COORDINARE

phn SOUTH EASTERN NSW
An Australian Government Initiative

NSW GOVERNMENT Health
Southern NSW Local Health District

NSW GOVERNMENT Health
Illawarra Shoalhaven Local Health District

South Eastern New South Wales

Regional Mental Health and Suicide Prevention Plan

May 2018

This document has been prepared as a condensed version containing key elements of the Regional Mental Health and Suicide Prevention Plan to facilitate the consultation process.

Contents

Executive Summary

This document is the consultation draft of the South Eastern NSW Regional Mental Health and Suicide Prevention Plan.

The Plan is intended to provide a blueprint for collaborative action for mental health service development over the next five years and to promote the partnerships and integrated approaches needed to reduce the impact of mental illness and suicide in the region. It is informed by the first priority in the Fifth National Mental Health and Suicide Prevention Plan to support integrated regional planning, and also by important state and regional mental health plans and frameworks. It has been prepared jointly by a working group comprising senior mental health, planning officials and people with lived experience of mental illness from COORDINARE, the Illawarra Shoalhaven Local Health District (ISLHD), and Southern NSW Local Health District ISLHD (SNSWLHD).

The Plan focuses on ways in which COORDINARE, the ISLHD and SNSWLHD can work together with consumers, carers and other stakeholders to reduce fragmentation, address shared priorities and establish joined up systems and pathways. The plan has a practical focus and identifies specific collaborative action required to enhance responsiveness to local consumer needs. It seeks to promote integration of services. And through these integrated partnerships it offers strategies for continuing and local service planning, development and review.

The population of South Eastern NSW experiences high levels of psychological distress, and has recorded a relatively high number of suicides compared to other NSW regions. Over 102,000 people in the region may experience a mental illness in any one year. Population health data[1] available to COORDINARE provides the following summary picture of the region's needs:

- There is a relatively high prevalence of mental illness and psychological distress. Overall the region has 11.9 per 100 adults reporting high and very high levels of psychological distress.
- A greater burden of mental illness is borne by Aboriginal people and people living in the more rural parts of the region.
- The region experiences relatively high rates of suicide – among the highest regions in NSW. Particularly high rates and spikes have been experienced in some areas including Shoalhaven, South Coast, Goulburn-Yass and Snowy Mountains.

SHORT FORM CONSULTATION DRAFT

[1] Based on: COORDINARE Baseline Needs Assessment – 2016 Update, COORDINARE – South Eastern NSW PHN; Ghosh A, 2017. Suicide Update Snapshot - Nov 2017, COORDINARE – South Eastern NSW PHN (Unpublished); COORDINARE internal reports and analysis produced by COORDINARE's Population Health and Information Service.

- The region experiences high rates of self harm especially among youth and Aboriginal people. Self harm is particularly high in Bega Valley, Eurobodalla, Goulburn Mulwaree areas.
- There is an inequitable distribution of services across the region – service availability does not match population needs particularly in rural areas.
- There is a high incidence of mental health problems among people using drug and alcohol services.
- There is a high level of physical illness among people with mental illness; and;
- Overall there are lower workforce to need ratios compared to state and national average figures.

The draft plan has been informed by the results of recent consultation undertaken by all three organisations on other mental health initiatives, and notes the problems and gaps from the perspective and experience of consumers and carers. Concerns have been expressed about fragmentation, about lack of communication between services and the lack of timely and appropriate pathways to care across the spectrum of need and across the lifespan. It notes that the physical health needs of people with mental illness are not well met. And it identifies the difficulty people experience accessing the right service. In some areas of the region, and for some groups, there are significant service gaps which are associated with workforce and other resource shortages and with broader developments including service changes associated with the transition to the National Disability Insurance Scheme.

The regional plan seeks to build on momentum and early partnerships which are underway to address many of these problems. The plan considers promising developments and enabling factors in the region which may lay the ground work for further service development and integration. This includes the growing peer support workforce in both primary and specialist care services, collaborative efforts underway in relation to suicide prevention, and innovative approaches to supporting our young people and addressing the needs for coordinated physical and mental health and psychosocial support services for people with complex, severe illness.

The plan identifies nine priority areas against which key actions are identified which involve working together across program, and government boundaries and with consumers and other stakeholders to provide better integrated care for people with mental illness.

These priorities are:

1. Ensuring consumers are at the centre of planning, delivery and review of services.
2. Integrated planning and governance at a regional and local level to deliver stronger healthcare neighbourhoods and service improvement.
3. Providing services across the spectrum of mental illness and across the lifespan to match the broad range of needs in the region.
4. A collaborative and systematic approach to suicide prevention, including clear arrangements for follow up.
5. Better coordinated care for people with complex and severe mental illness including management of physical health needs.
6. Reducing the impact of mental illness and suicide on Aboriginal an Torres Strait Islander people.
7. Early intervention through low intensity, through targeted child and youth mental health services and through digital supports.
8. Collaborative action to improve access to services for people in rural areas and other communities experiencing locational barriers to access.
9. Building the capacity and confidence of the mental health workforce through embedding a culture of collaboration and integration.

To implement collaborative change and integration of the nature proposed through the priorities and actions will take time. The plan offers a phased approach to service development and integration, which will establish the groundwork and partnerships required and draw on joint service mapping, needs assessment and service monitoring and redesign.

Consultation on the draft plan will be used to help to refine priorities and actions and to inform the approach to implementation, which will include a focus on developing the vital partnerships with the community needed to achieve a more integrated and responsive mental health system to meet the needs of our region.

CONSULTATION DRAFT
SHORT FORM

The Plan at a Glance

Values

- Hope
- Quality
- Equity
- Respect
- Citizenship
- Community
- Recovery

Principles

- Care and planning should be recovery oriented, trauma informed, and consumer centred.
- Reduce fragmentation and improve transitions
- Promote partnerships, alliances and networks
- Stepped care – matching services to need
- Early intervention – access to timely care
- Consumers are entitled to safe, high quality services
- Mental health workforce should be valued and supported.

Vision

One mental health system - planned, delivered and monitored together - providing better health and social outcomes for people with mental illness.

Problems (from)	Priorities (to)
Services and pathways not focused on the needs of consumers	Ensuring consumers are at the centre of planning, delivery and review of services
Fragmentation and poor transitions	Integrated **planning and governance at a regional and local level**
Services are not available to match the varying needs of people with mental illness.	Providing services **across the lifespan** and across the spectrum of wellness.
High rate of self harm and suicide, and lack of routine follow-up after suicide attempt.	Collaborative and **system-based suicide prevention**, including clear arrangements for follow up.
Poor outcomes and high rates of hospitalisation and readmission for mental illness among people with severe mental illness.	**Better coordinated care for people with complex and severe mental illness** including management of physical health needs
High representation of Aboriginal people among hospital admissions for mental illness and self harm	Reducing the impact of mental illness and suicide on **Aboriginal and Torres Strait Islander people.**
Lack of timely treatment and support early in the trajectory of disease to reduce impact of disease	**Early intervention** through low intensity and child and youth mental health services and digital services
Gaps in services for people in rural areas of the region.	Collaborative action to improve access to services for people **in rural areas** and other communities at risk
The workforce providing mental health services lacks professional support, skills and networks.	Build the capacity and confidence of the **mental health workforce** to provide integrated, quality services.

Enablers

- Engagement of consumer and carer voice in planning, delivery and review
- A well supported and connected workforce
- Peer support workers
- Health Pathways
- A strong healthcare neighbourhood
- Regional and local governance
- Communication
- Digital service provision
- Data
- Planning tools
- Regular review

Working Together

- Collaboration
- Joint planning
- Shared mapping
- Joint needs assessment
- Coordinated commissioning
- Workforce networks
- Shared or collocated service delivery
- Shared data systems
- Shared measurement and accountability.
- Links to other sectors including NDIS

Objectives

- Better access – services matched to need and more equitably distributed through better resource use
- Integrated care – consumers receive holistic, joined up services and transitions are smoother
- Better outcomes for consumers –care should be available to address mental health issues early and reduce the overall impact of illness
- Workforce confidence, networks and satisfaction improved – through team work, better communication and support

SHORT FORM CONSULTATION DRAFT

Priorities for collaborative action

How should we target the right priorities and actions for the region?

A broad range of actions have been identified in many plans, reports and reviews of mental health services at a national, state and regional level. This plan does not seek to list all of these actions, nor to be a sum of commitments which have been made at a regional level. The more priorities and actions there are, the more diluted efforts may need to be to implement them.

Instead therefore this plan has selected priorities and actions which:

- Focus on ways of working together to improve and develop services;
- Address the key problems relating to fragmentation of services and systems raised by stakeholders and supported by evidence which were outlined in the above section;
- Have been identified consistently in the Fifth National Mental Health Plan, in Living Well and also in recent mental health plans and strategies from COORDINARE, ISLHD and SNSW LHD;
- Harness momentum already underway in parts of the region;
- Address the particular needs of the region; and
- Are supported by evidence.

At a high level, these priorities and actions seek to achieve the following shift in how the regional mental health service works together to meet consumer needs.

From where we are now	To where we want to be
Services and pathways not always focused on consumer needs	Consumers will be at the centre of planning, delivery and review of services and the system will respond flexibly to the diverse needs of consumers. "Nothing about us without us!"
Fragmentation and poor transitions	Integrated planning and governance at a regional and local level will deliver strong healthcare neighbourhoods and support ongoing system redesign and improvement. Integration, partnerships and continuous improvement at a local level.
Treatment options focus on established illness rather than prevention or early intervention and do not meet the spectrum of needs.	A strong primary mental health care system will provide timely interventions and help to reduce the impact of mental illness and suicide. Services will be available across the lifespan, including older people.
High rate of self harm and suicide and lack of routine follow-up after a suicide attempt	A collaborative, systems based approach to suicide prevention, including ensuring follow-up care in the community is provided following discharge after a suicide attempt. Integrated, whole of community approach to suicide prevention.
Poor mental health and physical health outcomes, lack of holistic care and high rates of hospitalisation among people with severe mental illness	People with complex and severe mental illness will receive appropriate and well coordinated care which addresses their mental health, physical health and psychosocial needs.
High representation of Aboriginal people among hospital admissions for mental illness and self harm	The impact of mental illness and suicide on Aboriginal and Torres Strait Islander people in the region will be reduced through joined-up, culturally appropriate services.
Lack of timely treatment and support early in the trajectory of disease	The impact of mental illness on children and young people will be reduced through availability of early intervention services and a joined up approach to supporting youth mental health. Low cost and easy to access digital mental health services and other low cost alternatives to therapy will be available as part of the stepped care approach.
Gaps in services for people in rural areas of the region	Better use of available workforce and other resources in rural areas and uses of innovative approaches including technology will enable a better service offer to people outside urban areas of the region.
The workforce providing mental health services lacks professional support, skills and networks.	The regional mental health workforce will have the capacity, confidence and local connections to provide integrated, quality services and this will be a clear expectation of their role.

SHORT FORM CONSULTATION DRAFT

The following section outlines detailed actions against these priorities. It also gives the rationale for their selection, the desired outcome and offers some key performance indicators against each priority.

Detailed Actions and Priorities

Regional Mental Health and Suicide Prevention Plan Detailed Actions and Priorities	
1. Ensuring consumers are at the centre of planning, delivery and review of services	**Rationale** – All three organisations have a strong commitment to consumer focused care and to increasing the role of the peer workforce. Strong evidence underpins the effectiveness of engaging consumers in planning and delivery of services. The catchment also has higher than state and national proportional figures of residents living with high levels of psychological distress. **Desired outcome over the life of the plan** – A regional mental health service system designed around and responsive to the diverse needs and views of people requiring services and supports. **Key actions** ISLHD, SNSWLHD and COORDINARE will: a. Include people with lived experience of mental illness in governance arrangements supporting planning, delivery and review of services; b. Involve people who are likely to use services in the co-design of those services across the spectrum of stepped care; c. Strengthen the role of peer support workers in the region through expanding the workforce, promoting opportunity for networking and mentoring, and ensuring clear and consistent competencies and accreditation; d. Increase the responsiveness and reach of services to consumers with particular needs, including people from LGBTI or culturally diverse backgrounds or people who have experienced trauma; e. Require funded organisations to provide feedback from service users as part of the review of services.

SHORT FORM CONSULTATION DRAFT

2. Integrated planning and governance at a regional and local level to deliver stronger healthcare neighbourhoods, and service improvement.	**Rationale** - All three organisations support the importance of shared planning, needs assessment and appropriate data exchange, in line with the expectations of the Fifth National Mental Health Plan. The diversity of the region means that local planning and collaboration is especially important to address specific sub-regional consumer needs. The catchment has over 60 small population health areas within 12 Governmental administrative regions and two Local Health Districts. This can exacerbate the risk of health service fragmentation and increase the challenges of matching local circumstances. **Desired outcome over the life of the plan** –Well planned, integrated services, seamless pathways for consumers and the capacity to prevent and respond to system failures and challenges locally through system redesign and service development. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** Maintain a joint regional working group to meet regularly to review the progress of this Plan against key indicators and support its implementation, to oversee and support local system redesign, and to share regional data on mental health and suicide prevention. **b.** Trial the establishment of new collaborative networks at a local level in key sub-regional centres to facilitate networking and information exchange and to undertake service development and redesign. These networks should include representatives of primary care and community mental health services with consumers, carers, NGOs and other key local service providers including ACCHOs. **c.** Undertake detailed service mapping, and update HealthPathways to ensure providers are aware of the private, NGO, primary care and government funded services available locally for people with mental illness in the health care neighbourhood. **d.** Use feedback from HealthPathways and input from consumer and carer experience to identify system failures and support redesign and service development for people with mental illness at a regional and local level. **e.** Undertake shared needs assessments, to support collaboration and information exchange on ways of addressing needs.

SHORT FORM CONSULTATION DRAFT

3. Providing services across the spectrum of mental illness and across the lifespan to match the broad range of needs in the region.	**Rationale** – Like other health issues, a public health approach to mental health should be embedded in the region which recognizes the importance of mental health prevention and promotion activity and providing appropriate services to people with mild to moderate symptoms of common mental disorders as well as those with severe mental illness. By providing services across the lifespan and across the spectrum of need, the impact of their mental illness on families, relationships, vocational goals and wellbeing, and the risk of their illness increasing in severity will be reduced. Over 80,000, people in the region are likely to have some form of mental illness, of which most will have mild to moderate illness. The region experiences a very high rate of use of mental health medications, particularly in areas where psychological services are not easily accessed. **Desired outcome over the life of the pla**n – A strong, integrated primary mental health care system will be available to promote mental well being and provide services matched to the needs of people with mild to moderate forms of common mental disorders, to intervene early to reduce the impact of mental illness and suicide and to help to identify people with more severe mental illness who require additional support. Services will be available across the lifespan. Links between primary care and specialist community mental health services will facilitate integrated care and pathways for people who move between service systems as their needs change over time. **Key actions** COORDINARE in partnership with ISLHD and SNSWLHD will: **a.** Strengthen the role of primary care in referring people with or at risk of mental illness to the service which best meets their needs through an integrated service system. **b.** Support opportunities for promoting mental health and building resilience at a population level through evidence based parenting programs, partnerships with schools, and community groups and promoting low intensity support options for people experiencing situational distress. **c.** Promote the availability of digital and face to face psychological therapies across the region including in under-serviced areas, as an alternative to prescription of medication for people with mild to moderate mental illness. **d.** Target services to groups and locations which are harder to reach and not well serviced by MBS mental health services **e.** Ensure appropriate services are available across the age spectrum, including addressing the needs of older people with mental illness.

SHORT FORM CONSULTATION DRAFT

4. A collaborative and systematic approach to suicide prevention, including clear arrangements for follow up.	**Rationale** – The importance of a planned, systems based approach to suicide prevention which promotes evidence based action is promoted through national, state and local policies and plans. People who have attempted suicide are at extremely high risk of suicide over the period following discharge from care. Provision of timely, regular and appropriate follow-up services in the community over this period protects against this risk. With higher than national and state mortality rates, suicide is the 15th leading cause of death for the catchment with pockets of alarmingly high numbers of annual suicide deaths. **Desired outcome over the life of the plan** – Health and non-health services will be better able to identify and respond to the needs of people at risk of suicide, and timely follow up care in the community after a suicide attempt will always be provided. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** facilitate the agreement of clear procedures and roles between acute services, community mental health and services commissioned by COORDINARE to ensure that people who have been discharged from acute services after a suicide attempt are actively referred to appropriate follow-up care in the community; **b.** maintain a commitment to a systems based approach to suicide prevention through continued implementation and review of the Illawarra-Shoalhaven Suicide Prevention Collaborative, and through strengthening a similar sustainable collaboration to reduce the impact of suicide in the SNSWLHD area; **c.** provide opportunities for training and capacity building for GPs managing people at risk of suicide and/or self harm through Lifespan and COORDINARE funding and through ensuring appropriate links to specialist advice and support; and, **d.** raise the skills and confidence of the broader non-health workforce to identify and respond to people at risk of suicide and/or self-harm.

SHORT FORM CONSULTATION DRAFT

5. Better coordinated care for people with complex and severe mental illness including management of physical health needs	**Rationale** – National, state and local policies and plans point to the importance of better communication, cooperation and joint care planning between services to improve mental health, physical health and social outcomes for people with severe mental illness. The relationship between specialist and acute services and GPs is especially important. Mental health consumers in the catchment are not consistently monitored for physical health and well-being. Less than half of consumers receiving mental health services are screened for physical health checks. **Desired outcome** - Reduce preventable hospital admissions and improve physical, psychological and social recovery for people with severe and complex mental illness through shared care planning and shared care arrangements. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** Promote development and implementation of a single multiagency care plan for people with severe and complex mental illness who receive care from both primary and specialist care, which includes consideration of physical health, mental health and psychosocial support needs. **b.** Establish clear coordination, communication and referral protocols between community mental health services, and primary care services for people with severe mental illness, including telephone based emergency advice, and shared assessment. **c.** Engage peer support workers as a way of increasing care coordination and psychosocial support to people with severe mental illness in the community and supporting GPs in their care. **d.** Position local mental health services to refer to and work with NDIS service providers in provision of joined up care for people with psychiatric disability **e.** Augment access to psychosocial support for people with severe and complex mental illness who do not qualify for the NDIS and who have reduced psychosocial functional capacity.

SHORT FORM CONSULTATION DRAFT

6. Reducing the impact of mental illness and suicide on Aboriginal and Torres Strait Islander people.	**Rationale** – Aboriginal and Torres Strait Islander people in the region are disproportionally represented in hospital admissions for mental illness and suicidality. Joined up, culturally appropriate services are required which recognise the determinants of mental health and social and emotional wellbeing for Aboriginal and Torres Strait Islander people are a priority at state and national level. Rates of intentional self-harm hospitalisation amongst Aboriginal persons are almost three and a half times more than those of non-indigenous persons in NSW. **Desired outcome** – Reducing the impact of mental illness and suicide on Aboriginal and Torres Strait Islander people in the region. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** Partner with regional Aboriginal community controlled health services to build their capacity to provide mental health and social and emotional wellbeing services and to develop alternative culturally appropriate models of care. **b.** Ensure services offer cultural competency training for staff involved in delivering services to Aboriginal and Torres Strait Islander people. **c.** Continue a focus on the needs of Aboriginal people in suicide prevention through engagement of ACCHOs in collaborations including Lifespan and suicide prevention planning for the Southern NSW catchment. **d.** Collaborate to improve access to social and emotional wellbeing and mental health services for Aboriginal and Torres Strait Islander children. **e.** Improve referral pathways between GPs, ACCHOs, drug and alcohol services and specialist services **f.** Engage with the broader Aboriginal community to promote acceptance and understanding of the role of mental health services, promote social and emotional wellbeing and increase responsiveness of services.

SHORT FORM CONSULTATION DRAFT

7. Early intervention through low intensity services, through targeted child and youth mental health services and through digital services	**Rationale** – National, state and local plans and policies recognize that the provision of timely and appropriate low intensity services, particularly to children and youth can reduce the risk and impact of mental illness and suicide and are an important part of stepped care. Developments in digital mental health services have increased availability of evidence based low intensity services for people with early or mild mental illness. Almost 30% of all intentional self-harm hospitalizations and close to 36% of self-harm emergency presentations in the catchment are estimated to be for persons aged 15 – 24 years old. **Desired outcome** – Promote the availability of low cost, easy to access low intensity services and facilitate partnerships in provision of youth mental health services. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** Promote the availability within the region of online, phone and app based self help, peer support and clinician directed mental health services which target people with low intensity needs or mild mental illness, including the Head to Health digital mental health gateway. **b.** Promote partnerships between headspace youth and CAMHS services to ensure seamless collaborative care and referral pathways for young people with or at risk of mental illness, through the commissioning of new services in Bega as well as through existing services in Queanbeyan, Goulburn, Nowra and Wollongong. **c.** Liaise with regional educational authorities and NGOs delivering school based mental health or suicide prevention activity to review planning and implementation of school based support and programs and ensure duplication and overlap is reduced. **d.** Promote local collaboration between mental health and broader services in providing early intervention for young people with severe mental illness and multiagency needs, including those associated with early psychosis, comorbid substance misuse problems or eating disorders.

SHORT FORM CONSULTATION DRAFT

8. Collaborative action to improve access to services for people in rural areas and other communities experiencing locational barriers to access.	**Rationale** – The region has particular challenges in terms of diverse geography and scarce workforce in sub-regional areas. Making the best use of the available workforce and emerging technology will be important to achieving the best outcomes for rural consumers. This could be a priority area for testing approaches to integrated service delivery. More regional parts of the catchment have significantly higher rates of mental health related hospitalisations, self-harm emergency department presentations and suicide mortality. **Desired Outcome** – More equitable and timely access to assessment, primary care and specialist support should be available to people living in rural areas of the region (or other areas experiencing locational barriers to access) through implementation of innovative and cost effective approaches to making best use of available resources. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** promote the availability of digital self help and clinician supported services to people in rural areas of the region and to GPs who provide services to them. **b.** consider opportunities to share available mental health workforce in rural areas through joined up service provision, and jointly plan to address workforce shortages in these areas **c.** explore innovative approaches to workforce supply in rural areas which focus on the competencies needed to deliver services, rather than seeking staff from particular professional backgrounds. **d.** expand the use of telehealth, including acute psychiatric review, tele-psychology and tele-psychiatry, and remote monitoring and medication management **e.** Ask the continuing joint regional working group on mental health to identify and promote discussion on ways of responding to the needs of newly emerging communities at risk within the region, where there is a spike in mental health or suicide presentations.

SHORT FORM CONSULTATION DRAFT

9. Build the capacity and confidence of the mental health workforce to achieve the actions in this plan through embedding a culture of collaboration and integration.	**Rationale** – A strong and capable workforce with an imperative to achieve integrated service delivery is vital to delivering the plan. All three organisations face shortages now and into the future of key mental health workforce, and problems with morale, and skill deficits can significantly impact on consumer care. A shared workforce strategy to regular review deficits in availability and skills of the workforce and to promote capacity and confidence will be important to effective planning and service delivery within the region. GP capabilities to support people with mental illness will be vital to this strategy, as will addressing stigma towards mental illness in the broader health and non health workforce. There is an overall lack of key mental health professionals such as psychiatrists in the catchment. There is an uneven distribution of mental health clinicians such as psychologists and mental health nurses within sub-regions of the catchment which impacts on access to services. **Desired Outcome** – A collaborative approach to delivering the integrated services consumers need will be embedded in the culture of the three organisations and the siloed approach to service delivery should become a thing of the past. A joined up approach to workforce planning, recruitment and capacity building will underpin service development. Mental health professionals in the region should be skilled, confident and required to work as part of a joined up system. Peer workers should play a key role in helping to link the role of GPs and specialist services in meeting the needs of people with mental illness. **Key actions** ISLHD, SNSWLHD and COORDINARE will: **a.** Collaborate regularly on the future workforce needs of the region, and ways of jointly addressing short and long term workforce shortages and skill deficits, including through competency based approaches to job descriptions. **b.** Embed expectations of joined up service delivery and clear communication between in-patient services, specialist community mental health services, GPs and other primary care services and NGO support services in formal descriptions of duties and service expectations. **c.** Promote opportunities for professional networking, mentoring, career advancement and skill development, including through proposed new local collaborative networks, to assist staff to transition to new collaborative arrangements. **d.** Build capacity of GPs and other primary care providers to identify escalation of symptoms and to recognize markers of deterioration and suicide risk in partnership with specialist community mental health services and psychiatric liaison support. **e.** Liaise on establishment of arrangements to ensure the expanding peer workforce receives necessary support, governance and career pathways and is embraced as part of the multidisciplinary team, within both primary care and LHD mental health services. **f.** Explore opportunities for workforce exchange to support professional development and better longer term networking **g.** Seek opportunities to address stigma in the broader health workforce regarding mental health issues, and raise capacity of other services to respond to the needs of people with mental health problems. **h.** Promote use of on-line treatment modalities by workforce

SHORT FORM CONSULTATION DRAFT

A proposed phased approach to integration and implementation

Year	Integration and governance	Suicide prevention	Mental health	Workforce	Measuring progress
2018 / 2019	• Information sharing and detailed service mapping • New local governance in place to support the plan (including consumers) • Continued regional working group	• Continued rollout • of Illawarra Shoalhaven suicide prevention collaborative and new Southern suicide prevention collaborative and plan. • MOUs/ agreements to embed/clarify • Aftercare referrals • following suicide attempt	• Renewed commitment to planning local collaboration in areas of shared service delivery (complex, youth) • Focus on promoting digital services	• Expand and support peer workforce • Strategies for better local networking and communication • Expectations of collaboration embedded in employment and service contracts	• Trial of 2-3 key innovative projects commences • Baseline information gathered • First annual report with focus on groundwork
2019 / 2020	• Joint needs assessment - gap analysis and systematic planning for coordinated service delivery	• Review of Lifespan and of suicide attempt Aftercare. Implementation of Southern plan	• New joint activity commenced and planned informed by needs assessment and national planning tools	• Joint workforce plan developed informed by national planning tools	• Review of innovative projects • Second annual report
2020 / 2021	• Implement coordinated service delivery	• Implementation of new strategies arising from review	• Commence collaborative engagement of other sectors	• Peer worker role in supporting coordinated delivery	• Mid term review of plan as part of third annual report
2021 / 2022	• Shared client data records and interoperable systems, performance management	• Renew and continue suicide prevention activity collaboratives	• Implement new strategies and joint projects (beyond health)	• Potential innovative funding models for workforce	• Fourth annual report • Commencing final evaluation
2022 / 2023	• Shared funding models implemented. Consumers in centre of care	• Joined up approach to preventing and responding to suicide helps to reduce impact of suicide in region	• Integrated system and pathways for mental health services with links to other sectors	• Workforce feels supported and optimal use of available workforce resources is achieved	• Evaluation to inform future shared planning arrangements

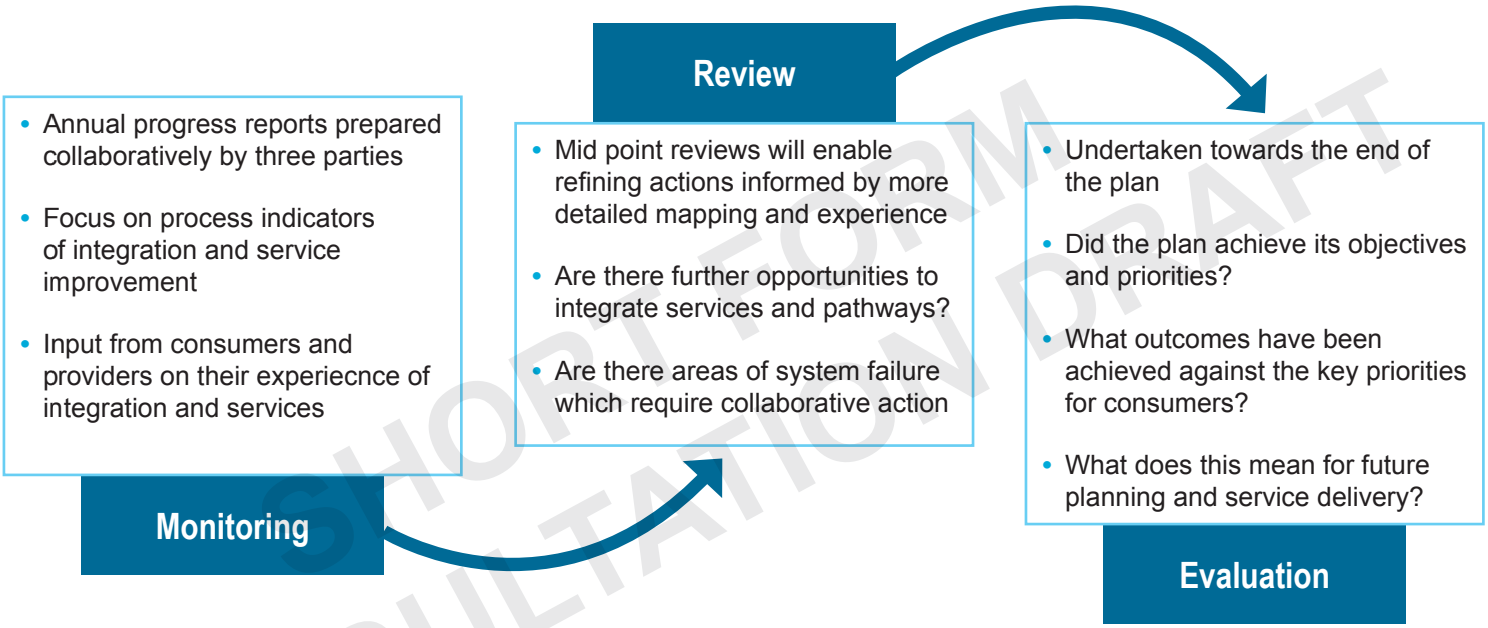
SHORT FORM CONSULTATION DRAFT

Measuring our progress - How will we know we have made a difference?

COORDINARE, ISLHD and SNSWLHD will measure progress against the plan and review and evaluate the effectiveness and sustainability of actions at key milestones to inform future activity. A key focus of this measurement will need to be on whether systems and tools are available to support collaborative action as well as on how joined up actions have impacted consumer care and the workforce.

It is not intended that monitoring and evaluation activity should duplicate or replace existing reporting and review obligations or place additional unreasonable or resource intensive reporting obligations on services. Instead it should harness information available to the three organisations and capture the ongoing input of both service users and the workforce delivering services to achieve integration and shared service development have been achieved.

In general monitoring will inform regular review and refinement of actions and activities, and support moving to more joined up approaches to service planning and development through a phased approach, as the below diagram outlines.



SHORT FORM CONSULTATION DRAFT

Monitoring activity in relation to the plan will take place through an annual report towards which all three organisations will contribute. The report will address:

- Progress against the key priority areas and actions
- Progress in putting in place the foundations and infrastructure to support collaborative planning, such as local governance
- Progress towards integrated service planning and development such as joint needs assessments or new collaborative service models at a local level.
- Areas of emerging need and shared concern for which collaborative action is required.
- Perceived progress against process indicators.

The report will report against a small number of process indicators:

- Extent to which consumers perceive services to be better linked together
- Extent to which service providers and workforce perceive

Review activity will be informed by more detailed mapping and shared needs assessment foreshadowed in the summary implementation strategy and by the outcome of early trials of integrated service delivery. As more detailed information becomes available about the nature of needs, and the efficacy of shared actions to address them, the actions within the plan may be revised or extended.

Evaluation of the plan will take place at the end of the five years. This evaluation will draw information from all three organisations against both process and outcome indicators and consider whether the overall objectives of the plan have been achieved. The evaluation will also inform future planning activity. Baseline information collected for the preparation of this plan and through more detailed mapping in the first year of its implementation will help to inform this evaluation.

Shared measurement strategies may also provide a more accurate picture of how different service systems are working together to support consumers. For example, follow- up after discharge from hospital following presentation for suicide attempt or crisis can be provided by either LHD or primary care provided services. Measurement of performance in this area should pick up both types of follow-up – at present it may focus solely on follow-up by LHD funded services, which may present a disincentive for collaboration.

A small number of key performance indicators (KPIs) have been developed to assist the focus of monitoring and evaluation activity. A difficulty faced in regional plans of this nature is that there are limited measures and information on the integration of care between primary care and specialists care and Commonwealth/state funded services, as the Fifth National Mental Health Plan has observed. The Fifth Plan has given priority to developing better information and measures of integration. These measures may help to inform measurement efforts over the life of this regional plan.

For the purpose of this plan, 16 indicators are suggested, broken into four key areas of focus. The first three groups are largely process indicators and include consumer indicators, workforce indicators, system wide indicators particularly focusing on integration. The fourth category presents a small number of core outcome indicators to support the final evaluation, in which all three organisations have a keen interest. Some indicators address more than one priority area.

Consumer indicators:

- Proportion of mental health consumers who report a positive experience of care (Source – YES survey)
- The number/proportion of people with severe and complex mental illness in the region who have a single multiagency care plan.
- The proportion of people with severe and complex mental illness who receive regular physical health checks.

Workforce indicators

- Proportion of the total mental health workforce accounted for by the mental health peer workforce.
- Reported confidence and satisfaction of regional mental health workforce
- Number of specialised mental health professionals (psychiatrists, clinical psychologists, mental health nurses) providing services in rural locations.

System indicators

- The proportion of presentations to hospital for a suicide attempt for which there was a follow-up in the community within an appropriate time after discharge by either primary care or LHD funded services.
- The proportion of consumers who report that their services are linked together
- Proportion of service organisations offering or promoting on-line or telehealth services as part of their care.
- The proportion of admissions to a specialized mental health unit that are followed by an unplanned readmission within 28 days of discharge

Outcome indicators

- Proportion of adults over 18 with very high levels of psychological distress
- Proportion of Aboriginal and Torres Strait Islander people with very high levels of psychological distress,
- The number of people with a mental illness who have been hospitalised for an avoidable physical illness in the previous 12 months
- Number of suicides per 100,000 population.

CONSULTATION DRAFT
SHORT FORM

SHORT FORM
CONSULTATION DRAFT

FOR MORE INFORMATION:

COORDINARE – South Eastern NSW
Phone: 1300 069 002
Website: www.coordinare.org.au
Email: info@coordinare.org.au