

Attachment F: Jurisdictional Report for SA

Key to South Australia's role in National Implementation Strategy:

South Australia to lead development of implementation approach

South Australia to participate in sub-group for development of implementation approach

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| <p>1. Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy.</p> | <p>South Australia has recently undertaken Market Research to gain an understanding of the views from targeted groups about Mental Health. The groups that were contacted comprised –</p> <ul style="list-style-type: none"> • Non Government Organisations • General Public • Mental Health Staff <p>Information has been collated; from the responses from the three groups. This information will be used to create a mental health communication strategy and in a local marketing campaign to address issues notified in the Market Research.</p> <p>South Australia strongly believes that a National campaign with complimentary local initiatives will give the best results in this area.</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>Limited action has been undertaken in this area, a project has been developed for employment options, but awaiting funding prior to being implemented.</p> <p>We are currently piloting the collocation of Disability Employment workers in a number of our community services.</p> <p>SA Health has contracted with SA Mental Health Coalition to provide Cert IV training in Mental Health</p> |
| <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.</p> | <p>South Australia has contracted with GPSA to provide 30 Shared Cared Mental Health clinicians working in General Practice. This programme is in its third year and an interim evaluation was completed midway through the programme, this indicated the programme was successful. A final evaluation is currently being undertaken. It is anticipated that this programme will be continue for a further three years.</p> |
| <p>4. Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.</p> | <p>South Australia has provided a significant amount of training for Mental Health staff in the Recovery paradigm. The recently developed South Australia Mental Health & Wellbeing Policy has Recovery as a fundamental to good mental health care. The Mental Health reforms currently being undertaken in South Australia have meant that service Models of Care have been reviewed, recovery principles have been embedded into the new models. South Australia believes there is still much work to be done in this area and see this as an ongoing strategy</p> |

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| <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>There is currently a Memorandum of Understanding between Health & Housing to ensure services are in place. Health & Housing meet on a regular basis to review issue with tenancies and to put in place actions where required. Housing provides tenancy support programmes to assist people who are finding difficulty to maintain their tenancy.</p> <p>Mental Health provides a number of support programmes/packages, in conjunction with NGO's to support mental health consumers to live in the community. We have a well developed HASP (Housing and Support Programme) in place</p> <p>South Australia has been successful in gaining an allocation of 250 social houses from the housing Stimulus package. These houses will be allocated to mental health consumers and will be supplemented by flexible support packages provided by contracted NGO's</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>South Australia has a State Strategic Plan (2006) which has identified a key target '(T6.6) - Halve the number of people rough sleeping by 2010 and maintain thereafter.' This is intended to support the National Partnership Agreement on Homelessness which has established a target of reducing rough sleeping by 25% by 2012-13 in addition to specific targets for addressing Aboriginal homelessness and rough sleeping.</p> <p>Key activities in respect of homelessness include:</p> <p>Homelessness Inter-Ministerial Committee (HIMC) This committee is responsible for overseeing the implementation of a Performance Framework which specifies performance targets and measurement indicators aimed at addressing rough sleeping and homelessness on a whole of government basis. The Performance Framework is currently in draft form and is to be considered for adoption at the next meeting of the HIMC. The Performance Framework identifies 4 key strategy areas:</p> <ul style="list-style-type: none"> • Direct Services to Prevent Rough Sleeper Homelessness • Housing First as the Primary Response to end Rough Sleeping Homelessness • Assertive and Integrated Health and Housing Services for People with Complex Needs • Specialist Homeless Sector Reform <p>Key activities have been identified for each strategy and measurement criteria determined. The following state government agencies have been identified to lead action in respect to the key activities identified:</p> <ul style="list-style-type: none"> • SA Health – Primary Health Care, Acute Services, Mental Health • SA Health – Regional Health Services (Central Northern Adelaide Health Service; Southern Adelaide Health Service; Child Youth and Women's Health Service; Country Health SA) • Families and Communities SA (Housing) • Families and Communities SA (Disability) • Education and Children's Services • Further Education, Employment, Science and Technology • Drug and Alcohol Services SA <p>Integrated Service model SA Health has taken a lead role in developing and implementing an 'Integrated Service Model' to enhance the services provided by the inner city Street to Home service based in Adelaide. This initiative is consistent with a Housing First approach and seeks to strengthen linkages with mainstream service providers (Mental Health, Drug and Alcohol Services, Housing SA, Disability SA) within the existing Street to Home service. Additional staffing resources have been provided by SA Health (Mental Health, Drug and Alcohol Services SA) with a matching contribution by Housing SA.</p> <p>New Model of Care Significant work has been undertaken in the development of new models of care for a range of mental health service components. In</p> |

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| | <p>particular, the Model of Care for Adult Community Mental Health Services includes specific reference to people with high and complex needs being considered a priority for service response. The requirements for ensuring that care is provided, regardless of whether the persons mental health condition is the main reason for contact with the service, is a key principle within the new practice requirement. In addition, the need to ensure that care is effectively coordinated across government and non-government agencies is a key aspect of the new Model. 'Care Co-ordination' (in addition to Case Management) is established as an integral requirement of the new Model.</p> <p>High and Complex Needs Committee A forum has been established to facilitate communication and planning with non-government organisations regarding the services provided by them to people with high and complex needs. The organisations represented have commenced identifying people that meet the criteria for high and complex needs and it is intended to create a care coordination forum to enable the effective coordination of multiple services responses to the highest needs consumers of this client group. An information sharing protocol is being developed to facilitate the exchange of client information within this group of agency representatives.</p> <p>Regional Initiatives Various initiatives occur at regional service delivery level to facilitate service response. Activity has occurred within the metropolitan area to identify high needs consumers with a mental health issue so that local agencies are engaged in the provision of coordinated services. Regional Case Allocation Committees also provide a mechanism where individuals and families with multiple and severe needs are discussed and appropriate involvement of government and non-government agencies occurs.</p> <p>Research The Mental Health unit has commissioned research regarding the incidence of high and complex needs among clients referred for non-government agency support by community mental health teams. This research has been used to inform the approach taken to more appropriately addressing the needs of this client group.</p> <p>Aboriginal Homelessness A specific set of strategies intended to support the needs of Aboriginal people who have high and complex needs has been developed as part of the HIMC process. SA Health and Housing SA have been assigned lead responsibility on developing initiatives intended to reduce the level of homelessness and rough sleeping in the Aboriginal population. Specific targets have also been set for rural and remote areas.</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> | <ul style="list-style-type: none"> • (Improved access and responsiveness of mainstream mental health care. • Facilitate improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people. • Development of regional Aboriginal Mental Health Network committees to improve access and equity to mainstream mental health services. • Coordination of resources, programs initiatives and planning. • Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional well being. • Improving coordination, planning and monitoring mechanisms. |
| <p>8. Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.</p> | <p>South Australia contracts with Relationships South Australia, since 2005 to provide Mental Health First Aid training to a number of organisations, these have included - Police, Metropolitan & Country Fire services, Local Government Councils, Community & Neighbourhood Housing, Community Indigenous groups</p> <p>Recently the Department of health & Department of Transport, Energy and Infrastructure have formed a partnership with the Taxi council of South Australia to increase psychological wellbeing of taxi drivers and their passengers. South Australia continues to work with Beyondblue on a number of initiatives, these have included the dissemination of depression and</p> |

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| | <p>anxiety related materials, promoting the health & wellbeing of age groups across the population, including younger & older people. Also assisting rural communities to cope and thrive through times of drought</p> <p>A range of mental health initiatives targeting young people have also been undertaken including, Healthy Young Minds, this programme expands child & adolescent mental health services in high demand areas, over 1000 young people have already accessed the programme.</p> <p>Headroom is a programme that aims to promote positive mental health for children & young people and provides information to people who care and work with them. Also includes a website and printed mental health literacy resources</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>As outlined in action 8, plus the work SA are undertaking in the National Perinatal Screening Initiative</p> <p>We are also working with Families SA to put in place programmes for children of parents with a mental illness</p> <p>Discussions are being held with Education on how we can assist them to deal with children who have parents with mental illness, where this impacts on the schooling of the child.</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>South Australia has created Healthy Young Minds (26 FTE's) this is an expansion of child & Adolescent services in high demand areas. Three positions are identified as co morbidity positions to work with youth who have mental health and alcohol/substance abuse issues.</p> |
| <p>11. Implement evidence-based and cost-effective models of intervention for early psychosis in young people to provide broader national coverage.</p> | <p>South Australia has recently developed a community based early youth psychosis services. This service will be state-wide and work on a hub & spoke model, the spokes will come from our community mental health services.</p> <p>We are also in the process of reviewing of model of care for Child & Adolescent mental health services, a focus of this review will be services to youth.</p> |
| <p>12. Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.</p> | <p>The South Australian Government contributes to suicide prevention training and support for front-line health and community workers through:</p> <ol style="list-style-type: none"> 1. SQUARE (Suicide, Questions, Answers and Resources SQUARE) has been developed for South Australia in collaboration with the Federal Government and General Practice SA (2004-2009). SQUARE is a primary health care suicide prevention, intervention and training resource model for front line workers which promotes assessment and management of suicide risk in patients in the primary health care setting through training programs, packaged resources and follow-up sessions. The South Australian Government has funded SQUARE in 2009-2010 to deliver the following activities: <ul style="list-style-type: none"> • Maintaining the SQUARE website and training programs for front line workers in SA. • Evaluating the SQUARE resources and suicide networks established through SQUARE activities in South Australia (2004-2009) |

- Mapping suicide assessment practice and protocols in currently place in South Australian public mental health community and hospital facilities, including Emergency Department facilities
 - Identifying the referral pathways to suicide prevention/support services offered to people who are assessed as being at risk of committing suicide by health professionals working in these facilities
2. **Mental Health First Aid Training Program** delivered by Relationships Australia SA, this program aims to increase the effectiveness of communities to assist individuals who are experiencing distress resulting from mental illness, and assists people at risk through timely access to mental health care that enables prevention of suicide and self-harm. The program is helping to develop supportive environments that promote safety and resilience for all.
 3. **Centacare's ASCEND Suicide Intervention Program:** Centacare Suicide Prevention Program ASCEND, providing assessment, support, consultation, education, networking and direction The program provides services to young people who are exhibiting depressive, suicidal or self-harming behaviours. Clinical consultations can be one-to-one with the young person at risk or in a secondary capacity with the worker who is supporting the young person at risk. A key component of the program is the provision of training to ensure that professionals learn how to correctly recognise, interpret and respond to suicidal and depressive behaviours. Organisation specific training can be provided to your staff team on request. Over the last 18 months, 269 health, welfare and educational professionals have attended the one day Youth Suicide Risk Assessment Workshops. Since January 2009, has had involvement with more than 20 schools from both the public and Catholic education sectors.
 4. **South Australian Youth Welfare Advisory Committee** was formed in 2006 with representatives from South Australia Police, Child and Adolescent Mental Health Services and the education sector with representatives from State, Catholic and Independent schools. The Committee has recommended that police, in consultation with the bereaved family, will manage the dissemination of information about a youth suicide to the media. The group has also developed guidelines for schools to follow in disseminating information about a student suicide to school communities. These guidelines, including models of letters that may be sent to parents, are publicly available online. This work is led by the Department of Education and Children's Services (DECS).

Mental Health Education: There are also a wide range of community awareness and skill building mental health initiatives that contribute to raising awareness of the importance of mental health. These messages include self care and enhanced coping, resilience and family and community connectedness. Such initiatives include:

- *Beyondblue partnership* The South Australian Government and aims to reduce the burden of depression and anxiety in the community. The diverse range and reach of Beyondblue programs and initiatives undertaken across South Australia reflect the ongoing success of this partnership.
- SA Health is currently developing an anti-stigma campaign as part of South Australia's *Mental Health Communication Strategy*. While this campaign will not target suicide specifically, it will focus on increasing awareness of risk factors as well as reducing stigma and discrimination associated with mental illness.
- SA Health's *Statewide Drought Initiative* programs have been successful in increasing mental health literacy and helping develop support networks amongst farming communities across South Australia.
- The current five year Mental Health reform program for South Australia aims to implement comprehensive integrated mental health services, underpinned by the *Mental Health Act 2009*, and the Mental Health and Wellbeing Policy.
- A *Mental Health Memorandum of Understanding* between the Department of Health, SA Ambulance Service, the Royal Flying Doctor Service and South Australia Police was signed in 2006. This has increased collaboration and assisted in clarifying the roles of relevant services in assisting individuals at risk of suicide.
- *In rural and remote South Australia*, the Emergency Triage and Liaison Service, Rural and Remote Mental Health Services, is extremely well utilised by primary health care networks and emergency services. The Services assist in coordinating service-wide responses, assess risk and conduct comprehensive assessments and provides clinical/operational advice and support.

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| <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>South Australia is currently preparing to collaboratively develop the <i>South Australia Suicide Prevention and Postvention Strategy</i> that will be underpinned by the nationally agreed suicide prevention framework. This Strategy will be developed cooperatively with stakeholders and organisations and will assist in a coordinated approach to the SA suicide prevention activities across the state. The Strategy and will be built on the current prevention activities, informed by suicide prevention program evaluations and the mapping of suicide practice and protocols within SA Health organisations/facilities.</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>South Australia has appointed a Carer Consultant to the Mental Health Unit at SA Health; this position is working with a state-wide carers group to better understand the needs of carers. A new Mental Health Care plan has also been developed, this will have a section for carers to complete, this will provide additional information and assist in giving a full picture of needs.</p> <p>We are also working with Carers on issues to do with the support needs for ageing carers, this includes NGO packages and housing requirements, this is still at an early stage of development.</p> <p>South Australia also has released a Carers Recognition Act</p> |
| <p>15. Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.</p> | <p>Apart from the normal activities of CAMHS with this population group there are new programs under development that are currently being researched and implemented. The Parallel Parent Child Narrative/Parent and Child Therapy (PPCN/PACT) programs focus on healing disordered attachment between parent and child as a result of trauma of all types. Rather than separate the child from the family the therapy team works to prevent family breakdown and where appropriate and safe to reunite the family.</p> <p>These programs have been implemented in the Southern Adelaide Health Service (SAHS) and Southern Country Regions at present these programs target families with younger children where other therapeutic approaches have failed but they also have the potential to support older children and their families.</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>The Mental Health Reform process in South Australia, which came from a review of Mental Health services by the Social Inclusion Unit, and resulted in the release of the "Stepping up" report in 2007, used the work of Gavin Andrews to identify the range of services required to meet the populations needs in South Australia</p> |
| <p>17. Establish regional partnerships of funders, service providers, consumers</p> | <p>South Australia have developed a number of Programme Management Committees, which bring together the major partners in various areas to develop service models, these include- Housing & Accommodation Support Partnership (HASP) Returning Home (for consumers who are moving from hospital to community living) Social Housing</p> |

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| <p>and carers and other relevant stakeholders to develop local solutions to better meet the mental health needs of communities.</p> | <p>Exceptional Needs Committee (a cross government group for clients with high & complex needs) Local Liaison Groups (local groups that deal with issues in the Emergency Services MOU) Local Housing groups There are also a number of cross sector groups that have been established as part of the SA Mental Health Reform process</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>As per action 17, 21</p> <p>South Australia has developed an electronic Consumer Care Plan; it is proposed that this plan will follow the consumer where ever they receive services. Unfortunately are I.T. systems will require further development to allow for information to be shared with Primary Care and NGO's</p> |
| <p>19. Work with emergency and community services to develop protocols to guide and support transitions between service sectors and jurisdictions.</p> | <p>South Australia currently has in place a Memorandum of Understanding between Health, Ambulance, Police and the Royal Flying Doctor service. This MOU has just been evaluated and some minor changes are being made. The recent changes to SA Mental Health Act will also require some amendments to the MOU.</p> |
| <p>20. Improve linkages and coordination between mental health, alcohol and other drug and primary care services to facilitate earlier identification of, and improved referral and treatment for, mental and physical health problems.</p> | <p>South Australia has developed a number of Mental Health/Drug & Alcohol co morbidity positions to work across these service groups. As previously identified there are also 30 Shared Care Mental Health clinicians that work in Primary Care.</p> <p>A project has been established to ensure the physical health needs of Mental Health consumers, both in hospital and in the community are being assessed and treated, work is progressing to ensure mental health consumers are linked to a General Practitioner</p> <p>South Australia has developed GP Plus centres, these are primary care centres that bring together a number of providers to meet the needs of the population's services, Mental health is linking with the GP Plus centres and in some regions they will either have community mental health centres as part of the GP Plus, or collocated with GP Plus.</p> |
| <p>21. Develop and implement systems to ensure</p> | <p>South Australia has embarked on a significant mental health reform process, as per the Social Inclusion report "Stepping Up". To implement the changes South Australia has revised all the current service models of care and created new models of care for services currently not provided in South Australia, this includes reviewing entry & exit criteria and creating pathways into services. The review of</p> |

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| information about the pathways into and through care is highly visible, readily accessible and culturally relevant. | community mental health services will result in integrated teams, where the consumer's journey is seamless with no referrals being required between different parts of the community team. All consumers will also be allocated a case co-ordinator to assist them in their journey through mental health services. |
| 22. Better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care. | As per actions 3, 20, 21 |
| 23. Review the Mental Health Statement of Rights and Responsibilities. | See action 24 |
| 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>The new <i>Mental Health Act 2009 (SA)</i> was assented to in June 2009 and will enter into force on 1 July 2010, replacing the current <i>Mental Health Act 1993</i>. The new legislation contains updated provisions to support the development of cross-border agreements and the transfer of people under civil orders.</p> <p>South Australia currently has cross-border agreements for the transfer of people under civil orders with the Northern Territory, Victoria and New South Wales. These agreements will be revised when the <i>Mental Health Act 2009</i> enters into force.</p> <p>South Australia is also currently in the process of developing or making arrangements to develop cross-border agreements for the transfer of people under civil orders with all other States and Territories. These agreements will have effect under the <i>Mental Health Act 2009</i>.</p> <p>South Australia does not currently have any agreements to support the transfer of people under forensic orders. Amendment of South Australia's <i>Criminal Law Consolidation Act 1935</i> will be required to support the development of such agreements.</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. | This should be covered by the development of the Mental Health National Workforce Strategy that is currently being developed |
| 26. Increase consumer and carer employment in clinical and community support settings. | South Australia has a number of positions for consumer and carer employment these include- Ward based consumer consultant Ward based carer consultants Community consumer consultants Community carer consultants |

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| | <p>Peer support workers Peer support work training is funded by SA Health SA Health also employs a consumer consultant & a carer consultant based at the Mental Health Unit, they are part of the Mental Health senior management team.</p> |
| <p>27. Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.</p> | <p>These are being developed in South Australia, the current information systems do not meet the needs of the service and investigation is currently underway for replacement systems.</p> |
| <p>28. Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework</p> | |
| <p>29. Develop a national mental health research strategy to drive collaboration and inform the research agenda.</p> | <p>South Australia Mental Health services fund a bi-annual clinical research day, to better promote and share mental health research in the state, this has proven to be very successful. South Australia has also recently appointed a Chair in Mental Health nursing to promote mental health research. There is already a Mental Health research group developed. Work is also underway to recruit top the vacant Chair in Psychiatry</p> |
| <p>30. Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.</p> | <p>South Australia has developed a telephone based Central Triage service, this is collocated with the South Australian Ambulance service, the triage service is a single point of contact for mental health consumers requiring assistance</p> <p>South Australia has piloted a programme which uses text messages in our youth services. We are also piloting, with Beyondblue a telephone counselling service for sufferers of Anxiety and Depression. (based on the Doncaster model)</p> <p>South Australia's Country Mental Health services are a significant user of video-conferencing technology as a clinical too. They also provide advice to Country General Practitioners and Country Hospitals as a Distance Consultation services, either using telephone or video-conferencing</p> |