

Mental Health and Primary Health Care:

An information resource

for Divisions of General Practice / Medicare Locals

about the community managed mental health sector

May 2011

This resource has been developed by the Mental Health Coordinating Council (MHCC) to assist NSW Divisions of General Practice (Divisions) and Medicare Locals (MLs) in their engagement with community organisations, to strengthen primary healthcare responses for people affected by mental health problems. It describes the community managed mental health sector, the services it provides and offers direction for engaging with the sector. It also provides linkages to a number of additional resources that Divisions may find useful for planning, implementing and evaluating primary mental health services that support a 'recovery oriented response' for people with mental health issues.

Medicare Locals (MLs) are intended to be the main driver of National Hospital and Health Reform (NHHR) in responding to local population needs. NHHR is asking public (i.e. NSW Health), private and community sector mental health services to work more cooperatively towards strengthening primary mental health care directions. For this reason it is critical that the community sector establish strong partnerships with those new structures to ensure people have access - not just to physical and other allied health care (e.g. "talking therapies") - but to community based rehabilitation and psychosocial support services.

Information provided in this resource includes:

- The role of Mental Health Coordinating Council (MHCC)
- Reasons to engage with community managed organisations (CMOs)
- Cross sector partnerships
- Update on MHCC's "*Scoping Report of Divisions of General Practice*"
- Who is the community managed mental health sector and what are the services it provides?
- Community managed mental health programs
- Quality Improvement in the community managed mental health sector
- Ways to meet and learn more about local CMOs and their services
- MHCC training opportunities
- Background reading:
 - Context for community managed mental health services
 - Models of care / service types
 - NHHR submissions
 - Other supportive documents

For more information:

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The Mental Health Coordinating Council (MHCC)

MHCC is the NSW peak body representing community managed organisations (CMOs), also known as not-for-profit non-government organisations (NGOs). MHCC's membership consists of over 250 CMOs whose business or activity is wholly or in part related to the promotion and/or delivery of services for the wellbeing and recovery of people affected by mental health problems. Working in partnership with both State and Commonwealth governments, MHCC promotes recovery and social inclusion for people affected by mental illness.

MHCC participates extensively in mental health policy and sector development to facilitate linkages between government, non-government and the private sectors. We consult widely in order to respond to legislative reform and sit on national and state committees and boards in order to affect systemic change. MHCC manages and conducts research projects and develops collaborative programs on behalf of the sector and is a registered training organisation delivering nationally accredited mental health training and professional development to the workforce. www.mhcc.org.au

Reasons to engage with community managed organisations (CMOs)

Engagement with the community sector is key to maximising outcomes for people with mental health issues. Community managed mental health rehabilitation and support services help keep people well and out of hospital. They also play an important part in reducing the frequency, intensity and duration of episodes of mental illness and psychiatric crisis, thus freeing up specialist treatment services for people with acute care needs. Many people affected by mental health problems seek help from GPs. GPs therefore need to better understand how to refer to a broad range of community based services.

The social determinants of health have been well documented (e.g., income, housing, employment, social connectedness). Primary healthcare services, including MLs, will need broad and strategic partnerships with a range of human service providers to achieve both health reform and the government's social inclusion agenda accountabilities.

Cross sector partnerships

The Memorandum of Understanding (MOU) that has already been established between the MHCC and many of the NSW Divisions is a first step towards partnership development and working cooperatively to improve service coordination and consumer access to community-based mental health services. MHCC's aim is to ensure engagement between Divisions/MLs and community sector mental health services operating at a local level, so the two sectors can provide an optimal mix of clinical and psychosocial support to people with mental illness. In this document and future communications, MHCC aims to advise and support the Divisions across a number of domains such as:

- Access to information on local CMOs and their mental health programs
- Engagement with / referrals to local CMO services
- Fostering on the ground local partnerships
- Service delivery / practice models
- Contracts / MoUs with CMOs
- Service agreements with CMOs for service delivery
- Planning implementation of new programs (e.g., Flexible Care Packages)
- Links to training

MHCC's Scoping Report of Divisions of GP

MHCC's Scoping Report of NSW Divisions was undertaken primarily to inform the community managed sector about the Divisions and how we might better connect. MHCC is providing the Divisions with more information about our sector to build awareness and foster these important links. The Scoping Report now includes all feedback received from Divisions on their mental health programs and networks with CMOs and has been sent out to MHCC membership and Area Health Services (AHS)/Local Health Districts

(LHDs). It also includes a number of recommendations for MHCC and the Divisions to support improved cross sector links and communication for the benefit of improved service coordination and consumer access to a broader range of non-clinical support services. Access the Scoping Report at:

www.mhcc.org.au/current-issues/issue.aspx?issueid=791

Who is the community managed mental health sector and what are the services it provides?

The community managed sector is predominantly made up of not-for-profit organisations providing community-based support services that help keep people well in the community by providing prevention, early intervention, rehabilitation programs and psychosocial services that support recovery from mental illness. Many also provide clinical and counselling services (e.g., Lifeline and through Medicare access).

The community managed mental health sector has a long history that predates the advent of psychiatric medication, deinstitutionalisation and community mental health treatment. There are about 800 not-for-profit organisations that deliver a complex and diverse range of mental health rehabilitation and support services nationally. These CMOs employ about 20,000 skilled mental health workers of whom more than 70% have tertiary qualifications (i.e., allied health degrees, vocational qualifications). The skills and role of CMOs are critical for achieving the government's stated policy objectives of recovery and social inclusion for people living with mental illness.

Mental health programs delivered by CMOs in NSW are diverse with an estimated 247 CMOs delivering 347 mental health programs and are fully described in MHCC's *NSW Community Managed Mental Health Sector Mapping Report 2010* which you can download at:

www.mhcc.org.au/documents/Sector%20Development/MHCC%20Sector%20Mapping%20Report%202010.pdf

The seven core CMO mental health service types identified in the Report include:

- Accommodation support and outreach;
- Employment and education;
- Leisure and recreation;
- Family and carer support;
- Self-help and peer support;
- Helpline and counselling services;
- Promotion, information and advocacy.

Community Managed Mental Health Programs

There are a number of State and Commonwealth funded mental health programs being delivered within the community sector. MHCC has developed a full list of these programs and service providers in NSW with links to providers and local sites which you can download at: www.mhcc.org.au/resources/community-mental-health-programs.aspx. The following provides an overview of these programs with links to the funding body website.

FaHCSIA

- **The Personal Helpers and Mentors (PHaMs)**

This service assists people to reintegrate back into society and improve the quality of their lives by connecting with mainstream community, social, leisure and vocational and education services. GP and self referral accepted. <http://www.fahcsia.gov.au/sa/mentalhealth>

- **The Mental Health Respite Program (MHRP)**

MHRP provides a range of flexible respite options for carers of people with severe mental illness/psychiatric disability and carers of people with intellectual disability. GP referral direct to the provider or via the Commonwealth Respite Carelink Centre on 1800 005 2222

<http://www.fahcsia.gov.au/sa/mentalhealth/progserv/MentalHealthRespite>

- **Mental Health Community Based Program**

The Mental Health Community Based Program aims to support families, carers, children and young people (aged between 16 and 24 years) affected by mental illness through a diverse range of community programs. The program seeks to build on family strengths and improve resilience and family functioning, particularly for indigenous families and those from culturally and linguistically diverse backgrounds. Referrals can be made through the LHD Mental Health Team.

http://www.fahcsia.gov.au/sa/mentalhealth/progserv/mental_health_community_based_program

NSW Health

- **Recovery and Resource Services Program (RRSP)**

RRSP provides a similar service to PHaMs aimed at assisting people with a mental illness to live independently in the community. Resource & Recovery will run through various stages of recovery with the client such as: goal setting, establishing links within the community and the transition to independent living and/or employment. Referrals can be made by medical professionals, family, friends or self referrals for persons recovering from mental illnesses.

http://www.health.nsw.gov.au/mhdao/program_information.asp

- **The Housing and Accommodation Support Initiative (HASI)**

HASI provides housing linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability. Referrals can be made through the LHD Mental Health Team.

<http://www.housing.nsw.gov.au/Changes+to+Social+Housing/Partnerships/HASI+-+Housing+and+Accommodation+Support+Initiative.htm>

- **The Mental Health Family and Carer Support Program (F&CSP)**

F&CSP provides information, education, advocacy and direct support for people who care for someone with a mental illness. GP and self referral accepted.

http://www.health.nsw.gov.au/mhdao/program_information.asp

DoHA

- **Day to Day Living in the Community (D2DL)**

D2DL is a structured activity program, working to improve the quality of life for individuals with severe and persistent mental illness. The initiative provides day programs to increase the ability of clients to participate in social, recreational and educational activities with the aim of living at an optimal level of independence in the community. GP & self referral accepted.

<http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/support-day-to-day-living-community-1>

Quality improvement in the community managed mental health sector

MHCC is working to enhance the capacity and strengthen the identity of the NSW community sector to deliver optimal mental health services. We are developing resources, strategies and tools to assist community sector organisations achieve and demonstrate quality and effectiveness in service delivery and organisational practice. In recent years MHCC has expanded its traditional role of systemic advocacy and legislative reform to include a strong focus on sector development, for example: The NGO Development Strategy, the Infrastructure Grants Program, the establishment of the MHCC Learning and Development Unit/registered training organisation (RTO) and the Mental Health Drug and Alcohol Research Grants Program. For more details visit: www.mhcc.org.au.

Most mental health specific CMOs are officially accredited or certified organisations and have been assessed against an approved set of standards. Research from the MHCC Sector Mapping Project Report has found that 35% of the community sector mental health services are formally engaged in some kind of

accreditation, i.e. more than one in three, with another 40% intending to seek accreditation in the next two years.

MHCC is keen to improve the quality of services across the sector, and whilst we do not play a direct role in accreditation, we continue to encourage and support our membership to undertake the accreditation process to ensure quality systems and processes are in place to support the activities being undertaken, as well as managing any inherent risks. Accreditation/certification processes most suited to the community managed mental health sector ensure systems are regularly reviewed as part of an ongoing quality improvement process. Furthermore, the actual tendering process for government funding requires that CMOs state the current quarterly improvement processes they have in place.

In the health and community sector in NSW there are three sets of accreditation standards most often used:

- Australian Council on Healthcare Standards (ACHS) – *under which MHCC is accredited*
- The Quality Improvement Council Limited (QIC)
- International Organisation for Standardisation (ISO)

More information on the Accreditation/Certification of Organisations is available to assist MHCC members, on the MHCC's website at: www.mhcc.org.au/documents/Sector%20Development/Certification-Overview-July2010.pdf

Training, or skill and knowledge enhancement, is also a significant part of sector workforce development. MHCC's Learning and Development Unit (LDU) was established in partnership with NSW Health, in recognition of the need for accredited sector training that reflects evidence based best practice in working with people living in the community who have mental health problems. More information on the LDU at: www.mhcc.org.au/learning-and-training/default.aspx

Ways to meet and learn more about local CMOs and their services

The most immediate way to meet and /or access more information about local CMOs is detailed below. Based on your feedback, we will provide further suggestions and opportunities for building these relationships and working with your local CMOs.

- **MHCC Meet Your Neighbour events**

MHCC has been convening local community level “*Meet Your Neighbour*” events to promote sector knowledge and partnerships. These events provide a great opportunity for a broad range of local community based services, both government and non-government to come together, learn about each other and begin to create supportive networks. A number of Divisions have already hosted or attended a local event and have found it to be a relaxed way to meet local organisations and make those first links or strengthen existing ones.

We invite the Divisions/MLs to host a local “*Meet Your Neighbour*” event. Being a host organisation simply means providing a room for the morning or afternoon with capacity for up to 50 people (preferably seated in a circular set-up) and providing light refreshments. MHCC provides support with all aspects of organisation including the agenda, sending invitations and accepting responses. Alternatively, the event can be held at another local organisation and Division representatives can attend. For more information visit: <http://www.mhcc.org.au/sector-development/meet-your-neighbour.aspx> or phone Rod West, Communications Officer on 02 9555 8388 or email: rod@mhcc.org.au

- **Service directories**

Currently there are two directory options which may assist you in becoming aware of local CMOs in your area and/or to assist you in the development of your own local directory

- **The Way Ahead**, produced by the Mental Health Association (MHA), contains mental health specific, up-to-date information on more than 2000 mental health and welfare-related services across NSW. Updated annually and now in its 9th edition, the directory is available as a book and a

CD-Rom for \$70, which can be uploaded to your intranet. <http://www.mentalhealth.asn.au/be-informed/way-ahead-directory.html>

- **HSNet/ServiceLink** is a free online directory of NSW human services across a number of sectors including health, welfare, community services, education, disability, aged care, legal and housing. <https://www.hsnet.nsw.gov.au/>

MHCC Training Opportunities:

- **MHCC Learning & Development Unit (LDU)**

The LDU was established in recognition of the need for sector workforce development and learning that reflects evidence based best practice in working with people living in the community who have mental health problems. The LDU is an RTO providing accredited training across NSW and interstate in recovery oriented practice, including traineeships and a range of educational products which can be adapted and designed to suit organisational/sector need. More information on the LDU at: www.mhcc.org.au/learning-and-training/default.aspx

- **Mental Health Connect**, run by MHCCs LDU is an innovative two-day course in recovery orientated practice which offers knowledge and skills to help you better understand and support people with mental health issues. It is designed for frontline workers from a diverse range of settings and can be tailored to suit the needs of Divisions/MLs. For more information on Mental Health Connect visit: www.mhcc.org.au/learning-and-training/mental-health-connect.aspx or to discuss mental health programs to suit your needs contact Tracy Rickert, Partnership and Development Coordinator on 02 9555 8388 x 123 or email: tracy@mhcc.org.au

Background reading: the context for community managed mental health services

The following government policies and other documents emphasise the importance of community-based recovery-oriented mental health service provision and/or examine the barriers to and facilitators of recovery oriented services. Recovery oriented service provision is essential to the well-being of people affected by mental illness and is now the nationally agreed way to work with consumers and carers wherever mental health care is delivered.

- **Commonwealth of Australia Social Inclusion Agenda**

The Australian Government's vision of a socially inclusive society is one in which all Australians feel valued and have the opportunity to participate fully in the life of our society. <http://www.socialinclusion.gov.au/SIAGENDA/Pages/Overview.aspx>

- **Commonwealth of Australia (2008) "National Mental Health Policy"**

The National Mental Health Policy embeds a whole of government approach to mental health. The Policy works towards ensuring Australia has a mental health system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment and community supports to enable them to participate in the community fully. Recovery is defined as: *"A personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It involves the development of new meaning and purpose and a satisfying, hopeful and contributing life as the person grows beyond the effects of psychiatric disability. The process of recovery must be supported by individually-identified essential services and resources."* <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-pol08-toc>

- **Commonwealth of Australia (2009) "Fourth National Mental Health Plan: An Agenda for Collaborative Government Action 2009-2014"**

This document commits all governments to achieving a mental health system that enables recovery, prevents and detects mental illness early and ensures that all Australians with a mental illness can

access effective and appropriate treatment and support to enable them to participate fully in the community. Knowledge of the concept of recovery is critical for achieving these outcomes as it is about so much more than the absence of mental illness and related symptoms or the availability of hospital beds and medication. Effective implementation of the Flexible Care Packages (FCPs) will require Division/ML allied health professionals to have knowledge and skills to coordinate care with a broad range of community services as well other health professionals.

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09>

- **Commonwealth of Australia (2010) “National Standards for Mental Health Services”**

This document outlines a revised set of mental health service standards which can be applied to all mental health services, including government, non-government and private sectors across Australia.

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

- **There are three implementation guideline documents** that accompany the standards to provide more detail and inform the implementation: public mental health services and private hospitals; non-government community services; and private office based mental health practices.

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-i-nongov>

- **“Principles of Recovery Oriented Mental Health Practice”**

This section of the National Standards outlines the overarching principles of recovery oriented service provision to be implemented wherever mental health care is delivered to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.

[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servpri.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servpri.pdf)

- **MHCC (2007) Social Inclusion: Its importance to mental health**

This MHCC paper summarises the evidence linking community-based strategies with recovery, and the evidence linking social inclusion with positive mental health. In doing so, it places the community in its broadest sense at the heart of each individual’s experience of their own mental health. It articulates the value and place of the non government sector as an integral part of the mental health care landscape in NSW, as well as in the social fabric of community, particularly in relation to its essential role in promoting and enabling social inclusion.

<http://www.mhcc.org.au/images/uploaded/MHCC%20Social%20Inclusion%20booklet.pdf>

- **NSW Consumer Advisory Group & MHCC (2009) Developing a recovery oriented service provider resource for community mental health organisations (ROSSAT): Literature Review on recovery.**

This literature review is part of a joint initiative to develop a resource that provides practical support to mental health community sector organisations incorporating the philosophy of “recovery” into service delivery practice. The review identifies that key themes in defining recovery include that recovery means being able to live a meaningful life, both personally and in the community; redefining a positive sense of identity; making certain life adjustments; overcoming symptoms, stigma and discrimination; and living with hopefulness for the future. It needs to be acknowledged that recovery means different things for different people, and that it can be viewed as both a process and an outcome. A *Recovery Orientated Service Self Assessment Toolkit* (ROSSAT) is currently being trialled in the community managed sector. <http://www.mhcc.org.au/projects-and-research/recovery-project.aspx>

- **Geoff Waghorn (2002) Clinical and Non-Clinical Predictors of Vocational Recovery for Australians with Psychotic Disorders, Queensland Centre for Schizophrenia Research**

Clinical and non-clinical predictors of vocational recovery were examined among 782 Australians diagnosed with psychotic disorders. Of the six significant clinical predictors, self-reported course of illness emerged as a potentially practical predictor of vocational recovery. Five non-clinical variables, age, education and skills, marital status, premorbid work adjustment, and use of a vocational service in the previous year, also contributed to the prediction of vocational recovery. The implications of these findings for both rehabilitation professionals and researchers are discussed in this paper.

<http://www.mhcc.org.au/documents/GeoffWaghorn.pdf>

Models of care / service types:

The following documents might be useful for gaining ideas and stimulating discussion about how mental health service delivery models and their implementation might look.

- **MHCC (2010) *The design, trial and evaluation of Recovery & Wellbeing Locals: One-stop shops in the community for mental health recovery, improved health & wellbeing and social inclusion***
This proposal to NSW Health was developed prior to the announcement of FCPs yet is most relevant as it outlines how this model of care could be established in the form of a one-stop shop in the community for mental health recovery. It was proposed as a system to draw on and link to the arrangements and partnerships established by Divisions for utilising the benefits of the Access to Allied Psychological Services (ATAPS) and other MBS items. This model will be informative for Medicare Locals working to provide both clinical and not clinical primary mental health care. The proposal is consistent with, and builds upon, NHHR directions outlined for increasing access to mental health care for people with severe mental illness in DoHA's *Flexible Care Package Discussion Paper*.
<http://www.mhcc.org.au/policy/Project%20Proposal%20Recovery%20Locals%2003122010.pdf>
- **MHCC (2010) *Proposal to pilot a community managed step-up & home based outreach (sub-acute) mental health service in NSW 2011 - 2014***
MHCC's submission to NSW Health is to establish a Step-up and Home Based Outreach/sub-acute mental health service. The proposed service provides psycho-social support and clinical support via contracted private providers funded through Medicare Benefits Scheme (MBS) mental health care items. Public Mental Health Service clients are given priority of access and there is a focus on early intervention to prevent psychiatric crisis requiring hospitalisation.
<http://www.mhcc.org.au/policy/MHCC%20Step%20Up%20Proposal%20FINAL%20Nov%202010%20.pdf>
- **MHCC (2010) *Call to Action: Rethink on Community Based Recovery Oriented Approaches to Mental Health - MHCC Position Paper on Policy and Funding***, February 2011
MHCC released this Paper in the lead up to the March 2011 NSW state election mapping out a reform agenda to improve the health and wellbeing of people with mental illness, their families and carers. Innovative suggestions are also made for new service delivery models which involve coordinated partnerships between primary health providers and community managed mental health services.
<http://www.mhcc.org.au/policy/positionpaper.pdf>

Model for contracting services

The following NSW Health document may be worth considering as the basis of a model for contracting services in the community managed sector

- **NSW Health Department (2000) *Operational Guidelines: NGO Grant Program***
These Operational Guidelines are the primary statement of roles and responsibilities for both NSW Health and NGOs under the NGO Grant Program. The current NGO Grant Program Review Project has resulted in recent recentralisation of all NGO grant funding as the former Area Health Services devolve into Local Health Networks (LHNs) and this will result in a review of the guidelines.
<http://www.health.nsw.gov.au/pubs/2001/pdf/operational.pdf>

Other:

NHHR Submissions:

MHCC has written a number of documents in the context of the NHHR that speak to our thinking about the delivery of clinical and psychosocial primary mental health care during the establishment of the Medicare Locals. These submissions to DOHA include ideas for increasing access to mental health care in primary healthcare settings:

- **Submission in response to the Medicare Locals Discussion Paper on Function and Governance** (November 2010) <http://www.mhcc.org.au/documents/Submissions/MHCC-Submission-Medicare-Locals-Discussion-Paper-22Nov2010.pdf>
- **Submission to DoHA on the Discussion Paper – Flexible Care Packages for People with Severe Mental Illness** (February 2011) <http://www.mhcc.org.au/documents/Submissions/Flexible-Care-Package-Submission.pdf>

Mental Health Rights Manual

A new 3rd Edition of the Mental Health Rights Manual will soon be available for online access providing a guide to legal and human rights for people with a disability as a consequence of mental illness in NSW. This new edition will incorporate the latest legislative reform and government directives. Written in plain language, this edition is an invaluable readily accessible resource, bringing together vital information crucial to anyone who has to navigate the complex terrain, enabling them to become acquainted with their rights, the legal and service systems, find out where they can access support, information and guidance for themselves or those that they wish to assist. The 3rd Edition will soon be available via the MHCC website. <http://www.mhcc.org.au>

Reframing Responses Information Resource Guide and Workbook

The Information Resource Guide provides workers with practical guidelines to assist women survivors of child abuse along their pathway to recovery. It aims to inform and support the many community services in daily contact with adult survivors presenting with complex needs which require referral to other services. The Workbook includes some reflective practice exercises for workers to consider and discuss with colleagues.

MHCC's objective is that the Information Resource Guide and Workbook will serve as an invaluable resource for a wide range of services including community mental health and other community services; medical practitioners and allied health professionals; school teachers; voluntary organisations; carers and anyone in contact with survivors in their work. <http://www.mhcc.org.au/projects-and-research/reframing-responses-resource-guide.aspx>

Leading the Way

MHCC can provide the Divisions/MLs with the latest information on what is happening in the sector at policy and service delivery levels both State and Commonwealth. MHCC recommends that the Divisions look at the NSW Health "NGO Program Review Recommendations Report" (2010), downloadable at: http://www.health.nsw.gov.au/resources/aboutus/business/pdf/Recommendation_report_FINAL.pdf which makes a number of proposals to improve the way things work in administration, accountability and service delivery for both NGOs and NSW Health. The essence of the reforms will allow a greater integration of NGOs with all their skills, knowledge and community connectedness into the planning process. As the report states (pg36): "one of the broad outcomes of this Review is that NSW Health and the NGO sector should strengthen partnerships to improve health service planning across all health services in NSW".

This review sits well with the NHHR which is promoting public, private and community sector service coordination and partnership for achieving primary mental health care.