ONE YEAR ON

Progress Report on the implementation of
Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024
Acknowledgements

In presenting this report the Commission thanks all the NSW Government agencies, community-managed organisations and individuals that contributed to its development. In particular, we acknowledge NSW Health, the Department of Family and Community Services, the Department of Education and the Department of Justice.

We acknowledge the lived experience of those with mental illness. To you we say: your preferences, wishes, needs and aspirations are at the heart of all the work we do, your perspective is essential to defining and achieving our goals and your courage continues to inspire and drive the work of the Commission.

We acknowledge the families and carers of all people with a lived experience of mental illness. We recognise your commitment and the vital contribution of your role in supporting people who experience mental illness to live well on the terms they choose. Your knowledge and experience of mental health systems and services are among our most important sources of information and help guide our understanding of the change that needs to come.

We acknowledge the dedication and continued effort of those working within the mental health system who strive for the change needed to create opportunities for better lives for those of us who live with mental illness.

And we acknowledge and express our respect to the Wallumedegal people of the Eora Nation, the traditional owners of the land on which the offices of the NSW Mental Health Commission stand. We pay tribute to the resilience of Aboriginal people and communities, and their enduring cultures.

The Commission would also like to thank the 744 people who completed our online *Ready for Change* survey and contributed to our understanding of how the community understands the opportunities and challenges of mental health reform over this first year.
To the Minister .......................................................................................................................................................... 6
One year on – achievements and essential action.................................................................................................... 8
Achieving the vision .................................................................................................................................................. 9
Findings and recommendations .......................................................................................................................... 10
  1. A clear whole-of-government communication strategy is overdue ................................................................. 10
  2. Government must be more transparent and accountable via public reporting on mental health and wellbeing .................................................................................................................. 11
  3. Reporting on funding of mental health reform must be transparent ................................................................. 12
  4. Planning needs to be improved to realise a better system .................................................................................. 13
  5. Justice and policy reform requires more progress ......................................................................................... 15
Achievements in the first 12 months ...................................................................................................................... 16
  Government action ........................................................................................................................................... 16
  Agency action ................................................................................................................................................... 19
  State initiatives that complement Living Well ..................................................................................................... 21
  Local Initiatives to support reform .................................................................................................................... 22
  Commonwealth initiatives that align with Living Well ....................................................................................... 24
The Commission’s work ......................................................................................................................................... 26
  Monitoring and reporting ................................................................................................................................... 28
  Getting the best information ............................................................................................................................... 28
  Issues of concern ................................................................................................................................................ 28
  Whole of community impacts .......................................................................................................................... 29
The Commission’s reporting framework .............................................................................................................. 30
  Monitoring and reporting over 10 years ............................................................................................................... 31
    Living Well indicators – at a glance ................................................................................................................... 33
    Living Well indicators .................................................................................................................................. 34
  The community perspective – at a glance ........................................................................................................... 51
  The community perspective .............................................................................................................................. 52
Implications for the next 12 months ..................................................................................................................... 59
Appendix 1 – Local Health District projects ........................................................................................................ 60
Appendix 2 – Research program in support of mental health reform ................................................................ 63
References .............................................................................................................................................................. 66
Sources – Living Well indicator graphs ............................................................................................................... 69
This report is accompanied by series of online supporting papers. These are available at nsw.mentalhealthcommission.com.au and include:

- government agencies’ advice to the Commission about their progress
- the work of the Mental Health Reform Implementation Taskforce
- baseline analysis of the 10 Living Well indicators
- findings of the Commission’s Ready for Change community survey
- examples of reform initiatives and innovative practice across NSW
- an overview of policy changes affecting mental health since the launch of Living Well in December 2014.
To the Minister

It is now a year since the launch in December 2014 of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024. The Premier committed the Government at that time to adopt and implement all its actions and directions, and announced a $115 million funding package to kick-start reform.

Living Well articulates a whole-of-government, whole-of-life and whole-of-community vision for mental health in NSW to better support people by strengthening community based responses to mental health needs and to shift our system from acute crises towards prevention and earlier intervention.

The focus now has to be on effective implementation, which the Commission, under the terms of its establishment legislation, may assess at any time in a report to Parliament. This is the first of those reports.

Living Well’s launch was followed by the NSW election in March 2015, and an unavoidable hiatus in government business. This slowed activity, and the $115 million reform package – for work to be undertaken by the Ministry of Health - was not approved until September 2015, followed by an implementation plan and monitoring framework in October 2015.

There have nevertheless been notable achievements in this first year. This report identifies progress, and focuses on the preparations agencies are making for the bigger changes ahead. Some actions and directions of Living Well are particularly important because they have the potential to maintain confidence, build capacity and help produce change in future. The Commission urges the Government and agencies to focus their efforts on these foundational steps in 2016.

I am pleased the Government has established a Mental Health Reform Implementation Taskforce with senior representation from key government agencies, chaired by the Secretary of Health. The Taskforce will report annually to the Minister for Mental Health.

The Premier’s commitment to the preliminary $115 million funding package was most welcome, and these funds have begun to seed important activities in the first months of implementation. First initiatives include Pathways to Community Living, under which long-stay patients in psychiatric facilities will transition to live in the community with appropriate support. An Innovation Fund to support reform has also been announced, as have a number of other new or expanded programs. It is also heartening to see some Local Health Districts (LHDs) explicitly aligning their mental health plans to Living Well.

However the effectiveness of this additional funding will largely depend on transparent and appropriate expenditure of the recurrent $1.7 billion annual mental health budget. The Hansard record shows that this issue was central to the establishment of the Commission, and the Commission raised specific concerns about this in Chapter 9 of Living Well, but to date has seen no tangible evidence that these are being addressed.

Action within other agencies, which powerfully aligns with the vision and directions of Living Well, includes the Department of Education’s Wellbeing Framework for Schools and its associated $167 million funding package.

I look forward to further funding of reform activities across additional Government agencies to fully implement Living Well.

The Commission highlighted in Living Well the importance of enabling local action and design of services across Commonwealth and state-funded agencies. In NSW this has been advanced with the devolution of more planning and operational responsibility to LHDs and alignment between these and Department of Family and Community Services (FaCS) districts. The Commission is pleased that the Commonwealth Government has now contributed to this local capacity with the announcement in November that funding for specific mental health programs will be devolved to the new Primary Health Networks (PHNs).

Realisation of the potential for good local planning and service design will now largely depend on the capacity of leaders in LHDs and PHNs to develop collaborative relationships with each other and with other relevant agencies and community-managed organisations. Community responses to a survey conducted by the Commission in September 2015 also highlight the need for greater leadership to develop a culture in which people are authorised to respond to reform and engage with others in advancing the priorities of Living Well.

I acknowledge the remarkable efforts of professionals working in the mental health system, and of the community-managed sector, in innovatively meeting people’s mental health and social support needs. I must also acknowledge the energy of NSW public servants.
in driving implementation of the National Disability Insurance Scheme (NDIS), with its commitment to person-centred funding and individual choice. Their work is fundamental to the creation of a better mental health system.

The Commission has seen many examples of real collaboration and innovation that are pointers for future success in mental health reform in NSW. (Some of these are profiled in this report.) Now it is time to harness this energy and the commitment of the Premier and Ministers to progress the next stage of reform, and to energise the sector and the community to be active participants in that process.

People were at the heart of the development of the Living Well reform strategy and I believe they are central to its implementation. Aboriginal communities, and their social and emotional wellbeing approach to mental health issues, will be essential guides on the journey.

I hope this report will help the people of NSW understand what the Government has done so far towards meeting its commitment to Living Well. I commend it to you and recommend it be made public immediately.

JOHN FENELEY
NSW MENTAL HEALTH COMMISSIONER
11 December 2015

Images, left to right:
- John Feneley speaking at Broken Hill on one of the Commission’s visits to regional NSW in May 2015
- Audience at the Commission’s ‘No Offence’ comedy night, Cell Block Theatre, Sydney, June 2015
- Guunumba sit-down circle with Beth Wriggly, Circle Facilitator and Auntie Bea Ballangarry, Circle Holder, Galambila Aboriginal Health Service, Coffs Harbour, June 2015
One year on

**ACTION ACHIEVED IN 2015**

**Living Well – NSW Ministry of Health**
- $115 million in new Ministry of Health money to begin implementation of *Living Well* announced December 2014
- Cabinet approval in September 2015 of the $115 million and implementation plan
- Mental Health Reform Implementation Taskforce established to oversee implementation of *Living Well*
- Planning commenced on the transition of long stay patients to community accommodation, with initial focus on aged care
- Local Health Districts (LHDs) and communities reshaping their services in line with *Living Well*
- Integrated Care Strategy initiated across NSW Health
- Mental Health and Drug and Alcohol networks initiated within the Agency for Clinical Innovation
- Implementation of the NSW Service Plan for People with Eating Disorders 2013-2018

**Aligned reform across Government**
- NSW Wellbeing Framework for Schools implemented with $167 million in new investment
- Release of Department of Premier and Cabinet Social Impact Investment Policy
- The Collective NSW – community collective impact initiative. Active in four Department of Family and Community Services districts
- National Disability Insurance Scheme (NDIS) rollout with detailed engagement by NSW human services agencies

**Wider sector reform alignment**
- Innovative programs and collaborations across the community-managed sector that complement *Living Well*, such as the Young People’s Outreach Program and components of the Synergy Ecosystem e-mental health pilot, as well as a groundswell of local Partners in Recovery and NDIS-related initiatives

**ACTION ESSENTIAL IN 2016**

**Comprehensive approach to Living Well**
- Development of a *Living Well Government* communication strategy for the government and community sectors
- Mobilising Ministry of Health and other agency budgets beyond the initial three year $115 million funding package
- Ministry of Health to address the governance and accountability actions in *Living Well* Chapter 9 regarding obstacles to effective mental health service delivery
- Development of datasets addressing information gaps in the mental health service system, including community-managed services and the peer workforce. Better data collection for stigma and discrimination, community participation and forensic indicators

**Empower leadership at the local level**
- Adoption by Ministry of Health of the National Mental Health Services Planning Framework to guide LHD resource planning and community-based care
- Transparent annual reporting on mental health system data, funding and resources (staffing and vacancies, program mix, service mix, beds and detailed budgets)

**Integrated planning and infrastructure development**
- Development of a NSW mental health workforce plan, including for community-managed and private services funded by the Ministry of Health
- Completion of the Framework for the NSW Public Mental Health Consumer Workforce with guidance to LHDs on staff ratios
- Integration of Partnerships for Health and other community-managed and private sector Ministry of Health reforms with all planning processes for community-based mental health care.
- Clarity on the governance and maintenance of specialist clinical capacity for complex needs under the fully implemented NDIS, after the closure of Ageing Disability and Home Care
- Development of demonstration models that facilitate better interaction between community mental health services and prisons, as per Action 6.6.1.
Achieving the vision

A Mental Health Reform Implementation Taskforce has been established to achieve the Government’s Living Well vision for NSW, with senior representation from key government agencies. The Commission’s role is to monitor progress towards Living Well and to report on its findings to Parliament.

Figure 1: Achieving the Living Well vision
Findings and recommendations

During 2015 the Commission has spoken with people with lived experience of mental illness, families and carers, consulted clinicians, professionals and workers in the mental health sector, gathered and analysed data, surveyed the community about reform and obtained information from government agencies. Through these means it has gathered evidence about how the Government is implementing Living Well – and whilst good things are happening there are some shortcomings in implementation, which must be addressed in the coming year.

1. A CLEAR WHOLE-OF-GOVERNMENT COMMUNICATION STRATEGY IS OVERDUE

Twelve months after its launch of Living Well, the Government released in December 2015 an information package on the first steps, funding and priorities it has taken to implement the strategy. The long absence of communication by Government left many in the community unaware of any action and therefore lacking confidence that things will change. This view was reported frequently to the Commission through its community survey (see page 51) where the 744 respondents indicated that Living Well had identified the right directions for reform, but lacked confidence that the Government and the mental health sector would put real efforts into producing genuine change.

More work is now required by Government at central and local levels to clearly communicate that Living Well reforms are government policy and as such, are to be adopted in local plans, actions and approaches. In turn, these steps need to be conveyed to communities, service networks and stakeholders. Early evidence of translation into local practice includes the work of South Western Sydney LHD, which has developed a new mental health service plan guided by the Living Well directions.

In parallel, public sector agencies need to discuss the elements of Living Well and assess whether their service planning and delivery enable them to meet the needs of people who experience mental health issues and their families and carers.

For 2016 the Commission recommends:

1. A comprehensive Living Well communication strategy to be developed and implemented by Government
2. GOVERNMENT MUST BE MORE TRANSPARENT AND ACCOUNTABLE VIA PUBLIC REPORTING ON MENTAL HEALTH AND WELLBEING

The Government committed under *Living Well* to increasing local data availability, reporting regularly to the community on its mental health and wellbeing, and improving transparency in the reporting of mental health spending. In this first year little progress has been seen in this regard. Work was commenced by the Bureau of Health Information to publish an annual report on mental health performance, but the Commission has been advised by the Ministry of Health that this did not progress due to concerns regarding data integrity and standards. The Commission was further advised that the Ministry is working with LHDs to resolve these issues.

During 2015 the Mental Health Reform Implementation Taskforce developed an implementation plan and monitoring framework. Information about these should now be made publicly available to inform the sector and the community about the actions and processes Government has put in place. The Taskforce should also report specific and new efforts against each of the 141 actions of *Living Well*.

More fundamentally, work remains to establish a robust baseline and data-set that will serve as a platform for monitoring and reporting over the remaining nine years.

In preparing this first progress report the Commission encountered difficulties in gaining access to relevant NSW Health data, which has affected the level of detail included. The Commission will propose a memorandum of understanding with NSW Health to support the Commission in its reporting responsibilities under the *Mental Health Commission Act 2012*.

---

**For 2016 the Commission recommends:**

2. Publication of the Taskforce’s Mental Health Reform Implementation Plan and information reported through the Government’s monitoring and reporting framework, via the Ministry of Health’s website

3. Public reporting of data against each of the 141 actions and 10 indicators in *Living Well*

4. Improved public reporting of mental health system and population mental health data as proposed in *Living Well*
3. REPORTING ON FUNDING OF MENTAL HEALTH REFORM MUST BE TRANSPARENT

Local Health District (LHD) mental health funding and accountability

There has been a recognition of the need for a staged increased investment over the decade to 2024, with a focus on enhancing services in the community. The Government’s $115 million mental health reform package in the first phase to 2016-2017, with $75 million per year promised thereafter, is a modest but well-targeted investment when considered alongside NSW Health’s annual $1.7 billion recurrent funding for mental health, and in the context of the requirements of a 10 year reform plan. Consequently it remains critical that the core budget is spent effectively. The Commission is concerned at the lack of observed action by the Ministry of Health to improve governance of and accountability for existing mental health funding (see Chapter 9 of Living Well).

The adequacy of LHD mental health budgets, and whether the funds are fully spent on mental health services, remain among the most frequent concerns raised with the Commission. This was an issue central to the establishment of the Commission as is evident from the second reading speech. Lack of accountability has the potential to undermine the reform initiatives and to compromise the impact of the additional funding. The Commission will continue discussions with the Ministry of Health about improving accountability for and transparency of mental health expenditure, including allocations both to the public (inpatient and specialist clinical outreach in the community) and community-managed organisation (CMO) sectors and the acquittal of that money.

One way to strengthen local accountability is for LHD Directors of Mental Health to report directly to the LHD Chief Executive and to ensure that Directors have delegated authority over how their mental health budget is spent. A number of LHDs already have this arrangement. Additionally, the Commission urges LHD Boards to support the Living Well reforms by putting in place mechanisms for Mental Health Directors to regularly and directly report at Board meetings.

For 2016 the Commission recommends:

5. LHD Directors of Mental Health should report directly to Chief Executives and have delegated authority over their budget, where they currently do not

6. LHD Directors of Mental Health should be given formal opportunity to address LHD Board meetings to regularly advise on progress with reform and local issues of concern

Future funding

The Commission is not confident that adequate resources will be allocated to support the full implementation of mental health reform. The initial $115 million funding, for NSW Health alone, is for the first three years of the reform process. There is no evidence that a longer term funding strategy has been put in place to meet the requirements of a 10 year reform plan.

The Commission is concerned that after the initial funding of $45 million for specialist mental health services in the community and $47 million for enhancing community living supports, there needs to be a strong and ongoing commitment by the Government over the following seven years. This is essential to accelerate investment in under-funded community-based mental health services both in terms of specialist clinical outreach from LHDs and community-managed organisations providing psychosocial supports. NSW falls behind Victoria, Queensland, South Australia and Western Australia in its per capita investment in community mental health care services. Community mental health is a cornerstone of Living Well and must be provided, funded and planned alongside strong, contemporary and recovery-oriented inpatient services.

Over the forward years of the reform to 2024, investment in community mental health services may be threatened by lower growth in Commonwealth hospital funding from 2017, announced in the 2015 federal budget, which places NSW mental health reform within a period of fiscal restraint. This is all the more urgent because activity based funding (ABF) under the current national classification in effect until 2017 may inhibit planning for...
community or residential mental health activities by providing growth funding for inpatient service activity only. The Ministry of Health has some capacity to counteract this effect in its service agreements with LHDs and in how it chooses to apply ABF from 2017 onwards. The Commission awaits advice about how NSW Health will exercise its purchasing power to provide community mental health and inpatient services in line with patients’ needs and contemporary models.

Changes that affect the community-managed organisation (CMO) sector also have implications for the provision of community-based mental health services. The National Disability Insurance Scheme (NDIS) and Commonwealth pooled funding of mental health programs to Primary Health Networks make fundamental changes to how the CMO sector will be resourced and contracted. In NSW the apparent lack of a strategy for funding, partnering and contracting with the CMO sector within an overall financing approach contributes to instability and insecurity for the sector in terms of service and business planning. The Commission is aware that work is underway by the Ministry, but it has yet to see definitive action.

The Taskforce and Government should therefore consider undertaking 10 year economic modelling of the Living Well reforms, to inform the development of a long-term investment strategy. Given the promising developments in local planning and collaboration, this should include investigation of pooled budgeting strategies.

For 2016 the Commission recommends:

7. A long-term investment strategy to fund mental health reform in NSW, including 10-year economic modelling of the Living Well reforms
8. Investigation of pooled budgeting strategies to support local collaboration

4. PLANNING NEEDS TO BE IMPROVED TO REALISE A BETTER SYSTEM

The National Mental Health Service Planning Framework

The Commonwealth Government funded the development of a National Mental Health Service Planning Framework to support the identification of future requirements for public mental health services and supports. The Framework, being used by other states such as Western Australia as the basis for its 10 year mental health and drug and alcohol plan, was developed through extensive national consultation and built upon a set of contemporary models of care. NSW Health is yet to approve its use by Local Health Districts. The Commission called for its public release in Living Well, and now repeats this call. The service benchmarks defined in the Framework are especially important for district managers in service design and redesign efforts and in the commissioning of services, drawing upon evidence to determine skill mix requirements for different service types.

For 2016 the Commission recommends:

9. NSW Health release the National Mental Health Service Planning Framework to guide LHD planning
NSW Mental Health Workforce Plan

Living Well relies on the early development of a NSW Mental Health Workforce Plan that includes public, community-managed, private sector and peer mental health workers. This is an essential foundational reform activity and the establishment of a high-level steering committee to start this work is now overdue.

The Ministry has identified this work as a priority, but it now needs to turn this into real action in 2016.

For 2016 the Commission recommends:

10. Development of a NSW Mental Health Workforce Plan is immediately commenced

Peer workforce plans

Prior to the launch of Living Well significant work to develop a peer workforce framework had been undertaken within NSW Health by the Mental Health Consumer Workers Committee and Being (formerly NSW Consumer Advisory Group). Since then the Ministry of Health has undertaken further consultations but to date the status of this work is unclear.

Central leadership from the Ministry of Health is now urgently required to develop a Framework for the NSW Public Mental Health Consumer Workforce – as outlined in Living Well (Action 8.2.1). In this process the Commission urges the Ministry to recognise the work already done by the Mental Health Consumer Workers Committee and Being.

For 2016 the Commission recommends:

11. That a Framework for the NSW Public Mental Health Consumer Workforce be urgently progressed and completed
5. JUSTICE AND POLICY REFORM REQUIRES MORE PROGRESS

People who experience mental illness and the criminal justice system

Living Well called for mental health services to be integrated with interventions to reduce criminal behaviour. It called for the development of models that facilitate interaction between community mental health services and prisons, with concerted efforts to meet the needs of Aboriginal prisoners (Action 6.6.1). In mid-2014 the Commission understood that the Government intended to implement recommendations made by the NSW Law Reform Commission in two reports concerning the needs of people with cognitive and mental health impairments in the criminal justice system which addressed, amongst other things, issues including early intervention and court diversion. However, no legislative reform has begun, and the Government has not finalised its response to these reports. The Commission is concerned at the delay to this work given the vulnerability of this population and the expected growth in the prison population to 2021, indicating an increase to between 11,200 and 12,700 inmates — up from 10,578 in 2014.5 Given that three quarters of NSW prisoners have been told they have a mental illness at some point in their lives, these trends underline the urgent need for action.

For 2016 the Commission recommends:

12. Government makes an immediate start on the Living Well Action 6.6.1 to develop demonstration models that facilitate better interaction between community mental health services and prisons

Policy and legislative review

Living Well called for government agencies to review existing polices and legislation to ensure consistency with its reform directions. This action is consistent with the direction under the Mental Health Commission Act 2012 that requires agencies to have regard to the same principles that guide the Commission when carrying out their functions.6 This includes that people who have a mental illness should be supported to participate fully in community life and lead meaningful lives, via an integrated pathway across government and other service providers.7 To date, no agency has provided the Commission with information that indicates these matters are being addressed, yet this is foundational to establishing a consistent mental health reform framework for all activities of Government.

Living Well flagged this would be an area for the Commission to review in the third year of reform implementation and accordingly, concentrated effort is now required in 2016.

For 2016 the Commission recommends:

13. Government agencies, as a priority in 2016, review existing polices and legislation to ensure consistency with the reform directions set out in Living Well
Achievements in the first 12 months

This chapter reports on progress made by NSW Government agencies tasked with actions under Living Well. The Ministry of Health, and the Departments of Education, Family and Community Services, Justice and Premier and Cabinet have responsibilities in relation to mental health reform, as does the Commission.

In 2015 the Commission looked for evidence of ‘reform readiness’ activities designed to prepare the ground for fundamental change.

GOVERNMENT ACTION

The Commission wrote to NSW Government agencies in August 2015 requesting information about their activities and plans for implementing Living Well. The Commission also wrote to the Chair of the Mental Health Reform Implementation Taskforce and to the Public Service Commission. The agencies were asked questions based on sections of Living Well where preparatory action would be necessary for the major reform directions to succeed. They were also asked about other activities signifying reform readiness.

Responses were received from the Ministry of Health, and the Departments of Justice, Education, and Family and Community Services. Short letters were received from the Department of Premier and Cabinet and the Public Service Commission advising the Commission to refer to the Implementation Taskforce’s response. However, the Taskforce’s response did not detail specific activities undertaken by those agencies.

These responses form the basis of the information reported in this chapter. Copies of all agency responses can be found on the Commission’s website.

What reform readiness means

The mental health and social support system needs to have six building blocks in place in order to successfully implement reform:

- strong leadership to translate the directions of Living Well into local and regional programs of activity
- agency accountability for progress, maintaining fidelity with Living Well while aligning with other reform activity across the NSW public service
- a commitment to culture change, including internal communications to educate staff and collaborators on the reform priorities and what this means locally, and training of staff to respond appropriately to people who experience mental illness
- devolution of authorisation and accountability of staff to regional, local and service delivery levels, empowering them to drive reform
- collaboration between NSW agencies and with Commonwealth, community-managed and private sector organisations, including data sharing where appropriate and local and regional planning
- a commitment to learning from successes and failures to build a platform for change. The Agency for Clinical Innovation, the Health Education and Training Institute, the Clinical Excellence Commission and the Bureau of Health Information each have important roles and responsibilities in mental health reform
Government agencies and community-managed organisations work together to implement reform on progress of implementation

Figure 2: The Government’s implementation and reporting governance

Mental Health Reform Implementation Taskforce

The Mental Health Reform Implementation Taskforce was established to oversee the implementation of Living Well. The Taskforce also has performance and monitoring functions to initiate and sustain whole-systems change. It reports to the Minister for Mental Health.

Government agencies, including the Ministry of Health and the Departments of Premier and Cabinet, Justice, Education and Family and Community Services, are individually responsible for completing particular actions in Living Well. In addition they are members of the Taskforce.

The NSW Mental Health Commission separately and independently reports to the Minister for Mental Health and Parliament on progress towards implementation of the Living Well reforms. The Commission also supports the reform work of other agencies and organisations by being a catalyst for innovation and change; assists in cross-sector development; identifies areas for ongoing and future action and research; and contributes to public debate.

The Taskforce first met on 10 November 2014, and is chaired by the Secretary of the Ministry of Health. Membership comprises senior executives from the agencies which have responsibilities to implement actions under Living Well:

- NSW Department of Premier and Cabinet
- NSW Department of Education and Communities
- NSW Department of Family and Community Services
- NSW Treasury
- NSW Department of Justice.

The Commission attends Taskforce meetings as an observer.

The roles of the Taskforce are to oversee the implementation of Living Well and the associated Ministry of Health budget of $115 million, and to provide Government with reports on implementation. It has met five times, from November 2014 to December 2015.
Achievements in 2015

- Managed the development of the financial business case for the $115 million reform funds, which was approved in September 2015.
- Prepared an implementation schedule for funded initiatives.
- Prepared a cross-agency monitoring framework through which the overall impact and outcomes of mental health reform will be evaluated and will inform the Taskforce’s annual report to government on progress. The monitoring framework was approved in October 2015.
- Released online a fact sheet in December 2015 providing updates on reform implementation:
  - NSW Mental Health Reform 2014-2024: 12 months on

Progress in 2015

Throughout the year the Commission consulted with people with mental health problems and their carers and families, spoke with mental health organisations and met with agencies. It heard a consistent message that there was little knowledge or understanding of the Government’s mental health reform plans. With little public information available until December 2015 when a series of fact sheets was released, there was little advice to assist agencies to interpret their responsibilities or to help the community – including consumers and carers – understand what people should expect. The Commission has been often told that there has not been any substantial communication to frontline or district staff on the implications of reform for their work.

The Government’s approval of the implementation plan and the monitoring framework, offers an opportunity for both documents to be publicly released in full. The Commission was provided with a copy of an implementation schedule and was disappointed that it included only the $115 million of NSW Health initiatives previously announced and a set of activities already under way prior to development of Living Well. While these are important, the Commission expected the implementation plan would include cross-agency responses against each of the 141 actions in Living Well, especially as some of these did not require specific funding. Without this, there can be no assessment of completion of the actions and therefore no opportunity for public accountability.

The Commission will continue to request a more detailed implementation schedule from the Taskforce which addresses each action and prioritises foundational actions such as the Workforce Development Plan.

The Commission looks forward in 2016 to the Taskforce’s first report to government and to that information being publicly available.
AGENCY ACTION

The Government departments and agencies that sit on the Taskforce are responsible for providing the conditions and resources to enable the fulfilment of Living Well.

NSW Health

Achievements in 2015

There has been significant activity regarding the announced $115 million of programs and initiatives. Many have already begun rolling out and the remaining are scheduled to begin in 2016.

Hospital to community options for long-stay patients

The My Choice: Pathways to Community Living Initiative (Actions 5.2.1 to 5.2.3) is to support the transition of 380 long stay patients in mental health units into community living. Work is under way to assess these people by June 2016 to determine their individual requirements for community accommodation. This initial progress and the development of project management supports and protocols is encouraging for the future success of this program.

However it is not yet clear how NSW Health will respond to the needs of people in long-stay hospital units who will not be part of the initial cohort of 380 long stay patients, but who are also likely to experience better outcomes from wrap-around community service provision.

The Commission urges the Ministry to advance this work and provide clarity regarding the development of new models of care to divert people away from a pathway of long-stay inpatient treatment and about how savings from reducing the reliance upon long-stay hospital care will be reinvested in enhanced community mental health services, as the Government committed to do in Chapter 5 of Living Well.

Specialist and community mental health teams

A number of specialist mental health teams across NSW are to be funded or have their funding extended (Action 5.1.1) including: adult assertive care; specialist services for older people; specialist services for children and adolescents; services for mothers with complex conditions; whole-of-family teams addressing mental health, drug and alcohol and parenting; community integration support for young people leaving custody; and telehealth access to mental health services for the Northern NSW regional hub.

The continuation or expansion of a number of community-managed programs (Action 5.1.1) has included expanded adult and youth community living supports, continuation of the Housing and Accommodation Support Initiative Plus program, which provides clinical and social support along with housing, and funded scholarships for consumers studying for Certificate IV in Peer Work.

Partnerships for Health

The Partnerships for Health initiative is intended to deliver a range of reforms in funding and purchasing with the community-managed organisation (CMO) sector as part of implementing Living Well (Action 8.3.1). At the time of writing this report, the initiative had yet to go to market with the new contracting framework. The Commission does not have a clear picture about the future funding of mental health CMOs, any plans in relation to future purchasing of CMO programs and services, or of the approaches adopted by the Ministry in coordinating Partnerships for Health with LHDs so as to support the overall aim of Living Well to shift services to the community.

Mental health and drug and alcohol clinical networks

In 2015 the NSW Agency for Clinical Innovation (ACI) established two new clinical networks for mental health and for drug and alcohol. (Action 6.1.3) These networks are to support clinicians in partnership with consumers and managers to effect change and improve health service delivery and outcomes at a state-wide level through the development of evidence based clinical guidelines and models of care. The ACI has held two fora for the Mental Health Network and while formative work continues, there is also an opportunity for these two ACI networks to align and better integrate.
Department of Education Achievements in 2015

The Wellbeing Framework for Schools

The NSW Wellbeing Framework for Schools is, to date, the most comprehensive response aligned with Living Well. The Framework provides a mandatory structure and guidance to NSW public schools on enhancing their responsiveness to student and teacher wellbeing. Importantly, this work commenced ahead of Living Well, underlining how the Department of Education prioritised the issue, which was then taken up in Living Well. (Action 3.1.4)

The Wellbeing Framework package of $167.2 million provides 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 4000 specialist staff, including counsellors and specialists in learning and behaviour, and more than 100 specialist tutorial centres and special schools for students whose social skills or behaviour mean they cannot be appropriately educated at mainstream schools. In 2015 the Wellbeing Framework was embedded in the School Excellence Framework, which establishes wellbeing as a core component of each school’s strategic planning and evaluation processes.

NSW Police and Transport NSW Achievements in 2015

Mental health and suicide prevention training for front-line personnel

The NSW Police Force and Transport for NSW have led the way in equipping their front-line personnel to respond appropriately to suicidal behaviour (Action 3.4.7). The NSW Police Force now mandates a one-day mental health workshop for all sworn officers. Also in the last year, Sydney Trains and NSW TrainLink have rolled out one-day suicide awareness training to their front-line employees, developed in conjunction with TrackSAFE Australia and the Black Dog Institute. (Action 3.4.7)
STATE INITIATIVES THAT COMPLEMENT LIVING WELL

A number of initiatives progressed in 2015 by government agencies, while not specified as actions under Living Well, they have embodied its reform principles.

Ministry of Health

*Mental Health Innovation Fund*

The Mental Health Innovation Fund of $4 million was announced by the Minister for Mental Health the Hon. Pru Goward MP on 13 November 2015. The first round of tenders, which close on 5 February 2016, seeks proposals from service providers to collaborate with Government to provide innovative ways to deliver service and supports to people with mental illness and their carers in the community. This tender process is anticipated to seed improvements in state agency and community sector collaboration, and is on track to provide local district and CMO consortia with $1.5 million by June 2016 and another $2.5 million by June 2017. (*Living Well* Topic 8.5 Research and knowledge exchange).

*LikeMinds*

LikeMinds services provide consumers and their families with a one-stop shop, where they can access an array of mental health services, including access to professionals such as psychologists and psychiatrists, and to community-based service providers involved in their support. In 2015 services were opened at Penrith and Seven Hills, with two more in planning. (*Living Well* Topic 6.1 Integrated care).

Department of Family and Community Services

*The Collective NSW*

The Collective NSW is a social impact project under which local community processes direct the path towards resolution of complex social problems. This collective approach allows for a joint response from the community, multiple tiers of government, and business, big and small. The program expanded strongly in 2015 with four FaCS Districts – Northern Sydney, Illawarra, Western Sydney and Murrumbidgee – adopting this model and undertaking initiatives and projects focused on community-led social impact activities. FaCS is now transitioning The Collective NSW to become a non-government, community-managed organisation. (*Living Well* Topic 3.1 Building Community Resilience and Wellbeing).

Treasury

*Social Impact Bonds*

On 15 February 2015 NSW Treasury in conjunction with NSW Health held a market sounding on social impact investment opportunities to bring about change in long-stay mental health hospital admissions. This initiative aligns with the action under *Living Well* to support the development of innovative community-based alternatives to hospital admissions through mechanisms such as social impact bonds. The Ministry of Health advises that this work will progress in 2016. (*Living Well* Topic 5.1 Shift to Community).

Legal Aid NSW

*Justice-related initiatives*

Legal Aid has championed Health Justice Partnerships, bringing together representatives from public sector agencies including NSW Health, FaCS, and the Departments of Premier and Cabinet and Justice with the private sector and community legal centres into a Community of Practice. The purpose of the group, co-chaired by the Commission, is to explore opportunities for collaboration to improve health, wellbeing and legal outcomes of people who live in disadvantaged communities.

Legal Aid also created a new position to help its staff to deliver effective legal services to people living with mental illness and to collaborate with other agencies providing supports to the individual. (*Living Well* Topics 6.5 Bringing a holistic therapeutic approach to youth justice, 6.6 Improving access to services for adults in custody).
LOCAL INITIATIVES TO SUPPORT REFORM

As a whole-of-government, whole-of-person and whole-of-community reform strategy, Living Well initiatives instigated at the local level are fundamental to reform.

During 2015 the Commission met with directors and managers of services and visited local communities across the state who expressed the consistent view that a centrally co-ordinated response to Living Well was absent. At the local level some workers felt unsupported and under-resourced to commence such ambitious change. But nonetheless strong reform leadership was seen within individual program streams and in local communities.

The Commission learned of local initiatives that demonstrated cross-agency and cross-sector collaboration, exemplified innovative practice or embedded the Living Well philosophy. Some examples are highlighted here, with a fuller account in a supporting paper available on the Commission’s website.

Government realigning administrative boundaries to improve interagency collaboration

The Department of Family and Community Services (FaCS) has moved to a regionalised management structure, which has created new opportunities to provide integrated, holistic service delivery for people with mental health problems. Since 2013 when FaCS boundaries were re-aligned to those of the NSW Health Local Health Districts, new collaborative relationships between local representatives of the two agencies have removed many service barriers that previously had to be escalated to decision makers outside the local area. This has enabled local reforms in direct response to needs identified by local communities.

For example, Northern Sydney FaCS district has implemented initiatives such as the Northern Beaches Project and the Greenway Estate Wellbeing Centre which are detailed in the FaCS response letter, published online to accompany this report on the Commission’s website.

Local agency collaboration to achieve common goals for local communities

The North Coast Primary Health Network (PHN) and Northern NSW Local Health District worked intensively with stakeholders to develop the Northern NSW Mental Health Integration Plan 2015-2018. The plan outlines the shared intent of agencies involved in mental health to work closely with CMOs, consumer and carer groups, government agencies, and mental health professionals, to ensure that local health services are integrated, person-centred, seamless, effective and efficient. The Integration Plan is available on the North Coast PHN website ncphn.org.au.

Improved co-design in consumer care planning

The Sydney Local Health District’s Collaborative Care Planning Project establishes a process for nurses and consumers to co-develop recovery-focused care plans during acute mental health inpatient admissions. Operating at the Royal Prince Alfred Hospital’s Professor Marie Bashir Centre, ‘the project considers the consumer’s unique background and circumstances and uses the consumer’s own goals and aspirations to develop the plan’.11 The consumer is an active co-author of their own individual recovery plan. An evaluation found consumer involvement increased dramatically after the project was implemented, with 67 per cent of consumers having a co-authored care plan, up from 5 per cent previously.

Partnerships between community-managed organisations and Local Health Districts in expanding early intervention

Community-managed organisation RichmondPRA’s Young People’s Outreach Program (YPOP), developed in partnership with Western Sydney Local Health District, supports young people to build their skills, learn about self-management of mental health issues, and pursue an education or get a job. The YPOP model has been adopted as the NSW Government’s new Youth Community Support Service, diverting young people away from a trajectory of chronic illness, unemployment and social isolation.

Aboriginal holistic approaches to social and emotional wellbeing

Tharawal Aboriginal Corporation in Sydney’s Macarthur region provides holistic health care focused on prevention for members of the local Aboriginal community, and works through strong agency partnerships. It runs several Close the Gap programs,
including chronic disease prevention, tobacco control, maternal and infant health, and a Community Garden for people to learn skills in growing fruit and vegetables. Tharawal provides a parenting program to strengthen parenting skills and address mental health issues early in life. A Social and Emotional Wellbeing team provides a range of mental health services with integrated case management, while general counselling services, specialist health workers, GPs and specialist clinicians work alongside an allied health team.

Tharawal has strong partnerships with local services, including Campbelltown Community Mental Health Centre and Partners in Recovery South Western Sydney, and community-managed organisations such as Odyssey House, a drug addiction treatment centre.

**Co-design with consumers and carers and across agencies**

Western Sydney Local Health District (WSLHD) and Western Sydney FaCS District are partnered in a co-design initiative and are working closely with relevant stakeholders, including consumers and carers, to redesign mental health service provision in Western Sydney for children and young people from infancy to 24 years. At the centre of the design process is the consumer’s voice, providing a better understanding of people’s experiences with mental health services and what they want improved.

Multi-stakeholder 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 Department of Premier and Cabinet is coordinating the evaluation of this work, which is being undertaken by Western Sydney University.

**Living Well resonating in Commonwealth funded programs**

Partners in Recovery in South Western Sydney has developed the No Wrong Door initiative to foster:

- collaboration and integration across mental health organisations in the region
- coordination of services to ensure people living with mental illness do not experience barriers to accessing services and are not turned away
- improved means of providing quick and accessible information for people to be able to navigate the service system.

By December 2015, 21 organisations in South Western Sydney had signed the No Wrong Door Charter, and were developing action plans.

**Local council leading community resilience programs**

Bega Valley Shire Council identifies children’s and young people’s services, leisure and recreation infrastructure, and community leadership in suicide prevention as its priorities in supporting mental health reform. It works to ensure people have spaces, such as halls, libraries and sport facilities, to pursue activities that enhance wellbeing as well as promoting more formal conversations about mental health, reaching out to groups such as young people whose needs are often not well served. It has helped to establish a mobile Police Citizens Youth Club and sees mobile mental health and wellbeing services as critical to providing community support across an extended rural region. All the Council’s senior managers have undertaken Mental Health First Aid training and they encourage openness about mental health issues, improving the service offered by front counter staff as well as reducing stigma around mental illness within the Council itself.
COMMONWEALTH INITIATIVES THAT ALIGN WITH LIVING WELL

The National Disability Insurance Scheme (NDIS)

On 16 September 2015, the NSW and Commonwealth Governments signed an agreement to roll out the NDIS in NSW between 1 July 2016 and 30 June 2018. The Ministry of Health and FaCS will need to ensure current services and psychosocial supports available to people living with a mental illness and their families and carers will not be eroded during the implementation of the NDIS.

NSW will need to maintain appropriate governance mechanisms following full implementation of the NDIS and the cessation in 2018 of the Ageing, Disability and Home Care (ADHC) branch of FaCS, to ensure a seamless provision of services for those who require supports from both the State and the NDIS. This is particularly important for individuals who have a psychosocial disability with additional health or social issues, and those who come into contact with the criminal justice system.

The Commission understands that ADHC and the National Disability Insurance Agency will trial special models of care in the Hunter NDIS trial site to address complex needs, and this will inform the service system scheme. Concern remains about the maintenance and ongoing development of specialist clinical services currently funded or supported by ADHC.

LHDs will need to decide in 2016 whether to become registered providers with the NDIS. The Ministry of Health is assisting them to work through the complex issues. For many LHDs the NDIS presents an opportunity to expand services to support people with disability with associated revenue, and better connect those support arrangements with the person’s health care needs.

There are also broader opportunities for NSW Health. Aligning with the NSW Living Well reform agenda, NSW Health could strengthen its future capability to get meaningful outcomes for people with mental illness by recognising the strengths of the community-based operating model currently used by ADHC, and augmenting the residual role of FaCS within the NSW Health structure to drive a culture of integrated care. To achieve this, consideration should be given to retaining the skills and knowledge developed within the disability sector in designing and delivering person-centred care and early intervention approaches, and embedding those skills in the NSW public sector.

National Review of Mental Health Programmes and Services

The Commonwealth Government’s response to the 2014 National Review of Mental Health Programmes and Services was released on 26 November 2015. It supported a series of reforms that closely align with those of Living Well: consumer-focused care models, better local responses to communities, the development of the peer workforce, provision of stepped-care models, the provision of psychosocial supports and the role of the NDIS, the needs of people with complex and chronic conditions, and Aboriginal mental health and suicide prevention.

This affords NSW an opportunity to work collaboratively with the Commonwealth and Primary Health Networks to advance common priorities while implementing Living Well.

New roles for Primary Health Networks in mental health

On July 1 2015, 10 Primary Health Networks (PHNs) were established in NSW, with a remit to focus on outcomes, improve frontline services and provide clearer pathways between hospital and primary care especially for people with chronic or complex conditions. The PHNs have six work priorities of which one is mental health. In November 2015 the Commonwealth announced PHNs would become commissioning agents for pooled Commonwealth-funded mental health services, commencing from 2016-17. These pooled funds are to be sourced from Access to Psychological Services (ATAPS); Early Psychosis Prevention & Intervention Centres (EPPIC); Headspace; the Mental Health Nurse Incentive Program; the Mental Health Services in Rural and Remote Areas program; and various suicide prevention programs.

The implications for NSW, and the effect on planning and delivery of local publicly funded mental health services, will need to be monitored carefully. However, the Commission considers this move away from a top-down approach is a vital step. If leaders of PHNs and LHDs collaborate with other government and community agencies, this creates the potential for a more rational service design that responds to actual local need.
The Commission’s work

Following the launch of Living Well in December 2014 the Commission distributed copies widely to agencies, Local Health District (LHD) board members, community groups and partners such as universities and the mental health community-managed organisation (CMO) sector, to promote awareness of its principles and directions.

In 2015 the Commission visited the communities of Bega, Broken Hill, Coffs Harbour, Kempsey, Goulburn, Griffith, Wagga Wagga and Queanbeyan to talk about Living Well with local agencies, community-managed organisations and consumers and carers. These visits provided valuable opportunities to learn first-hand of local experiences, challenges and action and the Commission thanks the people in those towns who organised the visits and made time to showcase their services and share their experiences.

In 2015 the Commission also partnered with government and community-managed agencies, provided seed funding for activities in LHDs, and targeted research activities to enhance local skills, knowledge and tools. This reform readiness work is outlined in this chapter.

LOCAL PROJECTS TO SUPPORT LOCAL READINESS

In March 2015 the Commission called for applications from LHDs for grants up to $30,000 to organise and undertake activities to support local reform readiness. Fourteen LHDs submitted proposals which were all funded for a total of $376,750 in 2014-15. These projects demonstrated great diversity, reflecting variability of local needs and confirming that reform readiness is different within each community. However there were also common priorities – to investigate local collaborative partnerships, local planning processes to support mental health reform or to identify the prerequisites for the LHD to commence its reform process. These projects are all completed, and in some instances have germinated further collaborative local work. Details of the funded projects are summarised in Appendix 1.

RESEARCH PROJECTS TO ACCELERATE REFORM

In January 2015 the Commission funded nine research projects to provide system support and tools to support reform. These projects focussed on specific topics including suicide prevention, wellbeing, recovery, service mapping and planning frameworks (Appendix 2). They are funded over the financial years 2014-15 to 2015-16 and are intended to provide additional resources, understanding and evidence to support change and innovation.

NSW Suicide Prevention Framework

The Commission funded the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention (CRESP) to develop a framework for suicide prevention in NSW based on the international evidence of the benefits of taking a systems approach that implements proven interventions simultaneously in an integrated program (Action 3.4.2). CRESP and the Commission launched the Framework in August 2015. An implementation proposal, developed for the Commission, recommended an initial trial of four sites across NSW over six years at cost of approximately $14.7 million. The Paul Ramsay Foundation generously chose to fund the Black Dog Institute, the lead agency in CRESP, to conduct this work. The Commission expects to hold the first meeting of a NSW Suicide Prevention Forum (Action 3.4.1) in early 2016 which will contribute advice to the implementation process of the Framework trial in NSW.

iBobbly

Originally developed for the Kimberley region in Western Australia, iBobbly is a smartphone app designed to reduce suicidality among Aboriginal young people. The Commission funded the Black Dog Institute to enhance and extend iBobbly for NSW users in
consultation with local Aboriginal communities. This work was completed in November 2015 and will form part of the national extension of the app.

**Integrated Mental Health Atlas of Far West NSW**

The Commission funded the University of Sydney to map all services for people experiencing mental illness and their families in far west NSW. The project classifies services according to their main care structure or activity, as well as their availability and utilisation. It provided the region’s first inventory of mental health services, from which it will be possible to derive benchmarks and comparisons with other regions.

This work has been adopted by other LHDs in NSW with Atlases for Western Sydney and South Eastern Sydney LHDs completed in 2015 and most metropolitan LHDs committed to the project. Discussions are under way on how to complete this work across NSW.

The Atlas comes at a particularly important time with the Commonwealth’s recent commitment to focusing on the regional planning of services via Primary Health Networks (PHNs) using flexible funding pools in order to meet local needs.

**Wellbeing Collaborative**

The Wellbeing Collaborative was launched in June 2015 (Action 3.1.1) and brings together representatives from a range of government and community-managed agencies to provide leadership and promote awareness across government and the community that wellbeing is ‘everybody’s business’. Key activities in 2015 included providing training in Mental Wellbeing Impact Assessment and consultation around wellbeing language and definitions. Experts have also come together to examine tools for wellbeing measurement and evaluation with a view to identifying the contexts in which these tools might be useful, and how they could be used collaboratively across agencies.

**Pathways to Mental Health Care in Western NSW**

ReachOut.com was funded to pilot a program in the Western NSW Local Health District that integrated technology-based services with primary health care providers and traditional clinical services within a stepped-care framework (Action 8.4.7). This project demonstrated the effectiveness and acceptability of a stepped care approach to integrate a continuum of care options from online self-care to specialist mental health services. The results will be fed into the broader Synergy project.

**Synergy Pilot**

The Commission has partnered with the Young and Well Cooperative Research Centre (CRC) to run a NSW trial of Synergy, a central gateway that allows young people to use a single login to engage with online mental health services. Synergy is being developed by the Young and Well CRC with funding from the Commonwealth Government. The NSW trial will customise and integrate e-mental health tools and services into the Synergy system. It has engaged young people in greater Western Sydney, the Central Coast and Far West NSW to co-design the look and feel of the site. This work, to be completed in June 2016, will be complemented by an education and training program to promote the uptake of e-mental health support by young people.

**Peer Work Guide**

To assist government and community-managed organisations to understand the value of mental health peer workers and what is involved in the recruitment and retention of a peer workforce, the Commission contracted Craze Lateral Solutions to develop a Peer Work Guide. Informed by existing state, national and international work, and a series of strategic consultations, the Guide provides practical advice on developing a peer workforce including roles and functions, training and competencies, organisational supports, and policies and procedures. The Guide will be developed into an online resource and is expected to go live in 2016.

**Insights into Recovery**

The Commission has funded the Butterfly Foundation to translate knowledge from lived experience of people with an eating disorder into a framework of recovery-oriented practice. Drawing on the National Framework for Recovery-Oriented Mental Health services, this project will include the development of guidelines for professionals working with people with eating disorders suitable for use in policy and professional development. The project is due for completion in 2016.

**Clinical Alliance and Research in ECT (CARE)**

The Commission has provided seed funding to the University of NSW for the CARE project which aims to improve clinical ECT (electro convulsive therapy) services by recommending a set of outcome measures, and providing training in their use in centres across NSW. The project has been developed after wide consultation with experts across Australia by leading psychiatrists with both clinical and research expertise in ECT. The Commission is interested in the project’s capacity to collect a common dataset which can then be used for benchmarking directed towards service improvement. This phase of the project will be completed in 2016.
Monitoring and reporting

The NSW Mental Health Commission has an ongoing, legislated function to provide progress reports to Parliament on whole-of-government implementation of *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*.

The Mental Health Reform Implementation Taskforce, under the auspices of the Ministry of Health, oversees the government’s implementation of *Living Well* and is expected to provide an annual report to Government on progress against agreed agency performance measures. The Commission was advised in the Taskforce’s letter that it will identify progress against the intent of the 141 actions in *Living Well*, not against each action. This will not afford a line of sight to how each action is being progressed, and will be a point for future discussion with the Taskforce.

The Commission in its own reporting will look to evidence and system-wide measures for the far-reaching reforms envisaged by *Living Well*, which emphasise mental health within a context of broad community wellbeing, supported by responsive, individualised services across a full spectrum of government activity. It will endeavour to not duplicate the reporting of the Taskforce.

The Commission is also acutely aware that external factors may impact strongly upon NSW and its people. Changes in Commonwealth arrangements for mental health service funding will affect the state’s capacity to provide services, and the introduction of the National Disability Insurance Scheme (NDIS) will directly affect some individuals who require ongoing support in the community. As far as possible, the Commission’s reporting will acknowledge and reflect the context in which NSW mental health services are provided.

With these things in mind, the Commission will concentrate its reporting program in the areas discussed below.

**GETTING THE BEST INFORMATION**

The Commission will use system information, quantitative data and qualitative information, and will triangulate these to measure progress towards the vision of *Living Well*. Central to this is listening to experiences of care from people who use services, and the Commission will seek to strengthen its data collection in this area. In this first progress report it invited people to contribute their views through an online survey. Details and findings from this survey are presented in a following chapter.

The Commission will work with NSW Health, the Bureau of Health Information (BHI) and others to identify sources of information to improve the completeness of reporting and monitoring to inform the Commission’s reports to Parliament. The government will also need to reappraise its own data sets to work collaboratively with the Commission to establish meaningful and transparent data and reporting, and to work with agencies to provide relevant baseline data and information systems to support their responsibilities in reporting to government and the community.

**ISSUES AND CHALLENGES TO REFORM**

The Commission will also look to opportunities to ‘spotlight’ issues of concern regarding progress with implementation of *Living Well*, to highlight good practice or poor performance regarding system reform. Its *Ready for Change* mental health reform survey for example, held in September 2015, identified concerns regarding poor resourcing, inadequate leadership and lack of contemporary models of care as barriers to successfully rolling out the reform program. As the Commission monitors progress over the years to 2024, it will adapt its reporting approach to ensure it remains meaningful and relevant to the changing environment.
WHOLE OF COMMUNITY IMPACTS

Living Well offers the potential to deliver positive impacts across the whole of the community.

Complex social problems cannot be resolved by a single organisation or program. Collective approaches are needed to produce lasting large-scale change. Mental health and wellbeing challenges are especially strongly associated with social disadvantage, so community-level collective approaches are critical.

‘Social impact’ is the net effect of action on the wellbeing of individuals, families and communities. For positive social impact to be achieved, social outcomes measurement needs to be an integrated and interdependent part of strategy and day-to-day operations. This will depend on the development of a methodology which goes beyond monitoring the work of individual agencies to address cross-agency and cross-community progress.

The Department of Family and Community Services is already well advanced in developing this approach for its services, and its work offers a good example on which to base a model for measuring social impact across the full spectrum of mental health reform.

Figure 3: The elements of change
(Based upon the work of Hanlybrown F, Kania J, and Kramer 2011 online source)
THE COMMISSION’S REPORTING FRAMEWORK

The Commission has adopted a framework that underpins monitoring and reporting across three domains in achieving the vision of *Living Well*: individual, population and system.

![Diagram](image)

**Figure 4: Framework to support the reform vision**

Within these three domains the Commission expects to see measurable change over the next 10 years:

**Individual – Improved quality, safety and experience of care**
Increase in the use of interventions and supports that are evidence based and higher positive reporting by people with lived experience of mental illness and their carers so that they have the opportunity to actively participate in their treatment and have a voice in system reform.

**Population – Improved wellbeing and equity for everyone**
Improvements across measures including increased life expectancy, reduced discrimination, and improved outcomes across the domains of a person’s life, arising from activities across the mental health and human services system as a whole.

**System – Driving the best value from collective resources**
Every dollar of investment demonstrably used to full value by providing efficient services based upon best available evidence, through resource allocation and service and system design focused on maximising outcomes for people and government.
The Ministry of Health has advised the Commission that the Government’s state-wide reform agenda for NSW includes major ‘tollgate reviews’ at two points, in 2016-17 and in 2020-21. Such review points are part of the NSW Treasury’s budget review strategy. Given these tollgate reviews across the 10 year reform program, the Commission considers there are three distinct phases for mental health reform. Its reporting will take into account both the opportunities to provide advice at these tollgate points and to take into account the findings and outcomes of the tollgate reviews to inform its ongoing advice to Government. The Commission will review this approach from time to time, and adjust it if appropriate.

**MONITORING AND REPORTING OVER 10 YEARS**

- **Set targets and priorities 2014-2017**
  - Establish governance
  - Set budgets
  - Confirm agreed indicators
  - Set foundations for reform

- **Drive reform and monitor priorities 2018-2020**
  - Rebalance investment
  - Measure progress
  - Reinvest efficiencies into community support and service priorities

- **Embed outcomes and system change 2021-2024**
  - Measure progress
  - Review progress and identify generational change goals
  - Embed outcomes and learnings across relevant systems and sectors
  - Establish ongoing public monitoring to prevent system regression

**Figure 5: The phases of NSW mental health reform to 2024**
Living Well indicators at a glance

CONCERNED:
The proportion of young people who are happy with life as a whole has fallen since 2011.

NO DATA AVAILABLE:
To indicate if people with a mental illness are experiencing less discrimination and stigma.

CONCERNED:
Consumer workers have decreased as a proportion of the mental health workforce. However, the proportion of carer workers has increased.

CONCERNED:
The suicide rate has not improved over the past decade.

CONCERNED:
Community treatment order rates are steady, but involuntary hospital admissions are increasing.

PLEASED:
The proportion of people reporting high levels of psychological distress has been decreasing.

PLEASED:
The majority of consumers rate their care as very good or excellent.

CONCERNED:
The proportion of spending allocated to community-based services has decreased.

PLEASED:
The number of diversions from court to treatment is increasing for both adults and adolescents.

NO DATA AVAILABLE:
to assess if the rates of community participation of people with a mental illness are improving.
This chapter establishes the status of the 10 indicators described in *Living Well*, that are intended to track the success of mental health reform over the next decade. The indicators were selected because of their potential to highlight change in the mental health system, and the Commission will advocate for the availability of data to report against them in cases where none exists, or for improved data quality where current collections are unreliable.

1. Increase the proportion of the community that reports positive mental health and wellbeing

Information about individual mental wellbeing is not currently collected in a consistent manner useful for monitoring at a population level. The Commission is seeking to include questions about mental health and wellbeing in future collections of the NSW Population Health Survey. However, a series of longitudinal studies of three separate groups of young people in NSW aged 15 to 25, surveyed in 2003, 2006 and 2009 and then followed over time, shows the proportion reporting that they are happy with life as a whole has dropped substantially since 2011 from 97 per cent to 90 per cent in 2014. This trend was not evident in the previous survey group of 1998, and so indicates that this is unlikely to be an age-related occurrence. As young people are most vulnerable to developing mental illness, the decline in their wellbeing and happiness is of concern.

Graph 1: Life satisfaction for people aged 15 to 25, NSW, 2000-2014
Life satisfaction has been found to be lower for people who are in poor mental health, when compared to people in moderate to good mental health, and this gap has stayed consistent for more than a decade.

The Commission will urge NSW Health to establish a whole of population measure in order to more reliably understand levels of positive wellbeing across the whole of the community.
2. Decrease the rate of psychological distress in the community

Detailed and up-to-date information on the rate of psychological distress in the community is important to understand whether enough is being done to tackle mental ill health.

The rate of high or very high psychological distress among NSW adults has declined over the years 2003 to 2013. In 2013, an estimated 9.8 per cent of the NSW population reported high or very high psychological distress, down from 12.2 per cent in 2003\textsuperscript{22}. This proportion was slightly higher in females (11.1 per cent) than males (8.5 per cent).

Of major concern is the particularly elevated rate of high or very high psychological distress among Aboriginal people at 16.3 per cent.\textsuperscript{23} Scores in the ‘high’ and ‘very high’ range on this measure indicate that a person is likely to be experiencing a mental illness. The overall proportion of the NSW adult non-Aboriginal population and of Aboriginal people within these two highest categories is presented in the graph below.

Graph 3: Percentage of non-Aboriginal and Aboriginal people reporting high or very high levels of distress, NSW, 2003-2013
Childhood is a critical period for shaping life outcomes. While there is no self-report data\textsuperscript{24} regarding psychological distress in children, the Population Health Survey (PHS) includes data that allows for an estimate of the proportion of children in NSW with a likely mental illness.\textsuperscript{25} This proportion has not changed substantially over the decade prior to 2013-14. The rate for boys (11.2 per cent) was notably higher than that for girls (5.3 per cent) in 2013-14.

Graph 4: Percentage of children at substantial risk of developing a behavioural problem, 2003-2014
3. Reduce the proportion of people with a mental illness experiencing discrimination and stigma

Community attitudes may be changing but there is still a significant problem in the way people with mental health problems are seen and treated by others. However the Commission has been unable to identify any timely and ongoing data collections regarding the experience of discrimination among people with mental illness. Without this data it is difficult to understand the scale of the challenge or what works in tackling it.

Discrimination is known to be a barrier to people seeking help and accessing health care and supports, as well as job seeking or staying engaged in employment or social activities. Families and carers of people living with a mental health difficulty also encounter discrimination, and again this can be a barrier to seeking assistance. As such, a survey to measure this indicator is imperative.

The Commission is pleased that Bureau of Health Information has recently included questions on discrimination in the Adult Admitted Patient Survey. While these questions do not explicitly mention mental illness, the Commission hopes that over time this survey will include enough respondents with lived experience (self-identified via responses to ‘[do you have a] mental health condition?’) that it will be possible to examine their experience of discrimination in health care settings. However, this will only provide an insight to discrimination experienced when in a hospital.

In the absence of a nationally consistent measure, the Commission engaged the University of Melbourne to provide a report for NSW based on its National Survey of Discrimination and Positive Treatment. There is evidence from this work that people who scored highly on a measure of psychological distress, or who reported having had a mental health problem in the previous 12 months, indicated by and large they were treated more positively due to their illness. Of the 399 people

Graph 5: Percentage of people with mental illness experiencing discrimination, avoidance and positive responses, NSW
from NSW in this survey, more than half (58.2 per cent) reported being treated more positively by their spouse or partner due to their illness, compared to 35 per cent per cent who reported being discriminated against or avoided due to their illness. This pattern was repeated for friends and other family members, with whom positive experiences were far more common than discrimination and avoidance.

In all 24.4 per cent of respondents reported being treated more positively by people in the workplace due to their illness, compared to 12.5 per cent reporting being discriminated against. In contrast, 10.6 per cent reported being discriminated against while looking for work, compared to 3.1 per cent of respondents reporting being treated more positively. In addition, 11.4 per cent reported being avoided in the workplace.

Respondents also reported being treated more positively by health professionals – 44.9 percent, compared to 10.8 per cent who reported being discriminated against. Similar results were found for education, with 37.1 per cent of respondents reported being treated more positively, compared to 8.9 per cent reporting being discriminated against.

These findings are generally heartening, but in the absence of an ongoing population-based survey it is challenging to track changes in people's experiences of discrimination due to their illness.
4. Increase the rate of community participation among people with a mental illness

Participation in work, education and social and community life is integral to living a fulfilling and contributing life. At this time there is no current data source which directly asks people with a mental illness for their own assessment of their level of community participation. However, the Australian Mental Health Outcomes and Classification Network (AMHOCN) has developed the Living in the Community Questionnaire which aims to do this. It includes questions on social activities, education, employment, voluntary and unpaid work, employment seeking, and living circumstances. AMHOCN has undertaken a series of trials of the questionnaire, and has advised that it is expected to be ready for implementation in March 2016.27

Population surveys show however, that people experiencing high psychological distress are less likely to participate in social activities such as visiting neighbours or being a member of a local organisation.28

Graph 6: Percentage of people experiencing social inclusion activities, NSW, 2013

People living with a mental health problem in NSW also participate in employment and education at lower rates than the rest of the community. People with mental or behavioural problems are less likely to be in the labour force than people without these problems (69.5 per cent compared to 81.5 per cent). They are also less likely to be employed than people without these problems (65.2 per cent compared to 78.7 per cent).29 People with a psychological or psychiatric primary medical condition make up 31.5 per cent of NSW recipients of the Disability Support Pension, up from 22 per cent in 2001.30 Importantly, in terms of establishing life skills and opportunities, young people aged 16-30 with mental or behavioural problems are less likely to be employed and/or enrolled for study in a formal secondary or tertiary qualification than those without such problems (80.8 per cent compared to 93.2 per cent).31
5. Increase the proportion of the workforce in mental health services who are peer workers

Peer workers use their lived experience of mental illness in professional roles to support and work with others with a mental illness. As of 2013-14, across NSW there were 26.5 full-time-equivalent consumer peer workers and 7.7 full-time-equivalent carer peer workers reported to work in the public specialised mental health sector.32

Care should be taken in regard to these estimates. The peer worker data is derived from information on employees categorised as carer or consumer workers within the National Mental Health Establishments Database, and the definition of these categories has changed over the reporting period. As such the data may underestimate the true number of peer workers in the public mental health system, for example where a peer worker is employed under a different staffing categorisation. In addition, the Commission is aware that there is a sizeable peer workforce outside of the public mental health system. There is no centralised collection quantifying this workforce.

Graph 7: Peer workers as a proportion of mental health workforce, NSW, 2003-04 to 2013-14
6. Increase the proportion of consumers with a positive experience of service delivery

A positive experience of service delivery indicates that services address the needs and priorities of consumers. In order to develop a standardised national approach to the measurement of consumers’ experience of care, the Commonwealth Department of Health funded the National Consumer Experiences of Care project. This project was led by the Department of Health and Human Services Victoria, and resulted in the Your Experience of Service questionnaire (YES). YES includes questions on whether consumers felt respected, safe, and listened to, and to rate their experience of service.

NSW Health has adopted the YES questionnaire and commenced implementation in March 2015. It is pleasing that YES is now available to all LHDs, and regular reporting to LHDs has commenced. The Commission has been provided with data for this initial period. The number of completed surveys as a proportion of people eligible to complete the YES is low at this early stage, but it is heartening that from April-June to July-September 2015, inpatient return rates increased from 14.8 per cent to 19.9 per cent, while return rates from people who used out-patient or community-based services increased from 1.0 per cent to 2.0 per cent. While this data is preliminary, it is encouraging that most respondents rated their overall experience of service as very good or excellent. The Commission also looks forward to the roll-out of the Carer Experiences of Care Project being developed by AMHOCN.

**Graph 8: Experience of service overall satisfaction rates, NSW, April to September 2015**

In addition to the above, the Bureau of Health Information has published the results of two consumer surveys of people who used inpatient and community mental health services across NSW during February 2010 and February 2011. In these two surveys consumers were asked how they would rate the care they received. These results found that for 2010 and 2011 combined, 39 per cent of inpatient respondents rated the counselling or treatment they received as ‘Excellent’ or ‘Very good’. Similarly, 45 per cent of inpatient respondents rated the care they received at hospital as overall ‘Excellent’ or ‘Very good’. 53 per cent of ambulatory (community-based or out-patient) respondents rated the care and services they received as overall “Excellent” or “Very good”. These are valuable sources of information, although they are at a single point in time rather than ongoing.
7. Decrease the rate of suicide and suicidal behaviour

Reducing suicide and suicidal behaviour is a priority given the devastating loss of life and distress experienced by the person and the effect of suicide on carers, families and the community. Suicide rates can also be a reflection of the mental health and wellbeing of the community.

In 2013, the most recent year for which there is data, there were 674 deaths by suicide in NSW. This is equivalent to an average of just under two people dying by suicide every day in 2013, or a rate of 8.9 per 100,000 population.

The suicide rate for males in 2013, at 13.2 per 100,000 population, was higher than for females at 4.8 per 100,000 population. For the period 2009-13, the rate of suicide among Aboriginal people was 12.5 per 100,000 people, compared to 8.9 per 100,000 people among non-Aboriginal people. The rate for Aboriginal males was particularly high, at 20.4 per 100,000 population compared to 13.6 for non-Aboriginal males.

In addition to these completed suicides, a report released by Turning Point indicates that during the months of March, June, September and December 2013, NSW ambulances attended 2,020 suicide attempts and 3,614 instances of suicidal ideation where the person did not attempt suicide. This is equivalent to more than 16 suicide attempts and 29 cases of suicidal ideation per day in NSW. Indeed, the authors of the report note that these numbers are likely to be underestimates.

Graph 9: Suicides per 100,000 population, NSW, 2004 - 2015
In 2013-14, the most recent year for which there is data, there were 10,256 hospital admissions related to intentional self-harm in NSW. This is equivalent to an average of 28 hospital admissions per day. The self-harm hospitalisation rate in 2013-14 was 142.7 per 100,000 population. The rate for people aged 15-24 at was more than double that average at 335.8 per 100,000 population. The self-harm hospitalisation rate for females – 181.5 per 100,000 population – was higher than for males at 105.3 per 100,000 population. As can be seen below, the self-harm hospitalisation rate has remained steady. It is not possible to know from these statistics the proportion of episodes of self-harm that were actually suicide attempts.

8. Increase the proportion of NSW mental health spending allocated to community-based alternatives to hospital services

The development of community-based alternatives to hospital in the delivery of mental health care and support services is a critical element in rebalancing the NSW mental health system. NSW has the lowest per capita funding allocated to community-based services of any state or territory. Living Well sets out an intention to transform NSW from the lowest spending to the highest spending Australian jurisdiction on community mental health by 2017.

As can be seen in the graph below, NSW has a substantially lower proportion of total recurrent mental health service expenditure allocated to community-based services than the Australian average. While the Australian average has trended slightly upwards, the NSW proportion has stayed stable. In 2012-13, NSW total expenditure on inpatient mental health care was $807.4 million (56 per cent of total mental health care expenditure). This expenditure included $216.2 million in funding for public psychiatric hospitals (15 per cent of total expenditure) and $591.1 million on public acute hospitals (41 per cent). A further $491.8 million (34.1 per cent of total expenditure) was allocated to ambulatory services, including community-based and out-patient services. Non-government organisations received $76.1 million (5.3 per cent of total expenditure). As can be seen below, NSW has the lowest proportion of funding directed towards community-based care of all Australian states and territories.
Graph 11: Percentage of recurrent funding allocated to community-based mental health service, NSW and National, 2005-06 to 2012-13

Graph 12: Percentage of recurrent funding allocated to community-based services, all States, 2012-13
9. Decrease the rate of involuntary treatment orders (inpatient and community) issued

A high rate of involuntary treatment orders, whether in hospital or in the community, is a marker of a system which is not intervening early or effectively in the course of a person’s mental distress or increasing illness.

The Mental Health Review Tribunal (MHRT) reports annually on outcomes of its proceedings. This includes data on Community Treatment Orders (CTOs) and Involuntary Patient Orders (IPOs) for involuntary stays of three days or more. As can be seen below, the rate of CTOs issued per 100,000 population has stayed relatively stable since 2008-09, while the rate of IPOs has nearly doubled due to procedural changes.

MHRT also reports on the number of people taken to a mental health facility under the provisions of the Mental Health Act. The data is derived from direct reports from services to the MHRT, but is likely an underestimate of the true number of involuntary admissions. In 2014-15, there were 19,551 involuntary admissions in NSW, or a rate of 257.7 per 100,000 population. This rate has been trending upwards since 2010-11.

Effective mental health services should minimise the use of involuntary treatment by improving early access to community-based care and working with individuals and families. The Commission wishes to ensure that NSW mental health services report on their rates of use of involuntary care. Data on legal status is collected by mental health services as part of standard National Minimum Data Sets. The Commission has been provided with data related to involuntary status on admission, but the data varies in its completeness, limiting any conclusions regarding trends in involuntary treatment. This data has not previously been used for reporting, and NSW Health advises that further work is required to improve its completeness and reliability and to develop an indicator. The Commission urges NSW Health to undertake this development and testing work as a matter of urgency.
Graph 14: Rate of involuntary admissions per 100,000 population, NSW 2008-09 to 2014-15
10. Reduce the proportion of people in the prison population who have a previous experience of mental illness

People with a mental illness are disproportionately represented in custody, with three quarters of prison entrants in 2015 reporting having ever been told they have a mental health disorder. In 2009, nearly half (48.6 per cent) of NSW inmates reported having received assessment or treatment by a psychiatrist or doctor for an ‘emotional or mental problem’. Of these people, one in three (35.4 per cent) reported a diagnosis of depression, one in four (24.6 per cent) reported a diagnosis of anxiety, and approximately one in ten reported a diagnosis of a personality disorder (10.2 per cent), ADD/ADHD (10.1 per cent), bipolar disorder (9.2 per cent), or schizophrenia (8.8 per cent). The Bureau of Crime Statistics and Research (BOCSAR) projects an increase in the prison population, which presents a risk that the number of people incarcerated with a mental illness will also increase. Diversion programs can prevent people with mental illness entering custody by diverting them from court into mental health treatment. In 2014-15, 2051 adults and 554 adolescents were diverted from court into treatment. As can be seen in the graph below, this number has increased over time. In particular, the number of adolescents diverted from court into treatment more than doubled between 2007-08 and 2014-15. While the use of such programs is rising, we do not know what proportion of cases involving a mental illness are managed this way, or their impact upon reducing the proportion of people in prison with a mental illness.

Graph 15: Number of diversions from custody NSW 2007-08 to 2014-15
## The community perspective at a glance*

**SIGNS OF REFORM READINESS**

<table>
<thead>
<tr>
<th>Knowledge of Living Well</th>
<th>GAPS IN REFORM READINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Around 80 per cent of survey respondents had heard about Living Well and over half said they understood its purpose enough, well or completely.</td>
<td>• Overall the results indicate that further effort is required in 2016 to communicate Living Well and its reform priorities.</td>
</tr>
</tbody>
</table>

**Attitudes to Living Well priorities and their implementation**

<table>
<thead>
<tr>
<th>• 88 per cent agreed that they were keen to help implement Living Well, with 68 per cent indicating that their organisation was keen to implement Living Well.</th>
<th>• The findings indicate that further effort is required to mobilise all sectors in the implementation of Living Well, in order to support the participation of those most affected in that process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 75 per cent supported all key reform priorities.</td>
<td>• While support for reform was high, respondents showed a lack of confidence that the reforms would happen.</td>
</tr>
<tr>
<td>• Confidence can be improved by agencies demonstrating their commitment to reform.</td>
<td></td>
</tr>
</tbody>
</table>

**Implementation of Living Well**

<table>
<thead>
<tr>
<th>• Over 50 per cent said their organisation ‘was engaging in activities related to Living Well’.</th>
<th>• Over 50 per cent said the most common action was ‘informal conversations between colleagues’ and that they had ‘no knowledge of what is happening locally about the Plan’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feedback on experiences of implementing Living Well noted successes (36 per cent), with successes reported in the areas of: models of care (55 per cent); leadership (44 per cent); attitudes (12 per cent); education (9 per cent); communication (6 per cent); and resources (5 per cent).</td>
<td>• Barriers and challenges were also reported (66%), with barriers and challenges reported in the areas of: resources (68 per cent of respondents), leadership (49 per cent); models of care (41 per cent); education (13 per cent); communication (10 per cent); and attitudes (6 per cent).</td>
</tr>
<tr>
<td>• Leadership was seen as integral to the successes.</td>
<td>• This indicates that agencies need to address barriers to reform within and across sectors and promote positive practices and successes.</td>
</tr>
<tr>
<td>• Leadership needs to be mobilised at all levels to support reform readiness, including the identification and engagement of reform champions.</td>
<td>• Approaches need to be developed to strategically reform models of care across the government, community-managed and private sectors, so that they incorporate evidence-based, consumer-driven and integrated practice.</td>
</tr>
</tbody>
</table>

---

*Findings from the Ready for Change survey conducted in September 2015*
The community perspective

The vision of Living Well is to enable the people of NSW to have the best opportunity for good mental health and wellbeing and to live well in the community and on their own terms. This vision embodies a recovery perspective, and Living Well’s reform priorities are designed to support the development of a recovery-oriented mental health and human services system. The perspectives of the community and individuals are therefore essential to an informed understanding of how reform has progressed.

This chapter presents the perspectives of consumers, families and carers, and people working in the sector about early preparations and progress towards reform, drawn from a survey – Ready for Change – conducted from 2 to 16 September 2015, which 744 people completed. The aim of the survey was to gain an understanding of the community’s knowledge of Living Well in order to better understand how successful its dissemination has been and whether its priorities are supported. The survey also provided perspectives on people’s confidence in the Government achieving the stated outcomes of Living Well, and in the steps taken during 2015 – with implications for how agencies approach the implementation of Living Well during 2016.

The single largest group of respondents was people with a lived experience of mental health issues, who comprised one third of all respondents. A quarter of respondents were mental health practitioners/clinicians, with carers of people with lived experience representing another quarter of respondents. Other members of the community accounted for the remainder.45

Among survey respondents, 4.7 per cent identified as Aboriginal, which is a very positive response as Aboriginal people comprise 2.9 per cent of the NSW population. This comparatively higher response rate of Aboriginal people means their voice can be more clearly heard, which is integral to mental health reform in NSW.

For a more detailed report on the survey methodology, respondent profile, analysis and findings, please refer to the technical report on the Commission’s website.

COMMUNITY PERSPECTIVES ON REFORM READINESS

Shared understandings of Living Well

The community, the mental health sector and the mental health workforce need to understand the intent and directions of Living Well so that they can participate in the process of reform.

The Ready for Change survey asked people about their knowledge of Living Well, in order to understand how well its vision and directions have been communicated by the Government and the Commission. Overall, just under 80 per cent of respondents had heard about Living Well and just over half indicated they understood its purpose enough, well or completely.

Just over a quarter of people with lived experience of mental health issues who completed the survey reported they had not heard of Living Well, and had a lower level of understanding of it than those without lived experience.

The Government sector had the highest level of understanding of Living Well; 65 per cent of those working in government said they understood it enough or better, compared to 54 per cent of people in the not-for-profit/community-managed sectors and 51 per cent of private sector respondents. Of the 115 people who identified as having board, executive or manager roles, 83 per cent said their understanding of the Plan was ‘enough’ or better.

Overall the results indicate that further effort is required in 2016 to communicate Living Well and its reform priorities, in order to support its implementation and the participation of those most affected in that process.
Five reform priorities of *Living Well* addressed in the survey

1. More consumer and carer involvement in decisions about care and service delivery
2. Shift towards more care and support in the community
3. Increased focus on prevention and early intervention
4. Different organisations and services needing to work together better (including health, mental health, justice, housing, employment, education, community services and local government sectors)
5. All organisations considering and including mental health issues in their policies, decision making and services

Willingness to participate in reform and confidence in its implementation

The appetite for reform is strong. Eighty-eight per cent of respondents agreed that they were ‘keen to help implement the Plan’, with 75 per cent of all respondents supporting all five reform priorities surveyed. The level of support ranged from 97 per cent for ‘All organisations should consider and include mental health issues in their policies, decision making and services’ to 85 per cent support for a ‘shift towards more care and support in the community’. There were no differences in responses between those who identified as having lived experience and those who did not.

Graph 16 compares the level of support for the priorities with confidence in their implementation. Just over half of respondents believed ‘organisations working together’ would occur. When compared to respondents from the not-for-profit/community-managed sectors, respondents from the Government sector were less supportive of reform and less confident it would happen. These findings have particular implications for agencies which provide front-line services and supports to people with mental illness.

![Graph 16: The gap between support for key priority areas of reform and confidence in their implementation](image-url)
Reform readiness

The survey asked participants how prepared their organisation was to implement Living Well reforms.

Of government respondents 63 per cent endorsed ‘my organisation has the knowledge, skills, people and resources to implement the Plan’, compared with 73 per cent of those from the not-for-profit/community-managed sectors.

In terms of respondents’ feedback on their organisation’s support for the key priority areas for reform, organisations overall were seen to endorse the key areas of reform – ‘more consumer and carer involvement in decisions about care and service delivery’ (70 per cent), an ‘increased focus on prevention and early intervention’ (70 per cent) and a ‘shift towards more care and support in the community’ (68 per cent). Respondents from the not-for-profit/community-managed sector consistently demonstrated the highest levels of endorsement of these statements (84 to 86 per cent), followed by those working in the government (71 to 77 per cent) and private sectors (44 to 54 per cent).

In terms of respondents’ overall feedback on their organisations’ reform readiness:

- 68 per cent indicated that their organisation was keen to implement Living Well
- 59 per cent agreed that ‘my organisation has the knowledge, skills, people and resources to implement [Living Well]’
- 46 per cent agreed that ‘organisations in my local area have the knowledge, skills, people and resources to implement [Living Well]’.

In order to fully seed local action and collaboration, these figures need to be improved. There needs to be a higher level of engagement with the mental health reform agenda. Agencies need to clearly demonstrate they are responding internally to its challenges in terms of their governance, staffing capacity and skills, and ways of working, with appropriate planning for the involvement of people with lived experience of mental illness, their families and carers, in decision making that affects them.

It is important to note that most survey respondents worked within the government sector (45 per cent), followed by the not-for-profit or community-managed (35 per cent) and private sectors (9 per cent). However 12 per cent of respondents identified as not being currently employed. Of the 630 respondents who provided information on their areas of work, the most common were Mental health (70.2 per cent), Community-based (30.6 per cent), Health (19.8 per cent), Drug and alcohol (17.6 per cent), and Education and/or training (17 per cent) areas. Note that respondents were able to choose multiple areas of work to best reflect their role or organisation.

What is happening locally?

The first year of the implementation of Living Well is an important time to empower communities to develop local action plans.

Half of the 744 respondents (51 per cent) to Ready for Change agreed that they had ‘no knowledge of what is happening locally about [Living Well]’, while 52 per cent of the organisations where people worked were noted as ‘engaging in activities related to [Living Well]’. Overall, the proportion of respondents reporting specific local actions was generally below 50 per cent. Of the options that illustrated specific local actions, the highest level of endorsement across the three sectors was for ‘informal conversations between colleagues have taken place in my organisation about [Living Well]’ (51 per cent). This indicates either a low level of specific actions by organisations, or poor communication of what they are doing.

Government sector respondents were more likely to report that their organisations were taking specific actions, while private sector respondents were the least likely to report this. It is interesting to note that 10.2 per cent of respondents reported having ‘already seen signs of change’. A small fraction of responses (5 per cent) showed low expectations of organisations, reporting that ‘organisations/my organisation will not change’.

Graph 17 indicates the range of responses to Living Well across the government, not-for-profit/community-managed) and private sectors.
Respondents were also asked ‘how long do you think it would take to see changes in local organisations (or your organisation) as a result of carrying out [Living Well]?’ The most frequently chosen response was three to five years (38 per cent). However, there was variation by sector as noted in Graph 18. Respondents from the not-for-profit/community-managed sector tended to believe that reform would come earlier than other respondents. The private sector endorsed ‘organisations/my organisation will not change’ more than the other two sectors.
Further action is needed

Survey respondents were asked to provide feedback on the challenges and successes they have experienced in relation to implementing Living Well. Of the 744 survey respondents, 359 (48 per cent) provided this feedback. Of these, 66 per cent provided written feedback under the broad themes of ‘barriers and challenges’ while 36 per cent provided written feedback under the broad theme of ‘successes’. Additional themes also emerged which are included in the technical report findings of the Commission’s community mental health reform survey on the Commission’s website.

**Graph 18: How long will it take to see changes as a result of implementing Living Well?**

**Barriers and challenges**

Respondents nominated ‘resources’ as the largest barrier to reform (68 per cent of respondents), followed by: leadership (49 per cent); models of care (41 per cent); education (13 per cent); communication (10 per cent); and attitudes (6 per cent). The resources challenge related to current funding practices (noted by 38 per cent of those who nominated resources as a barrier), which were seen to undermine collaboration and good practice and to be inconsistent with reform.

The issues they raised included:

- uncertainty of funding
- competitive processes for funding
- limited funding
- short funding cycles
- funding cuts
- closure of services
- gaps in services
- duplication of services
- cost shifting.

The next most frequently mentioned resource challenges related to:
• the need for additional funding to implement reform (32 per cent)
• staffing issues (31 per cent)
• accessibility of services (21 per cent)
• workforce capacity to address complex needs (14 per cent).

Respondents also advocated for additional support for reform, including enhanced leadership and change management practices (10 per cent).

Leadership was nominated by nearly half of respondents as a barrier to reform. Workplace culture was noted by 41 per cent of those who nominated leadership as a barrier, including:
• negative attitudes and behaviour towards consumers, especially towards people with severe mental illness
• resistance to change
• fear of change related to the shift towards more care and support in the community.

The next most frequently mentioned leadership challenges included the need for:
• greater communication and collaboration within and across sectors (24 per cent)
• executives to consult and collaborate more with staff about implementation (16 per cent)
• strategic development of models of community care across all sectors (15 per cent).

THE PERSPECTIVE OF THE MENTAL HEALTH CO-ORDINATING COUNCIL (MHCC)*

‘The past 12 months have seen community-managed organisations searching for an overall perspective on the proposed changes to the mental health sector. While there have been discussions and communications in regards to major reform related to the Partnerships for Health programs, the National Disability Insurance Scheme, the transition of Medicare Locals to Primary Healthcare Networks and the potential for more clients to move from inpatient care within state funded institutions to the community, it has been left for each component of the mental health sector and beyond to piece this together as to what role each organisation plays in this reform picture. This has led to many organisations reflecting on what their contribution may entail, and how to prepare for this change in focus.

‘Leadership is a key issue across the sector, as many ideas of how organisations will function both as a stand-alone entity and as part of the system are challenged. It is likely that training to increase leadership skills and seek and resource leaders of the future will be required, as well as key requirements in how to negotiate with others through potential regional engagement and responsibilities, lead teams to increased focus on consumer-centred care and performance improvement, and be transparent in accountabilities and outcomes.

‘There are opportunities to forge stronger and innovative partnerships, that can support optimised consumer and family care, and the path to these outcomes is likely to require resilience, focus and the ability to hold strong to a shared vision.’

*MHCC is the peak body for non-government organisations working for mental health, providing leadership and representation on current issues.

Respondents also noted the importance of improving leadership to mobilise reform at national, state and local levels. Some commented on a lack of guidance from their central agency, while others called for more work to emphasise the relevance of Living Well to organisations outside the mental health sector, saying it was perceived by some as ‘mental health business’ only.

Other issues included: tokenistic and inadequate consumer and carer representation; low staff morale and burnout; organisational bullying; and workplace stigmatisation of staff experiencing mental health issues.

In terms of models of care, the most frequently mentioned concern was that ‘old, out-dated models of care and service delivery’ were a barrier to reform (noted by 54 per cent of those who nominated models of care as a barrier). This included:
• over-reliance on the medical model of mental illness
• a focus on inpatient and crisis interventions, rather than having a balanced system that includes these options as well as a range of community options
• paternalism
• traumatic practices such as seclusion and restraint
• referral criteria that limited collaborative efforts across the sectors, and resulted in poor experiences and outcomes of care
• fragmented and siloed care, with a need for greater coordination and collaboration within and across services and sectors.

Education was identified as a significant reform issue by a number of respondents, who noted the need for a range of education and training initiatives addressing issues such as: person-centred care; trauma-informed care; evidence-based care; recovery; dual diagnosis; and mental health training for non-mental health workers.

A lack of communication about Living Well was seen as a significant challenge for reform, along with a lack of awareness of local developments in relation to its implementation.

Respondents noted that attitudes such as stigma and resistance to change also posed significant barriers that could prevent people with lived experience of mental health issues from living well in the community.

Figure 6: Identified barriers to and successes for reform

**Successes**

In terms of successes, Ready for Change respondents reported activities undertaken in response to Living Well, as well as pre-existing initiatives that aligned with its priorities.

Six main areas of success were noted: models of care (55 per cent); leadership (44 per cent); attitudes (12 per cent); education (9 per cent); communication (6 per cent) and resources (5 per cent).48

The most frequently mentioned successes under models of care related to collaboration and communication with other organisations within and across sectors (noted by 38 per cent of those who nominated models of care as a success). Other responses identified as successes included:
• integration of services
• increased consumer participation in governance processes
• greater focus on recovery and collaborative care planning
• employment of peer workers and Aboriginal mental health workers
• increased focus on promotion, prevention and early intervention.

Notwithstanding respondents’ nomination of inadequate leadership as a major barrier to reform, 44 per cent of respondents who wrote about successes reflected leadership as integral to those successes. These included the role of management in leading organisational responses to Living Well, including the incorporation of its reform directions in local plans and implementation of pre-existing initiatives which aligned with Living Well.

Successful examples under attitudes included a keenness to employ more consumer and peer workers and to engage in prevention and early intervention activities. Responses also cited support for increased consumer and carer participation, as well
as support of Living Well and its implementation.

Education successes included activities such as Mental Health First Aid and other mental health training; staff education about recovery and person-centred care; increased education options for peer workers, consumers and carers; and more consumer-focused information. Increased media attention to mental health issues, and its contribution to greater openness and awareness, was considered an example of communication success.

Examples of success related to resources included the hiring of additional staff, including peer workers. One respondent noted that their organisation provided small innovation grants internally to help implementation of Living Well.

**IMPLICATIONS FOR THE NEXT 12 MONTHS**

Respondents to the Ready for Change survey indicated their overwhelming support for the implementation of Living Well. However, the feedback they provided also highlighted areas where further work needs to be done:

- A comprehensive communication strategy needs to be developed and implemented.
- Improving confidence that reform in mental health will be realised, by improving the dissemination of information on the actions and commitments of agencies in a way that can be translated into local action plans. Confidence can also be improved by demonstrating actions to address barriers to reform within and across sectors, promoting positive practices and successes, as well as engaging frontline workers, consumers and carers in reform processes.
- Mobilising leadership at state, district and service levels to support reform readiness, including the identification and engagement of reform champions.
- Developing approaches to strategically reform models of care across the government, not-for-profit/community-managed and private sectors, so that they incorporate evidence-based, consumer-driven and integrated practice.

The Mental Health Commission of NSW thanks all respondents to its inaugural Ready for Change survey about mental health reform in NSW.
## Appendix 1

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>Description</th>
<th>Budget</th>
</tr>
</thead>
<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>
</tr>
<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. The first paper sets out the broader environmental context in which the new plan will be built. The second paper details in priorities and processes identified by stakeholders.</td>
<td>$30,000</td>
</tr>
<tr>
<td>Central Coast</td>
<td>3 development priorities: Building consumer and carer workforce, recovery-oriented practice and improving the consumer journey</td>
<td>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.</td>
<td>$30,000</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>Learning from the NZ experience and development of a 5 year plan</td>
<td>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.</td>
<td>$29,000</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
<td>Challenge and change the culture towards recovery-oriented practice: Learnings from Barwon</td>
<td>The Illawarra Shoalhaven Local Health District Mental Health Service developed a sister organisation relationship with Barwon Mental Health Drug and Alcohol Service in Victoria which is recognised as a leader in the development and implementation of recovery-oriented 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.</td>
<td>$25,000</td>
</tr>
<tr>
<td>Local Health District</td>
<td>Project focus</td>
<td>Description</td>
<td>Budget</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>Integration Forums with GPs: Physical Health and Mental Health</td>
<td>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.</td>
<td>$19,000</td>
</tr>
<tr>
<td>Murrumbidgee</td>
<td>Consultancy to develop a collaborative framework among key service partners</td>
<td>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 Commission. 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 planning and improving health outcomes for mental health and drug and alcohol consumers, families and carers.</td>
<td>$20,000</td>
</tr>
<tr>
<td>Western NSW</td>
<td>Service Transformation Project: Reconfiguration of the Mental Health and Drug and Alcohol Service</td>
<td>Western NSW Local Health District has used the seed funding to formalise a partnership with 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.</td>
<td>$20,000</td>
</tr>
<tr>
<td>Northern NSW</td>
<td>Reforming Models of Care and Redesign Steering Committee</td>
<td>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 to further develop transition to care pathways.</td>
<td>$20,683</td>
</tr>
<tr>
<td>Local Health District</td>
<td>Project focus</td>
<td>Description</td>
<td>Budget</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Far West</td>
<td>Partnership with Broken Hill Stakeholders - Collective Impact Framework</td>
<td>Far West Local Health District facilitated a meeting with local mental health service providers to introduce the Strategic Plan 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.</td>
<td>$4658</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>The state of the nation report - a scoping project</td>
<td>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.</td>
<td>$29,000</td>
</tr>
<tr>
<td>Nepean Blue Mountains</td>
<td>Engage specialist services to identify service provision gaps for children and young people in the LHD</td>
<td>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 perinatal, highlighting a need for further review and subsequent action.</td>
<td>$30,000</td>
</tr>
<tr>
<td>St Vincent’s Health Network</td>
<td>Development of an urban partnership for integrated care</td>
<td>St Vincent’s Health Network is located in an area whose population is characterised by Australia’s highest concentration of homelessness and social vulnerability. To work towards a model of integrated care St Vincent’s established an Urban Partnership for Integrated Inner City Healthcare and Wellbeing involving government and community organisations across the health and community services sectors.</td>
<td>$30,000</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>Blacktown LGA Beacon Site for Acute Community Treatment</td>
<td>Western Sydney Local Health District mapped the final stages in establishment of an integrated acute community treatment service in collaboration with a local Primary Health Network and a community organisation. They developed a cross-sector operating protocol and conducted training and mentoring to facilitate collaborative working. A “Colloquium for Acute Community Mental Health Treatment” is planned for promotion and dissemination.</td>
<td>$20,000</td>
</tr>
</tbody>
</table>
# Appendix 2

2014-15 and 2015-16 research program in support of mental reform readiness funded by the NSW Mental Health Commission.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Description</th>
<th>Service Provider</th>
<th>Budget</th>
</tr>
</thead>
</table>
| The Integrated Mental Health Atlas of Far West NSW | The project will map the services for people experiencing ill-health and their families providing care in Far West NSW. The research will result in a new decision-making tool for monitoring and improving mental health systems of care.  
*Actions in Living Well under 5.3 Addressing inequalities and 5.1 Shift to Community.* | University of Sydney | $177,722 |
| Establishing a NSW Electro-Convulsive Therapy (ECT) Research Network | The project will build a NSW network of ECT research hospitals, to collect a large clinical database that will provide information on clinical ECT service models and treatment effectiveness, and has the potential to influence ECT clinical practice and policy nationally and internationally.  
*Actions in Living Well under 5.3 Addressing Inequalities.* | University of NSW | $229,885 |
| Insights in Recovery | A consumer participatory project translating knowledge from lived experience into a framework of recovery-oriented practice to support implementation of the Mental Health Recovery Framework for people with eating disorders.  
*Actions in Living Well under 7.4 Eating Disorders, as well as the implementation of the current NSW Service Plan for People with Eating Disorders.* | Butterfly Foundation | $100,000 |
| Lived Experience Framework | The project will develop resources to support NSW organisations and agencies in growing and developing the peer workforce.  
*Actions in Living Well under 4.2 Engaging consumer and carers in service design and 8.2 Peer Workforce.* | Craze Lateral Solutions | $100,000 |
| System Approach to Suicide Prevention | This project will detail costs associated with the design, implementation and evaluation of a large-scale systems approach to suicide prevention across selective sites.  
*Actions in Living Well under 3.4 Suicide Prevention.* | Black Dog Institute | $131,179 |
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Description</th>
<th>Service Provider</th>
<th>Budget</th>
</tr>
</thead>
</table>
| iBobbly                           | The project will pilot an app, iBobbly, which aims to reduce suicidality among young Aboriginal and Torres Strait Islander people and to make it available on Apple devices.  
  *Actions in Living Well under 2.2 Aboriginal Communities and 3.4 Suicide Prevention.* | Black Dog Institute           | $161,934     |
| NSW Wellbeing Collaborative       | A Wellbeing Capacity Building Program is being implemented in 2015  
  • Training in Mental Wellbeing Impact Assessment (MWIA) facilitation.  
  • Training in MWIA screening.  
  • A Wheel of Wellbeing (WoW) Workshop where a series of resources for the promotion of positive mental health will be tested with NSW stakeholders and communities.  
  *Action in Living Well under 3.1.1 Establish a NSW Wellbeing Collaborative.* | Maudsley International       | $200,000     |
| Pathways to Mental Health Care    | The project will pilot across Western NSW LHD a stepped-care program, designed to improve mental health and wellbeing and increase service access and use amongst vulnerable young people. ReachOut.com will target young people aged 14-25 years in the Western NSW LHD  
  *Actions in Living Well 8.4.7 under 8.4 Better Use of Technology.* | ReachOut                     | $301,140     |
| NSW Synergy Pilot                 | Spanning three locations in NSW, the project will deliver and evaluate a pilot ‘proof of concept’, to provide clear indicators of the changes required to support schools, universities, workplaces and services in their use of technologies and to take the Synergy e-mental health ecosystem to scale.  
  *Actions in Living Well under 3.3 Prevention and early intervention for children and young people, 3.2 Promoting self-agency and 8.4 Better use of technology.* | Young and Well CRC           | $500,000     |
References


24. Self-report data is information reported by the client, service user or survey participant.


27. Advice by email

28. Mental Health Commission of NSW analysis of 2013 NSW Population Health Survey data, as provided by Centre for Epidemiology and Evidence (15/05/2015)

29. Mental Health Commission of NSW analysis of 2013 NSW Population Health Survey data, as provided by Centre for Epidemiology and Evidence (15/05/2015)


31. Data provided upon request. Department of Social Services (20/10/2015)


34. Return rates are calculated differently for inpatient and ambulatory services. See the supplementary materials for more information.


36. 2013 data are preliminary and likely to underestimate the number of suicides.


   http://www.healthstats.nsw.gov.au/Indicator/men_suihos/men_suihos
   (Accessed: 22/09/2015)

40. Australian Government Productivity Commission, 2015, Report on Government Services Table 12A.48,
   volumee-chapter12-attachment.xlsx
   (Accessed: 06/10/2015)

41. A Community Counselling Order (CCO) may be made for a person who is likely to become mentally unwell
   in the next three months, while a CTO may be made for a person who is currently mental unwell. CCOs have
   now been phased out, but data is reported for both categories combined.

42. Mental Health Review Tribunal, 2015, Mental Health Review Tribunal Annual Report 2013-14 Table 9,
   (Accessed: 07/10/2015)

43. Mental Health Review Tribunal, 2009-2015, Mental Health Review Tribunal Annual Reports 2008-09 to 2013-
   14 Table 3,
   (Accessed: 07/10/2015)

44. D. Indig, L. Topp, B. Ross, H. Mamoon, B. Border, S. Kumar, M. McNamara (2010). 2009 NSW Inmate Health

45. The 2015 NSW prison population forecast. Neil Donnelly, Imogen Halstead, Simon Corben and Don
   Weatherburn. NSW Bureau of Crime Statistics and Research, Corrective Services NSW
   (Accessed 08/01/2016)

46. Respondents were able to choose multiple options, with the results indicating that a number of people
   identified multiple roles

47. Note that respondents often included multiple themes in their feedback

48. Findings reflect percentage of ‘barriers and challenges’ responses noting the identified theme
Sources

Living Well indicator graphs

Graph 2 - Household, Income and Labour Dynamics in Australia Survey.
Graph 3 - HealthStats NSW, 2014, Population Health Survey
Graph 4 - HealthStats NSW, 2014, Population Health Survey
Graph 6 - Mental Health Commission of NSW analysis of 2013 NSW Population Health Survey data
Graph 7 - Supplied by NSW Ministry of Health on request
Graph 8 - Supplied by NSW Ministry of Health on request
Graph 9 - HealthStats NSW
Graph 10 - HealthStats NSW
Graph 11 - Report on Government Services 2015. Mental health management attachment
Graph 12 - Report on Government Services 2015. Mental health management attachment
Graph 13 - Mental Health Review Tribunal Annual Reports
Graph 14 - Mental Health Review Tribunal Annual Reports
Graph 15 - Supplied by Justice Health & Forensic Mental Health Network on request

Data for Graphs 16, 17, 18 and Figure 6 are taken from the Ready for Change survey, conducted by the NSW Mental Health Commission in 2015.
Intentionally left blank