media, SESLHD Chief Executive News, NSW-wide Essentials of Care (EoC) newsletter. Target bilingual recruitment to respond to population profile. Target Aboriginal recruitment to respond to population profile.
PRIORITY 5.7: Build our reputation as a leader in innovation, research, teaching and education, in collaboration with our partner universities, medical research institutes and other members of the Health-Science Alliance.	
Develop a comprehensive, multidisciplinary training and development framework to ensure the workforce is equipped with knowledge and skills required for contemporary mental health service provision into the future.	(*5.5.i) Develop training program and resources for GPs, other doctors, Mental Health and other staff to assist in identifying and effectively responding to women experiencing domestic violence. (*5.7.d) Build capacity/skills of relevant staff to undertake research and attract and retain researchers. Encourage and support training and development opportunities for all staff through allocation of resources based on high priority areas. Provide opportunities for staff to work directly with consumers in the development of innovative models, training and conducting of research. Raise awareness and recognition of research being conducted across the Mental Health Service and the outcomes of that research when available. Encourage novice researchers to link with experienced researchers within the SESLHD Mental Health Service to build service capacity for innovative research. Integrate research outcomes into the structure and content of service delivery systems.

Appendix B: Information and Data

Where to find information and data on South Eastern Sydney Local Health District demographics

Demographic data, including descriptions of current and projected population, age profiles etc is available from:

- Our Community, Our Services…..a snapshot
- SESLHD Strategy 2012-2017
- SESLHD Healthcare Services Plan 2012-2017
- Health Statistics NSW
- Australian Bureau of Statistics Census 2011

Where to find information and data on key South Eastern Sydney Local Health District population health characteristics

Health status/epidemiological data may include statistics and information on:

- At risk population groups and key health inequities.
- Key health data (trends and current disease incidence/prevalence/mortality, rates of comorbidities etc.).

This information is available from:

- Our Community, Our Services…..a snapshot
- SESLHD Strategy 2012-2017
- SESLHD Healthcare Services Plan 2012-2017
- Health Statistics NSW
- Public Health Information Development Unit

Where to find information and data on key South Eastern Sydney Local Health District current and future service utilisation

Service utilisation includes statistics on one or more of:

Demand – Profile of Current Utilisation

- Population activity trends over past five years for inpatient and ambulatory care.
- Patient inflows/outflows.
- Casemix data/National Weighted Activity Data.
- Emergency/elective.
- Public/private.

Supply – Profile of Current Services

- Service role delineation.
- Service catchment.
- Service capacity (beds, treatment spaces, operating theatres) and occupancy levels
- Resources (infrastructure, workforce).
- Roles of other providers (Private, non-government organisations [NGOs]).

Projections of Demand and Supply

All or some of this information may be available from the SESLHD Strategy and Planning Unit, depending on the type of service and detail required. Please email the Director, Directorate of Planning and Population Health, Ms Julie Dixon**:** Julie.Dixon@SESIAHS.HEALTH.NSW.GOV.AU

Appendix C: Developing the Clinical Services Plan 2013-2018

The following methodology was supported by the SESLHD Strategy and Planning Unit:

Project Plan (October – November 2012)

A Project Plan detailing the scope, reference group, consultation process, timeframe and key milestones for developing the Plan was presented to the SESLHD Clinical & Quality Council and SESLHD Board for endorsement.

Data Analysis (December 2012 – January 2013)

The SESLHD Strategy and Planning Unit provided the demographic, utilisation and projection data from various databases available. Key literature including Commonwealth, State and local policies and best practice articles were reviewed to provide direction for service reform.

Draft Template (January – March 2013)

A draft Plan was developed, outlining the proposed directions and identifying the initiatives from the SESLHD Healthcare Services Plan 2012-2017.

Clinical Council Validation Workshop (March 2013)

The SESLHD Mental Health Service Clinical Council met to consider the draft Plan and accompanying documents, revisit the SESLHD Healthcare Services Plan 2012-2017 initiatives and other service development priorities, and consider SESLHD/local service implications.

Consultation on Draft Directions (April – May 2013)

External stakeholder consultations were conducted with targeted service providers. Internal managers were supported and up-skilled as required to coordinate input from staff members. A comprehensive feedback log was maintained to help ensure feedback was acknowledged and issues were appropriately addressed.

Draft Plan Revision (May 2013)

The SESLHD Mental Health Service Clinical Council considered stakeholder feedback and identified implications/changes required to service development priorities or proposed actions.

Endorsement and Communication (June – October 2013)

The Plan was endorsed by the SESLHD Mental Health Service Clinical Council, Clinical & Quality Council and the Board. The finalised Plan was formally published and launched in April 2014. The Plan was distributed to key partners, facilities and streams.

#For information on Mental Health role delineation, please see the SESLHD Healthcare Services Plan 2012-2017, p. 88.

Appendix D: Key Reference Documents

State and Local Health District strategies/plans supporting vulnerable populations

	NSW	SESLHD
Aboriginal Health	Aboriginal Chronic Conditions Area Health Service Standards (NSW) http://www0.health.nsw.gov.au/pubs/2005/accahss_report.html Towards an Aboriginal Health Plan for NSW: Discussion Paper http://www0.health.nsw.gov.au/publichealth/aboriginal/plan/index.asp	Aboriginal Health Implementation Plan (to be developed when the NSW plan is available)
Aged	Prevention of Falls and Harm from Falls among Older People: 2011-2015 http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_029.html Dementia Services Framework 2010-2015 http://www0.health.nsw.gov.au/policies/gl/2011/GL2011_004.html Implementation Plan for NSW Dementia Services Framework 2010-2015 www0.health.nsw.gov.au/resources/policies/pdf/cd_dementia_services.pdf	Falls Prevention Implementation Plan
Carers	NSW Carers (Recognition) Act 2010 Implementation Plan 2011–2014 www.adhc.nsw.gov.au/individuals/caring_for_someone/nsw_carers_recognition_act_2010 NSW Carers Action Plan 2007 - 2012 Walking with Carers in NSW http://www0.health.nsw.gov.au/pubs/2012/pdf/walking_with_carers_innsw.pdf	Carer Action Plan, 2011-2012 http://seslhnweb/Carer_Support_Services/Local_Carer_Program.asp
Child Protection	NSW Interagency Guidelines for Child Protection Intervention 2006	
Disability	A NSW National Disability Strategy Implementation Plan (NSW Government's initial priorities and actions) is under development www.adhc.nsw.gov.au/about_us/strategies/national_disability_strategy_ Service Framework: to improve the health care of people with intellectual disability www0.health.nsw.gov.au/pubs/2012/service_framework_2012.html Access to therapy services for people with an intellectual disability and their families in NSW www0.health.nsw.gov.au/pubs/2010/therapy_mou.html	Disability Action Plan 2010-2015
Homelessness	NSW Homelessness Action Plan 2009-2014 http://www.housing.nsw.gov.au/NR/rdonlyres/070B5937-55E1-4948-A98F-ABB9774EB420/0/ActionPlan2.pdf	Regional Homelessness Action Plan 2010-2014 – Coastal Sydney (2010) http://www.seslhd.health.nsw.gov.au/homelessness_health/PolicyContext.asp
Multicultural Health	NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016 http://www0.health.nsw.gov.au/policies/pd/2012/PD2012_020.html	Multicultural Health Service Strategic Plan 2010 – 2012 www.sesiahs.health.nsw.gov.au/multicultural_health_service/Documents/SESIAHS%20Multicultural%20Health%20Service%20Strategic%20Plan%20Report.pdf
Population		Population Health Plan 2013-2018
Refugee Health	Refugee Health Plan 2011-2016 http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_014.htm Asylum Seekers - Medicare Ineligible - Provision of Specified Public Health Services http://www0.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_068.pdf	Refugee Health Implementation Plan (under development) http://www.sesiahs.health.nsw.gov.au/multicultural_health_service/
Youth Health	Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures http://www0.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_073.pdf	Youth Health http://www.seslhd.health.nsw.gov.au/Youth_Health/default.asp

National

Mental Health Act (2007)
Fourth National Mental Health Plan 2009-2014
National Mental Health Policy (2008)
National Standards for Mental Health Service (2010)
National Recovery Framework (in development)
National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
COAG National Action Plan on Mental Health 2006-2011
National Standards for Mental Health Service (2010)
National Safety and Quality Health Service Standards (2012)
Australian Commission on Safety and Quality in Health Care Consultation Draft Accreditation Workbook for Mental Health Services
National Health Reform Agreement - National Partnership Agreement on Improving Public Hospital Services
National Action Plan for Promotion, Prevention and Early Intervention for Mental Health
National Suicide Prevention Strategy
National Lesbian, Gay, Bisexual, Transgender and Intersex National Ageing and Aged Care Strategy 2012

State

NSW Community Mental Health Strategy 2007-2012
NSW Carers Action Plan 2007-2012
NSW Interagency Action Plan for Better Mental Health (2005)
Framework for Suicide Risk Assessment and Management for NSW Health Staff (2004)
Mental Health for Emergency Departments (2009)
Mental Health Emergency Response: MOU between NSW Health, Police and Ambulance (2007)
NSW Health Co-morbidity Framework for Action (2008)
NSW Government's Final Response to Tracking Tragedy (2008)
NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015
Working with People with Challenging Behaviours in Residential Aged Care Facilities
Specialist Mental Health Services for Older People Core Clinical Competencies for Beginning Practitioners
Dementia Services Framework
Framework for Rehabilitation for Mental Health (2002) and the Guidelines for the Provision of Specialist Rehabilitation in NSW Mental Health Services (in draft)
Youth Health Policy 2011-2016
NSW Health Women's Health Framework 2013
Framework for Housing & Accommodation Support (HASI) (2002)
Provision of Services to People with an Intellectual Disability & Mental Illness – MOU & Guidelines (2011)
Physical Health Care Within Mental Health Services Policy (2009)
Improving Mental Health Outcomes for Parents and Infants: SAFE START guidelines (2009)
Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services (2010)
School-Link Initiative Memorandum Of Understanding (2010)
Building Better Mental Health: A framework for the promotion of mental health and prevention of mental ill-health in NSW (Draft 2012)
NSW Youth Mental Health Services Model (2011)
Social Inclusion: Its Importance to Mental Health
Regional Homelessness Action Plan 2010-2014 Planning Framework
NSW Health and Ageing Disability and Home Care (ADHC) Joint Guideline: Supporting residents of ADHC operated and funded accommodation supported services who present to a NSW Public Hospital
NSW MH-DA Comorbidity Framework and Guidelines (2009)
NSW Multicultural Mental Health Plan 2008-2012

NSW Aboriginal Workforce Strategic Framework 2011-2015

NSW Aboriginal Mental Health and Wellbeing Policy 2006-2010

Ministry of Health Guide to the Role Delineation of Health Services (2005)

A Way Home: Reducing Homelessness in NSW.

NSW Homelessness Action Plan 2009-2014

Social Inclusion: Its Importance to Mental Health

Regional Homelessness Action Plan 2010-2014 Planning Framework

Carers Action Plan 2007–2012

NSW Multicultural Policies and Services Program Implementation Plan 2012-2016

Healthy Culturally Diverse Communities

Additional Policies and Guidelines

Guidance For Implementing Smoke-Free Mental Health Facilities In NSW (2009)
Standard Procedures for Working with Health Care Interpreters (2006)
Guidelines For The Promotion Of Sexual Safety In NSW Mental Health Services 2nd Edition (2005)
Aggression, Seclusion and Restraint in Mental Health Facilities in NSW (2012)
Physical Health Care of Mental Health Consumers Policy (2009)
SESLHD Mental Health Service Strategic Workforce Plan 2012-2017
SESLHD Asset Strategic Plan 2012-2017
SESLHD Strategy 2012-2017
SESLHD Healthcare Services Plan 2012-2017
SESLHD Workforce Plan
SESLHD Multicultural MH Plan
SESLHD Aboriginal MH Plan
South Eastern Sydney Illawarra Area Health Service Disability Action Plan 2010-2015
SESLHD Work Health Safety Strategic Plan 2012-2014
SESLHD Drug & Alcohol Operational Plan 2013-2015

Appendix E: Aboriginal Impact Statement

The Aboriginal Health Impact Statement Declaration

NSW GOVERNMENT Health
South Eastern Sydney Local Health District

Title of the policy/initiative: SESLHD Mental Health Clinical Services Plan 2013-2017

Please complete the Declaration below (and the Checklist on the following pages if required).

Please tick relevant boxes:

☑ The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.

☑ **Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.**

☑ Completed Checklist attached.

Author's Name: Gail Daylight

Author's Position: Manager, Aboriginal Health

Signature: G Daylight Date: 29 May 2013

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Checklist for the statement

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, procedures and guidelines as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to How to Use the checklist in PD2007_082: Aboriginal Health Impact Statement and Guidelines Part 3.
http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf

Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? ☑ Yes ○ No

2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? ☑ Yes ○ No

Please provide a brief description

Aboriginal Mental Health workers were included in the early services plan development and were also asked to comment on the final draft document. Mental health clinicians consulted with local Aboriginal populations including mental health consumers. The Manager, SESLHD Aboriginal Health was also consulted on the draft plan. Non-Government Organisations providing mental health care, social housing and other supports to Aboriginal consumers and stakeholders have also been consulted throughout the development of the Clinical Services Plan.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? ☑ Yes ○ No ○ N/A

4. Have these processes been effective? ☑ Yes ○ No

Explain

These processes have identified gaps within the Aboriginal Mental Health workforce and provision of clinical care to Aboriginal consumers with mental health issues. These processes have also ensured continued collaboration and partnership with key stakeholders and consumers of mental health services.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? ☑ Yes ○ No ○ N/A

Explain

SESLHD have already strong links and partnerships with Aboriginal specific programs and have also highlighted the need for continued development of partnerships to ensure services are developed to meet and improve the social and emotional wellbeing of Aboriginal communities within the District. SESLHD Mental Health Service also has strong partnerships with Non-Government Organisations who provide social housing and recovery focused care to our consumers.

Contents of the policy, program or strategy

6. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services? ☑ Yes ○ No

Comments

The draft Clinical Services Plan provides the framework to promote further employment of Aboriginal and Torres Strait Islander mental health clinicians. The Plan also identifies the need to increase the capacity of the current mental health workforce to provide culturally safe environments for Aboriginal workers and culturally sensitive assessments and interventions to the SESLHD Aboriginal community to improve their social and emotional wellbeing.

7. Have these effects been adequately addressed in the policy, program or strategy? ☑ Yes ○ No

Explain

The Plan proposes to further develop, implement and evaluate effective and sustainable programs with and for Aboriginal people. This includes -
- Implementation of Mental Health and wellbeing programs, including Mental Health First Aid
- Work in collaboration with Drug and Alcohol services to promote safe communities
- Provide leadership and support to the Aboriginal Mental Health Trainee Program
- Increase the identified Aboriginal Mental Health Workforce within SESLHD

8. Are the identified effects on Aboriginal health outcomes and health services sufficiently different for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy? ◯ Yes ☑ No ◯ N/A

Explain

The social and emotional wellbeing of Aboriginal people within the Local Health District requires a number of strategies including building the capacity of mainstream mental health services to provide culturally appropriate assessment and intervention, providing a culturally safe workplace for Aboriginal mental health workers, improving partnerships with Aboriginal Medical Services (AMS) and other community controlled organisations and non-Government organisations and involving local Aboriginal communities in decision making and service development.

Implementation and evaluation of the policy, program or strategy

9. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects? ☑ Yes ◯ No ◯ N/A ◯ To be advised

Describe

There is funding for clinical positions including the Aboriginal Mental Health Clinical Leader, Aboriginal Mental Health trainee and a mental health clinician. These positions will provide Mental Health First Aid training to local communities, build capacity with non-Aboriginal mental health clinicians, provide co-case management and case management for complex clinical issues and assist in the development of partnerships within the District. There is also

10. Will the initiative build the capacity of Aboriginal people/organisations through participation? ☑ Yes ◯ No ◯ N/A

In what way will capacity be built?

Further partnership development
Provision of education to communities including Aboriginal Mental Health First Aid
Support of "Respecting the Difference" training
Promotion of Policy and workforce reform including increase in the Aboriginal Mental Health workforce

11. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders? ☑ Yes ◯ No ◯ N/A

Briefly describe the intended implementation process

Aboriginal stakeholders including key partners and community groups will be involved in the implementation of the Plan.

12. Does an evaluation plan exist for this policy, program or strategy? ☑ Yes ◯ No ◯ N/A

13. Has it been developed in conjunction with Aboriginal stakeholders? ☑ Yes ◯ No ◯ N/A

Briefly describe Aboriginal stakeholder involvement in the evaluation plan

The Plan will be reported on at regular intervals throughout the year and there will be an integrated evaluation process.

Appendix F: External Service Partners (government and non-government)

Organisation/Program	Summary of program/services provided
Sydney Children's Hospitals Network	This network comprises the Sydney Children's Hospital at Randwick and the Sydney Children's Hospital at Westmead and is the largest paediatric healthcare entity in Australia.
St Vincent's Health Network & St Vincent's & Mater Health Sydney	St Vincent's Hospital, the Sacred Heart Hospice at Darlinghurst and St Joseph's Hospital at Auburn comprise a NSW Health Network. St Vincent's Private Hospital is managed by St Vincent's & Mater Health Sydney in accordance with a management agreement.
Justice and Forensic Mental Health Network (JFMHN)	This is a State-wide service that provides forensic Mental Health services to forensic patients as well as to adult and juvenile offenders in local courts, in custody and detention, and in the community. It also provides health services to adult offenders in police cells.
HIV and Related Programs Unit (HARP)	The HARP Unit delivers and coordinates population-based HIV and sexual health promotion and hepatitis and harm minimisation services to the local community in SESLHD and the Illawarra Shoalhaven Local Health District.
AIDS Dementia and HIV Psychiatry Service (ADAHPS)	ADAHPS provides a state-wide tertiary service for people with AIDS dementia and HIV-related psychiatric conditions.
HIV Outreach Team	The HIV Outreach Team is a multidisciplinary outreach team providing confidential care and support services for people living with HIV with complex care needs (such as mental illness) across SESLHD. The service provides a range of health services using a case management model of care.
Richmond Psychiatric Rehabilitation Australia (NGO Grant Program Eastern Sydney Mental Health Service)	This provides community-based support services for people with psychosocial disadvantage or psychiatric disability. It promotes recovery, dignity and respect through provision of employment and training, community support, structured activities, respite and advocacy.
Mental Health Association NSW Eastern Sydney Mental Health Service	The Association provides a Mental Health Information Service, Wellbeing and Facing Anxiety Programs and includes perinatal and postnatal depression information and groups.
Eastern Suburbs Aftercare Eastern Sydney Mental Health Service	This is a community-based rehabilitation and recovery service providing a wide range of social, leisure and therapeutic programs for people with a mental illness. It includes a supported accommodation service.
Resource and Recovery Program (RRSP) Neami	Support is provided to people with a mental illness by improved access to community social, leisure and vocational services. The aim of the Program is to reduce social isolation through access to community-based activities, as well as access to mental health services, a psychologist, psychiatrist and GP.

Organisation/Program	Summary of program/services provided
Independent Community Living Association (ICLA) Eastern Sydney Mental Health Service	High, medium and low level support is provided to clients with mental and intellectual disability through accommodation, support and professional services for their wellbeing, rehabilitation and recovery, facilitating their active participation in the community.
Personal Helpers and Mentors provided by multiple agencies with SESLHD	This is run across the Mental Health Service by Anglicare in the Eastern Suburbs and Aftercare in the St George and Sutherland local government areas. The program provides services to individuals based on their assessed needs.
Housing and Accommodation Support Initiative (HASI)	Neami and Mission Australia are the HASI service providers within the SESLHD. HASI provides supported accommodation and accommodation packages for people in the home. SESLHD Mental Health Service is operationally responsible for the HASI program within the District. Packages are available for high support, very high support, low support and Aboriginal HASI and HASI in the home, providing accommodation support for consumers who are not Housing NSW tenants. HASI is provided in the St George, Sutherland and Eastern Suburbs local government areas.
Mental Health Respite Program – Benevolent Society and St Vincent de Paul	Carer respite is provided in the Eastern Suburbs and St George and Sutherland local government areas. The Benevolent Society also runs parenting courses in collaboration with health and other organisations.
Ageing, Disability and Home Care (ADHC)	There is a Memorandum of Understanding between ADHC and SESLHD Mental Health Service. This memorandum was developed to promote equal access to mental health services for clients with an intellectual disability and improve processes for sharing information between services.
District Implementation and Coordination Committee (DIACC) – formerly JGOS (Joint Guarantee of Service)	The role of the DIACC is to implement the Housing and Mental Health Agreement between health, housing (including social housing providers) and non-government organisations (NGOs). The agreement aims to improve the housing outcomes and general wellbeing of people with mental health problems and disorders who are living in social housing, or who are subject to homelessness.
Family and Community Services (FACS)	FACS provides Aboriginal housing, support for older people and their carers, provision of community housing and programs to address the needs of people who are subject to homelessness.
Medicare Locals	The newly established Eastern Sydney and South Eastern Sydney Medicare Locals have established partnerships with the SESLHD Mental Health Service Northern and Southern sectors. Both Medicare Locals are tendering for the Partners in Recovery initiative. This funding will provide improved capacity for a coordinated approach to people with a severe mental illness.

Organisation/Program	Summary of program/services provided
Department of Education and Communities School Link	Steering Committee and Health and Education meetings are held in partnership with Eastern Suburbs and St George and Sutherland mental health services. The focus is on high schools, TAFE and supporting other mental health initiatives and programs.
Aboriginal Community Controlled Health Services and other Aboriginal Organisations and Partnerships	These include: • A formal Memorandum of Understanding with Aboriginal Medical Services Redfern. • The La Perouse Land Council, which runs regular Mental Health clinics in collaboration with Eastern Sydney Mental Health Service, and outreach services within the Eastern Suburbs. • Interagency meetings with Eastern Sydney Mental Health Service and the Aboriginal maternal/child health interest group. • Koori Interagency meetings. • Connexions Art Project, run in collaboration with the Aboriginal Medical Services Redfern. • The Aboriginal Health and Medical Research Council of NSW. • Regular interagency meetings with the Department of Families, Housing, Community Services and Indigenous Affairs, Aboriginal Medical Services, SESLHD and other partners.
Mission Australia	Mission Australia provides consumer participation in a volunteer program, vocational training and employment program.
Memorandum of Understanding with NSW Emergency Services and mental health	The memorandum of understanding between NSW Police, NSW Ambulance and NSW Health has resulted in regular meetings with local service providers to discuss issues relating to access, safety and risk.
St Vincent's Hospital	St Vincent's Hospital partners in the delivery of homelessness health and mental health services within the inner city.
NSW Ambulance and NSW Police	A memorandum of understanding provides for regular meetings with mental health service providers.
Families NSW	This organisation provides an interagency approach to supporting families and children. In collaboration with SESLHD Mental Health Service, SAFE START provides a model for the provision of coordinated and planned Mental Health responses to vulnerable families who are expecting or caring for an infant (up to 2 years).
Vocational, Education, Training and Employment / Individual Placement Support collocation project (St George and Direct Employment – Catholic Care)	The St George Mental Health and Direct Employment service is based on the Individual Placement Support model of supported employment.

Organisation/Program	Summary of program/services provided
The Mental Health Family and Carer Support Program	Family and Carer Education and Support is an innovative partnership program between SESLHD Mental Health Service and Aftercare, tailored to provide families and carers with support while they are supporting someone with a mental illness.
Carer Respite	This service is provided by the Benevolent Society.
Carers NSW and Aftercare	These are major partnerships which form part of the Family and Carer Mental Health Program.
Supported accommodation	Housing providers include B Miles, Bondi Youth Accommodation, St George Housing, St George Accommodation for Youth and the Independent Community Living Association.
Transcultural Mental Health Centre	The Transcultural Mental Health Centre (TCMHC) translates mental health information into languages commonly seen within the SESLHD.
Survivors of Torture and Trauma Service	The Survivors of Torture and Trauma Service runs regular sessions within the St George mental health service.
Local Government	There are informal partnerships between SESLHD Mental Health Service programs and relevant councils – Waverley, Woollahra, Kogarah, Rockdale, Hurstville, Botany, Randwick and Sutherland – which include participation in interagency meetings.
Aged Care Services	These include residential aged care services for the provision of high (nursing home) and low (hostel) level accommodation.
Aged Care Packages, Community Support Services	These include non-government organisation provision of aged care packages, community options, meals, day care, respite, carer support and education and other supports/services to assist people to remain at home. Service providers include Catholic Care, the Benevolent Society, Uniting Care Ageing and groups providing culturally appropriate packages and services.
Universities, Education and Research Organisations	SESLHD Mental Health Service collaborates with the UNSW, Institute of Psychiatry, Dementia Collaborative Research Centre, Black Dog Institute and Brain Mind Research Institute on clinical and research levels. Programs with exercise physiologists have also been developed in collaboration with Universities and the SESLHD Mental Health Service.