

Making it Happen: Leadership, Support and Structural Change

The development and implementation of new mental health service initiatives will be accompanied by long-term planning and structural improvement, to ensure the future sustainability of the service system and manage the growing demand for mental health services. The following strategies will be undertaken to position the sector to make best possible use of the Government's investment in mental health:

Long-Term Planning for Mental Health Services

In 2002–03, a comprehensive demand management strategy for mental health services in metropolitan and rural Victoria will be developed. The plan will identify factors affecting service demand, examine the profile of unmet need for mental health care, identify strategies to reduce the incidence and impact of mental health problems and consider ways in which services can work more effectively together to better respond to unmet need.

In related work, the Department will commence the development of a mental health capital asset investment plan that will establish a coordinated and staged infrastructure maintenance and capital development program for mental health services. The plan will specifically address PDSS capital assets, supported accommodation issues and residential options for consumers, including those with dual diagnosis.

Strengthening Research and Evaluation

An applied research and evaluation strategy, with an emphasis on identifying cost-effective early intervention and relapse prevention service models and approaches, will be developed to ensure future service development and structural improvements are informed by evidence-based practice. The Department will continue to support links with academic institutions and positions and identify new approaches, including collaborative research partnerships, to broaden the scope of activity, better coordinate effort and to ensure research informs policy and planning and practice.

Providing Clinical Leadership to the Mental Health Sector

Clinical leadership will be strengthened by publishing new clinical practice standards and guidelines, sponsoring training programs and 'best-practice' forums on evidence-based

interventions and linking the results of clinical reviews to policy and program development.

Refining the Mental Health Service and Funding Model

The following will be undertaken to ensure the long-term sustainability of the public mental health service system:

- Refinement of the current resource allocation formula to improve equity of distribution, with particular attention to be given to rural weightings.
- Reviewing catchments to achieve the best outcomes in terms of service management and consumer access. This is likely to include the formation of area clusters and improved cooperative arrangements.
- Development of benchmarks for planning and resource distribution and refinement of existing performance indicators to improve links between service activity and funding levels.
- Assessment of the feasibility of implementing alternative output funding approaches, including casemix funding for mental health services.

Clarifying the Role and Function of Key Service Types

Statewide Psychiatric Intensive Care Units, Secure Extended Care Units, Community Care Units and Residential Rehabilitation Services will be examined with the view to clarifying or redefining their role, function and target group. Examination of the respective roles of each of these service types will be followed by the development of new service guidelines on the placement of people with severe, long-term mental illness.

In addition, specialist and statewide services will be reviewed to identify ways of improving consistency of, and access to,

these services. The interface between CAMHS and adult mental health services and other community services will be examined, to achieve better outcomes for children and adolescents.

Improving Service Quality

Service providers will be supported to build stronger relationships with each other and general health and welfare services, and priority will also be given to extending outcome measurement to all Victorian mental health services, including the psychiatric disability support services sector.

In other quality improvement work, the Department will undertake a range of initiatives including staff training and education; establishing mechanisms for regular consultation with service managers and senior clinicians; refining and setting key performance indicators and benchmarks for service delivery and monitoring performance against those benchmarks; and streamlining data collection and improving information systems to support service planning, delivery and monitoring.

Enhancing Service Coordination and Integration

Achieving improved 'continuity of care' for mental health consumers will be a priority. Key strategies to achieve this include:

- Better discharge planning and transition processes between elements of the system.
- Development of area clusters and collaborative arrangements to improve service linkages and capacity.
- Working with other service providers, particularly child protection, drug treatment, disability, homeless and aged care services, to develop complementary guidelines for assessment, referral and case management and operational protocols for crisis intervention.

New Directions for Victoria's Mental Health Services

The Next Five Years

The *New Directions for Victoria's Mental Health Services* paper describes the Government's overall directions and strategic priorities for the development of mental health services over the next five years and represents a new stage in mental health reform in Victoria. The directions summarised in this paper will position the service system to better respond to existing and future demand for care by building on the strengths of the current system, developing an appropriate mix and level of service, and implementing new and innovative approaches to consumer needs.

The Six Key Directions for the Next Five Years at a Glance

Expanding Service Capacity

Achieving the right 'balance' between inpatient and community services and better responding to growing demand.

Creating New Service Options

Increasing the range of mental health services in the community to meet consumer needs.

Extending Prevention and Early Intervention

Reducing the incidence and impact of mental health problems by assisting consumers to get the right service response at the right time.

Building a Strong and Skilled Workforce

Laying the foundations for a sustainable skilled mental health workforce across Victoria.

Strengthening Consumer Participation

Re-affirming and strengthening the Government's commitment to consumer participation and the protection of consumer rights.

Improving Carer Participation and Support

Strengthening support to carers and improving carer involvement.

Principles

Guiding the development of Victoria's mental health services

Priority to those in greatest need

Care in the community whenever possible

Consumer and carer participation

Service quality and responsiveness

Continuity of care

This paper is a clear statement of the Victorian Government's commitment to mental health, aimed at giving a renewed sense of purpose and direction to the mental health sector. It has been informed by a range of consultations, service reviews and recent data on the mental health needs of the Victorian community. Under each of the Action Areas linked to the key directions, specific responses have been identified for implementation in 2002–03.

The following future priorities will be developed and implemented progressively over the next five years, as funding becomes available. In addition, further initiatives will flow from the planning and structural reform work to be undertaken by the Department of Human Services, in consultation with stakeholders.

KEY DIRECTIONS	ACTION AREAS	2002–03 IMMEDIATE RESPONSES	KEY FUTURE PRIORITIES FOR IMPLEMENTATION OVER THE NEXT FIVE YEARS (initiatives will be implemented as funding becomes available)
Expanding Service Capacity	<ol style="list-style-type: none"> 1. Strengthen the capacity and quality of acute inpatient services. 2. Strengthen services to young people aged 16–25 years. 3. Provide additional services for older people with mental illness. 4. Strengthen service responsiveness to parents with dependent children. 5. Expand Aboriginal specific services. 6. Further develop service for people from culturally and linguistically diverse (CALD) communities. 	<ol style="list-style-type: none"> 1. Open approximately 30 new acute inpatient beds. 2. Trial two dual diagnosis pilot programs for young people. 3. Provide up to 15 extra clinical staff in aged persons mental health (APMH) services. 4. Pilot two specialist projects for women with dependent children. 5. Evaluate the strategic plan to improve service responsiveness to Aboriginal people. 6. Strengthen the effectiveness of trans-cultural services, to improve access to mental health services for CALD groups. 	<ol style="list-style-type: none"> 1. Increase acute inpatient beds, improve distribution of these services across the State and cross-area collaboration; develop new sub-acute and intensive treatment and support models to provide alternatives to inpatient services; strengthen in-home acute treatment by Crisis Assessment and Treatment Teams (CATS) and better coordinate CATS and bed-based services; ensure more effective use of Community Care Units; identify options for improved local inpatient care arrangements in rural areas; consider the application of catchment boundaries; and improve discharge planning and continuing care case management. 2. Extend early treatment programs for first episode psychosis and develop a youth psychiatric disability support services (PDSS) model; strengthen child and adolescent mental health service (CAMHS) outreach services; improve continuity of care between CAMHS and adult services. 3. Target new psychosocial activity programs to older people. 4. Develop specific program guidelines and in-service training aligned to the needs of parents and their children. 5. Further develop home-based outreach models for Aboriginal people, and establish ongoing funding arrangements for Aboriginal mental health liaison positions in all rural mental health services. 6. Provide improved support and advice to services working with CALD communities.
Creating New Service Options	<ol style="list-style-type: none"> 1. Develop new 'sub-acute' (step-down) models of mental health care. 2. Develop intensive accommodation support services for people with high needs. 3. Provide improved service information and effective triage and intake assessment, especially for people in crisis. 4. Implement new approaches to rural issues. 	<ol style="list-style-type: none"> 1. Pilot 30 new sub-acute places, including bed-based and in-home support services. 2. Employ 10 additional staff to provide treatment and support to 50 tenants of public housing. Pilot integrated clinical and support services to residential rehabilitation services to enable more consumers with high needs to receive these services. 3. Examine feasibility of a statewide 24-hour, 7-day information and referral service. Pilot standardised triage and intake assessment for area mental health services. As part of the Hospital Admission Risk Program, undertake projects to reduce unnecessary use of metropolitan emergency departments. 4. Develop a comprehensive rural mental health strategy. 	<ol style="list-style-type: none"> 1. Evaluate and progressively extend the new sub-acute services. 2. Pilot new supported accommodation service models and models of care for people requiring intensive-in home support. 3. Develop better and more accessible public information about mental health services and provide additional mental health support, including consultation and liaison psychiatry and triage clinicians to selected emergency departments with high numbers of complex mental health presentations. 4. Over the next five years implement and evaluate a rural service provision and funding strategy.
Extending Prevention and Early Intervention	<ol style="list-style-type: none"> 1. Implement mental health prevention and early intervention programs for specific disorders. 2. Strengthen partnerships with other services working with people with mental health problems. 3. Increase the focus on relapse prevention and recovery within the mental health system. 	<ol style="list-style-type: none"> 1. Continue to participate in the national initiative to prevent depression amongst Year 8–10 students (<i>beyondblue</i>) and support the Compass Project. 2. Pilot a brief assessment tool to be used in primary care settings. Evaluate the Primary Mental Health and Early Intervention teams and provide training. Continue to provide leadership on suicide prevention. 3. Develop training for mental health professionals on improved approaches to the broad range of consumer needs, including case management practice, and relapse prevention and intervention. 	<ol style="list-style-type: none"> 1. Pilot programs for school-aged children with conduct disorders; extend PDSS and early psychosis programs to young people; and improve primary health responses to people with high prevalence depression and anxiety disorders at all stages of life. 2. Build the capacity of CAMHS to provide advice and consultation to schools and primary care practitioners. 3. Strengthen the relationship between specialist mental health services, community health services and general practitioners, and evaluate collaborative partnerships—such as the Stargate program—and strengthen support to such initiatives.
Building a Strong and Skilled Workforce	<ol style="list-style-type: none"> 1. Develop and implement a comprehensive mental health workforce plan. 	<ol style="list-style-type: none"> 1. Lead the development and progressive implementation of a comprehensive mental health workforce plan, which will include a specific plan for clinical services and a mental health nursing strategy, in consultation with all stakeholders. Full consideration will be given to the different requirements of rural services in the development of the plan. Allocate additional funds to assist staff in rural mental health services gain greater access to expert clinical advice and supervision. 	<ol style="list-style-type: none"> 1. Progressively implement initiatives identified in the workforce plan, such as: attracting people to mental health; better preparing new entrants for work in the mental health system; improving the availability and skills of the existing workforce; and retaining experienced and skilled workers in the public mental health system. 2. Address specific PDSS workforce issues, including minimum qualifications and competencies, and training.
Strengthening Consumer Participation	<ol style="list-style-type: none"> 1. Enhance involvement of consumers in their own treatment and care. 2. Encourage and support consumer participation in service planning and review. 3. Protect consumer rights. 	<ol style="list-style-type: none"> 1. Develop a comprehensive consumer participation policy, which will include written guidelines to enhance consumer involvement in their own treatment and care. 2. Develop clearer guidelines for consumer consultants in adult mental health services and examine the need to extend this program to CAHMS, APMH and PDSS services. 3. Develop an improved framework for managing complaints from mental health consumers and carers, and identify practice and systemic issues. 	<ol style="list-style-type: none"> 1. Publish core service standards to enable a common understanding of what is expected from mental health services; train clinical staff to actively involve consumers in their treatment and care; and introduce a consumer self-rating measure as part of the implementation of routine clinical outcome measurement. 2. Work with tertiary education providers to involve consumers in relevant training courses. 3. In partnership with consumers, provide training and information on consumer rights and associated standards of care to staff of clinical and PDSS services; implement measures to make consumers more aware of their rights; expand the current audit and review functions of the Office of Chief Psychiatrist; and involve consumers in mental health quality review processes.
Improving Carer Participation and Support	<ol style="list-style-type: none"> 1. Encourage carer participation. 2. Improve information and support for carers. 	<ol style="list-style-type: none"> 1. Review existing guidelines relating to carer participation and support, and consolidate into a new policy statement. 2. Implement a range of strategies to improve carer access to information about mental health and mental health services, and support research on the needs of carers of people with high prevalence disorders. 	<ol style="list-style-type: none"> 1. Improve access to the Family Sensitive Training (FaST) program to mental health services and create opportunities for carer involvement in staff in-service training programs. 2. Extend carer consultant programs; expand respite care services; and implement strategies for supporting parents of children and adolescents with a mental illness, including respite care for other children in the family.