Examples of reform initiatives and innovative practice across NSW

December 2015

Supporting paper for:

One year on progress report on the implementation of

Living Well: A Strategic Plan for Mental Health in NSW 2014-2024
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A key initiative under the mental health reform agenda is the *Pathways to Community Living*. This is a coordinated state-wide program led by the NSW Ministry of Health in collaboration with Local Health Districts (LHDs) with the overall objective of improving care pathways for people with enduring mental illness to decrease long admissions and transitioning approximately 380 people receiving long term mental health hospital care to new community accommodation. In a few instances this will involve inpatient care.

The program has arisen from evidence that suggests people with severe and enduring mental illness experience better quality of life and improved health and social outcomes if they can be supported to live in the community; in an environment that they can call home and that provides opportunities to engage with their community.

Key to the success of *Pathways to Community Living* is a person-centred and recovery-oriented approach with consumer led care and tailored assessment, planning, transition and support processes for each individual wishing to transition from hospital to community living. This is being supported by the development of community residential options, partnerships with community managed organisations and the enhancement of specialist public community mental health services to specifically support people who will transition to the community.

Significant collaborative work between LHDs and the Mental Health and Drug & Alcohol Office has progressed to make this happen, with the formation of working groups in key LHDs, workshops and information sessions for families, carers and staff, and a Dialogue Day Series to promote clinician engagement and exchange of ideas.

Significant progress has been made towards these goals including the development of state-wide governance processes for the Initiative, formation of a state-wide steering committee, the development of a program logic framework, data and information plan, and an evaluation structure.

The *Pathways to Community Living* Initiative Assessment Task Group was formed specifically to develop the core set of objective clinical tools that would help to inform the decision making of consumers, their families and carers and to identify the type of support needed to assist those individuals wishing to transition to community living, and to. The proposed tools will help monitor and support the transition process and extend existing NSW Health outcome measures and the *Pathways to Community Living* Initiative’s individual information collection process by providing a clinical profile of each individual’s personal strengths, capacities and functioning from which change and wellbeing can be objectively monitored. This information will also help inform ongoing health management, rehabilitation and receiving services and facilities to aid the transition process. A pilot assessment site in WNSWLHD has been working closely with Initiative project officers to trial processes and tools and has been instrumental in testing the acceptability of these with consumers, carers and clinicians.

Key stakeholders have been engaged and provided with opportunities for collaboration and input. These include the NSW Mental Health Commission, Mental Health Review Tribunal, Public Guardian, Public Trustee, peak bodies including Mental Health Coordinating Council, Aged and Community
Residential aged care facility-based services are the first phase of new service development. Substantial industry engagement has occurred in order to support the readiness of non-government residential aged care providers to deliver specialist residential aged care services for older long stay consumers with mental health and aged care needs in partnership with specialist public mental health services, and the sector’s understanding of the proposed models of care, desired outcomes and expectations of providers. Substantial work is well underway in preparing LHD mental health services to support these partnership models, and a procurement plan has been developed to support a competitive tender process for these services in late-2015.

The next phases of the initiative are:

- In 2015-16, all (approximately 380) long-stay consumers will be assessed to determine individual requirements to transition from hospital to community, where possible. Existing supports for individuals such as the National Disability Insurance Scheme will be considered.
- Tender processes and service development for older long-stay consumers will be progressed from late 2015, with establishment of new services expected to commence in mid-2016.
- Over the next two years, it is expected that up to 100 patients (around 25 per cent) will begin to transition to more appropriate care in the community.

Evaluation of the initiative will include measurement of the number of individuals who have transitioned to community living and related measures of quality of life and engagement in their community. Key performance indicators that align with the National Health Performance Framework will be essential components of Service Agreements with community managed organisations. The Initiative will be subject to thorough qualitative and quantitative evaluation which will be underpinned by the overarching evaluation framework for the Initiative.

The work required to successfully transition this number of people, many who have experienced significant adversity in their lives and have spent months, years and even decades, living in hospital should not be underestimated. This Initiative must draw on and is drawing on evidence and experience from other agencies in NSW such as Ageing, Disability and Home Care, other Australian jurisdictions and other countries to inform this process.

**THE WELLBEING FRAMEWORK FOR SCHOOLS – MINDFULNESS SCHOOLS INITIATIVE**

Other than Ministry of Health initiatives, the Department of Education’s Wellbeing Framework for Schools has been the most comprehensive response to wellbeing actions in *Living Well* to date.

The Wellbeing Framework recognises the pivotal role of teachers in providing learning experiences and opportunities that connect character development in children and young people with wellbeing, which in the longer term will shape the values and attitudes of the society in which they live.

Released in May 2015, the Wellbeing Framework takes a strengths-based approach to enhancing student wellbeing and provides a comprehensive package of $167.2 million of new support for
public schools across NSW over five years. The investment includes $80.7 million to employ 236 additional school counsellors, in addition to existing expertise provided by more than 4,000 specialist staff, including counselling services, specialists in learning and behaviour, and more than 100 specialist behaviour settings for students who need more intensive support across NSW public schools.

Twenty-one Networked Specialist Centres are being established state-wide to facilitate coordinated responses from government and community organisations to support students experiencing complexity. One example is an initiative to promote “mindfulness” practice in the network of schools within the Wagga Wagga Operational Directorate (this area includes communities from Broken Hill to Mildura and stretches east to Eden and Wollongong).

Mindfulness practice has been shown to help people learn more effectively, think more clearly and perform better. Students and teachers are trained in “mindfulness” to direct their attention to their experience as it unfolds, moment by moment, and to respond skilfully to whatever is happening right now.

A working group established to coordinate the initiative will tackle the challenges and opportunities associated with sustainably implementing evidenced-based mindfulness strategies and to date eight Networked Specialist Centres in the Wagga Wagga Operational Directorate, in collaboration with their local school principals, have commenced this exciting wellbeing initiative. Challenges include the remoteness of a number of the schools involved, providing training to schools, and supporting schools to embed the approach within their planning cycle.

Broulee Public School on the NSW south coast has worked with its whole school community, providing training for staff, parents and children. Broulee Public Schools Principal, Sue Lowe, says that:

‘Our school introduced the Mindfulness program as part of a focus on staff health and wellbeing. During the school’s initial research into Mindfulness, we were very careful to select a researched based program - Mindfulness-Based Cognitive Therapy from Oxford University - that was specifically directed at schools. The initial training was delivered by Jean Watson who is an internationally accredited Mindfulness consultant and trainer. Ms Watson delivers Mindfulness courses and workshops to teachers and lecturers at schools and universities in England and Australia.’

There is extensive evidence and research to support that Mindfulness programs can have a positive long term impact on stress reduction, mental health, anger management, academic focus, communication and overall wellbeing.

Kindergarten children report that:

- “Mindfulness clears my mind.”
- “It makes people calm and slows them down.”
- “You can relax.”
- “If you are sad it makes you feel happier”
- “It's like you are inside your own space.”
It is anticipated that in the future, more schools will be mindfulness training hubs for the broader community, as a means of promoting and maintaining positive mental health and wellbeing.

**CHILD AND YOUTH MENTAL HEALTH IN WESTERN SYDNEY CO-DESIGN INITIATIVE**

A partnership between Western Sydney Local Health District (WSLHD) and Western Sydney Family and Community Services (FACS) District developed in 2013 culminated in a partnership and joint redesign of child protection services in early 2015.

This work has led to the two agencies partnering in another co-design initiative to redesign mental health service provision in Western Sydney for children and young people (0-24 year olds), so that consumers get the service they need in the community where they live.

At the centre of this process is the consumer’s voice, providing a better understanding of their experiences with mental health services and areas of improvement to meet the current and future needs in Western Sydney.

Multi stakeholder design workshops identify potential solutions and design prototypes to be tested and retested with consumers and workers, to inform the design for better provision of care through a coordinated and integrated service system.

The project leverages excellent cross-agency relationships within Western Sydney, and includes collaboration between WSLHD, FACS, Education, Police and Justice Health, as well as Sydney Children’s Hospitals Network, Mental Health Kids, the Primary Health Network, non-government organisations and advocates. The aim of the co-design process is for all these organisations to work together for the benefit of the consumer.

Current barriers and challenges to be overcome include people working in silos and the system being disconnected. “Almost every part of the mental health system is at or beyond capacity. Clients find it incredibly difficult to navigate the service system and services are not integrated” says Lisa Charet, District Director, Western Sydney District, Department of Family and Community Services.

“The major challenges we have already overcome are demarcation between agencies over individual cases. Often we have had to step outside policy or current systems to be able to collaborate on individual cases and have a focus on designing the right service at the right time for clients, rather than trying to make them fit within the current service system”.

While overall the initiative will provide better outcomes for consumers there are still some challenges that need to be overcome. This involves creating cultural change at all levels in the agencies to embed this approach as business as usual and also to gain permission from all levels up to the Ministry of Health to try new ways of working and gaining fundamental change.
SOUTHERN NSW ROAD SHOW - BEGA VALLEY SHIRE COUNCIL

In the spectrum of mental health supports, local government is ideally positioned to have a focus on prevention and promoting community resilience and wellbeing. While there are many great examples of this across NSW, Bega Valley Shire Council is taking their role in supporting their local community’s wellbeing very seriously.

Providing children’s and young people’s services, leisure and recreation infrastructure, and community leadership in suicide prevention are all identified by Bega Valley Shire Council as being their ‘job’ in the mental health reform journey.

“As a shire council, we have infrastructure that supports health and wellbeing, and we have the connections within the community,” says Anthony Basford, the Council’s group manager of Community Relations and Leisure. “Sports groups and youth groups, our community halls and libraries, these are all places and activities that encourage community connections. The spaces we manage are also ideal for running programs that promote mental health. People know them, they already use them and they trust them.”

The Council runs a range of activities for people at “all the different ages and stages of life” says Basford. It is looking to expand its library-based programs and to take over management of additional premises that could be used for community activities, including mental health programs. It has helped to establish a mobile Police Citizens Youth Club and would like to see more mobile mental health and wellbeing services in the area.

With a strong focus on young people and the Council runs its own youth council. “[The council] is not just about giving young people a voice but also about providing a place where young people across the shire can come together to talk about issues that are important to them,” says Basford.

“We look at how we can support families to support their children,” says Cr Michael Britten, the shire’s mayor. The Council’s Children’s Services and Community Development teams work with local agencies to support a number of vulnerable local families.

Bega Valley Shire Council does not overlook the mental health and wellbeing of its own staff, either. It is the second largest employer in the shire, after Bega Cheese, and mental health literacy within the organisation is high.

Mental illness has touched the lives of several staff members and a number of youth suicides in the shire some years ago also “raised eyes” to the issue of mental health in the community, says Liz Seckold, the shire’s deputy mayor, and chair of the local Suicide Prevention Advocacy Network (SPAN). In the wake of those suicides, all of the Council’s senior staff undertook Mental Health First Aid training and those people continue to encourage openness about mental health issues. Stigma around mental illness within the organisation is low.

“Mental Health First Aid training is also particularly important for our staff working in front counter positions,” says Basford. “They are the people who have day-to-day interactions with the
community. It’s important that they can recognise issues that are affecting not just their colleagues but also people coming in to use council services.”

**LIKEMIND PILOT**

In January 2015, *LikeMind* Penrith opened its doors to the public as the first of two new mental health services commissioned by the NSW Ministry for Health, to support reform readiness, and a move to a consortium model of mental health that provides wrap around services and holistic care. *LikeMind* Seven Hills followed in October 2015, officially opened by the Honourable Pru Goward, Minister for Mental Health.

*LikeMind* is a mental health service bringing together a range of community support and allied health services in one location, to provide consumers and their families with a one stop shop within a safe environment. Acting as a central hub, *Likemind* clients can access an array of mental health services, and other health professionals such as psychologists and psychiatrists, who will work together in a shared decision making capacity with consumers and their families, and other service providers involved in their care.

As a wraparound service, the *Likemind* model involves several consortium members, each with a different part to play in improving the overall wellbeing of the consumer.

Maintaining momentum, ensuring that the consortium and community interest continues to grow has proven to be a challenge as the program has established itself. There has also been some challenges attracting private practitioners and enabling the establishment of good therapeutic relationships, with clients that freely engage. Recruiting and retaining experienced staff that are passionate about the *Likemind* model and instrumental in the project progression is also an ongoing challenge.

**SOUTH WESTERN SYDNEY PARTNERS IN RECOVERY - NO WRONG DOOR**

The *No Wrong Door* initiative was launched in South Western Sydney Local Health District in October 2015 as an initiative to break down the barriers for consumers accessing mental health services. Developed by Partners in Recovery South Western Sydney, *No Wrong Door* aims to take the confusion and frustration out of navigating the health system and giving consumers multiple points of entry to the right services throughout their recovery journey.

Prior to the initiative being launched, Partners in Recovery South Western Sydney had heard constantly from consumers that their attempts to find services was extremely difficult and they experienced many barriers in trying to find support.

Partners in Recovery South Western Sydney imagined a local community where services can work together so that someone with a mental illness and their carer could access any service, and that no door is closed to any person in their time of need.

So Partners in Recovery South Western Sydney, through collaboration with other services, worked on developing a clear and quick pathway to help people navigate through the mental health support
systems in South Western Sydney by providing easy access to information and resources for people with mental illness in the area.

In consultation with stakeholders, including consumers and carers, Partners in Recovery South Western Sydney committed to provide multiple targeted resources as part of the No Wrong Door initiative, which includes:

- No Wrong Door Access App
- No Wrong Door website
- Mental Health Charter for SWS
- Training and consultancy services necessary to embed recovery oriented practices.

The Access App helps people know what to do in a mental health crisis, find mental health resources and information, and find health professionals. There is also a specific app for friends and family members who are concerned or caring for a person in mental distress. The Access App has been well received by people needing to access services as it is easy to use and tailored to their information needs.

The website, along with providing a direct link to the Access App, has a short video clip of the No Wrong Door initiative as well as information about the Mental Health Charter SWS and its signatories.

The Mental Health Charter SWS is a local collective commitment to an overarching ‘No Wrong Door’ approach and recovery oriented practice. Signing onto a Mental Health Charter commits organisations to the development of a Recovery Action Plan and continuous monitoring. To date, 21 organisations in SWS have signed the Charter and are developing Action Plans. This will ensure that all these organisations share a common vision and commitment to work towards a No Wrong Door. Feedback on the No Wrong Door initiative has been overwhelmingly positive. Consumer and their carers report that it is a relief that someone understands their frustration in attempting to navigate the system and that finally their frustrations are being heard.

In terms of next steps, Partners in Recovery South Western Sydney continue to use this collective impact approach to define mutually agreed system improvement objectives between Charter signatories and to further develop the Access App to respond to user feedback and to explore its application to others areas of NSW.

THARAWAL ABORIGINAL CORPORATION, AIRDS

Tharawal in Sydney’s Macarthur region is an integrated multi-disciplinary Aboriginal medical service designed to accommodate the cultural and wellbeing needs of the local Aboriginal community. The service runs several ‘Close the Gap’ programs, including chronic disease prevention, tobacco control, and maternal and infant health and aligns with many of the key actions for mental health reform prevention and early intervention.

A team of GPs and on-site health services including Dentistry, Cardiology, Endocrinology, Immunology, Renal Medicine, Orthopaedic Surgery, Paediatrics, Ear, Nose and Throat Surgery are available to provide comprehensive healthcare to clients. A Social and Emotional Wellbeing team provides a range of mental health services with integrated case management and the on-site allied health services team comprise Psychologists, Sexual Health and Alcohol and Other Drugs social workers, Nurses, Speech Pathologists, Occupational Therapists, Hearing Clinic, Podiatry, Diabetic Nurse Educator, Dietetics and Acupuncture.
Strong partnerships with local services, such as Campbelltown Community Mental Health Centre and Partners in Recovery South Western Sydney, and community-managed organisations such as Odyssey House (drug addiction treatment centre) has ensure Tharawal’s clients can access specialised additional services if required.

A Community Garden that teaches the skills needed to grow fruit and vegetables and parenting programs that teach practical parenting skills to help address mental health issues early in life.

In 2015, Tharawal doubled the size of its service by opening a new centre which provides exercise programs for people with mental health issues, supported by a team that includes an occupational therapist, physiologist and psychologist.

Campbelltown City Council permitted use of council land for the new centre which is vital to the future care of the local Aboriginal community, many of whom are young but already show signs that they are at risk of a shorter life span than the non-Aboriginal community.

**ACT-BELONG-COMMIT, ORANGE**

*Mentally Healthy Orange* is a whole of community partnership committed to promoting mentally healthy behaviour in Orange, in particular targeting those who are amongst the most vulnerable.

By using the Act-Belong-Commit campaign model developed in WA, the whole community is supported to improve people’s mental health and wellbeing by doing mentally health things, in order to ‘Act’, ‘Belong’ and ‘Commit’:

- **act**: keeping active physically, socially and mentally
- **belong**: connecting with friends and family, or joining in local groups or community activities
- **commit**: commitment to an interest or a cause, like volunteering, learning new skills, or challenging yourself.

The Department of Family and Community Services Western NSW is funding the development of the campaign in Orange, to be delivered through a whole of community approach managed by the Centre for Rural and Remote Mental Health (CRRMH).

The campaign uses traditional and social media, and delivers messages through major employers, schools, and service organisations. Participation is encouraged at all levels with workplaces being supported to implement initiatives for staff and clients.

Events will be held throughout the community to raise awareness and reinforce the campaign messages. Partner organisations will also facilitate their own act-belong-commit-branded events and activities, contributing to the overall engagement of the community in the project.

**AMBULANCE SERVICE OF NSW/ WESTERN SYDNEY MENTAL HEALTH NURSE INITIATIVE**

The Mental Health Acute Assessment Team was a service model trial which ran from December 2013 to June 2014 as a collaboration of the Ministry of Health, NSW Ambulance and the Western Sydney Local Health District.

The initiative was a nuanced response to triple zero emergency calls, whereby people experiencing mental distress were identified early so they could receive the appropriate level of care. The team
comprised a Paramedic Specialist and a Mental Health Nurse, who were dispatched to specific cases by a dedicated dispatcher in the Control Centre.

The team provided increased assessment and referral capabilities in an out-of-hospital setting, with a view to facilitating direct admission to mental health inpatient units and reducing unnecessary admissions to Emergency Departments. This way of working utilised patient pathways which involved assessment and treatment at the scene and discharge from the care of NSW Ambulance, with referral to community-based services where appropriate.

This model of working contrasts with the usual practice, namely, the emergency management of the patient’s behaviour while being transported to hospital. Ambulance responses for mental health issues almost always result in the patient being transported to an emergency department. As a mental health condition is rarely considered life threatening or needing urgent care, these patients are often required to wait for extended periods in the Emergency Department foyer. In addition, a loud, busy and often overcrowded environment is often distressing to this patient group.

Data from the trial show that, of all patients transported by the Mental Health Acute Assessment Team reports:

- 52% were transported directly to a mental health inpatient unit
- 45% were transported to an Emergency Department
- 3% were transported to another destination e.g. GP surgery.

This trail proved that the clinical process of assessment at scene and transport to the most appropriate destination works.

Feedback from all agencies about the trial was positive. An evaluation found that the intervention of the Mental Health Acute Assessment Team allowed Emergency Departments to focus on mental health patients whose physical health required emergency attention. Interagency relationships that promoted collaboration and cooperation were seen as pivotal to the success of the project, and to achieving the best outcomes for the patient.

WESTERN SYDNEY TRANSITIONAL HOUSING INITIATIVE: A COLLABORATION BETWEEN A LOCAL HEALTH DISTRICT AND AN NGO

Client and stakeholder data collected by Western Sydney Partners in Recovery shows that a primary concern for people with mental illness is finding affordable accommodation and short term transitional housing after hospital discharge. Transitional housing options are very limited in Western Sydney.

In early 2015, Western Sydney Partners in Recovery and Western Sydney Local Health District formed a partnership, leading to positive and open discussions about the challenges for people with mental illness who are compelled to remain in hospital for prolonged periods due to the risk of homelessness if discharged. These people are unable to obtain public housing because of a lack of ability to hold down a lease, and no rental history to “prove” they are a reliable tenant. The hospitals would prefer to move people back into the community as soon as possible, as the situation creates bed blockages for new patients. Western Sydney Partners in Recovery was aware of unused local health district properties that, with some minor alterations, would be suitable as transitional housing for discharged patients at risk of homelessness.
Western Sydney Partners in Recovery designed a transitional housing initiative for discharged mental health patients in Western Sydney, and provided funding the first year of operation including an evaluation.

WentWest, the local Primary Health Network and lead agency for Western Sydney Partners in Recovery, commissioned the project. The health district provided clinical support and a community organisation, RichmondPRA, was contracted to provide accommodation support and community linkages for consumers. The project partners designed a step up / step down model to meet the needs of both mental health consumers and the health district. Clients are discharged from the hospital prior to going into step down and are not admitted to the hospital with the step up. The aim of step up is to avoid a hospital readmission by providing this support. Key features of the model include:

- Upon discharge from hospital, mental health consumers move to Grevillea Cottages, where they have their own bedroom and shared bathroom, kitchen and laundry facilities
- Assistance and skill development with daily activities based on the individual consumer’s needs which can include home care, employment, social and physical health to promote full participation in the community
- The staffing has 20% peer workers
- The length of stay for step up is up to 4 weeks, and for step down it is up to 12 months
- Eligibility is people with a primary diagnosis of mental illness, aged 16-65 years, who would be able to, and would like to, benefit from the step up or step down support.

RichmondPRA and the health district jointly designed the program and the procedures and policies required for successful collaboration. A Steering Committee, comprised of staff from the three key agencies, oversees the operations and resolves any issues that arise.

Benefits of the initiative includes:

- Improved collaborative practice between the project partners and community agencies
- Decreased number of bed days for consumers that were unable to find a place to live upon discharge
- Improved coordinated discharged planning to support patients
- Innovative use of vacant government assets
- Evidence of needs and merits of transitional housing for Western Sydney.

The one year pilot is half way through and the program has been successful in transitioning a number of step down clients back into the community. There is also a process evaluation underway, conducted by the health district and RichmondPRA. Additional funding is being sought for the continuation of the program.

THE IMPORTANCE OF PEER WORK FOR MENTAL HEALTH REFORM

The work the Commission is undertaking in relation to developing the peer workforce is an essential foundation for the Living Well Strategy. More and more research is supporting the important unique role peers can play in delivering appropriate supports to people with lived experience in inpatient and community based services. Intentionally using their lived experience in a purposeful way provides a powerful message of hope and encouragement to others that recovery is real and possible.
RichmondPRA’s experience demonstrates that outcome. Over the last twelve months they have increased their peer workforce from about 20 to over 90 and have made a commitment to make access to a peer worker available in all of their service locations. They also have a totally peer run service that helps people learn new skills, and provides an alternative to unnecessary hospitalisations through a short term accommodation facility with peer support services.

Early intervention has been a feature of mental health policy for many years and is emphasised once more in the Living Well Strategy. RichmondPRA has a strong commitment to getting in early and supporting young people to build their skills, learn about self-management of mental health issues, continue to pursue education and get a job. Their successful Young People’s Outreach Program, developed in partnership with Western Sydney Local Health District, and which provided the basis for the NSW Government’s new Youth Community Support Service, demonstrated that early intervention on the lives of young people has positive outcomes in family relationships, health, education, employment and social inclusion opportunities. Diverting young people away from a trajectory of chronic illness, unemployment and social isolation is an investment in their future and in community and social capital. The Living Well Strategy has its foundation in such an approach.
## APPENDIX 2

### Local Health District reform readiness projects funded by the NSW Mental Health Commission in 2014/15

<table>
<thead>
<tr>
<th>LOCAL HEALTH DISTRICT</th>
<th>PROJECT FOCUS</th>
<th>PROJECT DESCRIPTION</th>
<th>FUNDING</th>
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<tbody>
<tr>
<td>South Western Sydney</td>
<td>Implementation of Strengths Model</td>
<td>South Western Sydney Local Health District engaged a consultant to develop materials to support the implementation of the Strengths Model to develop a recovery oriented approach to service provision. The consultancy delivered an implementation plan, a Strengths Model Training Manual and advice in relation to evaluation tools to be used to assess the take-up and effectiveness of the model, including measures of model fidelity and recovery orientation.</td>
<td>28,800</td>
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<tr>
<td>Northern Sydney</td>
<td>10 year Mental Health Service Plan</td>
<td>Northern Sydney Local Health District commenced a ten year planning process and commissioned an external agency to develop a ‘Roadmap’ for a new Northern Sydney Mental Health Services Plan. The Roadmap developed two papers. This first paper sets out the broader environmental context in which the new Plan will be built. The second paper details in the Roadmap priorities and processes identified by stakeholders.</td>
<td>30,000</td>
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Central Coast  
3 development priorities: Building consumer and carer workforce, recovery oriented practice and improving the consumer journey
Central Coast Local Health District Mental Health Service undertook consultations with consumers and carers, government and community organisations to outline a service delivery restructure focused on three key areas; building a skilled consumer and carer peer workforce, ensuring the service is recovery orientated and improving the consumer journey

Mid North Coast  
Learning from the NZ experience and development of a 5 year plan
Mid North Coast Local Health District brought out two CEO’s from New Zealand, Robyn Shearer and Paul Ingle, who work in community mental health and addiction services, to conduct workshops on collaborative practice that will inform the Mid North Coast Mental Health Integrated Care Collaborative. Workshops involved leaders and champions across government, non-government, primary care, Aboriginal medical services, and carers and consumers.

Illawarra Shoalhaven  
Challenge and change the culture towards recovery oriented practice: Learnings from Barwon
The Illawarra Shoalhaven Local Health District Mental Health Service is developing a sister organisation relationship with Barwon Mental Health Drug and Alcohol Service in Victoria are recognised as leaders in the development and implementation of recovery orientated practice. Consumers, Carers and Clinicians from the Illawarra Shoalhaven visited Barwon to
learn firsthand from the Barwon experience and are now working to develop a transformational culture change locally.

| South Eastern Sydney | Integration Forums with GPs: Physical Health and Mental Health | South Eastern Sydney Local Health District Mental Health Service facilitated an Integration Forum to enhance existing relationships with GPs in a focused, purpose-driven way. The forum was designed to lead to greater feedback, enhanced co-management of mental health consumers and more meaningful partnerships. GPs showed interest in referral pathways, the use of medications in treating mental health clients and how education courses offered by the South Eastern Sydney Recovery College could benefit their local communities. | 19,000 |

| Murrumbidgee | Consultancy to develop a collaborative framework among key service partners | The Murrumbidgee Local Health District formed a Murrumbidgee Mental Health and Drug and Alcohol Alliance which was made possible as a result of a seeding grant from the MHC. Two consultation forums were held in the District and individual interviews conducted with Chief Executive Officers of all organisations who comprise the Alliance. A Memorandum of Understanding (MOU) was developed which builds on existing relationships, initiatives and programs to provide the framework for a robust approach to priority setting, population based | 20,000 |
planning and improving health outcomes for mental health and drug and alcohol consumers, families and carers.

Western NSW Service Transformation Project: Reconfiguration of the Mental Health and Drug and Alcohol Service Western NSW Local Health District has used the seed funding to formalise a partnership between the LHD and the Mid-Western Advisory Group (MWCAG) through a Service Level Agreement, to further progress engagement with consumers and carers. MWCAG is using the funds to work with the Health Service and community managed organisations to develop the peer work force in the region, in particular through training in Certificate IV in Mental Health Peer Work; developing a network of peer workers; pathways for peer workers, volunteers and representatives on committees and assisting with cultural change within the Health service.

Northern NSW Reforming Models of Care and Redesign Steering Committee Northern NSW Local Health District undertook a range of consultations to increase their knowledge and capacity to inform the mental health reform agenda. Key clinical and planning staff visited other LHDs demonstrating innovations in service delivery. Consumer and carer consultation sessions were conducted to test Models of Care and sessions with Community Managed Organisations were conducted
Far West

Partnership with Broken Hill Stakeholders - Collective Impact Framework

Far West Local Health District facilitated a meeting with local mental health service providers to introduce the Living Well for NSW and to learn about the Collective Impact Framework and how use of the Framework can build a shared agenda for the implementation of local mental health reforms.

Hunter New England

The state of the nation report - a scoping project for HNE

Hunter New England Local Health District commissioned a report on bed management and patient flow evaluation to identify service gaps and inform their response to rising bed occupancy levels to create a more sustainable, safer and improved patient experience. The report provides thirteen evidence based recommendations for action for ongoing change.

Nepean Blue Mountains

Engage specialist services to identify service provision gaps for children and young people in the LHD

Nepean Blue Mountains Local Health District conducted a review of their services for 12 – 18 year olds to improve the system for vulnerable children and their families and identify more efficient alignment of services, age group trends, strategies to reduce / eliminate Emergency Department presentations, and, opportunities for care delivery innovation. The subsequent Report identified a gap in service provision for 12 years and under, including

to further develop transition to care pathways.
perinatal, highlighting a need for further review and subsequent action.

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<thead>
<tr>
<th>Organisation</th>
<th>Initiative Description</th>
<th>Cost (AUD)</th>
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<tbody>
<tr>
<td>St Vincent’s Health Network</td>
<td>Development of an urban partnership for integrated care</td>
<td>30,000</td>
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<tr>
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<td>St Vincent’s Health Network is located in an area characterised by a population with</td>
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<td>Australia’s highest concentration of homelessness and social vulnerability. To work</td>
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<td>towards a model of integrated care St Vincent’s established an Urban Partnership for</td>
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<td>Integrated Inner City Healthcare and Wellbeing involving government and community</td>
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<td>organisations across the health and community services sectors.</td>
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<td>Western Sydney</td>
<td>Blacktown LGA Beacon Site for Acute Community Treatment</td>
<td>20,000</td>
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<td>Western Sydney Local Health District mapped the final stages in the establishment of</td>
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<td>an integrated acute community treatment service as a collaboration with a local Primary</td>
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<td>Health Network and a community organisation. They developed a cross sector operating</td>
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<td>protocol and conducted training and mentoring to facilitate collaborative working. A</td>
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<td>“Colloquium for Acute Community Mental Health Treatment” is planned to promote and</td>
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<td>disseminate</td>
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