

8. SUPPORTING REFORM

8.1 Investing in our workforce

Our workforce is the heart and soul of the mental health system. To support people who experience mental illness we need a mental health workforce of the right size and with the right characteristics to meet the demand for services, both in the community and in hospitals. We also need our mental health workforce to understand and support the philosophy of recovery and to have the skills and tools to provide services that are recovery focused.

However, workforce shortages in areas such as psychiatry, nursing, psychology and social work have already been identified, and are particularly severe in rural and remote areas.²²¹ Recent research indicates that a modest increase in the proportion of people seeking help for mental health difficulties, coupled with Australia's projected population growth, would produce a cumulative increase in the use of mental health services ranging from 135 per cent to 160 per cent for select mental health professions, over 15 years.²²² Our aim of course is to improve community mental health and wellbeing and prevent mental illness where possible and this should reduce growth in demand. Nevertheless, the research is indicative of the workforce challenges we must plan to meet.²²³

The mental health workforce

The mental health workforce comprises workers whose primary roles include early intervention, referral, treatment, care or support to people with a mental illness, in a mental health service or other health service environment, including community-managed mental health services.²²⁴ These workers include²²⁵:

- Aboriginal mental health workers
- GPs
- mental health nurses
- occupational therapists
- peer workers
- psychologists
- psychiatrists
- social workers.

Data compiled by the Australian Institute of Health and Welfare in 2011 indicates the mental health workforce in NSW is made up as follows:

- 12.6 full time equivalent (FTE) psychiatrists per 100,000 population, compared to 12.9 nationally²²⁶
- 72.3 FTE mental health nurses per 100,000 population, compared to 77.0 nationally²²⁷
- 88.3 FTE psychologists per 100,000 population, compared to 84.2 nationally.²²⁸

However, there is no comprehensive data in NSW about the numbers of workers across all fields of practice who work primarily in mental health.

A 2010 Audit Office report found it was difficult to determine the precise size and nature of the NSW mental health workforce because the data on mental health funding and workforce were 'inconsistent and in places inaccurate'. This reduced the state's 'capacity to plan its services and workforces effectively'.²²⁹

The report found that compared with most Australian states and territories, the NSW workforce is 'more concentrated in acute hospitals for adult patients and is marginally smaller for its population'.²³⁰ It also found that the NSW public sector community mental health workforce had not grown as much as forecast, and that the state's ability to intervene early, support recovery and provide continuity of care was impaired as a result.²³¹

A significant gap in our understanding of the mental health sector and its workforce is the lack of data on the contribution of the community-managed sector to mental health service provision, and the size of the community-managed mental health sector workforce.²³² Available data suggests Australia has about 800 such organisations working in mental health, with a total workforce of more than 12,000 full time equivalent employees.²³³

National initiatives

At a national level, the Mental Health Workforce Study begun in 2013 by Health Workforce Australia (HWA) aims to examine in detail how the size and composition of the workforce affects the delivery of services, to support workforce planning. Its first stage was to pull together existing data collections on mental health workforces.

HWA's work, which transitioned to the Commonwealth Department of Health in 2014 following the closure of HWA, is expected to enhance the National Mental Health Workforce Strategy which aims to 'develop and support a well-led, high performing and sustainable mental health workforce delivering quality recovery-focused mental health services'.²³⁴ This national strategy provides a framework for NSW investment in its mental health workforce.

How we need to change

We need to build a vibrant professional community mental health workforce that eases the pressure on acute crisis services and enables consumers to find care and support closer to home. Mental health services should be provided by a skilled, multi-disciplinary workforce that is supported by continuing education. New service models, based in the community, are emerging quickly and will continue to do so as the reforms set out in this Plan are implemented. Workforce planning will need to keep pace with these developments, and new approaches will be required to supply the people and the skills to build a recovery-oriented mental health sector.

An expansion of the present model will not be sufficient to meet the demands on the mental health system. We need a new way of arranging our workforce to make the most of their precious, professional skills. This will require:

- the development of new workforce models, including the rapid growth of the peer workforce
- strategies to ensure the most efficient use of the scarce specialist clinical workforce, including relieving them of non-clinical work
- the development of new service delivery and associated workforce capacity approaches grounded in community-based care and recovery-oriented practice.

To meet demand, we might also need to think more innovatively about what constitutes our workforce. As noted elsewhere, we need to better integrate and support GPs as critical components of our mental health system. But GPs are not always available and there are others who could play a greater role. For example,

the Pharmaceutical Society of Australia²³⁵ has published a framework for pharmacists as partners in mental health care which sets out the vast potential of their role in providing direct services to consumers. Allied Health Professions Australia has also recognised that 'allied health professionals outside the traditional dedicated mental health workforce need to be trained in mental health issues so they are able to contribute to the early detection, care and treatment of people with mental illness'.²³⁶

Actions

8.1.1 NSW Health, in consultation with the NSW Mental Health Commission, will develop a NSW Mental Health Workforce Plan. This will include:

- the peer workforce (see *Peer workforce* for further detail, p. 100)
- the community-managed workforce
- the Aboriginal mental health workforce
- training and workforce support for the mental health workforce including recovery-oriented practice and trauma-informed care
- training and workforce support for mainstream service providers and frontline workers, including to better support responses to crisis, including suicide.

8.2 Peer workforce

People with lived experience of mental illness hold expertise that is incredibly valuable. Employing people with lived experience in peer worker roles to support others brings a tremendous range of benefits. Peer workers know what it is like to experience mental illness and can share experiences of personal recovery with consumers. People who are living well with mental illness represent hope that is often missing in people's lives.

Peer workers, consumer advocates and consumer representatives have been employed by the public mental health sector for 20 years but they do not always encounter positive acceptance. Stigma and discrimination, sometimes subtle and sometimes obvious, can cause a divide between the peer workforce and other staff. Formal structures, policies and procedures that support the peer workforce and provide a development pathway are needed if government services are to realise their full potential.

At present, the peer workforce in NSW is small, under-supported and under-resourced. There had been limited recognition of the peer workforce as a profession requiring a standard training qualification until the Certificate IV Mental Health Peer Work qualification and associated units were endorsed by the National Skills Standards Council in May 2012.

As noted separately in this Plan, Australia has a poor record of employment of people with a mental illness and this is reflected in the number of people with mental illness who rely on the Disability Support Pension.²³⁷ Peer work can be an important pathway for people with mental illness to enter or re-enter the workforce but should not be seen as the only pathway to employment or the only benefit of a peer workforce.

Frameworks, guidelines and strategies

The peer workforce in NSW comprises people who work in public mental health services or community-managed organisations. At present, there is little or no employment of peer workers outside the mental health system.

The Commonwealth Government has committed to expanding and strengthening the peer workforce. Health Workforce Australia in 2013 completed a study of the mental health peer workforce and its findings are expected to assist in building a sustainable, well supported peer workforce in NSW.

An example of how this can be achieved is the Commonwealth-funded Personal Helpers and Mentors program which formally recognised the need to ensure consumer peer worker roles were incorporated in the funding guidelines when the program was developed. A minimum of one full-time equivalent staff member for each team was mandatory.²³⁸ Until this point, the incorporation of peer workers as an integral part of a team was not common practice and was thought to be a very progressive move.

Within the NSW public sector, mental health consumer workers are individuals with lived experience of mental illness, employed to support consumers through peer support, positive role modelling, education, advocacy, facilitating self-advocacy and providing information and opportunities for consumers to participate.

The Mental Health Consumer Workers Committee, with the support of the NSW Consumer Advisory Group – Mental Health, developed the Framework for the NSW Public Mental Health Consumer Workforce. This

guides workforce development for consumer workers within public mental health services, and encourages and supports the growth of the consumer workforce across NSW public mental health services. It has been endorsed in principle by NSW Health's Mental Health Program Council.

Developing the peer workforce

Peer worker roles are integral to the concept of lived experience at all levels – including peer support to consumers and carers, peer mentoring, peer leadership, policy development and research. People with lived experience of mental illness should be part of all workforces that deliver services to client groups with a significant number of people who experience mental illness.

Further action is required to build a supportive infrastructure to ensure the peer workforce is embedded in the culture of service delivery to people who experience mental illness. Services and agencies need to consider how to attract a mix of peer leaders and new staff, create support structures, develop career pathways and support training and development specific to this workforce. This would include access to training such as the Certificate IV in Mental Health Peer Work within the first year of paid employment for all peer workers with government and community-managed organisations. Peer workers should also have access to formal supervision or mentoring by a person with lived experience.

Creating training, development and supervisory structures for an emerging workforce can challenge services in relation to the initial investment. This should be seen as an opportunity for sharing resources across the sector, not a deterrent.

Actions

- 8.2.1** NSW Health will implement the Framework for the NSW Public Mental Health Consumer Workforce
- 8.2.2** In developing the NSW Mental Health Workforce Plan, as described in *Investing in our workforce*, p. 97, NSW Health, in consultation with the NSW Mental Health Commission, will incorporate the needs of the peer workforce informed by the lived experience of people with mental illness. This would include:
- education, training and accreditation of peer workers
 - the full spectrum of roles that peer workers may fill (such as educators, support workers, advocates and managers)
 - recognition and integration of peer workers as team members in the delivery of mental health services
 - the governance structures that will be required to support peer workers in the workplace, including pathways for career progression.
- 8.2.3** Family and Community Services will develop peer worker roles in its front-line services. This could be through a partnership with one or more community-managed organisations which have a developed peer workforce.
- 8.2.4** Benchmarks must also be set to stipulate peer worker numbers across the public mental health system, the community-managed sector and the broader government service sector, including housing, disability and justice.

8.3 Developing the community-managed sector

NSW needs a strong and resilient community-managed organisation (CMO) sector if it is to build an integrated and professional range of alternatives to hospital care. The development of this sector will, as noted elsewhere in this Plan, also allow NSW Health to make best use of scarce specialist clinical skills.

But the CMO sector faces a period of seismic change in NSW and across Australia with governments looking increasingly towards service delivery options that are open to tender and involve community-managed and private-sector operators. In NSW many CMOs are preparing for a shift from a grants-based, government-funding scheme to competitive tendering arrangements being established through NSW Health's Grants Management Improvement Program. Many are also adjusting to the new individualised packaging and brokering system under the National Disability Insurance Scheme.

The reforms raise real questions about the community-managed mental health sector's readiness for these changes. The survival and growth of the sector will depend on its capacity to adopt business models that fit with the new contestable and customer driven environment and on the continued professionalisation and accreditation of its workforce.

Community-managed sector profile

With the exception of NSW, every Australian jurisdiction recorded an increase in its CMO mental health spending between 2007 and 2011.²³⁹ NSW has left its CMO sector to develop in a largely unsystematic, peripheral and ad hoc way.

There are almost 250 mental health CMOs in NSW and they deliver about 347 different programs.²⁴⁰ Some of these organisations are new but many have decades of experience and expertise in supporting people with mental illness. However, there is a significant gap in our understanding of the contribution of the CMO sector to service provision, and the size of the CMO mental health sector workforce.²⁴¹

Most mental health CMOs provide psychosocial rehabilitation and support. These are essential complementary services to clinical treatment that aid the recovery of people with a lived experience of mental illness. CMO psychosocial rehabilitation and support services include programs funded either by the NSW or Commonwealth governments, such as the Housing and Accommodation Support Initiative, the Day to Day Living in the Community program, and Personal Helpers and Mentors. There are also CMO programs that support the families and carers of those living with mental illness.

Embedding change

As described in *Shift to community*, p. 55, some Local Health Districts may either partially or fully devolve public community mental health services to the community-managed sector.

If we are to bring community-based services to the fore, we must determine:

- which community mental health service components can be delivered through the community-managed sector and which, if any, must be retained by public sector agencies
- the number and types of community services needed in each locality and the size of the workforce needed to deliver those services.

The CMO sector in NSW has already done some mapping of the level and mix of mental health services that should be available in each region, in line with the broader aims of the National Mental Health Services Planning Framework.

An effective community-based mental health system requires a range of services in the following areas, according to the Mental Health Co-ordinating Council²⁴²:

- accommodation support and outreach
- employment and education
- leisure and recreation
- family support and carer programs
- self-help and peer support
- helpline and counselling services, and
- information, advocacy and promotion.

This will clearly require a substantial workforce with a diverse range of skills. It is also important that standards of service are not lowered where government mental health care functions are transferred to community-managed organisations.

The National Practice Standards for the Mental Health Workforce 2013²⁴³ and the National Mental Health Core Capabilities²⁴⁴, which are being developed, will have implications for standards to be met by the community mental health workforce and its continued professionalisation and accreditation.

Some mental health CMOs are large enough to take care of their own workforce development needs. But smaller ones are unlikely to be able to meet workforce development needs without state funding support. Commonwealth funding is available through the National Disability Insurance Agency for the workforce undertaking the role of disability support workers, but it is mostly unavailable for psychosocial support workers in agencies funded by NSW Health. In any event, mental health/psychosocial training is required to meet state government structural changes to the way in which mental health services will be delivered in the future.

Shared-care models

There are some isolated examples of effective shared-care models in which CMOs work in co-ordinated and comprehensive partnerships with Local Health Districts, GPs, psychiatrists and allied health professionals. Examples include step-down units, the *headspace* model and the LikeMind integrated mental health service pilot sites for adults that are being developed by Uniting Care Mental Health in Seven Hills and Penrith. These models allow for the CMO to undertake holistic consumer assessments, including clinical and risk assessment. Further, defined clinical pathways can be developed among the CMO, Local Health Districts, other government agencies, private practitioners such as GPs and allied health professionals.

These types of co-ordinated and comprehensive partnerships need to become the norm. But if they are to work effectively, the roles, skills and resources of CMOs need to be supported and expanded. Their staff may need training in assessments of health, mental health and day-to-day functioning. Clinical governance frameworks will be required and clinical pathways for shared care will need to be defined. CMOs will also need to ensure they have the resources to manage and support clinical staff, to engage and retain staff, to

deliver quality services and to ensure that the journey towards recovery for people with mental illness, their families and carers is as smooth as possible.

At present, health care professionals are unable to move and transfer their entitlements between the public and CMO sectors in the same way they can move across the public health system. This could be assisted by some CMOs becoming Affiliated Health Organisations, which would allow for the transfer of staff entitlements. The removal of barriers to health care professionals moving between the public and CMO mental health sectors would allow the necessary expansion of the CMO sector, ultimately benefiting the people who use these services.

Business models, innovation and data

With the rollout of the National Disability Insurance Scheme over the next five years and the NSW move to competitive tendering for services, it is clear that CMOs need to quickly review their business models and determine how they will operate and compete in this new environment. Larger organisations or consortium models are more likely to have the critical mass to cope with the challenges and to take advantage of opportunities.

An innovative CMO may have a range of activities and funding options including: Local Health District funding, Commonwealth funding via schemes such as the National Disability Insurance Scheme, shared care partnerships, accessing rebates under the Medicare Benefits Scheme for clinical services, fund-raising, social enterprise activities, and social benefit bonds, in which funds from the private sector are made available through government to deliver an outcome in the community.

CMOs also need to choose how to position their role for the future. Some may continue to focus on psychosocial rehabilitation and others will wish to widen their roles in community-mental health and be more closely integrated with public sector mental health services. It is likely that CMOs will need to be of a certain size to meet safety and quality requirements.

One of the valuable things about the CMO sector is its capacity to operate more flexibly and innovatively than government services tend to. As we move away from a grants environment to a contracting for service environment there is a risk that the sector could lose this flexibility and innovative capacity – but this is not inevitable.

State governments have an interest in ensuring that the relationship with CMOs is not simply transactional and that it can be transformational. Such a relationship would focus on outcomes, not only process-driven service agreements.²⁴⁵

Finally as noted in *Better use of technology*, p. 107, there are capacity limitations within the CMO sector in relation to data systems which affect its ability to adapt to the large-scale reforms of NSW Health's Grants Management Improvement Program and the National Disability Insurance Scheme, as well as any reporting standard changes. But work on this stalled because of funding issues and much is still to be done.



Actions

- 8.3.1** Strengthen the partnership between the public and CMO mental health sector, including arrangements for purchasing services, by reforming existing arrangements. NSW Health's Grant Management Improvement Program will be an important mechanism for some of this work.
- 8.3.2** The NSW Ministry of Health will establish a community-managed sector development plan which includes strategies to strengthen and expand the community sector workforce, and improve the management and collection of data. The plan should be modelled on the successful development work being undertaken in the disability sector and supported through National Disability Services.
- 8.3.3** Establish directions and priorities for education and training of the CMO workforce through the NSW mental health workforce plan (see also *Investing in our workforce*, p. 97).
- 8.3.4** Ensure that the NSW Initiative for Mental Health Leadership supports further development of community-sector leadership and sharing of knowledge more broadly across the community sector workforce (see also *Research and knowledge exchange*, p. 111).

8.4 Better use of technology

Providing the best mental health care in the 21st century means embracing new technologies to help deliver care and to expand access to it. It means harnessing new technology to promote self-agency and consumer choice (as discussed in *Promoting self-agency*, 26), and supporting our clinicians and service providers with new tools to improve care, data collection and information sharing.

For people who experience mental illness, online access to care and support has the potential to make a real difference. This is particularly true for people in rural and remote areas and for those who prefer not to use face-to-face professional services for cultural reasons or because of stigma. An overwhelming majority of Australians – 86 per cent – use the internet, with 44 per cent using it more than five times a day.²⁴⁶ Ninety-five per cent of young people use the internet daily.²⁴⁷ Young people are not only comfortable with the online world: it is a primary means of communication and a hub through which they plan their lives, connect, contribute, share and interact.²⁴⁸

New technologies are transforming health care and the delivery of human services more widely. One recent report suggests at least 8800 extra mental health professionals may be required to meet Australia's rising mental health care needs during the next 15 years, resulting in a cumulative cost of \$9 billion²⁴⁹ if we rely on today's methods only to bridge the gap in mental health care. The availability of new technologies that support consumers in their recovery will allow specialist mental health services to be more focused on people with severe and debilitating illness. In addition, better clinical information systems and decision-making supports will improve the quality of care and open up opportunities for sharing information among service providers to achieve more integrated care.

New technologies also provide possibilities for better collection, analysis and sharing of data.

A rapidly changing landscape

Australia is at the forefront in the development of e-mental health initiatives.²⁵⁰ For people experiencing distress and mental illness, their families and carers, a growing array of quality online information, forums, support and counselling and self-help tools and apps is available. These include ReachOut.com, eheadspace, myCompass by the Black Dog Institute, Lifeline, Kids Helpline, MindSpot, beyondblue, MoodGYM, e-couch, Beacon 2.0, THIS WAY UP Clinic, to name a few.

While online supports are often discussed in economic terms – that is, the lower cost of online delivery – the more pertinent point is that many people prefer online information or support because it is convenient, fast and private.²⁵¹ Online services provide greater control for individuals than traditional services, can be easier to tailor and can be available at any time anywhere. For many of us, the first port of call for information or reassurance when we have a worry or query is the internet. As mentioned in *Promoting self-agency*, 26, many of us may never go further than the internet to seek care and, for some, online information and support may provide all we need. This is recognised in the NSW Government Information and Communications Technology Strategy which seeks to improve government services through convenient, real-time online-based tools, including mobile devices. This is discussed further in *Broader context of reforms*, p. 118.

There is good evidence that new technologies can be effective in improving mental health and wellbeing²⁵²²⁵³, including among young people.²⁵⁴ A review of randomised controlled trials found the internet to be an

effective medium for the delivery of interventions designed to reduce the symptoms of depression and anxiety in 88 per cent of the studies.²⁵⁵

But these online innovations are moving so quickly that we do not yet realise the full opportunity they present. In particular, online services are often emerging independently of existing service systems and are operating in parallel rather than in an integrated manner.²⁵⁶ Where online services do integrate with traditional service delivery modes, it may be only on a small scale. The opportunity is to significantly scale up the integration of online services with traditional services delivered in community-managed, public sector and primary care settings. This would mean GPs, community workers, clinicians and other health professionals promoting and integrating online solutions into the care they provide. In this way, online services are not simply an adjunct or alternative to traditional services but a fully integrated part of a person's care.

E-health

For health workers, e-health is already transforming care and has the potential go much further. The term generally refers to the use of information and communications technologies to improve health care for individuals and communities. The 2013 Blueprint for eHealth in NSW highlights three core areas for e-health change:

- clinical care – new technologies that support the day-to-day requirements of clinical care, including decision support tools, and initiatives such as Personally Controlled Electronic Health Records (PCEHR) which are held by the patient and have the potential to connect primary, community and acute care
- corporate systems – includes technologies such as data collection and analytics tools to support performance management, planning and decision making
- infrastructure – includes the hardware, software, facilities and service components that support and enable e-health.²⁵⁷

Now forming part of HealthShare NSW, eHealth NSW will be established as a separate entity within NSW Health to provide statewide leadership on the shape, delivery and management of information and communication technologies led health care. eHealth NSW will connect clinicians and patients to health and medical resources and help create opportunities for clinicians and patients to work together and share decision making. This is in keeping with person-focused health delivery.

An example of an existing initiative is HealtheNet, which NSW has developed to connect the electronic medical records held by public hospital and community services with the PCEHR, a national initiative that gives patients an electronic record they control, with GPs expected to be the primary contributors of information.

Mental Health Emergency Care – Rural Access Program

This program provides specialist mental health support to people in rural and remote areas. It began in 2008 and uses video technology to conduct assessments and provide advice to health and emergency staff who are supporting a person experiencing a mental health emergency. It also allows for broader support for rural and remote hospital staff to receive training in assessment and management of behavioural consequences of acute mental illness, enables support for police and ambulance staff in decisions about transporting a person with a mental illness for acute hospital care and allows for collaboration with GPs.

Within the community-managed mental health sector, work has been done to integrate information systems to standardise national mental health data collection for the community-managed sector. This is a significant step towards an integrated information technology approach.

For the potential of information and communications technology to be realised for the community-managed sector, a considered and integrated approach will be required from government. An approach that supports community-managed partners to meet their information and communications technology requirements efficiently will benefit not only community-managed agencies but government through a reduction of duplicated systems and the potential for better, standardised data and performance reporting.

Actions

- 8.4.1** Ensure that NSW Government information and communications technology planning considers the needs and benefits for mental health consumers, carers and service providers of new technology, and include planning for mental health in the priorities of eHealth NSW.
- 8.4.2** Develop a statewide strategy for the provision and continual improvement of technology infrastructure for the mental health sector and to promote the integration of new technologies with traditional service arrangements.
- 8.4.3** Scope opportunities for new technologies to improve care through better information sharing among service providers.
- 8.4.4** Develop and implement a training program for health care leaders, clinicians and front-line staff on emerging technologies in e-mental health. In particular, education and training will need to focus on how evidence-based decision supports can be incorporated into everyday practice within a collaborative, recovery-focused care context.
- 8.4.5** Explore the use of e-mental health systems to enhance the capabilities of primary health and other service sectors to appropriately identify, support, and refer on people experiencing mental illness to mental health services. This could include trialling real-time mental health assessments and surveys in general practice waiting rooms via tablets which can immediately refer the person to relevant online resources and guide the GP's consultation with the individual.
- 8.4.6** Closely monitor and review the evidence supporting e-mental health and publish regular updates relevant to NSW.
- 8.4.7** The NSW Mental Health Commission will partner with ReachOut.com by Inspire Foundation, the Black Dog Institute and the Brain and Mind Research Institute to explore an approach that integrates technology-based services with primary health care providers and traditional clinical services in a stepped-care framework. They will work with NSW Health to develop, implement and evaluate a trial to examine whether the integration of technology services can increase the scalability, effectiveness and outcomes of mental health care.

8.5 Research and knowledge exchange

To support the reforms set out in this Plan, it is critical that we have a robust evidence base to guide decision making and the development and design of services and programs. Both the Commonwealth and NSW governments play a role in this.

The Commonwealth has substantial investment in health and medical research, much of which is high-level discovery research. NSW has committed to building an evidence base through the routine evaluation of its programs in the NSW Government Evaluation Framework.

The framework calls evaluation ‘a key tool to support evidence-based policy and decision making in government to learn and adapt to changing environments and as a tool for communicating and sharing valuable information’.²⁵⁸ However, the NSW Government’s interest extends beyond this to directing limited funds towards translational research for novel and innovative approaches that support:

- the delivery of better services, treatment and technology to improve the lived experience of those with a mental illness and keep people well in the community
- better preventive efforts to improve the mental health and wellbeing of the people of NSW.

Collaborative research framework

There has recently been a focus on reviewing the frameworks governing investment by the Commonwealth²⁵⁹ and NSW²⁶⁰ governments in health and medical research that has emphasised the need for greater integration between research and practice. NSW has indicated its desire for a more collaborative, research hubs-based approach that allows for collaborative research environments and strong research leadership, as well as the capacity to share physical facilities, operational support and expensive equipment.

Within this context, the NSW Mental Health Commission was asked on its establishment to develop a Research Framework for Mental Health in NSW. The proposed framework developed by the Commission and currently subject to consultation seeks to develop an inclusive and collaborative approach rather than a competitive one.

This framework confirms that the overarching aims of NSW-funded mental health research are to:

- improve the lived experience of those with a mental illness and keep people well in the community
- accelerate the translation of research into practice
- support and attract a robust research capacity and infrastructure for NSW.

The key principles underpinning the framework are:

- engagement of consumers and carers at all stages of research, including its translation into practice and policy
- prioritising research that supports prevention, early intervention and keeping people well in the community with a flexible approach that would adapt as opportunities and knowledge change. Priority setting will take into account under-researched areas and disadvantaged communities where clear inequities exist, while also building on our existing strengths
- fostering knowledge exchange and the successful translation of research into practice.

Knowledge sharing

Although a number of mechanisms for managing and sharing information already exist, including A Blueprint for eHealth in NSW and the NSW Government Information and Communications Technology Strategy, these primarily look to establish common standards for and approaches to information management across government.

While these initiatives are important, knowledge exchange must go beyond this to include a sharing of experiences and insights, not only data. While innovation in one place may not work in another, sharing of innovation can illustrate what is possible and provide a platform on which to build innovation and reform, rather than starting from scratch.

The NSW Mental Health Commission and NSW Health are members of an international mental health forum whose focus is leadership development and capability and exchange for senior policy, consumer, clinical, service and research leaders. A similar forum established in NSW would enable a full exchange of ideas in mental health. It would need to operate across the public and community-sector health and draw in housing, education, community services, justice and local government.

It would also need to work in partnership with agencies that have a role in knowledge exchange, including the Agency for Clinical Innovation, the Clinical Excellence Commission, the Bureau of Health Information, the Health Education and Training Institute, and InforMH, a NSW Ministry of Health entity which collects and reports mental health data.

Actions

- 8.5.1** The NSW Mental Health Commission will establish a research co-ordination unit to oversee the implementation of the Research Framework for Mental Health in NSW.
- 8.5.2** Establish a model for developing and supporting consumer researchers that takes the principles of recovery into account.
- 8.5.3** Establish effective mechanisms within NSW, between NSW and the Commonwealth, and between NSW and other states, to ensure NSW's research activity improves knowledge sharing, maximises opportunities to leverage from the broader research field and minimises duplication of effort.
- 8.5.4** The NSW Mental Health Commission will establish a NSW Initiative for Mental Health Leadership, built on the International Initiative for Mental Health Leadership model, to strengthen reform capability of mental health in NSW through:
- knowledge exchange
 - innovation sharing
 - transfer and adaptation of successful policy and service design
 - use of comparative data to drive service improvement
 - problem solving
 - support for change management
 - leadership development and networking.