

Attachment B: Jurisdictional Report for NSW

<p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p>	<p><u>NSW DROUGHT AND CLIMATE CHANGE MENTAL HEALTH ASSISTANCE PACKAGE</u></p> <p>The NSW Drought Mental Health Assistance Package was developed in consultation with NSW Farmers' Association and originally announced in October 2006 by the Government. It was initially focus on people affected by drought but has now been broadened to account for a range of issues arising from climate conditions, that have an impact on rural communities, including flood and storms. Its key objectives are to:</p> <ul style="list-style-type: none"> ▪ enhance rural community awareness of and capacity to respond to mental health problems in rural and regional areas; ▪ reduce the stigma of having a mental health problem; ▪ identify emerging mental health needs of rural communities; ▪ improve early intervention strategies and pathways to care for rural people; ▪ participation of General Practitioners in the improvements of mental health related networks and services. <p><u>ANXIETY PUBLIC EDUCATION CAMPAIGN</u></p> <p>An Anxiety Awareness Campaign is being developed for launch in 2010/11 to provide an overarching communication framework to support mental health programs dealing with anxiety in NSW. The campaign will be developed through support from Area Health Services and non-government organisations and a media strategy that will place the campaign within the context of existing national mental health communication campaigns.</p>
<p>2. Coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.</p>	<p><u>VOCATIONAL EDUCATION TRAINING AND EMPLOYMENT (VETE) PROGRAM</u></p> <p>VETE continued to provide clinical rehabilitation services to support recovery in the community. In 2008/09, the Vocational Education, Training and Employment (VETE) Program was rolled out to provide a coordinated pathway to education and employment while the Resources and Recovery Program operated through specialist mental health NGOs in 19 areas of need to help people with mental illness connect with their local communities.</p> <p><u>NSW SCHOOL-LINK INITIATIVE</u></p> <p>The NSW School-Link initiative is a partnership between NSW Health and the NSW Department of Education and Training, that provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work on three main areas:</p> <ul style="list-style-type: none"> ▪ Assisting in strengthening formal and informal links at local and area level between TAFE Institutes and colleges, schools, school and TAFE Counsellors and Area Health Service Mental Health Services for children, adolescents and young people. ▪ Training programs for mental health workers and school and TAFE counsellors to enhance skills in the recognition, intervention planning, treatment, support and prevention of mental health problems in children and young people. ▪ Supporting the implementation of programs in schools for the prevention of or early intervention in mental health problems, such as Adolescents Coping with Emotions, Resourceful Adolescents Program and MindMatters. <p>The School-Link Initiative has been extended to target children and young people with mental health problems who also have developmental problems or who are involved in the criminal justice system.</p> <p><u>'Got-It – Getting on Track in Time'</u></p> <p>The "Got It – Getting On Track In Time" initiative will be a new schools based early intervention initiative for children with disruptive behaviour in Kindergarten to Year 2. Based on a Victorian model, Child and Adolescent Mental Health Service staff partner with teachers, parents and children to provide interventions in school settings. The program will be piloted in Newcastle, Dubbo and Mt Druitt.</p>

3. Improve coordination between primary care and specialist mental health services in the community to enhance consumer choice and facilitate 'wrap-around' service provision.

MY HEALTH RECORD

My Health Record is a patient-held health record that aims to facilitate the flow of information between all health service providers, including public allied health services and GPs. A new version of My Health Record, with amendments to make it user-friendly for people with mental illness or disorder, has been piloted with mental health consumers, families, carers and service providers.

PHYSICAL HEALTH CARE OF MENTAL HEALTH CONSUMERS

Resources and guidelines for mental health staff have been developed to guide the provision of physical health care for mental health patients to ensure that people with mental illness get physical health care in line with the care provided to the general population.

Resources will also be provided for families, carers and General Practitioners to support the role they play in improving the general health of people with mental problems. In addition, components of Guidelines have been translated into ten key languages and specific resources are being developed for Aboriginal people. The Policy and Guidelines were released on 20 May 2009 with implementation by the Area Health Services now underway.

PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)

NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.

The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.

Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.

An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice allowing continued education for GPs in the mental health field.

YOUTH MENTAL HEALTH SERVICE MODEL

The Youth Mental Health Service Model is being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:

- early intervention and prevention;
- flexible approaches to service provision;
- access as easily and as early as possible to a range of mental health and other health services for young people.

SPECIALIST MENTAL HEALTH SERVICES FOR OLDER PEOPLE – COMMUNITY TEAMS

This initiative has increased the ability of the Area Health Services to respond to the needs of older people with complex mental health problems in a community setting.

Since 2005/06, each Area Health Service has recruited new staff to specialist community teams of old age psychiatrists, specialist psycho-geriatric nurses and allied health professionals such as psychologists, occupational therapists and social workers with expertise in mental health problems affecting older people. From 2005/06 to 2010/11, a total of 128 new positions are being established:

	<p>These teams promote independent living and wellbeing by providing specialist assessment and treatment teams to respond to the needs of older people with complex mental health problems in a community setting. This includes 'at risk' groups in residential aged care facilities, older people who are homeless or at risk of homelessness and older people currently in non-acute and sub-acute facilities as long stay patients.</p>
<p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p>	<p><u>THE COMMUNITY MENTAL HEALTH STRATEGY 2007-2012 (NSW): FROM PREVENTION AND EARLY INTERVENTION TO RECOVERY</u></p> <p>The Community Mental Health Strategy 2007-2012 (NSW) describes the model for community mental health services in NSW.</p> <p>The Strategy renews a focus on community mental health and highlights a reform of mental health services to strengthen and develop the capacity of the mental health workforce (public and NGO) and key service partners, GPs, other primary health care services and other government agencies.</p> <p>All of the community mental health services outlined in the Strategy, including the Housing and Accommodation Support Initiative and Vocational Education, Training and Employment program, apply recovery focused service principles. This is supported through applying evidence-based practices, ensuring service integration and providing individualised care.</p> <p>The Strategy aims to ensure that mechanisms for effective consumer, family and carer participation are consistently available across the state and that consumers, families and carers are engaged as partners in the delivery, planning and evaluation of quality mental health services.</p> <p>Promotion, prevention and early intervention initiatives are also essential to enhance the well being of the overall community and ensure early access to treatment. The Strategy is supported by underlying frameworks to ensure the quality and safety of care.</p>
<p>5. Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community.</p>	<p><u>HOUSING ACCOMMODATION AND SUPPORT INITIATIVE (HASI)</u></p> <p>This initiative, involving coordination between NSW Health, Housing NSW and the NGO sector, continued to support participation in community life by providing access to secure housing accommodation support and clinical mental health services. In 2008/09, 1076 support packages were funded statewide with high to lower levels of care provided. The roll out of the new HASI in the Home packages also commenced with 240 places as did the development of a 100 place model of care for Aboriginal people.</p> <p><u>NGO SUPPORTED HOUSING PROJECTS</u></p> <p>NSW Government agencies continue to provide funding to Non Government Organisations for the provision of supported housing projects.</p> <p>Funding continues to be allocated through the devolved Non Government Organisation Operational Grants Program under the Mental Health Supported Housing Initiative. Non Government Organisation infrastructure grants totalling \$2.7m were allocated for 54 service improvement projects in 2007 and 2008.</p> <p>The Infrastructure Grant Program was established in 2006 to allocate small one off grants to promote the capacity of mental health non government organisations to implement infrastructure or service quality improvements and progress towards accreditation with recognised quality standards. It is anticipated that all projects will be finalised by December 2010.</p> <p><u>RISK ASSESSMENT TOOL FOR SUPPORTED ACCOMMODATION AND ASSISTANCE PROGRAM SERVICES</u></p> <p>The NSW Department of Human Services funded Homelessness NSW to develop a risk assessment tool to assist Supported Accommodation and Assistance Program services to assess the risks associated with servicing clients who present with complex needs (including mental illness) and to enable them to make informed decision about a person's appropriateness for the Supported Accommodation and Assistance Program.</p>

<p>6. Develop integrated approaches between housing, justice, community and aged care sectors to facilitate access to mental health programs for people at risk of homelessness and other forms of disadvantage.</p>	<p><u>NSW HOMELESSNESS ACTION PLAN</u></p> <p>On 28 July 2009, Cabinet approved the NSW Homelessness Action Plan. This Plan includes projects to be funded by the Commonwealth under the NSW Implementation Plan for the National Partnership Agreement on Homelessness which are linked to the benchmarks for the reform agenda. People with mental illness have been identified as a key target group within the plan.</p> <p>In developing this Plan, the NSW Government has prioritised cross-agency collaboration which has included participation by all NSW government agencies with a responsibility for homelessness. The Interagency Advisory Committee on Homelessness will oversee a whole of government approach to implementation of the Plan.</p> <p>The community sector has also been consulted throughout the development of the Plan. Further consultation with the community sector will continue through the Premier's Council on Homelessness, which once established, will function as the peak advisory body in relation to homelessness in NSW and will also include representatives from academia, non-government and business sectors. One of the major outcomes of the Plan will be the reform of the specialist homelessness and mainstream service systems to ensure that services identify people early who are homeless or at risk of homelessness and provide them with joined-up and flexible services that meet their needs.</p> <p><u>WORK AND DEVELOPMENT ORDERS</u></p> <p>This is an across-government initiative led by the Department of Justice and Attorney General. In order to provide a more meaningful response than a monetary penalty for offending by vulnerable groups, a two-year trial of a new fine mitigation option, called a Work and Development Order (WDO), has been initiated. The trial started on 10 July 2009 and allows eligible people who have a mental illness, intellectual disability or cognitive impairment; are homeless; or who are experiencing acute economic hardship to satisfy their fines debt by non monetary means through unpaid work with an approved organisation or by undertaking certain courses or treatment.</p> <p>WDOs can only be considered and made if an application is supported by an approved organisation, or in the case of mental health or medical treatment, a health practitioner qualified to provide that treatment. Specific activities which can be undertaken under a WDO include receiving mental health treatment and/or other medical treatment in accordance with a treatment plan developed by a mental health or other health professional.</p>
<p>7. Lead the development of coordinated actions to implement a renewed Aboriginal and Torres Straits Islander Social and Emotional Well Being Framework.</p>	<p><u>NSW ABORIGINAL MENTAL HEALTH AND WELL BEING POLICY 2006-2010</u></p> <p>On 5 July 2007, the <i>NSW Aboriginal Mental Health and Well Being Policy 2006-2010</i> was launched as Phase Two of the Aboriginal Mental Health Program. Actions to implement the Policy are set out below under the Aboriginal Mental Health Workforce Program and the Aboriginal Partnership and Development initiative.</p> <p><u>HOUSING ACCOMMODATION AND SUPPORT INITIATIVE (HASI) – ABORIGINAL MODEL</u></p> <p>The successful HASI initiative has now been expanded to provide culturally appropriate support for Aboriginal people to participate in community life by providing access to secure housing accommodation support and clinical mental health services. 100 supported places will be progressively rolled out, and the program will be fully operational in 2010/11.</p> <p><u>NSW ABORIGINAL MENTAL HEALTH WORKFORCE PROGRAM</u></p> <p>This program is the first of its kind in Australia and aims to build a skilled Aboriginal workforce by training local Aboriginal people to become qualified mental health workers and work in their community. As at 31 December 2009, there were 17 Aboriginal trainees working full time in the Area Health Services while undertaking a three year Bachelor of Health Services (Mental Health) through Charles Sturt University.</p> <p>In addition, as part of the Aboriginal Clinical Leadership Program five Aboriginal clinical leadership positions have been rolled out across the state. Area mental health leadership, both clinical and managerial, will ensure the effective development of the NSW Aboriginal mental health program over the next five years as well as help promote service utilisation and responsive service provision. Planning is also underway for the next annual forum of Aboriginal Mental Health Workers to be held in October 2010.</p>

	<p><u>CULTURALLY APPROPRIATE ASSESSMENT</u> NSW Health funded the Aboriginal Health and Medical Research Council to develop a mental health assessment package (the AMHAT – Aboriginal Outcomes and Assessment Tools) relevant to the needs of the Aboriginal population of NSW.</p>
<p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p>	<p><u>NSW SCHOOL LINK INITIATIVE</u></p> <p>The NSW School-Link initiative is a partnership between NSW Health and the NSW Department of Education and Training, that has received wide acceptance and recognition in NSW, across Australia and internationally. School-Link provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work together to on 3 main focus areas:</p> <ul style="list-style-type: none"> ▪ Assisting in strengthening formal and informal links at local and area level between TAFE Institutes and colleges, schools, school and TAFE Counsellors and Area Health Service Mental Health Services for children, adolescents and young people. ▪ Training programs for mental health workers and school and TAFE counsellors to enhance skills in the recognition, intervention planning, treatment, support and prevention of mental health problems in children and young people. ▪ Supporting the implementation of programs in schools for the prevention of or early intervention in mental health problems, such as Adolescents Coping with Emotions, Resourceful Adolescents Program and MindMatters. <p><u>MENTAL HEALTH FIRST AID</u></p> <p>Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The Mental Health First Aid training program was developed in Australia in 2001. The training course teaches the symptoms, causes and evidence-based treatments for depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. In addition it promotes mental health awareness in the community. Since 2003 over 21,000 people have completed a Mental Health First Aid course in NSW.</p> <p>The Mental Health First Aid training program continues to be provided by different agencies statewide including NSW Health, Department of Juvenile Justice, Department of Ageing, Disability and Homecare, Department of Education and Training, Department of Community Services, Department of Corrective Services and Housing NSW.</p> <p><i>(See also Priority Area 1)</i></p>
<p>9. Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.</p>	<p><u>FAMILIES NSW</u></p> <p>Families NSW is the NSW Governments overarching strategy to enhance the health and wellbeing of children up to 8 years of age and their families. Since its inception in 1998, this initiative has been the joint responsibility of five government agencies working with the non government sector and the community led by the NSW Department of Human Services (Community Services; Ageing, Disability & Homecare; Housing) NSW Department of Education & Training and NSW Health. They key objectives of Families NSW are to:</p> <ul style="list-style-type: none"> ▪ Help parents build their skills and confidence in parenting and to identify problems early ▪ Build communities that support children and families ▪ Improve the way agencies work together to make sure families get the services they need <p>Programs under the Families NSW Strategy are Safe Start, Brighter Future Program, & Early Childhood Intervention Coordination Program.</p> <p><u>SAFE START</u></p> <p>The roll out of the <i>SAFESTART</i> program continued to enable screening for depression for all women expecting or caring for a baby and support for families. Commencing in 2009/10 new SAFE START Consultation-Liaison (C-L) positions in each Area Health Service will provide essential mental health consultation and liaison functions across mental health, drug & alcohol, maternity, child & family, general practitioner and other services for families with multiple and complex needs during the perinatal period.</p>

	<p>Perinatal families identified with multiple and complex risk factors require a range of specialist health and other services to work together to support and treat parent and child individuals within the family, and family functioning. The new SAFE SMART C-L positions will collect information on these families over a period of 2 years. Evaluation of SAFE SMART 'complex needs' in this manner will highlight health service development and planning priorities for families that are expecting or caring for a baby, and are at greatest risk of adverse outcomes.</p> <p>The <i>SAFESTART Strategic Policy and Guidelines: Improving Mental Health Outcomes for Parents and Infants</i> were released in March 2010 along with an online web-based education platform to support staff in implementing the program.</p> <p><u>BRIGHTER FUTURES PROGRAM</u></p> <p>In 2007, NSW Health signed an MOU with the Department of Community Services in relation to the <i>Brighter Futures</i> program which is a voluntary, targeted program designed for families with children aged 0-8 years encountering problems that impact on their ability to care for their children. The program provides families with the necessary support and services to help prevent an escalation of the problems they are facing. The MOU facilitates the provision of mental health services to families who need support before problems reach a crisis. The Brighter Futures program has targeted over 2,700 vulnerable families with parental mental health a key risk factor.</p> <p><u>CROSSING BRIDGES NSW</u></p> <p>Crossing Bridges NSW is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children. The NSW Institute of Psychiatry has been contracted and funded to provide training sessions across all Area Health Services by June 2010, with subsequent training provided locally. The roll out to Areas commenced in August 2009.</p> <p>The Clinician, volume 4, "Children of Parents with Mental Health Illness and their Families: "Working Together" is a publication from MH-Kids which informed practitioners providing mental health services to children and adolescents about specific disorders and issues. Copies have been distributed across NSW to key human service groups. This volume has been produced to support CBNSW training program.</p> <p><u>SCHOOLS AS COMMUNITY CENTRES</u></p> <p>Schools as Community Centres are a Families NSW interagency project, which aims to reduce the impact of disadvantage for children entering school by providing integrated services for families in communities where indicators of disadvantage are high. 51 Schools as Community Centres operated across NSW in 2007/08, supporting up to 27,000 families and young children through initiatives such as supported playgroups, early literacy initiatives, parenting skills, and transition to school projects in collaboration with the human services agencies.</p> <p>A program evaluation found that the Schools as Community Centres model has proved to be highly effective in reaching families, particularly in fostering trust and partnership with parents leading to a more effective transition into the school environment.</p>
<p>10. Expand community-based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.</p>	<p><u>YOUTH MENTAL HEALTH SERVICE MODEL</u></p> <p>The Youth Mental Health Service Model being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:</p> <ul style="list-style-type: none"> ▪ early intervention and prevention; ▪ flexible approaches to service provision; ▪ access as easily and as early as possible to a range of mental health and other health services for young people. <p>The roll-out of Youth Mental Health Service Models across NSW is currently underway. While each Area Health Service has the flexibility to design a model best suited to local needs, each model must comply with the following nine key principles:</p>

	<ul style="list-style-type: none"> ▪ commitment to a promotion and prevention framework for mental health; ▪ sustainable clinical governance of youth mental health and quality control; ▪ improving early access; ▪ promoting 'best practice' youth mental health clinical services; ▪ developing effective strategic partnerships; ▪ focus on recovery and hope; ▪ establishing youth participation in governance, planning and implementation; ▪ improving participation of families and carers in mental health services; ▪ developing a youth mental health workforce.
<p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p>	<p><u>BRAIN AND MIND RESEARCH INSTITUTE – NEW YOUTH FACILITY</u> The NSW Health funded Youth Mental Health Facility was opened by the Brain and Mind Research Institute in 2009 to provide clinical services and research during the early stages of mental illness such as psychotic disorders, depression and bipolar disorder as well as other neurological disorders including multiple sclerosis.</p> <p><u>NSW EARLY PSYCHOSIS PROGRAM</u> The NSW Early Psychosis Program aims to improve outcomes for young people who are experiencing psychosis through evidence-based intervention as early as possible.</p>
<p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p>	<p><u>MENTAL HEALTH FIRST AID</u> Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The Mental Health First Aid training program was developed in Australia in 2001. The training course teaches the symptoms, causes and evidence-based treatments for depression, anxiety disorders, psychosis and substance use disorder. It also addresses the possible crisis situations arising from these mental health problems and steps to help. In addition it promotes mental health awareness in the community. Since 2003 over 21,000 people have completed a Mental Health First Aid course in NSW.</p> <p>The Mental Health First Aid training program continues to be provided by different agencies statewide including NSW Health, Department of Juvenile Justice, Department of Ageing, Disability and Homecare, Department of Education and Training, Department of Community Services, Department of Corrective Services and Housing NSW.</p> <p><u>NSW POLICE MENTAL HEALTH INTERVENTION TEAM TRIAL</u> The NSW Police Mental Health Intervention Team 24 month pilot program concluded in June 2009. The collaborative program between NSW Health and NSW Police included the development of a 4 day intensive mental health training targeted at front line police officers, to provide them with the tools to effectively manage people with whom police come into contact. These tools range from communication strategies, de-escalation skills, risk assessment & crisis intervention techniques. The aims of the project include:</p> <ul style="list-style-type: none"> ▪ reducing the risk of injury to police and mental health consumers when dealing with mental health related incidents ▪ improving awareness amongst front line police of the risks involved in the interaction between police and mental health consumers ▪ improved collaboration with other government and non-government agencies in response to, and management of, mental health crisis incidents, and ▪ reducing the time taken by police in the handover of mental health consumers into the health care system <p>The team has now been set a target of delivering the four day mental health training package to a minimum of 10 percent of all frontline officers over the next five years. This equates to approximately 300 officers per year undertaking the training and becoming accredited as specialist Mental Health Intervention officers. NSW Health will continue to support the MHIT by funding the mental health clinician position for a further three years.</p>

	<p><u>MENTAL HEALTH EMERGENCY CARE (MHEC) LEARNING AND DEVELOPMENT PROGRAM</u> The Mental Health Emergency Care Learning and Development program (2008-2010) commenced in September 2008, with the primary aim of increasing the capacity of NSW Health personnel to provide safe and effective mental health emergency care services.</p> <p>NSW Health had funded the NSW Centre for Rural and Remote Mental Health and the NSW Institute of Psychiatry to develop and deliver in partnership an accredited, online academic course that would articulate into formal tertiary qualifications and a three- day, non-accredited, workshop-style course to be delivered “face-to-face” in each NSW Area Health Service. The face-to-face MHEC-L&D course promotes a collaborative care model and is targeted at staff from Emergency Departments and mental health service staff to provide services to people presenting to hospital emergency departments with acute mental health problems.</p> <p><u>TRAINING FOR TEACHERS IN AWARENESS OF DEPRESSION AND OTHER RELATED MENTAL ILLNESES</u> The NSW School-Link initiative, which provides a state-wide framework for child and adolescent mental health services, schools and TAFE to work together, has developed a compact disc through which NSW Department of Education and Training has available professional development activities for school counsellors to use with teachers that address the understanding and support of students with depression and related illnesses, and self-harm.</p> <p><u>AMBULANCE WORKFORCE INITIATIVES</u> NSW Health and the Ambulance service are working together on a coordinated approach to the development and implementation of initiatives targeting mental health and suicide prevention in the Ambulance workforce, including activities to increase awareness of mental health issues, build resilience, and foster an environment where it is safe and acceptable to talk about mental health and suicide.</p>
<p>13. Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.</p>	<p><u>NSW WHOLE OF GOVERNMENT SUICIDE PREVENTION STRATEGY</u> NSW Health is currently coordinating the development of a new five year, whole of government Suicide Prevention Strategy. The new strategy will adopt a promotion, prevention and early intervention approach to reduce suicide and its impact, build resilience and wellness in the community, and promote shared understanding and quality practice. It is based on the strategic directions of the national suicide prevention framework, Living is for Everyone, as well as the expertise and experience arising from the NSW stakeholder fora conducted in 2009. The NSW Strategy was released for public consultation in June 2010 and is intended to be finalised for release in late 2010.</p>
<p>14. Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.</p>	<p><u>ENHANCE FAMILY AND CARER PROGRAM</u> This program is the first of its kind in Australia and aims through the Area Health Services and non government sector to enhance the education and training, support and participation of families and carers in the care of people with mental illness. In relation to Family Sensitive Mental Health Services, new positions were established in the Area Health Services with training and local resources provided. Direct support services including training, advocacy and peer support, were also rolled out in all Area Health Services and delivered by Carers NSW, Carer Assist, Uniting Care Mental Health and ARAFMI.</p> <p><u>The <i>Connecting with Carers Is Everybody's Business</i> DVD and Handbook has also been distributed to clinicians to enhance everyday practice in working with carers. Area Health Services have also undertaken a broad range of staff training and developed local resources.</u></p> <p>CARERS NSW</p>

Carers NSW was funded to develop the Carer Life Course Framework that provides a structure for carers to receive information and supports. This resource was reprinted in 2009 with an additional 3,000 copies now available.

CHILDREN OF PARENTS WITH A MENTAL ILLNESS

Programs for *Children of Parents with a Mental Illness* have been established across NSW progressively since 1996. A resource kit was developed and distributed in June 2006 to support professionals working with children who have parents with a mental illness.

The new NSW *Children of Parents with Mental Illness* Framework for Mental Health Services was released in March 2010 and was developed in consultation with a wide range of relevant stakeholders and key partners. The new COPMI framework describes four strategic directions for an integrated approach for Area Mental Health Services in collaboration with NSW Health partners to improve the mental health and well being of children and young people in NSW who have a parent with a mental illness and will promote prevention and early intervention to also provide for a parenting perspective in mental health services and a mental health perspective in parenting and children's services.

A NSW COPMI Working Party of the Child & Adolescent Mental Health Committee has been established to provide a statewide forum for members to participate in problem solving, information sharing and activities related to the implementation of the NSW COPMI Program in each Area Mental Health Service. The Working Party has assisted the NSW Institute of Psychiatry in the implementation planning of COPMI training (*Crossing Bridges NSW*) and will assist in local networking and evaluation of the training.

CROSSING BRIDGES NSW

Crossing Bridges NSW is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children. The NSW Institute of Psychiatry (NSW IoP) has been contracted and funded to provide training sessions across all Area Health Services (AHS) by June 2010, with subsequent training provided locally. The roll out to Areas commenced in August 2009.

The Clinician, volume 4, "Children of Parents with Mental Health Illness (COPMI) and their Families: "Working Together" is a publication from MH-Kids which informed practitioners providing mental health services to children and adolescents about specific disorders and issues. Copies have been distributed across NSW to key human service groups. This volume has been produced to support CBNSW training program.

SUPPORT FOR CONSUMER AND CARER GROUPS

NSW Health funds the following organisations to support families and carers:

- **The NSW Consumer Advisory Group**
The NSW Consumer Advisory Group is a state-wide, incorporated, non-government organisation that provides an ongoing mechanism for mental health consumer participation into policy and service development, implementation and evaluation. It acts as a bridge between consumers in NSW and State and Federal Governments. An essential part of the role is to encourage consumer input in decision making at all levels concerning mental health provision.
- **Association of the Relatives and Friends of the Mentally Ill (ARAFMI)**
Mental Health Carers ARAFMI NSW (ARAFMI NSW) is the peak mental health NGO in NSW representing families and carers of people with a mental illness. Along with core funding, the Association also receives funding to deliver services under the Family and Carer Mental Health program.

15. Develop tailored mental health care responses for highly vulnerable children

KEEP THEM SAFE

The Government's *Keep them Safe, a shared approach to child wellbeing* response to the 2009 Wood Special Commission of Inquiry into Child Protection Services is a commitment to better support families and to protect vulnerable children. It recognises that carer drug and alcohol and mental health issues have been a significant factor in child protection reports and funding has been provided to help address this

<p>and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p>	<p>concern.</p> <ul style="list-style-type: none"> ▪ In relation to specific mental health funding and initiatives, an enhancement of \$18 million over five years, beginning in 2009/10, includes provision for 4 new mental health Whole Family teams to address the needs of families where carers have mental health problems and parenting difficulties. ▪ An additional \$10 million over 5 years funds the drug and alcohol component of the initiative. <p>Whole Family Teams will better address the needs of whole families where carers have mental health and/or drug and alcohol problems and parenting difficulties and there are child protection concerns. They will provide specialist assessment, group, family and individual interventions. The needs of children and their parents will be identified through a comprehensive drug and alcohol and mental health assessment. Their priority will be referrals from Community Services.</p> <p>The Whole Family Team pilots will be evaluated to inform further development of evidence-based programs for children and families. NSW Health is also committed to revising policies and protocols to include parenting responsibilities in the risk assessment of patients of adult mental health and drug and alcohol services, especially when children under the age of 5 are involved.</p> <p>Existing training, such as the <i>Crossing Bridges NSW</i> training for adult mental health staff, will also be revised and adapted into a joint training program for staff in adult mental health and drug and alcohol services to improve understanding of parenting, the needs of children, and child protection issues.</p> <p>NSW Health has established a Steering Committee including representation from the participating Areas and the Department of Community Services. This group is currently developing a model of care to guide establishment of these new Whole Family Teams.</p> <p>It is envisaged that the Whole Family Team model will include home visits to support more comprehensive assessment and the capacity for assertive outreach.</p>
<p>16. Develop a national service planning framework that establishes targets for the mix and level of the full range of mental health services, backed by innovative funding models.</p>	<p><u>MENTAL HEALTH CLINICAL CARE PREVENTION MODEL</u></p> <p>The NSW mental health service planning model (known as Mental Health Clinical Care Prevention Model) is used to estimate need for mental health services amongst populations. The model uses epidemiological, clinical and financial information to estimate future service demand. NSW also participates in the development of a national model through the Mental Health Standing Committee.</p>
<p>17. Establish regional partnerships of funders, service providers, consumers and carers and other relevant stakeholders to develop local solutions to better meet the mental</p>	<p><u>THE DROUGHT MENTAL HEALTH RELIEF PACKAGE</u></p> <p>The Drought Mental Health Relief Package initiative was continued in 2008/09 to raise awareness and respond to mental health needs of people in rural and remote NSW resulting from the drought. Activity included 80 rural community events, 15 consultative forums, 30 Mental Health First Aid courses, 40 mental health education sessions and 20 community networks established.</p> <p><u>RESOURCE AND RECOVERY PROGRAM</u></p> <p>The Recovery and Resource Services Program has been introduced to increase the capacity of NGOs to help people with mental illness connect with their local community through social, leisure and recreational opportunities for people. Through this, individually tailored support services are provided to people 16 aged years and over with a mental illness.</p>

<p>health needs of communities.</p>	<p>The Program helps people with a mental illness to reintegrate back into society and to improve the quality of their lives. Such support enables people with a mental illness to maximise their choices, minimise or avoid the trauma of relapse, and in doing so develop a sense of community.</p>
<p>18. Improve communication and the flow of information between primary care and specialist providers, and between clinical and community support services, through the development of new systems and processes that promote continuity of care and the development of cooperative service models.</p>	<p><u>BETTER SERVICE DELIVERY PROGRAM</u> The Better Service Delivery program was established to help welfare and community agencies to share information, improve their services to clients and develop a shared understanding of the service system. Since 2001, this program has aimed to improve information sharing and coordination of services across government and non government agencies through the Human Services Network. Particular use is made of internet technology to provide agencies with the tools to communicate with each other, to provide faster, more accurate referrals and to work with clients more effectively. This program is coordinated by the NSW Department of Commerce in partnership with the Council of Social Service NSW.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u> NSW Health is funding GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services. The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p>	<p><u>MOU FOR EMERGENCY RESPONSES</u> An MoU for Mental Health Emergency Response has been agreed between NSW Health, the Ambulance Service and NSW Police to improve the co-ordination of emergency mental health response. The MoU is to reviewed and updated during 2010 to fully incorporate relevant provisions of the Mental Health Act 2007 with the Area Health Services being consulted to identify declared mental health facilities under the new legislation.</p> <p>Local Protocol Committees operate across NSW to manage the operation of the MOU in practice at a local level.</p> <p><u>WHATEVER INFO GUIDE</u> The recently released "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting. It is an interactive guide to support the young person by providing them with important information about the ward, what to expect while they are in hospital, and to assist them in planning for their discharge. The guide has been distributed for use in paediatric, mental health and general inpatient settings around NSW.</p>
<p>20. Improve linkages and coordination between mental health, alcohol and other drug and</p>	<p><u>EXPANDING EARLY INTERVENTION SERVICES FOR YOUTH</u> Tertiary mental health treatment services will be expanded for young people 14-24 years of age. These services will focus on intervention at the early stages of their serious mental illness and effective evidence-based treatment, bringing together specialist youth mental health treatment services, general practitioners (GPs), drug and alcohol workers and other relevant services in a one-stop shop.</p>

<p>primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p>	<p><u>PHYSICAL HEALTH CARE OF MENTAL HEALTH CONSUMERS</u> Guidelines for mental health staff have been developed to guide the provision of physical health care for mental health patients to ensure that people with mental illness get physical health care in line with the care provided to the general population.</p> <p>These Guidelines will be supported by a NSW Health departmental Policy Directive setting out minimum requirements for Area Health Services, with implementation to be monitored by the Department.</p> <p>Resources will also be provided for families, carers and General Practitioners to support the role they play in improving the general health of people with mental problems. In addition, components of Guidelines have been translated into ten key languages and specific resources are being developed for Aboriginal people. The Policy and Guidelines were released on 20 May 2009.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u> NSW Health has engaged GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services. The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>21. Develop and implement systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant.</p>	<p><u>NSW MULTICULTURAL MENTAL HEALTH PLAN</u> The NSW Multicultural Mental Health Plan In 2008/09, an additional 68 positions were recruited for this program to expand the capacity of mental health services to respond to emergency and critical care events that occur on site, particularly outside of normal business hours.</p> <p><u>WHATEVER INFO GUIDE</u> The recently released "Whatever Info Guide" for children and adolescents who are experiencing a mental health problem and have been admitted to a paediatric unit or other inpatient setting. It is an interactive guide to support the young person by providing them with important information about the ward, what to expect while they are in hospital, and to assist them in planning for their discharge. The guide has been distributed for use in paediatric, mental health and general inpatient settings around NSW.</p> <p><u>Child and Adolescent Mental Health Discharge and Transition Planning</u> This project will develop a child and adolescent discharge planning guidelines for use in all NSW public sector child and adolescent mental health services.</p>
<p>22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary</p>	<p><u>YOUTH MENTAL HEALTH SERVICE MODEL</u> The Youth Mental Health Service Model is being implemented Statewide and is being implemented Statewide and is aimed at providing youth mental health services for young people 14-24 years of age in youth-friendly settings, co-located with primary health, drug and alcohol and other services, where possible. It focuses on:</p> <ul style="list-style-type: none"> ▪ early intervention and prevention; ▪ flexible approaches to service provision; ▪ access as easily and as early as possible to a range of mental health and other health services for young people.

<p>mental health care.</p>	<ul style="list-style-type: none"> ▪ The roll-out of Youth Mental Health Service Models in each of the Area Health Services has commenced. While each Area Health Service has the flexibility to design a model best suited to local needs, each model must comply with the following nine key principles: ▪ commitment to a promotion and prevention framework for mental health; ▪ sustainable clinical governance of youth mental health and quality control; ▪ improving early access; ▪ promoting 'best practice' youth mental health clinical services; ▪ developing effective strategic partnerships; ▪ focus on recovery and hope; ▪ establishing youth participation in governance, planning and implementation; ▪ improving participation of families and carers in mental health services; ▪ developing a youth mental health workforce. <p><u>THE GP MENTAL HEALTH EDUCATION PROGRAM</u></p> <p>The Studies in Mental Health (General Practitioner) Postgraduate Training Program provided through the NSW Institute of Psychiatry IOP) was designed to fill a gap in postgraduate educational opportunities for GPs in the area of mental health.</p> <p>The Institute has offered a Graduate Certificate since 2005, a Graduate Diploma from 2006, and a Master's Degree from 2007. The first GP to attain a Master in Mental Health (General Practice) graduated in May 2008, the first GP in Australia to achieve this qualification.</p> <p>A number of new workshops were widely advertised to GPs in 2008, and have been positively evaluated by participants.</p> <p>In 2009 there was a significant increase in enrolments in the GP Program with 19 doctors enrolled in the Mental Health General Practitioner Postgraduate Training, of which 8 students have completed the requirements for Graduate Certificate course, and 1 student has completed the Graduate Diploma course.</p> <p>Four General Practitioners have now completed a Masters in Mental Health (General Practice), these are the first to achieve this qualification in Australia.</p> <p><u>PARTNERSHIP PROJECTS WITH GENERAL PRACTICE NSW (GP NSW)</u></p> <p>NSW Health has engaged GP NSW to undertake three projects which aim to improve the flow of information between primary care providers and clinical services.</p> <p>The '3Ts Project' targets GPs, Mental Health and Drug and Alcohol clinicians to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders. It is a three staged approach encompassing training, treatment and the transfer of knowledge.</p> <p>Under the Shared Care Project, grants will be provided to selected Divisions of General Practice in NSW to employ a Shared Care Service Coordinator to establish and embed a system of shared care and service linkages between mental health and drug and alcohol clinicians and general practice at a primary care level.</p> <p>An online Anxiety Disorders Education Module will also target GPs and mental health and drug and alcohol clinicians and will involve 6 separate one hour modules that will cover the assessment, diagnosis and management of anxiety disorders. This training module will be accredited with the Royal Australian College of General Practice (RACGP) allowing continued education for GPs in the mental health field.</p>
<p>23. Review the Mental Health Statement of Rights and</p>	<p>The key framework for NSW is the <i>NSW Mental Health Act 2007</i>.</p>

Responsibilities.	
<p>24. Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.</p>	<p>Under the direction of the National Mental Health Plan 2003-2008 NSW entered into Ministerial Agreements with bordering States for the treatment care and transfer patients. National Mental Health Policy 2008 reiterates this position by stating that mental health legislation should be underpinned by consistent principles that support, wherever possible, people moving between jurisdictions.</p> <p>Given the passage of the NSW Mental Health Act 2007 and NSW Mental Health (Forensic provisions) Act 1990 as well as the fact that current agreements are now 6-7 years old, the NSW Minister for Health wrote to Ministers of relevant jurisdictions seeking a review of existing Interstate Agreements. This work started in 2008 has significantly progressed.</p> <p>A new Agreement with South Australia was signed in March 2009. Guidelines to accompany this Agreement have been drafted and circulated for consultation. Work is underway reviewing existing Civil and Forensic Mental Health Patient Transfer Agreements and operational Guidelines with Victoria and Queensland, and establishing Guidelines where none currently exist.</p>
<p>25. Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.</p>	<p>A range of initiatives is in place in NSW to actively support the recruitment, retention and skill development of the NSW mental health workforce.</p> <p>Mental Health Nursing Scholarships Funding has been provided for undergraduate and postgraduate scholarships for enrolled and registered nurses to undertake further studies which are relevant to mental health. Through these scholarships, nurses may study at postgraduate level in mental health specific courses including Nurse Practitioner, Older Person's Mental Health, Child and Adolescent, Forensic Mental Health Nursing and Advanced Practice. Scholarships include:</p> <ul style="list-style-type: none"> ▪ scholarships for postgraduate study in a relevant mental health program (up to \$5000 each); ▪ scholarships for enrolled nurses wanting to upgrade their skills and qualifications to become registered nurses (up to \$5000 each); ▪ Mental Health Innovation scholarships for projects promoting contemporary evidence-based mental health nursing practice (up to \$10,000 each). <p>Mental Health Nurse Connect This program aims to attract former nurses back into the mental health work force. It is boosting the numbers of mental health nurses by providing four weeks salary replacement and \$1000 teaching support for every nurse recruited. These funds enable nurses who are new to mental health to receive intensive orientation and support in their first weeks in the role.</p> <p>Transition Programs for Nurses New to Mental Health Nurses new to Mental Health may receive intensive support during their first three months through the Mental Health Nurse Transition program. The transition program is currently available through all AHSs. To aid uniformity across the state, the program is being developed and updated in collaboration with AHSs and the Mental Health Nursing Advisory Group (MHNAG) who have established a sub-group tasked with devising and developing core learning aims, objectives and outcomes and will provide a standardised foundation level knowledge and skills for nurses in their first three months in mental health. The Transition Program will also provide a mentor to the nurse to offer ongoing support and supervision during and beyond the transition period.</p> <p>New training networks for trainee psychiatrists Starting in 2006 this program has encouraged 14 more junior medical officers to choose psychiatry as their speciality in addition to the 204 already in training. Priority is also being given to rural placements with scholarships available for doctors who choose to do more than one</p>

	<p>rotation in a rural area.</p> <p>The Rural Psychiatry Project was established in 2002 to support psychiatrists working in rural NSW and to further allow for the local expansion of this workforce. Project funding has been provided to the Royal Australian College of Psychiatrists which has resulted in an increase in the number of rurally based psychiatry trainees in NSW from 3 in 2003 to 9 currently. Additional funding has been provided to continue this project to 2011/12 that will expand access to mental health professional development, training, mentorship and recruitment for psychiatrists in rural areas.</p> <p>Psychiatric training In July 2006, the Government announced \$1 million annually to University of Western Sydney to fund important academic posts in identified clinical areas including psychiatry.</p> <p>Masters Program in Forensic Mental Health Justice Health is sponsoring the University of NSW for the provision of a Masters Program in Forensic Mental Health. This course commenced in January 2007 and is designed to provide training, skills and expertise required in the forensic mental health workplace both in the private and non-private settings. It can be undertaken on a part-time (two year) basis by flexible delivery and is designed for mental health professionals (medical practitioners, nurses, psychologists, social workers) as well as the legal profession and correctional staff.</p> <p>CHILD AND ADOLESCENT MENTAL HEALTH WORKFORCE DEVELOPMENT</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health Competency Framework A child and adolescent mental health competency framework for NSW mental health staff working with children and adolescent is currently being developed. This competency framework will in turn progress the following workforce priorities identified for NSW child and adolescent mental health services (CAMHS): <ul style="list-style-type: none"> • The development of a NSW CAMHS Workforce Development Framework • Guidelines for NSW CAMHS Orientation/Induction programs • Support for CAMHS subspecialty competency based training including the development of resources • Child and Adolescent Mental Health on-Line professional development This project will improve access to NSW CAMHS subspecialty training via new information technology media. Quality CAMHS specific PD podcasts will be created by NSW Area CAMHS staff and hosted on the NSW Institute of Psychiatry website and accessed statewide by mental health staff working with children, adolescents and their families.
<p>26. Increase consumer and carer employment in clinical and community support settings.</p>	<p><u>CONSUMER AND CARER PARTICPATION AND SUPPORT NEW FRAMEWORK</u> Over 2009/10 - 2010/11, NSW Health will lead work in developing a <i>Framework for Consumer, Carer and Community Participation in Mental Health</i>. This will be done in consultation with mental health consumers, their families and carers, and other key stakeholders.</p>
<p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p>	<p>N/A</p>

<p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p>	<p>N/A</p>
<p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p>	<p><u>MENTAL HEALTH RESEARCH FRAMEWORK</u> NSW Health invests significant funding to support mental health research in NSW, such as:</p> <ul style="list-style-type: none"> • Black Dog Institute to support research to improve the understanding, diagnosis and treatment of mood disorders. • Schizophrenia Research Institute to understand the causes of schizophrenia. • Hunter Medical Research Institute to support the establishment of a Neurobehavioural Genetics Unit in the Hunter, investigating the field of genetics of psychiatric illness and learning disability. • Support for mental health Non-Government Organisations, and drug and alcohol Non-Government Organisations, to conduct comorbidity research with other research partners, such as Universities and Area Health Services. <p>A Mental Health Research Framework was endorsed in March 2010 to improve collaboration and strengthen the research effort across the NSW Health Mental Health Program. The next step is to develop a consultation strategy to assist develop the research priority areas for investigation. .</p> <p><u>CHAIR IN SCHIZOPHRENIA EPIDEMIOLOGY</u> NSW Health has funded Australia's first Chair in Schizophrenia Epidemiology and Population Health at the University of NSW with the appointment made in May 2009.</p>
<p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p>	<p><u>RURAL MENTAL HEALTH EMERGENCY AND CRITICAL CARE PROGRAM</u> Under the Rural Mental Health Emergency and Critical Care Program, a range of innovative service models have been developed in response to the specific challenges and needs of rural and regional areas, including demographic patterns, long travel distances and issues in accessing service. These models are designed to enable smaller rural emergency departments to manage mental health presentations.</p> <p>Utilising advanced internet protocol based video conferencing 24/7 resource hubs staffed by mental health clinicians are able to support local hospitals by providing:</p> <ul style="list-style-type: none"> ▪ Mental health assessment ▪ Advice and support with management of mental health emergencies ▪ Specialist psychiatrist review to assess whether inpatient admission is required ▪ Coordination of patient transfers ▪ Mental health education to clinicians including generalist health staff <p>As well as 24/7 telephone consultation for emergency departments, telephone triage and referral line for the community.</p> <p><u>TELE-PSYCHIATRY</u> Increasing capacity for people in rural and regional areas to be treated for mental health emergencies in their areas. . Tele-psychiatry and video conferencing services are now provided at more than 60 rural and remote hospitals in the Greater Western and Greater Southern Area Health Services, with over 1300 video mental health emergency assessments completed.</p> <p><u>CHILD AND ADOLESCENT PSYCHOLOGICAL TELEMEDICINE OUTREACH SERVICE (CAPTOS)</u> CAPTOS is the Tele-psychiatry service conducted from the Children's Hospital Westmead that supports rural and remote child and adolescent mental health clinicians across NSW. This service provides between 700 and 900 contacts per annum in tele-psychiatry, tele-supervision and tele-education. Site visits for consultation liaison, supervision and training are also conducted and support the tele-medicine service.</p>