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In early 2016, the Commission launched One Year On which took stock of progress made so far on the whole-of-government, whole-of-life and whole-of-community vision for mental health in NSW, as set out in Living Well. In mid-2016, the Commission took the opportunity to build upon this knowledge to gain insight at a local level.

The Commission was keen to hear about examples of excellence in person-focused, recovery-oriented mental health care. It was also interested to hear about barriers to change as government agencies, community managed (non-government) organisations (CMOs), clinicians and other stakeholders look for better ways to work together to provide timely, person-centred care for people living with mental illness.

As in previous years, Commission staff undertook a number of community visits across NSW. In 2016 four metropolitan local health districts were selected for visits; Central Coast, Nepean Blue Mountains, Western Sydney and South Western Sydney. The visits were conducted over a number of trips between April and June.

This summary profiles the Commission’s visit to Western Sydney.
1. Western Sydney profile

Western Sydney Local Health District (WSLHD) is one of the largest LHDs in NSW and will experience significant population growth in the next 10 years and beyond. The district’s population is around 927,000 people but that figure is expected to jump to around 1,274,000 by 2031 to make it the most populous district in NSW.

This growth will occur across all five Local Government Areas (LGA), with the largest growth expected in the Blacktown LGA.

The demand for mental health services can be expected to increase across all age groups. Higher than average state birth rates and total fertility rates in the region mean future expansion of perinatal mental health services will also be needed.

A high prevalence of socio-economic disadvantage may continue to contribute to higher levels of psychosocial distress and depression in parts of the district, and contribute to mental health conditions, and a higher prevalence of adverse health outcomes.

WSLHD is highly culturally diverse, with almost half of its residents born in a country other than Australia and 45 per cent of residents speaking a language other than English at home. Large numbers of refugees settle in the district each year.

The district is also home to almost 11,500 Aboriginal people, with the majority living in the Blacktown LGA. Evidence shows that Aboriginal people have worse health outcomes when compared with the general population.

Information sourced from The Western Sydney Local Health District (WSLHD) Mental Health Clinical Services Plan 2015-2026 provided to the Commission.
2. **Community engagement**

Representatives from the Commission visited a range of organisations and services in the WSLHD, including:

- Blacktown City Council
- The Shed, Emerton (drop-in service)
- Transcultural Mental Health Centre, and
- Cumberland Hospital (a psychiatric hospital in Westmead).

They also met staff, managers and executive, consumers and carers.
Blacktown City Council

This visit provided information on the racism and negative responses to cultural diversity that had been documented in the area’s social profile. There was also discussion on how people access available services and why they might not access them.

Transcultural Mental Health Centre

The difficulties of providing person-centred services and support in a rapidly changing cultural and linguistic landscape were highlighted in a series of meetings with the centre’s manager. She noted that while resources had been deployed and work undertaken, there was still uncertainty about what wellbeing meant across diverse communities. Meaningful consultation and qualitative inquiry were required.

The Shed

Founded by the Men’s Health Information and Resource Centre at the University of Western Sydney in partnership with the local Catholic Church, this drop-in centre serves the surrounding population and attracts a significant number of Aboriginal men. At the time of the visit the service was resourced by suicide-prevention funding from the federal government. A key issue raised by staff was the need for greater understanding of the mental health impacts on parents of children being removed.

Cumberland Hospital

The visit revealed a number of ways in which person-centred approaches were driving reform. At the time of the visit, there were some 90 long-stay patients at Cumberland Hospital, with the longest period of stay almost 30 years. The Pathways to Community Living Initiative – which began rolling out in 2015 – was placing consumer needs and desires at the heart of service design. Some concerns were raised by staff, consumers and carers about infrastructure, for example, the variable quality of amenities in different units.

Additionally it was observed that approaches to reform were still being explored across the various units. A lunch to meet consumers, carers and staff also afforded more informal conversations on how services were responding to people’s needs.
3. Making change: themes, opportunities, challenges, good practice

Themes

Three primary themes emerged from the Commission team’s visit:

1. the importance of governance and infrastructure
2. the value of person-centred approaches, and
3. how leadership is expressed at multiple levels in organisations.

Opportunities

Governance and infrastructure

Strong governance was apparent in the engagement of carers and consumers. A family and carer program has been running at Cumberland Hospital for more than 10 years. This includes:

- a family carer reference group that engages in advocacy on behalf of consumers and carers, and
- a working party that makes sure there is carer and consumer representation included in, for example, the development of training materials.
- The roll-out of the Pathways to Community Living Initiative, an initiative of the Ministry of Health’s response to Living Well, was well under way and had a clear structure and approach, with engagement going beyond the program scope itself.
- All consumers who had been there a year or more had had an initial placement profile completed. The current focus was on the ageing cohort, who would primarily be transitioned to nursing homes.
- The local program design aimed to prevent existing long-stay patients being replaced by a new set of long-stay patients. There was a commitment to including more community-based options as alternatives to inpatient models.
- Cumberland Hospital was expected to undergo significant redevelopment as part of broader strategy for the Westmead health precinct and urban development Cumberland West. This would provide opportunities for the hospital to be relocated in modern facilities on the main Westmead campus.
- The impact of the move on how services would be configured was yet to be fully researched or a strategy defined and agreed.
Person-centred approaches

- Services such as The Shed were held up as helpful models. The Shed has 300 client contacts a month with 28 service agreements in place. Once a week, the service hosts a large lunch and a range of services set up shop in one of the meeting areas.
- Service users advised that services should provide informal opportunities for dropping in and having a coffee.
- Trust was important, suggesting that workers needed to be long-serving with some life experience behind them.
- Services like Centrelink and Legal Aid needed to do outreach and meet clients on safe, comfortable ground.
- Within wards at Cumberland Hospital, nurses reported a shift from task-oriented shift planning to patient-oriented planning.
- A clear, positive example of good practice was observed at Cumberland’s Riverview Unit. The approach of nursing unit manager (NUM), follows the philosophy that consumers and staff are equal. He noted that one of the main roles of NUMs is to model appropriate behaviour for the nurses.
- The Peer worker was coordinating a consumer and community engagement framework, particularly focusing on child and adolescent services. It was projected that a proposed Child, Adolescent and Youth Consumer, Carer and Community Council would be involved at a service level, project level and governance level. The mechanisms for participation were being carefully and thoughtfully planned and would likely have a significant impact on the delivery of services in the WSLHD.
Leadership

- At Cumberland there were examples of good leadership at both the executive and manager level.

- Consumers’ care experience can be influenced by executive level leadership through service redesign and facility redevelopment, which is particularly important for infrastructure issues.

- The Chief Executive of the WSLHD identified mental health as the key priority area for service improvement and enhancement, and the appointment of Associate Professor Beth Kotze Executive Director, Mental Health in April 2016 illustrated this commitment.

Professor Kotze is a psychiatrist and medical administrator who has worked in a variety of public and private clinical settings spanning 25 years, including senior leadership and management positions. She is passionately committed to the delivery of quality and modern mental healthcare, which she brings to her role as mental health services on the Cumberland and Westmead campuses undergo planning to best place them in a modern health care campus.
Challenges

Governance and infrastructure

- Infrastructure issues were consistently raised by staff, carers and consumers at Cumberland.
- The facility standards, amenities and communal spaces at Cumberland were described as variable.
- The age of the buildings presented accessibility issues, for example, steps or stairs to outdoor spaces, weather-exposed walkways, poorly designed seclusion room suite.
- Though abundant, open space was not well landscaped or uplifting.
- Access to outdoor spaces was hampered, for example, some access doors were locked.

Person-centred approaches

- Consultation and qualitative inquiry needs to be sophisticated and meaningful because it is easy to get it wrong in communities that are not the inquirer’s own.
- Racism and negative responses to cultural diversity continued to be an issue. Based on 2011 figures, 43% of the district’s residents were born overseas (the NSW average is 27%).
- Carers spoke of their own distress in caring for their loved ones with mental illness and their despair at some of the care they have witnessed. Districts need to listen meaningfully to these voices.

Leadership

- The operating environment of WSLHD is complex so executive level leadership is key in delineating the role of an organisation as compared with other services.
- While executive leadership is critical, changing the procedures or culture of an entire LHD is necessarily a slow process. Similarly, spending reform funds in a conscientious way also takes time. This makes leadership closer to the front line essential for improving the lives of consumers interacting with the system.
Good practice – Riverview Unit, Cumberland Hospital

Agency is given to the Nursing Unit Managers (NUMs) to develop recovery approaches on the wards. This was demonstrated in one outstanding example of local leadership, the nursing unit manager from the Riverview Unit, David Gollan. His approach to his practice is humanistic and he believes that consumers and staff are equal. He refers to himself as a ‘clinical nursing unit manager’ and notes that one of the main roles of NUMs is to model appropriate behaviour for the nurses.

Mr Gollan’s strong personal values drive his work. For example, he instituted an ‘empowerment group’ each morning with consumers, teaching them about their rights. It is run by nursing staff, so that not only are the consumers being taught about their rights, but nursing staff are being reminded of or informed of the consumers’ rights.

The impact of his approach is observable in how patient-centred approaches and recovery are embedded in practice. This was evident at the time of the community visit though the level of engagement and style of engagement with patients.

Mr Gollan believes his approach has reduced aggression, seclusion, restraint, length of stay and return to service. He noted at the time of the visit that while some staff had been resistant to his approach, he now received requests from nurses to work in his unit.
4. **In conclusion**

The Western Sydney community visit revealed a number of places where taking a person-centred approach was reaping rewards for people using services, and places where a more intentional listening to consumer and carer voices may create even more fit-for-purpose service responses.

The Commission thanks all those from the Western Sydney LHD, consumers and carers as well as all those from the region, who took the time to come together with us to exchange knowledge and experience, and to share their concerns, strengths and plans for mental health reform.
5. **A post script**

**Melaleuca Unit, Blacktown Hospital**

The Commission’s community visit team was contacted after the formal program of visits, and invited to the Consumer and Carer barbeque at Blacktown Hospital’s sub-acute Melaleuca Unit in October, 2016. This was part of WSLHD’s Mental Health Month celebrations.

It was an opportunity for the team to engage – in a low-key, informal setting – with consumers and carers currently in, or associated with, the unit. It provided insights into how the staff at the unit interacted with clients and carers and how clients saw their care in a purpose-built facility which was, with thoughtful design, open to the outside.

There were different perspectives on the unit. While some staff expressed an uncertainty about the openness, the open staff station area was also seen as a more welcoming space for clients and staff to converse.

For consumers, the unit was a positive change to other inpatient settings they had experienced. The feedback on the more relaxed approach of staff and the programs was positive.

Carers expressed relief that a long-stay unit with a recovery focus was available locally, as more difficult or challenging circumstances required a more intensive response than a shorter stay in an acute ward.

They were also impressed with the quality of the unit’s environment, the use of etched glazing for privacy and ready access to the outdoors. This was important as the person they care for generally had local inpatient options in older and larger units such as Cumberland Hospital or the acute unit at Blacktown Hospital which did not have the same level of quality amenity or smaller more personal scale.

Carers also reported how the team at Melaleuca provided support to them, so they did not feel as isolated and felt connected to the care for their loved ones.