



NSW: A new direction for **Mental Health**



NSW DEPARTMENT OF HEALTH

Locked Mail Bag 961
North Sydney NSW 2060
Tel. (02) 9391 9000

www.health.nsw.gov.au

Published by © NSW Department of Health 2006.

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the NSW Department of Health.

SHPN (CMH) 060086
ISBN 0 7347 3952 4

Further copies of this document can be downloaded from the NSW Health website: www.health.nsw.gov.au

June 2006



Premier's foreword

The day I became Premier I pledged my Government would do more – much more – to help those who live with mental illness.

The NSW Government has already significantly boosted funding and released the *Interagency Action Plan for Better Mental Health* – a whole of government approach to providing clinical and support services to improve care for people with mental illnesses.

However our efforts to improve the system can not stop with our own State public services. This is why I took the issue to the Council of Australian Governments. NSW is working to secure a National Action Plan on Mental Health that will strengthen Commonwealth, State and non-government services and ensure they form part of a more connected care system.

New South Wales: A New Direction for Mental Health is a plan to transform and uplift the State's mental health services.

We're also backing this plan with a revolution in the way mental health services are delivered.

We will provide more community care and early intervention so that problems are identified and managed earlier instead of escalating into acute episodes that require hospitalisation.

People with a mental illness deserve continuity of care and a more seamless delivery of services, and that is what we are committed to provide.

We will therefore build stronger links between the public, private and community sectors, between hospitals and GPs, and between the State and Federal Governments.

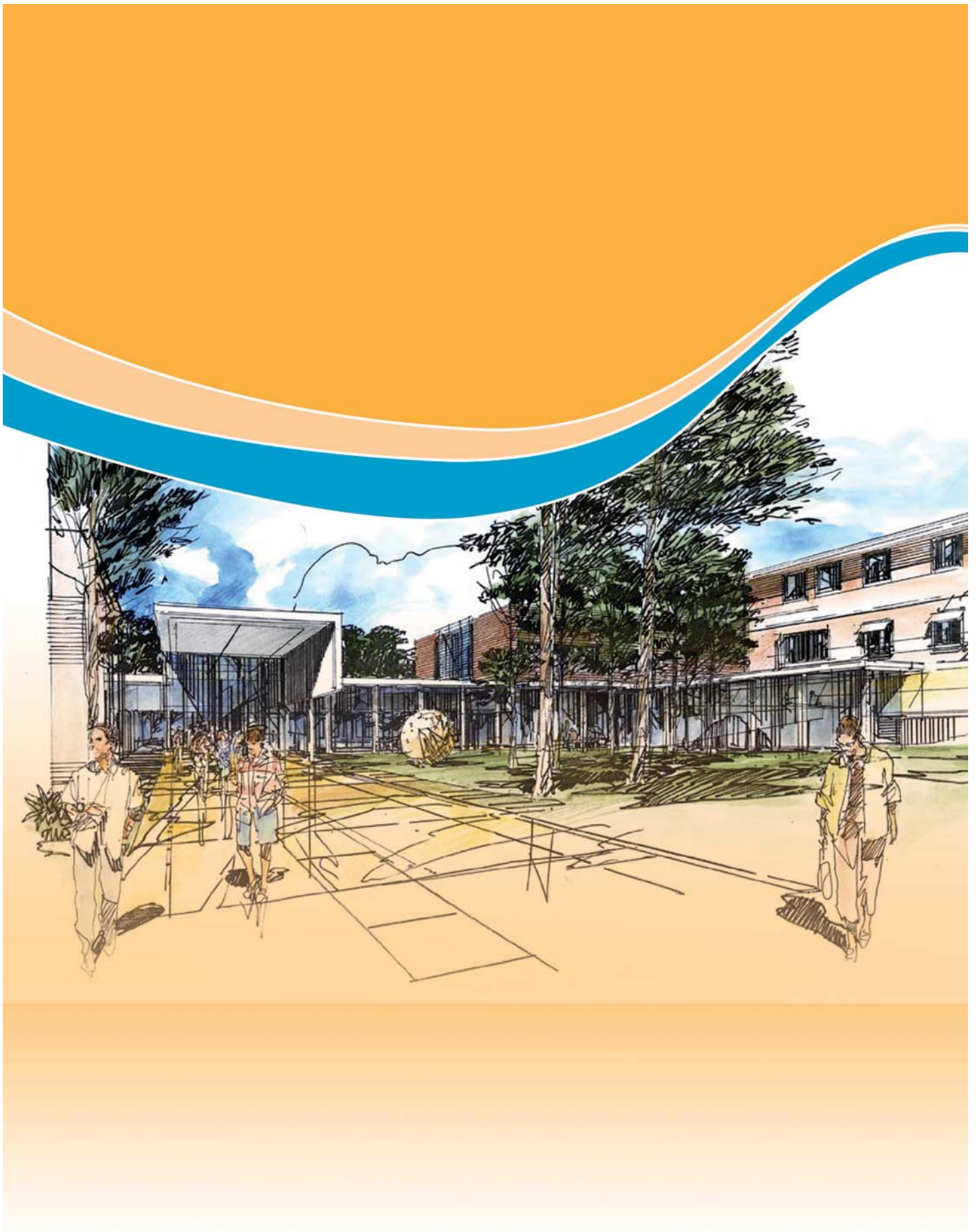
We will also invest in attracting and retaining our mental health workforce.

Our investment over the next five years will deliver more services, earlier, and provide better support for families.

Above all, our plan is a statement to those who live with a mental illness – and to their families and carers – that we have heard your voices, we have responded to the call for change.

I warmly commend *New South Wales: A New Direction for Mental Health* and sincerely thank all who made it possible. Together we are bringing new hope and better days in place of the neglect and decline of the past.

The Honourable Morris Iemma
Premier of NSW

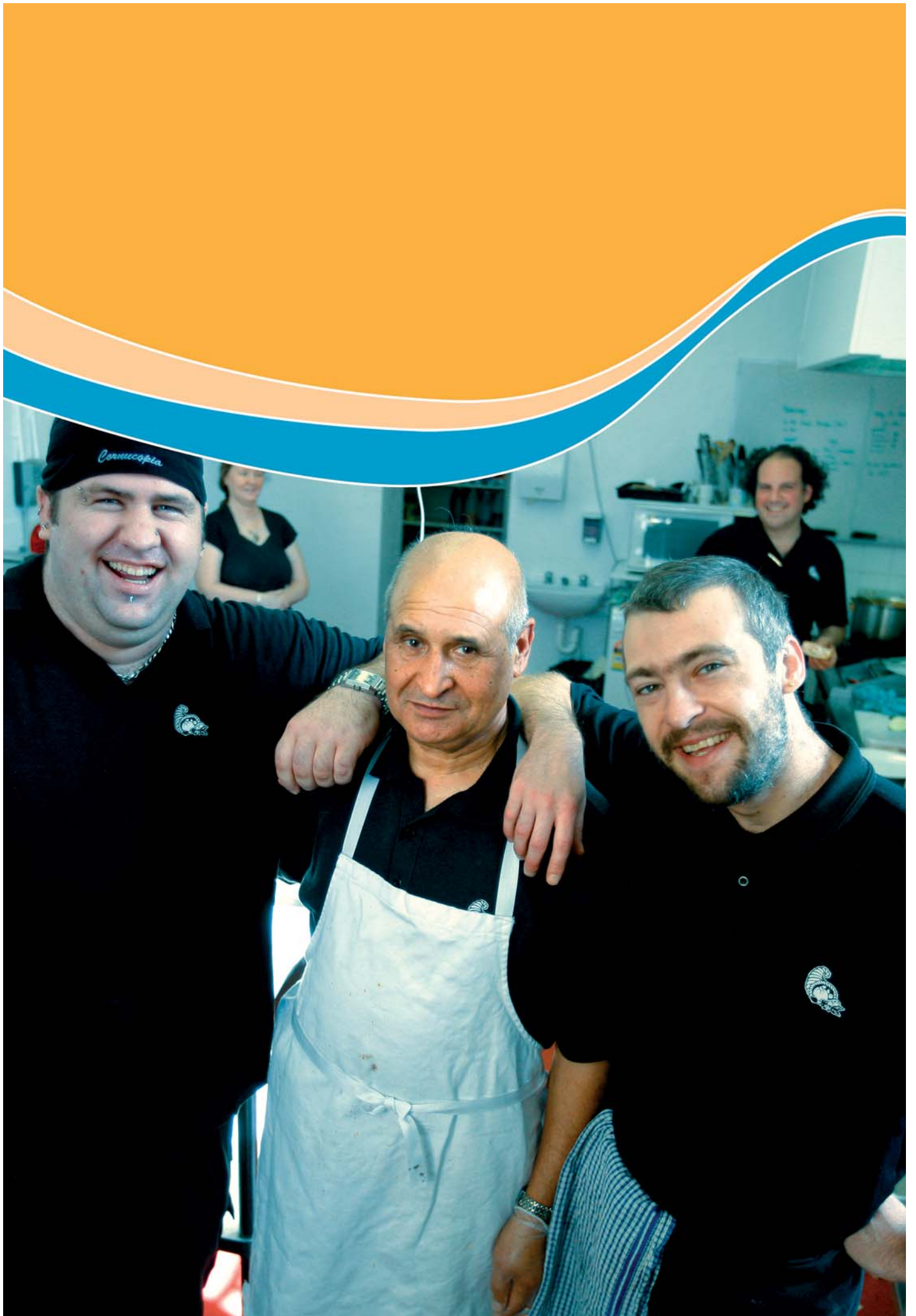


Liverpool Mental Health Unit opened February 2006



Contents

Ministers' foreword	1	Workforce development	15
The need for change	3	What will we do?	15
A snapshot of mental health services investing in mental health.....	3	What we will build on	16
A new direction for mental health services	5	How will we know if our programs are working?	17
The HASI program	5	Appendices	
Investing in mental health	7	Appendix 1	
The five year plan	7	Mental Health five-year recurrent funding.....	19
Where will the funding be invested?.....	7	Appendix 2	
What we want to achieve	8	Mental Health capital works	20
Where we will place our effort	8	Appendix 3	
Promotion, prevention and early intervention	9	COAG Mental Health five-year funding.....	21
What will we do?	9	List of figures	
What we will build on	10	Figure 1. Estimated numbers of people with mental illnesses by severity	4
Improving and integrating the care system	11	Figure 2. Standardised suicide rates, by year of registration, NSW vs. Australia 1991-2004	4
What will we do?	11		
What we will build on	12		
Participation in the community and employment, including accommodation	13		
What will we do?	13		
What we will build on	14		





Ministers' foreword

'*New South Wales: A New Direction for Mental Health*' is a five-year plan to provide earlier and better access to a greater range of services than has ever been provided by public mental health services in NSW.

The NSW Government is committed to supporting more people with a mental illness and their families.

This new plan direction is significant in that for the first time it aims to balance hospital focused care with community care.

Strong community mental health services are critical to delivering effective mental health services for people of all ages, and their families and carers.

'*New South Wales: A New Direction for Mental Health*' also outlines how extensive NSW public mental health services are – we provide treatment for the full range of mental illnesses, from non-acute to emergency situations, as well as for children, adults and older people.

A \$939 million program over the next five years will commence with \$149 million in additional funding in the 2006/2007 financial year.

The five-year plan includes \$338 million of new recurrent funding enhancements for initiatives and expanded services that will commence in 2006/07, following the \$263 million in spending enhancements announced by the Premier as Health Minister.

Having placed mental health on the national agenda at the recent Council of Australian Governments, NSW continues to take the lead in pursuing stronger and better connected services for people with mental illness.

'*New South Wales: A New Direction for Mental Health*' aligns and delivers on the commitments made by all Australian governments earlier this year to significantly increase investment in our mental health services.

Handwritten signature of John Hatzistergos in black ink.

John Hatzistergos
Minister for Health

Handwritten signature of Cherie Burton in black ink.

Cherie Burton
Minister Assisting the Minister for Health
(Mental Health)





The need for change

Mental health problems can affect any of us at any age. They can have a devastating impact on our lives, as well as those of our families and friends.

The wider community is affected in many ways, and the economic and social cost is great.

Across Australia, the levels of psychiatric distress are rising. Levels of acuity are also rising.

Reasons for this change are yet to be fully understood but may include increasing work and financial demands, changes in social supports, increasing inequality, and changes in drug and alcohol use.

A snapshot of mental health services in NSW in 2006

- > There were approximately 1.1 million people who experienced a mental illness in NSW in 2005-06.
- > About 170,000 or two to three per cent had a severe mental illness.
- > Mental health units in NSW hospitals managed approximately 26,000 overnight admissions in 2004-05.
- > Community mental health services in NSW made 2.3 million clinical interventions each in 2004-05.
- > The suicide rate was 8.6 per 100,000 in 2004 – the lowest in 50 years.
- > In 2005-06, the dedicated mental health recurrent budget was \$854 million. Almost half the budget is dedicated to community mental health services.

Despite improvements in access to mental health services, there is still an enormous demand for a wide range of care and support services for people with mental illness.

People with a mental illness are still at greater risk of homelessness, of contact with the criminal justice system and still have a below-average life expectancy.

This demand cannot be met without enhancing services, and making better use of the full range of services offered by NSW and Commonwealth Governments, and the private and non-government sector.

This was the basis for NSW setting the agenda for improvement in mental health at the Council of Australian Governments' meeting in February 2006.

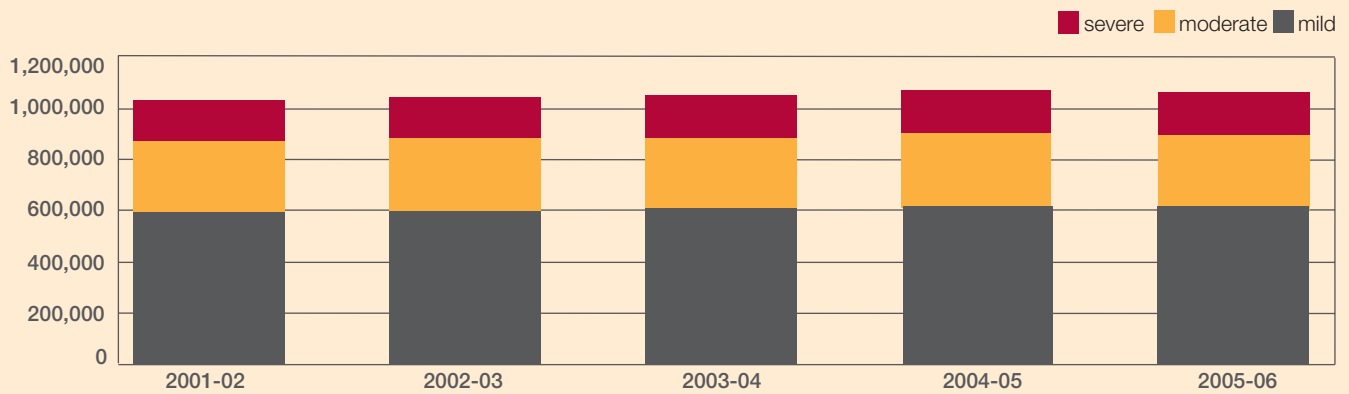
The Commonwealth Government responded with a \$1.8 billion funding enhancement over five years, calling on the states to match on a pro-rata basis their funding commitment.

This document details the NSW Government's plan.



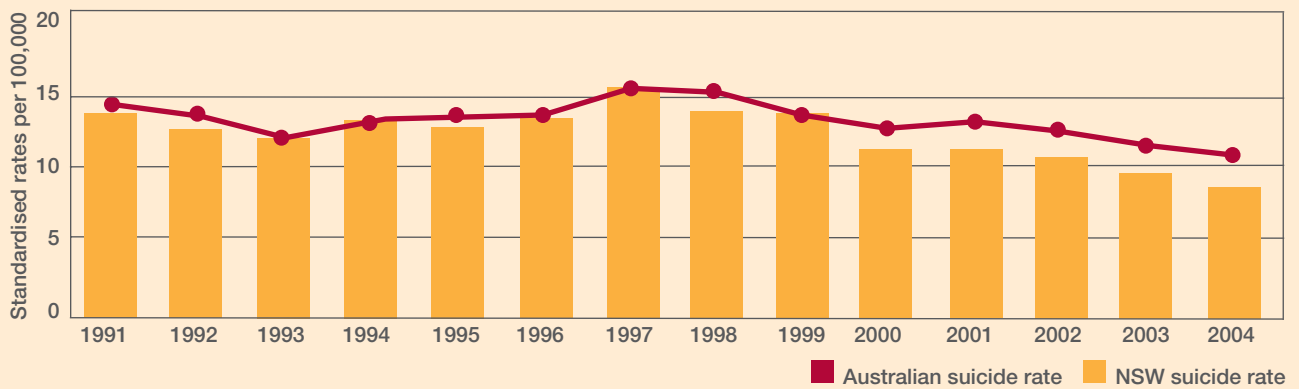


Figure 1. Estimated numbers of people with mental illnesses by severity



Source: NSW Health Department Mental Health Clinical Care and Prevention (MH-CCP) model, version 1.11

Figure 2. Standardised suicide rates, by year of registration, NSW vs. Australia 1991-2004



Source: Causes of death, Australia 2003 and 2004, ABS, Catalogue Number 3303.0, ABS Information Paper – Suicides 2001



A new direction for mental health services

Local and international research shows that community based mental health care is not only cost effective, but also as clinically effective as inpatient care. Community mental health care has been shown to result in higher self-reported quality of life and service satisfaction ratings among service users.

The NSW Government will provide more community care and early intervention so that problems are identified and managed earlier instead of escalating into acute episodes that require hospitalisation.

People with a mental illness deserve continuity of care and a more seamless delivery of services. We will therefore build stronger links between the public, private and community services, between hospitals and GPs, and between the State and Federal Governments.

For example, the Housing Accommodation Support Initiative (HASI), which currently supports over 700 people, has shown effective community-based mental health services can lead to improved circumstances for clients.

HASI is a unique partnership between the NSW Department of Housing, the NSW Department of Health and the mental health non-government sector.

The NSW Government will develop community mental health services with a strong early intervention and recovery orientation with a view to achieving the best possible clinical, social, functional and general health outcomes for consumers, their families and carers.

The HASI program

The second evaluation report found that almost half of clients reported that substance abuse was no longer an issue for them.

One man spent 18 months in hospital prior to joining HASI and his mental illness was compounded by a history of drug and alcohol abuse, and he rarely left his home. After 12 months on the program, he said:

“I’m living a life now. I was in so much emotional pain in the past I didn’t want to live anywhere. It wasn’t until now that these people have got me into a lifestyle which I enjoy. I’m living a life and I enjoy it. I never had that before.”

An independent evaluation by the University of NSW found that for the first 118 entrants to the HASI program:

- > **90 per cent** had a reduction in hospitalisation in the first year
- > **85 per cent** had successfully maintained their tenancy
- > **72 per cent** had made new friends since joining the program
- > **92 per cent** of clients were regularly seen by their case manager
- > **89 per cent** were still in contact with their psychiatrists.





Investing in mental health

This plan details the additional investment that will be made to significantly expand the capacity of our services so that the right care can be provided at the right time.

In 2006/07, the NSW Government will spend over \$1 billion on services for people with mental illness. These programs span health services, the justice system, and housing and supported accommodation. On top of this, the NSW Government will also resource our police force and child protection workers to respond to the crisis situations that can arise when people are affected by acute mental illness.

A \$939 million program of additional expenditure will be implemented over the next five years, commencing with \$149 million in the 2006/07 financial year. This five-year program comprises:

- > **\$338 million in new additional recurrent funding** commencing in the 2006/07 Budget
- > **\$263 million in additional recurrent funding** previously announced
- > **\$338 million in capital works**, including additional funding for new capital works, works-in-progress, and privately financed projects.

The five year plan

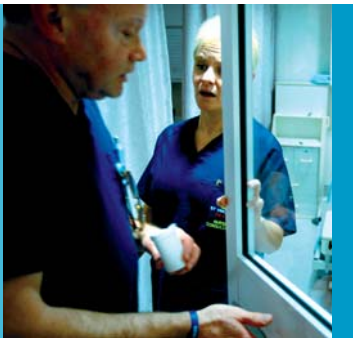
This five year plan includes a significant boost to a range of programs across government, comprising an additional:

- > **\$102 million** for prevention, promotion and early intervention
- > **\$712 million** to improve and integrate the care system
- > **\$114 million** for enhancing participation of people with mental illness in the community, including more stable accommodation
- > **\$11 million** for workforce development programs.

Where will the new funding be invested?

In a significant shift in policy, of the new \$338 million of additional funding to commence in the 2006/07 Budget, \$279 million is for community based care. This funding will be invested in:

- > community rehabilitation services (\$41.5 million)
- > 24 hour community outreach services to respond to emergencies (\$51.4 million)
- > new youth mental health services (\$28.6 million)
- > expanded services for older people with age related mental illness (\$37.3 million)
- > a 24 hour state-wide access line to be staffed by mental health professionals (\$26.3 million)
- > a traineeship program for additional Aboriginal mental health workers (\$6.6 million)
- > new dual diagnosis services and better integration of drug and alcohol and mental health services (\$17.6 million)
- > community forensic services (\$6.5 million)
- > NGO supported accommodation services (\$49.7 million)
- > support for families and carers (\$13.5 million).



What we want to achieve

- > Reduce the prevalence and severity of mental illness.
- > Reduce the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery.
- > Increase the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time.
- > Increase the focus of services on coordinated care in the community and early intervention.
- > Increase participation of people with a mental illness in the community, employment, education and training.
- > Increase the availability and stability of accommodation for people with a mental illness.



Where we will place our effort

Consistent with the plan which the NSW Government took to the Council of Australian Governments in February 2006, the NSW Government aims to achieve change through four areas of effort:

1. Promotion prevention and early intervention across the lifespan

Building resilience, raising community awareness and treating mental illness as early as possible to reduce long-term disability.

2. Improving and integrating the care system

Improving the linkage between inpatient and community health services and their linkages to GPs, community support, supported accommodation, social support services and other key service partners.

3. Participation in the community and employment, including accommodation

Helping people live a quality life with stable housing and opportunities to participate in employment and education.

4. Better workforce capacity

More doctors, nurses and allied health professionals so that services are available when needed.



Promotion, prevention and early intervention

The NSW Government recognises the importance of activities to promote better mental health for everyone, prevent and minimise risk factors and intervene early to improve treatment outcomes.

The NSW Government is working in partnership with stakeholders to increase community awareness and knowledge of ways to promote good mental health and reduce stigma.

We are implementing programs that build resilience in young people, reduce the risk factors associated with drug use, and intervening early with high-risk families.

What will we do?

In 2006/2007, the NSW Government will invest **\$18.1 million** in promotion, prevention and early intervention programs. Over the next five years, we will spend an additional **\$102.2 million in new funding**.

These programs comprise:

- > **\$10 million to expand university-based research** including: \$6 million for the Brain and Mind Research Institute to conduct research and provide clinical outreach services; and \$4 million for the University of NSW to further their research into schizophrenia, depression and anxiety disorders.
- > **\$28.6 million to develop tertiary mental health treatment services for young people 14-24 years of age**. These services will focus on intervention at the early stages of their serious mental illness and effective evidence based treatment, bringing together specialist youth mental health treatment services, general practitioners, drug and alcohol workers and other relevant services in a one-stop shop.

A pilot program will commence in Gosford in 2006 and will be progressively implemented in other Area Health Services.

In South West Sydney, a team with drug and alcohol and mental health expertise will visit youth services to provide assistance and support in working with young people with co-morbidity issues.

- > **\$37.3 million to expand specialist community mental health teams to provide assessment and treatment for older people** with mental illness and age-related mental health problems.

This program will build on 2005/06 budget enhancements for older peoples mental health community teams and community-based programs and operate in partnership with aged care services, GPs and other key service partners.

- > **\$26.3 million for a 24-hour NSW mental health telephone advice, triage and referral service**, staffed by mental health clinicians. This will link into the National Health Call Centre agreed to by the Council of Australian Governments.



What we will build on

Since 2003, we have:

- > Trained more than 2,000 school and TAFE counsellors, mental health workers and psychologists from the Department of Juvenile Justice and the Department of Community Services under the School-Link Training Program focussing on collaborative approaches to managing adolescent depression and related disorders.
- > Provided early psychosis services across NSW for young people with early onset psychosis. Services include outreach, family support and individual and group interventions.
- > Developed a suicide risk assessment and management framework to improve the capacity of all NSW Area Health Service staff who play a key role in early detection and intervention with people who are a risk of suicide. An electronic learning package has been developed and is being rolled out across NSW.
- > Conducted Mental Health First Aid Training courses across NSW to increase the community's knowledge, awareness and confidence about mental illness and to teach appropriate responses to people with mental health problems. For example, the NSW Department of Housing and NSW Department of Community Services are providing courses to their employees.
- > Trained more than 1,000 health professionals and 4,000 parents in Positive Parent Training through the NSW Mental Health Parenting Program.
- > Established the Mental Health Infant Perinatal Care Program, which aims to screen all pregnant women to identify the risk of, or existing mental health problems including depression, and provide services for those families.
- > Implemented the Suicide Prevention for Older People Training Manual. This is a guide to assist mental health educators across the state to prevent and detect depression and prevent suicide deaths in older people.
- > Piloted My Health Record, a personal health record held by the consumer to assist them and their families and carers to be more informed partners in the management of their illness across multiple care providers.
- > Established Australia's first Chair of Schizophrenia Research together with the Neuroscience Institute of Schizophrenia and Allied Disorders and the University of New South Wales.
- > Developed a resource kit to support professionals working with the children of parents with a mental illness to address the stigma surrounding mental illness which can affect these young people.
- > Provided \$3.2 million per annum to expand specialist community mental health teams to provide assessment and treatment for older people with mental illness and age-related mental health problems.
- > Implementation of dual diagnosis early intervention programs, targeting young people, Aboriginal men and women at risk of homelessness.



Improving and integrating the care system

An effective, integrated care system for people with a mental illness provides the right care at the right time, to avoid the escalation of illness and to promote recovery.

This plan aims to improve and integrate the care system by significantly expanding the capacity of our services so that they can meet escalating demand. It also strengthens the connections between services, particularly building better links with the private primary care sector, Commonwealth and non-government service providers.

Implementation of the NSW Interagency Plan for Better Mental Health is already showing results in this area. New partnerships have emerged between government agencies responsible for delivering services. Stronger relationships have also formed with the non-government sector, the research community, general practitioners and consumers, families and carers.

These partnerships have flourished through new programs, such as Housing Accommodation and Support Initiative, alternative transport arrangements in rural areas to free up police resources, and shared care arrangements with GPs.

Recent funding enhancements are increasing access to services – more beds have opened and more community services provided with additional staff. This plan significantly builds on previous investment.

What will we do?

In 2006/2007, the NSW Government will invest **\$115.5 million** in programs that improve and integrate the mental health care system.

Over the next five years, we will spend an additional **\$712 million** in new funding.

These programs include:

- > **\$51.4 million for Community Mental Health Emergency Care.** This will fund an additional 65 specially trained professionals to respond to out of hours emergency and acute community responses across the State by 2007/08, and doubling by 2009/10.
- > **\$6.5 million to enhance community forensic mental health services** to provide assessment, court diversion, discharge planning from custody and case management of difficult adults and adolescents with a mental illness in contact with the criminal justice system.
- > **\$17.6 million to better integrate mental health services** with drug and alcohol services and trialling new interventions. This includes

specialist support for offenders and young people, and the trial of methamphetamine treatments.

In 2006/07, 20 new graduates will be placed with drug and alcohol and mental health services to strengthen the workforce and build relationships across the two areas.

Funding will support new positions that provide specialist drug and alcohol advice and assistance to mental health services and emergency departments.

- > **Establish Integrated Primary and Community Care Services** together with General Practitioners to provide integrated, multi-disciplinary services. Some of the initial IPCCs will focus on mental health and drug and alcohol services. General Practitioners in these services will work closely with local community, drug and alcohol and mental health services.



- > **\$5 million to assist people with mental illness in correctional centres** who are exhibiting challenging behaviours.
- > **\$151.7 million to increase the number of acute and non-acute beds.** An additional 300 mental health beds have been planned and will be opened over the next three years.
- > **\$172 million to build and operate a new forensic facility** at Long Bay Prison.
- > **\$14.3 million to expand community based professional** mental health services including child and adolescent services.
- > **\$10.8 million to reconfigure seven 16-bed units across NSW** to operate as short-medium stay specialist assessment and treatment facilities for older people with severely and persistently challenging behaviours associated with dementia and/or mental illness.
- > **\$117 million for building new facilities** to accommodate new mental health beds including works at Lismore, Illawarra and Bloomfield Hospital
- > **\$23 million to St Vincent's Hospital** to redevelop and integrate mental health services with drug and alcohol services.
- > **\$117.4 million to refurbish and relocate** facilities at Concord, Gosford, Newcastle and Orange.
- > **\$5.8 million to establish Psychiatric Emergency Care Centres** at Major Metropolitan Hospitals such as Blacktown, Liverpool, Nepean, Campbelltown, Wollongong, Hornsby, Wyong, St. George and St Vincent's.

What we will build on

- > We have opened 283 beds since 2001.
- > Developed a rural critical care model, which includes 24/7 telephone triage for mental health emergencies and transport by health staff.
- > A Unique Patient Identifier process has been created and will be implemented in each Area Health Service to enable Area clinicians to access linked treatment and outcome databases for their patients.
- > Since 2002 an estimated 3,920 people have been diverted away from the criminal justice system into community care with the establishment of court diversion services in 22 local courts throughout NSW.
- > A 40 bed mental health-screening unit opened this year at the Metropolitan Remand Centre at Silverwater.
- > Establishment of a community forensic mental health service for people in contact with the criminal justice system.
- > Conducted 77 education and training workshops for 1,627 GPs about mental health issues and established local networks between community GPs and the public mental health services for the management of patients with a mental health problem. These workshops are being expanded to include a drug and alcohol component.
- > \$23 million in additional funding for community mental health services including the establishment of the Area Rehabilitation Program, providing individual rehabilitation and support programs which includes better integration across the care system.
- > \$6 million over four years for the development of older people's mental health services and service partnerships across NSW.
- > Two pilot partnerships services with residential aged care providers for people with severely and persistently challenging behaviours associated with dementia and/or mental illness.



Participation in the community and employment, including accommodation

Rehabilitation and support services promote recovery across all settings – inpatient to community – to enable patients to live their life to the fullest potential, avoiding unnecessary relapse and reducing the need for hospitalisation.

These assist patients to achieve independence, self esteem, housing stability, social and family connections, education and employment and a meaningful life in the community.

A major priority of the NSW Government is to enhance rehabilitation and support services for people with mental illness to participate in the community, education and employment.

This includes enabling people with mental illness to have stable housing by linking them with other personal support services. We will improve referral pathways and enhance links between clinical, accommodation, personal and vocational support programmes and expanding support for families and carers.

What will we do?

In 2006/2007, the NSW Government will invest **\$12.7 million** in programs that increase participation of people with a mental illness in the community, employment and education. Over the next five years, we will spend an additional **\$113.8 million** in new funding. Some of the programs include:

- > **\$58.8 million boost for the Housing Accommodation and Support Initiative**, in partnership with the Department of Housing and NGO sector. This will provide an additional 234 support packages to the 736 already funded. A significant proportion of this funding will be for individualised support packages for people requiring ongoing monitoring after inpatient care. In partnership with the NGO sector, this will help people re-settle in the community and prevent re-admission. In 2006/07, 100 of these support packages will be available. The Department of Housing will spend \$5 million of these funds on the leasing of properties to accommodate people participating in the Housing Accommodation and Support Initiative.

- > **\$41.5 million for community rehabilitation services**. This includes:

- extra clinical rehabilitation specialists that will provide assessments and options for people at the earliest stages of their disorder. This includes individualised plans for intervention, transition to community care and specialist psychosocial rehabilitation in the community.
- the introduction of Vocational Education Training and Employment (VETE) clinicians to provide individual assessments and intervention; preparation and support of VETE plans; linkages and advice on mental health issues for the client as required to Vocational Rehabilitation providers (CRS), employment services and Educational providers; and development of local service networks to facilitate referral and management options.
- the introduction of Recovery and Resource Services to increase the capacity of NGOs to provide quality social and leisure opportunities for people with a mental illness, based on best practices.



- > **\$12.2 million for an Aboriginal mental health workforce program** that will place local Aboriginal mental health trainees in mainstream community mental health teams to address the high and complex needs of Aboriginal people, and for Aboriginal people to better engage with mental health services.

This program is being expanded following a pilot in the Greater Western Area Health Service, which won the Premier's Public Service Award in 2005.

- > **An additional \$13 million for NGOs to enhance the NSW Family and Carer Mental Health Program** to work in a collaborative approach with Area Health Services across the state, to provide:
 - specialist clinical advice and a comprehensive range of support services for families and carers
 - education and training for families and carers
 - information for new carers about their rights and responsibilities
 - involvement of families and carers in assessment, care planning and discharge planning of a loved one
 - better access and referrals for families and carers to other community support services.

By suitably supporting carers and providing them with information we can achieve:

- > a reduction in psychotic symptoms.
- > increased management of and adherence to medication regimes.
- > improved resilience and coping skills in families and carers.
- > increased understanding of the mental illness affecting a loved one.

What we will build on

Since 2003, we have

- > Delivered 736 supported accommodation places through the HASI program.
- > Established the NSW Family and Carers Mental Health Program to fund non-government organisations and mental health services to provide education and support for families and carers. This \$3.6 million statewide program is the first of its kind in Australia. It is an evidence-based program to guide support for, and partnerships with, families and carers of people with mental illnesses and disorders across NSW.
- > Developed clinical networks with GPs and other service providers, including monitoring of referral pathways and establishment of a clinical contact point between mental health services and other care providers.
- > Trialled the Vocational Education Training and Employment program. This program aims to:
 - provide services in preparation of VETE plan
 - provide advice to vocation rehabilitation providers (CRS), employment services and education providers
 - develop local service networks to facilitate greater referral and management options.



Workforce development

A highly skilled, stable and well-supported workforce is crucial for leading the reforms necessary to enhance the quality, effectiveness and responsiveness of services.

Shortages exist across Australia and across all mental health professional groups, including mental health nurses and psychiatrists.

Workforce capacity

A package on this scale requires a significant boost to the State's mental health workforce – as well as a major enhancement of training and development programs for existing staff.

Workforce recruitment

The \$338 million package in new community health initiatives – which forms the centrepiece of the Government's package will require significant recruitment of new staff.

The Government will therefore recruit 425 new clinicians over five years, including more than 300 nurses (60 of whom will be Nurse Practitioners).

To help achieve the target of 300 nurses, we will provide 100 scholarships to upgrade Enrolled Nurses to Registered Nurses specialising in mental health.

The 425 new clinicians will be allocated to the following community programs:

Proposed projects	2006/07	2010/11
Aboriginal Mental Health Workforce Program	10	20
Community Mental Health Emergency Care	52	109
Youth Mental Health Model	13	63
Co-morbidity Package	25	25
Community Forensic Mental Health Services	8	8
Specialist Mental Health Services for Older People	36	95
Mental Health Community Rehabilitation Program	30	90
Older People's Transitional Behavioural Assessment and Intervention Services Unit	15	15
Total	189	425

What are we going to do?

In 2006/2007, the NSW Government will invest **\$2.2 million** in programs that increase the number of people working in mental health. Over the next five years, we will spend an additional **\$11 million in new funding**. The programs comprise:

- > Recurrent funding to train extra doctors in psychiatry.
- > Expanding uptake of General Practitioners in the GP procedural training Program in Mental Health.
- > New graduate and transition training programs for nurses and allied health staff that choose to work in mental health.
- > Provision of 600 undergraduate and postgraduate scholarships for mental health nurses.



- > Scholarships for five mental health nurses to support development of new models of care.
- > Mental Health Reconnect programs for nursing and allied health. Already 52 nurses have taken up jobs in mental health as a result of this program
- > Guaranteed employment for up to 50 NSW psychologists while undertaking the Clinical Masters course.
- > Development of locum networks to support rural mental health professionals to access professional leave.
- > Research on attraction factors to mental health careers.
- > School traineeships targeting careers in mental health.
- > Development of distance education qualification in mental health for enrolled nurses.

The NSW Government will continue working with the Commonwealth in:

- > maximising uptake of undergraduate registered nursing university places that major in mental health
- > encouraging psychologists to take up clinical psychology post graduate places
- > expanding capacity for post graduate opportunities for all professions in the mental health sphere
- > maximising opportunities for Commonwealth and state supported overseas trained specialist and registrar programs.
- > advocating for further increases in medical, nursing and clinical psychology training places in Universities to meet community needs.

What we will build on

- > Creation of brand new training networks for trainee psychiatrists starting in 2006. This initiative has already meant that 14 more doctors have now chosen psychiatry as their speciality on top the 204 already in training.
- > In all networks there is priority filling of rural positions with significant investment in local and state Network Directors of Training.
- > Rural scholarships are also available for doctors that choose to do more than one rotation in a rural area.
- > Government funded graduate certificate mental health nursing courses for up to 25 students.
- > A GP procedural training program that has seen 12 GPs upskill in mental health.
- > The Teams of Two project is specifically working to improve the skills of general practitioners in dealing with Mental Health and substance abuse problems. This project is being rolled out in all 38 Divisions of General Practice with 80 training events planned for 2006/07.

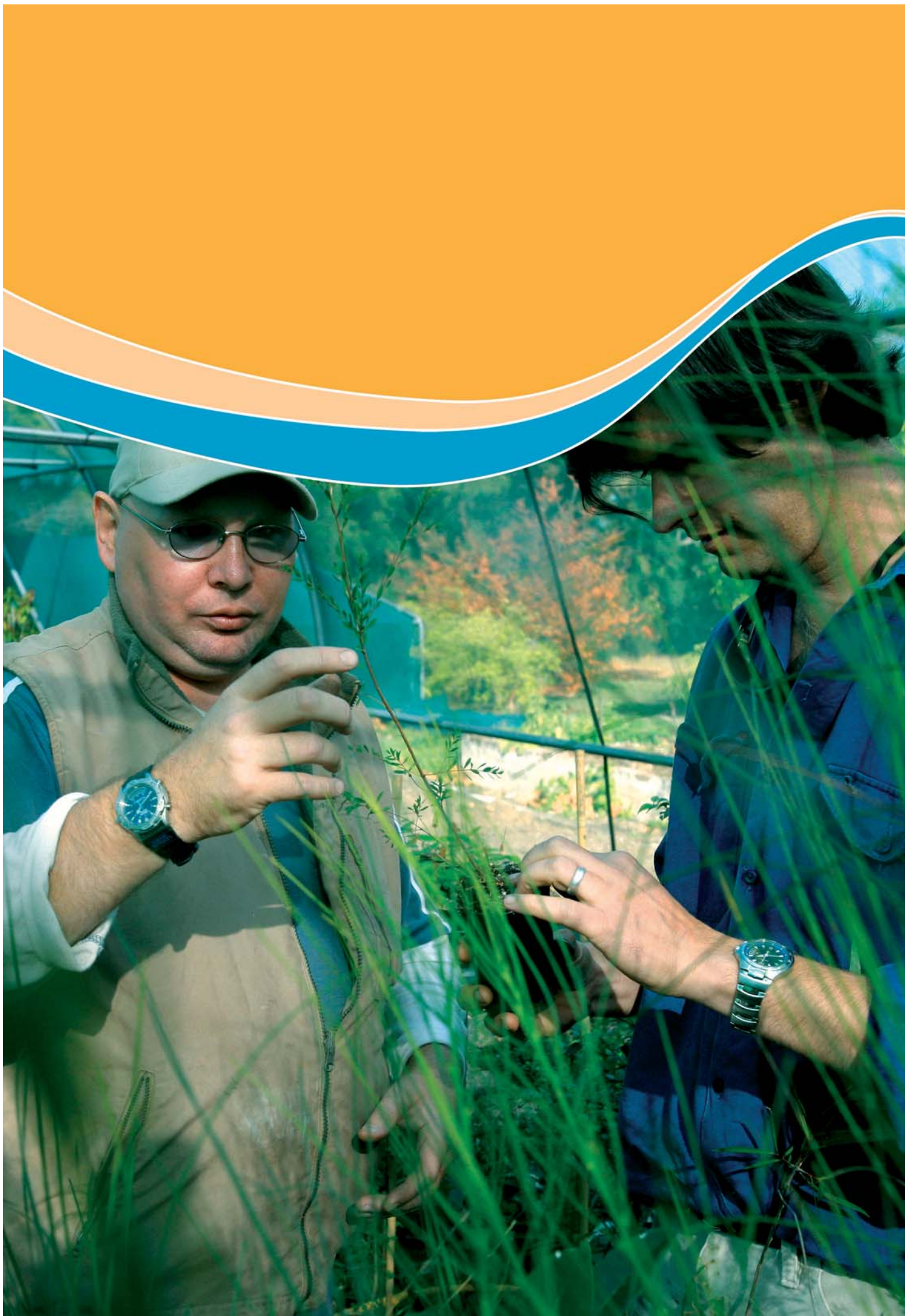


How will we know if our programs are working?

A range of processes have been identified that will provide an indication of the extent to which our initiatives are working.

We will need to be satisfied that improvement is occurring within NSW against the following measures:

- > the prevalence of mental illness in the community
- > the rate of suicide in the community
- > rates of use of illicit drugs that contribute to mental illness in young people
- > percentage of people with a mental illness who receive mental health care
- > mental health outcomes of people who receive treatment from NSW public mental health services
- > the rates of community follow up for people within the first seven days of discharge from hospital
- > re-admission to hospital within 28 days of discharge
- > participation rates by people with mental illness of working age in employment
- > participation rates of people with mental illness in education and training
- > prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
- > prevalence of mental illness among homeless populations.





Appendix 1

Mental Health

five-year recurrent funding

	2006-07	2007-08	2008-09	2009-10	2010-11	5 yrs
Enhancement of services with additional funding commencing in the 2006-07 Budget						
Expanding university-based mental health research*	10.0	–	–	–	–	10.0
Specialist youth mental health services	1.4	6.8	6.8	6.8	6.8	28.6
Specialist mental health services for older people	4.0	5.6	7.7	10.0	10.0	37.3
State-wide 24 hour mental health access by telephone	2.7	5.3	5.3	6.5	6.5	26.3
24-hour community mental health emergency care	6.8	6.8	10.7	13.6	13.6	51.4
Specialist assessment and treatment services for older people	2.2	2.2	2.2	2.2	2.2	10.8
Community forensic mental health services	1.3	1.3	1.3	1.3	1.3	6.5
Integration of mental health and drug and alcohol services	5.6	3.0	3.0	3.0	3.0	17.6
Capital grant for St Vincent's hospital to improve mental health services*	23.0	–	–	–	–	23.0
Mental Health Community Rehabilitation Program	3.8	5.3	8.4	12.0	12.0	41.5
Family and Carers Mental Health Program	1.5	3.0	3.0	3.0	3.0	13.5
Aboriginal Mental Health Workforce program	0.8	0.8	1.6	1.6	1.6	6.6
Expansion of the Housing Accommodation and Support Initiative Stage 4	5.5	11.0	11.0	11.0	11.0	49.7
Increasing mental health acute beds	3.0	3.0	3.0	3.0	3.0	15.0
Sub-total	71.5	54.0	64.0	74.0	74.0	337.7
Enhancement of services with additional funding announced in previous Budgets						
Increasing mental health acute and non-acute beds	14.5	30.5	30.5	30.5	30.5	136.7
Operating new forensic hospital at Long Bay prison	1.0	3.0	22.0	24.0	24.0	74.0
Building community-based professional services including child and adolescent services	1.5	3.2	3.2	3.2	3.2	14.3
Improving mental health clinical information and accountability	1.5	1.5	1.5	1.5	1.5	7.6
Workforce development	2.2	2.2	2.2	2.2	2.2	11.0
Aboriginal Mental Health services	0.7	1.2	1.2	1.2	1.2	5.7
Expansion of the Housing Accommodation and Support Initiative Stage 3	1.8	1.8	1.8	1.8	1.8	9.1
Corrective Services programs for inmates with mental illness and intellectual disability	1.0	1.0	1.0	1.0	1.0	5.0
Sub-total	24.2	44.5	63.5	65.5	65.5	263.3
Total recurrent	95.7	98.6	127.6	139.6	139.6	600.9

* These grants were provided in May 2006 for service enhancements to be delivered in 2006-07

Appendix 2

Mental Health capital works



	2006-07	2007-08	2008-09	2009-10	2010-11	5 yrs
New capital works and increase in scope						
Relocation of Mandala Mental Health Unit at Gosford Hospital	0.8	2.1	9.9	–	–	12.9
Bloomfield Forensic & Tertiary Mental Health Units	1.1	–	12.6	14.4	6.3	34.3
SES/Illawarra AHS Child & Adolescent Unit – Stage 3	0.5	5.5	2.3	–	–	8.3
Non Acute Mental Health Unit at Sutherland Hospital	2.1	3.3	1.1	–	–	6.5
Relocation of Rozelle Mental Health Facility (increase in scope)	5.3	15.9	1.4	–	–	22.6
Sub-total	9.8	26.9	27.2	14.4	6.3	84.6
Works-in-progress						
Lismore – Adult, and Child & Adolescent mental health units	14.2	12.1	3.0	–	–	29.3
Illawarra Older Persons Mental Health Unit	2.1	2.0	–	–	–	4.1
Non Acute Mental Health Unit at Coffs Harbour Hospital	1.9	3.2	2.3	–	–	7.3
Non Acute Mental Health Unit at Newcastle (James Fletcher Hospital)	1.9	1.7	4.7	–	–	8.2
Non Acute Mental Health Unit at St George	1.3	3.4	3.6	–	–	8.3
Non Acute Mental Health Unit at Shellharbour	1.3	1.9	4.2	–	–	7.4
Mental Health Stage 3A projects	3.2	–	–	–	–	3.2
Orange Hospital Redevelopment – Mental Health Component	0.4	0.4	7.0	12.0	4.1	23.9
Forensic Hospital at Long Bay (related capital works by the Department of Health)	0.9	1.2	0.1	–	–	2.2
Relocation of Rozelle Mental Health Facility*	11.2	11.1	0.9	–	–	23.2
Psychiatric Emergency Care Centre at Blacktown Hospital	1.1	0.3	–	–	–	1.3
Psychiatric Emergency Care Centre at Liverpool Hospital	1.1	0.3	–	–	–	1.3
Psychiatric Emergency Care Centre at Nepean Hospital	1.1	0.3	–	–	–	1.3
Psychiatric Emergency Care Centre at Campbelltown Hospital ^{1.3}	0.3	–	–	–	–	1.6
Psychiatric Emergency Care Centre at St Vincent's Hospital	0.4	–	–	–	–	0.4
Sub-total	43.3	37.9	25.8	12.0	4.1	123.0
Privately financed projects (value of Public Sector Comparator)						
Forensic Hospital at Long Bay	–	–	66.9	–	–	66.9
Newcastle Mater Hospital - mental health component	–	15.8	19.0	–	–	34.8
Prison Hospital - mental health component	–	–	28.5	–	–	28.5
Sub-total	–	15.8	114.5	–	–	130.3
Total capital program	53.1	80.6	167.4	26.5	10.3	337.9

* This excludes \$22.6m in increased scope to complete the transfer of tertiary beds from Rozelle



Appendix 3

COAG Mental Health five-year plan

	2006-07	2007-08	2008-09	2009-10	2010-11	5 yrs
Promotion, prevention and early intervention						
Expanding university-based mental health research*	10.0					10.0
Specialist youth mental health services	1.4	6.8	6.8	6.8	6.8	28.6
Specialist mental health services for older people	4.0	5.6	7.7	10.0	10.0	37.3
State-wide 24 hour mental health access by telephone	2.7	5.3	5.3	6.5	6.5	26.3
Sub-total	18.1	17.7	19.8	23.3	23.3	102.2
Improving and Integrating the care system						
Increasing mental health acute and non-acute beds	17.5	33.5	33.5	33.5	33.5	151.7
Operating new forensic hospital at Long Bay prison	1.0	3.0	22.0	24.0	24.0	74.0
Building community-based professional service including child and adolescent services	1.5	3.2	3.2	3.2	3.2	14.3
Specialist assessment and treatment services for older people	2.2	2.2	2.2	2.2	2.2	10.8
Improving mental health clinical information and accountability	1.5	1.5	1.5	1.5	1.5	7.6
24-hour community mental health emergency care	6.8	6.8	10.7	13.6	13.6	51.4
Aboriginal Mental Health Workforce program	1.5	2.1	2.9	2.9	2.9	12.2
Community forensic mental health services	1.3	1.3	1.3	1.3	1.3	6.5
Integrating mental health and drug and alcohol services	5.6	3.0	3.0	3.0	3.0	17.6
Capital grant for St Vincent's hospital to improve mental health services*	23.0					23.0
Corrective Services programs for inmates with mental illness or intellectual disability	1.0	1.0	1.0	1.0	1.0	5.0
Building new forensic and prison hospitals at Long Bay	0.9	1.2	95.5	-	-	97.6
Building mental health facilities to accommodate new mental health beds	29.7	33.1	33.6	14.4	6.3	117.0
Construction of mental health facilities to better integrate services at Gosford, Concord, Newcastle and Orange Hospitals	17.7	45.3	38.3	12.0	4.1	117.4
Building and expanding Psychiatric Emergency Care Units	4.8	1.0	-	-	-	5.8
Sub-total	115.9	138.2	248.7	112.7	96.5	711.9
Participation in the community and employment, including accommodation						
Expansion of the Housing Accommodation and Support Initiative (HASI)	7.3	12.9	12.9	12.9	12.9	58.8
Mental Health Community Rehabilitation Program	3.8	5.3	8.4	12.0	12.0	41.5
Family and Carers Mental Health Program	1.5	3.0	3.0	3.0	3.0	13.5
Sub-total	12.7	21.1	24.3	27.9	27.9	113.8
Increasing workforce capacity						
Workforce development	2.2	2.2	2.2	2.2	2.2	11.0
Sub-total	2.2	2.2	2.2	2.2	2.2	11.0
Total	148.8	179.2	295.0	166.0	149.9	938.9

* These grants were provided in May 2006 for service enhancements to be delivered in 2006-07

