

A New Millennium- **A New Beginning**

Mental Health in South Australia

ACTION PLAN FOR REFORM OF MENTAL HEALTH SERVICES

(A summary of the actions required to ensure the achievement of the Implementation Plan)

DEPARTMENT OF HUMAN SERVICES
Mental Health Services

2001



Department of Human Services

2000 - 2005

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INTRODUCTION

The purpose of this document was to brief the Senior Executive of the specific actions which will be undertaken to ensure achievement of the Implementation Plan for reform and development of Mental Health Services in South Australia during the period 2000 to 2005.

This document is now released for widespread circulation to inform all people with an interest in Mental Health Services in SA, of the proposals for change and development.

This document acknowledges the National Policy context for reform of mental health services, the strategic planning framework of the Department of Human Services (DHS), and the principles that will guide the development and purchasing of services. The priority issues for reform have been identified within the context of the comprehensive clinical services planning process. These priority issues have been endorsed by the DHS through the Implementation Plan (released June 2000).

The newly appointed Director of Mental Health Services for SA, has proposed this structured Action Plan which identifies the key targets within the major strategies of the Implementation Plan, and the strategies and outputs which can be expected. This Action Plan has been formulated to be consistent with DHS Divisional Business Plans, by the Senior Executive DHS.

One of the priorities for the first half of 2001 will be the development of priority initiatives, detailed project planning and time lines. Progress will then be monitored by an Implementation Monitoring Committee and an Implementation Reference Group. Each major priority initiative being managed will have constituted a Clinical/Technical Expert Advisory Group to advise and consult on key directions.

POLICY DRIVERS FOR MENTAL HEALTH SERVICES

It should be recognised that there are four key policy drivers for reform of Mental Health Services to achieve consistency with national priorities and meet community expectations. These are:

1. Specialist Mental Health Services

There is a need to ensure effective specialist Mental Health Services are provided for people with severe and disabling mental illness. For such services to be effective they must meet five criteria:

- i) Early intervention when treatment is most likely to have maximum benefit.
- ii) Have a focus on recovery from illness and disability to reduce the stigma of mental illness and the false perception of the inevitability of chronicity and deterioration.
- iii) They must combine clinical treatment and rehabilitation modalities in a way that utilises all the available evidence of effective pharmacological, psychological and social interventions.
- iv) They must achieve optimal balance between assertive (often involuntary) intervention and individual engagement.
- v) They must be culturally appropriate and sensitive.

2. Population Socio-economic Burden

The second policy driver is the need to recognise and manage the population burden in socio-economic terms of the high prevalence mental illness such as Anxiety and Depression. The importance of ensuring screening, early detection and effective evidence based intervention cannot be over emphasised. Setting and achieving targets of improved population access to such interventions will require specialist publically funded Mental Health Services to develop new effective collaborative relationships with General Practice and other primary health care providers and with the private sector. Such relationships will see

public sector Mental Health Services working with other providers to ensure a concerted effort at tackling this burden occurs.

3. Managing Behaviours of Community Concern

The third policy driver is managing community expectations for rapid, consistent, effective management of behavioural problems that are seen to be associated with poor mental health. This will require:

- effective education about mental illness and socially concerning behaviour to ensure incorrect and exaggerated stereotypes are not reinforced;
- improved coordination between Mental Health Services and other emergency services including guardianship board and public advocate, police, ambulance and hospital, and emergency departments which ensures achievement of optimal safety at times of crisis;
- appropriate mental health policy around service responsiveness and information sharing;
- input into criminal justice, juvenile justice and forensic and prison systems which ensure mental health services are appropriately targeted to people in these systems with mental health needs; and
- input into the welfare system to ensure the mental health services are appropriately targeted to children and young people under the guardianship of the Minister with mental health needs.

4. Prevention Promotion

The final policy driver must be the improvement of Prevention and Promotion in Mental Health through appropriate investment in health system research, health promoting activities, interventions in vulnerable groups, developing interventions which are appropriate for indigenous peoples and for people from culturally and linguistically diverse backgrounds and service evaluation strategies.

Means of Improving Mental Health Services in SA

The three main strategies will revolve around:

1. Development of effective partnerships with other providers including non Government organisations (NGOs), and the private sector and with consumers and carers.
2. Improving the confidence, skills and competence of the specialist Mental Health workforce through targeted recruitment, retention, education and training

strategies. A strong focus should be on the recruitment, retention and training of Aboriginal people.

3. Developing and implementing an effective primary mental health care strategy which encourages and promotes more effective engagement of GPs and primary health care providers in Mental Health intervention.

The outcomes we can expect to achieve when Mental Health Services reform is underway include:

1. Improved Mental Health of the population.
2. An increase in appropriate access to mental health services for indigenous people and people from culturally and linguistically diverse backgrounds.
3. Improved responsiveness of services to crisis and emergency situations.
4. Decreased shame, anxiety and stigma about Mental Health as a health issue.
5. Cost effective and accountable resource utilisation.

STRATEGIC DIRECTIONS

The key strategic directions outlined in the Implementation Plan have been used here as a template for the Action Plan.

The key element of the Implementation Plan which will be most difficult to demonstrate in tangible terms will be effective leadership. This Action Plan approaches the question of leadership from the Office of the Director Mental Health Services from the perspective of **providing a vision for mental health services** which embraces the first and second National Mental Health Plans [1,2], the principles within the DHS Strategic Plan and the key strategies of the Statewide Business Plan. Following on from this articulation of Vision are **elements of systematic planning, establishing priorities, setting and attaining specific objectives, and measuring outcomes.**

It is recognised that the demonstration of leadership is a concept which is better done through post hoc and external evaluation of success than through prolonged internal discussion of proposed actions. Hence this Action Plan focuses on the setting of measurable parameters for progress from which the DHS and the Mental Health stakeholders can judge whether leadership from the Office of the Director has occurred.

For accountability purposes the framework proposed for this Action Plan uses the same broad headings which were outlined in the Implementation Plan already endorsed by the DHS in June 2000.

1. Leadership

Strong and focussed strategic leadership will be provided to implement future directions for mental health in SA.

This will involve mapping and aligning the directions outlined in the first and second National Mental Health Plans [1,2] with the Strategic Plan for DHS [3] with the Business Plan for Statewide Division [4] and with relevant sections of other Divisional Business Plans. From this combined perspective the key priorities for a Mental Health Business Plan will be determined.

The essential components of this Mental Health Business Plan will demonstrate SA's commitment to implementing the National Mental Health agenda. These include 3 Priority Directions; (Prevention: Promotion: Early Intervention; Partnerships, and Quality and Effectiveness)

The Outputs of the Business Plan will be:

- 1.1 A policy framework to coordinate Mental Health Promotion: Prevention: Early Intervention (PPEI) initiatives which enhance Community Capacity building and reduce stigma about Mental Health.

Priorities within this framework will be Suicide Prevention; Early Childhood vulnerable groups; Late Onset Depression in middle and older age groups and Recent Onset psychosis targeted at 15-25 age group.
- 1.2 Policy frameworks for partnership with GPs, NGOs, Consumers and Carers and the private sector which will articulate roles and responsibilities and ensure collaboration in improving Mental Health Services.

The Actions which will be used to deliver these outputs will include:

- 1.1.1 Completing an audit of current PPEI activities changes.
- 1.1.2 Establishing a PPEI Advisory group with links to Children's Interest Bureau, Health Promotion SA and Suicide Prevention Advisory Groups at National and State levels.
- 1.1.3 In collaboration with other sections of the DHS develop an Action Plan which articulates and demonstrates DHS commitment to Mental Health Promotion, Prevention of Mental Illness where possible, and a focus on Early Intervention (PPEI). The key priorities within this PPEI Action Plan will be suicide prevention; early childhood vulnerable groups; late onset depression in middle and older age, recent onset psychosis in 15-25 age groups and including children and young people under the guardianship of the Minister.
- 1.1.4 Collaborating effectively to ensure that the PPEI Action Plan is appropriately disseminated within the context of the DHS Communication Strategy.
- 1.1.5 Ensuring that a whole of DHS commitment to World Mental Health Day and to Mental Health Week is demonstrated through appropriate contributions in the context of the DHS Communication Strategy.

The Actions which will be used to deliver these outputs will include (cont):

- 1.1.6 Contributing appropriately to SA initiatives for World Mental Health Day and Mental Health Week.
- 1.2.1 Developing a primary care mental health framework which demonstrates collaboration with GPs and occurs within the DHS primary care and community support framework.
- 1.2.2 Developing more effective service agreements, performance indicators, and guidelines which ensure collaboration between NGOs and Mental Health Services.
- 1.2.3 Progressing the development of the NGO sector in Mental Health within the context of the DHS “Working Together” framework.

This will include:

 - 1.2.3.1 Strengthening the NGO sector via the facilitation of an NGO peak body for Mental Health.
 - 1.2.3.2 Strengthening formal consultation mechanisms with NGO peak bodies.
- 1.2.4 In determining how NGO sector services are purchased for mental health, there will be a continuum of options ranging from public tender calls to submission-based applications. Mental health will purchase NGO sector services within the DHS framework “Working Together”.
- 1.2.5 Advocating for Mental Health within DHS to ensure Mental Health issues are considered within all DHS planning processes and that there is integration of the National Mental Health Quality and Effectiveness agenda across all DHS portfolios.
- 1.2.6 Formation of a DHS Implementation Monitoring Committee and an Implementation Reference Group with clear Terms of Reference, activity targets and timeframes.

2. Policy Framework

A clearly articulated SA policy framework for planning of Mental Health Services will be developed. It will reflect the priorities for reform and will be founded on the principles within the National Mental Health Policy. The three main criteria in this development stage will be:

- ensuring that the consultation process is appropriate;
- reviewing current policy and identifying priorities for development; and
- targeting special needs groups for specific policy directions.

The Outputs of the Mental Health Services Policy Framework will be:

- 2.1 A Mental Health Policy Framework for planning, implementing and evaluating Mental Health Services which demonstrates internal integration across mental health and external interaction with primary health and community support providers.
- 2.2 Clearly articulated policy directions which ensure improved Mental Health Services for, and which aim to improve the mental health of:
 - People from culturally and linguistically diverse backgrounds.
 - Aboriginal and Torres Strait Islander people.
 - People with co-morbid Mental Health and
 - Drug and Alcohol Misuse
 - Developmental Disability
 - Personality Vulnerabilities and Challenging Behaviours
 - People with Mental Health problems in the Forensic Health and Criminal Justice system.
 - People with Mental Health problems and Risk of Homelessness.
 - Young people with vulnerabilities for Mental Health problems currently identified with Family and Youth Services, Juvenile Justice and Youth Crisis Centres, District Centres, Community Residential Care Units, Crisis Care including young people under the guardianship of the Minister.
 - People with Human Immune Deficiency Virus (HIV), Hepatitis C and related conditions.
- 2.3 Policy guidelines which delineate how services will be provided for some specific illness groups (including but not exclusive to Eating disorders, Anxiety disorders, etc)

The Actions which will be used to deliver these outputs will include:

- 2.1.1 Reviewing current strategic, business and operational policies and determining priorities for change and development.
- 2.1.2 Identifying key stakeholder groups and developing proposals for effective consultation regarding each major policy issue.

The Actions which will be used to deliver these outputs will include (cont):

- 2.1.3 Ensuring that all Mental Health policy development occurs within the DHS planning framework, with special attention paid to primary health and community support planning coordinated by Metropolitan Division, hospital services planning coordinated by Statewide Division, and country services planning coordinated by Country and Disability Services Division.
- 2.2.1 Collaborating with Aboriginal Services Division to ensure that Mental Health policy and services development occurs according to the principles within the Aboriginal Health Partnership Agreement, and adheres to the Iga Warta principles.
- 2.2.2 Collaborating with FAYS to ensure effective services planning and service responses to children and young people accessing FAYS services with mental health needs.
- 2.2.3 Reviewing Mental Health Services for people with complex and multiple needs and developing key directions and priorities for improvement.
- 2.2.4 Reviewing legislative requirements impacting on Mental Health including the Mental Health Act, Guardianship Act, Equal Opportunities Act to ensure compliance is optimal.
- 2.2.5 Reviewing statutory reporting requirements to ensure compliance is optimal and that statutory reports and other data are used in Quality Improvement processes.
- 2.2.6 Reviewing and optimising relationships between Mental Health Services and Guardianship Board and the Public Advocate.
- 2.2.7 Contributing appropriately to DHS homelessness planning strategy which is coordinated by Metropolitan Division.
- 2.3.1 Reviewing Mental Health Services for people with specific identified conditions (eg Eating Disorders, Anxiety Disorders) and recommending future directions for service development.
- 2.3.2 Reviewing Mental Health Services for children and young people under the guardianship of the Minister and developing future service directions and priorities for improvement.

3. Mental Health Service Delivery Networks

The Human Services Portfolio Strategic Plan (1999 – 2002) provides the overarching planning framework for the Department. Within this framework, the ultimate objective is ensuring that service initiatives are fully integrated. The primary perspective of the health care networks is that of disease management along a continuum between hospital and community based services and primary care.

The Outputs of the Mental Health Service Delivery Networks will be:

- 3.1 Linkage of all Metropolitan Mental Health Services units through common access criteria, priorities, clinical policies and shared goals of health improvement.
- 3.2 Achievement of appropriate access and equity to Mental Health Services for all rural and remote communities.
- 3.3 Appropriate linkages established between Mental Health Services and primary health and community support providers.

The Actions which will be used to deliver these outputs will include:

- 3.1.1 Strengthening and clarifying the alignment of Mental Health Service units with the general health care sector so that it can be demonstrated that mental health is fundamental core business of the mainstream health system.
- 3.1.2 Developing an appropriate advisory structure on Mental Health service management issues.
- 3.2.1 Developing a collaborative approach with Country and Disability Services Division to planning, service delivery and evaluation of Mental Health Services in country regions.
- 3.2.2 Developing and Implementing an appropriate coordination infrastructure to ensure optimum coordination between individual Mental Health service units which will be consistent with the DHS North/South metropolitan networks and Country Network concept.
- 3.3.1 Developing an appropriate coordination approach to working with Metropolitan Division on issues common to mental health, primary health and community care.

4. Resource Allocation

There will be progressive development of a funding framework that is clearly linked to policy directions and the measurement of efficiency and effectiveness.

The Output of the Mental Health Funding Framework will be:

- 4.1 An effective resource allocation model consistent with the purchasing framework of DHS which:
- addresses population morbidity;
 - establishes best practice guidelines; and
 - addresses SA priorities for mental health.

The Actions which will be used to deliver this output will include:

- 4.1.1 Reviewing current Mental Health Service units business plans and identifying priorities for improved business efficiency and clinical effectiveness.
- 4.1.1.1 Reconciling all current Mental Health Services funding allocations and advising redirection where necessary.
- 4.1.1.2 Ensuring all new funding is managed so that it enhances SA strategic directions and demonstrates greater accountability via specified Key Performance Indicators.
- 4.1.2 Ensuring Health Service Agreements reflect and promote achievement of appropriate Mental Health Service business performance standards.
- 4.1.3 Developing a system of benchmarking which will allow valid comparisons between Mental Health Service units on a range of parameters and lead to reduction in unnecessary variance.
- 4.1.4 Developing a coordinated planning framework for Mental Health resourcing in collaboration with Statewide Division financial risk management unit and with Strategic Policy and Planning Division.
- 4.1.5 Ensuring that Health Service Agreements reflect the need for culturally appropriate services.
- 4.1.6 Developing a system which is flexible and responsive to the needs of Aboriginal people and their families.

5. Quality, Standards and Monitoring

Implicit within the key directions of DHS Strategic Plan is an ongoing commitment to continuous quality improvement and a desire to involve all staff in the pursuit of high quality service provision.

The Output of this commitment to Quality Monitoring and Improvement will be:

- 5.1 A formal system of quality monitoring and improvement applicable to all Mental Health Service units which fits within the context of the quality and safety objectives of DHS and Statewide Division.

The Actions which will be used to deliver these outputs will include:

- 5.1.1 Establishing an effective Clinical Governance Strategy which ensures Mental Health Quality and Safety Standards are continually improved.
- 5.1.2 Ensuring mental health is a key priority of, and makes significant contribution to the work of the DHS Service Excellence Council.
- 5.1.3 Establishing Mental Health as a key priority of the Statewide Hospital Quality and Safety Committee.
- 5.1.4 Establishing a Mental Health Quality and Safety sub-committee of the Statewide Committee.
- 5.1.5 Reviewing SA compliance with the National Mental Health standards and developing a process to advance this.
- 5.1.6 Establishing a transparent critical incident and complaints management system which demonstrates greater accountability to consumers and the community.
- 5.1.7 Ensuring that Mental Health Quality and Safety parameters for sentinel events are established, and assertively monitored and managed by the general hospital and health care units in which Mental Health programs are located.
- 5.1.8 Developing a system of Mental Health Quality Indicators which can be used for rate based events to benchmark services and ensure widespread dissemination of best practice.
- 5.1.9 Implementing, monitoring, analysing and evaluating Health Outcome measurement consistent with the National Mental Health Information Strategy to ensure that a population approach to quality is achieved.
- 5.1.10 Developing and implementing a Mental Health Information Development Strategy that is consistent with the agreed National Priorities and Strategies for Information Development in Mental Health.
- 5.1.11 Implementing an integrated hospital and community based client management and clinical information system for Mental Health.
- 5.1.12 Developing a policy framework relating to Mental Health Privacy and Confidentiality provisions, which sits within the DHS Privacy provisions.

The Actions which will be used to deliver these outputs will include (cont):

- 5.1.13 Ensuring that the National Mental Health Survey and the National Mental Health Annual Report and Commentary become increasingly valid and reliable as a service planning tool for SA.
- 5.1.14 Implementing the National Minimum Data Set at all sites in accordance with National timeframes.
- 5.1.15 Establishing a Mental Health Information and Knowledge Management Advisory working group to oversight Mental Health Information and Knowledge Management issues.
- 5.1.16 Strengthening a working relationship with Statewide Clinical Epidemiology Unit(s).
- 5.1.17 Establishing a mandatory reporting system for Mental Health Quality Indices.
- 5.1.18 Establishing linkages between critical incident reviews and coronial enquiries to ensure continuous quality improvement.

6. Education, Training and Development

There will be development of a coordinated approach to education, training and development (EDT) for the Mental Health service system. This will encompass the full range of service providers including NGOs, consumers and carers, police and ambulance staff, primary care providers including GPs and general health system providers.

The Outputs of this coordinated approach will be:

- 6.1 Development of a consensus statement about workforce requirements including predictions about the nature of the future workforce, and current and future recruitment, retention and training issues.
- 6.2 Production of a discussion paper to stimulate debate about workforce development in the context of the new directions for Mental Health Services.

The Actions which will be used to deliver these outputs will include:

- 6.1.1 Establishing an Education, Training and Development (ETD) Advisory Committee (or like structure) which will comprise nominees from the Universities, other education providers and other relevant stakeholders.
- 6.1.2 Developing a formal training program which will address funding issues, curriculum priorities and time lines.
- 6.1.3 Fast tracking of early identified priorities will occur. These will include competency development in management and leadership; partnership skills for clinicians and Quality Improvement skills for all stakeholders.
- 6.1.4 Putting in place an evaluation process which ensures that EDT initiatives for SA Mental Health Services lead to a more flexible, confident and innovative work force.
- 6.1.5 Ensuring appropriate coordination of SA Psychiatry Training Committee activities with other education, training and development initiatives.
- 6.1.6 Developing and disseminating an annual Statewide plan for psychiatry registrar recruitment/retention and training.

7. Mainstreaming of Mental Health Beds

There will be development and articulation of a 2 to 10 year plan for achieving an optimal Mental Health Service configuration including beds and other components.

The Outputs of this Medium and Long Term Planning will be:

- 7.1 An overall planning document for appropriate number, type and location of beds which demonstrates how SA will achieve the optimum level of mainstreaming with the general hospital system.
- 7.2 An overall planning document for the appropriate range, type and location of services substitutable for currently used hospital beds.
- 7.3 A planning framework for Mental Health Services for Older People which demonstrates a continuity of care model including primary care, community based care, acute hospital care, NGO and private sector Mental Health providers in the continuum.
- 7.4 A planning framework for Mental Health rehabilitation and extended care services for adults within a continuum of care involving assertive rehabilitation, continuing care in the community options, appropriate crisis responses and medium and long term bed based care for people with chronic disabling mental illness.
- 7.5 A planning framework for Children and Young Persons Mental Health which incorporates emergency response, community and bed based care models as well as models of service delivery designed to achieve optimal levels of Prevention: Promotion: Early Intervention.
- 7.6 A planning framework for Aboriginal specific services which will complement mainstream hospital psychiatric inpatient care for Aboriginal people.

The Actions which will be used to deliver these outputs will include:

- 7.1.1 A plan for acute adult beds will be developed. This will demonstrate how and over what time frame all acute psychiatric beds will be re-located to mainstream hospital campus.
- 7.2.1 Current inpatient care in extended care hospital beds will be mapped to allow proposals to be developed for planned, alternative care auspiced/run by the NGO sector where appropriate.
- 7.3.1 Inpatient care for older age groups will be examined and where appropriate new proposals will be developed for consideration.
- 7.4.1 A Glenside campus advisory working group will be established to coordinate the Glenside components of the planning process.
- 7.5.1 Inpatient care for children and young people will be reviewed within the context of the Children and Young Persons Mental Health Plan and the Child Health Services planning framework, and proposals will be developed for alternatives to inpatient care where appropriate.

The Actions which will be used to deliver these outputs will include (cont):

- 7.5.2 A Project Officer for Young People's Mental Health within the Mental Health Unit will be appointed on a short term basis to facilitate the development of Children and Young Persons Mental Health Plan.
 - 7.5.2.1 The development of the Children and Young Person's Mental Health Plan will ensure that a population health is adopted so that both specific needs of vulnerable groups and broader population needs are appropriately addressed.
- 7.5.3 Aboriginal specific service options will be explored and developed within an integrated planning context involving Aboriginal Services Division and within the parameters of the Agreement on Aboriginal and Torres Strait Islander Health.
- 7.5.4 Ensuring Mental Health developments for youth are afforded a high priority consistent with the Metropolitan Divisions' Youth Services Framework.
- 7.5.5 Ensuring appropriate Mental Health contribution to the cross Divisional Youth Coordinating Committee.

8. Enhancement of the Glenside Site

Glenside will be established as a specialist centre of excellence for Mental Health rehabilitation.

The Output of this establishment as a Centre of Excellence will be:

- 8.1 There will be programs established both on the Glenside site as well as within the community for rehabilitation models which are continuous across the care spectrum. Elements of these programs will include; recovery from acute illness, respite for carers, short and medium term rehabilitation, and long term bed based care for people with such severe illness and disability that other options are not viable within current state of knowledge.

The Actions which will be used to deliver these outputs will include:

- 8.1.1 A Mental Health Rehabilitation Advisory Working Group will be established it will assist with priority setting and will oversee pilot implementation and evaluation initiatives. It will comprise academic leadership, staff, NGO providers, and consumers and carers.
- 8.1.2 A Mental Health Rehabilitation Services Planning Implementation and Evaluation Framework will be developed.

9. Enhanced Supported Accommodation Options

Stable Supported Accommodation and community based care will be expanded and enhanced through developing a network of accommodation options.

The Output of this expansion and enhancement will be:

- 9.1 A clearly articulated model of Mental Health Supported Accommodation will be in place and it will demonstrate accommodation options suitable for people with complex needs secondary to mental illness and disability. It will recognise the strong links between mental illness and disability, alcohol and drug misuse, maladaptive personality attributes and other issues which contribute to challenging behaviour in people with mental health problems. It will outline the specific collaboration required between housing services, clinical services from general practice, other primary care providers and specialist mental health providers; and disability support services providers such as the non government sector.

The Actions which will be used to deliver these outputs will include:

- 9.1.1 There will be piloted and evaluated demonstration models for “supported accommodation for people with complex needs secondary to mental illness and disability”, which will fit within the framework of the broad DHS model proposed for all people with complex needs.
- 9.1.2 An advisory working group will be established comprising mental health professionals, consumers and carers, the NGO sector, the Housing sector, and Metropolitan and Country and Disability Services Divisions. This advisory group will assist with priority setting, and pilot service development, evaluation and initiatives.
- 9.1.3 Ensuring appropriate mental health input into relevant pilot initiatives in “supported accommodation” run by Metropolitan Division.
- 9.1.4 Ensuring appropriate mental health input into relevant pilot models of alternative placement for difficult to place adolescents with complex needs secondary to mental health and disability which are developed by FAYS in partnership with other providers.
- 9.1.5 Ensuring collaborative development occurs through pilot accommodation initiatives for homeless persons who have mental health problems.

10. Improved Mental Health Services for Rural and Country People

The Office of the Director Mental Health will collaborate with Country and Disability Services Division to ensure increased resources for Rural and Remote Mental Health Services are identified, building on the initiatives previously funded.

The Outputs which will result from this collaboration will be:

- 10.1 Development of Mental Health policy in metropolitan Mental Health service units which promote timely and consistent access to specialist Mental Health Services for country people.
- 10.2 Increased resources for Rural and Remote Mental Health Services.
- 10.3 A clearly articulated framework for Mental Health services for country people which will outline the roles of GPs, Mental Health professionals in country locations, other health sector providers, visiting and telepsychiatry support, and metropolitan based Specialist Mental Health services.

The Actions which will be used to deliver these outputs will include:

- 10.1.1 Collaborating with Country and Disability Services Division in Mental Health Planning and Evaluation and assisting with the development of initiatives to enhance Mental Health professions recruitment, retention and training at the local level.
- 10.2.1 Supporting the Country and Disability Services Division to explore better ways of meeting country people's mental health needs especially focussing on better partnerships with General Practice.
- 10.2.2 Collaborating with Country and Disability Services Division to develop policy, planning and service delivery priorities for country Mental Health services.
- 10.3.2 Collaborating with FAYS and with Country and Disability Services Division to ensure appropriate country focus of the Children and Young Persons Mental Health Plan.

11. Improved Community Based Mental Health Services

Community based Mental Health Services will be enhanced to achieve; improved access, greater accountability, better integration with other providers, more individual client centred care planning and delivery, more effective engagement with carers and families, and greater responsiveness to community need. This will occur within the context of the primary care approach of the DHS strategic plan.

The Outputs of enhanced community based Mental Health Services will be:

- 11.1 Improved Access.
- 11.2 Greater Accountability.
- 11.3 Better integration with other providers including police, ambulance, the private sector and primary health and community support services.
- 11.4 Strengthening of relationships between Mental Health and GPs.
- 11.5 More individual client centred care planning and delivery.
- 11.6 More effective engagement with families and carers.
- 11.7 Greater responsiveness to community need.

The Actions which will be used to deliver these outputs will include:

- 11.1.1 Establishing a process whereby the demands on Acute Crisis Intervention Services (ACIS) teams, and other Mental Health access points can be systematically evaluated and improvements in demand management can be facilitated where appropriate.
- 11.2.1 Developing policies which achieve greater clarity with respect to Mental Health services priority setting, and access, admission and discharge criteria.
- 11.3.1 Developing policies which ensure more effective relationships between Mental Health and other emergency services such as
 - hospital emergency departments
 - ambulance service
- 11.3.2 Implementing and evaluating the Mental Health South Australian Police Agreement.
- 11.3.3 Ensuring developments within mental health services are consistent with the DHS Community Link Centres proposals.
- 11.4.1 Developing a Primary Care Mental Health Framework. (See reference 1.2.1).
- 11.5.1 Supporting the investigation, development and implementation of a range of clinical strategies such as clinical pathways, individual service plans and disease management protocols which achieve more client centred care.

The Actions which will be used to deliver these outputs will include:

- 11.5.2 Developing guidelines which achieve clearer distinction between services focussed on crisis interventions, short term effective treatment options and providing ongoing care for people with chronic illness and disability.
- 11.6.1 Developing SA guidelines for clinicians in effective engagement with families and carers which address the recommendations within the National Mental Health Carers Policy Framework.
- 11.7.1 In collaboration with Health Promotion SA, developing and implementing initiatives which will enhance capacity of the specialist Mental Health Services to provide Mental Health Promotion, Prevention of illness and Early Intervention for their target population groups.

12. Improved Service System Coordination

Improved Service System Coordination will be a key priority. It is the intention of the Statewide Division to ensure the provision of an enhanced and coordinated Statewide 24 hour Mental Health emergency triage and information service which builds on the current rural and metropolitan services and which enhances existing Statewide telepsychiatry services.

The Outputs of this improved service system coordination will be:

- 12.1 Better management of demand by improved coordination of emergency triage and responses; effective early intervention prior to crisis; and delivery of appropriate information about Mental Health issues and service availability to the wider community.
- 12.2 Mental Health input to the State Disaster Plan will be articulated and implemented.

The Actions which will be used to deliver these outputs will include:

- 12.1.1 Developing a systematic approach to evaluating and improving access and service coordination.
- 12.1.2 Establishing an advisory working group committee to address service system coordination. Its membership will include Policy and Strategy Division, Metropolitan Division FAYS and Country and Disability Services Division and the Strategy and Operations Unit of Statewide Division as well as relevant stakeholders.
- 12.1.3 Examining the issues of 24 hour access, better bed coordination, better links into GPs and enhanced Telehealth/Telepsychiatry and recommending improvements where appropriate.
- 12.1.4 Exploring the feasibility of a SA wide mental health service coordination centre in a formal manner and developing a proposal for progressing the issue as appropriate.
- 12.2.1 Commencing the planning and implementing of Mental Health Disaster Plan components of State Disaster Plan.

CONCLUSION

This document provides an Action Plan for Reform of Mental Health Services in SA, in response to the Clinical Services Planning process recommendations. It contains a commitment to each of the directions of National Mental Health Policy and has both general strategic and operational specific activities.

It should be noted that this first 5 year plan specifically does not address population health outcomes as these are not measurable at present time and need to be determined in a collaborative way with all stakeholder groups. A commitment is made, that for each major initiative which is undertaken, Key Performance Indicators will be developed. These will be used by the Implementation Monitoring Committee to measure progress.

A commitment to the longer term goals of improved population mental health outcome is demonstrated by significant investment strategies in systems and process improvements including implementing systematic health outcome measurement in clinical practice.

REFERENCES

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