

# **Mental Health Coordinating Council**

Strategic Directions: 2009 – 2011

*February 2009*



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## Glossary of terms

ACHS	Australian Council on Healthcare Standards
AHS	Area Health Service
ARC	Australian Research Council
CEO	Chief Executive Officer MHCC
CMHA	Community Mental Health Association
COAG	Council of Australian Government
DOHA	Department of Health and Ageing
LDU	Learning and Development Unit
MHCA	Mental Health Council of Australia
MHCC	Mental Health Coordinating Council
MHDAO	Mental Health and Drug and Alcohol Office
NADA	Network of Alcohol and Other Drug Agencies
NGO	Non Government Organisation
QMS	Quality Management Services
RCOM	Routine Consumer Outcome Monitoring

## **Vision**

To be part of a society that fosters and supports positive mental health for all of its members.

## **Mission**

To provide leadership for and build capacity of non-government services working to improve the mental health of our community.

## **Underlying principles**

- Good mental health is about the whole person; their psychological, physical, emotional and spiritual needs.
- Service user input is central to the promotion of mental health and the delivery and management of services.
- Communities need to provide a range of mental health services designed to meet local needs.
- An across-governmental approach to mental health promotion and service delivery is required.

## **Preamble**

MHCC is committed to the principles of recovery and is guided by the lived experience of consumers and carers in all its endeavours. MHCC is well regarded across the non-government, public and private mental health sector. We have been proactive in developing innovation and best practice through working in partnership with consumers, carers and members and engaging with State and Commonwealth health authorities to formulate policy that impacts upon people with mental health problems and their families. We will continue to respond to and inform the policy debate and share information with our members through our regular processes of newsletters, workshops, forums and issues papers and represent our members through our dealings with government.

NSW is a diverse community, and some groups in our community have poorer mental health outcomes or particular problems in accessing services than others. Positive mental health and recovery requires policies that are appropriate, sensitive and responsive to these groups. We will continue to work with our members and other organisations representing special needs groups in the community to address this issue.

Following on from a period of mental health reform, through COAG and NSW government initiatives, the next three years will be an important period for consolidating and building upon these changes to develop a mental health system that provides the right balance of hospital and community based services, recognises and builds upon the unique offerings of the community based sector, is sustainable and ensures timely, appropriate and equitable access to services across NSW. A key focus of the next planning cycle will be developing a workable vision for the community mental health sector, what it would look like, the resources required and how we would get there. This is a major task and reflects where we have progressed to as a sector and our capacity to work in partnership to deliver major projects of this kind.

Progress against each strategic option and action will be reviewed quarterly by the MHCC Board and updated as required.

## Key priority 1: Developing the capacity of community based services working within the mental health sector

Informing, engaging, supporting and educating community based organisations working for mental health is integral to building the capacity of the sector to respond to needs in the community and changes in government policy.

Objective	Actions	Indicators of success	Responsible	Timeframe
<b>Strategic option 1: Information sharing</b>				
1. Information for purpose	1.1. Information and communication strategy to identify: <ul style="list-style-type: none"> <li>- key themes and messages reflective of organisational priorities and policies</li> <li>- target audience</li> <li>- outcomes to be achieved</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy in place</li> </ul>	CEO	Annual
2. Add value to information collected	2.1. Report on current issues and policy developments in monthly e-fax	<ul style="list-style-type: none"> <li>• Information up to date</li> </ul>	Office manager	Annual
	2.2. Monitor and report on relevant information sources, websites, etc			
	2.3. Reference and hyperlinks to sources in electronic communications and websites	<ul style="list-style-type: none"> <li>• Review through member survey and recommendations</li> </ul>	CEO	Annual
	2.4. Review 'user friendliness' of current information sharing processes and opportunities for improvement			

Objective	Actions	Indicators of success	Responsible	Timeframe
3. Cost effective collection, storage and dissemination	3.1. Maintain <ul style="list-style-type: none"> <li>- monthly e-fax</li> <li>- quarterly newsletter</li> <li>- up to date website</li> </ul>	<ul style="list-style-type: none"> <li>• Information up to date and released on time</li> </ul>	Office manager	Annual
	3.2. Review cost efficiency of quarterly mailouts	<ul style="list-style-type: none"> <li>• Review and options for Board</li> </ul>	Office manager	March 2009
	3.3. Review utilisation and cost efficiency of library	<ul style="list-style-type: none"> <li>• Review and options for Board</li> </ul>		
4. Training and resourcing the sector	4.1. Maintain seminar series responsive to issues identified by members (see LDU section)	<ul style="list-style-type: none"> <li>• Number and scope of information series provided</li> </ul>	CEO	Annual
5. Encouraging best practice	5.1. Articles and member spotlight in quarterly newsletter	<ul style="list-style-type: none"> <li>• Newsletter</li> </ul>	CEO	Annual
	5.2. Best practice position papers prepared in house or by consultants	<ul style="list-style-type: none"> <li>• Two issue papers each year</li> <li>• Feedback via member survey</li> </ul>		
<b>Strategic option 2: Building relationships</b>				
6. Increase and diversify membership	6.1. Partnership and targeting strategies to build and diversify membership base	<ul style="list-style-type: none"> <li>• 10 per cent per annum increase in membership</li> </ul>	CEO	Annual
7. Ensuring responsiveness to members	7.1. Completing the service mapping to profile the sector	<ul style="list-style-type: none"> <li>• Service mapping and profile completed</li> </ul>	CEO	June 2009
	7.2. Continually ask members what they want	<ul style="list-style-type: none"> <li>• Feedback via member survey</li> </ul>	CEO	Annual
	7.3. Increase the participation of service users in setting directions and undertaking activities	<ul style="list-style-type: none"> <li>• Annual member survey</li> </ul>		
	7.4. Undertake annual member survey			

Objective	Actions	Indicators of success	Responsible	Timeframe
8. Engaging service users	8.1. Increase participation of service users in needs identification, priority setting and resource development	<ul style="list-style-type: none"> <li>Increased participation by service users</li> </ul>	CEO	Annual
9. Providing information and networking opportunities	9.1. Special interest workshops and forums	<ul style="list-style-type: none"> <li>Responsive to emerging issues</li> </ul>	CEO	Annual
	9.2. Continuing bi-annual NGO conference	<ul style="list-style-type: none"> <li>Annual conference</li> </ul>		
10. Strategic partnerships	10.1. Build involvement of CMHA in key portfolio areas	<ul style="list-style-type: none"> <li>Involvement of CMHA in portfolio areas</li> <li>Areas of engagement</li> </ul>	CEO	June 2009
	10.2. Identify joint options for further engagement between MHCC and NADA			
	10.3. Continue to build and grow other key partnerships across the sector, e.g. MHDAO and MHCA			
11. Reflecting the diversity of the sector	11.1. Supporting smaller NGOs to participate in planning and undertaking activities	<ul style="list-style-type: none"> <li>Feedback via member survey</li> </ul>	CEO	Annual
	11.2. Targeted engagement and information strategies for particular service types			
12. Meeting the needs of priority population groups	<p>12.1. Develop strategies to engage service providers working with the following population groups to ensure culturally appropriate and sensitive services with a focus on recovery:</p> <ul style="list-style-type: none"> <li>- Indigenous and CALD communities</li> <li>- people who abuse alcohol, drugs and other substances</li> <li>- people with an intellectual disability</li> <li>- survivors of trauma</li> <li>- people in contact with the criminal justice system</li> <li>- people who are homeless</li> <li>- gay, lesbian and transgender community</li> </ul>	<ul style="list-style-type: none"> <li>Increased membership representing priority groups</li> </ul>	CEO	Annual

Objective	Actions	Indicators of success	Responsible	Timeframe
13. Engaging with the wider community	13.1. Review options and recommendations on 'branding' and how MHCC should build its profile and market and promote itself  13.2. Encourage and support meeting the local member with information packs for local services on role of community based mental health services in the electorate – including number of people with a mental illness, scope and volume of services provided and number or staff employed, etc  13.3. Review and update Parliamentary Friends of People with mental health problems and disorders website leading up to the 2011 election  13.4. Facilitate local opportunities through initiatives such as 'meet your local member' and support these initiatives with targeted information	<ul style="list-style-type: none"> <li>• Options paper</li> <li>• Enquiries from media for comment on key issues</li> <li>• Information on services available within each electorate</li> <li>• Facilitate opportunities for meeting the local member</li> <li>• Feedback via member survey</li> <li>• Parliamenthealth.com operational</li> </ul>	CEO	Annual    September 2009
14. Developing cross sector partnerships	14.1. Working with universities/institutes <ul style="list-style-type: none"> <li>- collaborative research - ARC</li> <li>- collaborative teaching</li> <li>- curriculum development</li> <li>- student placements</li> </ul> 14.2. Better linkages with Divisions of General Practice 14.3. Better engagement with AHS providers	<ul style="list-style-type: none"> <li>• Published reports/papers</li> <li>• Provision of speakers/educators</li> <li>• Student placements</li> <li>• AHP, AHS and GOP membership</li> <li>• Meeting with NGO Clinical Partnership Coordinators</li> </ul>	CEO/LDU	Annual

Objective	Actions	Indicators of success	Responsible	Timeframe
15. Engaging with business	15.1. Exploring private practice opportunities within the sector 15.2. Working with business to develop relationships that support the sector	<ul style="list-style-type: none"> <li>Private practice arrangements developed by service providers</li> <li>Donations and 'in kind support'</li> </ul>	CEO	Annual
<b>Strategic option 3: Enhancing quality</b>				
16. Leading by example	16.1. Ongoing accreditation of MHCC 16.2. Assess and recommend QMS or ACHS for sector	<ul style="list-style-type: none"> <li>MHCC accredited</li> </ul>	CEO	Annual
17. Individual practice standards	17.1. Position paper on service outcome standards for sector 17.2. Participation in workshops and forums at a national level	<ul style="list-style-type: none"> <li>Options and recommendations</li> <li>Papers presented</li> </ul>	CEO CEO	Dec 2009 Annual
18. Shared outcome measurement	18.1. Promote routine uptake of RCOM across the sector 18.2. Continue implementation of RCOM training mechanisms	<ul style="list-style-type: none"> <li>Rate of RCOM uptake</li> <li>Number of training sessions and articles</li> </ul>	CEO	June 2009
<b>Strategic option 4: Information technology</b>				
19. Sector -wide information collection and reporting	19.1. Continue to engage with stakeholders to develop information strategy and information reporting system 19.2. Facilitate reviewing, reporting on and sharing information with regard to existing systems by member organisations 19.3. Represent interests of sector in NSW Health information technology working group	<ul style="list-style-type: none"> <li>IT strategy</li> <li>Progress on ability to access sector information</li> <li>Participation in relevant working groups</li> </ul>	CEO	Ongoing

Objective	Actions	Indicators of success	Responsible	Timeframe
<b>Strategic option 5: Workforce development</b>				
20. Skilled workforce	20.1. Maintain professional reference group	<ul style="list-style-type: none"> <li>• Issues and options paper for sector</li> <li>• Reference group</li> <li>• Partnerships in place with higher educational institutions</li> <li>• Report on activities undertaken</li> </ul>	CEO	June 2009
	20.2. Promote community based workforce directions at a national level		CEO	Annual
	20.3. Collaborate with higher education establishing curriculum and developing training opportunities			
	20.4. Contribute to training and professional development through papers, conferences, workshops and forums			
<b>Strategic option 6: Building sustainability of learning and development unit</b>				
21. LDU business plan	21.1. Planning day for LDU staff and MHCC stakeholders	<ul style="list-style-type: none"> <li>• Business plan</li> </ul>	Manager LDU	Feb 2009
	21.2. Business plan for LDU <ul style="list-style-type: none"> <li>- financial viability</li> <li>- risks</li> <li>- opportunities and options</li> <li>- cost benefit analysis</li> <li>- investment options to drive growth</li> </ul>			April 2009
22. Sustainability	22.1. Workforce development strategy from LDU business plan	<ul style="list-style-type: none"> <li>• Operational arrangements agreed and in place</li> <li>• Partnerships established</li> <li>• Workforce development strategy in place</li> </ul>	CEO/ Manager LDU	April 2009
	22.2. Partnership training with MHCCC members			Ongoing
	22.3. Work with businesses and government departments to build opportunities for LDU			
	22.4. LDU to function as an independent business unit within MHCC			2010

## Key priority 2: Thought leadership and policy formulation

MHCC will continue to build upon our knowledge base and proactively engage with state and national mental health policy makers to advance the interests of our members to achieve better mental health outcomes for service users.

Objective	Actions	Indicators of success	Responsible	Timeframe
<b>Strategic option 6: Positioning the sector</b>				
23. Representing the sector	23.1. Represent the sector at key forums, conferences and working groups	• Forums and conferences attended	CEO	Annual
	23.2. Build relationships with key policy and decision makers	• Meetings and briefing		
	23.3. Spokesperson for sector on topical issues through relationships with media	• Interviews and comments provided		
24. Responding to and informing the agenda	24.1. Monitor and report on the policy landscape and emerging issues	• Issues identified and responded to	CEO	Annual
	24.2. Proactively respond to relevant issues with position papers, workshops and forums			
<b>Strategic option 7: Vision for mental health services</b>				
25. Vision for mental health services	25.1. Develop a vision paper detailing: <ul style="list-style-type: none"> <li>- vision for a coordinated mental health system – public, private and community based services</li> <li>- population based service planning</li> <li>- principles of service</li> <li>- models of care</li> <li>- mix of hospital and community resources</li> <li>- service outcomes</li> <li>- implementation strategy</li> </ul>	• Vision paper	CEO	Dec 2009

Objective	Actions	Indicators of success	Responsible	Timeframe
26. Community based rehabilitation services	26.1. Define psycho social rehabilitation services 26.2. Examine skills base of workers in public and community rehabilitation sector to assess capacity to transfer all rehabilitation services to the community sector	<ul style="list-style-type: none"> <li>Options paper to inform NSW Health policy</li> </ul>	CEO	Dec 2009
<b><i>Strategic option 8: Engaging with the State and Commonwealth</i></b>				
27. Proactive positioning for possible funding changes	27.1. Internal issues paper anticipating potential changes in funding reflective of economic downturn and post COAG initiatives <ul style="list-style-type: none"> <li>- push to larger organisations</li> <li>- expectations for projects to generate revenue</li> <li>- reduced/frozen levels of funding in the face of increasing demand</li> </ul>	<ul style="list-style-type: none"> <li>Issues and options identified</li> </ul>	CEO	March 2009
28. Improved Commonwealth responses to homelessness, disability and employment	28.1. In liaison with peak services in other states, prepare briefing, issues and options paper for Commonwealth on homelessness, disability and employment 28.2. Meet with Commonwealth to explore service options	<ul style="list-style-type: none"> <li>Summary issues paper</li> <li>Meeting with Commonwealth DOHA, Minister and local members</li> </ul>	CEO	March 2009
29. Improved national mental health standards	29.1. Contribute to current policy debate on national mental health standards 29.2. Explore the development of national standards for community services working in mental health	<ul style="list-style-type: none"> <li>Issues paper</li> </ul>	CEO	March 2009

Objective	Actions	Indicators of success	Responsible	Timeframe
<b>Strategic option 9: Building knowledge</b>				
30. Evidence based policy	30.1. Work with member organisations to identify information needs and priorities for research 30.2. Work in partnership with NADA to explore research opportunities 30.3. Develop research strategy 30.4. As appropriate, initiate and/or collaborate in research projects – statewide and nationally	<ul style="list-style-type: none"> <li>• Research strategy and priorities</li> <li>• Research projects undertaken</li> </ul>	CEO	Annual
31. Shared learnings	31.1. Liaise with other peak agencies nationally and internationally to share information and policy development	<ul style="list-style-type: none"> <li>• Contacts with other organisations</li> <li>• Joint projects</li> </ul>	CEO	Annual

### Key priority 3: Exemplary management and governance

Good governance is integral to the continued strength and viability of MHCC. Current Board members have the range of professional qualifications and experience to ensure good governance. Our governance processes will provide an example of best practice for member organisations.

Objective	Actions	Indicators of success	Responsible	Timeframe
<b>Strategic option 10: Developing organisational infrastructure</b>				
32. Maintain focus of priorities of members	32.1. Develop strategies to ensure the diversity of the sector is represented in planning	<ul style="list-style-type: none"> <li>Increased involvement by smaller organisations</li> </ul>	CEO/Chair	June 2009
33. A proactive and strategic focus	33.1. Support CEO to have strategic focus	<ul style="list-style-type: none"> <li>Changes to internal staffing to reflect change in roles</li> </ul>	CEO	Ongoing
	33.2. Resource secretariat to manage routine tasks and projects			March 2009
<b>Strategic option 11: A skilled and focussed Board</b>				
34. Appropriate mix of skills and expertise	34.1. Maintain induction processes for new members	<ul style="list-style-type: none"> <li>Board members ready to assume executive positions as required</li> <li>Documentation on roles and responsibilities available</li> </ul>	CEO	Ongoing
	34.2. Skills development of Board members to assume executive responsibilities			
	34.3. Ensure outline of Board members' functions, roles and responsibilities remain current			
<b>Strategic option 12: Responding to growth</b>				
35. Structure is reflective of size and range of activities	35.1. Review current structure to ensure it is appropriate to range of activities being undertaken	<ul style="list-style-type: none"> <li>Report on structure and risk</li> </ul>	CEO/Chair	June 2009
	35.2. Review management and governance risks and risk management strategies			
36. Accommodation is secure	36.1. Proactive engagement with Leichhardt Council and NSW Health to ensure that accommodation is secure in respect of proposed changes in use of Rozelle Hospital site	<ul style="list-style-type: none"> <li>Threats to accommodation identified and responded to</li> </ul>	CEO	February 2009/ ongoing