2. MAKING IT LOCAL

2.1 Strengthening local action

NSW is a state of exceptional cultural, geographic and economic diversity. Over our vast 800,000 square kilometres we have communities facing significant disadvantage and others that include some of the richest people in the world. Three quarters of us live in big cities but within those cities we live very differently, in suburbs influenced by generations of migration. People who live along our 2137-kilometre seaboard may have very different experiences from the 15 per cent of us who live 50 kilometres or more from the coast.[2]

Our experiences of mental health and wellbeing and of mental illness echo this diversity. Yet our service system has tended towards a centralised approach, with planning and policy responses overwhelmingly developed in head offices in central Sydney. Regional managers have always had some authority to respond to local circumstances and to work in partnership with their peers in other government agencies and the community-managed sector. But in practice, doing so has too frequently involved complex and time-consuming bureaucratic processes.

We know that community is the heart of positive mental health and wellbeing. Extensive research shows that even people with more severe mental illness can best be supported at or close to home. Having positive relationships, meaningful activities and a secure place to live are essential to recovery.

We also know that people from the most disadvantaged groups are much more likely to experience mental illness and disability than those from the least disadvantaged groups. This disadvantage starts early and compounds, creating big costs for the community. Much of this mental health inequality is preventable or at least reducible.

We now need to put that knowledge into action and end our unsustainable approach to mental health by empowering government agencies and community organisations to work together at local levels guided by the participation of consumers, carers and families. Rural and remote communities in particular gain when they develop alliances that maximise the skills and capacity of everyone who lives and works in them.

The story so far

The NSW Government is already making changes that will support stronger local responses. The NSW 2021 plan has stimulated the emergence of regional development plans and cross-government initiatives to facilitate alliances and actions. A number have already made mental health a priority and have projects under way.[3]

More broadly, the NSW Government is exploring place-based reform to solve complex and interacting issues, based on the principle that responsibilities should be delegated to the lowest possible tier of government to promote better decision making and greater efficiency. Place-based approaches are often used to target areas experiencing significant disadvantage and focus on how this influences determinants of health, including mental health.[4]

The NSW Government is also developing the autonomy of regional operations within departments and agencies to allow them to respond more flexibly to local needs and to be more accountable.

The creation of 15 Local Health Districts, each with a board accountable to its community, provides a strong foundation for change that addresses local circumstances. The Department of Family and Community Services has aligned its regions along the same boundaries, enhancing the potential for local mental health and wellbeing initiatives that address housing, social support and other important aspects of people's lives beyond health care. The boundaries largely align with those of the Commonwealth-funded, primary care Medicare Local organisations, which include a focus on population-level health issues that is expected to continue when the Medicare Locals are replaced in 2015 by Primary Health Networks. This lays the groundwork for powerful collaborations in more localised planning and decision making, with more direct communication among local service managers.

Local Decision Making is also a key initiative under *OCHRE: The NSW Government Plan for Aboriginal Affairs,* which focuses on improving service delivery. Under Local Decision Making, Aboriginal communities will gain more control of government services, moving towards self-governance and building management skills, decision-making power and authority. Community-led Local Decision Making has begun, initially in three regions: Far Western NSW, Illawarra South East and the North Coast.[5] Two additional Aboriginal communities will also take part in the trial program at a later date: Central Coast and Central West.

Similarly, the NSW Government's Local Schools, Local Decisions policy gives public school principals more authority to make decisions about how best to meet the needs of their students – including in mental health and wellbeing – in consultation with their school communities. This Plan is well aligned with this focus on strengthening community-based decision making and planning for success across the lifespan, starting young and intervening early if problems are identified.

What local reform requires

There is an emerging understanding of what is required to initiate and sustain effective local action. A review[6] of effective community action in Australia showed action was needed on three fronts simultaneously: building more supportive communities; creating a better co-ordinated and more effective service system; and improving communication about policy between communities and services.

To harness the potential of local action to support better mental health and wellbeing, we will need support from government and agencies at all levels. For local collaborations to be sustainable, there need to be reliable benefits to all contributors. In the longer term, this will be seen through improved outcomes for individuals and reduced costs to the community and government. In the short term, a critical issue will be better access to information across agencies and levels of government. In particular, the alignment between Local Health Districts and primary care organisations such as Medicare Locals or their replacement Primary Health Networks provides an opportunity to access population-based information held by the Commonwealth. This includes health-based information such as from the Medicare Benefits Scheme and Pharmaceutical Benefits Scheme but also information on employment and Disability Support Pensions.

For the biggest impact we need to target regions and communities with the greatest and most entrenched mental health and social disadvantage. We need to understand how inequalities cluster in geographic areas, and how these relate to poorer mental health. Support will be needed to ensure these areas get priority.

Collective Impact

Collective Impact is an approach that is winning strong support internationally for its potential to address complex social problems that cannot be resolved by a single organisation or program, to create lasting large-scale change. It has particular relevance to mental health and wellbeing challenges at a community level, especially when these are associated with social disadvantage.[7]

Collective impact is distinguished from other types of collaboration when the following five key conditions are present:

- A common agenda: a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed actions. Facilitation of relationships may be needed because of prevailing power imbalances across agencies and organisations, and support will be needed for the development and maintenance of governance structures.
- Shared measurement systems: consistent data collection and measurement of results to ensure alignment of activities and accountability of all involved. Support will be required to allow agencies and community organisations to share data, subject to appropriate privacy protocols. This will allow for the development of local reform plans, based on an understanding of the population's needs and the resources available.
- Mutually reinforcing activities: separate and distinct activities that are co-ordinated through a plan of action. Support may be required for local managers to exercise their discretion and authority under this approach. Community-managed organisations will benefit from the support of government as they become partners in reform, beyond the scope and scale of their usual practice.
- Continuous communication: consistent and open communication among all participants to build trust, assure mutual objectives, and create common motivation. This should include transparent accountability mechanisms including evaluation of services and programs, benchmarking, and knowledge sharing within and among districts.
- The presence of a backbone organisation: separate organisation(s) that operates as the backbone for the entire initiative and co-ordinates activity.

The Northern Sydney district of the Department of Family and Community Services, in partnership with other government agencies, has adopted Collective Impact to define social issues, create solutions and deliver actions. It has created The Collective NSW, a social impact model which aims to protect the most vulnerable people through cross-sector and community collaboration and innovation. It aims to reduce government's prescriptive role in solving problems of disadvantage, and clears the path for communities themselves to lead the way in finding solutions to their difficulties, with the support of large and small businesses and government.

The Collective, in partnership with universities, is creating innovation laboratories, where communities can present their intractable problems. Teams of experts then re-examine the situation from new perspectives in order to find solutions.

Actions

2.1.1 Ensure all NSW districts have effective co-ordination structures to support population-based planning and action across local, state and Commonwealth agencies, to support the reform directions established by this Plan. These structures may be linked to existing Department of Premier and Cabinet Regional Coordination Groups or OCHRE Local Decision Making co-ordination groups.

2.1.2 Ensure district co-ordinating structures have access to timely, local and comparative data on the mental health and wellbeing of their populations, including in housing, health, justice and welfare. Districts should set up arrangements for the appropriate sharing of individual-level data for shared clients who have high rates of service access.

2.1.3 Two districts should act as demonstration sites to analyse the data they require and identify and resolve local, state and Commonwealth barriers to data access, including any issues relating to:

- privacy, which will be tested with the NSW Privacy Commissioner
- access to Commonwealth data.

2.1.4 Develop and implement a consumer experience feedback system across all services. For NSW Health, this will include the further development of the Mental Health – Consumer Perceptions and Experience of Services (MH-CoPES), which allows consumers to evaluate their experience of the public mental health system.

2.1.5 Ensure that data informs planning and review cycles and that reports are provided regularly to the community about its mental health and wellbeing.

2.1.6 Link local responses to broader efforts so that statewide policy and planning is informed by local experience and innovation is shared.

2.2 Aboriginal communities

Aboriginal culture promotes wellbeing, positive social relations and shared responsibility through its emphasis on family, community, respect and connection to land. It has proved its resilience by surviving intact and strong through many millenniums and through two centuries of injustice and cruelty, including violence, dispossession of land, imprisonment and the removal of children.

This exceptional culture continues to guide, sustain and console Aboriginal people but they still struggle with racism, discrimination, pervasive disadvantage and the continuing grief and trauma of a culture that honours ancestors and still experiences the early and preventable illness or loss of family members.

These experiences are important factors in the significantly worse mental health of Aboriginal people compared with other members of the community, and they will need to be acknowledged and addressed for this situation to improve.

In 2011 an estimated 208,500 Aboriginal people lived in NSW, comprising 2.9 per cent of its population and nearly one-third of the Aboriginal population in Australia. More Aboriginal people live in NSW than any other state or territory.[8] More than 90 per cent of Aboriginal people in NSW live in major cities or inner regional areas. Smaller numbers live in outer regional and remote areas but they represent a higher proportion of the population in those areas.[9]

Beyond mental health

Between 2010 and 2012 life expectancy at birth for Aboriginal men in NSW was 70.5 years and for women 74.6 years, respectively 9.3 and 8.5 years less than for non-Indigenous men and women.[10] The Commonwealth Government's *Closing the Gap* strategy aims to eliminate the gap in life expectancy by 2031. There is no specific target related to mental health or suicide.

For Aboriginal people, social and emotional wellbeing goes beyond mental health. It reflects a more holistic view of health and includes the importance of connection to land, culture, spirituality, ancestry, family and community.[11] Measuring social and emotional wellbeing is difficult but usually relies on self-reported feelings (such as happiness or calmness) or 'stressors' (stressful events in a person's life). Stressors included the death of a family member or friend, disability or serious illness, alcohol or drug related problems and inability to get a job.[12] About 20 per cent of Aboriginal adults in NSW experience high or very high psychological distress, including depression and anxiety, which is twice the rate of non-Aboriginal adults.[13]

In NSW, the overall rate of suicide for Aboriginal people is 1.4 times higher than for non-Aboriginal people.[14] During 2011 and 2012, the rate of hospital admissions for Aboriginal people in NSW for intentional self-harm was more than three times the rate for non-Aboriginal people and has increased by more than 50 per cent since 2001 and 2002.[15]

As with the Aboriginal population as a whole, young Aboriginal people suffer poorer mental health than their non-Aboriginal counterparts. The preliminary findings of a long-term prospective study of urban Aboriginal children in NSW show that a higher proportion are at risk of psychosocial problems than non-Aboriginal children, highlighting the need for early detection, appropriate referral and culturally appropriate programs. The factors promoting social and emotional wellbeing appear to include a more stable home environment with fewer moves or carers and less psychosocial distress in the carer.[16]

NSW Health staff are required to collect and record information on the Aboriginal status of all clients of public mental health services. Despite this, there is no routine data reporting of rates of access to mental health services by Aboriginal people. Any issues about the completeness of this data must be addressed.

Bush Circle

Weave Youth and Community Services is a community organisation that has been working with disadvantaged and vulnerable young people, women, children and families in the City of Sydney and South Sydney areas for more than 30 years. Bush Circle, an experiential, bush-therapy project for people aged 16 to 28 experiencing co-existing mental health and alcohol and other drug issues, is part of Weave's Speak Out Dual Diagnosis program.

Bush Circle is a six-week program that begins with a five-day bush camp in the Blue Mountains, followed by day trips once a week for five weeks that allow participants to stay connected to the city and integrate what they have learnt from their time in the bush. Based on a model of concentric circles of relationship with self, nature, culture, community and one another, young people return with a sense of who they are and new experiences of themselves. Bush Circle connects inner-city Aboriginal young people with the Aboriginal community of the Blue Mountains.

Striving for change

There are many passionately committed people, Aboriginal and non-Aboriginal, working to improve the mental health and social and emotional wellbeing of Aboriginal people. There are many examples of good practice in the Aboriginal community-controlled sector, non-Aboriginal community-managed organisations and government services. We have no shortage of foundations on which to build and plan.

There have been numerous inquiries, reports and recommendations on improving the mental health and social and emotional wellbeing of Aboriginal communities. Partnerships have been formed at national, state and local levels; protocols developed to aid the gathering of information on health issues; national policies developed for suicide prevention; commissions held into deaths in custody and the Stolen Generations; health strategies implemented to close the gap between Aboriginal and non-Aboriginal disadvantage and so on.

Extensive consultations by the NSW Government's Ministerial Taskforce on Aboriginal Affairs reveal that Aboriginal people are concerned about the need for individual and community healing.[17] [18]

The NSW Mental Health Commission has heard from NSW Aboriginal communities throughout the state that Aboriginal people are concerned about:

- access to mental health support that is culturally appropriate[19], including the need for more Aboriginal mental health workers and respect for women's business and men's business – circumstances when men and women should not mix.
- the capacity of Aboriginal communities to respond to the high rate of mental illness and suicide.

The hopes and aspirations of Aboriginal communities have been explored many times. Their strength and resilience in this sustained contribution has been patient and generous. Despite this, Aboriginal people are still the most disadvantaged in Australia and we must keep working together for change.

Effective and meaningful partnerships

Aboriginal people need access to the right type of care and this requires partnerships among service providers, mainstream and Aboriginal community controlled, committed to working together to support the recovery and healing of Aboriginal people. Effective and meaningful partnerships with Aboriginal communities must be a priority for leaders in government- and community-managed agencies.

Investment in these partnerships must be reflected in agency planning and visible in the actions of agency leaders and their staff. Leaders should be good role models in their behaviour and that expected of their staff. The relationships between agencies and Aboriginal communities should be a central concern for all services and senior leaders and should be monitored in assessments of agency performance.

NSW Health is committed to expanding its workforce to have one Aboriginal mental health worker for every 1000 Aboriginal people.[20] We also need an adequate number of qualified Aboriginal mental health professionals across all disciplines who can draw on their culture and professional skills to provide services to Aboriginal people. In whatever role, Aboriginal mental health professionals should be given adequate culturally appropriate support and mentorship.

And we need a culturally competent mainstream mental health workforce to respond to the needs of Aboriginal people and deliver trauma-informed support. Professional education, training and development for all health and mental health workers should strongly emphasise Aboriginal perspectives on health and wellbeing.

Efforts to support Aboriginal mental health and social and emotional wellbeing must be grounded in respect for Aboriginal self-determination. Government programs must be co-designed, implemented and managed in partnerships with Aboriginal people and communities. It should not be assumed one person or group speaks for others; all Aboriginal people should be able to have their say.

Healing within Aboriginal communities must be driven by individuals and communities and cannot be directed or imposed by government. However, the NSW Government does have a role in encouraging healing and wellbeing in Aboriginal communities.[21] Aboriginal communities should be empowered to develop ground-up approaches, owned and promoted by the communities, including by Aboriginal people with a lived experience of mental illness. Mechanisms for community-driven mental health reform include the Aboriginal Local Decision Making Leadership groups being implemented under OCHRE: The NSW Government Plan for Aboriginal Affairs.

Actions

2.2.1 Strengthen partnerships and relationships among Aboriginal communities and service providers by assessing the quality and effectiveness of the relationships and taking steps to improve them. The strategies for evaluating and strengthening the relationships are to be determined in partnership by the Aboriginal communities and service providers.

2.2.2 Establish mechanisms by which non-Aboriginal organisations can access expert, practical advice from Aboriginal people on strategies to improve the cultural appropriateness of their services.

2.2.3 Measure and publicly report:

- perceptions of service quality and workplace supports of Aboriginal mental health and social and emotional wellbeing workforces
- Aboriginal consumer and carer experience of services.

2.2.4 Strengthen Aboriginal participation in the design, implementation and evaluation of NSW Government policies and initiatives to improve the mental health and social and emotional wellbeing of Aboriginal people.

2.2.5 Encourage Aboriginal people to train as mental health professionals to work in all settings, including by continuing to support and develop the NSW Aboriginal Mental Health Workforce Program and vocational and educational training initiatives.

2.2.6 Enhance culturally appropriate mental health first aid and mental health literacy training for Aboriginal communities, including programs delivered by Aboriginal trainers with a lived experience of mental illness.