

18 November 2010

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**Subject: Promoting the generation and effective use of population health research in NSW: A Strategy for NSW Health 2011 – 2015**

The Mental Health Coordinating Council (MHCC) thank the NSW Department of Health for providing us with an opportunity to input into the draft consultation paper - *Promoting the generation and effective use of population health research in NSW: A Strategy for NSW Health 2011 – 2015*.

**Overall comment on the Framework**

MHCC propose that throughout the paper there are three glaring omissions. One surrounds the absence of acknowledgement of the importance of consumers and carers as key stakeholders in the process of generating and using population health research. Whilst we understand that the term 'health' includes all aspects of a whole person's health and wellbeing, the document does not provide a strong sense that it embraces a holistic approach to health - and we therefore highlight the lack of recognition of mental health as part of the population health mix. Likewise, there is the absence of a mention of Community Managed Organisations and the role they play in improving the quality of population health and the generation and promotion of research in NSW.

**Other comments**

1. The strategy needs to define what research is. For example, what activities and analysis will this include and what direct and indirect criteria will be evaluated against the burden of disease and health system costs. Similarly, we propose that it is necessary to articulate how qualitative data material providing for an understanding of perceptions of what constitutes '*good health and wellbeing*,' (Fig 1, Vision) from a consumer or carer perspective will be included.
2. We suggest that in determining the value of and need for population health research in NSW that it is essential to identify the 'social determinants' of health in order to: "*estimate their impact and describe*



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*MHCC is the peak  
body for mental health  
organisations in NSW  
and is funded by NSW  
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*the ways that health determinants and their contexts interact ....". We remind those developing this strategy of the World Health Organisation (WHO) Social Determinants of Health (SDH, 1998) which define the social determinants as the economic and social conditions under which people live which determine their health. They are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk for a disease.*

Similarly we propose that the strategy embrace the Ottawa Charter for Health Promotion which was developed from the social model of health. It defines health promotion as: *"the process of enabling people to increase control over, and to improve, their health,"* (WHO 1998, p. 1). The Ottawa Charter identifies three basic strategies for health promotion these are: enabling, mediating and advocacy.

The Ottawa Charter for Health Promotion lists a number of *"prerequisites for health."* These are the fundamental conditions and resources for health and include: peace; shelter; education; food; income; a stable ecosystem; sustainable resources; social justice and equity.

The Ottawa Charter suggests that improvement in health requires a secure foundation in these basic prerequisites, identifying five priority action areas for health promotion to improve the health of populations, which are: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and, re-orient health services.

3. Whilst mentioning in the Background statement (p.5) that one of the seven strategic directions of the NSW State Health Plan is: *"making prevention everyone's business,"* the document does not articulate the role community managed organisations (CMOs, previously known as NGOs) play in prevention and early intervention.

There needs to be stated a necessity to access existing data and research evidence generated from the community sector in order to inform and evaluate associated funding and program provision. The document talks about: *"working with existing resources,"* but there is little evidence throughout of the breath of research evidence that may be available for consideration including research generated by the mental health, drug and alcohol sectors and the broader community sector including for example: housing; employment, etc.

4. MHCC alert NSW Health to the MH-CCP approach to population based mental health service planning used by the Mental Health and Drug and Alcohol Office (MHDAO).

*"In NSW, the Mental Health Clinical Care and Prevention (MH-CCP) model ten year forward planning process is based on the generic needs of a nominal town with a population of 100,000 people, with a certain number of hospitals and also supported accommodation beds per 100,000 people. At this stage, prevention, promotion and early intervention community based directions are not planned for using the MH-CCP process which are planned and funded in an ad-hoc manner. A related concern with the process is that it does not take into account the unique socio-demographic characteristics or existing resource and infrastructure issues that exist for local communities.*

*Population based service planning needs to be clearly informed by known evidence based practice. Community based approaches and the funding mechanisms that support mental health CMOs are not easily incorporated into the MH-CCP structure other than for contracted "bed based" programs such as the Housing and Accommodation Support Initiative (HASI). However, population based planning approaches can be extensively used and include participation of all key stakeholders including consumers and carers. This could occur at State-wide, AHS, regional and/or LGA levels.*

*An approach in which necessary community managed mental health programs are planned on a population basis (for example, per 100,000 people) and taking into account the unique socio-demographic characteristics and existing resource and infrastructure capabilities for local*

*communities would improve the way community managed mental health services are planned and increase the likelihood of program equity across NSW.”*

Source: Mental Health Coordinating Council (2010).  
*The NSW Community Managed Mental Health Sector Mapping Report 2010.*  
Australia, pp. 169-70

This population research/health planning process first introduced ten years ago is currently under review with Version 2 of this approach shortly to be finalised. Early advice is that MH-CCP may soon be subsumed by the NSW Health Resource Distribution Formula (RDF, 2005 Revision) approach which also is predicated on population need. The draft document does not reference RDF, and MHCC propose that this must be included.

5. We commend to the Department MHCC’s recent publication: “*The NSW Community Managed Mental Health Sector Mapping Report 2010*”, referred to above, which benchmarks existing CMO mental health services per 100,000 of population within each Area Health Service. This work was undertaken in part toward encouraging greater inclusion of non-bed-based community managed mental health services, within Version 2 of the MH-CCP model. While this information will be of value to NSW Health there is a project recommendation that additional work be undertaken to population benchmark the seven core CMO mental health service types identified by the project:

- Accommodation support and outreach
- Employment and education
- Leisure and recreation
- Family and carer support
- Self-help and peer support
- Helpline and counselling services, and
- Promotion, information and advocacy.

This activity is linked to a related recommendation for a Community Mental Health Research Network to be established. We attach for your interest a copy of this document which we hope you will find a useful resource in providing a picture of the CMO sector in NSW as well as current activity and future directions for population health research in this area.

6. In the Framework (Fig 1, S.1.1) a statement is made that one of the key strategies is to: “*Identify and ensure a focus on NSW Health Priorities for population health research.*” MHCC strongly propose that the population health research should be setting NSW Health priorities and not vice versa.
7. Fig1, S3.3, states the importance of: “*fostering links and partnerships for collaborative population health research.*” We suggest that inclusion of consumers and carers in collaborative and partnership processes across all health and community services must be clearly articulated.

MHCC thank the NSW Department of Health for their interest and express our willingness to participate in any future consultations. For any further information concerning this submission please contact Corinne Henderson, Senior Policy Officer at [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au) or telephone (02) 9555 8388 EXT 101.

Yours sincerely,



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