

**IMPLEMENTATION OF THE  
GOVERNMENT RESPONSE**

**TO THE REPORT OF**

**THE LEGISLATIVE COUNCIL INQUIRY**

**INTO MENTAL HEALTH SERVICES**

**IN NEW SOUTH WALES**

**Executive Summary**

## Introduction

In December 2001, the Legislative Council appointed a Select Committee to inquire into, and report on, mental health services in NSW. The Committee issued a media release to announce its Inquiry:

*The inquiry will examine how mental health services are now being delivered in New South Wales and the changes which have taken place since the adoption of the Richmond Report in 1983. Issues for particular examination include the impact of changes in psychiatric hospitalisation, community participation in mental health services, the availability and mix of services and the levels and methods of funding.*

Over 300 submissions were received from the public, mental health professionals, non-government and government organisations. The Select Committee also heard evidence from 91 witnesses.

In September 2002, the Committee released an interim report which identified the main issues facing mental health services in NSW as: treatment and care; community care; homelessness and housing; and forensic issues.

The final report of the Committee was released in December 2002, and the then Minister for Health, the Hon Morris Iemma MP, in tabling the Government Response, said that many of the Report's 120 recommendations were strongly supported by the Government.

This report details the significant progress of the Government in implementing the recommendations leading to five major initiatives for improving mental health services in New South Wales.

The five major initiatives arising from the recommendations are:

1. Improved Coordination of Government Agencies
2. Improved Accountability for Mental Health Services
3. New and Enhanced Funding
4. Improved Services to Families and Carers
5. Changes to the Mental Health Act

## 1) Improved Coordination of Government Agencies

An Interagency Action Plan for Better Mental Health has been developed by the Cabinet Human Services Committee.

The Plan was released by the Premier in July, 2005. The Plan aims to enhance the mental health outcomes of people at risk of, or affected by, mental illness by improving the responsiveness and coordination of relevant supports from government services.

The Plan focuses on three key strategic areas:

- Prevention and early intervention;
- Community support; and
- Emergency responses;

And identifies specific activities to be developed by specific agencies, especially targeting high risk, high need clients.

Activities included the establishment of Mental Health Interagency Coordinator positions in each Area Health Service, the introduction of basic level mental health education across human agencies, and initiatives to assist people with mental illness to participate more fully in the community such as vocational education, training and employment programs.

## 2) Improved Accountability for Mental Health Services

The Government has acted on one of the fundamental recommendations made in the Report by quarantining mental health funding so budget allocations are spent solely on mental health services. Uniform reporting structures have been established, creating direct management links between Area Health Service Mental Health Directors and Chief Executives.

The development of the Mental Health Service Agreements have further improved the accountability of mental health services by linking funds to specific performance and activity targets.

The Agreements are modelled on a Results Based Accountability Framework. The Key Performance Indicators of the Agreements are monitored through Mental Health Performance Reports.

## 3) New and Enhanced Funding

The NSW Government is committed to the provision of high quality mental health services. Recurrent funding of \$854 million has been dedicated to mental health services in 2005/06, an increase of \$71 million (9.1%) over 2004/05. The increase includes \$22 million in new mental health funding, on top of the \$48 million from the \$241 million package allocated over four years (2004-08).

New mental health funding will enable:

- Expansion of the Mental Health Emergency Care Program; and
- New community-based initiatives.

Including:

- Community rehabilitation services: better coordination, greater access and reduced long-term disability through provision of more allied health staff including psychologists and occupational therapists;
- Mental health services for older and ageing people: more nursing, allied and medical staff to improve access to, and services for, people with dementia and other mental illnesses;
- Dual diagnosis and early intervention for persons 16 to 25 including a range of regional and metropolitan pilots to support people at risk of homelessness with substance abuse and mental illness; and
- Adolescent Mental Health: diversion of young people in contact with the Juvenile Justice system from the criminal justice system.

Funding enhancements this year will facilitate the commission of new non-acute mental health units, additional acute inpatient beds, expansion of the integrated child and adolescent mental health services, and expansion of the Housing Accommodation Support Initiative to provide a range of NGO-operated medium to high accommodation support.

The successful HASI Program has delivered improved client outcomes including: reduced length and frequency of hospital admission, more sustainable tenancies, and increased contact with family members.

Recommendations  
15, 16 & 21

#### **4) Improved Services to Family and Carers**

Since 2002, the Centre for Mental Health (CMH) has been planning improved support and services for families and carers of people in NSW with mental illness through the Family and Carer Mental Health Program. The Program was officially launched by the Premier in June, 2005.

A Service Model developed in partnership by CMH and the Association of Relatives and Friends of the Mentally Ill (ARAFMI NSW) identifies a range of supports and services for delivery across the State which complements other carer supports and services already in place.

To support the state-wide roll out of the Program, additional funding was sourced (National Mental Health Plan 2003-2008) of \$2.78 million annually for the period 2005-08. This funding complements that available through the NSW Carers Program and takes the total Program budget to \$3.78 million for 2005-08.

CMH has commenced implementation of the Program via three major strategies:

- Development of Family Sensitive Mental Health Services through support of local training and developments, and provision of specialist advice and support about family intervention and support of local systemic activities;
- Provision of Mental Health Family and Carer Support through funding to the NGO sector to provide education and training, and individual support services; and
- State-wide roll out of the Working with Families Program which focuses on improving clinical practice by enabling clinicians to be responsive to the needs of families and carers.

Recommendations  
16, 33 & 38

## 5) Changes to the Mental Health Act

The Government's review of the Mental Health Act was initiated in 2003. The review examined three broad areas: involvement of carers and families in care planning; operational aspects including discharge procedures, involuntary admissions and patient transport; and the forensic system including the role of the Minister and the Mental Health Review Tribunal.

Two discussion papers were released in 2004. The first dealt with the issue of Carers and Information Sharing, and the second focused on operational and treatment issues. It invited professional and public submissions on issues such as:

- The definition of mental illness, and whether it should be expanded to include other disorders;
- Judicial review processes including the Magistrates and the Mental Health Review Tribunal;
- Responsibilities of Police and Ambulance in assisting in transporting people to hospital;
- Admission procedures and care in emergency departments;
- Discharge planning;
- Community treatment orders; and
- Decision-making regarding the detention, care and treatment of forensic patients.

An Exposure Draft Bill is now being drafted. Prior to the development of final legislative proposals, the draft Bill will be released in the first half of 2006 for further community consultation.