Towards a draft Strategic Plan for Mental Health in NSW

The Life Course and the Journeys

Shaping ideas for reform

The Mental Health Commission of NSW is charged with presenting a draft Strategic Plan for Mental Health in NSW to Government by March 2014.

The strategic plan will adopt a 10 year horizon. As well as recommendations for immediate changes, it will present a staged agenda for major reforms that will be challenging to implement but essential in order to develop a mental health system that supports people effectively.

Resources are constrained, and we will need to think creatively about how to make best use of all the expertise, people and money available. Over the coming years we should expect ongoing refinement and tuning of the strategic plan as this thinking is tested and better understanding and support emerges.

Through this consultation, the Commission hopes to establish a continuing dialogue with the community that will help us monitor the impact of reforms, and adjust the detail of some recommendations or their timetable where this is warranted.

This working paper describes the framework proposed to be used across the strategic plan development project to help shape the content and recommendations of the draft plan. It sets out an agenda for this phase of focused strategy development and should help shape the contributions from working groups, agency partners and other people who participate in the plan development.

It is not intended to be prescriptive. There is still opportunity to adjust the framework, and comments on the proposed structure are welcomed.

The life course and the journeys

The paper sets out our approach to strategy development. It is based around experiences of mental health and mental illness across the life course, grouped as mental health journeys or themes.

Within each journey we plan to:

- Identify the networks of people who can contribute through their experience, expertise or roles.
- Build an understanding of the current issues and opportunities within each area, as identified by the people in these networks.
- Bring together working groups to turn these opportunities into recommendations for high priority actions, mindful of capacity, limited resources and the complexity of fundamental change.
- Develop person-centred understandings about the successes and difficulties of our present systems of support, to identify where in each journey we can make differences that matter.
A different approach to strategic planning

The establishment in 2012 of the Mental Health Commission of NSW marked the first time an independent body has had statutory responsibility for mental health reform in this state.

This is not the first time mental health reforms have been proposed in NSW, but the creation of the Commission suggests a new emphasis and new authority to make change.

The Commission’s remit is to consider the whole person, recognising that a person’s mental illness does not define them. The draft Strategic Plan needs to consider physical health, housing, employment, education, social participation and a range of other issues central to people’s lives. In this respect it is consistent with the National Mental Health Commission’s framework *A Contributing Life*.

A related goal is to keep the concept of recovery at the centre of the Plan. Recovery means different things to different people, but it is principally concerned with supporting people to find the help they need and want to make their lives better on whatever terms they choose [1]. Recovery is more than preventing relapses and managing symptoms.

The challenge is to avoid service-focused thinking and instead embody a people-centred approach to mental health reform that is a genuine expression of our collective desire to improve how things are done in NSW. But the Plan must also be realistic.

A whole of person, whole of life-course, whole of system approach

Another challenge in developing the draft Strategic Plan is to achieve the right balance of breadth and depth.

The Plan needs to be framed broadly enough to encompass the impact of health, housing, employment and opportunities for social participation on mental health. It must recognise the different mental health issues across the life-course from infancy through to older people, the extra burden of mental illness experienced by Aboriginal and Torres Strait Islander people, and the diversity within NSW across rural, urban and metropolitan communities.

However the plan also requires sufficient depth to make specific recommendations concerning the alignment and optimisation of services, programs and other supports, in order to drive real change that makes a difference in people’s lives.

To achieve this balance we need to consider three perspectives:

Whole of person:

- How do we understand the continuum from mental health and wellbeing and 'mental capital’ – strengths, capacities and social connections – to progressive loss of wellbeing, reduced resilience and mental ill health?
• How do we ensure that our system works to build strengths and capacities that support people to live fulfilling lives, and not just address symptoms?

Groups of people:
• What do we know about groups of people in our community whose mental health and wellbeing is at most risk?
• How can we best intervene during or before early childhood, adolescence, and other stages of transition, to prevent problems or reduce their impact through early recognition, intervention and support?

Whole of system:
• How do we make sure the support available to people is always the least intrusive, closest to home, and most effective it can be?
• How much difference could we make and how soon? How much is it reasonable to invest to make a difference?

The diagram on the following page represents these approaches. Based the UK Foresight Project [2], it depicts life course pathways that result in good or poor mental health. A similar approach has been used by the New Zealand Mental Health Commission [3].
Where the Strategic Plan could make most difference

We are proposing to focus on eight journeys that highlight typical mental health situations and needs across our lives.

The journeys are connected over the course of life. They reflect the fact that mental illness has a trajectory with different phases. Recognition, intervention and support at the right time can alter this path.

The journeys are designed to promote thinking about people – not about services, systems or funding. They look for connections across different and traditionally separate functions, and are intended to bring together diverse contributors to find new solutions.

For example, three-quarters of all mental illness manifests before the age 25 years, so the mental health of young people is critically relevant even for those whose primary interest is in the mental health of older adults.

Journey 1: Building community resilience and wellbeing

If we can prevent mental illness and promote good mental health, then the benefits will flow not just to individuals but across the whole community.

There is now strong evidence for effective actions people and communities can take to promote good mental health and wellbeing [4]. There is also widespread agreement that the key determinants of mental health include stable and supportive family, social and community environments, having an active life and a valued social position, physical security, secure housing and income, and meaningful employment.

This journey is about equipping individuals and the community to take action to promote mental health and prevent mental illness, as well as addressing the stigma and discrimination associated with mental illness.

Journey 2: The best start

A mother’s stress and mental health issues, alcohol and drug use, conflict and violence, neglect and poverty can all have adverse impacts on children and young people. An integrated response is required, linking parents with health, education, housing, community and other social and support services, to give children the best start.

We know that good health during pregnancy and strong, positive family relationships in infancy and early childhood are a strong protection against mental illness [5] and foster resilience and mental wellbeing.

This journey is about creating the circumstances to promote this protection.
Journey 3: Troubled kids

Children’s development and behaviour are inseparable from their mental health. Most children flourish, but for some the path is fraught. There is strong evidence linking childhood behavioural issues, trauma and mental illness with developmental problems and significant difficulties in later life [6]. These problems can include poor quality of life, unemployment and relationship issues.

This journey is about designing prompt support to avert lasting negative consequences.

Journey 4: Healthy transitions

Three quarters of all mental illness manifests before the age of 25 years, and adolescence and early adulthood are also peak periods for depression, anxiety and experimentation with drugs and alcohol [7]. Responsive care can prevent life-long disadvantage, mental illness and drug and alcohol problems.

This journey is about exploring what young people need to give them the best chance of finishing school, completing training, getting a job and becoming independent.

Journey 5: Towards a better life

There is an old maxim that good mental health is having someone to love, something to do and something to look forward to. But care for people who experience mental illness has often focused on managing symptoms and preventing relapse. Psychiatric disability has recently become the biggest component of the Disability Support Pension, and Australia is about half as successful as other OECD countries in finding work for people with a mental illness [8].

We need to aim higher, and support people to become well enough to find and keep a job, have a stable home and enjoy life.

This journey is about developing options so that people with a mental illness can enjoy lives as valued citizens.

Journey 6: Breaking the cycle

People whose mental illness is accompanied by problematic drug and alcohol use or criminal behaviour may find themselves isolated in the community. It can also sometimes be difficult for them to seek or find the care they need.

Particularly where mental health services operate independently of drug and alcohol services, these people are too often passed between multiple agencies and services with their fundamental issues unaddressed [9].

This journey is about creating more integrated approaches to co-occurring mental health and addiction issues, with a particular focus on keeping people out of the justice system.
Journey 7: Body and soul

Depression and anxiety are common throughout adulthood and may have a severe impact on people’s lives. They are linked to higher rates of physical illness, including heart disease, stroke and cancer. There are also strong links between psychosis and poor physical health [10].

Health care is often unhelpfully compartmentalised into body parts or disease types.

This journey is about designing responses that acknowledge the holistic health needs of people with a mental illness.

Journey 8: Living long and strong

The experience of mental illness changes as people get older, especially if someone has physical illnesses or dementia as well [11]. The cumulative effects of these illnesses can be very damaging to a person’s health as they age. An ageing population will put older people’s mental health care under even more pressure in coming years.

This journey is about planning to take good care of our mental health as we age and the steps we can take to prevent problems and respond to them if they arise.
Overarching themes

In addition to the journeys, the draft Strategic Plan for Mental Health in NSW will consider several overarching themes pertinent at all stages of life. They reflect particular geographic, population and resource challenges faced by NSW.

Theme 1: Social and emotional wellbeing of Aboriginal and Torres Strait Islander people

Services and programs to support and develop social and emotional wellbeing among Aboriginal and Torres Strait Islander people must properly recognise cultural context and empower local communities. This phase of development of the strategic plan will engage Aboriginal and Torres Strait Islander communities in setting priorities and directions for this work.

This theme must acknowledge the NSW Government’s new Aboriginal Health Plan 2013-2023.

Theme 2: Beyond the cities

NSW is a big jurisdiction, with a land mass of some 800,000km². What works in the cities may well not suit regional, rural and remote parts of the state. The draft Strategic Plan must avoid one-size-fits-all approaches.

This theme is concerned with the development and deployment of local solutions for local circumstances.

Theme 3: Our diverse community

NSW is founded on diversity, and people from a wide variety of cultural, language and religious backgrounds may have particular mental health needs.

Those who arrive as asylum seekers or refugees may require additional support that recognises their history of trauma.

Gay, lesbian, bisexual, transgender and intersex people may experience particular pressures that impact their mental health, and prefer to seek help through specialist services.

This theme is about developing mental wellbeing and offering appropriate support that acknowledges the experiences and needs of groups in our community.

Theme 4: Our workforce

Mental health should provide an environment where people want to work. NSW faces problems in relation to the ageing of the workforce, retaining staff and attracting new workers. There is an urgent need to consider greater use of community and peer workers, as evidence shows they can be particularly effective in some settings [12]. The NSW Ministry of Health has begun work on a Mental Health Workforce Development Strategy.

This theme is about ensuring NSW has the mental health workforce it needs.
Theme 5: Resources

The strategic plan must advocate for adequate resources to meet the mental health and wellbeing needs of the community. This means working with governments and others to demonstrate the merit of investment in mental health care.

Mental health funding is widely acknowledged to be relatively low considering the heavy impact of mental illness on people’s lives. Mental health care managers commonly report finding their funds reallocated to other parts of the health system.

We also need to make the most of the resources we have. Opportunities for new funding are likely to be scarce. We must capitalise on emerging initiatives, such as the National Mental Health Services Planning Framework and Activity-based Funding, to promote clearer and more accurate needs analysis and funding allocation.

This theme is about making sure the system has the resources it needs to properly and fairly respond to mental illness in the NSW community.

Theme 6: Tracking progress

We need new ways to assess whether mental health supports and services make a real difference to the experience of people living with mental illness in NSW.

Large volumes of data are generated on mental health care but much of this relates to the aspects of the system, such as length of stay in hospital. We also need to pay attention to the experience of people with mental illness and their families, and to learn more about what happens before and after someone seeks support.

This theme is about enhancing how we monitor mental health care, to evaluate the impact of reforms and give people greater confidence in NSW’s mental health system.

Conclusion

The life course and journeys framework are intended to offer a route into some new thinking about mental health, moving beyond traditional service boundaries and towards more cohesive approaches to care.

You can have your say and register to participate in the development of the draft Strategic Plan for Mental Health in NSW here:

www.nswmentalhealthcommission.com.au

We hope that you will join us on one or more of these journeys. There is a lot to do!
Notes


4. Promoting mental health: concepts, emerging evidence, practice: report of the world Health Organization, editors: Helen Herrman, Shekhar Saxena, Rob Moodie, 
   http://apps.who.int/iris/bitstream/10665/43286/1/9241562943_eng.pdf

5. Prevention of mental disorders : effective interventions and policy options: summary report, World Health Organization, World Health Organization, in collaboration with the prevention Research Cente of the Universities of Nijmegen and Maastricht


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