



FINAL REPORT

NGO Development Strategy: Mental Health 2004-2007

**A Project of the Mental Health Coordinating Council
Achieved With Funding Provided by NSW Health -
Mental Health & Drug and Alcohol Office**

June 2008

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1. EXECUTIVE SUMMARY

- This is the final report of the NSW Health funded “*NGO Development Strategy: Mental Health 2004-2007*”. The project was conducted by the Mental Health Coordinating Council (MHCC) in collaboration with the NSW Health, Mental Health and Drug and Alcohol Office (MHDAO) and aimed to enhance the capacity and strengthen the identity of the NSW community services sector to deliver recovery-oriented community mental health services.
- Through extensive consultation during the early stages of the project, three priority program areas were identified as key initiatives for development of the sector:
 1. Workforce Development – To identify and promote the establishment of good practice workforce development and training across the sector.
 2. Quality and Outcomes – To promote quality and evidence based practice including the use of outcome evaluation and consumer evaluation of services.
 3. Promoting Partnerships – To foster partnerships and co-operation within the NGO mental health sector, and between this and other sectors, so as to facilitate information sharing and the development of best practice, innovation and collaboration in planning and service delivery.
- The main achievements/outcomes of the NGO Development Strategy are detailed both throughout this document, in Attachment 1 and summarized in Table 1 overpage.
- Considerable activity occurred and outcomes were achieved and even exceeded in the area of Workforce Development and Quality and Outcomes which was timely given the rapid growth of the sector as a result of enhancement funding provided throughout the timeframe of the project.
- Both the Quality and Outcomes & Promoting Partnerships initiatives were challenged by this unanticipated sector expansion and other unplanned external environment changes and the Strategy allowed the opportunity for extended consultation and capacity building for future work in these areas.
- NSW Health has demonstrated a strong commitment to improving efficacy and development of the community services sector in responding to mental health issues through the funding of the *NGO Development Strategy: Mental Health* and by entering subsequent Performance and Funding Agreements with MHCC for the related:
 1. Infrastructure Grants Program (2006-2008);
 2. Mental Health Substance Abuse Pilot Project (2006-2007)
 3. Learning and Development Unit (2007-2010); and,
 4. Workforce Development Project (2007-2010).
 5. Mental Health and Drug and Alcohol NGO Research Grants Program (2007-2010)
- Predicted outcomes from the above projects are summarized and recommendations are made for additional activity that could facilitate the development of the community mental health NGO sector in NSW.
- The recommendations for funding of an NGO Information Strategy and a learning and development scholarships scheme are seen as two areas of priority.

Table 1: Main Achievements/Outcomes of the *NGO Development Strategy: Mental Health*

	Workforce Development	Quality & Outcomes	Partnerships
2005	Report on Consultations with NGOs and AHSs Regarding Priorities for the NGO Development Strategy Building Effective Non-Government Mental Health Services in NSW NGO Development Strategy Directions Paper		
	Training Options Paper Report to Productivity Commission	Outcomes Forum Snapshot Survey of MHCC Members: Assessment & Outcome Measurement	Mental Health NGO Partnership Forum (NGOs & AHS) Networking Model for MHCC members proposed
2006	Workforce Development Reference Group established	“Working on Strengths” Report	With NSW Health agreement activity in this area was delayed due to Area Health Service reconfiguration suggesting the initiative was not timely Relationship building with GP structures Commencement of MISA Service Reorientation Pilot project
	Training Needs Analysis	“Mapping the Difference We Make” Discussion Paper	
	Bi-annual Training Calendar established	FAQ Sheets on Outcome Measurement	
	Review of Community Services Training Package (continuing)	Consumer Consultation	
	Business Plan to Become an RTO	NGO site visits/consultancy	
	Mental Health Training Work Group	Report on Statewide Consumer Consultation re NGO RCOM	
Training Pilots commence	Infrastructure Grants Program Funded		
2007	Establishment of community mental health RTO services/MHCC Learning & Development Unit	Expert Reference Group established	Agreement to partnership activity being progressed from 2008.
	Statewide rollout of training	Discussion Paper - Implementing RCOM Training Mechanism	Relationship building with AHS Clinical Partnership Coordinators
	Development of Mental Health Work Recognition of Prior Learning Toolkit	Discussion Paper - NGO Information Strategy	Final Report MISA Service Reorientation Pilot project completed
	Application for Vocational Training Order to establish Mental Health Work Traineeship	Submission to NSW Health for Information Strategy	"Meet your neighbor" community service partnership initiative planned for 2008 rollout.
	Establishment of Mental Health Work Traineeship	Information Strategy/MDS Briefing Paper & Consensus Meetings	
	Development of Mental Health Work promotional materials and commencement of related recruitment/retention campaign	Piloting of RCOM training	
	<ul style="list-style-type: none"> • Pocket Guide to a Skilled Workforce: Community Based Mental Health Work • Recruitment poster • Recruitment postcard • Recruitment brochure 	2008 RCOM training plan developed and approved	
	Learning & Development Unit funded		

2. INTRODUCTION & BACKGROUND

Introduction

This is the final report on the activities and achievements of the “*NGO Development Strategy: Mental Health 2004-2007*”. In August 2004, the Mental Health Coordinating Council (MHCC) received funding for three years from NSW Health, Mental Health and Drug and alcohol Office (MHDAO), to develop and implement strategies identified as sector development priorities for non-government organizations (NGOs) involved in providing services to people with mental health problems living in the community.

The project was undertaken in the context of considerable predicted growth likely to occur within the community services sector as a result of new funding anticipated to be provided for community rehabilitation and support services for people affected by mental illness and a commensurate need for enhanced service delivery strategies within the sector (ie, sector development initiative).

MHCC is the peak body for non-government community services working for mental health in NSW. Community services are essential for recovery from mental illness and this sector is undergoing considerable and rapid growth in response to government directions for improving responses to people affected by, or at risk for, mental health problems and disorders. More information regarding the benefits of developing the community mental health sector are provided elsewhere in this document.

The major aim of the *NGO Development Strategy: Mental Health* was to enhance the capacity and strengthen the identity of the NSW NGO sector to deliver recovery-oriented community mental health services. The Strategy sought to assist NGOs to achieve and demonstrate quality and effectiveness in service delivery and organizational practice and to encourage improved collaboration and partnerships in service planning and delivery.

The Strategy was planned with the understanding that services for people with mental illness or psychiatric disability secondary to mental illness are delivered by a wide range of services both within and outside the mental health sector. The latter include housing and accommodation, employment, criminal justice and the alcohol and other drugs areas. Therefore, the scope of this strategy incorporated developing the capacity of both mental health specific and relevant generalist NGOs to better deliver services to clients with a mental illness or a disability due to mental illness.

Through extensive consultation, three priority program areas were identified as key initiatives for development of the sector:

1. Workforce Development – To identify and promote the establishment of good practice workforce development and training across the sector.
2. Quality and Outcomes – To promote quality and evidence based practice including the use of outcome evaluation and consumer evaluation of services.
3. Promoting Partnerships - To foster partnerships and co-operation within the NGO mental health sector and between this and other sectors, so as to facilitate information sharing and the development of best practice, innovation and collaboration in planning and service delivery.

The *NGO Development Strategy: Mental Health* was completed in December 2007. This report details the major outcomes of the Strategy and, based on achievements to date and the current environment within which NGOs operate, provides some clear directions for the way ahead.

Importance of Mental Health Non Government Organizations in NSW

Community organizations provide services across the full spectrum of mental health care, from prevention and early intervention through to rehabilitation and continuing care. NGO workers provide people accessing their services with social and emotional support; practical support to live at home; support in finding and maintaining employment; support to participate in social activities; and help to access services. They also advocate on behalf of service users where required. Without the support provided by community organizations the burden of care falls heavily on families and carers. Without the support provided by community organizations many people with a mental illness are at risk of entering a descending spiral of hospital readmission, drug abuse, homelessness and prison.

NSW Health has long recognized the valuable role played by NGOs in assisting people with mental health problems to remain in the community. However, focus on acute clinical care has in the past, taken resource priority leaving the mental health NGO sector with a disparate profile and inadequate resource and development base. Establishment of the Mental Health NGO Development Strategy in 2004 was a clear indication of the governments' awareness of the potential of the NGO sector to ameliorate some of the current challenges facing the NSW mental health system. It has become clear that a properly functioning NGO sector has the potential to provide improved quality of life for service users, their families and carers, reduced rates of admissions and reduced lengths of stay in hospital and a workforce whose skills compliment those of nurses and allied health professionals allowing them to focus on acute clinical care within the mental health inpatient units and community mental health teams.

Community organizations are part of the community they serve. They engage clients and carers in decision making and attract resources from the broader community through donations and the work of volunteers. Community organizations are well placed to provide the residential and employment support, aftercare and psycho social rehabilitation that people with a mental illness require to return to the community and avoid readmission into hospital. Community organizations have repeatedly demonstrated their capacity to work well with local GPs, community groups and services, private businesses, hospital services, community health services and other health and welfare providers to deliver an integrated range of services to their clients.

Background

The NGO Development Strategy was initially informed by the *Mapping Analysis and Performance Project* (MHCC, 2001) and subsequent related policy and planning documents including:

- *Partners in Health* (NSW Health, 2001);
- *Framework for Rehabilitation for Mental Health* (NSW Health, 2002);
- *Framework for Housing and Accommodation Support* (NSW Health, 2002); and,
- *NSW Select Committee Inquiry into Mental health Services in NSW* (NSW Government, 2002).

As implementation of the Strategy progressed the following strategic documents also influenced project directions and outcomes:

- Development of the agreement between the NSW Government and NSW human service NGOs *Working Together for NSW* (NSW Government, 2004).
- *NSW Interagency Action Plan for Mental Health* (NSW Government, 2005);
- *COAG National Mental Health Plan: 2006 – 2011* (2006);
- *NSW: A New Direction for Mental Health* (NSW Health, 2006);

Management of the Strategy was multi-layered in order to plan, develop and then implement the project effectively.

- The Mental Health NGO Partnership Forum acted as an Advisory Group and met twice in April and July 2005 to inform and gain the support of Area Directors and Senior Area Mental Health Services staff around the objectives of the Strategy. The forum allowed communication between Area Mental Health Directors or their representatives, MHCC (Board members and staff) and the then Centre for Mental Health.
- The NGO Development Strategy Steering Committee met every six weeks over the first two years of the Strategy to provide direction and monitor progress and consisted of the MHCC Board and representatives from the Centre for Mental Health, the Area Mental Health Directors and the Minister for Health's Office.
- The MHCC Chief Executive Officer supervised the day to day management of the NGO Development Officers.
- Reference Groups were established to give advice and direction for each of the three program areas. The Workforce Development Reference Group was one of these and gave direction to the workforce development program. It was chaired by the Workforce Development Officer from MHCC. MHCC member organizations were invited to submit an Expression of Interest to participate in one of the Reference Groups. MHCC also invited individuals associated with academic institutions, training and other organizations, whose contributions were used for a particular Reference Group. From these Reference Groups, smaller working groups were formed as necessary to undertake specific tasks within the program areas.

Extensive consultations with a range of government and non-government stakeholders informed the aims and directions of the Strategy. MHCC met with 22 NGOs, including organizations specifically funded to provide mental health services and generalist NGOs who may need to respond to clients with mental health issues. Eight Area Health Services were consulted including Area Directors of Mental Health Services, NGO Liaison Officers/Grant Coordinators and others involved in rehabilitation development groups. In addition, a range of academic and social development organizations were also consulted. MHCC also consulted with members at its 2004 Annual General Meeting with focus groups looking at the following areas to help shape the project: collaboration & partnerships; identity and setting priorities; and, workforce development.

The purpose of consultations with NGOs and Area Health Services was:

1. to seek the views of NGOs and Area Health Services about the key issues facing NGOs who provide mental health services;
2. to understand the key issues with respect to the development of the NGO sector; and,
3. most importantly, to help determine the priorities for the NGO Development Strategy.

These consultations were facilitated through a series of one-on-one and group interviews that followed a semi-structured interview schedule. Detailed notes from interviews were analyzed to look for common trends and concepts that arose during the consultations. The findings of these consultations and the range of organizations who participated is provided in Attachment 2 *Report of Consultations with NGOs and Area Health Services Regarding Priorities for the NGO Development Strategy* (MHCC 2005).

The *NGO Development Strategy Directions Paper* (MHCC, September 2005 - Attachment 3) was developed following on from these consultations. This paper also set the three priority program areas and contributed to the final Performance and Funding Agreement for the NGO Development Strategy.

3. PROJECT OVERVIEW & OUTCOMES

The project overview and outcomes information below is presented in accordance with the final report recommendations of the *NSW Health Operational Guidelines: Non-Government Organisation Grant Program (2001)*.

3.1 Were the project/service goals achieved? How? (Activity targets and performance indicators including comparative service statistics)

A summary of the outcomes achieved against the planned project area objectives and activities as outlined in the Funding and Performance Agreement with NSW Health for the *NGO Development Strategy: Mental Health* is provided as Attachment 1. Additional information about the implementation of *NGO Development Strategy: Mental Health* activities and outcomes against the three priority program areas is also provided below.

WORKFORCE DEVELOPMENT

The workforce development initiative was the most robust program area of the Strategy with numerous sector development activities undertaken. Its primary objective was to identify and promote the establishment of good practice workforce development and training across the NGO sector. The achievements of the four key projects within the workforce development program are described below.

This area of focus was informed by the understanding that training is only one aspect of strengthening the community mental health sector's workforce. A systemic approach and sector identity strategies were seen as central to enabling the sector to meet the needs of consumers and carers in the 21st century. Furthermore, with the growing recognition of the need for expansion of the mental health NGO sector through new initiatives, such as the Housing Assistance and Support Initiative (HASI) program, it was seen as vital that the NGO Development Strategy address the expected increase in workforce demands thus ensuring the viability of future NGO initiatives.

Steps necessary to improve the skills and capacity of the mental health workforce received particular priority in the Strategy. This included addressing career development, workforce expansion, organizational governance and management by:

- Strengthening and coordinating workforce development and training initiatives across the NGO sector
- Improving recruitment and retention within the NGO mental health sector by strengthening sector identity and promoting the range and scope of work opportunities.
- Identifying barriers and opportunities for career development within the NGO sector and promoting the establishment of career pathways.

The key projects/strategies used to achieve the workforce development objective included:

1. Sector planning for the development of good practice training and other workforce development for NGOs providing mental health services.
2. Development of a bi-annual Training Calendar listing courses relevant to the staff of NGOs providing mental health services.
3. Establishment of a Traineeship based on Certificate IV (Non-clinical) and related initiatives.

4. Pursuit of a voluntary minimum standard of training for the NGO mental health sector

Each of these four workforce development project areas will be further discussed next and a brief chronological summary of specific key performance indicators/outcomes is first provided below:

2005

- Training Options Paper (September)
- Report to Productivity Commission (July)

2006

- Workforce Development Reference group established (January)
- Training Needs Analysis (March to September)
- Bi-annual Training Calendar (from June & ongoing)
- Review of Community Services Training Package (from August & continuing)
- Business Plan to Become an RTO (August)

2007

- Mental Health Training Work Group established (January)
- Application for Vocational Training Order to establish Mental Health Work Traineeship (March)
- Establishment of community mental health RTO services/MHCC Learning & Development Unit (April)
- Establishment of Mental Health Work Traineeship (September)
- Development of Mental Health Work Recognition of Prior Learning/RPL Toolkit (October)
- Development of Mental Health Work promotional materials and commencement of related recruitment/retention campaign (October)
 - Pocket Guide to a Skilled Workforce: Community Based Mental Health Work
 - Recruitment poster
 - Recruitment postcard
 - Recruitment brochure

1. Development of good practice in workforce development and training

In 2004/05 considerable research and consultation was undertaken by the MHCC towards better understanding and strategic planning to address the unmet workforce development and training needs of the sector in NSW.

In 2005, the MHCC developed three papers that discussed this priority:

- *Options Paper: Training and Other Workforce Development for the Mental Health NGO Sector* (September 2005 – Attachment 4);
- *Submission to the Productivity Commission's Study Into Pressures Facing the Health Workforce on Training and Workforce Development for the NSW Mental Health NGO Sector* (July 2005 – Attachment 5); and,
- *Building Effective Non-Government Mental Health Services in NSW* (November 2005 – Attachment 6).

Training Options Paper

The Training Options paper investigated training and other workforce development needs for workers in NGOs providing mental health services, identifying options available to the sector and making recommendations about which options would best meet the needs of the sector. It attempted to clarify the best way forward for the implementation of the Strategy and made numerous recommendations for sector learning and development, which was used to develop a second paper to the Productivity Commission. The Steering Committee and the MHCC Board were involved in the review and ratification of the Training Options Paper.

Workforce Development Reference Group

One of the specific recommendations from the Training Options paper was the development of the Workforce Development Reference Group (WFDRG), which occurred in January 2006. The role of the WFDRG is to provide MHCC with information about the training and other workforce development needs of the NGO mental health sector, and to provide guidance in the development of initiatives to address those needs. The group is made up of representatives from NGOs specializing in mental health, other NGOs whose client base includes those with a mental illness, consumer groups, carer groups, and others with experience and interest in training and other areas of workforce development (eg, TAFE, NSW Department of Education and Training/DET, NSW Community Services and Health Industry Training Advisory Board/ITAB).

The WFDRG continues to meet every second month and as needed to engage sector representatives in workforce development initiatives. WFDRG workgroups have been formed to undertake specific tasks and include the:

- Mental Health Training Work Group – industry support and direction to the Learning & Development Unit (LDU) in developing learning and assessment materials and strategies;
- Recruitment and Staff Development Guide Work Group - advice and guidance to MHCC in its work on a recruitment campaign for the sector and a related staff development resource; and,
- Consumer/Service User Participation Work Group - which works with MHCC and NSW CAG to contribute to the development of a guide to assist NGOs in the management, support and payment of people in consumer roles in NGOs.

Other Workforce Development Papers

After the publication of the Training Options paper and the related Productivity Commission Submission, it was found that the way forward for mental health sector development in NSW needed to be developed in partnership with NGO and other service providers, engaging them in the change process. The paper, *Building Effective Non-Government Mental Health Services in NSW* (MHCC, November 2005 – Attachment 6) highlighted the importance of increased effectiveness of existing mental health and generalist community services through resourcing the MHCC to implement orientation education and training programs for the NGO and community sector. Recommendation Four (p12) of that paper was to build upon the work undertaken by the MHCC to identify and meet the training needs of the NGO mental health sector. The way this was to be achieved was by:

- MHCC establishing itself as a Registered Training Organisation (RTO) to enable relevant, targeted and affordable training to be available to NGOs;
- Establishment of minimum training standard;
- Targeted and relevant short courses;
- Traineeships in mental health – non clinical;
- Employment pathways for consumers working in NGOs;

- Distance and flexible training packages;
- Work based training options;
- Recognition of prior learning; and,
- Training Calendar/s.

Becoming an RTO

Becoming an RTO was critical to this journey. A *Business Plan for MHCC to Become a Registered Training Organisation*, including a detailed action plan for this to occur, was developed in August 2006 (Attachment 7). The Steering Committee and MHCC Board approved the Business Plan in September 2006. Additional funding has since been provided by NSW Health to establish the MHCC Learning & Development Unit (2007-10). The MHCC achieved becoming an RTO in April 2007. Information relevant to the early activity of the mental health Learning and Development Unit (LDU) is provided throughout this report.

2. Sector training needs and training calendar

Sector Training Needs Analysis

In early 2006, the MHCC contracted consultants to conduct a *Training Needs Analysis for the NGO Sector in NSW* investigating the training needs of staff, both paid and voluntary, in NGOs providing services to clients with mental health problems (Attachment 8). Managers of MHCC member organizations were surveyed to obtain a more extensive quantified and qualified overview of unmet training needs. The training needs analysis involved comprehensive consultation with all key stakeholders including consumers, carers, member organizations and other community services through formal interviews, surveys, and consultation meetings. It considered the workforce's level of education and experience, its training needs, and barriers to training (including consumer training), as well as future workforce needs and skills.

The survey conducted yielded a 42% return rate and some of the key data for MHCC member organizations is summarized in Table 2. The key finding was that the workforce surveyed was highly qualified and experienced but in need of relevant, affordable and accessible training that was mental health specific as well as leadership/management development opportunities. Most agencies would like to provide more staff training but reported being constrained by factors such as time, modest or nil training budgets, and the costs and impacts of backfilling for staff, particularly those in key service provision roles. There was general support for the Certificate IV in Mental Health Work (non-clinical) to be adopted as a voluntary minimum level of training for workers in the sector, to enhance the credibility of the sector and ensure minimum competency levels.

A number of respondents expressed a need for all mental health training to include:

- More emphasis on ethics and professional boundaries issues;
- An increase in the communication and interpersonal skills involved in engaging with consumers;
- Information related to local service networks or referral procedures;
- Opportunities for training pathways to enable new staff, as well as consumers and carers, to build skills and qualifications over time; and
- Opportunities for higher level training for skilled staff, particularly in complex areas such as dual diagnosis, and for specialist groups such as those working with CALD communities, older people with dementia, or infants, children and young people with mental health problems.

A number of respondents also emphasized the need for mental health training to be closely linked to the adoption of quality, professional development cultures in NGOs. This would ensure the benefits of external training can be maximized within a work-based context.

Table 2: Key Findings of the 2006 Sector Training Needs Analysis

Survey Area	Key Findings
Qualifications	<ul style="list-style-type: none"> • Managers are highly qualified: <ul style="list-style-type: none"> 96% had a tertiary qualification 54% had a university level qualification 60% attended training in the last year Average of 14 years industry experience • Staff are less qualified <ul style="list-style-type: none"> 70% had tertiary qualifications 68% were not mental health specific 5% have a Certificate IV in Mental Health 50% attended training in the last year Years of experience was not explored
Training	<ul style="list-style-type: none"> • Most agencies undertook training in the last 12 months • Most training was non-recognised introductory level short courses • Larger agencies had a greater capacity than smaller ones to train staff • High demand for training in mental health over the next 12 months • Most agencies face barriers to training including time, cost and backfill
Traineeships	<ul style="list-style-type: none"> • 22% of agencies currently making use of traineeships (eg, community services, disability) • 67% interested in utilizing mental health traineeships if available
Size of Sector	<ul style="list-style-type: none"> • 2,500 – 3,000 FTE total staff • 1,500 – 2,000 FTE direct care staff • 44% of members used volunteers
Funding Sources	<ul style="list-style-type: none"> • 54% NSW Health (or Area Health Service) • 30% DADHC • 22% FACSIA • 22% private • 14% DOCS • 8% DEWR

These results once again confirmed the need for training as a key strategy in workforce development as well as providing direction for that to occur. The key findings of the training needs analysis have directed MHCC's workforce development planning to ensure NGO staff providing services to clients with mental health problems are able to access relevant, affordable and local training.

The Learning and Development Unit

The training needs analysis, along with other consultation noted in the previous section, was also used to develop the *Business Plan for MHCC to Become a Registered Training Organisation*. The MHCC achieved RTO status in April 2007. The RTO section of MHCC was named the Learning & Development Unit (LDU).

MHDAO has since provided additional funding to assist with the establishment of the LDU (2007-2010) and the goals/objectives of this Performance and Funding agreement are to:

- 1) Achieve financial viability during establishment and growth of the LDU;
- 2) Obtain RTO registration through NSW the VETAB;
- 3) Provide opportunities for the NGO workforce to access recognized training linked to a voluntary minimum standard;
- 4) Offer a variety of other non-accredited short courses and services that address unmet training need;
- 5) Enhance opportunities for new workers to enter traineeships to achieve the Certificate IV in mental health work;
- 6) Develop partnerships with other learning organizations to increase career pathways in Mental Health Work;
- 7) Promote the development of a more cohesive and professional identity within the NSW mental health sector; and,
- 8) Promote the benefits of working in the non-government mental health sector.

A key outcome that this initiative will seek to assist at least 50% of the sector workforce (about 1500 FTE) to commence activity toward achieving the Certificate IV in Mental Health Work by the end of the project. To achieve this goal there needs to be a complimentary focus on broader issues related to workforce development and unspent Strategy funds have been rolled over toward this.

The MHCC LDU provides relevant, accessible, affordable and recognised training and assessment services for the NGO mental health sector. The vision of the LDU is to be recognised as the statewide leader in the delivery of valued mental health training services to NGOs in the health & community sector in NSW.

Training provided by the LDU is:

- Affordable (\$100 per day or \$150 for non-members);
- Available across metro and regional NSW;
- Responsive to the needs and philosophy of the community mental health sector; and,
- Flexible, with a commitment to provide skill recognition services (ie, recognition of prior learning/RPL).

The products and services provided by the LDU include:

1. Training - Orientation & Induction course/s, other short courses, Certificate IV Mental Health Work;
2. Assessment/RPL - to issue qualifications/Statements of Attainment for recognised courses, to assess current competencies of Mental Health Workers with significant experience and skills but no formal qualifications;
3. Traineeships - for new/existing workers without relevant qualifications to achieve the Certificate IV in Mental Health Work; and,

4. Consultancy - to help NGOs to identify/implement strategies to strengthen their workforce/service delivery

Initial training provided by the LDU is linked to the Certificate IV in Mental Health Work (Non-clinical) and called “*Rehabilitation for Recovery*”. It provides a voluntary minimum standard of training for workers in the sector. “*Rehabilitation for Recovery*” training currently occurs in 2 stages although workshops can also be attended independently of one-another for individual professional development purposes. Alignment of the “*Rehabilitation for Recovery*” training with the Certificate IV in Mental Health work qualification is mapped in Table 3.

Table 3: Alignment of LDU “*Rehabilitation for Recovery*” Training to the Certificate IV in Mental Health Work Qualification

Course Name	Unit of Competence
Stage 1 – Orientation to Mental Health Work	
Orientation to Mental Health Work	CHCMH1B Orientation to mental health
Working With People With Mental Health Issues	CHCMH4C Provide non-clinical mental health services CHCCS9A Provide support services to clients
Stage 2 – Induction to Mental Health Work	
Law & Ethics in Mental Health Work	CHCCS301A Work within a legal & ethical framework
Responding to Suicide and Self-Harm	CHCCS501A Assess and respond to individuals at risk of self-harm and suicide
Mental Health Medication Matters	CHCCS304A Assist with self medication
Working with Mental Health Consumers & Carers	CHCMH7A Provide, with consumers, support interventions to meet the needs of carers and families

Pilots and Statewide rollout of Stage 1 and 2 courses (7 units of Cert IV), which form an orientation and induction to the work in the sector commenced in late 2006. Stage 3 products, toward achieving the Certificate IV for a workforce that has diverse qualifications and experience, are currently under development are being piloted. These include:

- Course name: Brief Interventions in Mental Health Work (CHCCS403A - Provide brief interventions)
- Course name: Mental Health and Substance Use (CHCMH8A - Provide services for people with mental health problems and AOD issues)
- Mental Health Work Recognition of Prior Learning/RPL Toolkit

This learning strategy has been designed in acknowledgement that many Certificate IV qualification candidates have prior qualifications and experience that can be recognised and to minimize costs and time away from work.

At the completion of the project to establish the LDU there will be: more relevant & contemporary mental health training for NGO staff & volunteers; more staff with mental health qualifications working for NGOs; improved career pathways for NGO staff.

Bi-Annual Training Calendar

In early 2006, the first bi-annual Training Calendar was produced for the sector and this activity is ongoing. A sample Training Calendar is provided as Attachment 9. The Training Calendar targets both paid and volunteer staff of NGOs providing mental health services. Training opportunities are listed in the areas of mental health, management and administration and general workplace practices and include courses in mental health service provision for CALD and ATSI communities. The Training Calendar was promoted from July 2006 in MHCC newsletters, networking meetings & conferences. The Training Calendar was produced in hard copy and as a large wall poster. It is mailed to MHCC's 170 member organisations and 1000 other stakeholder contacts. More recently, the Training Calendar has been converted to a data-base format that is fully searchable and accessible at the MHCC's website. The effectiveness of the Training Calendar is monitored by the WFDRG and content is updated bi-annually. Evaluation activity will be ongoing as part of the Workforce Development Strategic Plan.

In addition, the LDU identified a need for targeted short courses designed specifically to meet the needs of staff working in community based service models. Many organizations make available short courses in mental health that do not result in recognized qualifications and these mostly target people that already have tertiary qualifications.

3. Traineeships based on Certificate IV in Mental Health (Non-Clinical)

Mental Health Work Traineeship

Traineeships are jobs that combine work and structured training. Traineeships in Mental Health Work were declared in NSW in September 2007 and the LDU became an approved provider of the traineeship in February 2008.

The sector requested that traineeships linked to achieving the Certificate IV in Mental Health (Non-Clinical) be developed. MHCC worked with industry and the NSW Community Services and Health Industry Training Advisory Board (ITAB) to prepare an Application for a Vocational Training Order to establish a two-year traineeship and this was submitted to DET March 2007 (see Attachment 10). As well as providing high quality, relevant on and off-the-job training, traineeships also offer significant Commonwealth and State financial incentives for employers of trainees, thereby enabling additional employment within the sector. Additional funds are also provided to RTO for new entrant trainees.

The traineeship system is administered by the NSW Department of Education and Training (DET). Traineeships involve paid employment under an appropriate industrial arrangement, a Training Contract that is signed by both the employer and trainee and signed by DET and a qualification delivered by an RTO that meets the requirements of the traineeship and leads to a nationally recognized qualification. Most traineeships take 12 months to complete if working and studying full-time, however, this is usually at a Certificate II or III level. As the Mental Health Work traineeship is towards achieving a Certificate IV the qualification will usually take up to 24 months to complete (ie, given the complexity of mental health issues and services and the need for most staff to work autonomously/with minimal supervision). Early completions for trainees through skills recognition are encouraged.

Recognition of Prior Learning Toolkit

During 2007 MHCC worked in partnership with industry and the ITAB to develop skills recognition resources linked to the Certificate IV in Mental Health Work (Non-clinical). The *Mental Health Work Recognition of Prior Learning Toolkit* makes it easier for people to gain RPL when their experience working in the sector has provided them with the knowledge, skills and attitudes required for the Certificate IV. There has been considerable interest in the RPL toolkit by other States, RTOs and VET stakeholders as it has used an approach considered best practice in skills recognition. The RPL Toolkit will assist trainee and non-trainee Certificate IV candidates to achieve the qualification sooner.

Review of Mental Health Work Qualification/s in the Community Services Training Package

MHCC has had to develop significantly customized and contextualized learning and assessment materials and strategies to deliver the 2002 Certificate IV in Mental Health Work. This was necessary to ensure that the qualification reflects evidence based practice in recovery-oriented community mental health work to both meet industry workforce needs and ensure effective outcomes for people affected by mental illness. In June 2006, The CS&HISC commenced a review of the Community Services Training Package (CHC02) which provided an opportunity for MHCC to help shape the new qualification.

MHCC has worked closely with the ITAB to engage industry in the CHC02 Review. The Certificate IV in Mental Health Work is part of this training package. A Discussion Paper was developed in August 2006, an industry meeting was convened in October 2006 and recommendations for the mental health work qualification/s were forwarded to the Industry Skills Council (ISC) in the paper: *Review of the Community Services Training Package CHC02* (November 2006, see Attachment 11). The ISC then invited MHCC to sit on the national CHC02 Review Individual Support Work Industry Reference Group and MHCC has been working closely with the national mental health NGO peak groups to contribute to this ongoing process.

The review is focused on matching qualification/s and units of competency to job roles and is considering the introduction of Diploma and Graduate Diploma mental health work qualifications for the sector. The timeline for review completion is currently June 2008.

Recruitment and Retention

To coincide with the establishment of traineeships in the sector, the WFDRG has approved the distribution of a range of materials that have been developed to promote the recruitment of new entrants to mental health work. The recruitment campaign was developed to try and address the workforce shortage by attracting people to work in the sector. The recruitment campaign aims to enhance recruitment to the sector by promoting the benefits of working in the sector and streamlining the processes involved for organizations to recruit and for people to apply for work in the sector. Materials developed for the campaign include:

- 1 printed A2 poster (Attachment 12)
- 'AvantCard' postcard (Attachment 13)
- 1 x 12 page brochure (Attachment 14)
- Web based information
-

These resources have been developed and designed with input from the sector, and have recently been distributed broadly throughout NSW. A slogan has been created to recruit new workers and is used in the materials:

*“Do you have what it takes ... to make a difference?
Then, consider a career in creating a mentally healthy community.”*

A partnership with BRC recruitment has been formed to ensure a unique platform for advertising new jobs in the community mental health sector. This community mental health employment webpage has been set up on the BRC recruitment website & will be linked to the new MHCC website in 2008.

Working in collaboration with ITAB, MHCC has also created the *Pocket Guide to a Skilled Workforce: Community Based Mental Health Work* (October 2007, Attachment 15). Copies are available from the MHCC or ITAB office in hard copy and electronically on the MHCC website. This pocket guide was created with guidance from the WFDRG to increase the sectors knowledge and application of vocational education and training opportunities in workforce learning and development including the promotion of traineeships.

4. Voluntary minimum standard of training for the mental health NGO sector

Sector views regarding a voluntary minimum standard of training for the sector were explored through: Annual General Meetings; Annual Member Surveys; consultation in developing the Training Options paper; and, in the training needs analysis. Voluntary and transitional implementation of the Certificate IV in Mental Health Work as a voluntary minimum standard is strongly supported by the sector. The *“Rehabilitation for Recovery”* course being delivered by the LDU from October 2006 is aligned with the units of competence required to achieve the Certificate IV. This training is delivered as a series of short courses with a strong work-based learning component for showing evidence of competence in assessment (ie, for those not applying for RPL). A distance education delivery of the Certificate IV was made available by TAFE OTEN from June 2006 and MHCC participated in the workgroup that developed this product.

There are few RTOs currently delivering the Certificate IV in Mental Health. TAFE is registered to provide the Certificate IV in Mental Health Work qualification in NSW. However, few TAFE Institutes offer the mental health specific and/or other compulsory coursework and most are only offering limited content resulting in Statements of Attainment. A small number of private RTOs offer the Certificate IV but have restricted target markets (eg, Defence personnel, Aboriginal people) or only promote their mental health training as a secondary product within the disability sector. This was part of the reasoning for the establishment of the MHCC LDU.

Uptake of the Certificate IV as the voluntary minimum standard for work in the sector will continue to be monitored via ongoing MHCC workforce development activity. There is an urgent need to further explore the uptake of the Certificate IV in Mental Health Work or equivalent as a minimum work standard - including the articulation of this qualification with other VET and higher education qualifications as this is related to skills recognition - and recovery-oriented mental health workforce development both within and beyond our sector.

Closing Comments on the Workforce Development Initiative & Future Directions

Considerable activity occurred and outcomes were achieved - and even exceeded - in the area of Workforce Development which was timely given the rapid growth of the sector as a result of community enhancement funding provided throughout the timeframe of the project.

As previously mentioned, NSW Health has since agreed to the roll-over of unspent *NGO Development Strategy: Mental Health* funds to help fund ongoing work in this area over the next three years.

The goals/objectives of the Workforce Development Project (2007-2010) were detailed as:

- 1) Build the Capacity Of The Sector - Ensuring the workforce has the skills, resources and environment necessary to deliver high quality services;
- 2) Increase the Effectiveness Of Program Delivery - By building capacity, the project will work to ensure that NGOs within the sector are better able to meet the funding program objectives associated with delivery and evaluation of services in an efficient and effective manner;
- 3) Develop Partnerships And Collaborative Activity - Through building on the work already done in developing partnerships, the objective is to facilitate the sharing of information and the development of effective partnerships, as well as to promote the use of best practice, innovation and collaboration in planning service delivery across the sector; and,
- 4) Facilitate Good Practice In Consumer Participation - A Guide to assist NGOs in the management, support and payment of people in consumer roles in NGOs.

This roll-over money will compliment activity occurring through the three years of funding provided toward establishment of LDU services.

QUALITY & OUTCOMES

The overall aim of this program area was to promote quality and evidence based practice including the use of service evaluation and routine consumer outcome monitoring. It was assessed quite early in the roll-out of this initiative that the key deliverables were long term and strategic and would require capacity building in MHCC, capacity building in NGOs themselves and intensive engagement with NGOs and consumers and carers if we were to deliver a system of routine data collection and use.

The quality and outcomes initiative was operationalised under the name “*Outcomes Through NGOs Initiative and Information Strategy*” and is essentially about working with the sector toward achieving:

- Engagement and support of NGOs in the uptake of a standardised program of Routine Consumer Outcome Monitoring (RCOM) for NGO needs;
- Agreement on a minimum data set on NGO mental health programs in NSW of participation and activity data about NGOs and their clients and services; and,
- Operationalisation of the minimum data collection and RCOM data collection at a State-wide level via one standardised information system and with MHCC-provided training and workforce support.

The key projects/strategies planned to achieve the quality and outcomes program area included:

1. RCOM– promote across the sector as part of quality management systems;
2. Integrating measurement and service delivery development – research and pilot ways to integrate preferred RCOM processes with organizational practice and service development;
3. Quality management promotion – document and promote the benefits of NGO use of quality review processes; and,
4. Activity data recording – document and review processes used for data recording.

Each of these four Quality and Outcomes project areas will be further discussed next and a brief chronological summary of specific key performance indicators/outcomes is first provided below:

2005

- Snapshot Survey of MHCC Members: Assessment & Outcome Measurement (June)
- Outcomes Forum (July)

2006

- “Working on Strengths ...” review of evidence-based practice (April)
- NGO site visits commence (June)
- NSW Health funds NGO Infrastructure Grants Program (June)
- Mapping the Difference We Make Discussion Paper (August)
- FAQ Sheets on Outcome Measurement (August)
 - How can using consumer outcome tools help consumers?
 - Key Concepts: Sector and theoretical issues
 - How can using outcome tools help NGOs?
 - NGO Program Contexts
- Consumer Consultation (September)

2007

- Expert Reference Group established (January)

- Discussion Paper - Implementing RCOM Training Mechanism (January)
- Discussion Paper - NGO Information Strategy ... (April)
- Submission to NSW Health for Information Strategy (May)
- Discussion Paper - Building Program Quality ... MDS (July)
- Consensus Meetings (August)
- Piloting of outcomes training (from October)
- Training mechanism strategies developed agreed to & materials development commenced (December)

1. Routine Consumer Outcome Monitoring

The consumer outcome monitoring strategy aimed to promote the use of client outcome evaluation practice across the sector as part of quality management systems. This involved consultation, forums, research, surveys and reports. In early 2007 an expert Reference Group was convened to advise on RCOM directions. Strong sector support for the use of RCOM and collection of minimum data set (MDS) information has been achieved along with a more informed knowledge of the opportunities and challenges associated with this direction.

2005 Outcomes Forum

In July 2005 MHCC held a day long meeting with representatives of member organizations to:

- Consider the principles and value of the use of outcome measurement in the context of NGOs working in mental health;
- Understand current practice around outcome measurement in both public and NGO sectors, models and tools used, and the evidence base; and,
- Reflect with others on the pressure for a standardized approach to using outcome measures in the NGO sector.

The Forum included expert guest speakers, the views of consumers with experience of outcome measurement, an NGO panel and workshopping by attendees.

The key discussions and issues arising from the Forum were documented in *“An Overview of Issues and Outcomes from the Strategic Discussion with MHCC Members”* (see Attachment 16) and included:

- Diversity in knowledge of outcome evaluation processes;
- Pressure towards outcome evaluation;
- Building an evaluation culture;
- Evaluation processes and tools currently in use;
- Consumers’ experiences of two types of evaluation;
- Some cautions related to evaluation in general;
- Alternative models of outcome evaluation;
- Issues related to government;
- Value of collaboration, linkages and partnership; and,
- Outcome evaluation and quality development.

The sector asked MHCC to develop a related Discussion Paper to include:

- An overview of government trends and issues in outcome measurement and data collection, including trends affecting other NGOs in NSW;

- A summary description of some of the common outcome assessment tools in use in Australia and elsewhere, and other evaluation processes appropriate to the sector;
- This would include their application, strengths and weaknesses;
- Models of practice development; and,
- Identify options for the NGO sector in NSW and make recommendations.

Outcomes & Assessment Snapshot Survey

The forum was preceded by a member “snapshot” survey regarding assessment and outcome measurement practice with preliminary results presented on the day indicating a need to strengthen this area of service delivery activity (“*Evaluation of Snapshot Survey of MHCC Members: Assessment and Outcome Measurement*” – Attachment 17).

The survey asked organizations for information about:

- Service size & types;
- Data collected;
- Consumer assessment;
- Care planning; and,
- Outcome evaluation.

Key findings included:

- 70% had funding body activity reporting requirements;
- 65% supported standardized data collection;
- 81% had variable assessment procedures;
- Some large organizations were using standardized assessment/outcome measures;
- A very small number of organizations were participating in collaborative MHOAT reviews;
- 76% developed care plans with consumer participation (17% n/a);
- 62% developed care plans with the involvement of other involved health and community services;
- Approaches to review of work was variable;
- 54% used data collection for service continuous quality improvement (CQI); and, Most organizations said processes for assessment and outcome measurement could be improved.

NGO & Consumer Consultation

NGOs, consumers and carers were extensively consulted regarding RCOM directions. More than 30 NGOs have been involved in consultation since 2006 toward developing RCOM training strategies and materials. A six month period of NGO site visits occurred in the second half of 2006 to enquire into status of information management and quality management processes.

Consultation also included facilitating a consumer forum with 28 representatives from 23 NGOs attending. Consumers requested consideration of a person-centered strengths-based approach to RCOM. This work was documented in “*Statewide Consumer Consultation on Routine consumer Outcome Measurement By Non-Government Organizations Providing Mental Health Programs in NSW: Report of findings and recommendations*” (October 2006 – Attachment 18). A journal article based on this work has since been accepted for publication in *Australasian Psychiatry*.

“Mapping the Difference We Make ...” Report

After wide ranging consultations with NGOs, mental health consumers and other stakeholders MHCC completed the Discussion Paper ‘*Mapping the Difference We Make: NGO use of routine consumer*

outcome evaluation in providing mental health care in NSW” (August 2006, Attachment 19) to guide and inform the future work of this program area. This document was inclusive of the issues arising from the Forum and used as the basis for further individual discussions with both consumers and member organizations.

The report made the following recommendations to:

1. Better understand the NGO workforce;
2. For NGOs to access the knowledge base (ie, CIAP);
3. Introduce RCOM in the context of evidence-based practice;
4. Foster outcomes leadership capacity building;
5. Scope research and development capacity building models;
6. Cost outcome monitoring statewide;
7. Seed quality systems on parity with other sectors for outcome collection programs to be developed by NGOs;
8. Implement statewide coordination of RCOM in NGOs; and,
9. Develop a statewide minimum data set.

The activities undertaken and materials produced by MHCC in the area of RCOM implementation have all been included on our website. This work within our sector has helped us in gaining a greater appreciation and clarity that MDS collection activity must be undertaken simultaneously to achieve successful uptake of this practice. Issues related to MDS collection implementation are further discussed later in this paper. Planned RCOM training is next described.

Summary of Proposed RCOM Training

The *“Mapping the Difference We Make Workforce Support Program”* will operationalise RCOM training at a consumer, frontline worker and executive/leadership level through:

- Familiarisation Training (pre-training) – brief information session, compulsory for those proceeding to Initial Training
- Initial Training (for frontline workers) – 1 day
- Continuing Education (9 work-based learning modules over 1 year)
- Executive & Leadership training (retreat style with a “using MDS data” focus)

These RCOM workforce development and learning opportunities are scheduled from 2008 in six of the eight Area Health Services. Further consultation is required to shape directions for rural areas (ie, Greater Western & Southern AHS). Approaches for distance education in RCOM are being explored.

Future directions for RCOM training are discussed in detail in *“Implementing Routine Consumer Outcome Monitoring: Training Mechanism”* (January, 2007 – Attachment 20).

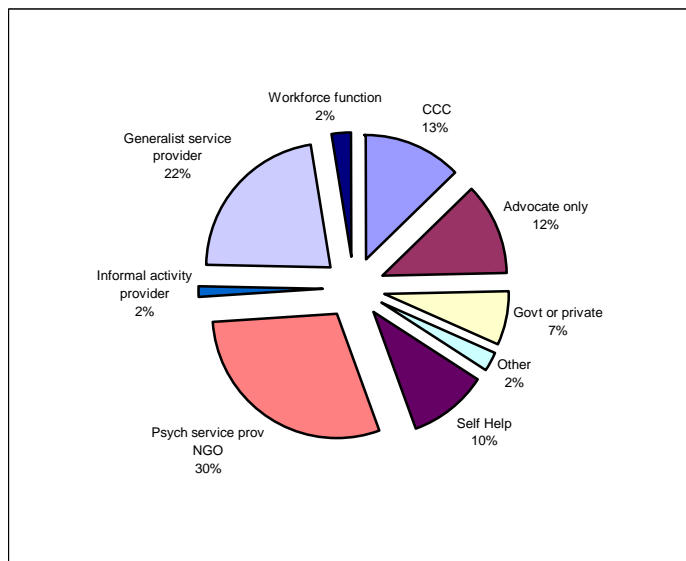
2. Integrating Measurement and Service Delivery Development

This strategy aimed to research and pilot ways to integrate preferred client outcome evaluation processes with organizational practice and service development. This involved us working with NGOs to develop, demonstrate and evaluate client outcomes evaluation and their impact on service planning and delivery. Some of this activity was described above and additional activity is described below.

Background Research

To implement RCOM and MDS collection it was necessary for us to revisit the size and scope of our sector. Figure 1 shows that in June 2007 we had 153 member organizations. Only 52% of these provide direct care services that lend themselves to client outcome measurement approaches (ie, 30% psychosocial rehabilitation service provider and 22% generalist service provider). The other service types involved activities such as information, advocacy, prevention/promotion, etc. Possible approaches to outcome measurement to these later service types was also explored. However, it was quickly acknowledged that choice of outcome measure must be guided by both service delivery type and the focus of evaluation that is being measured.

Figure 1: MHCC Members by Service Type (n=153) – June 2007



Some recommendations have been made for possible choice of outcome measure/s to be used within our sector and these are summarized in Table 4. Further work still needs to occur to achieve sector agreement regarding these recommendations and this will be partially dependent on also achieving agreed ways forward for MDS collection. More information on background research regarding approaches to MDS collection is presented later.

Table 4: Recommended Outcome Measure By Service Type

Service Type	Recommended Measure
Psychosocial rehabilitation & recovery NGO	CANSAS Satisfaction With Life Scale
Psychosocial rehabilitation – employment specific	CANSAS Existing DEEWR employment measures
Psychosocial rehabilitation – HASI Accommodation	CANSAS Existing suite of HASI measures
Counselling NGO – where person has a confirmed mental illness	Kessler 10 CAN or CANSAS
Counselling NGO – other	Kessler 10
Other (eg, information/education, advocacy, prevention/promotion)	Further consultation required

Piloting RCOM

Following extensive sector consultation regarding RCOM, two pilot projects to explore implementation approaches and issues were agreed to. One pilot at RFNSW explored MHOAT literacy and sector complementarity.

A second pilot with PRA occurred over 12 months and used a case study approach to explore the question “What does it take a multi-purpose multi-site statewide NGO to implement new outcome monitoring?” The CAN was used to supplement HASI tools and data collection already underway. This pilot included consultation and training with both Boards, managers, direct care providers and clients.

The background research and pilot experiences further informed the development of outcome measurement training scheduled throughout 2008 (ie, “*Mapping the Difference We Make Workforce Support Program*”).

Promoting Evidenced-Based Practice

A review of evidence-based practice (EBP) in recovery-oriented mental health work and audit NGO models of mental health assistance in NSW was conducted and this work was documented in “*Working on Strengths ... The Evidence So Far: Models of assistance by mental health community organizations and evidence of their effectiveness*” (April 2006 – Attachment 21).

This document was developed to further stimulate sector discussion regarding EBP as it applies to both current practice and the implementation of RCOM, MDS data collection and use of quality review process for service CQI.

3. Quality Management Promotion

This strategy sought to document and promote the benefits of NGO use of quality review processes. This was to be achieved by working with various stakeholders in this area including the NCOSS Management Support Unit, Quality Management Services (QMS) and NSW Health (ie, Grants Administration Review, Generic Quality Framework for Human Services Organisations). This area of activity was challenged by both a rapidly changing context for NGO quality management and QMS experiencing operational difficulties. This resulted in an increased focus on RCOM, MDS collection and CQI within the Quality and Outcomes initiative of the NGO Development Strategy: Mental Health. Alternative approaches to quality management promotion were pursued through related activity and the Infrastructure Grants Program which is briefly described below.

Management & Governance

Services of the NCOSS Management Support Unit were promoted to the sector and management and governance expertise was also strengthened through *NGO Development Strategy* discussions regarding: outcome measurement, accreditation, CQI, activity & HR minimum data set collections, workforce development and learning, etc.

Work With Quality Management Services

QMS experienced unanticipated operational difficulties during the timeframe of this project which hindered planned activity with regard to the promotion of quality management generally and through the *"Generic Quality Framework for Human Services Organisations"* (2004) in particular.

Directions for Partnerships in Quality Management

MHCC has worked closely with the Forum of Non-Government Organisations (FONGA) with regard to the Grants Administration Review and this activity was completed in late 2007 with the publication of *"NSW Good Practice Guideline to Grant Administration"* (January 2008).

In June 2006 the NSW Government and the NSW Non Government Human Services Sector began to implement the *"Working Together for NSW Agreement"*. The Agreement was developed jointly by the the non-government sector through FONGA and by the NSW Government, through the Premier's Department and the Human Services Chief Executive Officers (HSCEOs) group. The Agreement provides a framework to help ensure the quality of human services delivery for the people of NSW by providing a set of shared goals, values and principles that guide working relationships between the two sectors. The purpose of this Agreement is to strengthen the ability of the NSW Government and non-Government human services organisations to achieve better outcomes for individuals, families and communities.

Activities undertaken from 2006 have included:

- NGO Development and Support Initiative;
- Standard Framework for Peak Body Performance and Funding Agreements;
- Improved Reporting Capacity for Peaks;
- "It's Your Business" Resource;
- Models of Shared Services in Community Housing;
- Aboriginal Out-of-Home Care Services; and,
- Regional Human Service Planning Project.
- Shared Services approaches; and,
- Streamlining accreditation and reporting requirements.

This last activity intends to build on the work previously undertaken by MHCC, NSW Health and QMS in developing a generic quality framework.

There is also ongoing discussion about a proposal by NCOSS to develop an “NGO Workforce Development Strategy”. This should incorporate the considerable workforce development activity already undertaken by MHCC and NADA within their respective sectors.

Infrastructure Grants Program

MHCC has been funded by MHDAO to deliver an Infrastructure Grants Program from 2006/07 which aims to support quality improvement and quality review processes in the provision of mental health services for all State funded NGO mental health services in NSW. The broad goals/objectives of the strategy are:

- 1) Administration of infrastructure grants for NGOs; and,
- 2) Implementation of three projects targeting promotion of continuous quality improvement (CQI) of all funded mental health NGOs in NSW.
 - (i) Mapping Project
Expected outcomes:
 - A current picture of the NGO mental health sector in NSW, including its strengths, gaps and quality systems
 - Evidence based information that guides NSW Health in its future planning and sector development.
 - (ii) Resources for NGOs Project
Expected outcomes:
 - Development of resources/ tools to assist NGOs to improve CQI capacity and progress towards accreditation
 - Demonstrated effectiveness of those resources/ tools through piloting them with selected NGOs
 - (iii) Outcome Monitoring Project
Expected outcomes:
 - To demonstrate the effectiveness of routine consumer outcome monitoring as a mechanism to inform NGOs’ CQI systems
 - To promote a culture of NGOs using routine consumer outcome monitoring
 - To provide training in routine consumer outcome monitoring that takes an organizational development approach

4. Activity Data Recording

This strategy aimed to document and review processes used for data recording (ie, MDS collection). This was to be achieved by reviewing processes for activity data recording within our own and other sectors and producing a paper for MDS collection within our sector.

Reviewing Processes for Activity Data Recording

Numerous existing systems for routine activity data recording and their relation to RCOM were researched for the Quality and Outcome initiative and these are listed in Table 5.

Details regarding some of these various approaches are further described in “*Building Program Quality and Our Knowledge Base Through an Information Strategy: Briefing for a consensus meeting to draft a minimum data set*” (July 2007 – Attachment 22).

This document was used to brief CEOs of MHCC member organizations in anticipation of both an MDS Survey and consensus meetings which are next discussed.

Table 5: Summary of Research on Data Systems

Data Systems Reviewed	Auspice Agency
PDRSS data collection of the Victorian NGO psychiatric rehabilitation program	Victorian Human Services is the end user VICSERV manages the data and sector support
<i>Outcomes into Practice Outcomes in Social Care in the UK</i>	University of York’s Social Policy Research Centre for diverse NGOs in UK, including mental health ‘social care’ organizations.
NSW Youth Health Services Sector’s The Comprehensive Quality Process	NSW Association for Adolescent Health
HASI MDS	NSW Health Office of Mental Health and Drug and Alcohol
Mental Health Ambulatory Care Collection (MH-AMB)	NSW Health Office of Mental Health and Drug and Alcohol via Area Mental Health
MHOAT – Mental Health MHOAT Data Collection	NSW Health Office of Mental Health and Drug and Alcohol via InforMH
BTOM (Better Treatment Outcome Measurement)	Network of Alcohol and Other Drug Agencies provides information support to NGOs and NSW Health centralizes the data into the NSW Drug Treatment Minimum Data Set.
SPGPPS Centralized Data Management Service (CDMS)	Strategic Planning Group of Private Psychiatric Services: RANZCP, AMA, RACGPs, Australian Private Hospitals Association, Australian Health Insurance Association, National Network of Private Psychiatric Sector Consumers and Carers, Australian Government Department of Health and Ageing, Australian Government Department of Veterans Affairs.
NGOIT (‘know-it)	PLATFORM NZ peak for non government mental health organizations
Australian Mental Health National Outcomes and Casemix Collection (AMHNOCC)	Australian Mental Health Outcomes and Casemix Collection Network
Lifeline Caller Database	Lifeline Australia
National Juvenile Justice Minimum Data Set	Relevant JJ State and Territory departments

NSW Community Mental Health NGO MDS Collection

Mental health NGO sector development and quality management is dependent on the routine collection of minimum data set information for both service delivery activity and workforce (ie, operations and human resources). Some information about current data collection within our sector was gathered in the assessment and outcome measurement “snapshot survey” described earlier as well in consultation meetings, site visits and the RCOM pilots. This resulted in an understanding of diverse and variable approaches to collecting activity data and general agreement in working toward standardized approaches.

In July 2007, a Discussion Paper - *“Building Program Quality and Our Knowledge Base Through Routine Consumer Outcome Monitoring and an Information Strategy”* (Attachment 22) - was developed to help further progress this discussion.

Between August and October 2007 the CEOs of MHCC member organizations were surveyed regarding current information collection systems. Three consensus meetings held in late 2007 with MHCC member organizations to discuss data items already collected and potential data items for inclusion in a minimum data set

Three consensus meetings were held with the CEOs of member organisations regarding minimum data sets for information management and there is strong sector support for more unified and efficient approaches.

The following principles for establishing an information system are suggested.

1. Developmental
2. Electronically collected and accessible by NGOs
3. Developed by NGOs for NGOs
4. Not burdensome or duplicating
5. Developed with consumers as lead stakeholders
6. Voluntary participation by registered NGOs
7. User-friendly
8. Resourced and supported
9. Use National Data Dictionary definitions where available
10. Use related PDRSS definitions where feasible
11. RCOM components to use published outcome tools
12. Data used and shared under data agreements.

An IT solution to routine activity data recording of a minimum data set for the NGO sector - that includes consideration of affordability, burden and sustainability – has been under discussion with NSW Health since early 2007. In April, a proposal was submitted to progress work in this area in partnership with InforMH - *“NGO Information Strategy: Understanding activity and outcomes in non-government organisations providing mental health programs in NSW* (Attachment 23)”.

The *NGO Information Strategy* is about achieving a better understanding of the activity and outcomes in NGOs working for mental health in NSW. Various meetings have been held with MHDAO (eg, Program Council & Information Committee, InforMH) regarding the proposal and a recommendation has been made for a joint working party to be established under the NSW Mental Health Information sub-committee of the Mental Health Program Council..

The proposed goals and objectives of the *NGO Information Strategy* are to:

- 1) Recommend assessment and outcome measurement tools;
- 2) Develop data collection and data reporting templates, policies and procedures;
- 3) Recommend options for the management of collected data; and,
- 4) Develop specifications for PC based data collection and reporting.

The Information Strategy component is about the collection and use of routine activity data reporting including client demographics and service delivery. RCOM data can only be interpreted with

demographic and program data as well as an information system to manage the data. Only sparse and non-standardized data is currently collated about who uses what NGO mental health services in NSW despite many services reporting the routine collection of this information and using it for service evaluation and quality improvement purposes. The absence of standardized activity data recording also challenges our understanding of how clients move through and between services as they recover.

PROMOTING PARTNERSHIPS

The aim of this initiative was to foster partnerships and co-operation within the NGO mental health sector and between this and other sectors so as to facilitate information sharing and the development of best practise, innovation and collaboration in planning and service delivery.

To achieve this, it would be necessary to:

- Overcome structural barriers;
- Build NGO to NGO (and other) collaborative capacity; and,
- Strengthen the NGO sector's ability to advocate for genuine collaborative effort in planning and delivering services.

While the key strategy to create strategic regional NGO networks was assessed as not likely to be effective in the rapidly changing environment that occurred in the timeframe of the NGO Development Strategy there were a range of partnership initiatives that resulted from the work of the Strategy and the work of MHCC more generally and some of these are described below. Ongoing activity in this area will continue – with an emphasis on the establishment of regional NGO networks – using rolled-over NGO Development strategy funds.

Consultation & Planning to Promote Partnerships

Many issues concerning partnerships in the NGO sector were identified during 2004/05 by both AHS and NGOs through consultation (Attachment 2), the NGO Mental Health Partnership Forum and at MHCC Annual General Meetings.

Attention was paid to partnerships between AHS and NGOs. Areas highlighted for reform included:

- Performance & Funding Agreements;
- Expressions of Interest for funding;
- Needs assessment; and,
- Referral protocols.

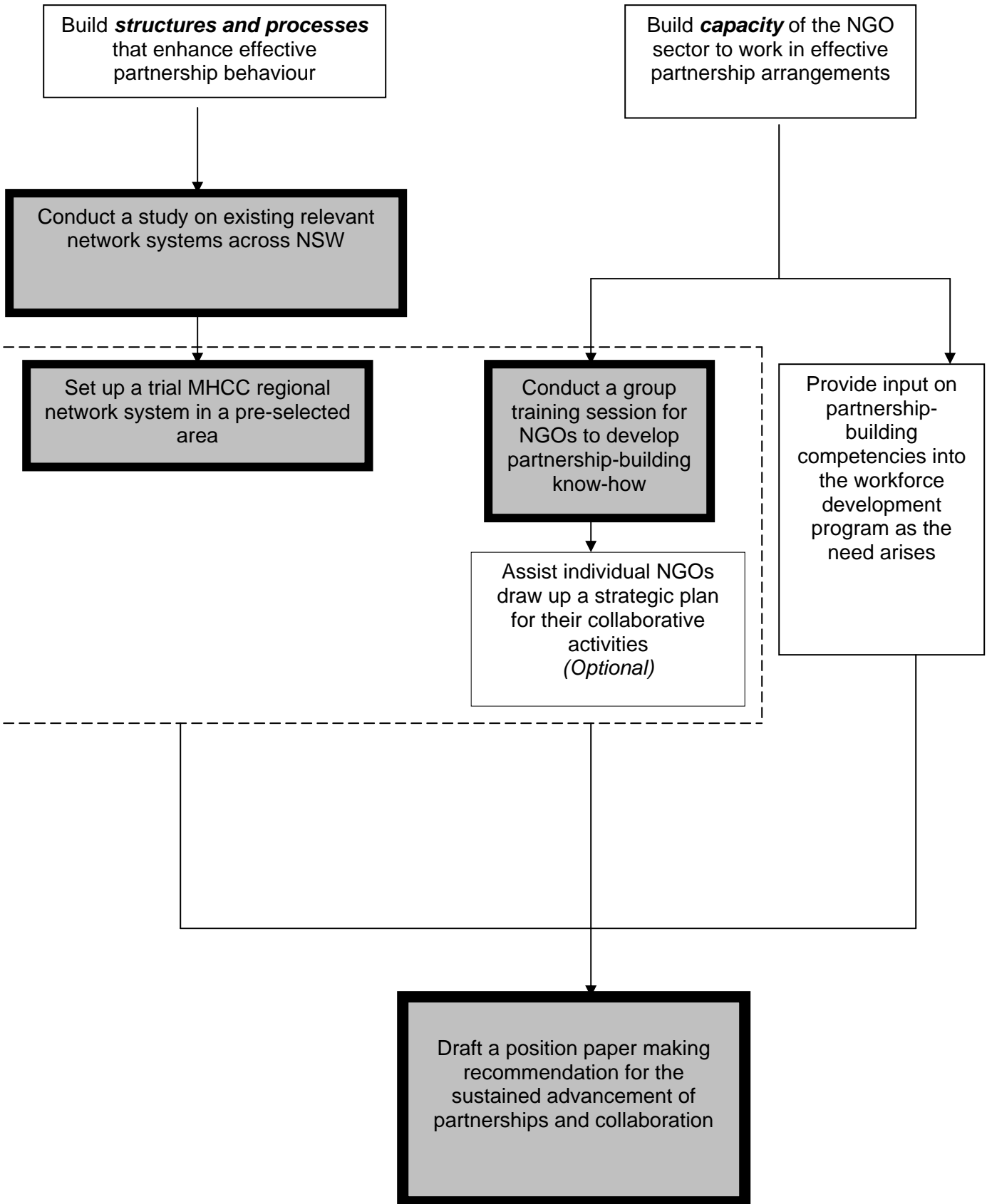
Concern was expressed about the ability of smaller NGOs to negotiate as equals in partnerships with larger NGOs and with government agencies. However, all concerned recognised the value of partnerships.

From this consultation a Promoting Partnerships project plan (Attachment 24) was developed in late 2005 which proposed to:

- Conduct a study on existing relevant network systems across NSW;
- Set up a regional MHCC network in a local area;
- Conduct a group training session on partnership-building competencies for NGOs in a local area;
- Draft a position paper making recommendations for the sustained advancement of partnerships and collaboration; and,
- Assist individual NGOs draw up a strategic plan for their collaborative activities (optional activity).

A summary of the suite of recommended projects to be undertaken under this program area of the NGO Development Strategy is provided in Figure 2.

Figure 2: Recommended Projects to Promote Partnerships



NGO Partnership Forum

It was planned to hold three Mental Health NGO Partnership forums annually throughout the project to coincide with the Area Mental Health Directors meetings. The purpose of the Forum was to strengthen communication between Area Mental Health Services, other human services agencies and the non-government sector in promoting the sustained recovery of people affected by mental illness.

Two Forums were jointly convened by the then CMH and MHCC in April & July 2005 and topics discussed included:

- Directions for the NGO Development Strategy including training needs, outcome measurement, MDS collection, accreditation processes for NGOs, tendering processes for NGO mental health services;
- JGOS (Joint Guarantee of Service between Health and Housing) which had recently been revised to include non-government providers;
- HASI (Housing and Accommodation Support Initiative) roll-out and evaluation;
- Need to update sector mapping;
- Lack of NGO infrastructure in rural areas;
- Need for mental health capacity building in generalist NGOs;
- Generic Quality Framework for Human Service Organisations

The area representatives stated that when looking at these issues there was a need to ensure that the NGO sector does not become overly bureaucratic and lose the flexibility that makes NGO services so valuable.

The proposed amalgamation of Area Health Services made continuation of the NGO Partnership Forums problematic due to the instability of planning and personnel during the transition.

Clinical Mental Health Partnership Program

Since late 2006 MHDAAO has been instrumental in bringing together the new network of Area Health Service Clinical Partnership Coordinators. Coordinators have been operating across NSW Area Health Services to ensure agencies coordinate the delivery of mental health services and assist agencies when the involvement of more than one part of Health is required

The aims of the Clinical Mental Health Partnership Program are to provide a senior program position and program development resources in each Area Mental Health Service in order to:

- Develop clinical care networks;
- Develop and monitor referral pathways;
- Be a clinical contact point between AMH Services and other government and community agencies;
- Monitor implementation of partnership agreements/ initiatives;
- Ensure integration of all partnerships with core clinical service activities; and,
- Identify and facilitate new clinical partnerships and opportunities for collaboration.

MHCC has been working to establish relationships with these new roles and related partnership structures which are under development within Area Health Services.

GP Partnerships

MHCC has been working to build partnerships between GPs and the mental health sector by providing training to GPs in mental health care skills as part of the Better Outcomes in Mental Health Care initiative. MHCC's involvement in this training program is aimed not only at increasing the understanding and skill of GPs in relation to mental health issues, but also at increasing their knowledge and understanding of NGOs working in mental health. We hope this will assist with improved communication links and the facilitation of complementary service provision for consumers and carers. MHCC gave presentations about the non-government mental health sector to different groups of GPs at the Mental Health Care skills training workshops over 2005/06. The workshops were organised by the Central Sydney and Canterbury Divisions of General Practice with good attendance by GPs from each of the Divisions.

Participation by MHCC in two of the Division's committees has also helped to strengthen our association with GPs and bring increased awareness to the community sector. The Access to Allied Psychological Services Project Steering Committee is an advisory group that aims to improve the delivery of psychological services through a referral pathway to people with mild to moderate mental health problems. The Mental Health Shared Care Working Group aims to improve access and service delivery for people with chronic, recurrent and complex mental health presentations. These two committees have recently combined with the Division's Drug and Alcohol and Comorbidity Advisory Groups, which should help to improve service delivery for the increasing number of people with both mental health and substance use problems.

MHCC was invited to present on "Partnerships and Possibilities" by the NSW peak body for divisions of general practice, the Alliance of NSW Divisions (ANSWD) in October 2006. In attendance were representatives from 30 of the 37 NSW divisions, plus Area Health Service staff. There are many similarities between divisions of general practice and NGOs, including their core business to improve health within their communities, and having limited resources to do this. Working together can help build the capacity of all partners to improve services for consumers and carers. We know there are some good examples of GPs and NGOs working together in NSW, but these are *ad hoc*, and there is no consistent way of showcasing what's being done and apply it elsewhere.

"Meet your Neighbour"

MHCC has developed this program, scheduled to roll out in 2008 with a specific focus on networking and partnership development between people and organizations working in a similar geographic area. Organizations have indicated to MHCC they like the idea of regional get togethers that enable a better idea of what each other is doing whilst opening up the possibilities for operating cooperatively in partnerships and sharing resources.

The aims of the "Meet your Neighbor" initiative is to provide benefits to member organizations and their neighbors and their service users by:

- Increasing the value that each local organisation has in each other's eyes as well as increasing the value that each organisation sees in themselves – both of which are important in working collaboratively with other organisations in their area (or on a wider basis) and entering into formal agreements to do so.
- Building up NGOs by sharing real life experiences of local successes and best practice implementation, facilitating the sharing of information and the development of effective referral protocols, as well as to promote the use of best practice, innovation and collaboration in planning and service delivery across the sector.
- Providing a chance to share local concerns between each other and MHCC

- Providing an opportunity for MHCC to listen to organizations and provide information on our work and resources
- Establishing a structure that does not take a lot of resources, either for the host member or MHCC, and can be replicated easily on a rotational basis amongst a local membership base. It should be local and neighbourly – just like inviting your neighbour in for a cup of tea.

3.2 Major users of the service (eg, number of users who are: women, NESB, Aboriginal, aged, people with disability, etc)

Direct users/beneficiaries of the *NGO Development Strategy: Mental Health* are MHCC members and other organizations within the community services sector in NSW wishing to improve their effectiveness in responding to the needs of people affected by mental illness. Indirect beneficiaries include: people affected by mental illness; the broader health & community sector; and, the community.

We have experienced growth in MHCC membership during the funding period from around 70 in 2003/04 to 150 in 2007/08 with a notable increase in non-mental health specific NGOs becoming members.

Current membership is included in our most recent Annual Report (Attachment X).

3.3 Comment briefly on how the project/service was of direct benefit to the target group (identifiable health outcomes).

The *NGO Development Strategy: Mental Health* was a sector development initiative and therefore direct identifiable health outcomes cannot be attributed to the project. However, as a sector development initiative with clear outcomes it would be expected that there would be indirect benefits to people affected by mental illness, their family and friends as well as the broader community.

3.4 Any changes in demand for the service? Did activities change to meet the demand?

The *NGO Development Strategy: Mental Health* occurred at a time of significant mental health sector change and project directions needed to be modified accordingly.

These unanticipated external influences resulted in both challenges and opportunities and included:

- Restructure of Area Health Services (from 17 to 8 AHS);
- Development of a new National Mental Health Plan 2006-2011 by the Council of Australian Governments (COAG)
- Change of NSW State government with new directions for mental health
- Business difficulties experienced by Quality Management Systems (QMS)

Throughout the course of the Strategy funding to the mental health system was enhanced at both the State and Commonwealth levels. As part of these enhancements, State funds were tendered to NGOs to implement a number of programs including the Housing and Accommodation Support Initiative (HASI) and the Family and Carers Support Program. Commonwealth enhancement funds to the NGO sector were made available through FACSIA, DOHA and DEEWR and included the Personal Helpers and Mentors, Mental Health Respite Care Program, Mental Health Community Based Program; Day-to-Day Living in the Community Program; National Suicide Prevention Strategy; Headspace; and employment programs for people with mental illness.

The uptake of these tenders by NGOs in NSW increased pressure on the Strategy to deliver tangible outcomes particularly in the areas of workforce development and the demonstration of outcomes through delivery of quality services. The necessity for access to a trained workforce to meet the deliverables within Funding and Performance Agreements meant that the focus on workforce development within the Strategy was intensified. Implementation of outcome measures was also

assessed to be a high priority and development of this area was also increased to meet the pressing need for service evaluation.

Focus on partnerships and collaborative working practices both within the NGO mental health sector and between it and other sectors, including Area Health Services has occurred throughout the project. However, the form this work took within the Strategy has been different to how it was originally conceptualised in the project planning stages. Initially the key objective of the Promoting Partnerships program area of the Strategy was: to create area wide networks for mental health and related service providers to come together to share resources and information; provide mutual support and discuss and resolve local issues such as referral pathways; identify gaps in services and facilitate area planning; work collaboratively on projects and proposals; provide training and skills development opportunities across the services. While an initial project plan, *Networking Model for the Mental Health Coordinating Council* (2005, Attachment X), was developed the reconfiguration of the Area Health Services and the consequent disruption to existing network forums made this undertaking particularly complex and MHCC made the decision to focus on the priority areas of workforce and consumer outcomes until a better understanding of where the gaps in network and partnership opportunities lie within the sector.

3.5 Any difficulties encountered in providing the service to the level as outlined in your Funding and Performance Agreement.

As noted above, an unplanned and rapidly changing external environment resulted in: more emphasis being placed on the Workforce Development initiative; some delays in progress for the Quality & Outcomes initiative; and, different timelines and approaches needing to be developed for the Partnerships initiative.

3.6 Has there been any review of the project/service by an external agency in the period. If so, provide a brief outline.

Two reviews MHCC activities occurred during the *NGO Development Strategy: Mental Health* project.

1. Quality Management Systems (QMS) Accreditation Review – May 2006 (full accreditation status achieved until May 2009).
2. NSW Vocational Education and Training Advisory Board (VETAB) Audit – an audit against the Australian Quality Training Framework (AQTF) Standards occurred in March 2007 with MHCC achieving RTO status in April 2007.

3.7 Outline any interaction between your organisation, other NGOs, government departments and health services in the period, relating to the project/service.

As the peak body for NGOs working for mental health in NSW our interactions with other NGOs throughout the project have been extensive. Our consultation with - and participation in project planning, delivery and evaluation - from, the sector has been mentioned throughout this report.

The Strategy has also resulted in us having much stronger links within the non-mental health specific community services and health industry and vocational education and training (VET) sector. Our new VET sector linkages include:

- NSW TAFE
- NSW Department of Education and Training (DET)
- NSW Vocational Education and Training Advisory board (VETAB)
- NSW Community Services & Health Industry Training Advisory Board (ITAB)
- National Community Services and Health Industry skills council (ISC)

3.8 Consumer/user involvement in the management of the project/service.

Consumers & carers were involved in all aspects of the planning, implementation and evaluation of the *NGO Development Strategy: Mental Health*. All project committees and workgroups included consumer and carer representation despite obstacles that sometimes arose regarding remuneration for participation.

For the Workforce Development Initiative a key piece of ongoing learning is that Consumer Worker and Mental Health Worker job roles are vocationally different despite sharing similarities. We have since become involved in discussions toward development of recognized Consumer Worker qualifications.

The establishment of the LDU was preceded by a consumer/carer forum in late 2006 where we were once again reminded that “the issue is attitude”!. That is, that mental health work knowledge and skills can be taught but that values that promote recovery from mental illness are critical to success. This philosophical base has been built into all learning and assessment materials and strategies.

The Quality and Outcomes initiative also convened a consumer forum in September 2006 with 23 NGOs sending delegates. They requested that a strengths based approach with high consumer involvement be used for outcome measurement and data collection within the NGO sector.

3.9 Does the project/service use volunteer staff, if so, how are they trained and supported.

In the second half of 2006 two Social Work students from Sydney University - Melissa Kym and Marika Burgess – assisted with the quality and Outcomes initiative consumer consultation including site visits to members and the development of some “plain English” information sheets about outcome measurement tools.

We were fortunate enough to make contact with goodcompany Foundation Inc, a network of skilled volunteers who give time and expertise to community groups and charities. In particular, we would like to thank Michael Chan, who has developed MHCC’s online training database.

Participation on all Strategy committees and associated workgroups is voluntary for consumer & carer representatives that are not in paid roles in member organizations.

3.10 Operating hours of the service.

The NGO Development Strategy was conducted during regular MHCC working hours (9:00 AM to 5:00 PM, Monday through Friday). However, some activities were conducted outside these hours to increase participant access.

3.11 Other relevant information (such as copies of Annual Reports).

Please refer to Section 5 - References and Section 6 – Attachments for other relevant information. A copy of our most recent Annual General Report is provided as Attachment 25.

4. CONCLUSION & RECOMMENDATIONS

Conclusions

The *NGO Development Strategy: Mental Health* has achieved its overarching goal which was to enhance the strength and quality of NSW NGOs working for mental health. The numerous strategy outcomes achieved have been discussed throughout this paper and are summarized in Table 1 and Attachment 1.

The sector looks very different today than it did when the project commenced in 2004. The sector is also considerably better positioned for anticipated future growth. The project was extremely timely given the rapid growth of the sector that occurred over the project timeframe and in the context of considerable unplanned sector change. However, there remains much work to be done with regard to community mental health NGO sector development.

The availability and range of effective community mental health prevention, promotion and early intervention rehabilitation and recovery services remains severely limited and ad hoc in distribution nationally. Program investments in this area have remained extremely low in Australia compared with other OECD countries such as New Zealand, the United Kingdom and the United States. For example, in New Zealand three quarters of all funded services are community based and 31% of total expenditure is directed to mental health community services provided by NGOs. In comparison, the *National Mental Health Report 2007* reports that only 6.3% of State/Territory mental health expenditures are directed to mental health community services provided by NGOs, with this level varying markedly across the States and Territories (2.8% in NSW to 13% in the ACT).

NSW activity has continued to redress this situation as described in *NSW: A New Direction for Mental Health* (2006). The NSW government plans to invest an additional \$938.9 in the mental health sector through to 2011 as follows:

- Promotion, Prevention & Early Intervention - \$102.2M;
- Improving & integrating the care system - \$711.9M;
- Participation in the community and employment, including accommodation - \$113.8M (ie, expansion of HASI, Mental Health Community Rehabilitation Program, Family & Carers Support Program); and,
- Increasing workforce capacity - \$11M (ie, clinical & ATSI).

These State directions and related Commonwealth COAG funding being provided directly to NGOs mean that our sector will continue to rapidly expand for the foreseeable future.

Through funding the *NGO Development Strategy: Mental Health*, NSW Health has demonstrated a strong commitment to the improving efficacy and development of the community services sector in responding to mental health issues as well as by entering subsequent Performance and Funding Agreements with MHCC for the:

- Infrastructure Grants Program;
- Mental Health and Drug and Alcohol NGO Research Grants
- Learning and Development Unit; and,
- Workforce Development Project.

These sector development continuation projects have been discussed throughout this document as they relate to the outcomes of the *NGO Development Strategy: Mental Health* and the main goals of each of these projects are summarized below.

Infrastructure Grants Program

MHCC has been funded by MHDAO to deliver an Infrastructure Grants Program from 2006/07 which aims to support quality improvement and quality review processes in the provision of mental health services for all State funded NGO mental health services in NSW. The broad goals/objectives of the strategy are:

- 1) Administration of infrastructure grants for NGOs; and,
- 2) Implementation of three projects targeting promotion of continuous quality improvement (CQI) towards accreditation of all funded mental health NGOs in NSW (Mapping Project, Resources for NGOs Project; Outcome Monitoring Project).

Mental Health and Drug and Alcohol NGO Research Grants Program

Also funded by MHDAO and to be administered jointly by MHCC and the Network of Alcohol and other Drugs (NADA) is this program designed to promote research activity by NGOs. The program commenced July 2007.

Project objectives are for MHCC and NADA to jointly coordinate and manage grants for supporting mental health and drug and alcohol NGOs to conduct mental health and drug and alcohol research with academic research partners.

NADA and MHCC will invite and assess grant applications according to how they meet the following priority areas in line with the NSW Mental Health and Illicit Substance Comorbidity Framework for Action (2007)

- Workforce planning and development
- Infrastructure and systems development
- Responsiveness in priority settings for priority clients
- Promotion prevention and early Intervention Strategies

Learning & Development Unit

MHDAO has also provided funding toward establishment of the LDU. The specific goals/objectives for establishment of the LDU (2007-2010) are to:

- 1) Achieve financial viability during establishment and growth of the LDU;
- 2) Obtain RTO registration through NSW the VETAB;
- 3) Provide opportunities for the NGO workforce to access recognized training linked to a voluntary minimum standard;
- 4) Offer a variety of other non-accredited short courses and services that address unmet training need;
- 5) Enhance opportunities for new workers to enter traineeships to achieve the Certificate IV in mental health work;
- 6) Develop partnerships with other learning organizations to increase career pathways in Mental Health Work;
- 7) Promote the development of a more cohesive and professional identity within the NSW mental health sector; and,
- 8) Promote the benefits of working in the non-government mental health sector.

A key outcome in that this initiative will seek to assist at least 50% of the sector workforce (about 1500 FTE) to commence activity toward achieving the Certificate IV in Mental Health Work by the end of the project. To achieve this goal there needs to be a complimentary focus on broader issues related to workforce development and unspent Strategy funds have been rolled over toward this.

Workforce Development Project

The goals/objectives of the Workforce Development Project (2007-2010) are to:

- 1) Build the Capacity Of The Sector - Ensuring the workforce has the skills, resources and environment necessary to deliver high quality services
- 2) Increase the Effectiveness Of Program Delivery - By building capacity, the project will work to ensure that NGOs within the sector are better able to meet the funding program objectives associated with delivery and evaluation of services in an efficient and effective manner
- 3) Develop Partnerships And Collaborative Activity - Through building on the work already done in developing partnerships, the objective is to facilitate the sharing of information and the development of effective partnerships, as well as to promote the use of best practice, innovation and collaboration in planning service delivery across the sector
- 4) Facilitate Good Practice In Consumer Participation - A Guide to assist NGOs in the management, support and payment of people in consumer roles in NGOs

The general progress and specific outcomes of these projects will be addressed in forthcoming reports. However, some of the key sector development outcomes we currently anticipate from the above projects include:

For the Infrastructure Grants Program:

- Improved community mental health NGO infrastructure
- More accredited community mental health NGO services
- Improved understanding of the importance of CQI approaches to service delivery
- Updated sector “mapping”
- Continued uptake by sector of RCOM practice

For the MHDA Research Grants Program

- Understanding of the relevance of current NGO practice and/or scope for improving NGO practice in the area of MHDA
- Development of collaborative research practice through the forming networks and collaborative interaction
- Stimulating new and innovative problem solving through a range of research approaches within NGOs.
- An opportunity for workforce development within the mental health or drug and alcohol field

For the Learning and Development Unit:

- More relevant, accessible and affordable mental health training
- More qualified and professional sector workforce
- Strengthening transfer of training to practice approaches
- Greater uptake of professional development opportunities through training and assessment
- Greater uptake of traineeships for workforce recruitment & retention

- Improved career pathways for Mental Health Workers and other health professionals working in NGOs

For the Workforce Development Program:

- Promotion of evidence-based practice to achieve improved client outcomes
- Stronger partnerships between NGOs, with AHSs and with other health and community service providers
- Improved service user/consumer participation directions for sector
- Supervision/Professional Development Guide
- Improved workforce development and learning content to MHCC website
- Evaluation of workforce recruitment/retention campaign

NGO Information Strategy

A recent proposal to NSW Health has been made requesting funding for the NGO Information Strategy. This project is about achieving a better understanding of the activity and outcomes in NGOs working for mental health in NSW. The proposed goals and objectives of the NGO Information Strategy are to:

- 1) Recommend assessment and outcome measurement tools;
- 2) Develop data collection and data reporting templates, policies and procedures;
- 3) Recommend options for the management of collected data; and,
- 4) Develop specifications for PC based data collection and reporting.

Mental health NGO sector development is dependent on the routine collection of minimum data set information for both service delivery activity and workforce (ie, operations and human resources).

Recommendations

It is understandable that not all sector development needs have been addressed by the *NGO Development Strategy: Mental Health* nor are they likely to be as a result of subsequent sector development activity underway as a result of more recent funding.

The following recommendations are made to NSW Health for their consideration in future planning for the development of the community mental health NGO sector.

Workforce Development

- 1) Consideration of a MHCC administered “scholarships” scheme to assist NGOs with the direct and indirect costs associated with workforce development and learning participation;
- 2) Need for routine human resource/workforce data collections measures;
- 3) Repeat training needs analysis to measure workforce change over time and this process should also be inclusive of future workforce predictions;
- 4) Strategies for strengthening the leadership and management capacity of the sector as a critical factor for achieving sector development;
- 5) Strategies for strengthening the training and assessment capacity of the sector as a critical factor for achieving sector development;
- 6) Consideration of “articulation” (ie, skills recognition) pathways between VET and higher education institutions;
- 7) Strengthen connections between MHCC and NSW directions for mental health workforce development;
- 8) Strengthen connections regarding national directions for mental health workforce development;
- 9) Strengthen connections for comorbidity workforce development directions both in NSW and nationally;
- 10) Encourage sector pursuit VET funding;
- 11) Exploring other avenues for increasing professional identity of NGO-based “Mental Health Work” regardless of qualifications (ie, professional association, practice standards, industry regulation, etc);

Quality and Outcomes

- 12) Approval of the funding proposal for the NGO Information Strategy;
- 13) Sector change management regarding the uptake of evidence based practice in psychosocial rehabilitation and recovery;

- 14) Sector change management regarding the uptake of evidence based practice in working with people with both mental health and drug and alcohol problems (ie, comorbidity);
- 15) Strengthening approaches for workforce development outcomes evaluation (ie, to increase transfer of learning to practice);
- 16) Explore applicability of revised National Mental Health Standards to work practice in the NGO sector;

Promoting Partnerships

- 17) Explore and clarify role delineation between government and NGO mental health services;
- 18) Map existing mental health community service networks in NSW;
- 19) Develop and/or strengthen mental health community service networks in each of the eight AHSs;
- 20) Strengthen relationships between the Networks, AMHS and other human service providers; and
- 21) Develop a Discussion Paper related to mental health NGO “shared care”.

MHCC welcomes further discussion with NSW Health regarding these recommendations. The recommendations for funding of the NGO Information Strategy and a learning and development scholarships scheme are seen as two areas of priority.

In closing, it is worth noting that as a result of activity occurring under the *NGO Development Strategy: Mental Health*, the new Community Mental Health Australia (CMHA) alliance has identified MHCC as the lead agency in providing advice and guidance in pursuing sector and workforce development directions nationally. NSW Health is thanked for the opportunity to implement the *NGO Development Strategy: Mental Health*. The capacity of MHCC to understand and address community mental health NGO sector development has increased as a direct result of the project simultaneously with the improved strength and quality of the sector.

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