



IMPLEMENTATION OF THE GOVERNMENT RESPONSE

TO THE REPORT OF

THE LEGISLATIVE COUNCIL INQUIRY

INTO MENTAL HEALTH SERVICES IN NEW SOUTH WALES

November 2005

FOREWORD

In December 2003, the Government Response to the Report of the Legislative Council Inquiry into Mental Health Services in New South Wales was released.

The monitoring of the implementation of that Response has been entrusted by the Minister for Health to the Mental Health Implementation Taskforce, chaired by the Honourable Dr Brian Pezzutti.

This document, prepared by the Department's Centre for Mental Health, records actions taken towards implementation of the Government Response. It has been reviewed by the Mental Health Implementation Taskforce, which expressed its satisfaction with the progress of implementation.

A handwritten signature in black ink, appearing to read 'Robyn Kruk', with a long horizontal flourish extending to the right.

Robyn Kruk
Director-General
NSW Department of Health

GOVERNMENT RESPONSE TO RECOMMENDATIONS

Recommendation 1

That the Premier of New South Wales establish an Office of Mental Health in the NSW Premier's Department.

The Office of Mental Health should provide integrated government advice and coordination of mental health services in NSW, to effectively coordinate the:

- NSW Department of Housing
- NSW Department of Ageing, Disability and Home Care
- NSW Health
- NSW Police
- Attorney General's Department
- non-government organisations and community service providers.

Recommendation 2

That the proposed Office of Mental Health be adequately funded and resourced for a period of five years. At the end of this period its functions, objectives and continuation should be reviewed.

Government Response

This recommendation was not supported. An additional point of reference to coordinate and link mental health services would create another layer of bureaucracy and divert much needed funding from direct service delivery.

NSW Department of Health is the lead agency in interagency partnerships on mental health issues, including:

- NSW whole-of-government response to suicide prevention (1996, ongoing)
- Health-Police Memorandum of Understanding (established in 1998, ongoing)
- Health-Housing Joint Guarantee of Service (1997, expanded in 2003 to involve additional agencies: Department of Community Services, Supported Accommodation Assistance Program and services, Office of Community Housing within the Department of Housing, the Aboriginal Housing Office and the Aboriginal Health and Medical Research Council).

Mental health is now a standing agenda item on the Human Services Committee of Cabinet. Integrated Government advice and coordination of mental health service delivery will be advanced through the Human Services CEO Forum who have established a Senior Officers Group on Mental Health.

The Forum comprises CEOs of the Department of Health; Department of Housing; Department of Ageing, Disability & Home Care; Department of Education & Training; Department of Aboriginal Affairs; Department for Women; Department of Juvenile Justice; Commission for Children & Young People; Community Relations Commission; Attorney-General's Department; The Premier's Department; The Cabinet Office; The NSW Treasury and NSW Police.

Update:

The Senior Officers Group on Mental Health (SOG), with oversight and coordination provided through The Cabinet Office has released the *NSW Interagency Action Plan for Better Mental Health* to improve cooperation and coordination across agencies through the identification of key interagency initiatives and activities. A five year implementation strategy for the Action Plan involves two multi-agency working groups focusing on Prevention and Community Care, and Emergency Responses.

Recommendation 3

That the Minister for Health commission an independent inquiry into the incidence and circumstances of suicide among people with a mental illness who were:

- ***under the care of NSW Health or***
- ***refused admission to a public hospital or psychiatric unit within a week prior to their suicide.***

The inquiry should review cases from the previous two years, and report to Parliament within 12 months.

Government Response

The NSW Mental Health Sentinel Events Review Committee (SERC), chaired by Professor Peter Baume, was established in May 2002, prior to the finalisation of the Inquiry's report. The Committee reviews homicides and suicides involving persons believed to be suffering from a mental illness. The Terms of Reference provide for the review of fatal incidents involving mental health patients and for the making of systemic recommendations that arise from these reviews.

Update:

The Committee released its first report, *Tracking Tragedy*, in December 2003. This report reviewed homicides committed by mental health patients and suicide deaths of patients of mental health inpatient facilities. The Government Response to this report was released in December 2004. NSW Health's progress on the implementation is being monitored through six monthly reports to both the Sentinel Events Review Committee (SERC) and to the Mental Health Implementation Taskforce chaired by Dr Brian Pezzutti.

Tracking Tragedy 2004, the second report of the Committee was released in April 2005. This report focused on recent homicides committed by mental health patients and suicide deaths of mental health patients within 28 days of discharge. The draft Government Response to the second report, which includes an implementation plan, is currently with the Ministers Office.

In 2005, the Committee is continuing its work in analysing recent homicides perpetrated by mental health patients, and will also focus on suicide deaths of patients in community mental health care.

Processes of review often involve collaboration with, or engagement of, external institutes and other centres of excellence. For example, the NSW Government has recently established the Clinical Excellence Commission to provide overall leadership in health quality improvement across NSW.

Recommendation 4

That the Minister for Health introduce data collection on readmissions to psychiatric units at three, six and twelve month intervals (in addition to the 28 day data already collected), to assist in the planning of services with a relapse prevention focus. This information should be made available publicly.

Government Response

Readmission data are currently recorded at 28 days by individual units, in keeping with the

Australian Council on Healthcare Standards clinical indicators. Collection of data at longer follow-up periods is likely to be more valid if done at an Area or Statewide level. This requires full implementation of Area and State Unique Patient Identifier (UPI) protocols. The feasibility and cost of collecting such indicators will be studied.

Update:

Unique Patient Identifier and Electronic Health Record initiatives are underway and will assist the data collection process.

The Centre for Mental Health considers the development of the Unique Patient Identifier as a priority for mental health patients.

Unique identifiers allowing access to past mental health treatment history of a patient are now being assembled at Area Health Service level and a State level collection is expected on line early in 2006.

The data will be used by clinicians to view patient treatment history. Timeliness and coverage will depend on data supply from Area Health Services and computer and web access availability to clinicians. Following UPI implementation, readmission rates will be examined over longer time periods. There are no current local or international benchmarks for such readmission data, and therefore the use of this data in service planning or service evaluation will require detailed study.

NSW Health's development and implementation of the Electronic Health Record (EHR) is a complex and ongoing project across the entire Health System. It is not possible to develop the EHR for patients of Mental Health Services alone. When in place, the EHR will supply real-time electronic clinical and historic data to support patient care. The Centre for Mental Health will ensure that mental health patients are included at every stage of the project to ensure the EHR is available to improve communication and safety for mental health patients from the outset of its implementation, when this occurs.

Recommendation 5

That the Minister for Health utilise sections 127, 129 and 130 of the Health Services Act 1997 to ensure that all NSW Health mental health policies, programs and service delivery guidelines are implemented by Area Health Services.

Government Response

These and other sections relate to funding from the Consolidated Fund of public health organisations, including Area Health Services, and to the establishment of performance agreements between the Director-General of NSW Health and those organisations. Under section 127 of the Health Services Act, the Minister or delegate may attach conditions to payment of subsidies to those organisations.

The intent of this recommendation, and subsequent recommendations 13, 23, 25, and 26, is to provide for proper accountability of public funds to the public health system for mental health services. It is a condition of the annual subsidy provided to Area Health Services that funds allocated for mental health services are quarantined so that they may be expended only on the delivery of those services.

Greater accountability for the mental health program at Area Health Service level is enhanced through the Area Director of Mental Health Services reporting directly to the Area Chief Executive Officers and having direct operational responsibility for the mental health budget, including funding, outputs, outcomes, achievements and challenges. This reporting arrangement will be made mandatory in Area Health Services.

The performance agreements between the Director-General and Area Health Services entered into under the Health Services Act recognise performance in mental health service delivery as a key component of overall health system performance. Given the public health impact of mental health problems and disorders, it is vital that mental health performance is a key component of performance monitoring.

Mental health performance measures in the 2002/03 Area Health Service Performance agreements are:

- **development of a strategic plan for a population-based mental health model;**
- **agreed activity and staffing levels;**
- **implementation of adolescent mental health programs in early intervention in psychosis and School-Link;**
- **GP partnerships access program;**
- **Mental Health Outcomes and Assessment Training/Tools (MH-OAT).**

Update:

This has been achieved. All mental health funding, baseline, enhancement and Commonwealth funds, is now identified.

The total NSW budget for mental health in 2005-06 is \$854 million, an increase of \$71 million (9.1%) over the preceding year.

Mental Health Service Agreements between Area Health Services and the Centre for Mental Health link to funding allocations for mental health services and include specific performance and activity reports for mental health programs.

Monitoring the implementation of the Agreements will be the responsibility of the Centre for Mental Health in collaboration with other branches of the Department of Health.

Measurement of outcomes and other related data provided by Areas through the Mental Health Outcomes and Activity Tool (MH-OAT) will be conducted by InforMH – the data collection and analysis unit of the Centre for Mental Health.

Recommendation 6

That the Minister for Health ensures additional resources are made available for community crisis teams and the adequate case management of people with a mental illness in the community.

Government Response

The community crisis team/case management model may not be the most appropriate for all people. NSW Health will continue to enhance appropriate and effective community mental health programs, tailored to the needs of the individual, in partnership with general practitioners and other service providers. This will involve a range of programs including emergency access response, rehabilitation, case management and community mental health programs.

Update:

Total funding for community-based and ambulatory mental health services in NSW was \$292.5 million in 2004-05, up from \$285.6 million in 2003-04 (an increase of \$6.9 million or 2.4%).

Case management continues to be a significant component of comprehensive care options. A range of complementary support options have been developed through mental health services, in collaboration with other sectors of Health and in partnership with NGOs and

other human service agencies to respond to the spectrum of need for people with mental illness. These include:

- The Housing Accommodation Support Initiative (HASI) providing comprehensive supports through partnership with specialist disability accommodation support NGOs and Department of Housing;
- The Teams of Two program providing education and network building between GPs and public mental health services;
- Enhancement of Emergency Departments (ED) capacity to provide mental health interventions. These include:
 - Employing over 50 senior mental health nurses in EDs at a recurrent cost of over \$4 million; and
 - \$2.8 million per annum to fund trials of Psychiatric Emergency Care Centres within the Emergency Departments at Liverpool and Nepean Hospitals.
- Recent budget enhancements include:
 - \$12 million to roll out PECCs across metropolitan and regional sites.
 - \$10 million to fund expansion of rehabilitation programs across the state and to fund specific community programs

Recommendation 7

That NSW Health develop a program of assertive case management for the sustainable long-term management of people with a mental illness in the community and that the Minister for Health provide long term recurrent funding to support such a program. Such a model should be based of the Assertive Community Treatment program developed in the USA and include:

- ***a multidisciplinary team of psychiatric inpatient staff, including case managers, a psychiatrist, several nurses, social workers, vocational specialists and substance abuse treatment specialists, operating a 24 hour, seven days per week service***
- ***comprehensive treatment planning, ongoing responsibility, staff continuity and small case loads, most commonly with one staff member for every 10 clients and***
- ***targeting individuals with the greatest need to ensure cost efficiency, particularly those with multiple hospitalisations.***

Government Response

The assertive case management model may not be most appropriate for all people, is not practical or sustainable in rural and remote areas, and is resource intensive. NSW Health will continue to increase resources for appropriate and effective community mental health programs, tailored to the needs of the individual, in partnership with general practitioners and other service providers, including Assertive Community Treatment for those patients for whom it is appropriate.

Update:

The Senior Officers Group on Mental Health has made community care one of two principal focus areas for ongoing work to ensure access and equity, build capacity across human services to manage non specialist issues when providing services and explore opportunities for greater coordination and collaboration as part of the implementation of the *NSW Interagency Action Plan for Better Mental Health*.

The Action Plan and five year implementation strategy have been endorsed by the Human Services Cabinet Committee. Oversight of the implementation will be provided through The Cabinet Office with regular reporting through to the Human Services CEOs Forum.

Recommendation 8

That the Minister for Health introduce a needs assessment in all mental health related

areas to identify the gaps in services and that an expert advisory committee be established to oversee the assessment.

The committee should consist of eminent people with knowledge of successful rehabilitation models operating throughout the world. The committee should be allocated recurrent funding as a guarantee, in order to:

- **plan a comprehensive range of services; and**
- **continue as a monitoring and evaluation group once the model is operational.**

Government Response

Since 2000, all Area Health Services review and plan their mental health services using the Mental Health Clinical Care and Prevention (MH-CCP) model. This resource planning tool has a population health focus encompassing planning targets for services across the acute, non-acute, and community mental health sectors. Based upon epidemiological data, it outlines optimum care packages for a range of mental health service interventions into resource requirements.

All Area Health Services adopt the population based planning approach in the MH-CCP, recognising the need for a balance between acute, rehabilitation and community based care. Area Health Services statewide are developing mental health strategic plans, and service plans that inform the broader asset and service planning processes. This mental health service planning is undertaken to ensure that services are planned to reflect trends in service demand, new models of care and broader service developments.

Update:

As indicated in the NSW Health response to the 2005 Senate Inquiry into mental health, MH-CCP implies that Australia as a whole meets only about 67% of the need for mental health services, and would need to increase expenditure from 6.5% to about 9% of health expenditure to provide 100% of the service levels defined in MH-CCP. In 2005-2006 the same modelling indicates that NSW is meeting about 66% of need.

From 2005-06, Area Health performance expectations are defined in terms of the level of resource needs they have been funded to meet, for acute hospital beds and other hospital beds, and for ambulatory care. AHS's are supported in various ways to draw on the best available service models to ensure that available funding is efficiently and effectively used.

A peak community and clinical advisory body, the Health Care Advisory Council (HCAC), has been formed to help guide the development of the NSW Health system over the next decade. The Council comprises selected senior clinicians, consumer and community representatives. The HCAC is guided in its work by a number of Health Priority Taskforces. These Taskforces bring together clinical, academic, consumer and community representatives and will provide direction and leadership for strategic policy development.

The Centre for Mental Health is currently developing a new mental health clinical services plan for NSW. Chronic and Continuing Care Rehabilitation and Recovery is one of the three service platforms that will be the focus of the new plan. To support this initiative a Working Group on Chronic and Continuing Care Rehabilitation and Recovery was established in early 2005. This Group is chaired by the Area Mental Health Director, South East Sydney Illawarra Area Health Service. Membership consists of a range of key stakeholders including experts in mental health rehabilitation.

Recommendation 9

That the Minister for Health recognise the need and demand for rehabilitation services and facilities for people with a mental illness and retain and establish more medium to long-term managed psychiatric beds within designated facilities for people with a mental illness.

Government Response

Rehabilitation services need to be provided within evidence-based guidelines in appropriate settings, including in the community, and not segregated in large institutions. The *Framework for Rehabilitation in Mental Health* is being disseminated for implementation throughout NSW Mental Health Services.

Non-acute places are being increased in both hospital and community settings, involving the expertise of non-government agencies. A total of 64 additional beds are being established for people requiring longer admissions at Bloomfield, Prince of Wales and Macquarie Hospitals.

An additional non-acute inpatient service for the Western Mental Health Network has been announced in capital works planning in the 2003/2004 budget. This \$6 million project is to be developed in South West Sydney Area Health Service.

Update:

As identified in recommendation 8, to inform strategic planning and resource allocation for non acute care, the Centre for Mental Health has established the Chronic and Continuing Care Working Group. The Group will develop recommendations for a spectrum of non acute care including long stay inpatient beds and rehabilitation units.

In recognition of the need for enhancement of community and mental health rehabilitation services, the NSW Government has identified community rehabilitation services as a key area for enhancement in recent new \$10 million funding announcements. Additional funding will be targeted to ensure better service coordination, increased service access and assist in reducing long term disability.

While non-acute inpatient units were historically located with stand-alone psychiatric hospitals, they are now becoming part of mainstream services. The Government is committed to addressing the need for enhancement of the non-acute inpatient sector. A refurbished 14 bed unit opened at Prince of Wales Hospital in late 2004, and a purpose-built non-acute inpatient facility is in construction at Campbelltown, due for completion in December, 2005. Funding is becoming available in 2005/06 for the construction of four, 20-bed non-acute inpatient units in the North Coast, South East Sydney/Illawarra and the Hunter New England Area Health Services.

The new, mainstreamed services will be evaluated as part of the ongoing development of non-acute inpatient care models for NSW.

To support development of mental health rehabilitation disability support services the Department of Health has funded the NGO Development Strategy through the Mental Health Coordinating Council. This project will assist to build the profile and capacity of these NGOs and guide capacity building for the NGO sector. Key issues to be targeted include: identity, funding, outcome measurement and workforce development.

Recommendation 10

That NSW Health establish Rozelle Hospital as an asylum for the mentally ill, in the true meaning of the concept. The facility should be gazetted under the Mental Health Act 1990 and provide medium to long-term rehabilitation services for people with a mental illness. The hospital grounds must be clearly recognised as a health facility and not considered public space.

Government Response

This recommendation is not accepted as it contradicts advice from the World Health Organisation and the mainstreaming principles of the National Mental Health Strategy, which promotes integration of mental health with general health care.

Hospital facilities located at Rozelle Hospital will be transferred to Concord with carefully planned rehabilitation services. The Hospital will have 174 beds, including 30 psychogeriatric beds, 48 general adult psychiatric beds, 12 observation beds, 20 intensive care beds, 15 extended care beds, 35 rehabilitation beds and 14 acute adolescent beds.

Update:

The Callan Park (Special Provisions) Act in 2002 limits the use of the campus to not-for-profit health, community and educational purposes, and permits existing passive recreational activities. It is currently anticipated that the hospital facilities will move from Rozelle to the new Concord Hospital site in 2008. Planning for future use of the site consistent with the terms of the Callan Park Act is continuing.

Recommendation 11

That NSW Health increase the number of long-term rehabilitation facilities in appropriate settings for people with mental illness.

(see recommendation 9)

Update:

(see recommendation 9)

Recommendation 12

That NSW Health undertake to clearly and adequately define the roles of the public and private mental health sectors within the mental health system for treatment, care and general service provision and ensure that these roles and funding streams be transparent.

Government Response

Funding of privately provided mental health services is a Commonwealth responsibility. Public mental health services in NSW work in partnership with private mental health service providers. NSW Health ensures well-defined and transparent roles of public mental health services in NSW.

Update:

The Mental Health – Clinical Care and Prevention model (MH-CCP) developed in 1999-2000 is a quantitative model based on epidemiological data and service models that has informed service development and government funding enhancements for public mental health services in recent years. This model accepts the current division in which public mental health services provide the vast majority of care for people with severe mental illness who require involuntary care provisions and a range of services extended as far towards the moderate and mild levels of illness as resources permit.

The *NSW Interagency Action Plan for Better Mental Health* (2005) developed through the NSW Government Senior Officers Group on Mental Health expresses this service split in terms of public mental health services targeting 'high risk and high need' populations and individuals. There are inevitable overlaps and opportunities for greater collaboration such as a number of actions flagged in the Plan to help develop greater clarity and partnership with GPs in the provision of mental health care, especially for the high prevalence mental illnesses (depression and anxiety), the identification of risk and early onset mental illness, and ongoing supports to people with long term stabilised mental illness.

Recommendation 13

That the proposed Office of Mental Health assume responsibility for ensuring that the roles and funding streams within the mental health system are transparent at all times.

Government Response

The responsibility for ensuring transparency will be achieved through reporting requirements and performance agreements within NSW Health.

These will include annual reports of activity, workforce and expenditure for each mental health service, with further reporting on National Mental Health and other project based funding (see response to recommendation 5).

Update:

See response to Recommendation 5 above. The Mental Health Service Agreements currently being finalised between Area Health Services and the Health Department link funding allocations for mental health services to specific performance and activity reports for mental health programs, including clinical staffing numbers, bed numbers and occasions of service data.

Recommendation 14

That the Minister for Health, in supporting the establishment of an Office of Mental Health within the NSW Premier's Department, require Area Health Services to provide monthly incidence and outcome reports to the Office of Mental Health.

Government Response

Service and outcome data are already collected. Monthly reporting can commence as Area Health Services begin to introduce data reporting with Statewide de-identified Client Data Linkages. This will allow the Department to collate and analyse incidence and outcome data from the differing IT systems within Area Health Services while maintaining the privacy of clinical information.

Update:

Processes for reporting adverse incidents and reviewed outcomes are being actively implemented. Once statewide reporting of de-identified data is established, it is proposed to publish key information collected through MH-OAT in the annual reports of each Area Health Service (AHS).

NSW Health's Reportable Incidents system is now well established, with the new Incident Information Management System (IIMS) being used to lodge, collect and assess clinical and other incidents across the NSW Health service. A new Incident Management Policy (PD2005_604) was released in July 2005.

The Department is working with AHSs to develop consistent mental health data reporting systems. The Mental Health Service Agreements to be made with each AHS include data reporting requirements – the Department of Health will consider the utility of publishing key collated data in its Annual Report from 2005-06.

Recommendation 15

That the Minister for Health ensure carers are assessed for their capacity to support people with a mental illness, are included in the planning of care programs and assisted to access support for themselves.

Government Response

The Mental Health-Outcomes and Assessment Tools assessment forms include prompts about involvement of carers in assessment, review and care planning processes, subject to privacy requirements.

\$12.9 million recurrent from 2000 has been allocated for supports for carers, the NSW *Care for Carers Program*. The Program has three overall objectives - to develop initiatives that will provide enhanced services for carers, to strengthen existing measures to support carers and to promote the community's awareness and support for carers. Under this Program, \$1 million has been allocated for supporting carers of people with mental illness.

The review of the *Mental Health Act* will consider carer issues. The Government wants to make service delivery more sensitive to the needs of families and carers and more responsive to the community's expectations. It will ensure that families get the information they need to make decisions involving their loved ones.

Update:

The Minister recently announced the launch of the Family and Carer Mental Health Program. The Program now has annual funding of \$3.63M and will be rolled out statewide during 2005/2006.

The Program is based on a service model, which recognises:

- the need for assessment of families and carers in the context of broader treatment and care planning;
- the need to actively involve families and carers in all stages of treatment and care planning (subject to privacy legislation).

Area Mental Health Services will be allocated increased funding (\$1.7M annually) from 2005/2006 to support implementation of the Program, facilitate change management, support local training and developments needs and provide specialist advice and support.

Funding has also been allocated to South East/Illawarra Health Service to support workforce development in Area Health Services(AHS) across the state through the roll out of the Working With Families (WWF) Program. This program has a dual focus on improving individual clinician practice and achieving systemic change to enable clinicians to work in a family focussed way, be responsive to the unique needs of families and carers and ensure they are explicitly involved in the service system. The initial stage of the roll out of the WWF Program will occur over the next ten months and will include Area Health Service visits and training workshops.

Under the NSW Carers Program, the Centre for Mental Health administers \$1 million per annum for NGOs and Government agencies to develop programs for carers of people with a mental illness.

To date, these funds have been used for a number of demonstration family and carer support projects. Nine government and non-government organisations have been funded to undertake initiatives that support carers of people with mental illness. ARAFMI has also conducted the Mental Health Carer Services Mapping Project. An evaluation has been undertaken of these projects.

The outcomes of demonstration projects in two Area Health Services (rural/remote and metropolitan) have clearly identified the need for the provision of supports and services to families and carers of people with mental health problems.

The Framework for Family and Carer Support in Mental Health Services has since been developed in partnership with NSW ARAFMI and other agencies.

Recommendation 16

That NSW Health ensure that carers are included in discussions for determining assertive care programs and Community Treatment Orders.

Government Response

Involvement of carers in treatment planning is encouraged. However, sharing of information is subject to privacy law.

As mentioned in the response to Recommendation 15 above, the review of the *Mental Health Act* will consider carer issues. The Government wants to make service delivery more sensitive to the needs of families and carers.

Update:

The NSW Government recognises the need for involvement of families and carers in all stages of the patient journey. Increasing the level of this involvement is a key focus of strategies being implemented as part of the Family and Carer Mental Health Program (see Recommendations 8 and 21 for further detail).

Issues of privacy and transfer of information to people directly involved in providing care to a person with a mental illness are being clarified and refined through a number of current initiatives including:

- The Human Services CEOs Forum has developed a standard 'consent to release of information' form for all human services which is currently being trialled;
- Release of the NSW Health Privacy Manual Version 2 in June 2005

The current review of the Mental Health Act which is proposing some easing on constraints on non urgent transfer of information to carers and people directly involved in supporting the person.

Carers and families are included in planning client care whenever clinically appropriate and with the patient's consent. This includes at all stages of the patient journey from acute care, discharge plans, through to relapse prevention.

Recommendation 17

That the Minister for Health develop a proposal for consideration by the Commonwealth Ministers for Health and Education, that outlines the need for national undergraduate nursing courses to contain an assessable mandatory mental health training component, including practical training. The proposal should indicate the NSW Government's support for the following recommendations by the Senate Community Affairs Committee Inquiry into Nursing:

- ***that the Commonwealth fund scholarships for psychiatric/mental health nursing for graduate nurses wishing to undertake a mental health nursing course (Recommendation 76)***
- ***that funding be provided for the development of advanced practice courses in mental health nursing (Recommendation 78).***

Government Response

\$5.3 million has been allocated for the NSW Mental Health Nursing Enhancement Program to increase and improve undergraduate and postgraduate opportunities for mental health nurses. A further \$3 million has been allocated to extend this program.

The Program is providing:

- Improved support for mental health clinical placements for approximately 2,500 undergraduate nursing students;
- models for preceptor and mentorship programs to support new graduates and development of recommendations of the most effective models for various settings and environments;
- scholarships and opportunities for clinical skill development for approximately 350 registered and enrolled nurses;
- introductory courses in mental health nursing in a range of general hospital settings;
- increased access and availability of professional development and education opportunities for nurses in rural settings.

All colleges and universities providing nursing education in NSW provide credit for post enrolment Mental Health Nursing courses that are funded by the Department of Health. Funding for university based nursing education is a Commonwealth responsibility.

In NSW this year some universities had to turn nursing students away because they did not have enough funded places to offer. For example, the University of Technology, Sydney has advised that they could have easily accommodated an extra 100 nursing students this year. It is likely that NSW alone could fill the additional 574 places that the Commonwealth will fund in 2004.

There are also postgraduate training needs for other mental health professionals.

A steering group for the National Practice Standards for the Mental Health Workforce will further support the development of mental health nursing and other mental health workforce.

Update:

The 2005 Mental Health Nursing Workforce/Skills Acquisition Project is a two-year joint initiative between the Centre for Mental Health and the Nursing and Midwifery Office. This initiative seeks to address both recruitment and retention for mental health nurses, including targeting new recruitments & provision of scholarships.

The Reconnect campaign was launched by the Minister at St George Hospital on the 21st April and was followed by an extensive media campaign in the major metropolitan and country papers. A toll free 1800 phone line was set up and was staffed by experienced mental health nurses seconded from the area health services for the 2 weeks of the campaign.

As of 11 May 2005, when the campaign finished, a total of 456 calls were received with 228 of these directly seeking to work within the mental health system. The 171 Registered and Enrolled Nurses have all been referred to the Area Health Service of their preference or Justice Health facility.

Since the campaign finished, the 1800 phone line has continued to take referrals and inquiries. The numbers being referred to the Area Health Services for employment have now totaled 228 and new calls are received daily. The Area Health Services are currently engaged in interviewing and contacting all referrals.

The Centre for Mental Health and Nursing and Midwifery Office are currently in the process of collating expressions of interest for allocation of scholarships for new and existing mental health nurses across NSW Health. including at both undergraduate and post graduate levels.

Recommendation 18

That the Minister for Health develop and initiate a targeted campaign to improve the status and image of mental health nursing, in accordance with Recommendation 77 of

the Senate Community Affairs Committee Report on the Inquiry into Nursing:

- ***that a targeted campaign be undertaken to improve the status and image of mental health nursing.***

Government Response

NSW Health 'Nurses The Real Thing' campaign for nursing was run in two waves in early 2003. NSW Health has developed a short Mental Health contribution to the TV campaign and footage for a nurse recruitment video.

Update:

Enhancing the image of mental health nursing is an important component of the 2005 Mental Health Nursing Workforce/Skills Acquisition Project, including the communications strategy surrounding this initiative.

Recommendation 19

That the Minister for Health immediately appoint authorised Nurse Practitioners and that positions with in-principle approval be considered for appointment as a matter of urgency, particularly within mental health.

Government Response

NSW is leading the way by implementing the nurse practitioner role into many specialist areas including mental health nursing. The Government recognises and values the contribution that clinical nursing makes to patient outcomes. There are seven identified nurse practitioner positions in mental health with four authorised Nurse Practitioners in Mental Health.

Further implementation of this strategy will improve patient care and may contribute to the retention of expert clinical nurses.

Update:

In NSW, the title nurse practitioner is restricted to registered nurses who are authorised by the Nurses and Midwives Board (NMB) under the Nurses Act to practice as nurse practitioners. Advanced level practice incorporates the ability to provide care to a range of clients at a level, which demands a repertoire of therapeutic responses, insightful sophisticated clinical judgments, and clinical decision-making justified by application of advanced knowledge. To date, 61 nurse practitioners have been authorised by the NMB.

In mental health, this includes the following specialty areas of practice: mental health /psychiatric nursing, community mental health nursing, mental health forensic nursing, family therapy, child and adolescent psychiatric nursing. There are currently 8 NPs in mental health with a further 4 mental health nurses in transitional positions in rural areas.

Registered nurses authorised to practice as nurse practitioners in NSW are able to use, prescribe or supply any restricted substance providing they are operating within policies and guidelines approved by the Director-General. Nurse practitioners may be able to initiate diagnostic investigations and make limited referrals, as may other registered nurses with adequate knowledge and experience.

There are two pathways for registered nurses to become a nurse practitioner in NSW, mental health or otherwise:

- Evidence of completion of a Masters degree approved by the Nurses Registration Board, leading to authorisation as a nurse practitioner; or more commonly,
- Evidence of 5000 hours advanced practice appropriate for the relevant broad area of practice during the last six years.

Recommendation 20

That the Minister for Health appoint an eminent clinician as a specialist advisor to:

- ***review the Nurse Practitioner implementation policy, evaluate the role and effectiveness of Area Health Services in the process and***
- ***ensure medical groups participate in the process of appointing Nurse Practitioners, particularly within mental health.***

Government Response

A Principal Advisor–Nurse Practitioner Project was appointed in February 2003 to implement the Nurse Practitioner role within NSW. The advisor works closely with the area health services to identify positions and with expert nurses to encourage them to apply for nurse practitioner authorisation. Medical groups are invited to participate in the interview process and the development of clinical guidelines for the newly established Nurse Practitioner positions.

As at November 2003 there are two appointed and authorised mental health nurse practitioners in NSW.

Update:

(See recommendation 19).

Recommendation 21

That, in addition to increasing and better targeting funding for respite and support programs run by non-government organisations, NSW Health develop, fund and coordinate the establishment of a central support program for the carers of people with a mental illness, including respite care services.

Government Response

Provision of respite programs is a Commonwealth responsibility. The Commonwealth offers 17 Carer Respite Centres that are contracted to various organisations, including NGOs, local government authorities and five area health services. These cater for carers of people with a mental illness, as well as other carers.

In relation to support programs, the Centre for Mental Health has facilitated a Caring for Carers Mental Health program to support programs for carers of people with a mental illness. The pilot program will be evaluated over the next 12 months to determine the best practice models for carers' programs across NSW mental health services.

Update:

Since 2002 the Centre for Mental Health has initiated a range of activities, under the *Family and Carer Mental Health Program*, to improve support and services for families and carers of people with mental illness in NSW.

To guide strategies implemented for the Program a model of care has been formulated in partnership with ARAFMI NSW, a key mental health NGO delivering services and supports to families and carers in NSW.

The model recognises the role of families and carers in supporting people with mental illness and provides access for them to a suite of interventions and supports. It is based on strong partnerships between families and carers, consumers, non-government organisations and mental health services.

The model consists of three primary platforms designed to provide broad coverage of the range of needs across the service spectrum for mental health families and carers:

- Development of family friendly mental health services;
- Provision of mental health family and carer support services (via the NGO sector);
- Facilitating access to generic family and carer supports and programs (including respite).

The model will be formalised in the Framework for Family and Carer Support in NSW Mental Health Services (currently under development).

Families and carers of people with mental illnesses require appropriate access to mainstream services and supports such as counselling, respite, financial support etc. Area Mental Health Services and NSW Health will continue to identify and resolve barriers to access and develop cross agency partnerships and strategies.

Recommendation 22

That the position of Principal Official Visitor:

- ***be located within the proposed Office of Mental Health in the NSW Premier's Department and***
- ***be either designated as a full time position, or that the Principal Official Visitor establish an adequate consultation period for Official Visitors during office hours.***

Government Response

The Minister has approved an increased time allocation for one and a half days a week with an on-call allowance.

Update: Response Complete

There are currently 81 Official Visitors appointed by the Minister across NSW. Recruitment for rural Official Visitors for 2005-2008 commenced in July 2005, and recommendations for appointments will be made to the Minister in late August 2005.

The Principal Official Visitor is engaged two days per week, and the Minister is currently considering a recommendation that the role be increased to four days per week.

The Principal Official Visitor briefs and meets regularly with the Minister's Office, and is supported by the Official Visitors Advisory Committee which reports to the Minister at the end of its two year term.

Recommendation 23

That the Minister for Health utilise the authority of the Health Services Act 1997 to ensure that mental health funds are being allocated and expended by Area Health Services in accordance with NSW Health policies.

Government Response

See response to Recommendations 5 and 26.

Update:

See response to Recommendation 5 above. The Health Department expects the Mental Health Service Agreements to be signed by late 2005.

Recommendation 24

That the Centre for Mental Health consider and determine the funding allocation for statewide programs run by non-government organisations.

Government Response

There is a 'whole-of-government' review of the grant application process for NGOs. Within the context of that review the Centre for Mental Health will establish criteria and review the existing grant program to establish those NGOs that should be funded centrally with local performance monitoring.

Update:

The Department of Health is working in partnership with the Premiers Department and other departments to consider the processes of funding allocation to Non Government Organisations (NGO) as part of the Grants Administration Review (GAR) being coordinated by the Premiers Department. The Senior Officers Group on Mental Health has referred the issue of funding of statewide NGOs to this review process.

The GAR will encourage longer-term agreements with all NGOs, including mental health NGOs. This process will improve capacity to transfer funds into priority areas, streamline management and introduce risk management practices.

A common NGO Grant application form has now been forwarded to all departments and NSW Health is considering its application to mental health NGOs.

In addition the Department of Health is:

- Revising its existing operational guidelines;
- Developing a policy statement on how it will work with NGOs - this will be in line with the draft principles document already developed through the GAR process; and is
- Developing new templates that will provide more appropriate information as part of the approval process for new grants.

In the area of supported housing:

- The Joint Guarantee of Service for People with Mental Health Problems and Disorders (JGOS) is a shared coordinating framework for the delivery of a range of supports. This is being expanded to engage a significantly wider range of organizations including non-government agencies providing community housing, mental health and SAAP services.
- The Housing and Accommodation Support Initiative (HASI) is expected to complete the tendering process later this year for NGOs to provide the next stage of supported housing options.

The Framework for Rehabilitation for Mental Health (2002) identifies the disability support roles most appropriate for NGOs and flags the intention to pilot a partnership model for staged evolution of identified service to NGOs subject to funding.

NSW Health Department is currently developing an overarching policy framework and guidelines for effective management of the NSW Health NGO Grant Program. The funding for mental health NGOs will align with this policy. The Terms of Reference of the NGOAC Working Group are to :

- Undertake an audit of the existing guidelines to identify policy gaps and scope the work required to align this project with the NSW Government's 'Compact' and the Grants Administration Reform (GAR) agenda and other relevant NSW Health policies and guidelines.

- Provide advice on the structure and content of the new policy framework and guidelines.
- Align the NSW Health planning and funding cycles to reflect the NSW Government's Strategic Framework.

In addition, the Centre for Mental Health has funded the Mental Health Coordinating Council to develop a NGO Development Strategy. This will enable NGOs in the mental health field to work toward clear expectations of service delivery and standards, accountability and reporting.

Recommendation 25

That the Minister for Health immediately initiate and support a formal process where Area Health Service Mental Health Directors report directly to the Chief Executive Officer of the relevant Area Health Service for the purposes of monitoring program movements and allocations.

Government Response

See response to recommendations 5 and 26.

Update: Response Complete

Recommendation 26

That each Area Health Service publish in its annual report, detailed and transparent information regarding mental health funding allocations and direct mental health expenditure.

Government Response

Area Health Services in their Audited Financial Statements already indicate, on a program basis, expenditure, revenue and Net Cost of Services for the Mental Health Program. These figures include direct and overhead costs and revenues.

Conditions of the 2003/04 mental health allocations will require all Area Health Services to clearly articulate to the Area Directors of Mental Health Services the direct budget and the overhead budget. Area Health Services are to implement controls where on a monthly basis the Area Director of Mental Health Services is made aware of performance against direct budget and performance against the overhead component.

Area Health Services will introduce controls so that Area Directors of Mental Health Services are held fully accountable for their direct budget and budget compliance. As has been the convention for many years, funds available in the mental health budget cannot be used to meet other financial pressures within health services.

Update:

The Auditor-General conducts an annual audit of Area Health Service financial statements and signs off on these for each Area Health Service Annual Report. The Auditor-General thus publicly indicates what each Area Health Service has spent on mental health.

Current Department of Health plans advise the schedule for implementation of "New" program reporting as commencing in 2006/07. Rules are currently being developed and it is not relevant to include in the commentary for 2004/05 year.

Recommendation 27

That the Minister for Health work with the Auditor General to develop and initiate the

following audit programs:

- **A performance audit of mental health budget**
- **An audit plan designed for the annual audit of AHS and service providers; and**
- **An ongoing audit program to include both the current financial audit, as well as a physical audit of hospitals and mental health service providers, to ensure that staffing, infrastructure and auxiliary budget costs are directly hypothecated.**

Government Response

The Auditor-General has the independence to determine which performance audits his Office will undertake, and when. The Auditor-General conducts an annual audit of Area Health Service financial statements and signs off on these for each Area Health Service Annual Report. The Auditor-General thus publicly indicates what each Area Health Service has spent on mental health. There is no need for the Auditor-General to provide additional services.

Area Health Services will also expand their annual internal audit programs for financial management. This will require Area Health Service internal auditors to specifically review that mental health budgets are appropriately allocated to the Director of Mental Health, that the Director is held accountable, and that overhead costs are appropriately distributed between the programs, including mental health. This process is then reported to the Department of Health.

Update:

No further comment.

Recommendation 28

That NSW Health develop and implement a set of key performance indicators (KPIs) for inpatient mental health services in public hospitals and that these KPIs be linked to service performance agreements and funding allocation. The performance against KPIs should be reported in each AHS Annual Report..

Government Response

The proposed NSW Health Quality Dashboard includes a measure of severe psychological distress within populations (The Kessler 10). Over the last twelve months the Department has also developed Mental Health Quality Indicators, including measures of safety, appropriateness and access to care. In 2004, these will be reviewed and a set of mental health KPIs further developed.

Update:

NSW reported a range of indicators in the 2003-04 Annual Reports of both the DoH and AHS's and will do so again in 2004-05. In the Health Service Performance Agreements (HSPA's) for 2005-06, high-level KPI's have been defined for the new AHS's in terms of "% need met" for acute beds, non-acute beds, and ambulatory care staff. These are supplemented by a range of key performance indicators (KPI's) from the Balanced Score Card that is used to monitor the Mental Health Service Agreements associated with the HSPA's. Wherever possible these indicators have been drawn from the nationally agreed KPI's for mental health services. Finally, allocation letters to AHS's in 2005-06 include a requirement to provide monthly monitoring data on expenditure, staff, and outputs for both hospital-based and ambulatory care services. This monitoring will be reported to the Performance and Finance Committee and the Senior Executive Advisory Board.

Recommendation 29

That the Minister for Health establish a Mental Health Quality Care Committee within each Area Health Service. The functions of the Mental Health Quality Care Committee

should include:

- **reporting to the Area Health Service Board and the Centre for Mental Health**
- **developing a means by which the equality of clinical and secondary care to consumers within the Area can be defined, measured, monitored, reported and improved and**
- **collecting, collating and analysing Area Key Performance Indicator data and reporting findings to the Area Board and the Centre for Mental Health.**

Government Response

These processes occur through the Area Health Service Quality Councils established under the *Framework for Managing the Quality of Health Services in New South Wales*.

Update: Response Complete

The Centre for Mental Health develops the KPIs. Area Health Services report on the KPIs to both the Centre and to AHS Quality Councils. The KPIs developed are those identified for mental health. Area Quality Councils will also be provided with mental health quality indicators.

Recommendation 30

That the Minister for Health and the Attorney General review the Guardianship Act 1987 with respect to people who suffer severe and/or episodic mental illnesses during which they are not capable of making informed consent. This review should include the possibility of enduring guardianship.

Government Response

The Guardianship Act falls within the portfolio of the Minister for Disability Services, not the Attorney-General. That Act already includes provision for enduring guardianship.

The variations to the enduring guardianship provisions suggested in the Report would add to the complexity of the system, and may thus make their use less attractive. The issues raised by this recommendation will be considered by the Minister for Disability Services to determine if any alternative and simpler means of addressing them is practicable.

Representatives of the Attorney-General's Department (including the Office of the Public Guardian and Protective Commissioner), Department of Ageing Disability and Home Care and NSW Health will work together to resolve the issue of substitute decision making where there are both orders under the *Guardianship Act 1987* and *Mental Health Act 1990* in place.

Update: Response Complete

Recommendation 31

That the Centre for Mental Health and the Office of the Public Guardian work together to develop an information package for mental health professionals that:

- ***outlines their obligations as well as the rights of families and carers under relevant mental health, privacy and guardianship legislation, and***
- ***clarifies the existing definitions of 'consent' and 'substitute decision-making' in mental health settings and communicate its clarification to mental health professionals.***

Government Response

The Independent Law and Justice Foundation has commissioned the Mental Health Coordinating Council (MHCC) to review the Mental Health Rights Manual for consumers, carers and mental health staff carry out this work. MHCC are currently consulting with carer and consumer groups on the draft document. They advise that they plan to publish the

document in March 2004. The Office of the Public Guardian has a role in community education and will be consulted in this review.

Update: Response Complete

The Mental Health Coordinating Council (MHCC) launched the Mental Health Rights Manual (MHRM) Edition 2 on October 22nd 2004.

The Mental Health Rights Manual is a resource, which contains comprehensive and up to date information covering a wide range of issues relevant to people in contact with the mental health system.

It was first published by MHCC in 1995 in hard copy. Due to the rate of change in legislation, policy and services the Manual has been formatted as an 'online' facility to ensure updated information and current legislation. It is available at www.mhcc.org.au The Manual covers a number of areas including rights of families and carers under the Mental Health Act, guardianship and financial management issue, substitute decision making, the criminal justice system, complaint mechanisms and legal avenues of assistance, as well as employment and accommodation issues and multicultural issues.

Recommendation 32

That the Minister for Health prepare a proposal for consideration by the Minister for Education to ensure that students in undergraduate and postgraduate health programs receive training regarding:

- **their obligations to seek information from and disclose information to consumers, families, guardians, carers and other service providers, and**
- **the rights of consumers, families and carers under the relevant mental health, privacy and guardianship legislation.**

Government Response

This matter will be referred to the Human Services CEOs Forum.

Update:

The issue of information sharing with family and carers is being embedded in all mental health policy and procedures including the Discharge Guidelines and current review of the Mental Health Act.

Recommendation 33

That the Minister for Health seek to amend the NSW Mental Health Act 1990 to allow limited disclosure of confidential information about clients of mental health services without the consent of the client. These exceptions to confidentiality would allow information to be disclosed in the following circumstances:

- ***to guardians, family and primary carers if the information is reasonably required for the ongoing care of a client and the person who is receiving the information will be involved in providing the care, and where it is required in connection with the further treatment of a client..***

Government Response

The review of the *Mental Health Act* will consider information disclosure generally as well as carer issues.

Update:

The first in the series of two discussion papers on the review of the Mental Health Act released in 2004 dealt exclusively with the issue of Carers and Information Sharing.

The period for making submissions has now elapsed on both discussion papers. Many submissions were received and these are being considered in the development of an Exposure Draft Bill. This Exposure Draft will shortly be released to elicit a further round of views from the community prior to finalisation of a Bill for presentation to Parliament.

Recommendation 34

That, prior to the operation of the Health Records Information Privacy Act 2002 in 2003, NSW Health and the NSW Privacy Commission ensure that public and non-public health care service providers, be provided with adequate information and training about consent and substitute decision-making laws in NSW

Government Response A Department of Health Policy Circular provides comprehensive advice to public health care providers on consent to medical treatment, including substitute decision-making. Although the Department has no control over the conduct of private sector providers, many obtain guidance from the Department's policy.

Under the implementation plan for the *Health Records and Information and Privacy Act 2002*, the Chief Information Officer will provide updated education for public health system staff. To the extent that the *Mental Health Act* deals with consent and substitute decision-making issues, these will also be taken into account in the Review of the Act.

The issue of substitute consent focuses on treatment and will require ongoing clinical training. As decisions about substitute consent are primarily the responsibility of the Guardianship Tribunal, the Department will consult with it and the Department of Ageing, Disability and Home Care on these issues.

Update: Response Complete

A comprehensive education campaign was conducted on the Health Records and Information Privacy Act 2002. Education of and support to Area Health Service staff is continuing to be provided.

Each Area Health Service has a Privacy Contact Officer whose roles include –

- acting as a first point of contact for members of the public for matters related to privacy;
- serving as a focal point for health service staff for matters related to privacy;
- act as a first point of contact with the Department of Health and Privacy NSW for matters related to privacy;
- ensuring privacy complaints and requests for internal review are dealt with in accordance with the Privacy Management Plan, Part 2;
- disseminating information on privacy matters within the health service;
- overseeing privacy training and education for health service staff.

Key privacy resources are available on the NSW Health Intranet privacy page:

<http://internal.health.nsw.gov.au/legal/Privacy/>

NSW Health Privacy Manual

Privacy Leaflet for Patients

Privacy Newsletters

NSW Health Privacy Management Plan

Privacy and Personal Information Protection Act 1998 (PPIPA)

Recommendation 35

That the Minister for Health allocate funds for the training of public health employees on the requirements of the Health Records Information Privacy Act 2002.

Government Response

See response to recommendation 34.

Update: Response Complete

Funding was provided. Details of the training provided and continuing support are provided in update on recommendation 34.

Recommendation 36

That the Centre for Mental Health prepare guidelines on limited disclosures under the Health Records and Information Privacy Act 2002 and ensure these guidelines are:

- ***incorporated into a privacy protocol within the Memorandum of Understanding between NSW Health and the NSW Police Service and***
- ***communicated to all mental health workers and police across NSW.***

Government Response

The NSW Department of Health in conjunction with the Health/Ambulance/Police Interdepartmental Committee on Mental health is developing a privacy protocol. This protocol will form part of the revised Memorandum of Understanding between NSW Health and NSW Police. This will be communicated through the 34 local protocol committees which have been established across NSW and through the dedicated website which has been established to service the Interdepartmental Committee and local committees.

Update: Response Complete

Following six months of consultation in conjunction with training on the Health Records and Information Privacy Act, NSW Health has produced the NSW Health Privacy Manual (version 2). Staff are educated on the constraints and obligations regarding disclosure of relevant information to agencies and other relevant people providing a direct service. This includes obligations to disclose during instances where staff safety or the safety of the person or others is involved. Any revision of the Memorandum of Understanding will be deferred until the current significant enhancements in emergency response resources are rolled out and evaluated.

Recommendation 37

That NSW Health ensure that the NSW Police Service has access to mental health services on a 24 hour basis for support and urgent advice.

Government Response

NSW Police have been provided with 24-hour access numbers for all Area Mental Health Services in NSW. In addition, local protocol committees are developing or have developed local modifications of the 2002 flowcharts of the MoU between NSW Health and NSW Police. These local adaptations include contact details for access to local mental health services.

Update:

Improving the interface between Police and Health is fundamental to the MoU. Further enhancements to emergency responses for people with behavioural disturbance will assist

this including the provision of telephone triage service as part of the expansion of the Mid North Coast Trail across regional NSW.

Recommendation 38

That the Minister for Health seek a further amendment to the NSW Mental Health Act 1990 to enable guardians, family and primary carers to obtain an interim court order for:

- ***the release of confidential information from a health care provider or***
- ***an urgent assessment of an individual's mental health, where it can be established there is a reasonable belief that there is:***
 - ***a serious and imminent threat to the life, health or safety of the individual or another person or***
 - ***a serious threat to public health or public safety.***

Government Response

The review of the *Mental Health Act* will consider carer and operational issues. The Government wants to make service delivery more sensitive to the needs of families and carers and more responsive to the community's expectations. It must ensure that family and health care providers get the information they need to make the decisions involving their loved ones.

Update:

Ensuring that carers can gain access to an appropriate range of information is a principal aim of the current review of the Mental Health Act. The next step in that process will be the release of an Exposure Draft Bill to elicit a further round of comment from the community prior to finalisation of a Bill for presentation to Parliament.

Recommendation 39

That the Minister for Health ensure, through a process of monitoring and review, that the Mental Health Outcomes Assessment Tools do not have an adverse impact on clinical service provision.

Government Response

The Mental Health Outcomes and Assessment Tools (MH-OAT) project is subject to monitoring and review. The process of standardised assessment documentations and outcomes monitoring supports improved clinical service provision.

Update:

The MHOAT initiative will be evaluated during 2005 and 2006, and this evaluation will include consideration of the impact, uptake and usability of the current clinical modules. It is likely that the modules will undergo continued revision and refinement in light of feedback from consumers and clinicians.

Recommendation 40

That the Minister for Health increase the number of supported accommodation places for people with mental disorders in NSW from 1,635 to 2,635 over the next two years, and that an average of 12 adult beds per 100,000 are available for 24-hour per day high level supported residential services.

Government Response

In 2002/2003, the Housing and Supported Accommodation Initiative (HASI) has established 100 additional high-level and 18 moderate to high-level accommodation support places. They will be managed under a partnership between NGOs, Area Health Services, Dept of Housing/ Community Housing and NSW Health.

These places are located in Wollongong, St George & Sutherland, South Western Sydney, Wyong, Tamworth, Wagga, Blacktown & Parramatta, Broken Hill, Penrith, Gosford and Newcastle. All will be commissioned by early 2004.

The Government's announcement of new funding for mental health includes an expansion of the spectrum of supported accommodation in partnership with the NGO sector through a \$22 million increase for Chronic Care and Rehabilitation services (\$4 million per year over four and a half years). This will involve NGOs and will include 24 hour supported accommodation.

Update:

Housing stock needs to be planned ahead as there is limited availability in some rural areas, and some capital acquisitions need to be made. Negotiations are currently underway with the Department of Housing on numbers and location of additional housing stock.

In the first stage of Housing Accommodation Support Initiative (HASI), Health contributed \$5 million, which went to NGOs across NSW to provide high-level accommodation support to 118 individuals with mental disorders. The Department of Housing contributed approximately \$7 Million in housing stock.

Details of further expansion of the HASI program is outlined in the updated response to recommendations 42 and 55.

Recommendation 41

That NSW Health match the level of funding provided by the NSW Department of Ageing, Disability and Home Care for 24 hour supported accommodation packages for people with psychiatric disabilities.

Government Response

Through the Boarding House Reform Program, the Department of Ageing Disability and Home Care funded approximately \$70,000-80,000 per person accommodation support for people identified as being in the very-high category of support. Many of those relocated through this strategy were people with psychiatric disabilities.

NSW Health supports a large number of people with psychiatric disabilities at different levels of support and need in partnership with housing and other agencies. Further partnerships with DADHC are being developed.

Update:

The lead agency for the Boarding House Reform Program is the Department of Aging, Disability and Home Care (DADHC).

DADHC allocates funds annually for the provision of primary and secondary health care needs of licensed boarding house residents. The funding is distributed to Area Health Services through NSW Health. They include a range of clinical, preventative and maintenance programs as well as various educational and health promotion activities.

This process was established when the Program commenced in 1998. DADHC and NSW Health continue to work together to provide funding and resources to assist people with a range of psychiatric disabilities residing in licensed boarding houses.

The Government has also funded the Housing and Accommodation Support Initiative (HASI), which provides high quality disability support to people with mental illness and associated levels of psychiatric disability. By 2006 there will be an additional 700 places in the community for people with psychiatric related disabilities. These accommodation support

places are provide in partnership with housing, NGOs and the mental health services. The clinical mental health services ensure there is 24 hour back up support.

Recommendation 42

That NSW Health inquire into and report publicly on the shortfall on support and case management services for people with a mental illness who are accommodated in public housing and allocate adequate resources to meet the identified shortfalls.

Government Response

The case management model may not be the most appropriate model for clinical support for all people with mental illness in public housing.

A new Memorandum of Understanding for the Joint Guarantee of Service (JGOS) between NSW Health and Dept of Housing has been completed. The reviewed JGOS has been expanded to include the NSW Aboriginal Housing Office (AHO), the Aboriginal Health and Medical Research Council and the Department of Community Services, Supported Accommodation Assistance Program (SAAP). The aim of the JGOS is to improve housing and health outcomes for people with mental health problems and disorders though improved collaboration between key government and non-government agencies at the local level.

The partner agencies have committed \$140,000 to implement and evaluate the project over the next twelve months. A Resource and Training Kit is being developed. Workshops will be held in twelve regional areas in the first half of 2004.

Update:

Provision of appropriate supports to people with mental illness living in the community involves a range of services and agencies beyond mental health case coordination.

The Joint Guarantee of Service (JGOS) involves the Departments of Health and Housing, NSW Aboriginal Housing Office (AHO), the Aboriginal Health and Medical Research Council and the Department of Community Services' Supported Accommodation Assistance Program (SAAP).

JGOS is a conceptual and operational model to guide the improved support for people with mental health problems living in public housing.

Through strategic and operational meetings between health and housing, SAAP and other services at local levels, the JGOS offers a way to:

- improve outcomes for individual consumers through coordinated services and sustained tenancies in Aboriginal, community and public housing
- make use of each agency's expertise and knowledge to increase consumer and worker satisfaction
- improve early detection and intervention of issues that may place a person at risk of becoming homeless
- strengthen networks between health, housing and SAAP workers through shared responsibility for problem solving.
- provide systemic and individual advocacy and support for consumers
- facilitate better service collaboration and planning.

The new arrangements are being progressively implemented during 2005 through a series of public information forums.

The second stage of the Housing and Accommodation Support Initiative (HASI Stage Two) was specifically developed to address the disability needs of people with mental illness residing in social housing (public and community). In 2005/2006, 460 packages of low level outreach support will be implemented across NSW for people who are having difficulty

sustaining their tenancies and experiencing poor quality of life, social isolation and deteriorating mental health status. There will be an evaluation conducted of the program to review levels of need and the program's ability to address these issues.

The training is being rolled out in 2004 and 2005. The first pilot workshop takes place in Western Sydney Area Health Service on 21 September 2004. Other workshops are being planned between Housing and Health for later in 2004 and 2005.

Recommendation 43

That the proposed Office of Mental Health oversee the implementation of effective, coordinated support services for people with a mental illness living in public housing. This will require monitoring service agreements at state and local level between the NSW Departments of Housing, Health, Community Services and Ageing Disability and Home Care.

Government Response

These service agreements are regularly monitored at an agency level and will be monitored through the Human Services CEOs Forum.

Update:

Nil

Recommendation 44

That NSW Health and the NSW Department of Housing establish a clustered housing (intensive managed) project for people with a mental illness who have had difficulty maintaining public housing tenancies.

Government Response

There is not strong evidence for clustered housing as the most effective model to provide accommodation support for all people with a mental illness who have had difficulty maintaining public housing. NSW Health, in partnership with the NSW Department of Housing, will examine a range of accommodation models.

The Assisted Tenancies initiative seeks to build onto the strong partnership relationship established between NSW Health and the Department of Housing through the Joint Guarantee of Service (JGOS). The Assisted Tenancies pilot project is aimed at people with low to moderate needs who would not ordinarily meet priority-housing criteria to manage a tenancy. Assisted tenancy will be a new type of tenancy arrangement designed to enable the target group to live in their own homes provided with individualised support. The project is being piloted in South Western Sydney and the Central Coast.

Update:

The Assisted Tenancy pilot project has been superseded by the Mental Health Housing Accommodation Support Initiative (HASI). The HASI model is based on strong partnerships at state level between the Departments of Housing and Health.

There are two levels of support being developed within the HASI program for people with mental health disorders who have difficulty maintaining successful tenancies and returning to hospital due to lack of community based support. These models are High and Low Outreach Support.

High Support is provided over a medium to long-term duration with up to 8 hours direct contact and with 24 hour on-call access, including a substantial component of after hours weekend disability support.

Low Outreach Support proposed in the expanded HASI program will provide services of short, medium or long-term duration to people with mental health problems in their own existing accommodation (including public housing tenants) who are at a higher functioning level but are at risk of being unable to sustain tenancy without support.

These models operate locally through service level agreements between mental health NGOs (providing the accommodation and disability support) NGO housing organisations (providing secure independent housing) and specialist mental health services (supplying the clinical care).

The first stage of HASI (2002) provided High Level Support. NSW Health provided \$5 million of recurrent funding for non-government organisations to provide accommodation support services. The Department of Housing provided over 100 properties for supported housing for low-income individuals to the value of \$7 million.

Recommendation 45

That NSW Health, the NSW Department of Community Services, the NSW Department of Ageing, Disability and Home Care and the NSW Department of Housing, cooperate to conduct an assertive outreach campaign that includes raising the awareness of boarding house residents and landlords about residents' rights to health care, mental health care, legal services and other services relevant to their needs.

Government Response

The NSW Department of Ageing, Disability and Home Care (DADHC) is the lead agency of the Boarding House Reform Program. In 1998, \$66 million was allocated to DADHC to reform licensed boarding houses. This included the relocation of 310 residents with high support needs.

Funding is made available through the Boarding House Reform Program to Area Health Services to address the health needs of people with a range of disabilities who reside in licensed boarding houses.

Some Area Health Services conduct health promotion strategies with boarding houses strategies that include raising the awareness of boarding house residents and landlords about residents' need for general health and mental health care services. These strategies will be extended to all service providers.

Update:

DADHC and NSW Health continue to work together to provide funding and resources to assist people with a range of psychiatric and other disabilities residing in licensed boarding houses. The primary health care program funded through DADHC to Health includes components of health promotion and prevention.

Recommendation 46

That the NSW Government fund the continuation and expansion of the Boarding House Reform Strategy.

Government Response

The Boarding House Reform Strategy program has been running over five years.

Further development will be guided by a review of the health components of the program including the processes of assessment currently conducted by the Aged Care Assessment Teams, provision of services by Area Health Services and by regional Department of Ageing Disability and Home Care (DADHC) teams, client health outcomes, and the annual funding processes between DADHC, the NSW Department of Health and Area Health Services.

Update:

The lead agency for the Boarding House Reform Program is the Department of Aging, Disability and Home Care (DADHC).

According to NSW Health estimates, there are currently up to 1100 beds in the licensed boarding house sector under the Boarding House Reform program.

DADHC allocates funds annually for the provision of primary and secondary health care needs of licensed boarding house residents. The funding is currently distributed to Area Health Services through NSW Health for a range of clinical, preventative and maintenance programs as well as various educational and health promotion activities.

Recommendation 47

That NSW Health publish a report on the outcomes of the Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders within six months and then annually. The reports should include information from Area Health Services on:

- ***consumer satisfaction indicators***
- ***waiting list numbers for supported accommodation places and public housing, and***
- ***indicators of unmet need at all local area levels.***

Government Response

The *Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders* is currently being implemented across NSW. Area Health Services will report on indicators. A data set is currently being established to begin reporting on indicators, such as waiting list numbers, levels of current need and consumer satisfaction.

NSW Health has funded Aftercare \$150,000 to prepare a report on high-level accommodation support in NSW including consumers' satisfaction issues. The report is currently in draft form.

Update:

The Centre for Mental Health funded the *High Support Accommodation for People with Psychiatric Disabilities* project in 2001, which was published by Aftercare in late 2003.

This comprehensive report provides a detailed analysis of a key area of service delivery in NSW. The report has built on to the NSW Policy Framework *Housing and Accommodation Support for People with Mental Health problems and disorders* adding a new level of understanding of the complexities of housing and high-level accommodation support.

The research project identifies a number of examples of good practice in cross sector collaboration. It found that the best model of accommodation support in NSW is a linear continuum or transitional model which allows residents/consumers to move between high and lower levels of support as their level of functioning changes.

The report provides a clear way forward for systems and service planning and will be used in the further development in NSW of supported accommodation for people with mental health disorders.

Recommendation 48

That the NSW Departments for Housing, Community Services, Health, Ageing Disability and Home Care and Attorney-General, coordinate to immediately initiate a specialist supervised and supported accommodation of 'bail hostel' program across NSW, for homeless people with a mental illness who have been charged with an offence.

Government Response

This recommendation will be referred to the Human Services CEOs Forum for consideration.

Recommendation 49

That the Attorney-General propose amendments to the NSW Bail Act 1978 to legislate for the provision of supervised and supported bail hostels for people with a mental illness.

Government Response

See response to Recommendation 48.

Update:

These recommendations were considered by the Senior Officers' Group (SOG) on Mental Health including the Attorney General's Department reports: *Pathway through the judicial system for people with mental illness* and *The Court Liaison Service*.

The Attorney General's Department is currently reviewing the Bail Act and has agreed to consider these issues within this review.

The Partnerships Against Homelessness (lead agency – Department of Housing) is working across departments to initiate and review programs for people with complex needs who are at risk of homelessness or are homeless, including people who are in contact with the judicial system.

Recommendation 50

That NSW Health evaluate the success of existing pilot programs for homeless people with a mental illness and:

- **discontinue programs shown not to be effectively and efficiently achieving their planned outcomes**
- **expand funding to programs identified as effectively and efficiently achieving planned outcomes..**

Government Response

NSW Health, in partnership with government and non-government stakeholders, is addressing issues related to homelessness. The strategies will be linked into the *NSW Government Partnership Against Homelessness* and the review of the *Joint Guarantee of Service* for people with a mental illness between NSW Health and NSW Departments of Housing.

NSW Health has also funded a handbook for the care of people with a mental disorder who are homeless, for use by staff working on homelessness and in general health settings. This will improve the effectiveness of care to this population.

The NSW Government Partnership Against Homelessness has committed funding for two years to pilot a mental health position for the Homeless Action Team Support and Outreach Service (HATSOS) in inner Sydney. The position will facilitate improved access to mental health services for rough-sleeping homeless people with co-morbid mental health and substance use disorders. The position will identify and demonstrate best practice for mental health outreach, engagement of special needs groups, strategies for the prevention of mental health and substance use disorders in the rough-sleeping homeless population and also build the capacity of the Homelessness Outreach Service to develop systemic links to mental health and drug and alcohol services. Recruitment to the position will commence in December 2003.

Update:

The Centre for Mental Health has funded a homelessness dual diagnosis position to develop sustainable communication, referral mechanisms and pathways between the HATSOS and other local inner city homelessness services, in order to improve access to housing and to the services of Drug and Alcohol Services and Mental Health Services in South Eastern Sydney and Central Sydney AHSs.

NSW Health, Centre for Mental Health (CMH) is a member of the Partnerships Against Homelessness (PAH) Government Initiative.

The Centre for Mental Health is working on this program in partnership with the Departments of Housing and Community Services and the Premiers Department. NSW Health has provided funding of \$164,750 to the Department of Housing in 2005 to 2007 for a two-year Dual Diagnosis position in the HATSOS Program.

Under the Partnerships Against Homelessness (PAH) initiative, CMH are involved in a range of joint projects, including:

- The funding of a Dual Diagnosis Partnership Worker in the Homelessness Action Team Street Outreach and Support Service (HATSOS), with the Department of Housing; and
- Three pilot project proposals for supported accommodation to assist people that are homeless or at risk of homelessness & have substance abuse problems. Targeted to:
 - Young people in a regional location
 - Adults and Aboriginal people with high support needs

- Single men & women, ex-offenders

Recommendation 51

That the Partnerships Against Homeless initiative be expanded to include key non-government agencies that deliver services to homeless people.

Government Response

See response to recommendation 50.

Update:

(See Response to recommendation 50)

Recommendation 52

That the participating agencies in Partnerships Against Homelessness, in collaboration with Supported Accommodation Assistance Program services, establish coordinated referral systems between participating agencies.

Government Response

This is in progress at both statewide and Area Health Service levels.

Update:

(See Response to recommendation 50)

Recommendation 53

That the participating agencies in Partnerships Against Homelessness, fund assertive outreach services among homeless people in areas where the incidence of homelessness is identified as particularly high.

Government Response

See response to recommendation 50.

Update:

(See Response to recommendation 50)

Recommendation 54

That the NSW Department of Housing and NSW Health develop a simple Housing Risk Identification Tool which can serve as a proactive measure for managing an individual's housing risk. This should be incorporated into an 'Early Intervention Manual for People with Mental Illnesses at Risk of Homelessness'.

Government Response

The proactive management of an individual's housing risk is one of the aims of the Joint Guarantee of Service (JGOS). A Resource Kit will be developed for workers, to support the implementation of the expanded JGOS. A number of modules including measurement tools will form the basis of this Kit.

This project should be completed by June 2004.

Update: Response Complete

The resource kit/manual is currently being developed by Department of Housing. A draft version of the manual was piloted as part of an initial rollout of the expanded Joint Guarantee

of Service (JGOS) in late 2004. The state-wide training for JGOS will include all relevant mental health and housing staff as well as staff from local SAAP services (Supported Accommodation Assistance Program) and Aboriginal Housing staff.

A brief risk assessment for homelessness tool has been integrated into new Discharge Guidelines.

Recommendation 55

That NSW Health and the NSW Department of Housing adopt a housing strategy for people with a mental illness similar to the 'Joined Up Initiatives' program in Victoria where:

- ***the NSW Department of Housing allocates suitable housing stock for mentally ill people with complex needs, and***
- ***NSW Health funds non-government organisations to manage residential rehabilitation programs using the allocated housing stock.***

This strategy should be developed and implemented within six months and allocation of housing stock commence within 12 months of the strategy implementation.

Government Response

The NSW Department of Housing targeted 100 places in 2002/03 for people with mental illness as the Housing and Accommodation Support Initiative. Support is currently provided through the generic mental health program. Housing provides housing stock and NGOs provide disability support through these programs. Area mental health services work in partnership and provide clinical mental health services.

Update: Response Complete

In 2002, NSW Health, Centre for Mental Health, and the NSW Department of Housing jointly funded Stage One of the Housing and Accommodation Support Initiative (HASI). HASI is an innovative partnership program between NSW Health and the NSW Department of Housing and NGOs, designed to assist people with mental health problems requiring accommodation (disability) support to participate in community life, maintain successful tenancies and improve their quality of life. HASI incorporates a range of levels of support from low outreach to higher levels.

NSW Health provided funding through Area Health Services through a state wide tender process for NGO accommodation support providers. The Department of Housing contributed appropriate housing stock for the program, and participating NGO community housing associations were identified through a state wide tender process.

A major focus of HASI is to increase equity of access to supported housing in NSW and to establish services in Areas where there are few or no accommodation support services currently available. This project will also contribute to the broader strategy of addressing housing and accommodation support sustainability issues and strengthening housing and support partnerships through the *Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing* (JGOS).

HASI currently operates under Two Stages:

HASI Stage One

Services under the first Stage of HASI commenced in 2002/03 with NSW Health and the NSW Department of Housing jointly funding housing and accommodation support for over 100 people with complex mental health problems and disorders. The Department of Housing contributed appropriate housing and NSW Health provides \$5million recurrently for NGOs to provide high-level accommodation support services.

HASI Stage Two

Under HASI Stage Two, NSW Health is providing funding for 460 packages of care for low-level outreach, accommodation support for people who have a mental illness and reside in public housing and community housing.

HASI Stage Three

This stage of HASI is currently subject to the tender evaluation process to establish NGO accommodation support providers. 126 places of high support will be provided across all Area Health Services in NSW.

Recommendation 56

That NSW Health and the Centre for Mental Health develop information packages or 'care kits' for consumers that will enhance access to information facilitating self-care. Kits should contain information such as:

- ***contact details from the Health Care Interpreter Service and the Telephone Interpreter Service,***
- ***contact details and locations of 24 hour crisis services, and***
- ***rehabilitation options available, such as case management and multidisciplinary care, as well as contact details for access to such services.***

Government Response

These have been developed in most Area Health Services and will be available in the Area Health Services by June 2004.

The Transcultural Mental Health Centre has produced and translated a wide range of information kits and resource materials in various formats such as audio, video, written in response to the identified mental health needs of culturally and linguistically diverse consumers.

Update: Response Complete

The Transcultural Mental Health Centre has produced and translated a wide range of information kits and resource materials in various formats such as audio, video, written in response to the identified mental health needs of consumers from CALD backgrounds. The following information resources have been produced:

1. Family Help Kit – information on children and adolescents behaviour, challenging behaviour, grief and loss, fears and anxiety, post traumatic stress, depression, suicide prevention, psychosis, body image and eating disorders.

Formats: radio programs, tapes, booklets

Translations: 15 languages – Arabic, Cantonese, Croatian, English, Farsi, Filipino, Greek, Hindi, Italian, Korean, Macedonian, Mandarin, Serbian, Spanish, Tongan, Turkish, Vietnamese

2. Fact Sheets – multilingual information packages including fact sheets, cassette tapes and CDs covering disrupted behaviour, Anorexia Nervosa, Anxiety, Depression. Developed for parents from CALD backgrounds to promote their understanding of mental health issues in children and help seeking behaviours

Translations: Arabic, Cantonese, English, Filipino, Farsi, Hindi, mandarin, Spanish, Turkish, Vietnamese

3. Health & Well Being of Older People in our community – Series of audio visuals from radio programs broadcasted in 15 languages on SBS in April 2000. Program was based on issues identified by older people from the community and looking at emotional and mental health needs for the CALD population.

Translations: Arabic, Cantonese, Croatian, Dutch, English, Greek, German, Italian, Macedonian, Maltese, Polish, Russia, Serbian, Spanish, Vietnamese.

4. A little Understanding – video based on people’s experiences with mental health services and community attitudes.

TMHC now working on production and translation of 4 booklets on wellbeing – stress & stress maintenance, promoting wellbeing, problem solving and a good night’s sleeping.

Translations: 8 languages – Arabic, Chinese, Farsi, German, Greek, Italian, Spanish and Vietnamese.

5. Pamphlet on Transcultural Mental Health Centre Clinical Consultation and Assessment Service targeted at ethnic communities. Within this pamphlet there is a summary of the service translated into 10 languages.

Recommendation 57

That NSW Health develop and conduct a consumer and carer perception survey for people from culturally and linguistically diverse backgrounds to:

- ***identify satisfaction with the manner and attitudes of mental health professionals in delivering services, and***
- ***assist in development of staff training programs designed to improve focus on individual care and flexibility in providing treatment suitable to the patient’s needs.***

Government Response

The Mental Health Consumer Perceptions and Experiences of Services (MH COPES) project, currently underway, will be developing a consumer perception tool and guidelines to ensure quality review of mental health service delivery. This will scope all groups in the community including people from culturally and linguistically diverse backgrounds.

The Centre for Mental Health is liaising with the Transcultural Mental Health Centre for a new carer and consumer project including a survey of carer and consumer perceptions will be an integral part.

Update: Response Complete

The Centre for Mental Health funded the Transcultural Mental Health Centre to undertake a carer and consumer project including a survey of carer and consumer perceptions. This project was completed in 2003.

The NESB Carers’ Support Project, funded by the Centre for Mental Health, is undergoing an evaluation targeting 4 ethnic communities to ascertain the effectiveness of the carers’ support project, level of carer’s satisfaction and carers’ perceptions of their support, education and training needs.

Recommendation 58

Recommendation 58

That NSW Health provide, in accordance with its Caring for Mental Health in a Multicultural Society policy, a strategy to improve access to appropriately trained health care interpreters and services for people from culturally and linguistically diverse backgrounds, including:

- ***adequate funding so that bilingual crisis services are provided 24 hours per day***
- ***recruitment of more interpreters and bilingual mental health workers in a broad range of language groups, and***
- ***education for mental health professionals about effective use of interpreters in clinical settings and referral of consumers and carers to the Health care Interpreter Service and the Telephone Interpreter Service.***

Government Response

Over the next 12 months the Centre for Mental Health is undertaking a review of its *Caring for Mental Health in a Multicultural Society* policy. Strategies to enhance access will form part of the review.

Update: Response Complete

In early 2004 the Centre for Mental Health (CMH) established a Multicultural Mental Health Policy Reference Group to provide advice and guidance in the review of the *Caring for Mental Health in a Multicultural Society*. The CMH is currently developing the NSW Multicultural Mental Health Plan 2005-2010, which highlights the importance of using interpreters and other bilingual resources by mainstream mental health staff and strategies to collect data on the utilisation of interpreters.

Recommendation 59

That NSW Health work with the Transcultural Mental Health Centre to develop and implement a cultural training program that requires:

- ***the participation of all mental health professionals and staff, and***
- ***ongoing cultural sensitivity training relative to the client group they support.***

Government Response

The Transcultural Mental Health Centre, is working with the NSW Institute of Psychiatry and STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors). Together they are developing training programs for health staff. Topics covered include child mental health, older people, and carer/consumer views.

Training is provided to professionals in rural, remote and regional Areas. These services work with the NSW Refugee Health Service to train GPs and medical students on refugee and torture and trauma issues. Staff skills are also supported by the provision of clinical consultancy advice to mainstream mental health clinical staff.

Within Area Health services, Area Multicultural Health Coordinators provide a cultural consultancy service and undertake staff training. Cultural training will also be included in the review referred to in response to Recommendation 58.

Update: Response Complete

The issue of increasing the cultural competency of mental health staff is addressed in the draft NSW Multicultural Mental Health Plan.

The Centre for Mental Health, in conjunction with the Children's Hospital Westmead, have funded a Clinical Cultural Consultant Position to provide clinical assessment and case planning and cross cultural training of hospital clinical staff.

The Transcultural Mental Health Centre (TMHC) continues to provide training to mainstream mental health staff on how to use TMHC's services and conduct appropriate mental health assessment across cultures. They also train bilingual sessional counsellors on a range of clinical interventions.

TMHC and STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) work with the NSW Institute of Psychiatry to develop training programs for health staff. The NSW Refugee Health Service continues to train GPs and medical students on refugee and torture and trauma issues. These services also provide a cultural consultancy service to mainstream mental health clinicians.

The Centre for Mental Health has provided funding to the Transcultural Mental Health Centre for an innovative CALD Regional, Rural and Remote Outreach Program to explore models of service delivery and establish level of need and resources in these areas. The project will engage local service providers in enhancing their skill base when managing clients from CALDB and increasing their awareness of their needs.

Recommendation 60

That NSW Health develop and initiate a program tailored for General Practitioners to inform them of the full range of public mental health service options available to people from culturally and linguistically diverse backgrounds.

Government Response

A specific project between the Transcultural Mental Health Centre and Divisions of General Practice will develop resource material to be disseminated and regularly updated.

Update: Response Complete

The Transcultural Mental Health Centre (TMHC) continues to work with the Divisions of General Practice. Based on consultations with GPs, the following series of fact sheets have been developed focussing on working across cultures in the mental health sector:

- A fact sheet providing information on TMHC's clinical consultation and assessment service for GPs including information on interpreter services and determining English adequacy;
- Depression Dilemmas – working cross culturally with older people – information on services and assessment.

TMHC is also developing training modules, through the Institute of Psychiatry, on transcultural mental health issues for GPs.

Recommendation 61

That NSW Health investigate and implement support initiatives for carers of mental health consumers from culturally and linguistically diverse backgrounds, including counselling services with bilingual interpreters.

Government Response

See response to Recommendation 57.

Update:

The Centre for Mental Health continues to fund the Transcultural Mental Health Centre (TMHC) for a Carers Support position. This position has trained bilingual group leaders to facilitate carer's support groups. 18 groups have been established to date in Arabic, Cantonese, Macedonian, Farsi, Greek, Khmer, Korean, Spanish and Turkish. Tagalog, Vietnamese and Maltese groups are currently being established.

Ongoing support is provided to the group leaders by TMHC. This position also provides education and awareness raising activities targeting ethnic communities on mental health issues using the ethnic media outlets.

Recommendation 62

That as part of any Aboriginal Mental Health Policy, NSW Health should:

- ***review Aboriginal Mental Health Worker numbers and their distribution in NSW***
- ***assess obstacles and incentives to recruit and retain Aboriginal Mental Health Workers in NSW***
- ***integrate review findings into the new Aboriginal Mental Health Policy.***

Government Response

The Aboriginal Mental Health Policy Review Working Group, a partnership between the Aboriginal Health and Medical Research Council of NSW, local Aboriginal Medical Services, Area Health Services, and NSW Health Department, is currently reviewing the NSW Health Aboriginal Mental Policy. The issues identified in the recommendation will be addressed in the review.

Update:

Prior to consultation, the draft *NSW Aboriginal Mental Health and Well-being Policy* has been extensively revised. Consultation is currently being sought prior to finalisation of the document by late 2005.

The draft *NSW Aboriginal Mental Health and Well-being Policy* was developed through the NSW Aboriginal Mental Health Policy Review Group. This group is composed of representatives of Aboriginal Community Controlled Health Services, senior Area Mental Health Directors, Aboriginal mental health staff and is under the leadership of the Aboriginal Health and Medical Research Council (AHMRC) and NSW Health. The recent revision has strengthened the document through additional epidemiological data, clearer strategies to assist implementation and through improving readability of the document. The revised document will be subject to review by a wide range of stakeholders.

The draft *NSW Aboriginal Mental Health and Well-being Policy* incorporates the five key strategies of the recently developed *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004 – 2009*. They include:

- A focus on children, young people and families
- Building on the partnerships between Aboriginal Community Controlled Health Services and local mental health services
- Increasing the access and responsiveness of mental health services
- Strengthening the workforce
- Coordination of resources, programs, initiatives and planning
- Improving quality, data and research

Recommendation 63

That NSW Health, as part of any new Aboriginal Mental Health Policy, develop a strategy for recruiting and adequately resourcing Aboriginal Mental Health Workers throughout NSW.

Government Response

The recruitment and resourcing issues will be a key part of the revised Aboriginal Mental Health Policy (see response to Recommendation 62).

Update:

Strengthening the workforce and improving coordination of resources, programs, initiatives and planning are key strategies for the draft *NSW Aboriginal Mental Health and Well-being Policy*.

There are currently over 60 Aboriginal mental health workers in NSW mental health services. Aboriginal Community Controlled Health Services (ACCHS) receive support from NSW Health, the Centre for Mental Health, for the employment of Aboriginal Mental Health Workers. There are currently ten positions funded recurrently in ACCHSs. An additional ten positions will be made available over the coming year. As well, funding has been made available to support the position of a statewide coordinator of mental health services for ACCHSs to be auspiced by the Aboriginal Health and Medical Research Council (AH&MRC).

To assist Aboriginal people to improve their skills in mental health and related training, the Centre for Mental Health also has supported scholarships for people undertaking suitable courses.

Recommendation 64

That NSW Health continue to work towards partnerships between mainstream mental health services and Aboriginal community-based mental health services, including trial partnerships between local general practitioners and Aboriginal Mental Health Teams.

Government Response

This is already occurring and work will continue to further the recommendation.

Update:

The draft NSW Aboriginal Mental Health Policy highlights the need for effective partnerships between Area Health Services and ACCHS and supports their development. In addition, the draft Policy encourages a partnership approach between other Government organisations and the health system.

Recommendation 65

That the Minister for Health develop a proposal to the Commonwealth Ministers for Health and Education to initiate a post-graduate module in Aboriginal Mental Health for nursing and health related courses.

Government Response

Discussions will be initiated with the relevant bodies by early 2004. A proposal will be developed and forwarded to the Commonwealth Ministers for Health and Education.

Update:

The Commonwealth Ministers of Health and Education are responsible for the number of nursing education places, including those for Aboriginal mental health nursing. The matter of health workforce issues generally has been referred by NSW earlier this year for consideration by the Council of Australian Governments.

NSW Health has supported a number of training initiatives in Aboriginal mental health. These include:

- The Centre for Mental Health has funded Charles Sturt University for the development and delivery of a post-graduate nursing module in Aboriginal mental health nursing. The funding has provided for course development and the provision of full fee scholarships for 12 students per intake (for two intakes - 24 students). The course has been run for 3 years by Distance Education and incorporates the strengths of the three campuses at Dubbo, Bathurst and Wagga.
- The development of an Aboriginal module of the School-Link training program run by the NSW Institute of Psychiatry for school counsellors.
- Funding and development of traineeships in Aboriginal mental health for Aboriginal people in mental health services.
- Funding of 'Community Mental Health – A Training Program for Indigenous People' developed jointly between the Macquarie Area Health Service and Charles Sturt University as a resource for increasing the mental health competence for Aboriginal Health Workers and other Aboriginal workers and community members.

- The establishment of scholarships in:
 - Charles Sturt University Bachelor of Health Sciences (Mental Health), a restricted entry Bachelor Degree course recognised nationally as the major qualification for Aboriginal mental health workers.
 - The University of New England Diploma of Aboriginal Child and Family Community Counselling course – the major provider of counselling specific training for Aboriginal people
 - The Southern Cross Masters of Indigenous Studies (Wellbeing) – a program developing and delivering unique Aboriginal responses to trauma and transgenerational trauma.

Recommendation 66

That the Minister for Health provide at least three fully funded scholarships for psychiatric nurses undertaking the proposed post-graduate module in Aboriginal Mental Health on an annual basis.

Government Response

This recommendation is supported.

Update: Response Complete

As part of the 2005 Mental Health Nursing Workforce/Skills Acquisition Project, a minimum of 40 scholarships will be made available to mental health nurses wishing to undertake further undergraduate and post graduate studies. This includes opportunities for post graduate studies in Aboriginal Mental Health for those wishing to pursue this career path.

Recommendation 67

That NSW Health implement a policy that requires the Aboriginal and Torres Strait Islander Medical Service be involved, with the consent of the patient, once an Aboriginal and Torres Strait Islander person is admitted to hospital for psychiatric care and later when discharged.

Government Response

The current policy addresses the need for Aboriginal mental health workers to be involved once the patient/ consumer has given permission. The revised policy will emphasise better links and referral pathways between mainstream mental health services and Aboriginal medical services.

Update:

Nil

Recommendation 68

That the Minister for Health provide additional funding to the Centre for Mental Health for the purposes of reintroducing an integrated service program for people with a mental illness and substance use disorder.

Government Response

The CMH and Centre for Drugs and Alcohol (CDA) are currently evaluating implementation of the Management of People with a Co-Existing Mental Health and Substance User Disorder Service Guidelines.

Training modules (including a Dual Diagnosis CD-Rom and training manual) are being developed by NSW Institute of Psychiatry and Hunter AHS and will be available by mid 2004.

School-Link is a key collaborative initiative between health and education to improve mental health care for children and adolescents in NSW. It provides a framework and structure to support child and adolescent mental health services and schools and TAFE to work collaboratively. A Comorbidity Module will be developed for this initiative.

Funding has also been allocated for 24 months for a position on the Homelessness Action Team Street Outreach Service (HATSOS) with specific dual diagnosis focus.

Update:

NSW Health through the Centre for Drugs and Alcohol has funded an independent review of dual diagnosis services across NSW, to map current services as well as details of patient journey through services. An interim report has been completed, with a final report scheduled for later in 2005. This information builds on the self reporting survey sent AHSs as part of the review of implementation of the MISA guidelines referred to in the original response.

An advanced School-Link Training module focusing on comorbidity (mental illness and drug and alcohol misuse) in adolescents is currently being developed. The collaborative training program will be provided across NSW for school and TAFE counsellors, mental health workers, drug & alcohol workers and psychologists from Justice Health.

Recommendation 69

That the Centre for Mental Health develop and conduct a training program for drug and alcohol workers designed to increase the awareness and knowledge of mental illnesses and mental health practices.

Government Response

The Department of Health is undertaking an audit of current programs for training and joint services in AHSs. This will be completed by the end of 2003.

Funding has been provided to the Institute of Psychiatry for the development of a manual on mental health and drug and alcohol issues that can be used by all workers in the mental health and drug and alcohol services.

Update:

The Centre for Mental Health in close collaboration with the Centre for Drugs and Alcohol has funded the development of a number of activities to enhance awareness across specialties. These include programs being developed through the Institute of Psychiatry:

- Development of a multimedia resource including a handbook and a CD-Rom on Mental Health aspects of dual diagnosis for Drug and Alcohol workers;
- Mental health competency modules as part of Drug and Alcohol Apprenticeship and supporting log books, manuals and promotional material.
- A manual on Drug and Alcohol issues including the specific symptoms of intoxication from various drugs for mental health workers.

Recommendation 70

That NSW Health and the NSW Department of Ageing, Disability and Home Care collaborate to develop policies and structures to enable intellectually and physically disabled people with mental health needs, to access appropriate mental health services, particularly where residents in institutions move into the community. This would include:

- ***inter-departmental 'Service Agreements' across NSW that require regular meetings between area mental health and disability teams to facilitate a collaborative approach to exchange of information and recommendations***
- ***initiating a professional development program for disability and mental health sector professionals to better understand dual diagnosis and protocols and procedures***

necessary to provide appropriate services to people with dual diagnosis.

Government Response

The Department of Ageing Disability and Home Care (DADHC) is leading a Senior Officers Group on Intellectual Disability and the Criminal Justice System. This group is examining improved service coordination for people with an intellectual disability who are in contact or at risk of contact with the criminal justice system. It is supported by the Executive Officer of the Human Services CEOs Forum, and will report to the Human Services and Justice CEOs by August 2004. .

The NSW Department of Health is currently scoping the development of an Intellectual Disability and Mental Health Service Plan that will enhance coordination, staff training, referral and treatment of people with dual diagnosis.

Update:

In 2004, the Cabinet Committee on Human Services supported the development and trial of a 3-year pilot - *Integrating Services for Clients with Challenging Behaviours* - and noted the key features of the proposed integrated service model. The Cabinet Standing Committee on the Budget approved the 3-year project and set aside funds for the program with the Treasurer's Advance.

DADHC is the identified lead agency on the project with NSW Health and the Department of Housing as key partner agencies on the Project Management Committee. The project commenced in 2005 with first intake of clients scheduled for September 2005.

This interagency project will be focusing on a small number of highly behaviourally disturbed individuals to develop and trial models of collaborative care. It will also be examining best practice models along the continuum of care for people with intellectual disability and mental illness and other comorbid conditions to ensure there is improved interagency service delivery to this population.

Recommendation 71

That the Minister for Health include a module on intellectual disability, for inclusion in the proposal suggested at Recommendation 17, regarding national undergraduate nursing courses.

Government Response

The Intellectual Disability and Mental Health Services Plan will include recommendations for further funded training and education of nurses and medical practitioners – these recommendations will be implemented.

Update:

In line with the work by NSW Health with DADHC on the 3-year pilot, the *Integrating Services for Clients with Challenging Behaviours Project*, and following on from the interagency work conducted over 2004 and 2005 as part of the Mental Health Senior Officers Group, the work on the draft Intellectual Disability and Mental Health Services Plan will be finalised and skill training for staff such as nurses will be recommended.

Recommendation 72

That NSW Health liaise with general practitioner and specialist representatives to develop and implement a continuing medical education program designed to improve the knowledge and understanding of intellectual disability and dual diagnosis.

Government Response

See response to Recommendation 71.

Update:
Nil

Recommendation 73

That the Centre for Mental Health support and promote further research into the identification and diagnosis of intellectually disabled people with mental health needs, with a view to:

- ***reviewing current intake and support protocols for mental health services***
- ***to promote interagency cooperation, including non-government service providers***
- ***providing consistent quantitative and qualitative information which can be used to develop more effective service provision and evaluate treatment outcomes.***

Government Response

The Intellectual Disability and Mental Health Services Plan will include a review of current service activity, coordination mechanisms, best practice models and information requirement issues. Further research on these issues will be supported and implemented by NSW Health along with partner agencies such as DADHC.

Update:

NSW Health has recently been a key partner on a DADHC working group to review DADHC's case management service type in relation to provision of HACC services to people with intellectual disability and health needs. That work is coming to a conclusion and DADHC are rewriting their guidelines and standards. DADHC and NSW Health are also forming a working group to examine the development of a template for a MOU to support clients who would benefit from joint management with HACC type services. This relates specifically to clients with mental health and intellectual disability and also clients with disability associated with their mental illness; a proportion of this group will be older people with frail aged issues who require HACC services. There is evidence that this is working in the mental health field with several good practice models in two Area Health Services providing examples for further local partnership.

There is also consideration being given to extending across NSW the best practice models of dual diagnosis (mental health and intellectual disability) case management planning and service delivery meetings that are occurring in some regions/ Area Health Services. This work will interface with the roles and tasks of the Integrated Challenging Behaviors Project (ICB), which is a three-year pilot lead by DADHC. The ICB Project is a human services initiative to address the needs and issues of cross agency planning and services for people with complex needs and severe and challenging behaviours.

Recommendation 74

That NSW Health and the NSW Police Service revise section 11.5 of the Memorandum of Understanding between NSW Police and NSW Health to:

- ***recognise dual diagnosis (mental illness/intellectual disability) as separate but frequently overlapping special needs groups***
- ***require that local dual diagnosis protocols between police, mental health services, drug and alcohol services, and ageing and disability services include quarterly review meetings between local service partners.***

Government Response

This recommendation is supported.

Update:

The Senior Officers Group on Mental Health has established an Urgent Response and Transport working group to progress a range of issues at the interface of Police, Ambulance, Emergency Departments and Mental Health Services in respect to emergency care for people with mental illness and behavioural disturbance. A number of initiatives and innovations in practice will assist in the appropriate response and management of people presenting with a range of problems including intellectual disability.

The Memorandum of Understanding between Police and Health will be extensively reviewed following clarification and reconciliation of changes to Area Health boundaries that relate to local protocols and interagency coordination of services, and in response to significant enhancements in mental health care capacity building in emergency departments through the establishment of Psychiatric Emergency Care Centres and the development of a regional Mental Health Critical Care Plan.

NSW Health and DADHC are currently engaged in a number of activities and discussions that will enhance collaboration and impact positively on service delivery for people with intellectual disability including the recent transfer of Diagnosis and Assessment Services from DADHC to Health.

Recommendation 75

That NSW Health, in consultation with mental health services, the NSW Police Service, and other stakeholders, develop a service protocol for people with an intellectual disability and a behavioural disorder who are frequently presented to mental health facilities for assessment but not admitted.

Government Response

These issues will be appropriately covered through the review and implementation of the MoU between NSW Health and NSW Police.

Update:

(See recommendation 74)

Recommendation 76

That NSW Health consider intellectual disability within the court liaison program for people with suspected or confirmed intellectual disability and mental illness.

Government Response

The Corrections Health Service Community Court Liaison Service already provides a service to people who have an intellectual disability and a mental illness.

Update:

Data from the Mental Health Survey (Allnutt & Butler 2003) indicate that approximately 8% of the inmate population have an IQ below 75, which equates to being identified as Intellectually Disabled.

The People with intellectual disability who appear before the courts are included in the concerns of the Statewide Community and Court Liaison Service (SC&CLS). SC&CLS provides screening, assessment and diversion service to nineteen local courts, both metropolitan and rural. The service is currently expanding by the use of telemedicine to include two further courts.

Recommendation 77

That the Consensus Guidelines for the Assessment and Management of Depression in the Elderly be revised to include guidelines recommending a range of social and diversionary activities to assist with the treatment of symptoms of depression.

Government Response

Currently, the Consensus Guidelines encourage more regular visits by relatives and friends.

The *Suicide Prevention for Older People Training Manual* released in August 2003 focuses on understanding and responding to suicide risk in older people and strategies for early intervention and prevention. It includes identifying and dealing with depression in older people including consideration of issues such as community participation, social isolation and practical improvements to physical and social environments.

Update:

(A consolidated response to recommendations 77 to 82 is provided following recommendation 82)

Recommendation 78

That NSW Health develop and implement strategies for improving referral rates of older people to psychiatrists, and that referral rates be monitored to identify whether or not more older people are referred as a result of the Consensus Guidelines for the Assessment and Management of Depression in the Elderly.

Government Response

The NSW Department of Health is currently reviewing the Mental Health-Outcomes and Assessment Tools (MH-OAT) to provide specific modules appropriate to the needs of older people; including specific screening tools for depression in older people, suicide risk, delirium and dementia.

The NSW Department of Health is also developing a Service Plan for Specialist Mental Health Services for Older People. This draft plan will be ready for consultation with mental health and aged care services in early 2004. The plan will aim to improve referral and treatment outcomes for older people. Increased referral rates will require additional specialist psychiatrists.

Update:

(see response to recommendation 82)

Recommendation 79

That NSW Health develop systems to ensure access for older people in residential facilities to Aged Care Mental Health Teams.

Government Response

Management of health and ageing issues in NSW relies on intergovernmental cooperation with the Commonwealth.

NSW Health works with the Commonwealth and aged care providers to improve access of older people to health services, including dementia and psycho-geriatric care. NSW Health

has called on the Commonwealth to align its relevant programs, in particular, the Psychogeriatric Unit Program, to ensure integrated services.

The NSW Government's funding announcement includes \$7 million over five years for Older Persons Mental Health Services. This will assist improved linkages across aged care services and support of older people in residential aged care with behavioural problems and mental disorders associated with dementia.

The Service Plan for Specialist Mental Health Services for Older People will address referral pathways and access to specialist mental health services for older people who are resident in nursing homes and hostels.

Update:

(See response to recommendation 82)

Recommendation 80

That NSW Health ensure that its new mental health care strategy for the aged and accompanying service plan for the aged in NSW include;

- *consultation with stakeholders, funders and providers*
- *defined roles and responsibilities for stakeholders, funders and providers in implementing and delivering the plan*
- *Regional population projections as part of service planning and infrastructure provision*
- *clarification of intergovernmental responsibilities for dementia and co-existing mental health problems*
- *clarification of the role of community health teams and services in relation to private or non-government organisations residential settings, and*
- *timeliness for achievements with annual reporting requirements.*

Government Response

Key stakeholders will be consulted as part of the development of a service plan for Specialist Mental Health Services for Older People. The plan will include clarification of responsibilities of all service providers and jurisdictions and will address population projections as part of service delivery issues. The planning process is addressing each of the issues identified in this recommendation.

Update:

(See response to recommendation 82)

Recommendation 81

That the Minister for Health collaborate with the non-government and private sectors to establish and fund the following facilities across metropolitan and regional NSW:

- *purpose built high quality psychogeriatric nursing homes, and*
- *purpose built acute care psychogeriatric units in hospitals.*

Government Response

NSW Health is currently developing models of care for this population and is working with the Commonwealth and aged care providers to progress possible options.

Update:

(see response to recommendation 82)

Recommendation 82

That NSW Health should, when a sufficient number of psychogeriatric nursing homes and acute care psychogeriatric units are operational:

- ***develop individual service plans for existing Confused and Disturbed Elderly (CADE) unit residents guaranteeing ongoing treatment and accommodation***
- ***transfer all CADE unit residents to high quality psychogeriatric facilities and then***
- ***close or redevelop the nine CADE units currently operating in NSW.***

Government Response

NSW Health is currently undertaking a review of Confused and Disturbed Elderly (CADE) units. If funding is released from the transfer of CADE beds, NSW Health will ensure that this funding goes to the target population of psychogeriatric patients.

All older persons with mental health problems who are assessed and treated will be provided with individual care plans to address their health care and support needs in the community and in residential care settings.

Updated response to recommendations 77-83

NSW Health is currently finalising a *Service Plan for Specialist Mental Health Services for Older People* (SMHSOP) to guide the development of these specialist services across NSW over the next 10 years. The Plan is expected to be released in September 2005.

The *Service Plan* has been developed in consultation with the Older People's Mental Health Working Group and Area Clinical Coordinators for SMHSOP from across NSW Area Health Services (AHSs). These groups comprise key stakeholders in older people's mental, including NSW Health mental health and aged care services, community and residential aged care services, peak consumer and carer organisations, and agencies with policy and funding responsibilities relating to older people's mental health.

The *Service Plan* outlines the broad population, policy and service delivery context for initiatives in older people's mental health and articulates the role of SMHSOP in the service system. It outlines a service delivery model for SMHSOP, encompassing the various clinical functions of these services and evidence-based models, and a detailed implementation plan for the phased development of these services. The performance indicators, reporting mechanisms and monitoring and evaluation processes that will provide the accountability framework for the implementation of the *Service Plan* are clearly specified.

The *Service Plan* addresses the range of recommendations in the Select Inquiry report regarding older people's mental health, including:

- Strategies to address depression in older people (Rec. 77);
- A focus on improving (appropriate) referral to SMHSOP and to private psychiatrists (Recommendation 78), in conjunction with strategies to enhance the knowledge and skills of other key services and providers such as GPs, primary health and aged care services, adult mental health services, community support services and residential aged care services concerning older people's mental health issues to promote prevention and early intervention;
- The implementation of models and arrangements to improve and support long-term care options for older people with mental health problems, in partnership with the residential aged care and other supported accommodation providers (Rec. 79 & 81);
- The role and responsibilities of various agencies in the care and support of older people with mental health problems, and the partnerships to be developed by SMHSOP in addressing the needs of their target group (Rec. 80);

- The population projections, planning benchmarks, performance indicators and reporting processes for the development of SMHSOP under the *Service Plan* (Rec. 80);
- The planning and development of acute SMHSOP (psychogeriatric) care units, in line with local needs analysis and service infrastructures, and the development of SMHSOP arrangements with acute hospitals and mental health facilities to support access to appropriate acute inpatient care of older people with acute mental illness or behavioural disturbance (Rec. 81);
- The redevelopment of Confused and Disturbed Elderly Units in line with the recommendations of a review currently being finalised, NSW Health policy directions concerning integrated approaches to the care of older people in the NSW Health system and the SMHSOP clinical service model outlined in the *Service Plan for SMHSOP* (Rec 82); and
- The role of SMHSOP in providing information and care and support, where appropriate, for carers of older people with mental health problems (Rec. 83).

A number of recent NSW Health initiatives address the needs of older people with mental health problems and the issues raised in the Select Inquiry. They include the following:

Area Clinical Coordinators for SMHSOP: Area Clinical Coordinator positions for SMHSOP have been established in all Area Health Services across NSW, with funding of \$1.44 million over 4 years. These Coordinators provide clinical and strategic leadership in the development of SMHSOP at the Area level, including the development of AHS Strategic Plans for SMHSOP to guide clinical practice, training and workforce development, partnerships, service development and referral pathways locally. They will be fundamental to the implementation of the *Service Plan* across NSW.

Models of care for older people with severe behavioural disturbance: NSW Health has pursued a number of projects to develop models of care to promote service development and continuity of care for older people with severe behavioural disturbance.

- A report on issues and approaches to the management and accommodation of older people with severely and persistently challenging behaviours, to be released in August 2005, which has outlined an integrated model of care for this group that has been incorporated into the SMHSOP service delivery model in this plan.
- A review of NSW CADE Units, to be completed in August 2005, has examined the current operations of these units, and developed recommendations regarding future NSW Health policy and planning directions for their safe, effective and cost-efficient operation within the continuum of care for older people with behavioural disturbance associated with dementia and/or mental illness across NSW. Implementation of the review findings will address the care of current CADE Unit clients.

Initiatives with the residential aged care sector: Top -up funding has been provided to community-based aged care hostels such as Frederic House to ensure support for aged homeless men with mental health, drug and alcohol and age-related health problems and an examination of future funding issues in relation to further partnership models with the residential aged care sector for this population are being examined for implementation under the *Service Plan*.

NSW Health has jointly funded a 'Special Care Unit' for older people with severe behavioural disturbance associated with dementia and/or mental illness in Sydney South West AHS with the Australian Government Department of Health and Ageing under the Aged Care Innovative Pool Program. This program will be provided within a mainstream residential aged care facility through a partnership between the AHS (SMHSOP) and the residential aged care provider.

The Department has developed revised *Guidelines for working with challenging behaviours in residential aged care facilities*, to be released in August 2005. The guidelines are intended to assist residential aged care staff and other health professionals in using appropriate

interventions and minimising restraint and to complement service delivery partnerships between SMHSOP and the residential aged care sector.

Acute SMHSOP (psycho-geriatric) inpatient units: A 15-bed acute SMHSOP inpatient unit at Wyong (NS/CCAHS) was opened in August 2004, and funding has been allocated for 2 further acute SMHSOP inpatient units at Orange (GWAHS) and in the Illawarra area (SES/IAHS), with capital planning well underway.

Recommendation 83

That NSW Health conduct an awareness program for mental health professionals to:

- assess the level of care required for a person with a mental illness in conjunction with the age and physical condition of the carer***
- where necessary, refer the carer to information about alternative care and guardianship arrangements and***
- seek respite care services for people with a mental illness and their elderly carers.***

Government Response

Provision of respite programs is a Commonwealth responsibility.

The Centre for Mental Health (CMH) is currently reviewing MH-OAT to provide specific modules appropriate to the needs of older people, including specific screening tools for depression in older people, suicide risk, delirium and dementia.

The CMH is also facilitating a Caring for Carers Mental Health program to pilot and implement support programs for carers of people with a mental illness. This program will be evaluated over the next twelve months to determine the best practice models for carers programs across NSW mental health services.

Update:

Community mental health teams specialising in the mental health care of older people will be significantly enhanced over the next 5 years, under the Service Plan for SMHSOP. These teams will have a key role in assessment and care planning for older people with mental illness, in close consultation with families and carers and recognising their needs and capacity in providing care and support. Key roles of these services include clinical intervention and support for carers, as appropriate, provision of relevant information about care options and other issues such as guardianship, and referral to carer support services such as respite care.

In addition to these developments in Specialist Mental Health Services for Older People, a range of strategies to improve support and services available to families and carers are being implemented under the Family and Carer Mental Health Program. Please refer to recommendations 15, 16, and 21 for information on this Program.

Recommendation 84

That NSW Health urgently establish and recruit staff for child and adolescent acute units in each major region of NSW, with bed numbers based on a population distribution formula.

Government Response

The new Child and Adolescent Mental Health Service Network (CAMHSNET) initiative will improve access and equity for children and adolescents to mental health services across NSW.

New tertiary inpatient services are being developed at Sydney Children's Hospital and the Children's Hospital at Westmead. These units will complement previously funded child and

adolescent mental health services and initiatives, including the inpatient units at John Hunter and Campbelltown Hospitals. Redbank House Acute Adolescent Unit will also continue as a tertiary acute mental health unit.

The units will be supported by specialist CAMHSNET nursing positions across rural areas and future development of further inpatient resources in hubs such as Mid West, Northern Rivers and Illawarra.

Update:

NSW Health is committed to enhancing comprehensive child and adolescent mental health care by improving access with family-oriented service delivery as close to home as possible across the spectrum of promotion, prevention, early intervention and treatment programs. This will involve a major 5-10 year program, with service development, staff recruitment and training addressing population needs.

Since 2001/2, acute specialist child and adolescent mental health inpatient programs have been established at Campbelltown, John Hunter and Sydney Children's Hospital and at the Children's Hospital at Westmead. These have advanced capacity beyond the existing 9-bed Acute Adolescent Unit at Redbank House, Westmead Hospital. Programs at Sydney Children's Hospital and Campbelltown will be enhanced to safely deliver care to young people with more severe problems.

During 2002/3 to 2004/5, the focus of the Child and Adolescent Mental Health Statewide Network (CAMHSNET) was on inpatient child and adolescent mental health care, with placement of nurses in regional locations to improve assessment and care planning for children and adolescents admitted to paediatric wards and/or general (adult) psychiatry units in those sites.

Beginning with day patient programs, integrated day patient and inpatient units will be established across Area Health Services in a staged program that will also increase provision of comprehensive community-based care. New day programs in metropolitan and regional centres will complement existing day programs at Rivendell, Redbank House, Gna Ka Lun and Coral Tree Family Service in metropolitan Sydney and will improve care pathways by expanding options for young people who require more intensive community based treatment but may not need full inpatient care. Area Health Services will move towards self-sufficiency in child and adolescent mental health care, with network linkages for more specialised supra-Area services, such as intensive inpatient care and specialist forensic inpatient care.

Work has begun on the development of a day program and the regional Nexus Western network hub at Orange and is progressing to identify sites for day programs in Lismore and the Illawarra.

All rural Area Health Services have extensive experience in child and adolescent telepsychiatry services complemented by outreach visits from the Children's Hospital at Westmead through the Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) for rural NSW. The three geographical networks will use modes such as telepsychiatry to strengthen network linkages, consultation and care pathways.

A key feature of the CAMHSNET nurse consultation and supported unit program has been an extensive education, training and supervision component. This has made the challenges of such an innovation more attractive for nursing staff and has been an incentive in recruitment and retention to date. The CAMHSNET nurses have come from a diversity of backgrounds, consequently their training needs have been varied and packages have been tailored to ensure appropriate clinical skills development. Over 20 CAMHSNET nurses were placed in rural and regional centres, supported by a Clinical Nurse Consultant and a child and adolescent psychiatrist Network Director in each of three geographical networks

(Northern, Western and Southern) covering NSW. During this start-up phase, CAMHSNET staff have been employed centrally by Hunter New England Area Health Service.

There has also been an initial recruitment and training of 10 psychologists for the Northern network in high priority clinical work, demonstrating the feasibility of repeating this approach in allied health.

During 2005/6, employment of CAMHSNET staff in supported units will be devolved to local Area Health Services. CAMHSNET will become a unit of the Centre for Mental Health, with responsibility for:

- advising on policy development, service planning and resource allocation;
- developing and delivering training and education;
- providing clinical leadership and supervision; and
- monitoring the performance of Area Health Services in provision of child and adolescent mental health services across NSW.

This revised role will build upon the successful CAMHSNET nurse education program, enabling skills-focused programs to be provided for existing and new staff in child and adolescent mental health services. The emphasis in CAMHSNET planning will be on completing comprehensive service development in the Hunter and replicating this experience across other Areas of NSW.

Recommendation 85

That the Minister for Health immediately implement procedures to eliminate or minimise the incidence of adolescents being placed in adult psychiatric wards.

Government Response

In 2002/03 the Minister for Health approved additional recurrent funding of \$6.9 Million from mental health enhancement funds for CAMHSNET development. This included CAMHSNET support with specially trained nursing staff in paediatric wards and general psychiatry wards in regional centres around NSW and new specialist mental health inpatient services currently being developed at Sydney Children's Hospital and the Children's Hospital at Westmead.

This model will minimise the number of young people who receive treatment in general adult psychiatric wards around NSW. However, specialist child and adolescent mental health support will be enhanced. The CAMHSNET nurses in paediatric wards with general psychiatry units will be supported through geographical networks, with access to specialist advice from child and adolescent psychiatrists.

Update:

(See recommendation 84)

Recommendation 86

That the Minister for Health direct that, where no psychiatric facilities are available for young people in a hospital, specialist staff should be assigned to adolescent beds in paediatric wards for the duration of all adolescent admissions.

Government Response

As part of CAMHSNET supported bed level of care, paediatric wards in over 15 locations around NSW will be supported by specialist CAMHSNET nurses. Through the CAMHSNET geographical networks, access to specialist child and adolescent mental health expertise will be strengthened across NSW.

Update:

See recommendation 84

Recommendation 87

That the Minister for Health, in relation to people who have attempted suicide and been admitted to hospital as mentally disordered:

- ***propose the Mental Health Act 1990 be amended to require a post-discharge assessment appointment***
- ***the appointment be allocated and the patient informed of the appointment and***
- ***the assessment be conducted within 5 days of discharge..***

Government Response

The principle of early follow-up is strongly supported. The review of the Mental Health Act will address this recommendation.

Update:

The Centre for Health in consultation with Area Mental Health Services, consumers/carers and other Government Agencies has developed *Discharge Guidelines for NSW Mental Health In-patient Services*. The Guidelines, which are in the final stages of development, set out principles and key components of planning and managing for the ongoing care of people following their discharge from an in-patient mental health unit. The guidelines stipulate follow up and referral procedures for all people being discharged. The guidelines require that the management plan for people who have been at risk of suicide should include an appointment for re-assessment within the first week of discharge depending on the level of assessed risk at discharge. The person, and with their permission, the family or carer are to be given a written discharge plan which includes details of the booked appointment with a nominated clinician and contingency planning arrangements including a 24 hour service availability.

Recommendation 88

That NSW Health ensure that discharge plans are created for all young people admitted to an acute care facility to ensure continuous post-discharge care. The discharge plan must include an appointed case manager.

Government Response

Mental Health - Outcome Assessment Tools – Children and Adolescents (MH-OAT-CA) modules in development include discharge planning.

However the case management model may not be appropriate for all young people. A responsible clinician who will ensure continuity of care and follow-up will be identified in all cases as appropriate.

Update:

Case management is typically used as a model for coordinating the care of adults with complex needs and significant functional impairment.

In the case of mental health services for children and adolescents, the level of need, matched to the availability of resources and skills at a local level, will determine post-discharge management planning.

The discharge plan will identify the role of the appropriate responsible clinician and will involve care co-ordination to address specific mental health clinical needs.

Area Mental Health Services may provide clinical care in collaboration with other services accessed, including paediatric and other specialist clinicians, as appropriate.

Recommendation 89

That NSW Health ensure that when young people in early psychosis programs are discharged, where required, individual service plans should include medium to long-term rehabilitation and supported accommodation.

Government Response

Early psychosis services are now available in all metropolitan areas and being extended to rural NSW. The NSW Clinician's guide to Evaluating Early Psychosis Initiatives will provide practical assistance to clinicians and service managers for evaluation. The NSW Early Psychosis Intervention Eligibility (EPIE) indicator has been included in the Mental Health - Outcome Assessment Tools (MH-OAT). This indicator will facilitate appropriate early intervention for young people with psychosis.

Early psychosis practice in NSW uses the Australian Clinical Guidelines for Early Psychosis. These comprehensive guidelines outline recommendations regarding the late recovery phase of psychosis, including discharge planning and establishment of linkages with appropriate services: social, vocational, rehabilitation and where appropriate, supported accommodation.

Update:

The Department of Health has funded 6 grants of up to \$10,000 each to provide training in various evidenced based clinical interventions for early psychosis. The grants are administered by the NSW Institute of Psychiatry and rolled out to mental health services through 2005.

Aims of the training initiatives include: the development of education and training capacity building networks utilising specified evidence-based interventions; provision of training to clinicians working with young people experiencing early onset psychosis and their families; promotion of clinical research especially focusing on linking existing isolated early psychosis practitioners with specialist knowledge; and the development of a sustainable capacity within Area Health Services to provide the intervention training regularly.

The training program will include the delivery of 30 workshops to mental health clinicians over 2005-2007 including: Initial assessment in first episode psychosis; brief interventions for cannabis use; family interventions; psychosis and CBT; cognitive remediation; and recovery in first episode psychosis.

Development of a NSW Strategic Plan for Early Psychosis Services across NSW

A draft plan has been prepared by the NSW Early Psychosis Program Working Group (EPPWG). This group comprising Area Health Service Early Psychosis Coordinators or equivalent with delegated AHS accountability is supported by the NSW Centre for Mental Health as a consultative body to discuss and guide the planning, development, implementation and monitoring of early psychosis services and initiatives at both the Area Health Service and state level.

Early Psychosis Services in NSW have evolved at very different rates and with different levels of resources. NSW Health has supported AHSs to develop Early Psychosis responses appropriate to their local service configurations rather than adopting a specific NSW strategic plan to guide the development and scope of services in NSW. Strategies for progressing early psychosis intervention in NSW have been contained within broader policy and service frameworks such as *Caring for Mental Health* (NSW Health 1998), *Getting in Early* (NSW Health 1999) and more recently *NSW Interagency Action Plan for Better Mental Health* (NSW Government 2005) and *Prevention and Early Intervention – draft in development* (NSW Health 2005).

The EPPWG has recommended that NSW develop a specific strategic plan to reflect the importance of this clinical area and to ensure levels of access and equity to the target population across the State.

The NSW Early Psychosis Strategic Plan will address the following strategies that meet the NSW Government priorities for health of *Healthier People, Fairer Access and Quality Health Care*:

1. Service Implementation, Development and Support
2. Partnerships
3. Education and Training
4. Research and Evaluation.

In order to progress discussion and gain consensus concerning the recommendations for uniform early psychosis models across NSW, the 9th Early Psychosis Forum be held on 3rd & 4th November, with guest speakers including Professor Patrick McGorry – Orygen Health, Victoria and Professor Ian Hickie-University of Sydney aims to address these issues.

Recommendation 90

That NSW Health fund and provide support for adequate places in medium to long-term rehabilitation and supported accommodation for young people requiring such support following their first episode of psychosis.

Government Response

NSW Health has developed the Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders. The framework provides a template to assist NSW Mental Health Services, social housing providers, mental health non-government organisations (NGOs) and the mainstream NGO sector with service planning, development and evaluation.

Each area health service is developing a Housing and Accommodation Support plan that identifies key partners, resources and strategies for the development of housing and accommodation support options for people with mental health problems and disorders. The key partners are the Department of Housing, the Office of Community Housing, community housing associations, non-government providers of both disability and accommodation support services for homeless people, the Department of Ageing, Disability and Homecare and other community organisations. Area health services will identify their role as the providers of clinical support.

There is an identified need to further expand services for the younger ages.

Update:

Early psychosis interventions are guided by best practice intervention identified in the *Australian Clinical Guidelines for Early Psychosis* and supported by the NSW Early Psychosis Program Working Group and Early Psychosis Network.

Young people with emerging mental health disorders such as early onset psychosis are a priority of service development and implementation. Early Psychosis Coordinators have been funded in all area health Services to facilitate implementation of best practice. A primary future focus is to integrate early onset clinical practice into core service delivery.

Initiatives such as supported accommodation (both medium and longer term) and rehabilitation with a vocational training emphasis are part of new community services enhancements which will focus particularly on this population but will depend on clinical presentation and individual psychosocial issues.

Recommendation 91

That NSW Health publish a progress report on the implementation of Getting in Early: A framework for early intervention and prevention in mental health for young people in New South Wales within six months.

Government Response

Getting in Early: A framework for early intervention and prevention in mental health for young people in New South Wales is a NSW framework that focuses on depression and first onset psychosis in young people. A review of the framework has commenced in late 2003. An Early Psychosis Forum was held in October 2003 with more than 100 mental health clinicians from across NSW.

Update:

The NSW Early Psychosis Program Working Group is reviewing *Getting In Early: A Framework for early intervention and prevention in mental health for young people in New South Wales*. The NSW Early Psychosis Program Working Group is developing a reporting framework for each Area health service to report activities and initiatives currently taking place in relation to each of the five strategic directions outlined in the framework.

Recommendation 92

That NSW Health cooperate with the other mental health service providers in NSW to produce a service framework for accommodation and rehabilitation for young people following acute episodes of mental illness.

Government Response

See response to Recommendation 90.

Update:

(See response to Recommendation 90)

Recommendation 93

That NSW Department of Education and Training, in consultation with NSW Health and non-government service providers, develop and provide specialist, supported and task-focussed vocational and employment training programs for young people with a mental illness. The programs should focus on young people with varying degrees of cognitive, social or communication difficulties secondary to mental illness who may not succeed in mainstream training programs or paid employment.

Government Response

Programs of cognitive, social and vocational rehabilitation are required, along with educational rehabilitation. These programs would require complementary specialist clinical support.

The recommendation is to be referred to the Human Services CEOs Forum.

Update:

The Senior Officers Group on Mental Health (SOG), which reports regularly to the Human Services CEOs Forum has published the *NSW Interagency Action Plan for Better Mental Health* which includes a range of community supports across government agencies. The SOG Prevention and Community Care working group has developed an *Interagency Vocational Education, Training and Employment (VET&E) Framework* for people with mental illness. Issues of vocational training and employment involve a range of specialist services

and agencies across Health, Department of Education (DET) and Commonwealth. This framework discusses:

- the significance and costs of high unemployment for people with mental health disability;
- outlines vocational rehabilitation options with a focus on the evidence base for supported mainstream vocational programs;
- explores the issues related to current provision of vocational education and employment support services; and
- makes recommendations for resource enhancement for Health and DET (especially TAFE), better coordination and collaboration across services including clarification of roles and referral processes.

As part of the implementation strategy the Community Care working group will progress issues to build capacity for VET&E across AHSs, Department of Education and Training, and Commonwealth funded employment agencies.

Recommendation 94

That NSW Health investigate and evaluate pilot programs to manage young people with a mental illness and substance abuse problems while addressing the following objectives:

- ***expansion of such programs across metropolitan, rural and regional NSW***
- ***to inform further local area mental health planning***

Government Response

The Department of Health is currently evaluating implementation of *The Management of People with a Co-Existing Mental Health and Substance Use Disorder Service Delivery Guidelines*.

The Cabinet Office and the Department of Health have established the Advisory Committee on Best Practice Service Delivery for People with Mental Health and Substance Use Disorders to examine evidence based models of care. It will establish the scope of best practice evidence and make recommendations to forward proposals for treatment in the context of current whole-of-government programs and service initiatives.

This recommendation will be referred to the Human Services CEOs Forum.

Update:

The Senior Officers Group on Mental Health has identified Mental Illness and Substance Abuse (MISA) as a priority focus area for interagency collaboration and has established an interagency working group. This group has identified its activity as:

- Facilitating the development and implementation of three pilots targeting particular risk MISA populations (young people in regional NSW, homeless Indigenous in the inner city, and ex offenders) identified in the report to the Premier by the *Advisory Committee on best practice service delivery for people with MISA*, 2003).
- Reviewing other projects involving establishing a 'chain of care' across human service agencies (as recommended in the above Best Practice report); and to explore options for training to improve assessment and referral in dual diagnosis issues for non-health department human services staff.

NSW Health has established a Health Interagency Dual Diagnosis Steering Group with representation from both the Centre for Drugs and Alcohol and Centre for Mental Health plus expert clinicians from both mental health and drug and alcohol services. A number of dual diagnosis projects and activities are being worked on including:

- The GP project: Expansion of the mental health 'Teams of Two' to a 'Teams of Three' approach with inclusion of drug and alcohol workers;

- Incorporation of drug and alcohol workers into the Psychiatric Critical Care Centres being established across metropolitan sites including Illawarra and Central Coast;
- Aboriginal Health: AHMRC is to develop Certificate iv training in D&A and mental Health, targeting Aboriginal mental health support workers;
- School-Link: A D&A module is being developed for integration in to current mental health modules in the School-Link training initiative. The capacity for D&A workers to attend and be incorporated into the School-Link initiatives is currently being reviewed;
- Mapping of current dual diagnosis services: A private consultancy (Siggins Miller) have been engaged to scope the range and capacity of current services;
- Workforce development: Development of a multimedia resource including a handbook on mental health aspects of dual diagnosis for D&A workers.

Recommendation 95

That NSW Health initiate a program to encourage general practitioners to utilise telepsychiatry services in child and adolescent mental health, to improve the availability of specialist psychiatric services.

Government Response

The Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) for rural NSW is a telepsychiatry service offered from The Children's Hospital at Westmead with specialist telemedicine support for rural services and families complemented by outreach visits. It is a well accepted service by clients and carers. CAPTOS is being integrated with the Child and Adolescent Mental Health Services Network (CAMHSNET) as CAMHSNET is being developed and integrated statewide.

NSW Health is establishing strong partnerships with general practitioners (GPs). Increased availability for GPs would require an expansion of CAPTOS resources. Expansion of use of telepsychiatry for GPs would require the Commonwealth to provide greater incentives as current Medical Benefits Schedule arrangements offer little incentive for GPs to participate in telepsychiatry and uptake has accordingly been slow.

Update:

All rural Area Health Services have extensive experience in child and adolescent telepsychiatry services complemented by outreach visits from the Children's Hospital at Westmead through the Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) for rural NSW. The three geographical networks will use modes such as telepsychiatry to strengthen network linkages, consultation and care pathways.

Recommendation 96

That NSW Health fund support services on a statewide basis to children and young people with parents with a mental illness.

Government Response

Family liaison workers and Children Of Parents with a Mental Illness (COPMI) project officers have been providing training and consultation liaison services for adult mental health settings to increase the understanding of the risk and protective factors for children whose parent or caregiver is affected by mental health problems or disorders.

Update:

A comprehensive professional training programme for staff in mental health services (Crossing Bridges Downunder) is being adapted from the Crossing Bridges program in the UK to support a family-focussed approach to mental health service delivery in NSW. The family focus will include but not be limited to risk assessment and management.

The programme includes the Family Focussed Assessment, a tool that incorporates and links to relevant aspects of MH-OAT while also providing participants with an approach to risk management and family support. The programme supports systematic appraisal of risks while also identifying and building on individual and family supports and resilience. It also promotes a collaborative approach to practice with closer links between community and inpatient services and assists in promoting safe and appropriate contact between parents and children when a parent is in hospital and relevance of pre-discharge meetings involving all key stakeholders including family members.

The MH-OAT flag for dependent children will be used to alert mental health clinicians to a patient's parenting role and prompt the sequence of family focussed assessment and care planning.

Following the needs assessment, staff must match assessed need to available resources and specify gaps in resources (a key element in any approach to risk management). A key aspect here is recognition that the diversity of individual needs within any family will require more than a single agency (health) response, so that protocols need to be prepared and formalised to support frontline practice and joint working, particularly with regard to protecting children and providing parents with appropriate support in their parenting role.

The initiative will assist mental health staff to focus more broadly on the impact of parents' mental illness on their roles and on the family and in assessing the needs of the family, reviewing the existing supports and developing care plans to meet need. This will involve liaison and care planing with professionals from other agencies.

The Family Focussed Assessment will be piloted and refined as a standardised means of documenting care, complementing the MH-OAT documentation. The programme is being piloted in the Hunter New England Area Health Service in 2005 and tools will be refined for statewide use.

CAMHSNET is also compiling two volumes on parenting in *The Clinician* series, a practical skills-focussed educational publication, with wide distribution. These will be completed within the next 24 months.

Recommendation 97

That the Minister for Health seek to amend section 22 of the Mental Health Act 1990 to incorporate criteria with which medical practitioners must comply before they can request police escort of mental health patients under Section 22(1)(a).

Government Response

As part of the Memorandum of Understanding between NSW Health and NSW Police, the Department of Health is liaising with NSW Police over immediate action that can be taken at an operational level involving local Police and Area Health Services to better ensure that Police escorts are used only when issues of safety and security require such an escort.

The Department of Health through its liaison structures will undertake appropriate education of general practitioners, who are frequently responsible for scheduling of mental health patients, as to when requests for Police escort are appropriate.

In the immediate term, the Health portfolio is currently considering amendment of Schedule 2 to the *Mental Health Act* in relation to Police escorts to more clearly identify the circumstances in which such assistance is indicated. The need for any further amendment regarding Police transport of the mentally ill will be considered as part of the comprehensive review of the *Mental Health Act*.

Update: Response Complete

The Act has been amended to require medical practitioners and Accredited Persons to give reasons for requiring police assistance to get the person to hospital. This was in line with the NSW Police submission to the Select Committee Inquiry.

In the current review of the Act further discussions have been held with NSW Police to examine the outcome of that change and whether further amendments may be required. The proposed revised "police assistance" provisions are an attempt to balance law enforcement and mental health priorities and to allow health professionals to identify safety risks.

Recommendation 98

That NSW Health initiate and maintain a mental health patient transfer service for the transport of people with a mental illness that includes:

- ***vehicles staffed by appropriately trained mental health professionals***
- ***all inter-hospital transfers including from emergency departments to mental health facilities***
- ***return of missing patients (non-violent), and***
- ***breaches of community treatment and community counselling orders.***

Government Response

NSW Ambulance currently plays a key role in delivering comprehensive clinical care to mental health patients, consistent with mainstreaming principles. It is more appropriate to strengthen Ambulance capacity for managing mental health patients.

Funding for Emergency Mental Health Services over the next five years will include resources to increase specialist mental health expertise in the Ambulance Service and transport ability for mental health clients.

The NSW Health Seclusion Restraint and Transport Working Group is reviewing transport options, and will provide recommendations as part of its final report by early 2004. NSW Police and Ambulance are part of the Working Group.

Update: Response Complete

This issue is being directly considered by the Urgent Response and Transport sub group of the Mental Health Human Services Senior Officers Group. This sub group is monitoring the developments arising from a range of activities that relate to the transport and transfer of people with a mental illness including:

A Police Ambulance Health IDC (Interdepartmental Committee) is involved in monitoring a range of issues involved in the local implementation of the Memorandum of Understanding between Police and Health, providing interagency mediation including for difficulties arising from the transport of patients with behavioural disturbance.

The Seclusion Restraint and Transport Working group has completed a comprehensive consultation across mental health, Health, justice and human service agencies of the draft *Seclusion Restraint and Transport Guidelines for Behavioural Disturbance*. This document is expected to be published in the second half of 2005.

The Ambulance Service of NSW has developed a draft Mental Health Service Plan (2005) to "facilitate the development of an integrated, robust and standardised patient management system which will provide risk management and quality controls for the Ambulance Service activities in relation to [people with mental illness]". This plan includes:

- education of Ambulance staff in relation to people with mental illness;
- networking with mental health workers;
- Strengthen policies and protocols in relation to best practice;

- Develop transport guidelines; and
- Risk and quality management.

The Ambulance Service of NSW is currently reviewing mechanisms for restraint during transport. The intent is that a standard mechanism that might be implemented across emergency, justice and correctional services.

A pilot project in the North Coast Area Health Service has been funded (\$1.5 million over 12 months) to develop the model for a Rural Mental Health Critical Care initiative. This project is aimed at providing a clinical governance framework to provide for the safe care of patients with a mental illness in emergency departments and during inter-hospital transport, particularly for those with associated behavioural disturbance, and to reduce Police involvement in the routine management of this clinical group. The pilot has four components: the Mental health telephone assessment and service continuity unit (MH-TASC) to coordinate the elements of care; clinical advice and direction from on call or duty psychiatrists; specially trained Mental health Transit Nurse Specialists, to assist in the transport of behaviourally disturbed patients and in patient management within the emergency department; and Health Security Assistants (HSAs) to provide security assistance to clinicians in the emergency department and during transport, under the directions of clinical staff, in lieu of routine use of Police for this task. This initiative will be evaluated in conjunction with InforMH.

Recommendation 99

That the Minister for Health and the Minister for Police initiate a mandatory comprehensive training program to provide all police officers with training to better respond to mental health problems in the community. The training program should be funded by NSW Health and include training in:

- ***recognition of common and significant psychiatric problems***
- ***techniques to deal with people with a mental illness***
- ***understanding of the relevant legislation and associated legal issues.***

Government Response

A series of videos has been produced by NSW Police in conjunction with the Centre for Mental Health and funded through the Centre. The videos are being made widely available to NSW Police and other relevant organisations. They will also be used as part of training in mental health issues at the Police College in Goulburn.

Update:

Nil

Recommendation 100

That the most recent Memorandum of Understanding between NSW Health and NSW Police include as signatories nursing, general practice and medical specialist area representative groups.

Government Response

The NSW Department of Health has been working closely with the Alliance of NSW Divisions of General Practice and the New South Wales Rural Doctors Network to better coordinate mental health services for the people of NSW. Improving understanding of the relationship with police and ambulance is an important part of this process.

Medical Specialist (Emergency Department) are currently represented. Other bodies will be invited to join in the Memorandum of Understanding between NSW Health and NSW Police for appropriate components.

Update:

The Memorandum of Understanding with associated flowcharts was established to improve processes at the interface between Police, Ambulance, mental health and Ambulance service.

The Senior Officers Group on Mental Health has made this activity a priority for interagency activity. The establishment of mental health CNCs in many Emergency departments has been the initial response to need for greater mental health presence and capacity within Emergency Departments. The emphasis now is on developing greater capacity to respond appropriately to mental health presentations and/or behavioural disturbance through the introduction of Psychiatric Emergency Care Centres in two sites with a further seven metropolitan and regional sites approved for 2005/06. For regional services the trial of the Mid North Coast Critical Care Plan has developed comprehensive responses to variable capacity of Emergency departments across regional sites and the need to develop specialist mental health capacity including Health Security officers and specialist Mental Health Transport nurses.

Recommendation 101

That the proposed Office of Mental Health within the NSW Premier's Department should, after 12 months operation of the Memorandum of Understanding Revision 2002:

- ***conduct a review of the instrument's operation***
- ***amend the instrument as required, and***
- ***seek to amend the Mental Health Act 1990 to incorporate key components of the Memorandum of Understanding.***

Government Response

The Health/Ambulance/Police Interdepartmental Committee on Mental Health meets at monthly intervals to oversee the operation of the Memorandum of Understanding (MOU), and implementation at local levels. The Interdepartmental Committee will amend the MOU in light of the lessons learnt following implementation.

Update:

(See response to Recommendation 100).

Recommendation 102

That NSW Health require all Area Health Services to introduce or improve security arrangements at public hospitals and mental health units in NSW for the purposes of monitoring and managing mental health patients

Government Response

The former Minister for Health established the NSW Health Taskforce for the Prevention and Management of Violence in the Health Workplace, which was responsible for the following initiatives:

- \$7.4 million was made available to public hospitals to improve their capital security, with a focus on improved access controls; perimeter security, communications, duress alarms and CCTV;
- \$5 million in recurrent funding was made available to provide increased security personnel;
- A further \$1.5 million was made available to rural facilities over the three years from 2001/2002 to 2003/2004 for further capital improvements;
- A statewide, modular, accredited violence prevention training program 'A Safer Place to Work: Preventing and Managing Violent Behaviour in the Health Workplace' was

developed and is being rolled out to Health Service aggression prevention trainers in August/September 2003;

- The NSW Health Security Manual has been reviewed and updated.

The NSW Health Building Facility Guidelines for Emergency Departments will also be revised to ensure physical facilities provide a safe environment for mental health assessment. However, to increase 24-hour security officers across mental health units and emergency departments would be a significant cost.

Update:

Issues of security within Emergency Departments, particularly for the management of disturbed behaviour often involved in Section 24 Police presentations have been addressed through the employment of Health Security Officers to support the regional Critical Care Plan, and for adequate staffing to support the Psychiatric Emergency Care Centres. Further there have been general safety enhancements through:

- Increasing staffing levels;
- Continuous and improved supervision in the Psychiatric facility's courtyard, with no patients unsupervised; and
- Upskilling of staff assessment skills, leading to significant reduction in patients who are absent without leave (AWOLs) since these improvements

Recommendation 103

That NSW Health require all Area Health Services to monitor and report publicly on the incidence of the 'absence without leave' (AWOL) of mental health patients from public hospitals and mental health units. These reports should include:

- ***the incidence of AWOL from the hospital or unit***
- ***a record of all reasonable attempts made to locate the missing patient, and the incidence of requests by hospitals for police assistance in locating and returning of missing mental health patients***

Government Response

Absence without leave is included in a set of quality indicators being developed by the Centre for Mental Health with Area Health Services.

Update:

The set of quality indicators for mental health is in the relatively early stages of development and can be made available publicly. The ten current indicators cover safety, effectiveness, appropriateness, access and responsiveness. Numeric indicators include episodes of non-negotiated leave.

The InforMH unit of the Centre for Mental Health is continuing to review and refine the indicators and will modify them to conform with the recently published national quality and safety indicators for mental health services.

Recommendation 104

That the Minister for Health provide funding to NSW Health to increase specialist mental health staff so that hospitals can manage the detention and care of a person presented by police under sections 21,22 and 24 of the Mental Health Act 1990.

Government Response

The NSW Government has announced \$15m over five years to improve responsiveness and access to emergency services by strengthening partnerships with Police, Emergency Departments, Ambulance and extended hours community mental health services. Funds will be provided to NSW Police to increase police mental health expertise.

The review of the Memorandum of Understanding (MOU) between NSW Health and NSW Police will consider the role of police in the transport under the *Mental Health Act* of people with mental illness.

The review of the *Mental Health Act* will consider transport by police of people with mental illness to and between mental health facilities, and will ensure greater clarity and support for the role of Emergency Departments in mental health assessment and care.

This recommendation will be referred to the Human Services CEOs Forum.

Update:

(see Recommendation 98)

Recommendation 105

That the proposed Office of Mental Health (see Recommendation 1), when established, should initiate and oversee the coordination of an inter-agency specialised program for the care of persons with a mental disorder not currently recognised under the Mental Health Act 1990.

Government Response

This recommendation will be referred to the Human Services CEOs Forum.

Update:

The Senior Officers Group on Mental Health (SOG) has reviewed this recommendation that primarily relates to people with disruptive and challenging behaviours. There is currently no capacity to consider broadening the target population or criteria for entry to specialist mental health services. However a range of interagency mental health activities will improve service delivery for this population including the State Mental Health Emergency Response Plan

The SOG has agreed in principle to introduce Mental Health First Aid program for all human service and justice agency staff as well as their affiliated non –government agencies. Mental Health First Aid is a well evaluated brief training course in the common presentations of mental illness and distress and has demonstrated effectiveness in improving the appropriateness of referrals to specialist mental health services and to increase people's confidence in being able to manage basic mental health issues.

Recommendation 106

That the Minister for Health ensure that the contracts for employment of consultant psychiatrists with Corrections Health Service require them to only address patient treatment related needs.

Government Response

The Corrections Health Service funds a Court Reporting Unit which coordinates reports prepared by clinicians for the courts, the Mental Health Review Tribunal, the Parole Board, the Serious Offenders' Review Board and for related purposes. Visiting Medical Officer contracts provide for a range of non-clinical duties, including teaching, management and other functions. The preparation by psychiatric clinicians of reports is core business for a forensic mental health service and is not reducing face-to-face clinical treatment hours.

Update:

Justice Health funds a Court Reporting Unit from within its own funding. This provides court reports separate to the day to day treatment work done by consultant psychiatrists. A proposal has been put into the NSW Health Department to designate and provide separate

funds for the provision of reports for Court, Parole Board, SORC and Mental Health Review Tribunal.

Jointly with the Department of Corrective Services Justice Health will staff screening units in Silverwater and Mulawa Correctional establishments to examine all new receptions identified as having a possible mental disorder and providing reports as required. These two units will open in the next six months.

Recommendation 107

That the Minister for Health increase funding to employ additional psychiatrists to meet the increased forensic mental health assessment, consultation and treatment needs.

Government Response

The inmate population has a high level of mental health problems as highlighted by the recent Inmate Health Survey and the mental health survey. Funding has increased significantly to Corrections Health over the past five years. In particular the establishment of the Community Court Liaison Service and court reporting service have required increased forensic Psychiatrist input. There are now 17 Court Liaison positions in NSW (14 under the control of Corrections Health Service), with plans to expand the service.

Update:

Considerable additional financial resources have been provided to Justice Health (formerly Corrections Health Service).

The Community Court Liaison Service (CLS) run by Justice Health has in the last twelve months expanded by five courts being included.

The Mental Health Screening Unit at Metropolitan Remand and Reception Centre (MRRC) and Mulawa will open in the later part of 2005, early 2006. Inmates identified with mental health issues at reception would be referred to the unit for further assessment and stabilization. They may be referred to the Long Bay Prison Hospital for inpatient care, or transferred into general prison accommodation when stable. The Mulawa Unit will incorporate inpatient beds and an enhanced outpatient clinic. It will be collocated with a ten bed Mental Health Screening Unit. The facility will provide opportunities for CHS and DCS Inmate Services & Programs staff to work more cooperatively, with the aim of providing continuity of care.

As an example, in respect of Forensic Mental Health services, the Justice Health Annual Report 2003/04 stated -

- There was a significant increase to mental health activity and staffing levels due to the preparations for the opening of the Mental Health Screening Units, increases in Court Liaison sites, the commencement of the Statewide Directorate for Forensic Mental Health and the successful recruitment of increased numbers of nursing and psychiatric staff. This was reflected in our Mental Health FTE increasing from 93 in 2002/2003 to 140.1 by the end of 2003/2004. Mental Health services for adolescents in detention were also enhanced through the recruitment of a Clinical Nurse Consultant for Juvenile Health. Mental health staff assisted with planning for the construction and operation of the new Forensic Hospital. This included working on the development of operational plans for the Hospital and providing advice on the detailed design specifications.

Recommendation 108

That the Minister for Health implement a formal agreement with the Mental Health Review Tribunal for the supervision and management of released forensic patients

including:

- **clarification of the responsibility of clinical services in the monitoring and reporting of clinical supervision, including the role of the Mental Health Review Tribunal in monitoring progress, and**
- **clarification of formal procedures for managing breaches of release conditions.**

Government Response

The Mental Health Review Tribunal does not provide clinical supervision and management.

The review of the Mental health Act will cover forensic issues. The review will canvass options for the forensic system, including the clinical supervision and management of forensic patients, the role of the Mental Health Review Tribunal and procedures for managing breaches of conditions.

Update:

There is ongoing liaison between the Statewide Directorate for Mental Health, Forensic Executive Unit, Area Mental Health Services, and Mental Health Review Tribunal. This is addressing supervision and management of released forensic patients. We are also forwarding a project to review all released forensic patients in New South Wales. This is now started and being undertaken by the Community Forensic Mental Health Team in cooperation with the Forensic Executive Support Unit, Area Mental Health Services and Statewide Director of Forensic Mental Health. The care plans formulated in these assessments are formal and are part of the patient's clinical records.

A document has been produced by the Forensic Executive Support Unit clarifying the formal procedures for managing breaches of conditions of release and Area Mental Health Services have been consulted.

This matter will be heavily influenced by the review of the Mental Health Act. Changes have been envisaged in the manner of monitoring of the progress of forensic patients in terms of their clinical condition and re-socialisation and in the way decisions will be reached about their continued detention or release.

Some clearer indication of a proposed framework for this is likely to be provided in the Exposure Draft Bill being developed in relation to the Mental Health Act. The Exposure Draft will shortly be released to elicit a further round of comment from the community prior to finalisation of a Bill for presentation to Parliament.

Recommendation 109

That as a matter of urgency the Minister for Health finalise plans, allocate funding and provide all other support necessary to construct a secure forensic mental health unit outside the perimeter of Long Bay Correctional Complex and that the facility be staffed by health professionals and non-corrections personnel.

Government Response

\$500,000 has been allocated in the asset acquisition program in the 2003-04 budget. A Project Definition Plan has been completed for a 135 bed maximum secure Forensic Hospital (including 15 beds for non forensic patients who require this level of specialist care).

This hospital will be located in Malabar outside Long Bay Correctional Centre, and will be operated by Corrections Health. It will be staffed and managed by health professionals and non-corrections personnel. A capital budget of \$57.6 million was approved in the 2003/04 State Budget.

Update:

The plans for a one hundred and thirty five bed Forensic Hospital at Malabar are well advanced. This will have one hundred beds for male (adults) with forty acute plus forty sub-acute, plus twenty beds for long stay males. There will be twenty beds for women and fifteen beds for young people.

A consortium has been identified to provide this facility and a new prison hospital. The new prison hospital will have facilities for aged and infirm, mental health and medical cases. This will be a Department of Corrective Services facility with Justice Health staff while the Forensic Hospital will be a high secure health facility.

Work on these projects will start in the latter months of 2005.

Recommendation 110

That the Minister for Health allocate funding for the development of plans to construct further maximum and medium security forensic mental health units in NSW in order to meet the projected needs of the increasing population.

Government Response

An increase in forensic mental health beds has already been incorporated in the new Forensic Hospital to be built at Malabar. The development of any further medium and maximum-security beds should be informed by a comprehensive needs assessment conducted by NSW Health.

Update:

The negotiations with a consortium to finance and build the new Forensic Hospital (one hundred and thirty five beds), and prison hospital (eighty beds) are very advanced. It is anticipated that building will start later this year. All the beds in the Forensic Hospital are mental health beds and forty of the beds in the Prison Hospital. This will nearly double the number of beds in security for the mentally ill offender.

Recommendation 111

That the Minister for Health ensure that there is sufficient minimum security accommodation to avoid undue detention of patients in medium security units.

Government Response

See response to Recommendation 110.

Update:

There has been considerable study of medium secure provision the past year. At present there are twenty four beds at Cumberland Hospital in the Bunya Unit (twelve male, twelve female) plus a few beds for forensic patients in Morisset Hospital (Kestrel Unit). There are plans to increase the number at Morisset and develop a further twenty bed unit elsewhere in the state. There are ten low security beds at Goulburn (Kenmore).

Recommendation 112

That the Minister for Health and the Minister for Corrective Services immediately act to exempt forensic patients from wearing prison attire.

Government Response

Corrections Health has entered into discussions with the Department of Corrective Services to advance this issue.

Update:

The Department of Corrective Services does not agree with this recommendation. Justice Health will implement this in the new Forensic Hospital.

Recommendation 113

That NSW Health allocate additional resources to the receptions screening program, including adequate funding and staffing to ensure that remand inmates with a mental health problem are identified.

Government Response

Corrections Health currently has in place a sophisticated health screening process that includes a very significant mental health component. Corrections Health will continue to work to improve mental health screening of remandees. Screening is a priority of the newly appointed Director of the NSW Forensic Mental Health Directorate. Identification, treatment and the continuation of care are important. Increasing resources for screening will also need to be complemented by increased treatment capacity.

Update:

Justice Health in cooperation with the Courts and the department of Corrective services have been involved for sometime in a growing screening program. The Court Liaison system covers 19 courts in NSW and in a 12month period will screen 35,000 people appearing in court. 3,500 will be identified as requiring further psychiatric input of a skilled and possibly in-patient nature. of these more than 50% will be diverted to local area mental health services successfully.

The court diversion service is seen as primary diversion and the secondary type will start later this year in the new mental health screening units at Silverwater. The first to open will be the MHSU in the MRRC and this will have 40 beds. It will screen using a multidisciplinary team and structured clinical assessment. The MHSU Mulawa will have 10 beds and will open later in the year and will utilise the same clinical system which combines clinical and actuarial assessment. Both projects are joint JH/DCS.

Justice Health provides a court report service to higher courts plus a psychiatric report service for the Senior Offenders review Committee, Parole Board and Mental Health Review Tribunal as well as providing Area mental health services with risk assessments on selected patients.

Recommendation 114

That the Minister for Health and the Minister for Corrective Services ensure that, in relation to the current review of conditions of the Mum Shirl Unit, Mulawa Correctional Centre:

- ***the Chair of the review committee is provided with adequate funding and administrative resources to expedite the review, and***
- ***recommendations of the review committee be implemented without delay.***

Government Response

The review of the Mum Shirl Unit at Mulawa is chaired by the Commander of Women's Facilities with the Department of Corrective Services. Corrections Health Service is participating in the review committee.

The NSW Forensic Mental Health Directorate will consider the review committee's report once it is made, and will be responsible for reviewing forensic mental health services for women in NSW, and for developing appropriate services to meet the needs of women.

Update:

The Justice Health Statewide Director of Forensic Mental Health and his colleagues have been meeting regularly with Department of Corrective Services colleagues to discuss the management of women inmates in Mulawa. There are plans to provide better facilities for mentally disordered women offenders and to upgrade the Mum Shirl facilities.

Recommendation 115

That the Minister for Health fund a secure forensic mental health facility for women.

Government Response

There will be 15 beds for women in the new Forensic Hospital. In the meantime 10 beds in the medical ward of Long Bay Prison Hospital have been redeveloped to provide a maximum secure inpatient unit for acutely mentally ill women. This complements the 12 existing medium-secure beds at the Bunya Unit of Cumberland Hospital.

Update:

There are twelve beds in the Cumberland Hospital Bunya Unit. Nine beds have been in operation at Long Bay Hospital (Ward B East) for women for over a year and this has been evaluated. There are plans for twenty beds in the new Forensic Hospital in a dedicated unit, and there will be beds in the new prison hospital.

Recommendation 116

That NSW Health provide the Governor of Mulawa Correctional Centre with funding to improve the facilities for the treatment of women with a mental illness or disorder.

The funding allocation should cover the following:

- ***comprehensive occupational health and safety review by independent WorkCover accredited consultant, and***
- ***implementation of the occupational health and safety review recommendations.***

Government Response

Improving the treatment of women with a mental illness should occur through the forensic mental health program in partnership with the Department of Corrective Services' Psychological Services.

The Mum Shirl Unit is a facility owned by the Department of Corrective Services and is not a health facility. This unit could not be upgraded to act as a quasi-hospital, but provide a supportive environment for women with mental disorders.

Update:

Close liaison with the Department of Corrective Services (DCS) and Justice Health staff has improved facilities at Mulawa and more will be done this year. There are plans also at Dilwynnia (new Women's Correctional establishment) to have a dedicated area to provide a supportive environment for women with mental disorders.

Recommendation 117

That the Minister for Health and the Minister for Corrective Services ensure that any future maximum and medium security forensic hospital built in NSW should incorporate segregated accommodation suitable to male and female patients.

Government Response

The new maximum secure Forensic Hospital will have a 15 bed female-only unit to complement the 12 existing medium-secure beds at the Bunya Unit of Cumberland Hospital

(see response to recommendation 109).

Update:

There are no plans for mixed accommodation at Malabar in the two new hospitals. All facilities for accommodation will be segregated.

Recommendation 118

That NSW Health continue to extend the Court Liaison Service to all regions including enhanced funding and resources for existing services.

Government Response

There are now 17 Court Liaison positions across the State which service the busiest courts in the State. It is not feasible to place Court Liaison services in all 130 plus courts across the State. However, the Court and Community Liaison Service will ensure that Statewide coverage of courts is provided.

Update:

Justice Health has nineteen Court Liaison positions and will start two telemedicine facilities for two rural courts this summer.

There are over 150 Courts in New South Wales and not all would merit a nursing input. The SC&CLS is conscious that it must endeavour to continue to expand the coverage and has done so in the last twelve months adding five units.

Recommendation 119

That the Attorney-General and the Minister for Health cooperate to expedite the establishment of a State Institute of Forensic Science and include forensic mental health within its responsibilities. Features relating to forensic mental health to be incorporated within the State Institute of Forensic Science to include:

- ***provision of forensic mental health services, including court liaison services and court reports***
- ***responsibility as a provider for all forensic psychiatric services in NSW***
- ***A Board of Management to oversee operations, and***
- ***a State Forensic Mental Health Service located within the State Institute of Forensic Science which reports through the State Institute of Forensic Science Board to the Director General of NSW Health.***

Government Response

A State Institute should not come under Forensic Science as it is a totally different aspect of work. There is a State Directorate of Forensic Mental Health under Corrections Health, with linkages to the Centre for Mental Health. A Director of Forensic Mental Health has recently been appointed.

Update:

There is now a Statewide Forensic Mental Health Directorate which includes departments for Court Liaison, Court Reports, Community Forensic Services, inpatient care and ambulatory care in correctional services. Academic linkages with Police, Department of Corrective Services, and the University of New South Wales are developing well.

Recommendation 120

That NSW Health evaluate the model and structure of mental health services provided by Forensicare at the Thomas Embling Hospital in Victoria with a view to implementing this model for any planned forensic hospital facility in NSW.

Government Response

The new forensic mental health hospital will in large part be modelled on Thomas Embling Hospital. However, the Forensicare model is complicated by the presence of private prisons and diverse providers of correctional mental health care.

Update:

The new Forensic Mental Hospital will in a large part be modelled on the Thomas Embling Hospital in Melbourne. The arrangements regarding prisons in Victoria are different to New South Wales and this complicates matters. Justice Health is, however, in close communication with Forensicare and this has proved most valuable. Advice has also been sought from New Zealand.