

3. Implementation Progress – Jurisdictional Activity

Progressing alongside the national efforts towards implementation of the Fourth Plan is the jurisdictional mental health reform activity. Shortly after the Fourth Plan was endorsed by Health Ministers, jurisdictions provided detailed summaries of baseline activity relevant to, but prior to the implementation of the Fourth Plan. This information is available on the Mental Health Standing Committee website (www.health.gov.au/mhsc) as a companion document to the Fourth Plan Implementation Strategy and will be used to measure progress over the term of the Fourth Plan.

One year on, each jurisdiction has provided an overview of activity for 2010, relevant to each priority area of the Fourth Plan. These reports are meant as a brief summary of only that activity that relates to the objectives of the Fourth Plan and therefore do not reflect the entirety of mental health reform activity underway in each jurisdiction.

3.1 Commonwealth Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Commonwealth mental health reform efforts were progressed in 2010 consistent with the guiding principles of the National Mental Health Strategy, LIFE Framework and Australian Defence Force Mental Health Strategy. Work is also undertaken to inform government consideration of future mental health reform options as requested by COAG in April 2010 as part of National Health and Hospitals Network discussions. The following highlights key examples of activity relevant to each Fourth Plan priority area. Further information on Australian Government mental health reform efforts, including a comprehensive list of programs and initiatives, is available at www.mentalhealth.gov.au.

Priority Area 1: Social inclusion and recovery

The Commonwealth progressed a number of activities in 2010 aimed at positively impacting on the recovery and social inclusiveness of people with mental illness. For example:

- As part of the 2010/11 Budget, \$58.5 million over four years was allocated for the delivery of flexible care packages, through Access to Allied Psychological Services arrangements, to better support up to 25,000 people with severe mental illness. This program will enable people with severe mental illness referred to Access to Allied Psychological Services (ATAPS) by a GP or a psychiatrist to access a package of care which is tailored to their individual needs (including their social inclusion and recovery needs).
- In March 2010, new Disability Employment Services (DES) were introduced to deliver more effective employment assistance for job seekers with disability, including for people with a mental illness. As part of DES, CRS Australia co-ordinated health, education and employment strategies for over 17,000 people with a primary mental health diagnosis, and over 34,000 people with some form of mental illness.
- Local Connections to Work was established in four Centrelink offices including Frankston (VIC), Campsie (NSW), Ipswich (QLD) and Elizabeth (SA), to assist disadvantaged job seekers to overcome barriers, including mental health barriers, to social inclusion and economic participation.
- The Department of Veterans Affairs (DVA) continues to fund the Veterans and Veterans Families Counselling Service to provide counselling support to all Australian veterans, peacekeepers and their families and eligible Australian Defence force personnel. In 2009-11, services were provided to 18,718 people.
- The Government continues to progress its White Paper on Homelessness - *The Road Home: A National Approach to Reducing Homelessness* - which outlines a comprehensive whole of government approach to reducing homelessness in Australia. Through the National Partnerships Agreement on Homelessness, governments are developing more integrated approaches to services, including looking at ways to better meet the needs of people with a mental illness who are over represented in the homeless population.

Priority Area 2: Prevention and early intervention

Prevention and early intervention activities have been progressed across Commonwealth agencies in 2010. For instance:

- In July 2010, the Government announced the *Taking Action to Tackle Suicide* strategy. Under the strategy, \$274 million will be invested over four years to provide more services to those at greatest risk of suicide including psychology and psychiatry services, as well as non-clinical support to assist people with severe mental illness and their carers with their day-to-day needs; invest more in direct suicide prevention and crisis intervention, including through boosting the capacity of counselling services such as Lifeline and providing funding to improve safety at suicide 'hotspots'; provide more services and support to men – who are at greatest risk of suicide, but least likely to seek help; and promote good mental health and resilience in young people, to prevent suicide later in life.
- In 2010, the Commonwealth worked with all jurisdictions through a National Suicide Prevention Working Group to coordinate suicide prevention activities through a national framework. *The Living Is For Everyone (LiFE) Framework* has been referred to Health Ministers for endorsement as the national framework to guide suicide prevention activities at national and jurisdictional levels.
- Prevention and early intervention efforts are also being progressed as part of the National Health and Hospitals Network agreed at COAG on 20 April 2010. For example, youth friendly mental health services will be expanded through funding up to 30 new headspace sites and providing extra funding to the existing 30 headspace sites around the country. In addition, \$24.8 million over four years will be provided to expand early psychosis services for young people aged 16-25 years.
- In 2010, over 1200 frontline staff (including Centrelink social workers) within Human Services agencies completed Mental Health First Aid training or Mental Health Awareness training.
- In 2010, having reviewed the clinical and communication effectiveness *The Right Mix — Your health and alcohol* website and resources, DVA implemented an information and advertising campaign to promote www.therightmix.gov.au to members of the veteran community.
- The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has a number of family and children programs, including indigenous, that focus on support, prevention and early intervention for families and children at risk of or experiencing family violence, mental health issues and homelessness.
- In 2010, the Department of Education, Employment and Workplace Relations (DEEWR) *Youth Connections* program provided individualised case managed services to more than 20 000 young people who had disengaged or were at risk of disengagement from education.

Priority Area 3: Service access, coordination and continuity of care

The following Commonwealth activities were undertaken in 2010 to progress efforts in this priority area:

- The Better Access initiative includes a range of Medicare rebateable services for eligible people with a diagnosed mental disorder, including psychological services provided by GPs, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. From 1 November 2006 to 31 December 2010, over 2.68 million people accessed over 16.76 million Medicare services under the initiative.
- On 1 November 2010, the Department of Veterans' Affairs introduced statutory registration for its allied mental health providers increasing to almost 15,000 providers registered under Better Access who can automatically provide allied mental health care to eligible members of the veteran community.
- *Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings* were released in February 2010. The evidence-based guidelines aim to increase AOD workers' knowledge and awareness of mental health issues, and improve their ability to identify mental health conditions.
- In 2010, the Department of Health and Ageing (DoHA) progressed initial work on the development of a national mental health service planning framework (action 16 of the Fourth Plan).

- The Access to Allied Psychological Services (ATAPS) program assisted consumers gain access to services and better coordination and continuity of care. Between 1 January 2006 and 30 June 2010, 113,107 people received services under ATAPS, equating to approximately 30,000 people a year.
- The Mental Health Services in Rural and Remote Areas Program provided a flexible range of service delivery models to people in rural and remote areas who have difficulties accessing Medicare supported mental health services. Since its inception in July 2007, more than 30,000 people have accessed over 110,000 services under the Program, and more than 120 FTE allied and nursing mental health professionals have been employed.
- The 2010-11 Budget allocated an additional \$13 million over 2 years to meet claims for payments for services provided by mental health nurses under the Mental Health Nurse Incentive Program. These nurses work in private psychiatry practice, general practice and other appropriate organisations to assist people with serious mental illness to receive better coordinated treatment and care. As at 31 December 2010, 710 organisations and 802 mental health nurses have registered under the program since its inception.
- FaHCSIA's Personal Helpers and Mentors (PHaMS) program links individuals, families and carers with appropriate support mechanisms, including employment, education and housing. As at 31 December 2010, there are 174 PHaMS sites servicing 8,091 current mental health consumers.
- DoHA and FaHCSIA are progressing a National Carer Recognition Framework that includes the development of a National Carer Strategy. The Strategy will formally acknowledge the vital role of carers and will provide a national framework for the development and implementation of policies, programs and services for carers as well as bring together the different reform agendas that impact on carers across governments over the next 10 years. Consultations on the discussion paper *Towards a National Carer Strategy* were held in late 2010 in 17 locations around Australia.
- DVA partnered with the Australian General Practice Network to develop an applied learning module that provides primary health care professionals with skills to identify, prevent, and treat veterans' mental health and physical health comorbidities. Phase 1 was successfully implemented by October with 55 workshops facilitated nationally across 48 Divisions of General Practice networks during 2010.
- Human Services Social Workers provide crisis intervention including supporting people with a mental illness and providing support and referrals to families in crisis. Centrelink Social Workers provide services to young carers to help them negotiate the Centrelink system.
- 58,000 Crisis Payments were provided by Centrelink to customers experiencing family and domestic violence, extreme events that resulted in the loss of their home, prison release or arrival as a refugee.
- Centrelink provided newly arrived refugees experiencing mental illness due to torture and trauma, with referrals to counselling and other support.
- Department of Human Services agencies work in prisons and forensic health facilities to assist people with mental health issues transition back into the community.

Priority Area 4: Quality improvement and innovation

The following are examples of Commonwealth activities progressed in 2010 to improve quality and foster innovation in mental health service provision.

- The Commonwealth, through involvement in the Mental Health Workforce Advisory Committee, has contributed to the development of the *Mental Health Workforce Strategy*. The Strategy, which focuses on health and community mental health service professionals whose primary role involves treatment, care or support to people with a mental illness, will be provided to health ministers for approval in 2011.
- The revised *National Standards for Mental Health Services* were released in September 2010 and provide a blueprint to guide quality improvement and service enhancement. The Standards can be applied to all mental health services, including government, non-government and private sector.
- Through its Applied Research Program, DVA commissions research that contributes to the strategic development, implementation and improvement of veteran-related policy and service delivery. One of the Program's priorities is veterans' physical and mental health needs.

- The Australian Centre for Posttraumatic Mental Health completed an evaluation of the impact of mental health initiatives implemented by DVA between 2007-10. The report will inform improved DVA operations and the development of new mental health initiatives.
- Around Australia, 1,169 multi-disciplinary workshops have been delivered by the Mental Health Professionals Network (MHPN) to mental health professionals. The purpose of MHPN is to support the development of interdisciplinary collaboration in the local primary mental healthcare sector. Nearly 15,000 professionals attended the workshops over an 18 month period. The MHPN continue to support nearly 500 networks of more than 4,000 mental health professionals that evolved and continue to evolve from these workshops.
- FaHCSIA commenced a phased evaluation in 2010 on how the three COAG Community Mental Health Measures under the Targeted Community Care Program appropriately address the changing nature of community mental health and its role in the broader context of mental health service delivery. The outcomes of Phase 1 are currently with the Minister for consideration.

Priority Area 5: Accountability – measuring and reporting progress

In 2010 the Commonwealth invested in a number of initiatives to monitor, assess and report on system performance and progress with mental health reform efforts.

- On 6 December 2010, the Department of Health and Ageing released the *National Mental Health Report 2010*. The Report summarises trends and performance in mental health services from the start of the National Mental Health Strategy to mid 2008.
- The Department of Health and Ageing, with the Mental Health Information Strategy Subcommittee (MHISS), worked towards filling gaps in current national data collections and developing new data methods that can be implemented in service delivery. They are reviewing the current National Mental Health Information Priorities, including in the context of the priority areas identified in the Fourth National Mental Health Plan.
- The Department of Health and Ageing has funded the Australian Institute of Health and Welfare (AIHW) to scope the issues, options and work required to develop a National Minimum Data Set for the NGO mental health sector.
- The Commonwealth coordinated the development of the third progress report on jurisdictional achievements against the *COAG National Action Plan on Mental Health (2006-2011)*.
- Through representation on the MHISS, the Commonwealth continued to contribute to the development of data and indicators to assist in the evaluation and monitoring of the Fourth Plan.
- The Department of Health and Ageing provided funding to engage a consultant to develop the evaluation framework for the Fourth National Mental Health Plan.

3.2 NSW Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Since 2005, there has been significant investment and reform in NSW, through the Interagency Action Plan for Better Mental Health and A New Direction in Mental Health. The focus on reform has been supported by substantial investment of new funding resulting in a \$1.231 billion mental health budget in 2010/11, with significant positive results across important emergency, community care and workforce development.

Priority Area 1: Social inclusion and recovery

In 2010, the NSW Government continued to improve community and service understanding and attitudes through a sustained and comprehensive stigma reduction strategy with a range of initiatives including as NSW Drought and Climate Change Mental Health Assistance Package and the development of an Anxiety Awareness Education Campaign.

Initiatives such as the Vocational Education Training and Employment (VETE) program, NSW School-link, and 'Got-It – Getting on Track in Time' continued to coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which

are linked to mental health programs. VETE and the Resources and Recovery Program continued to provide rehabilitation services to support recovery in the community.

The NSW Government continued to improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision with My Health Record, Physical Health Care of Mental Health Consumers, the Youth Mental Health Service Model and Specialist Mental Health Services for Older People – Community Teams and partnership projects with General Practice NSW (GP NSW)

In 2010, the Housing Accommodation and Support Initiative (HASI) continued to support participation in community life by providing access to secure housing accommodation support and clinical mental health services. In 2010, 1,102 support packages were funded state-wide with high to lower levels of care provided including 229 HASI in the Home places and a 100 place model of care for Aboriginal people. HASI has now been expanded to provide culturally appropriate support for Aboriginal people to participate in community life by providing access to secure housing accommodation support and clinical mental health services. 100 supported places will be progressively rolled out, and the program will be fully operational in 2010/11.

Priority Area 2: Prevention and early intervention

Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience continued in 2010 through the NSW School-Link Initiative and the Mental Health First Aid training program.

The NSW Early Psychosis Program and Youth Mental Health Facility at the Brain and Mind Research Institute, aims to improve outcomes for young people who are experiencing psychosis through evidence-based intervention as early as possible.

Families NSW is the NSW Government's overarching strategy to enhance the health and wellbeing of children up to 8 years of age and their families. The key objectives of Families NSW are to help parents build their skills and confidence in parenting and to identify problems early, build communities that support children and families and improve the way agencies work together to make sure families get the services they need including through the Start, Brighter Future Program, & Early Childhood Intervention Coordination Program and Schools as Community Centres initiatives.

A new five year whole of government, whole of community Suicide Prevention Strategy for NSW was launched, with work now underway to implement new actions committed to under the Strategy including a Complementary Aboriginal Action Plan and establishment of the new expert Ministerial Advisory Group.

In 2010, the NSW Government continued to provide education about mental health and suicide prevention to front line workers through the NSW Police Mental Health Intervention Team Trial and the Mental Health Emergency Care learning and development program. NSW Health and the Ambulance Service are working together on a coordinated approach to the development and implementation of initiatives targeting mental health and suicide prevention in the Ambulance workforce, including activities to increase awareness of mental health issues, build resilience, and foster an environment where it is safe and acceptable to talk about mental health and suicide.

The new NSW Children of Parents with Mental Illness Framework for Mental Health Services was released in March 2010 describes four strategic directions for an integrated approach for Area Mental Health Services in collaboration with NSW Health partners to improve the mental health and wellbeing of children and young people in NSW who have a parent with a mental illness and will promote prevention and early intervention to also provide for a parenting perspective in mental health services and a mental health perspective in parenting and children's services.

The Government's Keep them Safe, a shared approach to child wellbeing response to the 2009 Wood Special Commission of Inquiry into Child Protection Services is a commitment to better support families and to protect vulnerable children. It recognises that carer drug and alcohol and mental health issues have been a significant factor in child protection reports and funding has been provided to help address this concern. Whole Family Teams will better address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties and there are child protection concerns through specialist assessment and intervention.

Priority Area 3: Service access, coordination and continuity of care

The NSW mental health service planning model (known as Mental Health Clinical Care Prevention Model) is used to estimate need for mental health services amongst populations. The model uses epidemiological, clinical and financial information to estimate future service demand, a national model being implemented through the Mental Health Standing Committee.

The Better Service Delivery program was established to help welfare and community agencies to share information, improve their services to clients and develop a shared understanding of the service system. Since 2001, this program has aimed to improve information sharing and coordination of services across government and non government agencies through the Human Services Network with particular use is made of internet technology. NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.

The Family and Carer program is the first of its kind in Australia and aims through local NSW health services and the non government sector to enhance the education and training, support and participation of families and carers in the care of people with mental illness. The Connecting with Carers Is Everybody's Business DVD and Handbook has also been distributed to clinicians to enhance everyday practice in working with carers. Area Health Services have also undertaken a broad range of staff training and developed local resources. Carers NSW was funded to develop the Carer Life Course Framework that provides a structure for carers to receive information and supports.

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The Recovery and Resource Services Program has been introduced to increase the capacity of NGOs to help people with mental illness connect with their local community through social, leisure and recreational opportunities for people. Such support enables people with a mental illness to maximise their choices, minimise or avoid the trauma of relapse, and in doing so develop a sense of community. The Program integrates and links with existing NSW Health programs, including the Mental Health Rehabilitation Program, HASI and the NSW Family and Carer Mental Health Program.

During 2010 further work was undertaken to revise the Memorandum of Understanding (MoU) for Mental Health Emergency Response between NSW Health, the Ambulance Service and NSW Police which aims to improve the co-ordination of emergency mental health response. The MoU is being updated to fully incorporate relevant provisions of the Mental Health Act 2007. The local health services are being consulted to identify declared mental health facilities under the new legislation. A new interagency protocol is in development to clarify roles and responsibilities with regard to inter-hospital transports of mental health patients which will be included in the revised MoU.

The NSW Government is committed to improving linkages and coordination between mental health, alcohol and other drug and primary care services through expanding Early Intervention Services for Youth. The "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting has been distributed for use in paediatric, mental health and general inpatient settings around NSW. The Child and Adolescent Mental Health Discharge and Transition Planning project will develop a child and adolescent discharge planning guidelines for use in all NSW public sector child and adolescent mental health services.

In 2010, the NSW Government continued to better target services and address service gaps through cooperative and innovative service models such as the Youth Mental Health Service Model, the GP Mental Health Education Program and through partnerships projects with General Practice NSW.

Priority Area 4: Quality improvement and innovation

The following range of initiatives are in place in NSW to actively support the recruitment, retention and skill development of the NSW mental health workforce: Mental Health Nursing Scholarships, Mental Health Nurse Connect, Transition Programs for Nurses New to Mental Health, new training networks for trainee psychiatrists, Psychiatric training and the Masters Program in Forensic Mental Health.

NSW Health will continue in 2010/11 to lead work in developing a Framework for Consumer, Carer and Community Participation in Mental Health. This will be done in consultation with mental health consumers, their families and carers, and other key stakeholders.

In 2010, NSW Health continued to invest significant funding to support mental health research in NSW such as the Black Dog Institute, Hunter Medical Research Institute and support for mental health Non-Government Organisations, and drug and alcohol Non-Government Organisations, to conduct comorbidity research with other research partners, such as Universities and Area Health Services.

A Mental Health Research Framework was endorsed in March 2010 to improve collaboration and strengthen the research effort across the NSW Health Mental Health Program. NSW Health continues to fund Australia's first Chair in Schizophrenia Epidemiology and Population Health at the University of NSW with the appointment made in May 2009.

Under the Rural Mental Health Emergency and Critical Care Program, a range of innovative service models have been developed in response to the specific challenges and needs of rural and regional areas, including demographic patterns, long travel distances and issues in accessing service. These models are designed to enable smaller rural emergency departments to manage mental health presentations.

Tele-psychiatry increases capacity for people in rural and regional areas to be treated for mental health emergencies in their areas. Tele-psychiatry and video conferencing services are now provided at 65 rural and remote hospitals in the Greater Western and Greater Southern Area Health Services, with over 1900 video mental health emergency assessments completed. Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) is the Tele-psychiatry service conducted from the Children's Hospital Westmead that supports rural and remote child and adolescent mental health clinicians across NSW. This service provides between 700 and 900 contacts per annum in tele-psychiatry, tele-supervision and tele-education. Site visits for consultation liaison, supervision and training are also conducted and support the tele-medicine service.

Priority Area 5: Accountability – measuring and reporting progress

NSW has a representative and works with the MHISS to progress national mental health data for reporting progress on Mental Health Reform and contributes to all mandatory national minimum data sets for mental health.

NSW produces a bi-annual report on the National Mental Health services KPI's for Australian Public Mental Health Services, which is made available for relevant stakeholders. Performance measures are collected on all clients of specialist mental health services. NSW was instrumental, alongside Queensland in developing along the APQ6 which measures the COAG Social Inclusion indicator. NSW has a dedicated unit charged with performance analysis and reporting. NSW has also been at the forefront of clinical benchmarking studies especially in the field of non-acute and older people's mental health services.

3.3 Victoria Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

At the commencement of the National Action Plan in July 2006, Victoria committed funding of at least \$472.2 million over five years. Victoria's commitment under the National Action Plan to 2010-11 totalled approximately \$800.6 million, and Victoria now invests just over \$1 billion per annum in specialist mental health services alone.

In March 2009 the Victorian Mental Health Reform Strategy for 2009-2019 came into being. The strategy put in place a wide-ranging agenda for development and change across mental health and related service systems, and represented a significant shift in the way in which Victoria responded to mental health issues. Built on the core concepts of prevention, early intervention, recovery and social

inclusion, the strategy took a whole of government, whole of population approach to improving health, social and economic outcomes for people with a mental illness. The activities reported on here represent those actions within our reform agenda that tie into the 4NMHP.

Priority Area 1: Social inclusion and recovery

Victoria recognised that the important contribution of education and employment outcomes and future action in this area will be informed by the work of the Ministerial Advisory Committee on Mental Health. Victoria has a strong commitment to improving coordination between the primary care sector and specialist mental health services with initiatives including; the Community Mental Health Planning and Service Coordination Initiative; Primary Care Partnerships; Mental Health Primary Early Intervention teams; Child and Youth Demonstration Projects; and six new early intervention Youth Mental Health Teams.

Promoting a recovery oriented culture and practice within all mental health services was a key element underpinning the reform agenda. Key activities included: the development of a *Psychosocial Rehabilitation and Recovery Development and Reform Plan* and a framework for recovery orientated practice for the specialist mental health service system. We engaged in a range of strategic planning activities and innovative programs developments that integrated housing and specialist mental health support services including; the development of a joint action plan between departments; the *Victorian Homelessness 2020 Strategy*; a new tier of intensive support into the PDRSS Home Based Outreach Support program; and a new supportive housing models. There were also a number of projects that supported and informed the development of a national stigma reduction strategy, including being a partner in the *beyondblue: national depression initiative* and involvement in the MMHA Stigma Reduction Project.

Victoria committed to developing and implementing integrated approaches between relevant sectors, with a four year pilot of a specialist 'Assessment and Referral List' in the Magistrates Court; implementation of the Justice Mental Health Strategy; establishment of a Justice Mental Health Partnership Group; and the roll out of Forensic Clinical Specialist positions to ten area mental health services being indicative of the work that was underway. Key activities and programs in the development and implementation of a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework included; development of a culturally responsive metropolitan wide Aboriginal mental health service; building a skilled and sustainable Aboriginal mental health workforce; and development of a whole of government Indigenous Suicide Action Plan.

Priority Area 2: Prevention and early intervention

Victoria engaged in a number of activities to improve mental health literacy and enhance resilience. Young people were prioritised as an area for early action. Key activities included; funding a professional development program for early childhood services and schools; development of a *Mental Health Promoting Schools and Early Childhood Education and Care Settings Framework*; development of a framework for mental health promotion in workplaces; roll-out of KidsMatter; a training program to improve mental health literacy and intervention skills; and the establishment of a state-wide mental health promotion network.

Victoria recognised the value of targeted early intervention service through the roll out of the Child and Adolescent Mental Health and Schools Early Action (CASEA) program. Further, in responding to the needs of young people with mental health problems Victoria developed a new community based crisis treatment and support response - targeted to teenagers and young people; implemented a new approach to reducing in suicide amongst young people; implemented a new Youth Justice Mental Health Initiative; established new dedicated coordinators in mental health services; implemented new models of housing and support that focus on preventing a transition to adult homelessness; and delivered an embedded Youth Dual Diagnosis response within the youth homelessness service system.

In addition, Victoria engaged in a number of cross government strategic planning and service development and delivery activities that supported frontline emergency services (police and ambulance) and welfare/social support services to better respond to people experiencing a psychiatric crises, including those at risk of suicide. Activity in this area included; targeting local communities of increased risk linked to recent incidence of suicide or associated risk factors; and consolidation and enhancement of the 24/7 triage service in selected services. Victoria also

implemented an extension training program on mental health first aid for the Victorian Police Force and developed a whole of government Indigenous Suicide Action Plan.

Priority Area 3: Service access, coordination and continuity of care

Victoria committed to supporting local communities in developing solutions to improve mental health outcomes. Activities included the implementation of the new *Community Mental Health Planning and Service Coordination Initiative* in all Department of Health Regions; the engagement of specialist mental health services in local service coordination platforms such as Primary Care Partnerships; and support for Area Mental Health Services (AMHS) and PDRSS Alliances to facilitate local service planning and coordination.

There were a number of strategic activities to improve the flow of information between primary care and specialist mental health service, including demonstration projects involving primary health (including community health) and specialist mental health services to improve physical health outcomes for people with severe mental illness.

Victoria also developed a new police and community triage model to provide short term case management and care coordination for people with behavioural problems who have repeated police interactions. This service model provided an integrated emergency management response to people experiencing a psychiatric crisis. We established Police and Ambulance protocols with Mental Health and established an interdepartmental liaison committee to oversee the protocols and joined up service delivery across mental health, disability and emergency sectors.

Victoria has an ongoing commitment to improving coordination and linkages between mental health services, alcohol and other drug services, and primary care services. A new approach to the coordination of care of adults with severe mental illness was trailed. Other key initiatives included: the ongoing development of education and training materials for staff in the mental health and alcohol and drug service systems; support to the ETU to involve consumers and carers in the development of the online course materials; provision of scholarships for alcohol and drug and mental health workers; and three month reciprocal rotations for clinicians in the other service sector.

Demonstration projects were funded to bring about broad change management reforms across the health service system to better respond to the needs of people with serious mental illness experiencing chronic physical disease and the establishment of Mental Health System Development Managers in each Department of Health regions facilitates cross sector collaboration to address local mental health issues. The *Victorian Dual Disability Enhanced Regional Service Response* (VDDS ERSR) project was also piloted.

Victoria established the Mental Health Advice Line, a dedicated 24 hour telephone line providing mental health information, advice and referral to the Victorian community. In addition we progressively consolidated and streamline access to specialist mental health triage services; and introduced a standardised triage classification scale for use by community based clinical mental health services.

Priority Area 4: Quality improvement and innovation

The Mental Health Statement of Rights and Responsibilities were considered as part of the review of the *Victorian Mental Health Act 1986* (the Act). The review examined whether the Act provides an effective legislative framework for the treatment and care of people with a serious mental illness in Victoria. A draft exposure Bill has now been prepared and has been put out for public comment. The reform of Victoria's mental health legislation continues to support cross border agreements and interstate transfers of people under civil and forensic orders. Victoria continues to work with neighbour states on cross border agreements that facilitate the movement of people under civil and forensic orders across the borders.

Victoria was represented on the Project Steering Committee for the National Mental Health Workforce Strategy and Plan. Participation at this level facilitated good connection between National and Victorian Mental Health workforce priorities and actions.

Victoria committed to reviewing existing consumer and carer workforce models through the specialist mental health workforce partnership group and through targeted sector discussions including consumer and peer workers and carers. Victoria developed a new Mental Health Quality Framework.

Victoria was an active participant in the MHSS which progressed the implementation of the national mental health performance framework and benchmarking framework. A new indicator suite for CAMHS, Aged, and Extended Care settings was endorsed which broadly aligns with the National framework. Victoria committed through the reform strategy to a common mental health outcomes framework that embraced key determinants of mental health including social, cultural, and behavioural, as well as service adequacy factors, and common service and client outcomes monitoring tools consistent with the national health performance framework.

Victoria supported a national mental health research agenda by its development of an applied mental health research and evaluation agenda to strengthen the evidence base informing policy and program development and service delivery by the promotion of the wider application of research, evidence and practice knowledge to achieve best practice across the specialist mental health service system.

Priority Area 5: Accountability – measuring and reporting progress

The Victorian Mental Health Reform Strategy incorporated an outcomes framework, modelled on the national health performance frameworks, adapted to incorporate the broader social and economic factors impacting on mental health and the multi-system perspective required for a whole of government approach to mental health. The framework enabled Victoria to track progress and to be accountable for population health, client and system outcomes across government and various levels of Victoria's health and social support service systems over the life of the strategy. The framework provided the basis for a set of agreed mental health indicators and measures and took in account the measures identified in the Fourth National Mental Health Plan and COAG National Action Plan on Mental Health.

Victoria continued to work with funded services to improve data collections in order to monitor and improve system performance. Reports were produced on a quarterly basis on a range of key performance indicators broadly consistent with the national framework for children, adolescents, adult and older people mental health services. These reports form the basis of service performance management between the Department of Health and health service providers. A similar reporting system is under development for the non clinical Mental Health sector.

3.4 Queensland Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

The Deputy Premier and Minister for Health established the Queensland Mental Health Reform Committee (QMHRC) in February 2010 to oversee the statewide implementation of the Fourth National Mental Health Plan (Fourth Plan) and related state and national mental health reform agendas. QMHRC met quarterly in 2010 and is comprised of senior representatives from Queensland and Commonwealth Government departments, the private sector, the community sector and consumer and carer representatives.

Priority Area 1: Social Inclusion and Recovery

The Queensland Government made significant progress in respect of social inclusion and recovery for people with a mental illness throughout 2009–10. This includes an investment of \$8.5 million over four years (2010–14) for the development of a statewide stigma reduction strategy. The focus of the strategy will be a social marketing campaign, supported by community engagement and targeted actions at the local level.

Work commenced to renew the Queensland approach to recovery through updating the statewide framework, *Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health*. The commitment to a recovery oriented service system has also been realised through the elevation of carer and family issues in a series of Carers Matter workshops, the inception of the Carers Matter website and the delivery of statewide training for mental health staff in carer participation.

Social inclusion and recovery has also been advanced through an investment of \$6.477 million in the Time Out housing pilot. This initiative supports young people aged 18–25 years who are experiencing early signs and symptoms of mental health problems through providing safe, friendly accommodation in a recovery focussed environment for periods up to three weeks, with follow up community support

for up to three months. This period also saw the continued expansion of a number of successful programs to promote the social inclusion of people with a mental illness, including the Housing and Support Program and the Employment Specialist Initiative which co-locates employment specialists from Disability Employment Services within public mental health services.

In addition, the Queensland Aboriginal and Torres Strait Islander Hub for Mental Health (the Hub) was established in July 2010, to provide leadership and oversight of development of service models, workforce and partnerships in collaboration with the Centre for Rural and Remote Mental Health Queensland. The specialist hub will provide support to Aboriginal and Torres Strait Islander workers in the development and delivery of clinical services.

Priority Area 2: Prevention and Early Intervention

As one of five priority areas in the Queensland Plan for Mental Health 2007–2017, Mental Health Promotion, Prevention and Early Intervention received \$9.35 million over four years to support activities aimed at strengthening collaborative action to build individual and community resilience and wellbeing; effectively target key risk and protective factors; and facilitate early intervention in known high risk groups. To this end, the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention is leading the development of the Queensland Framework for Mental Health Promotion, Illness Prevention and Early Intervention. The framework will outline key principles and actions for a whole-of-government, whole-of-community approach to enhancing mental health; and preventing, detecting and intervening early with mental illness in Queensland. The development and implementation of a Queensland Children of Parents with a Mental Illness (COPMI) Framework is also being progressed.

A range of actions to enhance mental health literacy across Queensland, including actions to enhance individual and systemic capacity across sectors are also underway. The Queensland Government has prioritised improving access to Mental Health First Aid (MHFA) training for non-clinical workers in key government and non-government services. In 2009–10, a total of 72 participants from key government agencies and district mental health services have been trained as MHFA instructors.

Implementation of the Queensland Ed-LinQ Initiative continues in 12 regions across the state in partnership with the Department of Education and Training, Independent Schools Queensland, the Queensland Catholic Education Commission and General Practice Queensland. Ed-LinQ supports child and youth mental health services, the education sector and the primary health care sector to work collaboratively and enhance the early identification and treatment of mental disorders affecting school-aged children and young people.

Finally, the Queensland Government is developing a new suicide prevention action plan. The action plan will align with the National Living is for Everyone Framework, and provide a whole-of-government approach to suicide prevention across the state, with a focus on enhancing coordination of services to those in need and reducing suicide risk and mortality.

Priority Area 3: Service Access, Coordination and Continuity of Care

Through the Queensland Plan for Mental Health 2007–2017, a total of \$632.4 million has been invested to date to improve the Queensland mental health service system. This includes \$528.8 million over four years in 2007–08, \$88.6 million over four years in 2008–09, \$6.5 million over three years in 2009–10, and \$8.5 million over four years in 2010–11. Under this funding, 17 ongoing capital works projects across Queensland will deliver more than 270 new, redeveloped or refurbished inpatient mental health beds by 2011–12. By the end of 2011–12 it is expected that Queensland will have a total of 1,569 mental health beds, 86% of the number of beds required to meet a target of 40 beds per 100,000 population by 2017.

In addition, service access, coordination and continuity of care have been significantly enhanced through initiatives such as the Care Coordination program and the Queensland Framework for Primary Mental Health Care. The Care Coordination program improves the coordination of mental health service delivery across government, non-government and private sector services for consumers with severe mental illness. Twenty Service Integration Coordinator positions have been established in public mental health services across the state.

The Queensland Framework for Primary Mental Health Care, revised and relaunched during Mental Health Week 2010, identifies strategies at the local and state level to support a more integrated and

effective primary care system for people with a mental illness. Initial implementation of the Framework is occurring through the Partners in Mind (PIM) initiative which aims to increase the capacity of general practitioners to meet consumer needs, and better integrate public mental health services and general practice. PIM is implemented in partnership with General Practice Queensland and the divisions of general practice across Queensland.

Priority Area 4: Quality Improvement and Innovation

Service quality improvement and innovation in Queensland is supported by a range of current and planned activities. Foremost during this reporting period Queensland joined other states and territories in endorsing the new National Standards for Mental Health Services 2010 (the Standards). Queensland is committed to the full implementation of the Standards with current work focussed on ensuring they are integrated into all services in the mental health sector in a meaningful way. Other quality improvement activities include the development of a Statewide Clinical Auditing Framework. The Clinical Auditing Framework provides a consistent approach in clinical auditing activity and will enable services to benchmark against like services and assist in the building of evidence for accreditation.

This period also saw the formation of a new Mental Health Clinical Governance Steering Committee to drive the development of an evidence-based, sustainable approach to improving the safety and quality of Queensland's public mental health services, which supports the needs of consumers, carers and the community.

Recognising the value of the consumer and carer contribution to clinical and community support settings, in August 2010 Queensland launched the Consumer, Carer and Family Participation Framework. This took place alongside the further expansion of the Consumer Companion Program with the recruitment of a statewide coordinator to manage the consumer companion workforce in Queensland. There are currently 76 casual consumer companions employed across all 17 acute adult inpatient units in Queensland.

Priority Area 5: Accountability - Measuring and Reporting Process

Queensland is committed to using comprehensive and accurate information to improve service quality, support patient safety, drive service reforms and inform policy development.

Towards this goal, the Queensland Government has enhanced the collection of clinical and administrative data through initiatives such as implementation of a statewide clinical information system (the Consumer Integrated Mental Health Application), and the Mental Health Establishments Collection Application, which streamlines the collection, validation and reporting of the Mental Health Establishments National Minimum Data Set.

Improved information and performance measurement is being utilised to inform individual and systemic evaluations, including a formal evaluation framework for the Queensland Plan for Mental Health. The Mental Health Performance Management Framework currently being developed will articulate a clear governance structure and escalation protocol. This will allow for greater accountability and sector ownership of performance. These and other enhancements are reinforcing improved performance measurement in Queensland.

3.5 Western Australia Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

The *WA Mental Health Towards 2020 Consultation Paper* was prepared following widespread consultation with key stakeholders, facilitated by PricewaterhouseCoopers, including consumers and carers, government and non-government agencies, service providers and the broader community.

In 2010, the Mental Health Commission undertook an extensive process of interactive engagement with the community and key stakeholders to validate the *Consultation Paper* and identify gaps in the document.

The community and key stakeholders embraced the opportunity to inform and be involved in mental health reform, as evidenced by the 177 returned surveys, 79 written submissions and information provided by 395 participants at community forums held in various locations in Western Australia. Social

inclusion and recovery themes feature strongly in the feedback which will inform the final strategy documents.

The second phase of the youth anti-stigma project (Music Feedback multimedia campaign) was led by the Commission in partnership with Department for Communities' Office for Youth, *beyondblue*, Indigenous Human Rights Network of WA and WA Music Association. The objectives of the project include:

- Increase Western Australian young people's (12-25 years) awareness of mental health issues and promote help seeking behaviour through the use of popular music, media and events; and
- Increase capacity of mental health and youth service providers to promote and support the anti-stigma message to young people at local events, initiatives and activities through the use of Music Feedback CD/DVD and network of musicians.

As part of the project, 28,000 copies of CD/DVDs featuring a documentary, song and music videos were developed, an interactive website (www.musicfeedback.com.au) was established and documentaries and pages were posted on YouTube, Facebook and MySpace social media sites.

Youth groups, schools, musicians and mental health services have organised gigs and speakers to promote the anti-stigma message and distribute the resources. The *WA Music Song of the Year Competition* encourages songwriters to enter in 14 categories including a Mentally Healthy category. The extensive publicity via schools, music street press, newspapers, online websites and community radio promotes mental wellbeing to a broad audience, particularly young people.

The *Mental Health Good Outcomes Awards* publicly recognise outstanding individuals, groups and organisations that have reduced stigma, improved mental wellbeing, developed innovative services and/or enhanced the human rights of consumers and carers. There are 11 categories under the Awards and winners are announced by the Minister for Mental Health at a gala breakfast.

The People with Exceptionally Complex Needs initiative is designed to improve interagency collaboration and coordination of services across health and social domains that respond more adequately to individual adults with exceptional needs. The target group clients pose a significant risk of harm to themselves and others, requiring extensive support that can only be delivered with well-coordinated services authorised by senior officers from key agencies including Disability Services, Corrective Services, Housing, Drug and Alcohol and Mental Health Services.

The Commission funded the WA Association for Mental Health to develop a recovery framework for the mental health non government sector in WA. This project includes a planned series of symposia on recovery and the first was held during Mental Health Week in 2010. The aim of the series is to include representatives from both non government and government service providers. A key outcome from the first symposium is a strong commitment to shared training, care co-ordination, consumer and carer involvement, inclusion of recovery principles into formal and informal training, sharing of information and a culture change with a recovery focus commencing from initial assessment onwards. The recovery framework will be finalised following the completion of the planned symposia.

Priority Area 2: Prevention and early intervention

Over the last 12 months, the Commission continued to fund and support a number of prevention and early intervention programs including:

- Positive Parenting Program (Triple P), a proven parenting solutions that helps solve current parenting problems and prevents future problems before they arise;
- Aussie Optimism that provides teachers, practitioners and parents with practical strategies for developing children's social competence, self-management and positive thinking;
- Act Belong Commit, a community-based health promotion campaign that encourages people to take action to improve their mental health and wellbeing;
- Western Australian Suicide Prevention Strategy 2009-2013 launched in September 2009, aims to transform attitudes regarding suicide and suicidal behaviour and represents a guide for policies and services to better meet the needs of people at risk. The Strategy also charts a longer term vision to promote individual mental health and wellbeing and the need to enhance community capacity in approaches to suicide prevention. In December 2010, the

Strategy officially launched its new *One Life* logo branding and website

www.onelifewa.com.au;

- Lifeline WA, the vital Lifeline WA Telephone Counselling Service that operates throughout the state of Western Australia to provide support to people in crisis and emotional distress;
- Implementation of Clinical Guidelines for the Physical Care of Mental Health Consumers that provides a preventative, best-practice framework for mental health services, and facilitates effective coordination of care between health providers, and with mental health consumers.
- Children of Parents with a Mental Illness (COPMI) Program and Resource Unit, a program that provides individual counseling and group work for COPMI to encourage skills for coping with challenges. The program supports the work of services and workers in many settings to improve the outcomes for children and their families where a parent experiences a mental illness.
- Fremantle Child and Adolescent Mental Health Services (CAMHS), in collaboration with Community and Child Health Services, run local groups for mothers and infants who are at high risk of developing mental health problems. Early identification of significant problems leads to timely follow up by CAMHS.
- Two Multisystemic Therapy (MST) Teams aimed at treating the early stages of conduct disorder are based in North and South Metro CAMHS under license from MST Services in the USA. This program operates according to a rigorously researched evidence base and ongoing research of outcomes for consumers is integrated into the service delivery model. Twenty per cent of clients are of Aboriginal descent.
- The Eating Disorders Program developed and implemented a training module in prevention and early intervention for front line professionals.

Priority Area 3: Service access, coordination and continuity of care

The Commission continues to develop housing and individualised support initiatives for people with a mental illness who are in hospital or at risk of hospitalisation and who could live independently in the community with the provision of housing and appropriate support. Collaboration between the Commission and the Department of Housing has secured 50 dwellings linked with support for people with a mental illness through the Independent Supported Accommodation program.

In addition, the Commission has finalised a number of housing initiatives in 2010 including:

- Two Community Supported Residential Units providing a total of 50 beds;
- One Community Options service providing 8 beds;
- A homeless youth supported accommodation service providing 16 beds; and a homeless adult supported accommodation service providing 34 beds.

The Children Young People Leaving State Care Project was identified by the Western Australian Community Services Leadership Group in 2010 as a priority. The project will focus on outcomes for a cohort of approximately fifty young people aged 13 – 25 years, who have or are likely to have cross agency contact with mental health, child protection, disability or corrective services.

The Commission commenced a project, in partnership with staff from a state-wide acute inpatient service for adolescents, which aims to improve the outcomes for young people discharged from the unit. Three to five young people identified from this project will be considered as part of the cohort for the Leaving State Care project.

Examples of service providers working together to promote the most effective and efficient use of services for young people include:

- Specialist mental health services (YouthReach South and Youth Link) have a memorandum of understanding with youth drug and alcohol services aimed at improving access and shared care for youth with co-morbid mental health and substance use issues. A series of case conferences between the organisations has increased partnerships, continuity and quality of care.
- Integrated Service Centres for refugee children is a cross-agency program between Department of Education, Child and Community Health Services and CAMHS located at two primary schools with Intensive English Centres where there is a high proportion of refugees. The program assists with service access for a vulnerable population.

- In 2010 two teams of child protection specialist liaison clinicians were established in the North and South Metropolitan area. This project aims to improve the collaboration and liaison with Department of Child Protection as well as the ability to measure and report on services provided to children and young people in care.

Priority Area 4: Quality improvement and innovation

A WA Steering Group has been established to lead the implementation of the National Standards for Mental Health Services and the first meeting was held in December 2010. The Group includes representation from the public mental health services, private hospitals, the NGO sector, the Office of the Chief Psychiatrist, carers and consumers and the Department of Health and Ageing (WA branch).

The 'Practicewise' Evidence based Interventions Database was established to provide easy computer based access for CAMHS clinicians to step by step protocols and templates for delivering evidence based interventions to children and adolescents, including information for what works with whom.

Priority Area 5: Accountability – measuring and reporting progress

The Economic Audit Committee (EAC) Report 'Putting the Public First: Partnering with the Community and Business to Deliver Outcomes': Government of Western Australia 2009; recommends that an Outcomes Areas approach is adopted to bring together key stakeholders from both within and outside the state public sector to work collaboratively toward agreed outcomes. Mental health is one of the three key outcome areas identified at a whole of government level for collaborative effort. The other two outcome areas are homelessness and early childhood.

The Mental Health Outcomes Area Working Group was established in 2010 to provide advice and leadership on several issues including the contribution to mental health outcomes for which individual agencies should be held accountable. The Group currently has representation from government and non government service providers and will meet in February 2011 to consider terms of reference and the most effective way of engaging consumers, carers and the wider community.

3.6 South Australian Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

South Australia has used market research to plan a communication strategy aimed at destigmatising and improving community understanding of mental illness. However it is felt that a national strategy is also needed. SA Health mental health service have now consolidated and integrated their training initiatives under one centre to improve coordination. Initiatives are in process working with the universities to enhance collaborative workforce development.

Our shared care programme with Divisions of General Practice has been evaluated and proven to achieve successful outcomes and a new contract has been agreed. Recovery principles have been incorporated into all new models of care and service delivery plans. A joint initiative with the Housing authority and the NGO sector has resulted in the provision of a large number of consumers receiving social housing.

A major consultation process with the Aboriginal and Torres Strait Island communities has resulted in the development of a strategic policy and an action plan intended to address improving access to services, and ensuring the availability of culturally appropriate responses.

Priority Area 2: Prevention and early intervention

The roll out of Mental Health First Aid continues with the targeting of specific groups as well as the community in general. There are several collaborative initiatives with *beyondblue* which involve diverse sections of the community.

A number of initiatives targeting young families, children and youth are running, funded by Commonwealth, State and non-government sources, including the National Perinatal Depression Initiative, Headspace, Headroom, Healthy Young Minds, Incredible Years etc. The Early Youth Psychosis, a hub and spoke model is in operation with plans for expansion. The CAMHS strategic service plan is under review.

A suicide prevention strategy is under development to integrate the various programmes currently in operation for education, prevention, support and postvention programmes.

Collaborative work with other agencies as a consequence of new legislation and new Memorandum of Understanding (MoU) with emergency services has enhanced interagency knowledge and cooperation.

Carer and consumer groups, peak bodies and those employed within public services have increased their contribution to service planning and consumer advocacy.

Priority Area 3: Service access, coordination and continuity of care

The Mental Health Reform programme in SA is in its third year of roll out. The service plans are based on population need and consumer focussed in all aspects of policy and protocol development.

When complete, the new range of services and delivery model will greatly improve all of these considerations. In addition, an electronic health information system is in development which will enable coordination of care planning across all services.

An integral part of the reform process is the greatly increased involvement of the non-government sector and of other governmental agencies. A number of cross sectoral groups are now working together on many aspects, particularly in the recovery area. In all areas there are now local liaison groups of emergency and community services. A number of Drug and Alcohol /mental health co morbidity positions have been created.

Priority Area 4: Quality improvement and innovation

The new Mental Health legislation enacted on 1 July 2010 describes a number of key principles to better protect consumers with respect to consumer rights, dignity and improve equity of access to services. A very significant amount of training accompanied the implementation of the Act.

SA Health has a Safety and Quality Framework and mental health services will align with this. This includes improved reporting, investigation and remediation, following adverse events or complaints.

Cross border agreements are progressing with other jurisdictions although this work is impacted by state elections.

The Digital Regional initiative is in progress with 90 new audio visual centres across the state to enable telemedicine consultation and assessment, teaching and supervision.

Priority Area 5: Accountability – measuring and reporting progress

SA Health has a suite of Key Performance Indicators (KPIs) used to measure and monitor mental health service reforms. Many of these mirror KPIs contained in the new plan. In addition, SA Health has commenced a process of evaluating new services including those contained in the stepped system of care. The SA government has also appointed an independent Council (Health Performance Council) to report to government on the provision of health services.

3.7 Tasmania Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

Statewide & Mental Health Services (SMHS), through its assertive case management model, is working to re-orient service delivery to a recovery focus. Improving employment outcomes for people experiencing mental illness is an important aspect of recovery. Tasmania has adopted a national model which embeds a specialist employment consultant within community mental health teams. SMHS has established the Individual Placement Support for Competitive Employment model in Hobart. The project has been successful with eight consumers gaining competitive employment, five entering formal study and seven in vocational activities. An Integrated Employment Implementation Framework has been developed and will be rolled out to community mental health teams in 2011. Tasmania has maintained a whole of government focus on homelessness and in 2010 SMHS worked

with Housing Tasmania to progress the Specialist Intervention Tenancy Service (SITS). SITS teams, made up of professionals with a background in homelessness; mental health; alcohol and other drugs, assist clients to develop skills to increase their capacity to live independently and address issues that have previously led to homelessness, as well as reconnect with family, community and other networks. Building the Foundations has a strong focus on increasing awareness to reduce discrimination and social exclusion. In 2010 the Government funded the Mental Health Council of Tasmania to develop mental health literacy and stigma reduction strategy. The State Government's Refugee Health Funding has provided additional support to help improve the mental health and wellbeing of culturally and linguistically diverse (CALD) communities in Tasmania. These projects include the Mental Health Early Intervention Project and the Tasmanian Mental Health Network. Tasmania also supports the rollout of "Stepping out of the Shadows" stigma reduction training for culturally and linguistically diverse communities. Inter Agency Support Teams are cross agency teams through which young people identified at high risk are able to benefit from cross agency solutions to emerging problems. Teams are located within each Local Government Area in and continued to provide support throughout the state in 2010. SMHS is also working with the Personal Helpers and Mentors (PHaMs) Program providing referrals and support.

Priority Area 2: Prevention and early intervention

In October 2009 the Tasmanian Government released *Building the Foundations for Mental Health and Wellbeing, a Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania* (Building the Foundations). The primary goals of Building the Foundations are to enhance mental health and wellbeing of all Tasmanians; reduce the prevalence of mental ill health; and minimise the impact of mental illness by employing a coordinated whole of government, whole of community approach. In July 2010, SMHS began work on a Strategic Framework for PPEI activities in relation to alcohol, tobacco and other drugs (ATODs). This Framework is designed to complement both Building the Foundations and the Fourth Plan. In December 2010 the Government launched Tasmania's Suicide Prevention Strategy (the Strategy). The Strategy, a sub-strategy to Building the Foundations, takes a 'community action approach' to addressing risk and protective factors. The Inter Agency Working Group for Mental Health, established to oversee implementation of *Building the Foundations* across Government and service sectors. One of the priority actions of the IAWGMH is to increase awareness and understanding of the risk and protective factors for mental health and wellbeing across all sectors. Through a partnership with *Aspire*, the rollout of the training module *Understanding Mental Health and Wellbeing* has commenced across the State. Part of this program is the delivery of a 'train the trainer' workshop that will increase capacity across government and community sectors through the development of two year regional training plans. MindMatters and KidsMatter are implemented through Project Officers based within the Department of Education. There is also a state wide Mental Health in Schools Reference Group, with representatives from public, catholic and independent schools. Significant progress has also been made towards the rollout of the National Perinatal Depression Initiative. Training in the use of the Edinburgh Depression Scare and Universal Psychosocial Assessment and depression screening is being rolled out in maternity services across the State in line with regional plans.

Priority Area 3: Service access, coordination and continuity of care

Ongoing implementation of the Statewide and Mental Health Services Collaboration Strategy has enhanced opportunities for cooperation across Government. The Inter Agency Working Group for Mental Health, established in 2009, continued to work to strengthen cross-government partnerships. In September 2009, the Tasmanian Government launched the Consumer and Carer Participation Review to identify an optimum model for mental health consumer and carer participation within Tasmania and to inform the implementation of Tasmania's Consumer and Carer Participation Framework. A priority of the Framework is the establishment of a new consumer organisation and the process to appoint board members commenced in 2010. The involvement of consumers and carers is an essential component in planning accessible, coordinated care that provides optimal outcomes. The Community Sector Interface Group, established in 2008/09, continued to meet throughout 2010, providing a valuable resource to support planning for a more integrated service system and to enhance coordination of effort across sectors. The Tasmanian Care Coordination Model uses Maximizing Recovery Panels (MRPs) as a single point of entry in order to assess and determine the most suitable community sector services for mental health clients. The MRP model was reviewed in

2008/09, and consultations continued throughout 2010 to explore options for the future. In line with the Fourth Plan's commitment to coordinating the care system, in 2010 work continued towards the establishment of a Primary Mental Health Clinical Network (the Network). The Network will enhance patient outcomes by bringing together clinicians, carers and consumers to in the planning and improvement of Primary Mental Health services in Tasmania and facilitate promotion, prevention and early intervention for people at risk. Following recommendations of the Suicide Prevention Strategy, three suicide prevention discharge coordinator positions and four peer support positions have been created to provide seamless support in transition from inpatient care back into the community. The Tasmanian Comorbidity Steering Committee and Working Groups have continued to meet to progress development of a new Comorbidity Framework to provide an agreed set of principles and priorities for Tasmania. The underlying principle is that there should be 'no wrong door' for clients seeking mental health and substance use treatment.

Priority Area 4: Quality improvement and innovation

In line with the National Standards for Mental Health Services (NSMHS), Tasmania is strengthening clinical governance through a state-wide committee and clinical specialty groups for each clinical area. A Project Officer has been engaged to progress state-wide implementation of the NSMHS to state agencies and community sector organisations. Statewide & Mental Health Services is seeking accreditation through the Australian Council on Health Care Standards. This process formally began in 2009 and significant progress has been made across all service and corporate areas in 2010. In 2010 Tasmania completed its workforce development strategy in line with the National Mental Health Workforce Strategy. Work continues to increase consumer and carer employment in clinical and community support settings through progress towards the Consumer and Carer Participation Framework. The process of drafting new Mental Health Act continued in 2010. The new legislation is being drafted using clear language so that it will be accessible and easy to utilise. It will appropriately balance consumer rights with the need for treatment, and will recognise the important role played by carers and family members of persons with a mental illness. The legislation is rights focussed and reflects notions of consumer autonomy. In particular it will not enable a person with capacity to be treated against their will and provides special protections for patients who are children. The drafting process is nearing completion and consultation on the draft legislation is expected to commence in early 2011. In 2010 work continued towards the development of cross-border arrangements to provide guidance for the transfer of clients between jurisdictions.

Priority Area 5: Accountability – measuring and reporting progress

The focus on improved information management and the development of a single reporting system continued to progress in line with the development of a new Mental Health Services Information System to guide service planning, funding models and data collection. In 2010 the implementation phase of the Client Management and Clinical Information Systems Project for Statewide and Mental Health Services formally commenced. The initiative will facilitate appropriate transfer of clinical information to ensure continuity of care for all consumers. Work commenced to review the governance structures overseeing the implementation of *Building the Foundations* and the *Suicide Prevention Strategy*. The intention is to develop a streamlined monitoring and reporting process to ensure momentum is maintained across strategic priorities.

3.8 Australian Capital Territory Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

ACT Government continues funding support for Mental Illness Education ACT (MIEACT), supported accommodation through services such as the Society of Saint Vincent De Paul - Samaritan House, community sector services that provide vocational training and rehabilitation services such as the Social Enterprise Hub; as well as the 2010 Mental Health Week celebrations. Enhancement of education and employment options for mental health consumers is well underway through the development of the ACT Mental Health Consumer Training and Scholarship Scheme, a new collaborative between the ACT Mental Health Consumer Network, ACT Health and the Canberra Institute of Technology; and the individual Placements and Support Program.

A recovery-oriented culture is promoted through the commencement of Recovery Training for staff of Mental Health ACT. The new specialist Mental Health Assessment Unit (MHAU) in the Emergency Department of The Canberra Hospital that commenced operation in April 2010. Recovery principles are embedded in the assessment and early intervention procedures of the MHAU.

The ACT Housing Accommodation and Support Initiative (HASI) pilot also commenced in 2010; and integrates mental health clinical services, mental health support services, and housing agencies.

Services that enhance Aboriginal and Torres Strait Islander social and emotional well-being have been improved through the establishment of MHACT Liaison Officer and Psychiatry Registrar placements at the Winnunga Nimmitija Aboriginal Health Service. ACT Government has also funded mental health and wellbeing services for at-risk young Aboriginal and Torres Strait Islander people through Gugan Gulwan Aboriginal Youth Corporation. Further to this was the introduction of the Transcultural Mental Health Community Development and Liaison Officer to the Mental Health ACT team.

Priority Area 2: Prevention and early intervention

Implementation of the ACT Government's strategic mental health promotion, prevention and early intervention framework Building a Strong Foundation: '*A Framework for Promoting Mental Health and Wellbeing 2009-2014*' (the Framework), launched in 2009 provides a systematic plan for enhancement of social inclusion and recovery through improved community and service understanding across the ACT. Enhancing the social equities and reducing the inequities that influence mental health and wellbeing is one of the actions areas within the Framework. A subgroup was formed to review existing PPEI resources in the ACT, and the ACT Health Promotions Branch are collaborating to develop an integrated physical and mental wellbeing promotion campaign.

Throughout 2010, the ACT Government strengthened funding for community organisations to improve mental health literacy and enhance resilience in schools, workplaces and communities through organisations such as Mental Illness Education ACT (MIEACT), Bungee and OzHelp. Additional funding was provided for Mental Health First Aid Training for Emergency Service Workers (ambulance and police), and Teachers.

ACT Health also launched the strategy - '*Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009 – 2014*' (the Strategy) during 2009, and then in 2010 assisted with funding from the Commonwealth Department of Health and Ageing implemented the Let's Talk suicide prevention campaign leading up to World Mental Health Day September 2010. This coincided with a medical campaign in the Canberra Chronicle and The Canberra Times at World Suicide Prevention Day. Further to this, forensic and corrections health clinicians participated in the '*Real Understanding in Self-Harm*' program which enabling them to deliver the program to prisoners in the Alexander Maconochie Centre (AMC). The AMC Chaplain received training in '*Seasons of Growth*' – a bereavement support program to support bereaved prisoners, and suicide prevention training was presented to clinicians at Gugan Gulwan Aboriginal Youth Corporation. The ACT Suicide Prevention Internet page was launched; and an annual seminar series program for commencement in 2011, was developed. The program aims to provide education and support for those working with vulnerable men '*Let's Talk for Men's Health*'.

ACT Health entered into a research partnership with the Australian National University Centre for Mental Health Research to review both the Framework and the Strategy.

Priority Area 3: Service access, coordination and continuity of care

Mental Health ACT has improved service access through the implementation of the 'No Wrong Door Policy' that aims to ensure that regardless of the points of contact with services that clients make they are actively assisted on their journey to the most appropriate service. In addition, care coordination is embedded into the practice of Mental Health ACT clinicians, and is the responsibility of all clinicians with support and monitoring from Team Leaders. Case management is embedded into assessment, recovery planning, case review, and case closure that identify services and referral pathways. The newly developed 'Link Tool' (a services directory) has been implemented and is undergoing presentation to all sectors. The aim is for all clients to have a single Recovery Plan, and the tool outlines processes for improved access, protocols and practice standards that support and promote care coordination based on the COAG National Action Plan on Mental Health and the ACT COAG Mental Health Group endorsed Care Coordination Information Paper.

ACT During 2010, ACT Health sponsored a consultant led review of the ACT's community sector mental health services; and outcomes are soon to be published.

Priority Area 4: Quality improvement and innovation

ACT Health has implemented the intersectoral Mental Health Strategic Oversight Group (SOG) to oversee and monitor the implementation of the 'ACT Mental Health Services Plan 2009 – 2014'. The SOG membership includes participants who are consumers, carers, ACT Health and community based service providers, various ACT and Australian Government departments. The plan articulates the vision for mental health services until 2020.

In addition to undergoing accreditation by the Australian Council on Healthcare Standards (ACHS), a monitoring and evaluation framework and tools have been developed. This includes the enhanced capacity of Mental Health ACT's information technology package MHAGIC to manage monitoring mechanisms to assess compliance, as well as the development of a new electronic clinical audit tool.

The ACT is also undertaking a review of the 'Mental Health (Treatment and Care) Act 1994'. This review is being led in partnership by ACT Health and ACT Department of Justice and Community Safety. There has also been a negotiation of the ACT – Victoria Mental Health (Civil) Interstate Agreement 2010; and the ACT – SA Mental Health (Civil) Interstate Agreement 2010 (the Agreements), and consultations for the development of the 'ACT Charter of Rights for Mental Health Consumers'.

In the community mental health sector, the Mental Health Community Coalition received enhancement funding from ACT Health to introduce external quality standards, workforce standards and development of sector-wide outcomes measures in mental health sector.

Priority Area 5: Accountability – measuring and reporting progress

The ACT Mental Health Strategic Oversight Group (SOG), in its role to oversee the implementation of new reforms in mental health services across the ACT through the implementation of the *ACT Mental Health Services Plan 2009 – 2014* (the Plan), has necessitated the establishment of comprehensive, timely and regular reporting. This has in turn assisted with enhancement of the reporting mechanisms and reporting structure in the ACT. The SOG works closely with the Mental Health ACT Executive Group, thus improving lines of accountability and reporting; and ACT Health will present the Minister with an Annual Report on the implementation of the Plan.

ACT Health, in partnership with The Centre for Mental Health Research Australian National University, has entered into a partnership to evaluate the strategy - *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009–2014* annually. Reports on evaluation will be submitted to the ACT Cabinet.

3.9 Northern Territory Implementation Activity

SUMMARY OF PROGRESS BY PRIORITY AREA JANUARY TO DECEMBER 2010

Priority Area 1: Social inclusion and recovery

In 2010 Territory Mental Health Services undertook a review of policies, plans and strategies to align services within a recovery framework. This included both government and some non-government services. An NT mental health NGO has commissioned the development of a hand held data system for workers to undertake on the spot recovery based data collection. This tool is being developed further with the ability to show consumers a graphical view of their past and present records and will assist staff in applying recovery approaches with consumers.

The Mental Health Program continued to support the provision of a general practice service catering to the physical needs of clients with severe and persistent mental illness receiving community mental health care. Following the success of the scheme in Darwin this service was extended to Alice Springs.

Collaboration with housing continued to improve in 2010 via a partnership between NGO's and Territory Housing under which housing is made available to NGOs and sublet to consumers aided by support programs from the NGO and psychiatric services from Mental Health Services.

Support to non-government organisations using recreational activities as a pathway to social inclusion, was continued in 2010 with Mental Health Services funding a community support assistant to foster closer ties between clinical services and community based rehabilitation.

Priority Area 2: Prevention and early intervention

The National Perinatal Depression Project implemented in partnership with the Commonwealth is providing training and education for clinicians from primary healthcare service who will provide the screening and initial support for women and their families. Education sessions started in 2010 with more scheduled for 2011. Work commenced on translating the Edinburgh Post-natal Depression Scale into Yolngu and Walpiri to enable effective screening of women speaking these languages. The translated versions will be piloted in two remote communities in the Top End and Central Australia

Funding for additional Child and Adolescent clinicians, enabling provision of regular visiting services and increased support for local primary care and education providers at selected remote communities.

Continuation and expansion of a project to develop and validate culturally specific assessment and treatment planning tools and targeted interventions for Indigenous populations in the Northern Territory in collaboration with the Menzies School of Health Research, Mental Health Services and Beyondblue.

Priority Area 3: Service access, coordination and continuity of care

In 2010 the Northern Territory Government provided additional funding to enable establishment of a Territory wide 24 hour mental health telephone triage service. This will enhance after hours telephone access for individuals and referring agencies including emergency services throughout the NT and in increased community response service in Darwin. Building on the new triage service Mental Health Services is restructuring the Darwin service configuration to improve the efficiency and effectiveness of service delivery and enhance continuity of care. Community intake assessments, short-term community treatment and longer-term case management are transitioning to an integrated structure. This work commenced in 2010 and will be finalised in 2011.

Collaborative work with the NT Police continued. A new mental health education program was implemented in 2010 and all new police recruits are now provided with 4 days mental health training. A new on-line refresher training module for all serving officers was also implemented. A new MOU was drafted as a foundation for enhanced joint service provision.

The Northern Territory Government announced commitment to a new 30 bed forensic mental health and behavioural unit and 6 transitional cottage beds. Specifications for the Unit to be built adjacent to a proposed new Prison in Darwin have been completed and detailed design work is underway.

The Palmerston mental health team moved into the new GP Superclinic enabling closer ties with primary care providers for service provision and training of future generalist and mental health clinicians. Also in the Palmerston area the new perinatal team is located adjacent to a general practice clinic, with entry to the perinatal service is via the GP reception area and facilitating integrated care with the primary health service. Sessional services will also be provided at other primary health centres.

Co-ordination of complex case management across multiple agencies has been enhanced by the *Shared Client Case Management Framework* and accompanying Practice Guidelines. Practitioners using the shared information system are now able to ascertain the existence of cases within other programs and the Department Children and Families and contact the relevant case manager for information sharing where appropriate. Initial work on legislative reform for enhanced information sharing has commenced.

Building of an additional 5 inpatient beds in Darwin and 6 inpatient beds in Alice Springs commenced in a flexible configuration. These beds will allow separate mental health inpatient care for vulnerable groups and assessment and stabilisation for high risk young people and clients with a cognitive disability in partnership with the Aged and Disability and Children and Families programs. Legislative amendment to support the new service commenced.

Priority Area 4: Quality improvement and innovation

Client forums were held in all regional centres in the Territory in 2010 gathering feedback from clients, carers and service providers of their experiences of mental health care and suggestions for further inclusion and participation in mental health service development.

Interactive talking posters with information in English and 6 Indigenous languages have been developed to enable non literate English speaking consumers and non-English speaking Indigenous consumers to access information on mental health rights and responsibilities. These will be trialled in Central Australia and if successful will be introduced to the Top End.

Installation of new video conferencing equipment commenced in remote clinics. This will enable increased opportunities for assessment, clinical support and mental health training for remote consumers, families and primary health services. It will also enable increased family contact with remote clients admitted to mental health inpatient units in Darwin and Alice Springs.

Alignment and single accreditation of all public mental health services in the NT.

Introduction of a quality and standards review process for mental health NGOs in the NT based on the NGO National Standards for Mental Health Services review process developed by WA.

Commencement of a 12 month Palliative Care in Mental Health Project funded by the Commonwealth, to be completed in 2011. Project outcomes will include implementation of routine mental health screening and development of referral pathways for palliative care patients and improved palliative care for people with severe and persistent mental illness.

Priority Area 5: Accountability – measuring and reporting progress

The NT continues to actively engage in the national process of information and performance reporting development through the range of working groups and projects. Local client/patient data collection systems continue to be refined to ensure appropriate data standards are maintained and improved to support KPI reporting.

Data management systems are undergoing considerable change to improve the quality and reliability of warehoused data used in report development. This is a large undertaking and has consequences for the timely development and reporting of some KPIs.

Formal reporting of a number of mental health KPIs is routinely provided in the NT Budget Papers and Treasury output monitoring process and also form part of the Department of Health's Annual Report publication. Organisational and sectoral stakeholders are now provided with routine quarterly activity and performance reports based around the national KPIs and is evolving as the technical design and validation of further KPIs come into fruition.