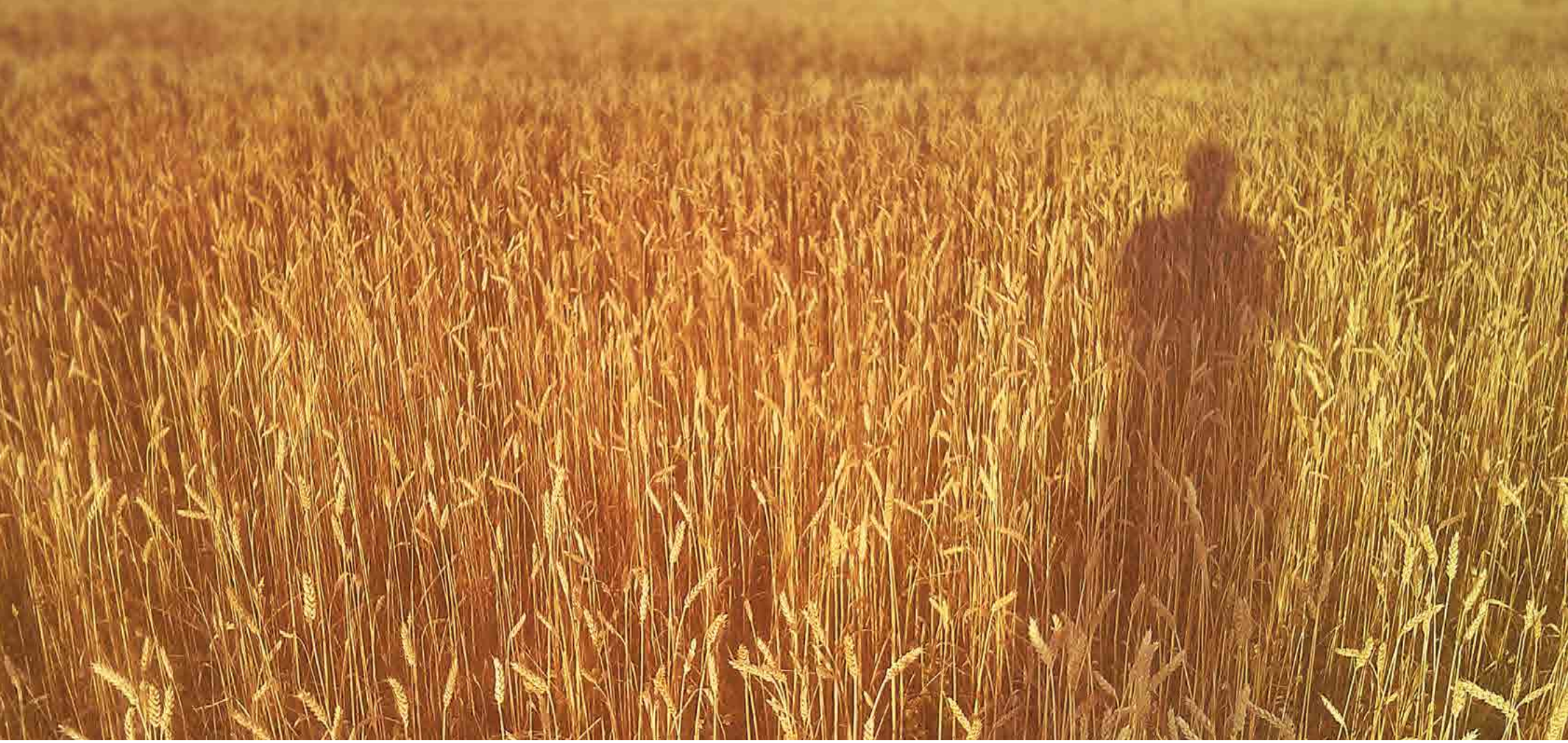

NORTHERN NSW

MENTAL HEALTH INTEGRATION PLAN

2015 - 2018

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ACKNOWLEDGEMENTS

"We acknowledge the oneness and equality of humankind in all its dimensions of race, gender, belief, preference and age. We recognise the magnificent diversity of humankind as a strength and precious gift. We see all forms of prejudice as a violation of human nobility and a barrier to building a more united society. We acknowledge the traditional custodians of Australia and their continuing connection to land, sea and community. We respect the elders past and present and express our heartfelt apology for the injustices endured by Aboriginal people of our nation. We will continue to strive, day by day, for our thoughts and actions to reflect these truths and sentiments."

COVER IMAGE: The Catcher in the Rye
https://www.flickr.com/photos/sagesolar/

FOREWORD

" NSW Agency for Clinical Innovation commends the Plan's Sponsor Group on the development of the Mental Health Integration Plan."

Chris Shipway
Director, Primary Care and Chronic Services
NSW Agency for Clinical Innovation

" This plan builds on the directions of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 by establishing a vision for collaborative and integrated action on mental health in Northern NSW. Local partnerships will be integral to the success of the Plan and the NSW Mental Health Commission encourages the community of Northern NSW to work closely together on its implementation."

Mental Health Commission of NSW

It is often argued that Australia has an excellent health care system. This is true. Our universal health care system aims to be fair, responsive and of high quality. Despite its many positive attributes, the system has over time, become fragmented. Contributing to this are fragmented funding and accountability structures, as well as rigid sector and service boundaries.

At any given time a person with mental illness may simultaneously access three or more service providers. These agencies provide diligent and high-quality services, but are hampered in their power to affect change for the client due to a system which impedes communication and collaboration. Some clinicians and providers at the forefront of reform have actively sought opportunities to connect and coordinate care, despite systemic barriers and impediments. This has resulted in some observing that there is no single overarching 'health system' in Australia; rather a complex web of services, providers and structures.*

This plan constitutes acknowledgement of the challenges that a fragmented system is causing for our region. It is the outcome of recognition that we need to build the system around the person, and that this can only be achieved through collaborative action.

The agencies that have participated in the development of this plan recognise that the implementation of the plan is like a journey. We must walk this path together with patience, commitment, trust and perseverance.

This plan sets out the first leg of the journey. There will be other plans to follow that will guide us to greater levels of system and service integration.

Sponsor Group Chair, Mental Health Integration Plan
Dr Vahid Saberi

* Department of the Prime Minister and Cabinet, 2014, *Reform of the Federation (White Paper) - Roles and Responsibilities in Health*

REGIONAL COMMITMENT

North Coast Primary Health Network, Northern NSW Local Health District, Aboriginal Medical Service, Mental Health Forum, and Mental Health Interagency Meeting, are committed to effective communication and collaboration to achieve the shared objectives of the Mental Health Integration Plan 2015-2018.

Signed for and on behalf of:
North Coast Primary Health Network Ltd

Chief Executive, Vahid Saberi

Signed for and on behalf of:
Northern NSW Local Health District

Chief Executive, Chris Crawford

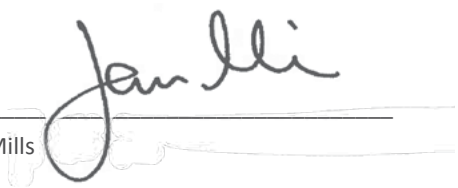
Signed for and on behalf of:
Aboriginal Medical Services (Grafton and Casino)

Chief Executive, Scott Monaghan

Signed for and on behalf of:
Mental Health Forum

Chair, Deborah Monaghan

Signed for and on behalf of:
Mental Health Interagency Meeting



Chair, Jem Mills

CONTENTS

1. EXECUTIVE SUMMARY

Our region comprises four Aboriginal nations and is divided into seven local government areas. It is a region characterised by significant socioeconomic disadvantage, which is a determinant for mental health concerns. Funding and resources to address these concerns are finite.

National reviews have confirmed that there is need for improvement in the way Australia's mental health system is planned and integrated in order to more adequately meet the needs of consumers. Without this improvement individuals engaging with this system will continue to experience unfulfilled potential in terms of both wellbeing and meaningful contribution to society.

Regional research, conducted in the course of preparing this plan, has identified that our mental health sector is characterised by fragmentation, isolation, low levels of trust, and lack of cohesion between services. Key service providers have come together with an open mind, to explore ways to address these issues at the regional level. The outcome is the Northern NSW Mental Health Integration Plan 2015-2018 (MHIP).

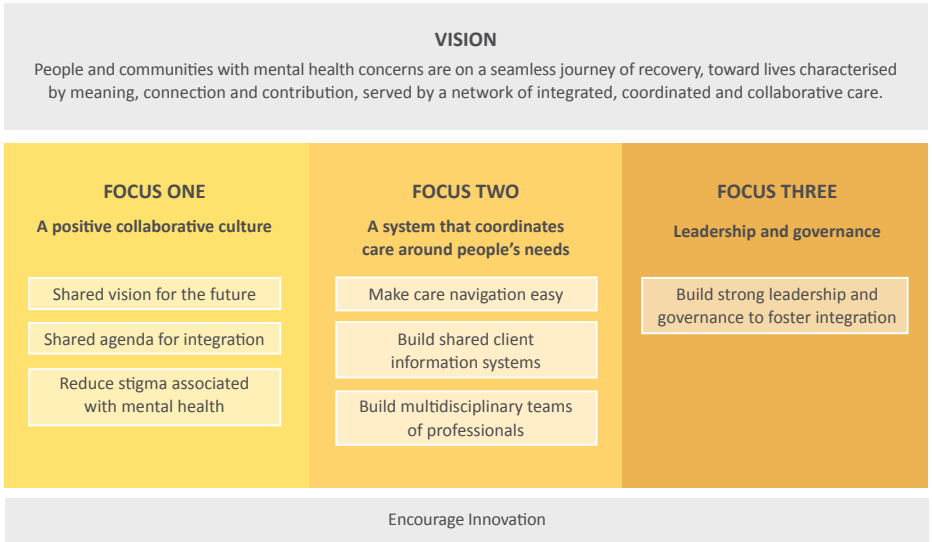
This plan outlines the shared intent of agencies involved in mental health, including the North Coast Primary Health Network, Northern NSW Local Health District, Aboriginal Medical Services, Mental Health Forum, Mental Health Interagency Meeting and Northern NSW GP Clinical Council are committed to effective communication and collaboration to achieve the shared objectives of the Mental Health Integration Plan 2015-2018.

The recent Mental Health Regional Planning Forum allowed for the setting of regional priorities and establishment of a framework for action. The plan comprises three focus areas divided into eight objectives. The first focus area pertains to the creation of a positive collaborative culture. Within this focus area the objectives include definition of a vision, the setting of shared agendas, and reduction of the stigma of mental health within the community and health services. The second focus area pertains to the transition from fragmented care to integrated care by building a health system which coordinates care around people's needs, builds shared client information systems, builds multi-disciplinary teams of professionals, and makes the care navigation of mental health services easy for consumers. The third focus area pertains to strong leadership and governance to foster integration.

The MHIP offers a vision for the future. It does not seek to specify the number or types of services which will meet the articulated needs of consumers. Rather, it is about developing a more integrated and effective person-centred approach to service provision. Implementing the plan requires challenging perceived dichotomies and overcoming barriers between primary and secondary care, physical and mental health, health and social care, and between funding regimens.

To implement the plan, an Integration Council will be formed - an interagency council that provides ongoing strategic direction, resources allocation, probity and problem resolution. An Integration Implementation Group will also be formed - an interagency commissioning group that monitors, evaluates, addresses operational problems and fosters commitment to the plan.

FRAMEWORK OF THE PLAN



2. INTRODUCTION

Each year it is estimated that more than 3.6 million people in Australia (aged 16 to 85 years) experience mental health concerns.[2] This constitutes approximately 20% of Australian adults. In addition, approximately 560,000 children and adolescents between the ages of four and 17 years were affected by a clinically significant mental health concern within the last 12 months.[3]

The recent national review of mental health services highlights that the mental health system in Australia has fundamental structural deficiencies.[1] For consumers and carers, the overall impact of a system with such structural shortcomings, is unfulfilled potential in terms of wellbeing and meaningful contribution to society.

In Northern NSW, a collaborative approach to service provision is recognised as essential for improved client outcomes and a more efficient use of limited resources. This collaboration must be inclusive of mental health service providers as well as the broader health and welfare providers. Indeed, developing integrated care requires challenging the perceived dichotomies between primary and secondary care, physical and mental health, health and social care, and eliminating barriers between and within sectors and services to provide the right care, at the right time, by the right team.

The need for this coordination and integration of care is recognised at the national and state levels. The reports of the national and state mental health commissions make clear the need for integration of care. In recognition of the critical importance of integration and the urgency of this issue, Northern NSW organisations have collaboratively worked to develop this Plan: the Northern NSW Mental Health Integration Plan 2015-2018 (MHIP).

The MHIP focuses on the process of integrating services to provide coordinated care for consumers. It does not seek to specify the quantity or type of services required to meet the needs of Northern NSW population. It recognises that mental health concerns and the wellbeing of individuals and community in general, cannot simply be addressed by more service provision. Rather, alongside improvements in mental health services, there is a need for a broader collaboration and strengthening of the collective social fabric through which all people are connected by family, community and service.

This plan articulates a vision, and identifies priorities, strategies, and lines of action to support collective advancement along a continuum of integration, from the current position of partially coordinated services, toward collaboration, and eventual integration.

It is recognised that achieving this vision will require time, and subsequent plans to follow this one.

The vision of this plan:

People and communities with mental health concerns are on a seamless journey of recovery, toward lives characterised by meaning, connection and contribution, served by a network of integrated, coordinated and collaborative care.

3. POLICY AND PLANNING CONTEXT

The various national and state policy documents recognise the current deficiencies in the delivery of mental health services, highlighting the need for greater coordination and integration. The case for integration is well made in these documents. This need is also evidenced in published and grey literature. This section provides an overview of key national and state policies and plans, and international literature. These documents informed the preparation of the Northern NSW Mental Health Integration Plan 2015-2018 (MHIP).

NATIONAL MENTAL HEALTH REFORMS

In December 2008, the Australian health ministers endorsed an overarching vision for the mental health system in Australia:

> *. . . A mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.*[4]

The *Fourth National Mental Health Plan (2009-2014)* was released by the Commonwealth Government in 2009. This plan adopted a population health approach which acknowledged the importance of mental health issues across the lifespan from infancy to old age, and recognised that mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic forces.

The plan set out, as essential, a whole of government approach to mental health reform, recognising the need for greater collaboration across commonwealth and state/territory levels of responsibility. It focused action on the following key priority areas:

- Social inclusion and recovery
- Prevention and early intervention
- Service access, coordination and continuity of care
- Quality improvement and innovation, and
- Accountability – measuring and reporting progress

The *Fourth National Mental Health Plan* highlighted that, despite an increase in funding in the five years prior to the plan, the mental health system in Australia remained fragmented. This promoted system inefficiencies through inappropriate funding allocation, which resulted in service duplication and service gaps.

> *. . . despite increased funding to primary and specialist services, treatment rates for people with mental illness remain low compared with the prevalence of illness. For access to the right service to be improved, there needs to be an agreed range of service options, across both health and community support sectors. This should be informed by population based planning frameworks that specify the required mix and level of services required, along with resourcing targets to guide future planning and service development that are based on best practice evidence.*[5]

The *Report of the National Review of Mental Health Programmes and Services* was released by the Commonwealth Government in 2015.[7] This review also highlighted the structural deficiencies of the national mental health system and the need for increased integration. It proposed a reallocation of funding to upstream services, including prevention and early intervention. To achieve the required system reform, the National Mental Health Commission has recommended changes comprised of the following components:

- Person-centred design principles
- A new system architecture
- Shifting funding to more efficient and effective 'upstream' services and supports

MENTAL HEALTH COMMISSION OF NSW

The Mental Health Commission of NSW was established in 2012. The Commission's remit is to monitor, review and improve the NSW mental health system in terms of the way it serves the 'whole person'.

The Commission released a strategic plan for mental health in NSW titled *Living Well: A Strategic Plan For Mental Health in NSW 2014 – 2024,*[8] which has been adopted as policy by the NSW government. The plan offers direction for the reform of the mental health system in NSW. Similar to the national reform documents, the plan indicates that a shift is required in mental health services, from crisis-driven responses to prevention and early intervention. In particular, the strategic plan indicates that:

> *[W]e must recognise that there is strenuous work ahead to reorient a system that has emphasised hospital beds for too long at the expense of other forms of support offered in or close to people's homes. Our supports are still, in many places, inflexible, ineffective, outdated and under-resourced, and often do not join up well when people's needs are complex and continuing. The situation is made all the more complex by the lack of clarity about state and Commonwealth responsibility for funding and service quality.*[9]

In the *Living Well* document, the Commission acknowledges the importance of putting people at the centre of any future mental health reforms. The content of the report was informed by submissions and commissioned expert perspectives, as well as extensive consultation with groups and agencies in the community confronted by particular mental health concerns and needs, including: Aboriginal communities; towns of social disadvantage; culturally and linguistically diverse communities; lesbian, gay, bisexual, transgender and intersex communities; drug and alcohol services; and the legal system. The recommendations for action from the report are organised into the following categories:

- Making it Local
- Getting in Early
- Putting People First
- Providing the Right Type of Care
- Better Responses
- Care for All
- Supporting Reform

The report also highlights an emerging understanding that local decision-making is an essential requirement for the transformation of services. This includes simultaneous action on the following fronts:

- Building more supportive communities
- Creating a better coordinated and more effective service system
- Improving communication about policy between communities and services

LITERATURE

In a 2013 report by ConNetica titled *Obsessive Hope Disorder - Reflections of 30 years of Mental Health Reform in Australia and Visions for the Future* [10], an analysis was conducted of the four national mental health plans, the subordinate implementation plans, the commissioned reviews, and government data such as the *Report on Government Services* prepared by the Productivity Commission. Key areas in mental health were examined to assess progress in implementation of federal and state plans. These included housing and accommodation; employment; social inclusion; stigma; provision of and access to services; and measurable targets and accountability.

Repeatedly the same issues are identified as priorities for action. Reviews and available data often point to policy failure, or partial or inconsistent implementation of policy.

However, these findings may constitute the inevitable outcome of a model which does not adequately embrace the diversity, complexity, and interdependence of consumers, community, and society. A greater level of collaboration is clearly required. The National Mental Health Commission states in its report *Strategies and Actions 2012-2015:*

> *. . . we recognise that no individual, agency or government working in isolation can bring about the necessary improvements in people's lives.*[11]

In 2013, the report of the Mental Health Foundation of the United Kingdom, *Crossing Boundaries - Improving Integrated Care for People with Mental Health Problems,* states that a new way of thinking about mental health is required:

> *The way that we support people with mental health problems is based on a flawed paradigm. It assumes that physical and mental health are fundamentally different (albeit each having some impact on the other), requiring different specialist approaches, and ignores the common factors in the global determination of health and illness, which have biological, psychological and, in particular, social components.*
>
> *To achieve integrated healthcare, policy-makers, service planners and commissioners need to better understand the indivisibility and unitary nature of physical and mental health, which means that distinguishing between them is likely to lead to an incomplete response to people's needs as well as flawed thinking about mental health. In addition, they should focus on major social and structural influences such as education, unemployment, housing, poverty and discrimination, rather than just on support given to individuals based on a medical diagnosis of mental illness. Such support can clearly have a positive effect but may be limited in the extent to which it can improve health by mitigating adverse social factors.*[12]

The Foundation's report then states:

> *. . . while integration within and between health and social care was vital, the provision of fully integrated services to people with mental health needs goes further, into many other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.*

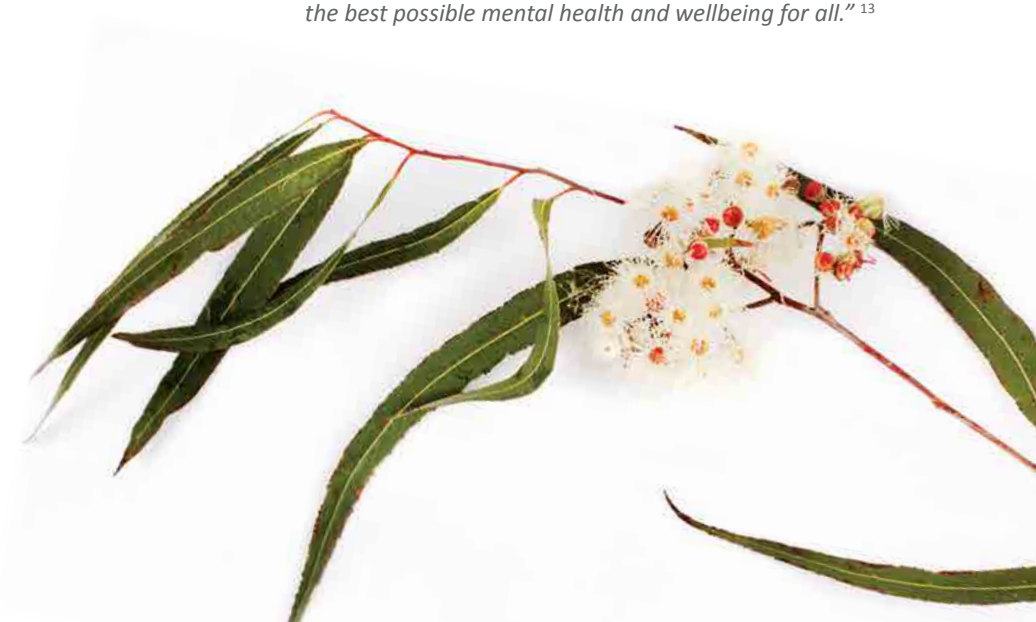
Action was taken by the Foundation to investigate the reality of the mental health sector of the United Kingdom. The reality depicted in the report is not dissimilar to the reality of the mental health sector in Northern NSW. The following key factors were identified as impacting on the provision of integrated care for people with mental health needs.

- Information-sharing systems
- Shared protocols
- Joint funding and commissioning
- Co-located services
- Multidisciplinary teams
- Liaison services
- Navigators
- Research
- Reduction of stigma

Consultation with local service agencies in Northern NSW revealed that there is significant overlap between the priority areas of the United Kingdom mental health sector and the priority areas of the Northern NSW mental health sector. Some of these have been incorporated into this plan.

To engage in collective action, commitment is required from agencies involved in provision of services. In the National Mental Health Commission's *Strategies and Actions 2012–2015,* the Commissioner Peter Bicknell spoke about commitment:

> *A mentally healthy Australia will not happen because of well worded policies or plans. It will only happen if we commit to making changes as individuals and as a society. We will need to change attitudes, behaviours, practices, systems and structures and keep actively learning, changing and progressing towards achieving the best possible mental health and wellbeing for all."* [13]



COLLECTIVE RESPONSIBILITY

In The Roadmap for *National Mental Health Reform 2012-2022* [14], the Council of Australian Governments agrees that mental health reform requires increased collective responsibility, rather than assignment of responsibility to government only.

COUNCIL OF AUSTRALIAN GOVERNMENTS

The Roadmap confirms a national commitment to ongoing mental health reform and to setting priorities and pathways for government action. Initiatives aimed at improving mental health cannot be driven by governments alone. Improving mental health is in everyone's interests – and it is everyone's responsibility.

- As individuals, we need to look after our mental health and wellbeing and that of our families, friends, colleagues and neighbours - just as we do our physical health and wellbeing. We also need to work to be more accepting, supportive and non-discriminatory towards those with a mental health issue or mental illness.
- Families, schools and communities need to help build resilience and skills, enabling people to cope more effectively with today's stresses, recognising and tackling the warning signs of mental illness as early as possible, and helping to break down social stigma.
- Workplaces and employers need to focus more on being flexible and responsive, and on supporting the mental health and wellbeing of employees. They need to be encouraged to provide suitable employment and promotional opportunities for people with episodic or ongoing mental illness, and to carers.
- Community-funded and private service providers (including those in the fields of health, community services, education, employment, housing, justice and corrections) need to work more effectively with each other and with individuals, families and carers, to help people with mental illness to recover and maximise their wellbeing. Where possible, they also need to work towards preventing and reducing the risks associated with the development and exacerbation of mental health issues.
- Governments need to improve the effectiveness of their systems by improving the planning, organisation and integration of relevant services and support.
- Funding needs to be targeted appropriately so that it helps deliver the best possible outcomes to individuals with mental illness, their families and carers, local communities and broader society.

COLLECTIVE IMPACT

The Mental Health Commission of NSW advocated collective impact as an approach that is winning strong support internationally for its potential to address complex social problems that cannot be resolved by a single organisation or program, and to create lasting large-scale change. It has particular relevance to mental health and wellbeing challenges at a community level, especially when these are associated with social disadvantage. Elements of collective impact are incorporated into this plan.

MENTAL HEALTH COMMISSION OF NSW

Collective impact is distinguished by the following key elements[1]:

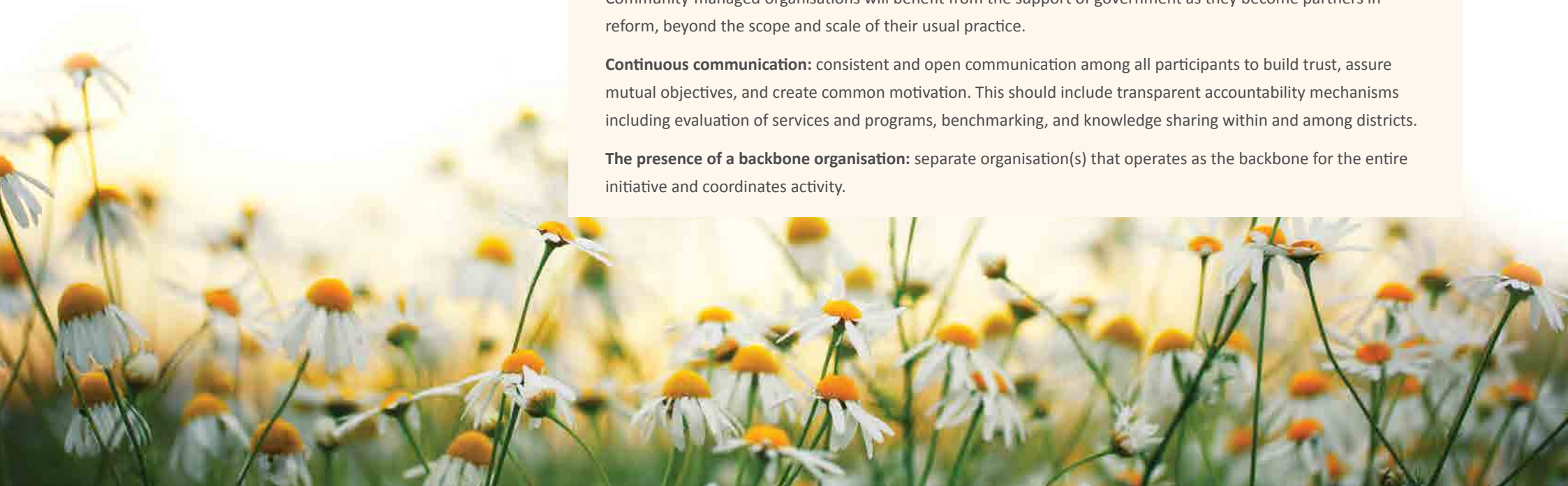
A common agenda: a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed actions. Facilitation of relationships may be needed because of prevailing power imbalances across agencies and organisations, and support will be needed for the development and maintenance of governance structures.

Shared measurement systems: consistent data collection and measurement of results to ensure alignment of activities and accountability of all involved. Support will be required to allow agencies and community organisations to share data, subject to appropriate privacy protocols. This will allow for the development of local reform plans, based on an understanding of the population's needs and the resources available.

Mutually reinforcing activities: separate and distinct activities that are coordinated through a plan of action. Support may be required for local managers to exercise their discretion and authority under this approach. Community-managed organisations will benefit from the support of government as they become partners in reform, beyond the scope and scale of their usual practice.

Continuous communication: consistent and open communication among all participants to build trust, assure mutual objectives, and create common motivation. This should include transparent accountability mechanisms including evaluation of services and programs, benchmarking, and knowledge sharing within and among districts.

The presence of a backbone organisation: separate organisation(s) that operates as the backbone for the entire initiative and coordinates activity.



4. REGION, PEOPLE AND MENTAL HEALTH INDICATORS

OUR REGION

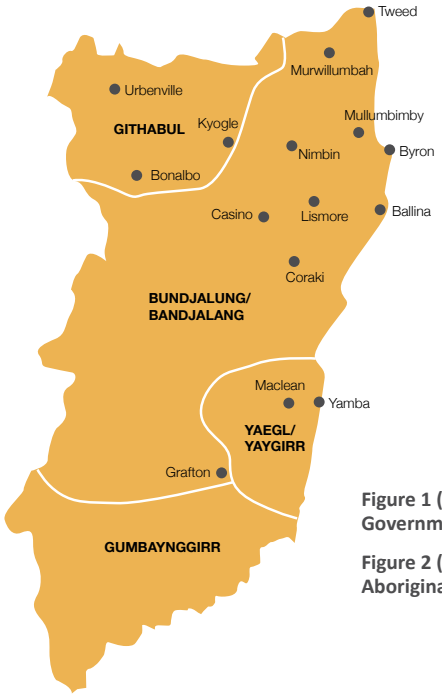


Figure 1 (far left): Northern NSW Local Government Areas

Figure 2 (left): Northern NSW Aboriginal Nations

Geographically, Northern NSW extends from the Tweed Local Government Area on the Queensland/NSW border in the north to the Clarence Valley Local Government Area in the south, the Great Dividing Range in the west and the Pacific Ocean coastline in the east. The area of the region is 21,470 km².

The region consists of four Aboriginal nations: Bundjalung/Bandjalang, Githabul, Yaegl/Yaygirr and Gumbaynggirr.

The region comprises seven Local Government Areas:

- **Ballina** (2011 population of 41,020) has an area of 485 km² and sits at the mouth of the Richmond River. It includes the towns of Lennox Head and Alstonville as well as their surrounding villages.
- **Byron Bay** (2011 population of 30,965) covers an area of 566 km² and is located around Australia's most easterly point of Cape Byron. It includes the towns of Brunswick Heads and Bangalow, as well as many surrounding rural villages.
- **Clarence Valley** (2011 population of 51,347) is located around Grafton and includes the town of Yamba as well as many surrounding villages. It covers an area of 10,429 km².
- **Kyogle** (2011 population of 9,511) has an area of 3,584 km² and is located around the rural township of Kyogle and surrounding villages.
- **Lismore** (2011 population of 44,491) has an area of 1,288 km² and includes the city of Lismore and its surrounding villages.
- **Richmond Valley** (2011 population of 22,690) covers an area of 3,047 km² and is located around the town of Casino. It includes the towns of Evans Head and Woodburn as well as their surrounding villages.
- **Tweed** (2011 population of 88,866) has an area of 1,307 km² and has the largest population in Northern. It is situated on the Queensland/NSW boarder and Tweed Heads is the major residential centre, along with Murwillumbah and many surrounding coastal and hinterland villages.

Additionally included in Northern NSW is Urbenville which is part of the Tenterfield Local Government Area, but within Northern NSW Local Health District jurisdiction. Urbenville (2011 population of 481) is the small geographic region of the village of Urbenville and surrounds, and covers an area of 737 km².

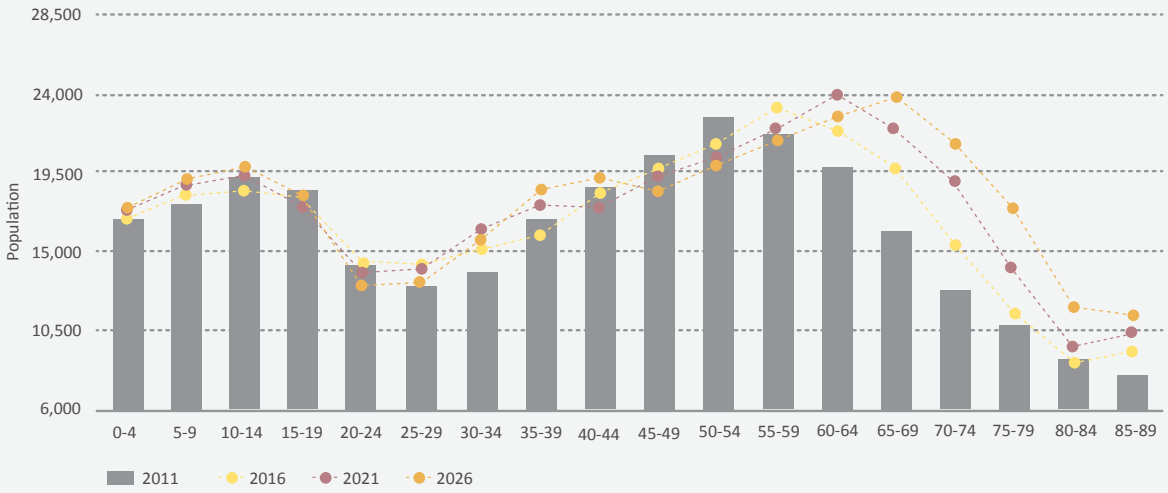
OUR PEOPLE

The population of Northern NSW is characterised by significant socioeconomic disadvantage, ageing, a disproportionate number of welfare-dependent families, and high unemployment. The following graphs and data provide important context for this plan.

In 2011, Northern NSW had a total population of 288,241 people. The population of Northern NSW is projected to increase by 12% to 322,641[15] by 2016. The graph below presents the 2011 population of NNSW and the population projections from 2021 and 2026. This projected growth is presented in five year age brackets.

It is projected that the age group comprised of people 65 years and older will experience the greatest growth in the years ahead. The Northern NSW overall population growth is lower than the state average. However, the Northern NSW population growth for those over the age of 65 years, is higher than the state average.

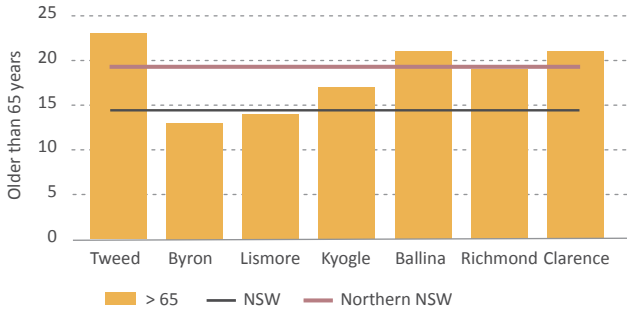
Graph 1: Northern NSW 2011 population and projections



AGEING POPULATION

The percentage of the population aged 65 years or more in Northern NSW is approximately 20%, compared to 15% for NSW.

Graph 2: Population older than 65 years (Census 2011)

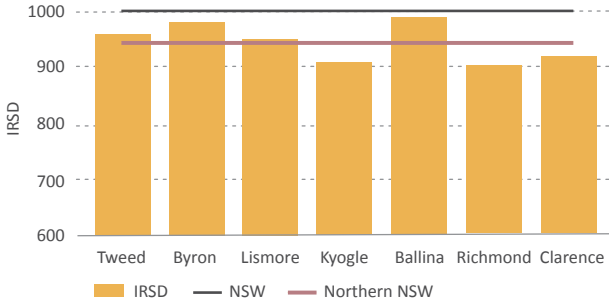


The aged have greater need for health care – both out-of-hospital and in-hospital care, and often suffer comorbidities.

SOCIOECONOMIC DISADVANTAGE

On the Index of Relative Socio-economic Disadvantage (IRSD), Northern NSW scores 940, compared to the Australian average score of 1000 [17]. A higher index score indicates greater advantage.

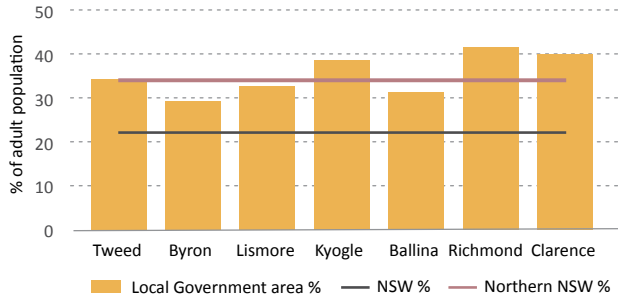
Graph 3: Socioeconomic Disadvantage (Public Health Information Development Unit, 2014)



According to the Index of Relative Socio-economic Disadvantage, the Local Government Areas of Richmond Valley, Clarence, and Kyogle experience greater disadvantage relative to other parts of the region. Disadvantaged communities have greater need for, and reduced access to health care. This is an expression of the Inverse Care law.

In Northern NSW 35% per cent of the adult population receive government support compared to 23% in NSW. This support includes unemployment benefits, parental payments, disability and veterans' pensions.

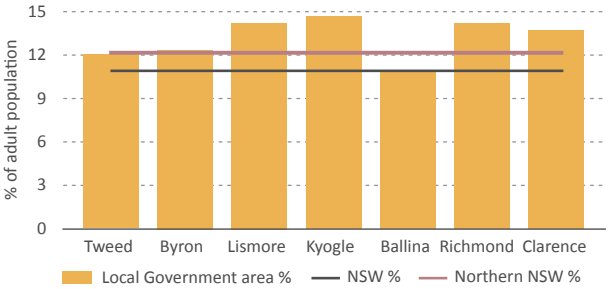
Graph 4: Government support as main income for 12 months or more - within past 24 months (Medicare Local Planning Tool 2010)



Communities wherein a greater proportion of the population accesses government financial support, are more likely to be comprised of members with lower levels of full-time employment, lower levels of financial stability, and a greater number of socioeconomic stressors. These, in turn, lead to increased anxiety and other mental health concerns. There is a strong correlation between accessing government support, and low scores on the Index of Relative Socio-economic Disadvantage.

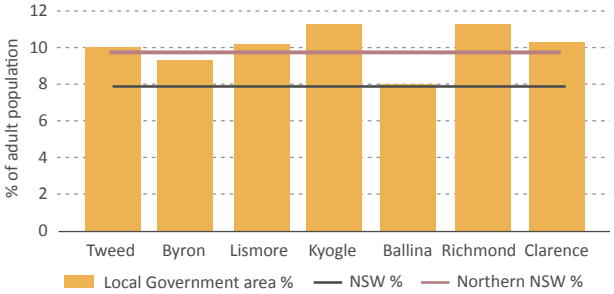
A correlation between low scores on the Index of Relative Socio-economic Disadvantage has been found with delaying medical consultations and purchasing prescription medication due to financial constraints. Financially induced delays in accessing medical consultations occur for 11% of the adult population in Northern NSW compared to 13% in NSW.

Graph 5: Delayed medical consultations due to finances (Medicare Local Planning Tool 2010)



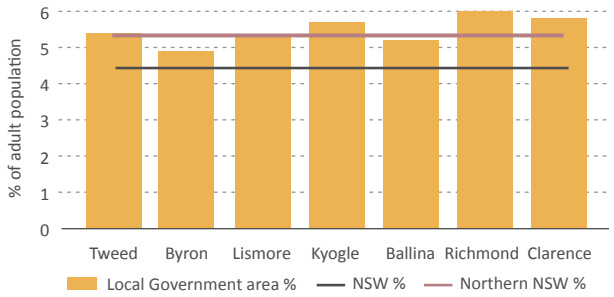
Financially induced delays in purchasing prescription medication occur for 10% of the adult population in Northern NSW compared to 8% in NSW.

Graph 6: Delayed purchasing of prescription medication due to finances (Medicare Local Planning Tool 2010)



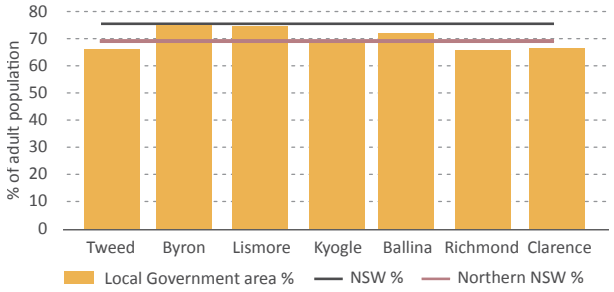
A correlation has also been found between low scores on the Index of Relative Socio-economic Disadvantage and transport-related difficulties preventing access to services. Transport-related difficulties prevent access to services for 5% of the population in Northern NSW compared to 4% in NSW.

Graph 7: Difficulty with transportation (Medicare Local Planning Tool 2010)



Lack of access to the Internet poses a barrier to accessing the high volume of mental health information, support and services currently available online. The Internet is accessed by 69% of the adult population in Northern NSW compared to 76% in NSW.

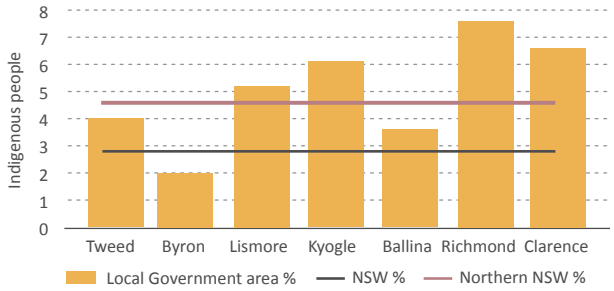
Graph 8: Accessed the internet within last 12 months (Medicare Local Planning Tool 2010)



INDIGENOUS POPULATION

In Northern NSW 5% of the total population identify as Indigenous (Aboriginal or Torres Strait Islander), compared to 3% of the NSW population.

Graph 9: Aboriginal & Torres Strait Islander Population (Census 2011)



Indigenous populations have greater socioeconomic disadvantage, suffer more emotional and social distress, have less access to culturally appropriate services, and have a higher incidence of comorbidity with decreased access to primary health care services.

MENTAL HEALTH INDICATORS

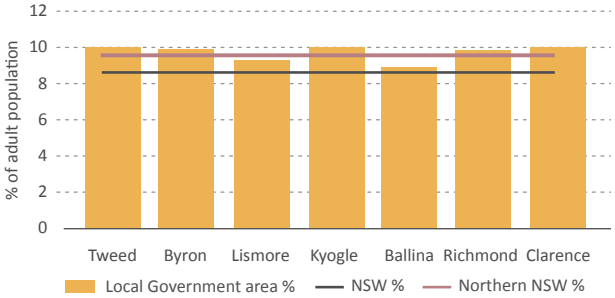
Regional statistics pertaining to mental health indicators [17] (such as psychological distress, intentional self-harm and suicide) reveal that Northern NSW has a greater burden of mental health concerns compared to NSW. The following information and data provide context for the MHIP.

HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS

In 2013, the number of Northern NSW residents aged 16 years and over with high or very high psychological distress (based on the Kessler 10 scale) was 11.8% (95% confidence 8.0-15.5%) compared to 9.8% (95% confidence 9.1-10.6%) in NSW.

Data from the Medicare Local Planning Tool (2007-08)* indicates the distribution of psychological distress per Local Government Area.

Graph 10: High or very high psychological stress levels (Medicare Local Planning Tool 2007-08)



* At the time of writing, 2013 data from the Medicare Local Planning Tool or HealthStats NSW, indicating the distribution of psychological distress per Local Government Area was not available.

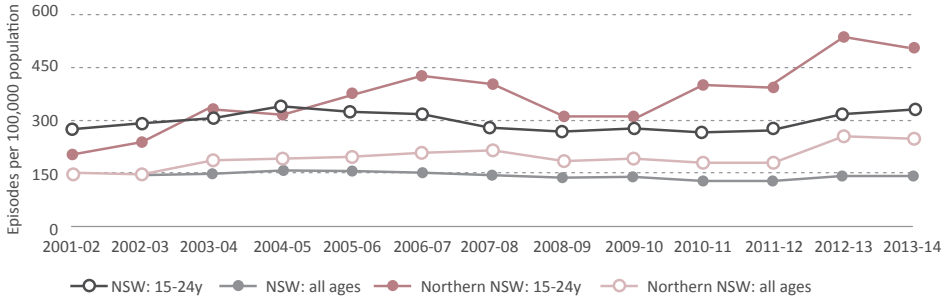
INTENTIONAL SELF-HARM HOSPITALISATIONS

In 2013-14, the rate per 100,000 Northern NSW residents aged 15-24 years admitted to hospital due to self-harm [18] was 509 (95% confidence 435-592). This is compared to 336 (95% confidence 324-347) across NSW.

In 2013-14, the rate per 100,000 Northern NSW residents of all ages admitted to hospital due to self-harm was 249 (95% confidence 229-270). This is compared to 143 (95% confidence 140-145) across NSW.

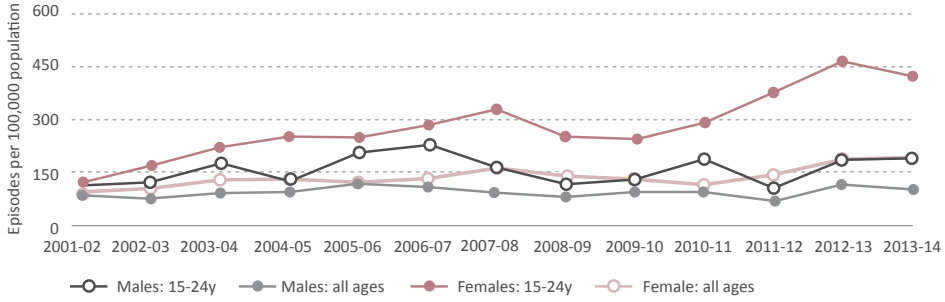
The graph below shows the trends since 2001.

Graph 11: NSW & Northern NSW intentional self-harm hospitalisations (HealthStats wesbite)



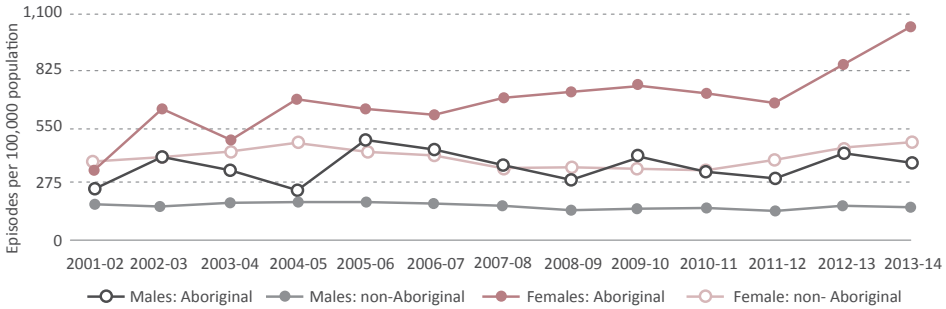
Among the youth in Northern NSW who engage in self-harm, females are disproportionately represented. A growing proportion of young females in Northern NSW are experiencing distress, resulting in self-harm hospitalisations.

Graph 12: Intentional self-harm hospitalisations by gender - Northern NSW (HealthStats wesbite)



Among the children and young people hospitalised for self-harm, Aboriginal females are disproportionately represented.

Graph 13: Intentional self-harm hospitalisation by Aboriginality 5-24y (HealthStats website)



SUICIDE

HealthStats NSW data (2012) show that the suicide rate per 100,000 Northern NSW residents was 15.0 (95% confidence 10.4-20.7). This compares to 9.8 (95% confidence 9.1-10.5) across NSW.

Graph 14: NSW & Northern NSW suicide (HealthStats wesbite)

5. MENTAL HEALTH SERVICE PARTNERS

In Northern NSW mental health services are provided by the Local Health District, Community Managed Organisations, private practitioners, and community groups. Many of these have been closely involved in the development of the Mental Health Integration Plan 2015-2018 (MHIP).

The illustration below presents one way of conceptualising the elements of society that support mental health and wellbeing, mapping them according to cost, frequency of need, and quantity required. The illustration indicates that social and economic participation, education, employment and stable housing together constitute the element required the most often by the greatest number of people and is the most cost effective way to contribute to mental health and wellbeing. At the other end of the spectrum is care for severe and enduring needs. This is the element required by the least number of people, least often, and is the most expensive. Other elements include support from family, friends, peers and groups; a spectrum of tools to support self-agency; community services focused on recovery; specialist services focused on recovery; and residential specialist services.

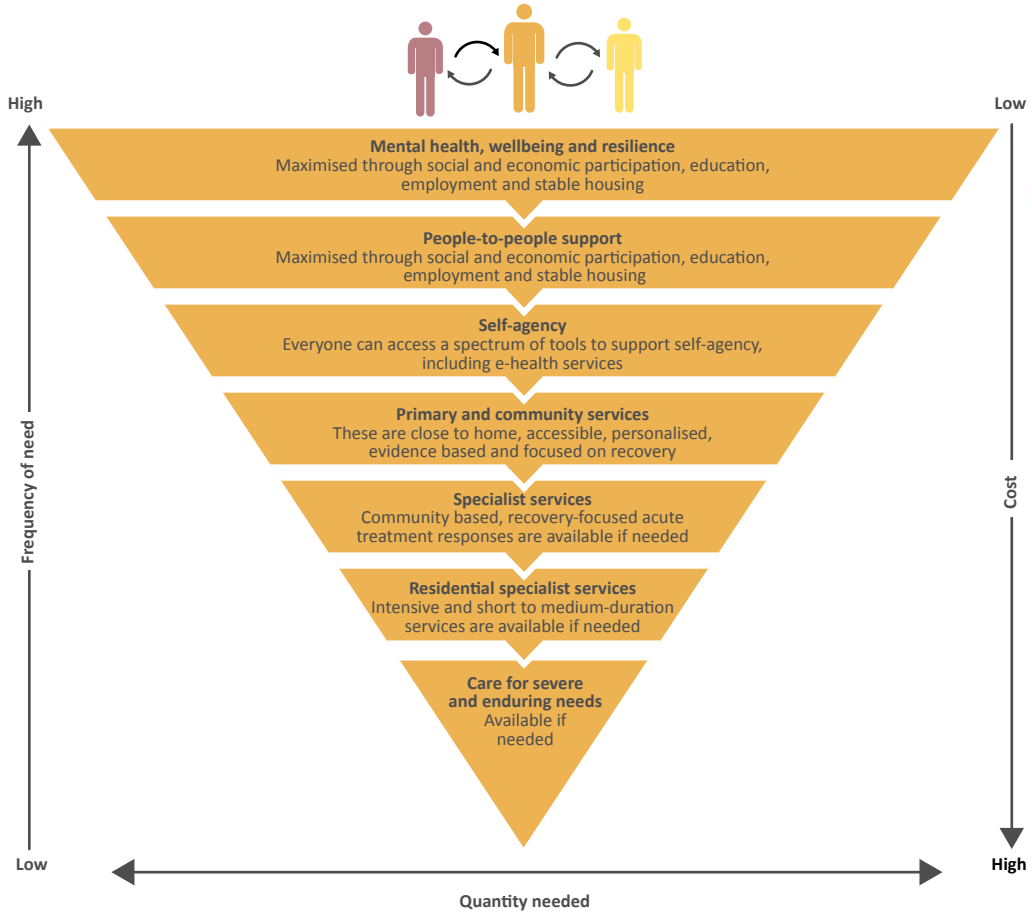


Figure 3: Delivering mental health and wellbeing to NSW © Mental Health Commission of NSW 2014

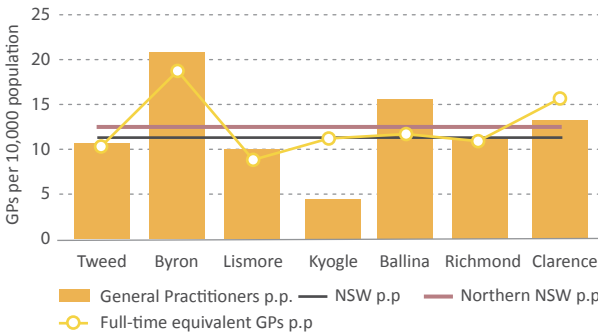
MENTAL HEALTH PROFESSIONALS

Health Workforce Australia[19] data (2012) provides a snapshot of General Practitioners, psychiatrists, and psychologists working in Northern NSW and greater NSW. The following graphs include the numbers of health professionals per 10,000 population within Local Government Areas. The full-time equivalent data is self-reported by clinicians, based on a 37.5 hour working week, and calculated from ABS Census 2011 population data.

GENERAL PRACTITIONERS

Northern NSW is serviced by approximately 12.6 General Practitioners per 10,000 population, as compared to 11.3 in NSW.

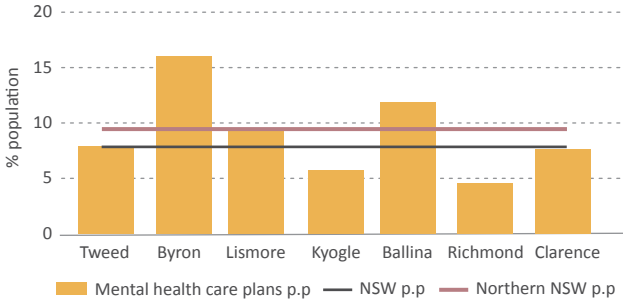
Graph 15: General practitioners working in clinical roles (Health Workforce Australia 2012)



Most General Practitioners work in regional centres. Rural areas have a lower proportion of General Practitioners with heavier workloads.

The Better Access Program improves access to psychologists, psychiatrists, social workers and occupational therapists for people on low incomes. Referrals are initiated by General Practitioners and take the form of Mental Health Care Plans. Within Northern NSW, there is a significantly lower uptake of Mental Health Care Plans in Kyogle, Richmond and Clarence compared to Byron and Ballina Local Government Areas.

Graph 16: Better Access Program; Preparation of Mental Health Care Plan by GPs 2009/10 (Medicare Local Planning Tool)

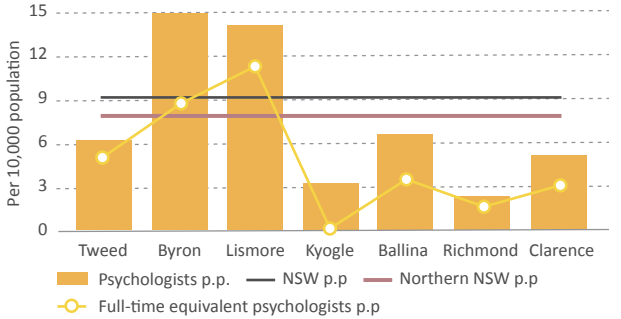


This data indicates that the number of Mental Health Care Plans written is generally proportional to the number of General Practitioners in the vicinity. However, in regions such as Richmond and Clarence which have a lower incidence of plans, the cause may be linked to a lack of services able to receive the referrals.

PSYCHOLOGISTS

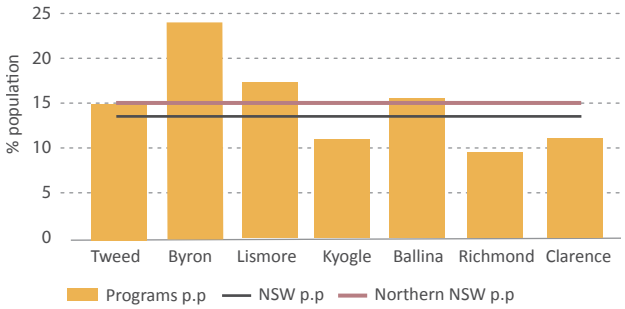
Northern NSW is serviced by 7.7 psychologists per 10,000 population compared to 9.2 in NSW. There are even less that 7.7 psychologists per 10,000 population in the Local Government Areas of Kyogle, Richmond and Clarence.

Graph 17: Psychologists working in clinical roles (Health Workforce Australia 2012)



Better Access Program referrals to psychologists are being well-utilised by a significant portion of the population, especially in Byron, Ballina, Lismore and Tweed.

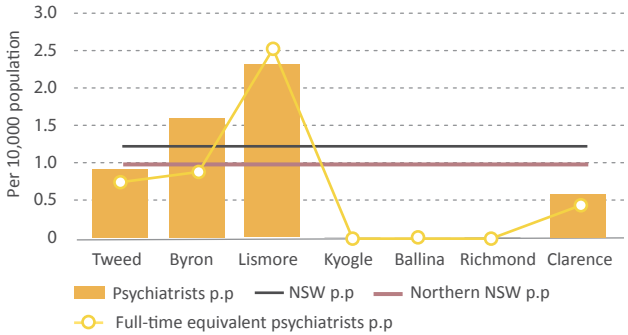
Graph 18: Better Access Program; Psychologists 2009/10 (Medicare Local Planning Tool)



PSYCHIATRISTS

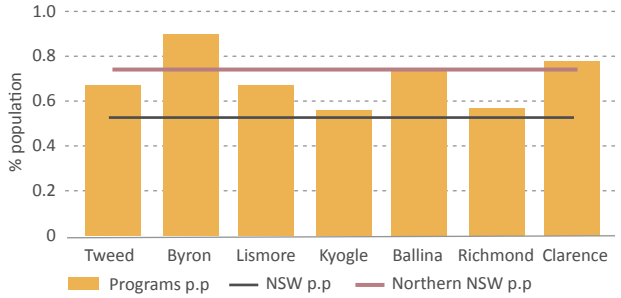
Northern NSW is serviced by approximately 0.9 psychiatrists per 10,000 population as compared to 1.2 in NSW. Most psychiatrists work dual roles within private practice and Local Health District employment, in one of three networks: Tweed (Tweed Heads & Byron Bay), Richmond (Lismore, Ballina, Kyogle & Richmond Valley), and Clarence (Clarence Valley).

Graph 19: Psychiatrists working in clinical roles (Health Workforce Australia 2012)



Better Access Program referrals to psychiatrists have been well utilised where resources are available.

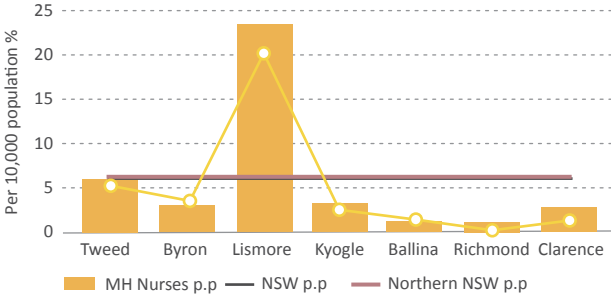
Graph 20: Better Access Program; Psychiatrists 2009/10 (Medicare Local Planning Tool)



MENTAL HEALTH NURSES

Northern NSW is serviced by approximately 6.2 mental health nurses per 10,000 population as compared to 6.6 in NSW. The majority of nurses are employed by the Local Health District to work in hospitals located in Lismore and Tweed Local Government Areas.

Graph 21: Mental Health Nurses working in clinical roles (Health Workforce Australia 2012)



SERVICES AND SERVICE PROVIDERS

A comprehensive list of local services, tele-services, online services, service databases, and smartphone apps is provided in Appendix 1 - Northern NSW Mental Health Services List. Service providers are as diverse as carer support groups, respite programs, neighbourhood centres, Community Managed Organisations, community mental health services, and acute hospital services. Online services are rapidly increasing in their scope and accessibility. Quality smartphone apps are also available to assist people better manage their mental health concerns.

6. CONSULTATION PROCESS

The development of the Mental Health Integration Plan 2015-2018 (MHIP) was initiated by the North Coast Primary Health Network and Northern NSW Local Health District, in partnership with a number of other agencies. It was overseen by a Sponsor Group and guided by a Working Group. There were three stages in the data-gathering process. An on-line survey was conducted, followed by the facilitation of focus groups, culminating in a day-long regional planning forum.*

The results of these consultation processes are presented in this document in section 7 - Key Findings.

SPONSOR GROUP

At the Page Health Leadership Forum convened by Kevin Hogan MP, North Coast Primary Health Network (formerly North Coast Medicare Local) agreed to facilitate the development of the MHIP. A Sponsorship Group was convened to provide ongoing oversight of the process.

The current membership list for the sponsor group can be viewed in Appendix 2 - Sponsor Group Members.

WORKING GROUP

A Working Group was convened whose responsibilities included: guiding the development of the vision statement and initial strategies of the plan; facilitating consultation among service agencies, consumers, and carers; providing information about the state of mental health wellbeing and mental health services in this region; developing consensus for action; and contributing to writing the Mental Health Integration Plan.

REGIONAL LEADERS INTERAGENCY MEETING

In March 2015 a meeting of representatives of key regional agencies was held. This group provided input into the development of the plan's consultation strategy.

A commitment was also made by these agencies to participate in, facilitate and promote the development of the plan, and to disseminate information. The regional leaders recommended three phases of action: an online survey; focus groups with agencies and consumer groups; and a regional planning forum.

The participants of the regional leaders interagency meeting can be viewed in Appendix 3 - Regional Leaders Interagency Meeting.

ONLINE SURVEY

The purpose of the survey was to refine the plan's vision and set the priorities for the region. The survey was developed in consultation with local mental health experts, guided by a research analyst, and made available online in May 2015. It sought feedback on the draft vision for the Mental Health Integration Plan and garnered priority and feasibility ratings for integration priorities.

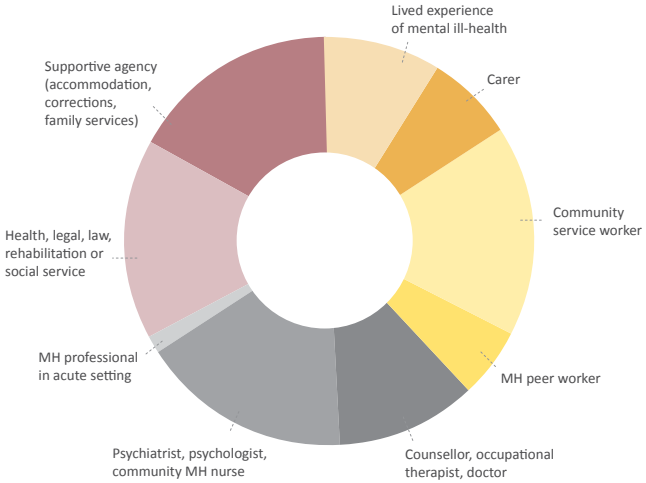
The complete online survey can be viewed in Appendix 4 - Online Survey Questions.

A total of 144 survey responses were received. Respondents represented a broad spectrum of backgrounds, agencies and experience.

* It is acknowledged that the plan may have been improved had there been greater opportunity for consultation with Aboriginal Medical Services and GP-led Clinical Councils. Opportunities to consult with these and other agencies will be created throughout the period of implementation.

The following graph presents the distribution of respondents to they survey, by relationship to the mental health sector.

Figure 5: Survey Question 1 — From what perspective are you answering this survey?



FOCUS GROUPS

Between 30 April 2015 and 22 May 2015, twenty-seven focus groups were held with agencies and consumer groups. The purpose of the focus groups was to explore perspectives on: the issues of mental health and wellbeing; past and current collaboration among mental health services; regional priorities; and systemic issues.

Services such as Police, Legal Aid, and Family and Community Services were included in consultation, along with mental health peers (individuals with lived experience of mental health and recovery), support groups like GROW, programs such as the Soup Kitchen, rehabilitation services, employment services, Aboriginal Medical Services, and an array of community managed mental health organizations and government health services.

A list of groups and agencies which participated in a focus group is listed in Appendix 5 - Focus Group Participation.

REGIONAL PLANNING FORUM

A regional planning forum was held on 3 June 2015. Priority areas which had emerged from the survey were explored in greater depth in order to identify strategies and lines of action. These included:

- Stigma Reduction
- Care Navigation
- Information-sharing Systems
- Multidisciplinary Teams

The forum was attended by 90 participants from across the health sector, including consumers and peers (those with lived experience of mental illness and recovery). A list of agencies represented is available in Appendix 6 - Regional Planning Forum Participation. Support Facilitators from the Partners in Recovery consortium were well represented at the forum. In small groups, participants explored the way in which individuals, communities and institutions of society can advance regional priorities.

The forum agenda is available in Appendix 7 - Regional Planning Forum Agenda.

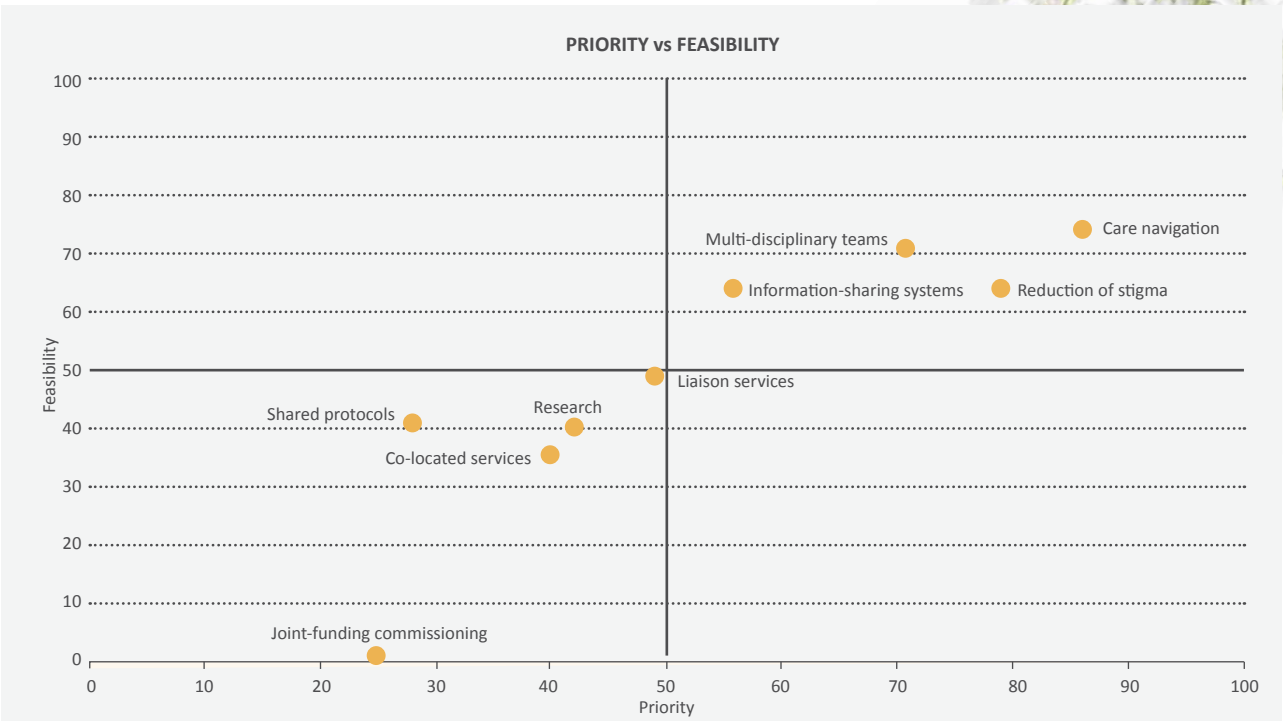
7. KEY FINDINGS

The key findings from the extensive consultation process, which included an online survey, focus group discussions and a regional forum, are presented below.

ONLINE SURVEY

Nine integration priorities are identified in the 2013 report from the Mental Health Foundation of the United Kingdom . In Northern NSW, survey participants rated the nine priorities in terms of feasibility and priority within the context of this region. The highest priorities, which were also judged to be the most feasible, are those in the upper right quadrant of the graph below. Thus the key priorities for the MHIP are:

- Care Navigation
- Stigma Reduction
- Multidisciplinary Teams
- Information-sharing Systems



The integration priorities are defined as follows:

- **Information-sharing systems** – compatible information systems within and across different organisations.
- **Shared protocols** – agreements between two or more organisations detailing responsibilities of each organisation, to facilitate a coordinated approach to service delivery.
- **Joint funding and commissioning** – collaboration between two or more organisations to access and utilise funding for services.
- **Co-located services** – location of primary health care providers and mental health care providers in one physical space
- **Multidisciplinary teams** – a range of health professionals, from one or more organisations, working together to deliver comprehensive patient care.
- **Liaison services** – provision of psychiatric services in physical health care settings, and physical care services in mental health settings.
- **Care Navigation** – negotiation of and facilitation of informed access to complex systems of health and social services.
- **Research** – generation of knowledge to improve support of people with mental health concerns.
- **Stigma Reduction** – decrease of ignorance and prejudice and increase of awareness, knowledge and acceptance of mental health concerns.

FOCUS GROUPS

Focus group consultations revealed a mental health sector characterized by fragmentation, isolation, low levels of trust, and lack of cohesion between services. These findings are consistent with the findings of the National Mental Health Commission's review into mental health services. Participants repeatedly articulated common concerns at the level of systems, institutions, community and the individual. Participants expressed concern about the limited funding and resources made available to support the sector. Participants brought attention to the limited capacity of the current mental health care system to efficaciously support consumers to live meaningful and contributing lives, and to adequately engage with carers and the community more broadly to achieve best outcomes.

The key ideas expressed in focus groups are categorised and listed following.

SYSTEMIC CONCERNS

- Lack of inter-service communication and coordination
  - Varying assessment forms between agencies
  - Variable professionalism of assessment technique
  - Inability to easily share consumer data and case management plans
  - Differing values and priorities between agencies
  - Limited pathways database
  - Lack of effective service mapping
- Confusing mental health service landscape
  - Agencies have superficial understanding about neighbouring services
  - Minimal service database functionality to refine search criteria to make informed referrals. For example, one cannot currently search for "a culturally appropriate occupational therapist in Ballina who is registered for Better Access with a wait-list of less than three weeks"
  - Short funding cycles which cause programs to move from agency to agency which is confusing for referring practitioners
  - Lack of branding of services to assist the community and practitioners know where to find appropriate services
- Sharing confidential information
  - Overemphasis on the fear of litigation with respect to sharing confidential information
  - Diversity of opinions and lack of definitive guidance about confidentiality vs duty of care
  - No centralised database of consent
- Prescriptive and regimented funding for agencies
  - Agencies impeded from adapting services to their local reality
  - Agencies inhibited from engaging with dynamic, innovative or experimental program creation
  - Short funding cycles for programs impact an agency's ability to adapt programs in alignment with regional needs
  - Lack of funding for the small, but significant, progress made in the wellbeing of consumers
  - Agencies engage in much work that is needed by the clients but which does not fall into any of the KPIs. This leads to agencies becoming financially unviable because decisions are made on the basis of compassion rather than funders' agendas
  - Consumers with complex needs do not fit within the criteria of any given agency and are denied access to service

INSTITUTIONAL CONCERNS

- Maintaining rights under the Mental Health Act
  - Lack of understanding of civil law concerns and lack of engagement with legal support agencies
  - Lack of knowledge about channels for consumer advocacy
  - Limited implementation of Psychiatric Advance-care Directives (PAD)
  - Lack of protection of livelihood during periods of ill-health
- Services are not consumer-oriented
  - Limited peer workers employed to enhance relationships with consumers
  - Limited peer workers employed to assist agencies in making consumer focussed decisions
  - Limited Indigenous workers despite the overrepresentation of Indigenous consumers in the mental health system
  - Lack of culturally sensitive programs
  - Overuse of technical jargon
  - Limited implementation of community consultation and collaboration
- Lack of inter-agency communication and collaboration
  - Poor attendance at inter-agency meetings
  - Lack of clear lines of delegation of responsibility and risk assessment
- Reduced investment in frontline professionals
  - Lack of local inter-professional learning forums
  - Lack of professional development focused on capacity development, rather than ticking boxes
  - Staff frustrated by bureaucracy which then lowers professional standards of care
  - Lack of funding and recruitment options leads to inexperienced or inadequately trained staff at the front line
- Insufficient focus on Trauma Informed Care
  - Trauma Informed Care has only recently been adopted in acute care services, and associated cultural change is yet to ensue
  - Lack of therapy available to consumers to address trauma and reduce perpetuating mental health concerns
- Limited accommodation
  - Severe lack of community housing
  - Severe lack of accommodation for mental health consumers before they reach crisis point
- Access to services is impeding service delivery
  - Limited appointment availability is exacerbated by clients not attending due to transportation concerns
  - Services not effectively collaborating to co-locate or time-share resources
  - Lack of adoption of successful hub models of accommodation and services
- Incompatible Computer Systems
  - Variable reporting templates and styles
  - Variable discharge plans and standards
  - Inability to share critical information
  - Inadequate processes and systems to identify who is responsible for a given client and for making decisions pertaining to risk.

COMMUNITY CONCERNS

- Stigma due to the inappropriate use of language
  - Persons with mental health concerns are referred to by the broader community as “not deserving”, “malingering”, and “burden on society”
  - Language within the community and at schools is often derogatory
- Reduced sense of community
  - Lack of community spaces to normalise mental health concerns
  - Community’s unwillingness to engage with and embrace diversity
  - Lack of community cohesion
  - Dependence on institutions to meet needs of the community
  - Lack of mentoring within the community

- Limited cultural awareness
  - Limited empathy of Indigenous cultural trauma
  - Limited understanding of Indigenous wellbeing and spirituality
  - Limited understanding about Indigenous families and their history
- Decreased emphasis on grass-roots initiatives
  - Limited funding opportunities for grass-roots initiatives
  - Poor support for those facilitating these initiatives
  - Lack of recognition of the effectiveness of grass-roots community support
  - Lack of recognition about the value of fellowship
  - Insufficient mental health first-aid education
- Insufficient opportunity for contributing to community
  - Lack of service opportunity which embraces the lived reality of mental health consumers and the need for flexibility
  - Limited support to assist consumers to reengage in service and contribution to community
  - Stigma within the workforce impeding those who wish to contribute

INDIVIDUAL CONCERNS

- Challenges to developing autonomy
  - Limited services designed to enhance life skills and independent living skills
  - Consumers becoming institutionalised and dependent upon services
  - Inherent difficulty with developing self-worth while experiencing or living with mental health concerns.
- Stigmatised agencies
  - Services may mature and adapt over time but this change may be unrecognised by the community who have a stereotyped view of that service
  - Inter-generational distrust of services
- Difficulty in maintaining privacy
  - Stigma attached to services arriving at your door
- Challenges of isolation
  - Consumers are often isolated leading to further mental health complications
  - Isolation increases the challenges of access to services
- Frustrations with the mental health system
  - Re-traumatisation caused by repeated recounting of the consumer's mental health story
  - Challenges of care navigation
  - Lack of cultural sensitivity
  - Challenges of communicating with jargon
  - Insufficient personal accompaniment with trusted individuals
  - Discrimination from staff pertaining to disability, drug & alcohol addiction, and LGBTI orientation
  - Old and irrelevant data from prior risk assessments impeding opportunity and access to services

REGIONAL PLANNING FORUM

The forum enabled an open and constructive discussion regarding the ways in which services currently operate and how this impacts on consumers. The four key priorities, identified through the online forum, were work-shopped, exploring: “What does the priority mean to us in Northern NSW?”, “In a perfect world…”, “What’s working now?”, and “How can we improve?”. Strategies and lines of action were developed and then voted upon to gain consensus for action.

An outline of the key findings for each of the priorities is below.

CARE NAVIGATION

Suggested actions include:

- Implementation of a person-centred approach to service.
- Development of common documentation and guidelines
- Exploration of possibilities for a centralised database of client information, consent and treatment plans
- Development of systems for building relationships and networking
- Increased employment of peer workers to internationally recognised levels to improve service implementation and consumer relationships
- Increased co-location of services

STIGMA REDUCTION

Suggested actions include:

- Host Mad Pride festivals
- Develop community education for schools, tertiary institutions, and for members of the public
- Identify and promote role models within the community
- Identify mental health ambassadors within the region
- Produce and promote mental health show-bags for rural events.
- Use the arts to promote awareness and share information

SHARED-INFORMATION SYSTEMS

Suggested actions include:

- Foster consumer-lead information sharing
- Share psychiatric advance-care directives
- Develop and implement an information sharing policy

Transcriptions of the goals and voting charts are available in Appendix 8 - Regional Planning Forum Voting Charts.

The outcomes of the forum, concerns from focus groups, and recommendations from the Mental Health Commission of NSW, were incorporated into the implementation of the Mental Health Integration Plan 2015-2018.

MULTIDISCIPLINARY TEAMS

Suggested actions include:

- Design and implement a service hub
- Investigate current models of multidisciplinary teams
- Promote regional multidisciplinary training.

8. IMPLEMENTATION OF THE PLAN

The Mental Health Integration Plan 2015-2018 (MHIP) articulates a vision, and identifies focuses, objectives, strategies, and lines of action to support collective advancement along a continuum of integration, from the current position of partially coordinated services, toward collaboration, and eventual integration.

Central to this plan is a dynamic process which will be characterised by ongoing learning. Lines of action will require constant reflection, refinement and adjustment. As the plan is implemented, new lines of action may also emerge.

It is acknowledged that sustained input from consumers and carers is essential to create a system which responds to the complex web of relationships among individuals and service providers.

FRAMEWORK OF THE PLAN

VISION

People and communities with mental health concerns are on a seamless journey of recovery, toward lives characterised by meaning, connection and contribution, served by a network of integrated, coordinated and collaborative care.

FOCUS ONE

A positive collaborative culture

- Shared vision for the future
- Shared agenda for integration
- Reduce stigma associated with mental health

FOCUS TWO

A system that coordinates care around people's needs

- Make care navigation easy
- Build shared client information systems
- Build multidisciplinary teams of professionals

FOCUS THREE

Leadership and governance

- Build strong leadership and governance to foster integration

Encourage Innovation

FOCUS ONE

A POSITIVE COLLABORATIVE CULTURE

Central to fostering a positive collaborative culture is the development among stakeholders of a shared vision supported by common agendas, and a reduction in stigma associated with mental health.

OBJECTIVE 1.1 - SHARED VISION FOR THE FUTURE

People and communities with mental health concerns are on a seamless journey of recovery, toward lives characterised by meaning, connection and contribution, served by a network of integrated, coordinated and collaborative care.

Strategies	Action	Timeframe	Responsibility
1.1.1 Foster a shared vision and purpose for the integration and collaboration among stakeholder organisations	1.1.1.1 Engage, encourage and support stakeholders and partners to embrace and promote the vision of the plan	2015-2018	Integration Implementation Group
	1.1.1.2 Encourage and support alignment of plans, projects, programs and processes with the integration vision and priorities	2015-2018	Integration Council Integration Implementation Group
	1.1.1.3 Establish collaborative structures for implementation and oversight of the plan	2016	Integration Council Integration Implementation Group

A shared vision informs collective aspirations, and guides coordination, collaboration and integration. To support achievement of a shared vision, and foster alignment of stakeholders, the vision statement will be actively promoted.

Progress on the journey to integrated care will be slow unless it is possible to describe an alternative and better future that motivates and inspires care providers to work differently.[21]

OBJECTIVE 1.2 - SHARED AGENDA FOR INTEGRATION

Strategies	Action	Timeframe	Responsibility
1.2.1 Implement conjoint action to bring about reform and integration	1.2.1.1 Facilitate ongoing interaction with partner organisations for reporting, measuring, monitoring and refinement of the plan	2015-2018	Integration Implementation Group
	1.2.1.2 Facilitate an annual forum with representation from the service sector and community, for reporting, monitoring and refinement of the plan	2016-2018	Integration Implementation Group
1.2.2 Foster adoption of the plan by sector agencies	1.2.2.1 Assist and make it easy for organisations to adopt the strategies of this integration plan into their annual plans	2016-2018	Integration Implementation Group
	1.2.2.2 Engage agencies who are not signatories to the plan to win their support	2016-2018	Integration Implementation Group

The creation of a shared agenda is fundamental to the collective approach to change. A shared agenda supports a clear focus and facilitates unity of action. It promotes cohesion and trust between service agencies through shared understanding of problems and the principles which underlie solutions.

Each organisation and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.[23]

OBJECTIVE 1.3 - REDUCE STIGMA ASSOCIATED WITH MENTAL HEALTH

Strategies	Action	Timeframe	Responsibility
1.3.1 Change attitudes toward, and understanding of, mental health	1.3.1.1 Identify community mental health ambassadors to promote stigma reduction initiatives	2016	Integration Action Group
	1.3.1.2 Work with schools to enhance understanding of mental illness and appreciation of social and emotional wellbeing	2016-2017	Integration Implementation Group Integration Action Group
	1.3.1.3 Increase awareness of mental health and social and emotional wellbeing • Hold an annual community event (e.g. Beyond the Blues Festival) that celebrates the lives of those with mental health concerns • Create mental health awareness resource packs and distribute at relevant events	2016-2018	Integration Implementation Group Integration Action Group
	1.3.1.4 Identify and address stigma pertaining to mental health concerns within health and social care	2016-2018	Integration Implementation Group Integration Action Group
	1.3.1.5 Take joint action to improve social and emotional wellbeing in disadvantaged communities – especially the Aboriginal community	2016-2018	Integration Implementation Group Integration Action Group

Over a lifetime, nearly half of the adult Australian population will experience mental health concerns at some time.[25] Significant stigma remains within the broader community, workplaces, schools and health services. Reducing stigma through normalising the experience of mental health concerns will promote early intervention, compassionate engagement, and increased opportunity for those with mental health concerns to live meaningful and contributing lives.

Stigma and discrimination about mental illness need to be challenged wherever they occur, but a different approach may be necessary in rural and regional NSW. We should involve people in the country in co-designing anti-stigma campaigns that respond to the particular fears and concerns experienced by people in their communities.[22]

FOCUS TWO

A SYSTEM THAT COORDINATES CARE AROUND PEOPLE'S NEEDS

A system that coordinates care around people's needs, encourages agencies to support each other in developing and delivering services and programs. It can reduce fragmentation, competition, and duplication of service, protect the viability of effective programs and their corresponding funding streams, and assist with developing quality through monitoring and adaptive change.

OBJECTIVE 2.1 - MAKE CARE NAVIGATION EASY

Strategies	Action	Strategies	Action
2.1.1 Shift from fragmented care to coordinated person-centred care	2.1.1.1 Map current collaboration efforts and activities that contribute to coordination of services with the view to commence work from a strength base	2016	Integration Action Group
	2.1.1.2 Identify gaps in care coordination and work collaboratively to address these	2017-2018	Integration Implementation Group Integration Action Group
2.1.2 Make it easier to navigate mental health care by adopting shared principles, values and language of care	2.1.2.1 Acquire, refine and disseminate already established national documents of principles and values of care	2016	Integration Action Group
	2.1.2.2 Encourage and facilitate use of same/similar language, policy and procedures, for the provision of care by all agencies	2016-2018	Integration Action Group
2.1.3 Increase consumer-focussed decision making	2.1.3.1 Develop and encourage a culture of engaging and involving clients and their carers in the development and implementation of care plans	2016-2018	Integration Action Group
	2.1.3.2 Have more people with lived experience involved in the provision of care and within the workforce	2016-2018	Integration Implementation Group Integration Action Group
	2.1.3.3 Develop and implement shared and system-wide policy to enhance consumer engagement in decision making	2016-2017	Integration Action Group
	2.1.3.4 Develop and implement protocols to improve communication between care providers	2016-2017	Integration Action Group

Increasing the ease with which care is navigated increases efficiency of service delivery and empowerment of individuals accessing services. Central to increasing the ease with which care is navigated is the adoption of shared principles, values, and language of care. Decision-making about the system and its agencies should be informed by consumers and peers with lived experience of mental health concerns and recovery.

People want coordinated services which work together around them, but are often left frustrated by the fragmentation of health and care services and the problems that this causes for them and their families.[25]

Person-centred care is a basic philosophy of care, centred around the individual – in which the needs and resources of the individual define the process, in which individuals are supported and encouraged to make informed decisions about their treatment and health management; a process that is not only responsive to their physical abilities and medical needs, but also to the individual's social and psychological abilities, preferences and lifestyle.[26]

OBJECTIVE 2.2 - BUILD SHARED CLIENT INFORMATION SYSTEMS

Strategies	Action	Timeframe	Responsibility
2.2.1 Facilitate consumer-directed information systems to ensure information flows more freely around the health and care system	2.2.1.1 Engage the sector in the process of exploring ways of sharing client data and consumer information	2016	Integration Action Group
	2.2.1.2 Establish a regional vision for shared client data and consumer information platform	2016	Integration Action Group
	2.2.1.3 Develop an action plan to implement a shared client data and consumer information platform	2016-2017	Integration Implementation Group Integration Action Group
2.2.2 Use information to empower people to coordinate their own care	2.2.2.1 Work to have information available to people to make better decisions about their own mental and emotional wellbeing	2016	Integration Action Group
	2.2.2.2 Set out clear agreed to principles for sharing of information to support more coordinated, person-centred care	2016	Integration Implementation Group Integration Action Group
2.2.3 Improve the quality of mental health data	2.2.3.1 Initiate and resource data quality improvement activities within the mental health sector	2016-2018	Integration Implementation Group Integration Action Group
	2.2.3.2 Initiate general practice mental health *Collaboratives* to improve the quality of mental health data	2016-2017	Integration Implementation Group Integration Action Group
	2.2.3.3 Standardise and adopt a common mental health minimum data set for community managed organisations in alignment with national initiatives	2016-2017	Integration Implementation Group Integration Action Group

Shared client information systems facilitate flow of information within the health care system. This, in turn, empowers people to more effectively coordinate their own care. Adopting a common information sharing approach protects confidentiality without undermining duty of care.

Effective use of information across health and care – and more broadly – is a key enabler to the delivery of coordinated, person-centred, whole person care.[27]

If whole person care is to work, then the ability to share information and data across organisations is crucial. Information governance is important, but it should be the servant of the process, not the master. The meaningful use of information must be embedded as a core part of the way that health and care functions and is commissioned.[27]

OBJECTIVE 2.3 - BUILD MULTIDISCIPLINARY TEAMS OF PROFESSIONALS

Strategies	Action	Timeframe	Responsibility
2.3.1 Make multidisciplinary teams the norm for people who need integrated care	2.3.1.1 Develop and implement culture, systems and processes which embed shared decision making and risk management as a central part of care provision	2016-2018	Integration Action Group
	2.3.1.2 Document, disseminate and apply the learning from successful examples of team-based care such as co-location	2016-2018	Integration Action Group
2.3.2 Ensure regional inter-professional learning	2.3.2.1 Identify inter-professional training needs and opportunities	2016	Integration Action Group
	2.3.2.2 Facilitate the delivery of multidisciplinary training for the region	2016-2018	Integration Action Group

Building multidisciplinary teams of professionals allows care to respond cohesively and appropriately to needs. Care coordination will be enhanced when multidisciplinary teams of professionals are the norm, and when ongoing inter-professional training enhances capacity for a team to respond to the complexity of consumers' needs.

People learning to work together doesn't happen by magic. It needs to be designed and planned into practice, research, guidelines, training, education, workforce planning and leadership development. This requires a substantial revision of existing arrangements . . . to facilitate multidisciplinary working and joint training, including joint leadership training between health and social care.[29]

The need for multidisciplinary working must be reflected in the way that health and care staff are trained.[30]

FOCUS THREE

LEADERSHIP AND GOVERNANCE

The success of the implementation of the Mental Health Integration Plan will depend on the development of leadership and governance that can respond effectively to the needs of the current and dynamic reality.

OBJECTIVE 3.1 - BUILD STRONG LEADERSHIP AND GOVERNANCE TO FOSTER INTEGRATION

Strategies	Action	Timeframe	Responsibility
3.1 Develop leadership and governance structures to oversee and coordinate the implementation of the plan	3.1.1 Establish a Mental Health Collaborative which meets regularly and has carriage for the implementation of the plan	2015	Current Leadership and Working Group
	3.1.2 Establish memorandums of understanding between organisations for the adoption of the plan	2015	Integration Council Integration Implementation Group
	3.1.3 Provide a pathway and coordinate the plan's activities	2015-2018	Integration Implementation Group
	3.1.4 Ensure sufficient resources are available for the implementation of the plan	2015-2018	Integration Council

Leadership and governance in the context of the Mental Health Integration Plan requires reconceptualization of the way in which decisions are made and implemented. Complete control over a small sphere of activity is replaced with making a contribution to a larger sphere of coordination. Implementing collective change requires focusing on the relationships between organisations and the progress toward shared objectives, it involves sacrificing some sovereignty for the benefit of the whole.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually-reinforcing plan of action.[31]

Adaptive problems are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change.[32]

It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organisation's capacity. Instead, … [services] must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.[33]

In order to commit to a common agenda, shared measurement systems and a joint action plan, collaborators need to trust each other, and know that their interests are equally valued and protected. Continuous communication provides the platform for trust to be developed, concerns to be addressed, and ideas to be discussed between organisations that may have previously been in competition.[34]

9. GOVERNANCE

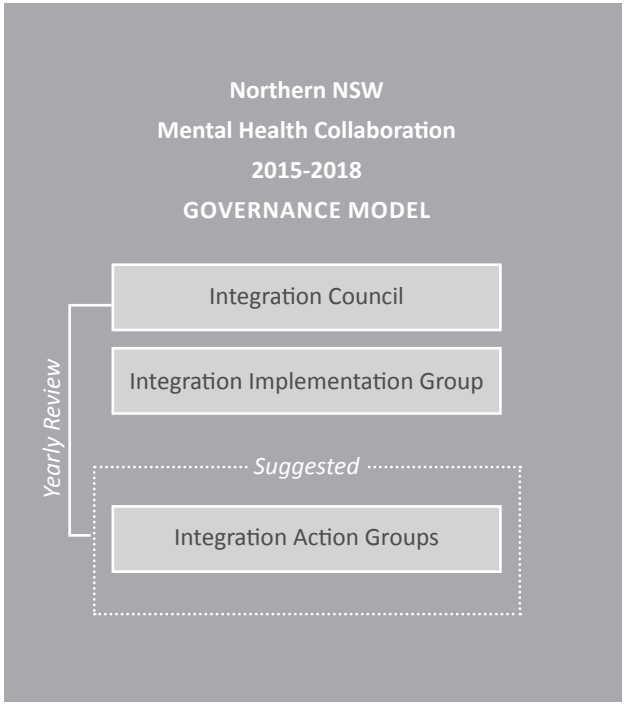
This plan was developed through an extensive consultation process involving partner agencies. Similarly, the implementation of the plan requires the agencies to work together, support each other, and share learning and resources. To achieve this, the following governance and collaborative structure is recommended.

GOVERNANCE MODEL

Integration Council — an interagency council that provides ongoing strategic direction, resource allocation, probity and problem resolution.

Integration Implementation Group— an interagency commissioning group that monitors and evaluates the implementation of the plan, addresses operational problems, guides the Integration Action Groups, informs the Integration Council, identifies needs, fosters commitment from stakeholders to policy and supports stakeholders to align activities with regional priorities.

Integration Action Groups — groups comprised of individuals of diverse backgrounds including professionals and volunteers within and beyond the mental health sector, carers and mental health peers who engage with the lines of action of the plan, with guidance from the Integration Implementation Group.



APPENDICES

Appendix 1 - Northern NSW Mental Health Services List

LOCAL HEALTH DISTRICT MENTAL HEALTH SERVICES

The Local Health District manages both inpatient and community based mental health services across the region.

MENTAL HEALTH INPATIENT SERVICES

In Northern NSW consumers can access the following inpatient services.

Tweed Valley Clinic (TVC): A 25-bed inpatient mental health unit co-located with The Tweed Hospital. The TVC includes a 5-bed high dependency unit. 07 5506 7300

Lismore Adult Mental Health Unit (LAMHU): A 40-bed unit situated at Lismore Base Hospital, including 8 observation beds. 02 6620 2240

Child and Adolescent Inpatient Unit (CAIPU): An 8-bed inpatient unit for children and adolescents at Lismore Base Hospital. 02 6620 7900

COMMUNITY MENTAL HEALTH SERVICES

Community mental health services are provided to people who are living in the community. Those who access these services may have been discharged from hospital or may not have needed hospital care. There are two types of community mental health services:

Assessment Team: Provides assessment and intensive treatment in-person or by telephone.

Treatment Team: Provides longer-term treatment. There are four specialist teams.

- Youth and family - A copy of the Family Help Kit is available via 02 9816 5688 or 1800 674 200
- Adults
- Aboriginal Mental Health
- Specialist Mental Health Services for Older People

Services are provided within three geographical areas:

Clarence CMHS Network

The Clarence Community Mental Health Service network office is located in Grafton which services centres located at Maclean.

Grafton: 02 6640 2393
Maclean: 02 6640 0123

Richmond CMHS Network

The Richmond Community Mental Health Service network office is located in Lismore which services centres located at Ballina, Casino, Kyogle and Nimbin. Outreach services are also provided at Bonalbo, Urbenville and Evans Head Community Health Centres.

Ballina CMHS: 02 6686 8977
Bonalbo: 02 6665 1203
Casino: 02 6662 4444
Evans Head: 02 6682 4899
Lismore: 02 6620 2300
Urbenville: 02 6634 1600

Nexus Mental Health Rehabilitation & Recovery Centre (Ballina): Recovery oriented clinical rehabilitation service providing intensive therapeutic interventions to reconnect to self management and community. 02 6681 9600, 1800 011 511

Tweed CMHS Network

The Tweed Community Mental Health Service network office is located in Tweed Heads which services centres located at Byron Bay, Murwillumbah and Mullumbimby. Outreach services are also provided at Kingscliff Community Health Centre.

Byron Bay: 02 6685 6254
Kingscliff: 02 6674 9500
Mullumbimby: 02 6684 1677
Murwillumbah: 02 6670 9400
Tweed Heads: 07 5506 7370

CARERS' SUPPORT GROUPS AND SERVICES

The following support groups and services are available for carers of people with mental health concerns:

- **Carers NSW:** An association for relatives and friends caring for people with a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or frailty. Carers NSW provides information and resources for carers including a free carer support kit and fact sheets. 02 9280 4744, www.carersnsw.asn.au

- **Commonwealth Respite & Carelink Centre:** Carer packages, retreats, information, social days, programs, support and financial assistance for respite and a young carers' program for people under the age of 26 years who take up a caring role with a family member who has mental illness. 1800 052 222, 1800 059 059
- **Family and Carer Mental Health Program (F&CMHP)** Support services to families and carers of people with mental illness and offers carer education, information, support and advocacy.
  - OFFICES: Lismore 02 6623 7401, Tweed Heads 02 6623 7401
  - Ballina Mental Health Carers Support Group: 02 6623 7402, 0409 818 643
  - Casino Mental Health Carers Support Group: 02 6623 7401
  - Grafton Mental Health Carers Support Group: 02 6649 3660
  - Kyogle Mental Health Carers Support Group: 02 6621 5675, 0428 716 431
  - Lismore Mental Health Carers Support Group: 02 6621 5675, 0428 716 431
  - Mullumbimby Mental Health Carers Support Group: 02 66237402, 0409 818 643
  - Tweed Heads Mental Health Carers Support Group: 07 5524 6927, 0408 892 816
  - Yamba Mental Health Carers Support Group: 02 6658 7831
- **Schizophrenia Fellowship:** Is a non-profit, community based organisation working in the field of mental illness. 02 9879 2600, www.sfnsw.org.au

COMMUNITY MANAGED ORGANISATIONS

- **Ability Links:** Help individuals to better engage with services, access work experience and support with social contacts, volunteering or other educational and training opportunities. 1300 792 940, www.fncabilitylinks.org.au
- **AIDS Council of NSW (ACON) Northern Rivers:** Services to gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS counselling & support. 02 6622 1555, 1800 633 637, www.acon.org.au
- **Bugalwena Aboriginal Health (Tweed Heads):** Crisis counselling and intervention, health education and awareness of health and mental health issues. 07 5513 1322
- **Buttery, The:** Support services for people with mental illness and drug &/or alcohol addictions. 02 6687 1111, www.buttery.org.au
- **Casino Mental Health Community Rehabilitation Service:** Case managed support services for people with mental illness or psychiatric disorders who are recovering from the acute stage of their illness.
- **CHESS Employment (Grafton):** Specialised employment service for people with mental health diagnosis or physical disability and PHaMS one-to-one outreach support. 02 6644 3222, www.chessemployment.com.au
- **Child & Adolescent Specialist Programs & Accommodation (CASPA Lismore):** Mentoring recovery service for young people with mental health issues. 02 6621 5446, www.caspa.asn.au
- **Child and Adolescent Trauma Counselling Service (CATCS):** Counselling and education service for children, adolescents and non offending caregivers. Free service for clients located in Lismore, Ballina, Byron Bay, Casino, Evans Heads, Kyogle and surrounds. 02 6621 9861
- **CRANES (Grafton):** Medium and long-term supported accommodation, as well as the Housing and Outreach Service. 02 6642 7257, www.cranes.org.au
- **Grow (Lismore):** Peer supported program for recovery, growth and personal development. 02 9633 1800, www.grow.org.au
- **Headspace:** Youth friendly health service for young people between the ages of 12 and 25. Services include counselling and medical, as well as mental health, and drug and alcohol counselling. Lismore: 02 6625 0200, Tweed: 07 5589 8700, www.headspace.org.au
- **Healthy Minds:** Healthy Minds provides mental health services to vulnerable people who cannot access Medicare subsidised psychological interventions. The service enables GPs, Psychiatrists and Paediatricians to refer people with mental health concerns to a Healthy Minds mental health practitioner. Mental health practitioners include psychologists, mental health social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers. 1300 137 237, www.healthynorthcoast.org.au/healthy-minds/

- **Interrelate:** To strengthen and support relationships for families, individuals, parents, children and couples. Services include counselling, mediation, dispute resolution, Family Law Case Management, Child Contact Centre, Family Relationship Centre, School Services, Personal Helpers and Mentors service (PHaMs), Aboriginal Community Development, Parent Education, Family Referral Service and Royal Commission Councelling Service. Located in Lismore with outreach to Ballina, Bryon Bay, Kyogle and Richmond Valley. 02 6623 2750, www.interrelate.org.au
- **Men and Family Centre:** Counselling for men, women and adolescents, especially those who have experienced violence, abuse, grief and loss. 02 66 22 6116, www.menandfamily.org.au
- **New Access:** NewAccess is a free service that provides support in the form of a coach. It's someone who can guide you in setting practical goals that will get you back on track. The service is for people who are experiencing a life stress resulting in sadness, irritability, anger, inability, to concentrate or sleep. 1300 137 934
- **New Horizons:** Accommodation & Tenancies, Employment & Education, Community & Social Participation, Daily Living & Independence, and Cultural & Spiritual Wellbeing. Grafton: 02 6644 3900, Lismore: 02 6626 0000, Tweed Heads: 07 5506 4300, www.newhorizons.org.au
- **Northern Rivers Social Development Council:** Support for vulnerable people in the area by providing community services, support, advocacy, social justice, conferences, education and encouraging interagency partnerships. 02 6620 1800, www.nrsdc.org.au
- **On Track Community Programs Inc:** Rehabilitation and accommodation for people with mental illness to help connect consumers to the community and develop living skills. Ballina: 02 6681 3622, Lismore: 02 6622 0309, Tweed Heads: 07 5524 6927, www.otcp.com.au
- **Partners In Recovery (PIR):** Coordinated support and flexible funding for people with severe, persistent mental illness and complex needs. The PIR program is implemented as a consortium. In Northern NSW the lead agency is Mission Australia 02 6658 5437, www.pirinitiative.com.au
- **Prema House Medical Centre (Lismore):** Ancillary medical services in social work for people with mental health problems. 02 6622 5030
- **Rekindling the Spirit:** Support and healing processes for Indigenous men and women. Family based approach mixing traditional healing with contemporary group and counselling. 02 6622 5534, www.rekindlingthespirit.org.au
- **Tarmons House (Lismore):** Affordable mental health services for people with GP Mental Health Care Plans. 02 6622 4453

NEIGHBOURHOOD CENTRES

The following neighbourhood centres offer mental health support services:

- **Casino Neighbourhood Centre LINKS program:** Group-based psychosocial rehabilitation activities for people living in the Casino region. 02 6662 2898, www.cnci.org.au
- **Nimbin Neighbourhood & Information Centre Inc (NNIC):** Emergency relief, crisis counselling, case management, drop-in centre (meals, blankets, soup kitchen) and an inclusive Vacation Care Program. 02 6689 1692, www.nnic.org.au
- **Mullumbimby & District Neighbourhood Centre:** A visiting outreach psychiatric nurse practitioner is available. 02 6684 1286, www.mnci.org.au
- **New School of Arts Neighbourhood House Inc. (Grafton):** Free general counselling and psychology services. 02 6640 3800

TELE-MENTAL HEALTH SERVICES

- ARAFMI NSW – Mental Health Carers: Support and advocacy for family and friends of people with mental health issues. 02 9332 0700, 1800 655 198, www.arafmi.org
- Butterfly Foundation for Eating Disorders, The: National service that includes support over the phone, via email and online to assist with eating disorders. 1800 33 4673 (1800 ED HOPE), www.thebutterflyfoundation.org.au
- Carers NSW Carer Line: Offers emotional support, referrals, and can distribute carer specific resources and information to carers, service providers and community members. 1800 242 636
- **Kids Helpline:** 24 hour phone counselling for children & youth. 1800 55 1800
- **Lifeline Northern Rivers:** 24 hour counselling for anyone about any issues. Face to face counselling also available. 13 11 14

- **Mental Health Access Line:** Available to people on the North Coast – from Tweed Heads in the north to Grafton in the south, south of Port Macquarie and west to the dividing range. 1800 011 511
- **Mental Health Association NSW:** Early intervention and health promotion initiatives which increase community awareness of mental illness and improve mental, social and emotional wellbeing for all. Free confidential helpline during business hours. Mental Health Information Service Line: 1300 794 991. Anxiety Disorders Information Line: 1300 794 992. www.mentalhealth.asn.au
- **OCD Anxiety Helpline:** Support, information and referral to people with anxiety disorders and their carers. 1300 269 438, www.arcvic.org.au
- **PANDA:** Perinatal depression phone counselling and referral service with online facts sheets. 1300 726 306, www.panda.org.au
- **QLife:** Phone and online counselling and referrals for people of diverse sex, genders and sexualities. 1800 184 527
- **SANE Helpline:** Information about mental illness and referral to local agencies. 1800 18 7263 (1800 18 SANE), www.sane.org/helpline
- **Schizophrenia Fellowship of NSW:** Support for people with schizophrenia, and their families and friends. 02 9879 2600, 1800 985 944, www.sfnsw.org.au
- **Suicide Call Back Service:** Phone and online counselling for people at risk of suicide or those bereaved by suicide.1300 659 467, www.suicidecallbackservice.org.au
- **Veterans and Veterans Families Counselling Service:** Counselling and case management for veterans of all conflicts and their families. 1800 011 046, www.vvaa.org.au

E-MENTAL HEALTH SERVICES

- **Anxiety Online:** see Mental Health Online.
- Adults Surviving Child Abuse: Leading national organisation working to improve the lives of Australian adults who have experienced childhood trauma and abuse. www.asca.org.au
- **Beacon:** Consumer and research reviews and rankings of online e-health programs. www.beacon.anu.edu.au
- **Better Health Channel:** Information and resource website which provides health and medical information that is quality assured, reliable, up to date, and easy to understand. www.betterhealth.vic.gov.au
- **Bipolar Caregivers:** Information website for caregivers of people with bipolar disorder. www.bipolarcaregivers.org
- BiteBack: Online activities, psychoeducation and positive psychology aiming to promote wellbeing and resilience in young people (12-25 years). www.biteback.org.au
- **BlueBoard:** Online community for people suffering from depression or anxiety, their friends and carers, and for those who are concerned that they may have depression. www.blueboard.anu.edu.au
- **Black Dog Institute:** Information website and portal for depression and bipolar disorder. www.blackdoginstitute.org.au
- **BRAVE Program:** An interactive, online program for the prevention and treatment of childhood and adolescent anxiety. The programs are free, and provide ways for children and teenagers to better cope with their worries. There are also programs for parents. www.brave4you.psy.uq.edu.au
- **Butterfly Foundation:** Telephone and web-based counselling, information and support for people affected by eating disorders. www.thebutterflyfoundation.org.au
- **Centre for Clinical Interventions:** Online program for coping with bipolar disorder, distressing feelings, anxiety, panic attacks, shyness, worry, eating disorders, and body dysmorphia. www.cci.health.wa.gov.au
- **Depression Net:** Information about Depression, help to access professionals and treatments throughout Australia. www.depressionet.com.au
- **Desk, The:** Online tools, quizzes, information and forums to promote mental and physical health and wellbeing in students. www.thedesk.org.au
- **eCentreClinic:** An online program for stress, worry, anxiety and depression in people aged 18-24. Also a course for Arabic speaking adults, providing practical skills for anxiety and depression. www.eCentreClinic.org
- **Eating Disorders Victoria Recovery Forum:** An online message-board for people (16 and over) with an eating disorder. www.eatingdisorders.org.au
- **e-couch:** Self-help programs for depression and anxiety using strategies drawn from cognitive behavioural and interpersonal therapies. www.ecouch.anu.edu.au

- **e-headspace:** A confidential, free and secure space where young people 12-25 or their family can chat, email or speak on the phone with a qualified youth mental health professional. www.eheadspace.org.au
- **EPPIC:** See Orygen
- **Feardrop:** Web-based graded exposure program for specific phobia. www.feardrop.com
- **In 2 Life:** Early intervention mentoring programs and various life skills programs for young people aged 12-16, aiming to bring about a sustained reduction in the incidence, prevalence and rate of homelessness, drug use, offending, early school leaving, suicide and non-lethal suicidal behaviour. www.in2life.org.au
- **It's All Right:** Stories and facts for teenagers about living with mental illness. www.itsallright.org
- **Kids Helpline:** Australia's only national 24/7 telephone and online counselling and support service for young people aged between 5 and 25 years. 1800 55 1800, www.kidshelp.com.au
- **Lifeline Crisis Support:** Phone and real time online counselling for people in crisis. 13 11 14, www.lifeline.org.au
- **Mensline:** Forums, information, referral service and telephone, online and video counselling for men. 1300 78 99 78, www.mensline.org.au
- **Mental Health Online:** A 12-week internet-based CBT treatment for depression, generalised anxiety disorder, panic disorder, PTSD, social anxiety, and bulimia. www.mentalhealthonline.org.au
- **Mental Illness Education Australia:** Coalition between Australian states and New Zealand to educate schools about mental illness. www.miea.org.au
- **MindHealthConnect:** Information website and portal to find mental health and wellbeing information, support and services from Australia's leading health providers, together in one place. www.mindhealthconnect.org.au
- **MindOUT!:** For people identifying as LGBTI. National mental health and suicide prevention project. www.lgbtihealth.org.au/mindout/
- **MindSpot Clinic:** Online information, practical skills and assessment to help people overcome OCD, PTSD, stress, anxiety and low mood. Also includes a culturally adapted course for Indigenous people. 1800 61 44 34, www.mindspot.org.au
- **MoodGYM:** Online mood training program. Learn cognitive behaviour therapy skills for preventing and coping with depression. www.moodgym.anu.edu.au
- **MoodSwings:** Online discussion board and self-help program for bipolar disorder. www.moodswings.net.au
- **myCompass:** Interactive self-help service that aims to promote resilience and wellbeing for people experiencing mild to moderate stress, anxiety and depression. www.mycompass.org.au
- **OCD! Not Me:** Online program including information, practical skills and support for young people (12-18 years) with OCD. www.ocdnotme.com.au
- **OnTrack:** Self-guided online interactive tools for depression and alcohol use. www.ontrack.org.au
- **Orygen:** The National Centre of Excellence in Youth Mental Health is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. www.orygen.org.au
- **PANDA:** Perinatal depression phone counselling and referral service with online facts sheets. 1300 726 306, www.panda.org.au
- **QLife:** Phone and online counselling and referrals for people of diverse sex, genders and sexualities. qlife.org.au
- **Reach Out:** Online youth mental health service designed to help 16-25 year olds learn and improve skills such as problem solving and resilience. http://au.reachout.com
- **Reach Out Central:** An online game designed to help 16-25 year olds learn and improve skills such as problem solving and resilience. http://roc.reachout.com.au
- **SANE:** The Carers Forum is an Australian service for families, friends and other carers of someone living with mental illness. www.sane.org
- **Schizophrenia Fellowship of NSW:** Information and resource website. 02 9879 2600, 1800 985 944, www.sfnsw.org.au
- **SomaZone:** Provides young people with clear, unbiased, non-judgemental and professional answers to any questions they may have about their health, including drug use, sexual health, mental health, harassment, relationships and body image. Service includes "txt a drug name" 0439 835 563 (0439 TELL ME), www.somazone.com.au
- **Suicide Call Back Service:** Phone and online counselling for people at risk of suicide or those bereaved by suicide. 1300 659 467, www.suicidecallbackservice.org.au
- **Suicide Prevention Australia:** Counselling to people in the community who are at risk of self-harm, or low to moderate risk of suicide. www.suicidepreventionaust.org

- **This Way Up:** Clinician assisted online CBT course for depression, anxiety, obsessive compulsive disorder, phobia, agoraphobia, shyness and stress. www.thiswayup.org.au
- **Virtual Clinic:** For consumers who wish to participate in online research for anxiety and depressive disorders. www.virtualclinic.org.au
- **Wellbeing Toolbox:** Online self-care strategies and tools to help veterans maintain their mental health and wellbeing. www.wellbeingtoolbox.net.au

SERVICE DATABASES AND LISTS

- **eMHPrac:** e-Mental Health in Practice has a well organised PDF of services by diagnosis, target group, and delivery mode. www.emhprac.org.au
- **Health Pathways:** Web-based repository of locally developed guidance on disease diagnosis, investigation, management and referral, including resources for patients and clinicians. Developed by local clinicians and freely available to all clinicians. manc.healthpathways.org.au
- **HSNet:** Human Service Network is a NSW database of services for ageing, disability, community welfare, health, justice, and housing. www.hsnet.nsw.gov.au
- **Infoxchange Service Seeker:** An extensive electronic health, welfare and community services directory. Service Seeker provides up-to-date information across a number of classifications including aged, counselling, disability, drug & alcohol, education & training, employment, ethnic, family, financial, health, housing, law, recreation and youth. www.infoxchange.serviceseeker.com.au
- **Social and Emotional Wellbeing Service:** Database of services and culturally sensitive programs for Indigenous people. www.sewbmh.org.au
- **Way Ahead:** Is a comprehensive mental health resource that has been updated annually since 1985 by the Mental Health Association NSW. www.wayahead.org.au

COMMONWEALTH MENTAL HEALTH TECHNOLOGY

- **Teleweb programme:** Evidence-based telephone and online mental health programmes for individuals with common mental health disorders and those in psychosocial crisis. Funded projects include: Adults Surviving Child Abuse, Butterfly Foundation, Black Dog Institute, MyCompass, BiteBack, Kids Helpline, Lifeline, Mental Health Online, CanTeen, OCD? Not Me!, QLife, ReachOut, SANE, This Way Up, and eMHPrac.
- **eHealth Record:** A personally controlled eHealth Record (PCEHR) is a secure online summary of your health information.
- **Project Synergy:** Technological solution currently being developed which allows data to be captured and stored across multiple services. The project will enable young people to experience a seamless user journey through mental health services.
- **MindHealthConnect:** Information aggregation website which provides content from leading health-focused organisations in Australia.
- **Telehealth MBS item (tele-psychiatry):** Access to specialist video consultations under Medicare to eligible rural and remote areas in Australia so patients do not need to travel to major cities for care.

MOBILE PHONE APPS

Please note that there are an extensive number (100+) of mobile phone Apps designed to assist with mental health and wellbeing. The ones listed below have been recommended by reputable Australian websites, but does not represent a comprehensive list of all quality Apps.

- **Act-Belong-Commit:** Encouraging people to promote their own mental wellbeing by being active, connecting with others and creating purpose in their life.
- **High-Res:** Helps serving & ex-serving ADF personnel manage immediate responses to stress and build resilience using a range of Cognitive Behavioural Therapy tools.
- **iBobbly:** Promote wellbeing and suicide prevention in Indigenous people. New version to be released soon.
- **PTSD Coach:** Helps people understand and manage the symptoms of post-traumatic stress disorder.
- **Recharge:** A six week program aiming to improve mood and energy levels by establishing a good sleep/wake routine.
- **Smiling Mind:** Teaches Mindfulness Meditation to young people and adults.
- **Stay Strong:** A structured mental health and substance misuse intervention using Indigenous specific content and imagery in a computerised format.
- **Talking Anxiety:** Help people learn more about anxiety disorders and discover techniques that help.
- **Talkspace Therapy:** Receive advice & guidance from licensed therapists directly on a mobile device, anytime, anywhere.
- **TruReach:** Self-help cognitive behavioural therapy in quick 5-minute lessons.

Appendix 2 - Sponsor Group Members

The Sponsorship Group was convened in 2013 to provide oversight for the initial stages of the development of the Mental Health Integration Plan. Its members constituted:

- Chris Crawford (Chief Executive – Northern NSW Local Health District)
- Deborah Monaghan (Board Member, Mental Health Forum - Northern NSW Local Health District)
- Jem Mills (Practice Leader, Partners in Recovery - Mission Australia)
- Jonathon Munroe (Clinical Head, Counselling & Disability Support Services - Southern Cross University)
- Leon Beveridge (Peer Support Worker - Interrelate)
- Richard Buss (Director, Mental Health and Drug & Alcohol - Northern NSW Local Health District)
- Wayne Jones (Chief of Staff, Chief Executive Unit - Northern NSW Local Health District)
- Vahid Saberi (Chief Executive – North Coast Primary Health Network)

The service provided by the Sponsor Group will now be provided by the Integration Council of the Mental Health Collaboration.

Appendix 3 - Regional Leaders Interagency Meeting

Participants in the Northern NSW Mental Health Integration Workshop, 25 March 2015 included:

- Angelina Fixter (Chief Executive — CRANES)
- Annette Rusby (Community Services Manager, Mental Health, Children, Youth and Family — CRANES)
- Carl Patterson (Executive Manager, Manager Operations — On Track Community Programs)
- Gavin Dart (Manager, Reporting Performance and Partnerships — North Coast Medicare Local)
- Jan Barling (Senior Coordinator, MHIP — North Coast Medicare Local)
- Jem Mills (Practice Leader, Partners in Recovery — Mission Australia)
- John Mundy (Executive Director — The Buttery)
- Kym Langill (Director, Planning Contracts and Development — Family and Community Services)
- Mike Pearce (Senior Regional Coordinator — Department of Premier and Cabinet)
- Richard Buss (Director, Mental Health and Drug and Alcohol — Northern NSW Local Health District)
- Tony Davies (Chief Executive — Northern Rivers Social Development Council)
- Tony Stanford (Duty Operations Manager — NSW Ambulance Service)
- Wendy Pannach (Manager — headspace)

Apologies were received from the Department of Education, FSG, CHESS Employment, NSW Police and New Horizons.

Appendix 4 - Online Survey Questions

Northern NSW Mental Health Integration Plan

Background information and confidentiality

Regional leaders of Mental Health services are currently facilitating the development of a Mental Health Integration Plan for the Northern NSW Local Health District region, from Tweed Heads to Grafton.

Critical to the success of the plan will be the collaboration between people with lived experience of mental ill-health, carers and workers in government and non-government agencies in the field of mental health. We are including these stakeholders in the planning process through: a Reference Group; this survey; local focus groups with service providers and consumers; and a Regional Planning Forum scheduled for 3 June 2015.

Purpose: The purpose of this survey is to identify mental health integration and collaboration priorities for the Regional Planning Forum

Time: This survey will take approximately ten minutes to complete the eight questions.

Confidentiality and consent: Your confidentiality is assured, you and your computer will not be individually identified in any survey results that are collected, published or presented. Submission of this online survey is considered as evidence of informed consent to participate.

About you

1. From what perspective are you answering this survey?

- ◯ Person with lived experience of mental ill-health
- ◯ Carer for someone with mental ill-health
- ◯ Community Service Worker
- ◯ Mental health peer worker *(supportive worker with lived experience of mental*
- ◯ Health professional *(counsellor, occupational therapist, doctor)*
- ◯ Mental health professional *(community mental health nurse, psychologist, psychiatrist)*
- ◯ Mental health professional in acute setting *(inpatient acute mental health service)*
- ◯ Health, legal, law enforcement, rehabilitation or social service employee who refers into mental health
- ◯ Supportive agency *(accommodation, corrections, family services)*

2. Please tell us the postcode where you: primarily work; or if you are a carer or identify as a person with lived experience of mental ill-health, where you live?

_____

Your service and agency

3. Please select the statement that best describes your main service to the community?

- ◯ Administration Officer
- ◯ Ambulance Officer
- ◯ Community Services Worker
- ◯ Corrections Officer
- ◯ Employment Services Worker
- ◯ General Practitioner
- ◯ Housing Worker
- ◯ Manager
- ◯ Occupational Therapist
- ◯ Peer Worker
- ◯ Police Officer
- ◯ Project/Policy Officer
- ◯ Psychiatrist
- ◯ Psychologist
- ◯ Registered Nurse
- ◯ Researcher
- ◯ Social Worker
- ◯ Other (please specify)

_____

4. Please select the statement that best describes your main employer or agency of service?

- ◯ Australian Government
- ◯ Community Managed Organisation *(Non-Government Organisation)*
- ◯ NSW State Government
- ◯ Northern NSW Local Health District
- ◯ Private Primary Health Care Organisation
- ◯ University
- ◯ Other (please specify)

_____

The vision for the plan

Draft vision for the Mental Health Integration Plan

" A system of integrated, co-ordinated and collaborative care that supports people in our communities with mental ill-health on a seamless journey of recovery through developing a meaningful and contributing life."

It is acknowledged that this vision is ambitious in scope; therefore, the Mental Health Integration Plan will be the first step of a long journey which we expect will evolve over time.

5. Do you support this vision?

◯ Yes ◯ No

Please feel free to comment on the draft vision

_____

_____

_____

The vision for the plan

6. In your experience, which group of people have the greatest need for more service integration and coordination?

- ◯ People with severe mental ill-health – *those who are managed in the community and occasionally in acute inpatient facilities*
- ◯ People with moderate mental ill-health – *those who are managed by health care services such as GPs, psychologists and private psychiatrists*
- ◯ People with mild mental ill-health – *those who are agents for their own care with access to friends and family, e-health, self-help, or possibly no care*

Priorities and feasibility

The first step of the Northern NSW Mental Health Integration Plan will be to focus on a few areas of highest priority and feasibility that will lead to increased collaboration, integration and improved service outcomes.

Research has identified factors that contribute to the provision of good integrated care for people with mental ill-health. These factors are described briefly below. Please rate them in terms of priority and feasibility, within our current local context.

Reference: Mental Health Foundation (2013), Crossing Boundaries: Improving integrated care for people with mental health problems. London, Institute of Psychiatry, Kings College.

7. Priorities and feasibility

Priority

1. *Somewhat important* ***2.*** *Important* ***3.*** *Very important* ***4.*** *Absolutely critical*

Feasibility

1. *Somewhat feasible* ***2.*** *Feasible* ***3.*** *Very feasible* ***4.*** *Absolutely can do*

	Priority	**Feasibility**
Information-sharing system	_____	_____
Shared protocols	_____	_____
Joint funding and commissioning	_____	_____
Co-located services	_____	_____
Multidisciplinary teams	_____	_____
Liaison services	_____	_____
Care Navigation	_____	_____
Research	_____	_____
Reduction of stigma	_____	_____

QUESTION CLARIFICATION

Information-sharing sytstems - compatible information systems within and across different organisations.

Shared protocols - detailing responsibilities of two or more organisaitons so an agreed service or outcome is delivered in a coordinated way.

Joint funding and commissioning - combined health, social care and other budgets at a local level to jointly plan, implement and evaluate services and activities.

Co-located services - locating primary care and specialist mental health staff in services that are commonly attended by people with mental ill-health settings.

Care navigation/Case management - workers who can help people with mental ill-health navigate their way through complex systems across health and social services, and facilities integrated care packages.

Reduction of stigma - creating a community environment that supports a truly integrated response to mental ill-health.

Personal experience

8. Please share your personal experiences of someone with mental ill-health, where:

- service integration has assisted a beneficial outcome;or
- where a lack of service integration has negatively impacted wellbeing

FINAL QUESTION

Please do not include names of individuals

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

THANK YOU

Thank you for completing this survey and contributing to setting the priorities for the first step of the Northern NSW Mental Health Integration Plan.

If you wish to stay informed about. or be further involved in the development of the Northern NSW Mental Integration Plan, simply send a blank email to **mcohen@ncml.org.au** with the subject **"MHIP"**

Appendix 5 - Focus Group Participation

The following groups or agencies participated in focus group discussions:

- Aid Council of NSW (ACON)
- Buttery, The
- Child & Adolescent In-Patient Unit (CAIPU)
- Child & Adolescent Specialist Programs & Accommodation (CASPA)
- CHESS Employment
- Community Mental Health Services (Byron)
- Community Mental Health Services (Lismore, Casino, Ballina)
- Community Mental Health Services (Tweed)
- CRANES Community Support Programmes
- Family and Children's Services (FACS)
- Grow
- Interrelate
- Jullums
- Lismore Adult Mental Health Unit (LAHMU)
- Legal Aid
- Local Health District - District Office
- MERIT Program
- Mission Australia
- New Horizons
- Ngunya Jarjum
- Northern Rivers Social Development Council (NRSDC)
- On Track
- Partners in Recovery
- Police
- Rekindling the Spirit
- Tarmons House
- Winsome Hotel, The

Appendix 6 - Regional Planning Forum Participation

The following groups or agencies participated in the Regional Planning Forum:

- AIDS Council of NSW
- Anglicare North Coast - Ballina and Head Office
- CHESS - Coffs Harbour & Grafton
- Child & Adolescent Specialist Programs & Accommodation
- Community Health, Ballina
- Department of Family and Community Services (FACS)
- FSG Australia
- Goonellabah Medical Centre
- GROW
- Headspace - Lismore
- Department of Housing (FACS)
- Interrelate - Lismore
- Lismore Aboriginal Medical Service
- Lismore Base Hospital
- Mental Health Commission of NSW
- Mid North Coast Local Health District - Coffs Harbour
- Mission Australia
- New Horizons Enterprises - Tweed Heads
- North Coast NSW Medicare Local - Port Macquarie, Mid North Coast, Tweed Valley, Ballina
- North Coast TAFE - Lismore Campus
- Northern NSW Local Health District
- Northern Rivers Community Legal Centre
- Northern Rivers Social Development Council
- NSW Agency for Clinical Innovation
- NSW Department of Premier & Cabinet
- NSW Police Force - Coffs Harbour, Lismore
- On Track Community Programs - Tweed Heads, Lismore
- Rekindling the Spirit
- Tarmons House Mental Health Service
- The Buttery
- Tweed Hospital
- Winsome and Lismore Soup Kitchen Inc
- Tweed Byron Mental Health Network
- YWCA NSW - Northern Rivers Region

Appendix 7 - Regional Planning Forum Agenda

0845 Doors open
0900 Welcome to Country by Nancy Walke
0905 Welcome by Chris Crawford (CE LHD) and Vahid Saberi (CE NCML)
0915 “Living Well” - Carlton Quartly (Mental Health Commission of NSW)
0930 “Integration” - Chris Shipway (NSW Agency for Clinical Innovation)
0940 Welcome by facilitator Clayton Dunn (NRSDC)
0945 Geography, Demographics & Epidemiology
Key priorities from online survey and focus groups

Workshop 1 - Exploring

1015 Round #1 - *What does the priority mean to us in NNSW?*
1030 Round #2 - *In a perfect world . . .*
1045 Morning Tea
1100 Round #3 - *What’s working now?*
1115 Round #4 - *How can we improve?*
1130 Share
1200 Lunch

Workshop 2 - Solutions & Strategy

1230 Priority Focus (groups)
1320 Priority Focus (combined groups)
1350 Summarise and share
1420 Voting
1445 Afternoon tea

Ownership

1500 Results of voting
1515 Ownership and working groups
1445 Closing Speech
1600 End of Program

Appendix 8 - Regional Planning Forum Voting Charts

PRIORITY 1. CARE NAVIGATION

Mental Health Integration Plan - Regional Planning Forum - 3 June 2015

What change do we want to achieve? Who do we want to effect?	Strategies	What should be done before December 2015?	What should happen before July 2016?	What needs to happen before July 2017?	Who will do this?
1.1 Common, consistent, person centred care (PCC) approach to, and understanding of, planning and coordinating care for empowering consumer-driven MH care and service collaboration. 64 votes	Co-location Common documentation and guidelines: consent, care plan, assessments Central database identifying: • Client • Care navigator • Consent • Plan • Progress/Outcomes • Care team Shared definitions and understanding of • care coordination • care navigation • case management Systems, processes, structures for building relationships and networking. Encourage use of employed peer support workers in every agency delivering MH services.	1) Form steering group: consumers, carers and Aboriginal community representation 2) Recruit project officer 3) Identify funding for project officer	• Database established • Tools and guidelines agreed upon • Co-location sites identified • Services and providers identified	Professional development delivered across sector re: guidelines and tools.	

PRIORITY 2. STIGMA REDUCTION

Mental Health Integration Plan - Regional Planning Forum - 3 June 2015

What change do we want to achieve? Who do we want to effect?	Strategies	What should be done before December 2015?	What should happen before July 2016?	What needs to happen before July 2017?	Who will do this?
2.1 Public Awareness Campaign 24 votes	• ACT, BELONG, COMMIT • C3A hub • Headspace community engagement	• Involve council. • Interdepartmental committee group to enhance MH Month. • Network existing community education projects/plans.	• Airport and Airline campaign. • Newspaper – local MH stories. • Headspace becomes a hub for regional community education initiatives.		• Headspace • Partners in Recovery • Canal • Byron Youth Theatre
2.2 School/TAFE (& Family) Education 27 votes	• MH First Aid	• School drama • Peer stories at school Reference group	• Distribute MH show-bags of materials at rural events. • MH First Aid Kit.	• Primary Health Network	
2.3 Mad Pride Festival 29 votes	• Influential role models • Peer workers	• Identify MH ambassadors		• A Mad Pride event • Permanent 'madhouse' museum	• ACON • Cross sector working party
2.4 Community Narrative Project 17 votes	• Having a common language • Talking about personal stories				PIR ?
2.5 Practice Based Evidence (transition point qualitative data) 4 votes	• Power of real life stories • Rich qualitative data	• Working group across sectors • Identify transition points	• Develop research project with local partners • Implementation plan • Evaluation process		• PHN / LHD • Universities
2.6 Shared Training 1 vote		• Community based share building (New & Innovative-Best Practice) • Shared training • Educating professionals			

PRIORITY 3. MULTIDISCIPLINARY TEAMS

Mental Health Integration Plan - Regional Planning Forum - 3 June 2015

What change do we want to achieve? Who do we want to effect?	Strategies	What should be done before December 2015?	What should happen before July 2016?	What needs to happen before July 2017?	Who will do this?
3.1 Hub • Virtual/actual links of service delivery • Consumer driven MDT We want to effect: • Consumers/participants • Service deliverers • Greater public awareness and access **34 votes**	• Hub model 'Winsome Hotel' • GP Super Clinic • Multi-skilled staff to underpin process • Palliative Care • AMS	• Co-design workshops (each valley) • Identify stakeholders • Identify model • Scoping Prototype model developed for testing	• Trial prototype • Identify joint training initiatives e.g. Trauma Informed Care • Test process and systems against established models • Shared governance protocols	• Evaluation & Model recommendations • Funding • Information transfer • Governance • KPIs	• PHN • AMS • LHD
3.2 Education/Awareness MDT Integration Teams **35 votes**	• **Cross pollin**ation • MH First Aid • Trauma Informed Care • Person Centred Care • Peer workers / I.P.S. • Carer input • ASSIST	• Develop database of what is available / where • Identify training champions within organisations • Identify priorities for training • Connect to Regional Training Collaborative • Common language	• Evaluate and review - plan forward (Evidence based current practice) • Prioritise use of resources - $s • Liaise with training providers re development of courses • Disseminate info re: learning opportunities and types	• Develop regional training register (all) e.g. NRSDC model • Further evaluation and development • Outreach opportunities	• Passed to the decision makers and money holders

PRIORITY 4. INFORMATION-SHARING SYSTEMS

Mental Health Integration Plan - Regional Planning Forum - 3 June 2015

What change do we want to achieve? Who do we want to effect?	Strategies	What should be done before December 2015?	What should happen before July 2016?	What needs to happen before July 2017?	Who will do this?
4.1 Seamless, streamlined system of communication accessible to consumers and service providers 34 votes	• Encourage consumer led info-sharing • Flexibility • Peer support info sharing • Advanced care directives • WRAP	1) Formation of a working group of peak bodies to develop shared multisectoral/ multicultural info-sharing communication plan 5) Coordinate sharing of GP contact details (email) between Medicare Local database and LHD/hospitals/ ambulance/police 6) Discharge info pack with 6 weeks follow-up by peer support worker	2) Draft agreed code of conduct and unified policy for info-sharing and clear info-sharing map (emphasis on consumer input) 7) Training for all involved with WRAPs and ACPs	3) All agencies sign up to united info-sharing policy. Accountability? 4) Community education process about policy	1) PIR or PIR grants, other grants to fund project worker. Or Headspace & DPC and LHD & PHN 2) & 3) – Working Group 4) TBA or lead agency or NRSDC 5) LHD & PHN 6) LHD 7)

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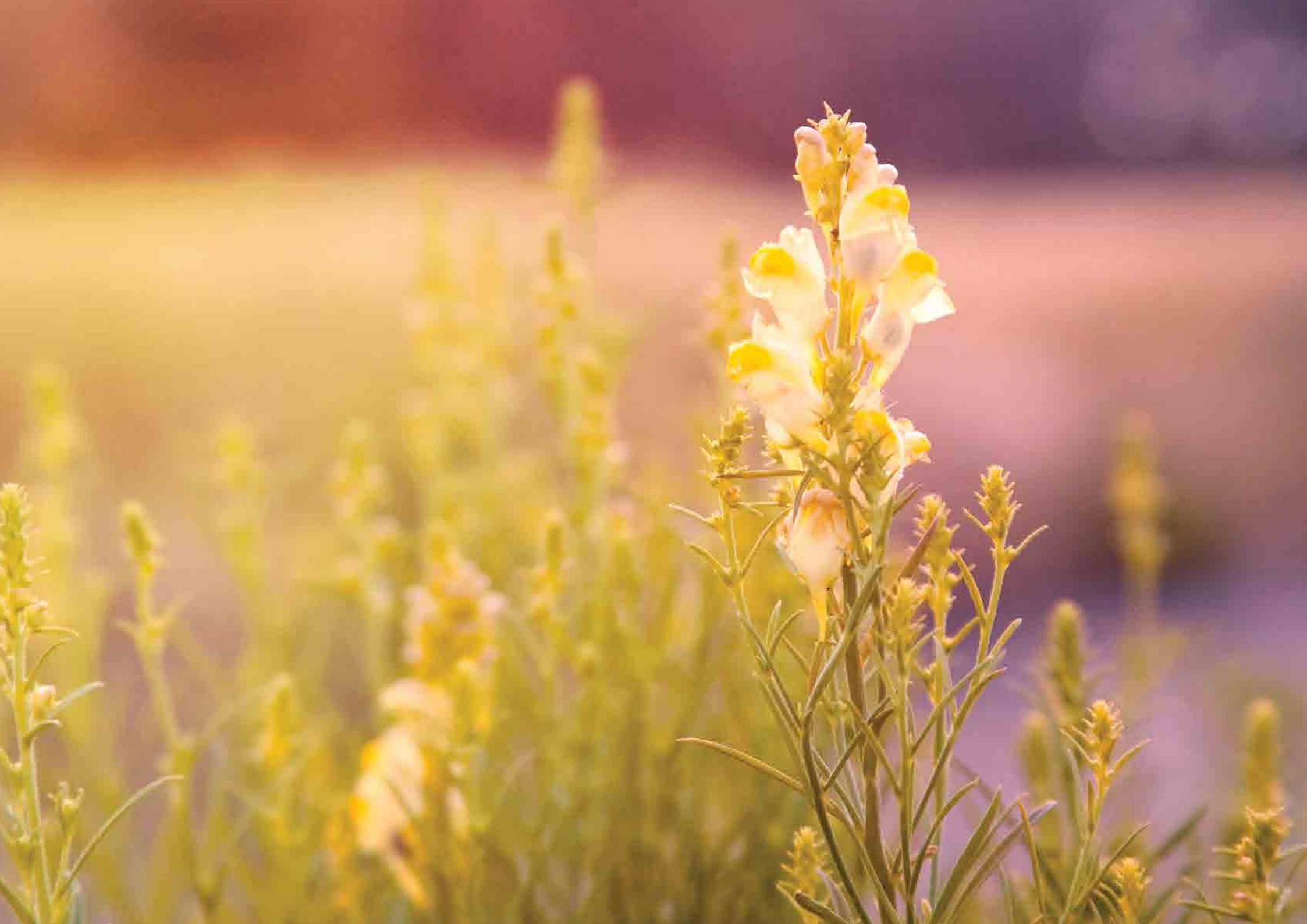

We acknowledge the oneness and equality of humankind in all its dimensions of race, gender, belief, preference and age.
We recognise the magnificent diversity of humankind as a strength and precious gift.
We see all forms of prejudice as a violation of human nobility and a barrier to building a more united society.
We acknowledge the traditional custodians of Australia and their continuing connection to land, sea and community.
We respect the elders past and present and express our heartfelt apology for the injustices endured by Aboriginal people of our nation.
We will continue to strive, day by day, for our thoughts and actions to reflect these truths and sentiments.