



Sydney
Local Health District

Mental Health Strategic Plan

2023 to 2028



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Foreword

Mental Health is a major service and strategic priority for the Sydney Local Health District (the District). The Sydney Local Health District Mental Health Plan 2021-2026 outlines our vision, *Excellence in Health and Healthcare for All*, supported by our CORE values and the foundational principles which inform our strategy.

This Strategic Plan builds on the SLHD Strategic Plan 2018-2023 and sets out the strategy for the District’s Mental Health Service over the next five years.

Our plan, consistent with national and state policy provides a means of supporting recovery-oriented, trauma-informed person-centred care that is evidence based, least restrictive, and strengths oriented.

The National Mental Health Service Planning Framework (NMHSPF) projects for 2022 that our District is home to 18,566 people with a severe mental health problem, requiring specialist support. This is projected to increase to 19,736 people by 2027. The total number of people across the age groups (in 2022), who experience a mental health problem that will require any level of support is almost 150,000 people. The recent pandemic has further increased the mental health needs of our community.

Our commitment is that mental health care is equitable, accessible, rights-based and informed at all levels by lived experience. People with mental health issues are part of communities and respect needs to be afforded to those who provide support including families, friends and carers. The physical health of mental health consumers continues to be an important consideration. Our priority populations, including Aboriginal communities require strong, collaborative approaches. Strategies to reduce suicide rates and improve social inclusion are emphasised.

Wherever possible we will provide care in homes and in the community rather than in hospitals. This requires that we have strengthened community-based care, strengthened virtual and ambulatory care and adequate acute and inpatient care.

The District has a strong and active mental health service, supporting around 4,200 people at any point in time. Community mental health provides around 20,000 occasions of service every month with a further 100 admissions to inpatient services every month. High-quality, consumer-oriented care is central to our services. However, there remain urgent needs which are unmet. This plan identifies those needs.

Collaboration is one of our CORE values, and the themes of connection and partnership to build stronger relationships underlie many of our strategies and are integral to trusted care.

Our community services work in partnership with our consumers, primary care, community managed organisations, Aboriginal community organisations, social housing providers and many more to meet the complex needs of our consumers. When our consumers in the community require urgent assistance we partner with emergency services, community health and our emergency departments to respond to crises.

For people admitted as inpatients, we rely on further internal partnerships to ensure consumers receive comprehensive care for all their health conditions. Eliminating restrictive practices is a critical element in ensuring quality care. Official Visitors further support safe and lawful high-quality care. Deficits in any of these partnerships jeopardise the quality of care we are able to provide.

This Strategic Plan provides a framework for us to work towards meeting our community’s future needs and enables us to strategically work with our partners to support high quality, evidence-based mental health across the District. It builds upon the existing strengths of our mental health services, working in collaboration with mainstream healthcare. It supports the development of new and expanded strategies and targeted mental health services by:

- providing high quality and safe, culturally appropriate mental health services
- promoting integration and collaboration with prevention and early intervention services and with partners in primary care and community managed organisations
- creating capacity for the care of acutely unwell adolescents
- expanding inpatient acute beds for older persons
- enhancing community mental health and improving the continuity of care between hospital and community-based services, including for priority populations such as adolescents and older people
- increasing our community-based rehabilitation beds



- improving the physical health of people with mental health problems
- delivering on statewide specialist services that we host and manage
- strengthening the implementation of our behaviour management frameworks
- ensuring our mainstream services support and appropriately care for people with mental health illnesses
- embedding a culture of research and evaluation in our services
- supporting the wellbeing of our staff

Our District is rich in cultural and social diversity, with pockets of both extreme advantage and extreme disadvantage. Some parts of our community have poorer access to health services, and experience high levels of health disparities. We are home to significant numbers of refugees, asylum seekers and people who speak little or no English, a thriving lesbian, gay, bisexual, transgender, intersex, questioning and queer (LGBTIQ+) communities, and a flourishing Aboriginal Australian community. Experiences of racism, discrimination and intergenerational trauma impact on some of our communities. Our region is also characterised by a population of people who are homeless, including rough sleepers and people with unstable housing.

Those who are most disadvantaged are at risk of having lower incomes, decreased educational opportunities, living in overcrowded and often unsustainable living situations, experience violence and trauma, may experience varied levels of social exclusion, and typically have access to fewer health resources to maintain good physical mental health and wellbeing.

We cannot achieve good mental health outcomes for our population without understanding our communities, strengthening the integration of services across all levels of the health system, and building strong and effective collaborative working relationships with our many partners. I look forward to the positive impacts of this Strategic Plan for our diverse and rich community.

Dr Teresa Anderson AM
Chief Executive
Sydney Local Health District

The Hon John Ajaka
Board Chair
Sydney Local Health District

Dr Andrew McDonald
Acting Director Mental Health
Sydney Local Health District

Jay Jiang
Acting General Manager
Mental Health
Sydney Local Health District



Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges *Gadigal*, *Wangal* and *Bediagal* as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great *Eora Nation*. *Always was and always will be Aboriginal Land*.

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi – A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The *Gadigal*, *Wangal* and *Bediagal* are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great *Eora Nation*. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or *Wirriga*

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or *Gawura*

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the *Gadigal* people.

The Eel or *Burra*

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

We acknowledge the lived and living experiences of mental distress, mental illness, and of altered states of being.

We acknowledge those among us today who remain silent on their experience, and the people in their lives that care.

We acknowledge those who have had a suicide attempt, those who have not survived suicide, and those who are left behind.

We hope that through co-design and collaboration, the collective wisdom of all our experiences will guide the work described in this Plan.



Our vision and mission

Sydney Local Health District vision

Excellence in health and healthcare for all.

Sydney Local Health District mission

Work with our communities to promote:

- co-designed and co-produced health policy, plans, new service models and research studies
- improvements in the social and environmental factors that sustain health
- a healthcare system that is responsive to equity concerns
- best practice prevention, health promotion and health protection programs and strategies
- care in the community delivered close to where people live

Ensure that the community has equitable access to the highest quality consumer and family-centred care that is:

- integrated, timely, culturally safe and competent, evidence-based and efficient
- provided by a highly skilled compassionate workforce who are committed, accountable, supported and valued
- supported by leading-edge research, education, and medical and information technologies
- supportive of the healthcare of populations in other local health districts, states, and territories across Australia and in other countries

*Right: Peace and Harmony
in Green and Blue (PHGB)
(215-224)
6 of 10 panels (60cm X 60cm)
Acrylic on Canvas*



The planning process

This Strategic Plan has been developed through an inclusive consultation process with the District's Board, Executive, employee, consumer, carer and community consultation process. The previous strategic plan and other District enabling plans were reviewed as well as a review of current population demographics, recent consultations and community feedback, results of the consumer and carer experience of service surveys, and hospital and community activity. We have analysed current and projected activity using nationally endorsed mental health planning tools, including the NMHSPF. We have reviewed the literature to understand best practice and emerging evidence.

Over 120 people participated in stakeholder consultations representing 28 internal and external partners. Our survey was distributed widely, with respondents representing lived experience, mental health and non-mental health District staff, community managed organisations and external partner agencies. Collectively, this feedback informed the strategic priorities. A summary report from these consultations can be found on the District's mental health website. An Aboriginal Impact Statement was completed in consultation with Aboriginal staff and the District's Aboriginal Health Unit.

The mental health and suicide prevention landscape was reviewed to understand the policy drivers that will impact on service delivery over the next decade, including the Fifth National Mental Health and Suicide Prevention Plan, The National Suicide Prevention Strategy (2007), and the Australian Government's Response to Contributing Lives, Thriving Communities: Review of Mental Health Programs and Services (2015).

Our Strategic Plan aligns with the expectations of these plans, and broader health goals in NSW, including future health, elevating the human experience and value based health care. Our Strategic Directions and Priority areas align with the District strategic plan focus areas.



Action areas at a glance

This Strategic Plan is built on the foundations of the Sydney Local Health District Strategic Plan. This sets an ambitious agenda for partnering with consumers and carers to develop services that are innovative, with staff who are leaders, that improve people's health and wellbeing, and are provided in our hospitals, communities, homes and virtually.

Our services

Strategic goal

Our community has access to responsive, safe, high quality, integrated services that are individualised and support wellbeing.

Strategic actions

- Enhancing community mental health services.
- Expanding community-based beds.
- Expanding our virtual care services.
- Focusing on priority populations including Aboriginal communities, LGBTIQ+ communities and people experiencing homelessness.
- Expanding and upgrading our acute service capacity.
- Expanding services for acutely unwell adolescents.
- Establishing a Safeguards Team within Child and Adolescent Mental Health Services targeting infants, children and adolescents up to 18 years of age with mental health problems.
- Improving the physical health and wellbeing needs of our consumers.
- Delivering the 42-bed statewide Forensic Mental Health Unit.
- Strengthening our statewide eating disorders service, postnatal mental health care, and the Intellectual disability services.
- Implementing a quality framework that supports behaviour management and reduces restrictive practices.
- Ensuring our mainstream services support and appropriately care for people with mental health illnesses and people with behavioural disturbances.
- Improving access to services for those with unstable housing.
- Supporting preventive health strategies that improve people's wellbeing in the community.

Our consumers, families and kinship groups

Strategic goal

Care is equitable, accessible, and informed at all levels by lived experience.

Strategic actions

- Placing lived experience at the centre of everything we do.
- Ensuring consultation and co-design lead to real change.
- Ensuring equity of access for vulnerable communities.
- Improving working partnerships with families, carers and kinship groups.
- Work with healthy strong communities to address key social determinants.

Our community, partnerships and environment

Strategic goal

Develop authentic partnerships to create an inclusive and accessible mental health system that meets the needs of diverse populations.

Strategic actions

- Developing and strengthening partnerships that improve outcomes.
- Consolidating and expanding our collaborative services and models of care.
- Actively partnering with Central and Eastern Sydney Primary Health Network (CESPHN) on regional planning activities.

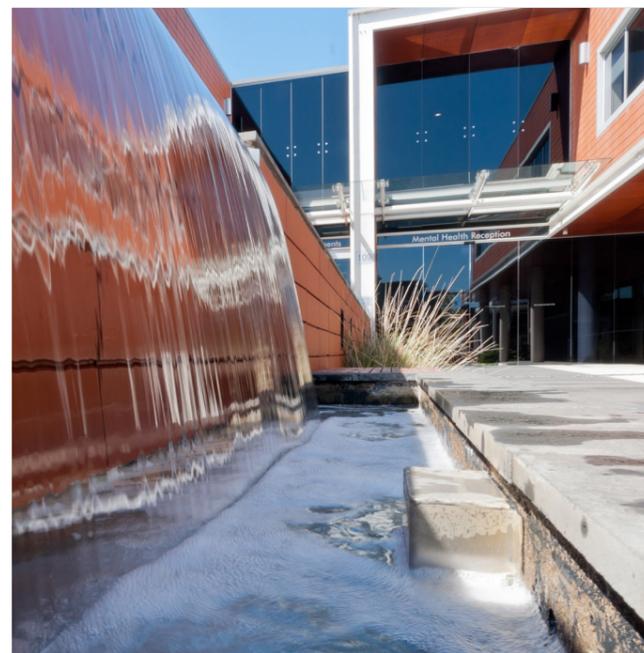
Our facilities

Strategic goal

Facilities are high quality, with integrated digital and physical infrastructure that improves consumer experience. Facility plans recognise future infrastructure requirements, models of care and innovations.

Strategic actions

- To address the forecasted mental health needs of the District's population, there is a requirement for infrastructure including:
 - expanding community-based facilities across the lifespan to accommodate our services
 - expanding community-based beds from 10 to 142 beds based in Canterbury, Rozelle, Redfern and Homebush-Concord regions
 - establishing a 10 bed adolescent acute inpatient unit at Concord Centre for Mental Health
 - expanding acute older person's services at Concord Centre for Mental Health
 - commissioning of 42 bed Forensic Mental Health Unit at Concord Centre for Mental Health
 - commissioning of 30 community-based rehabilitation (PCLI) beds at strategic locations across the District
 - actively exploring the expansion of acute adult service by 40 beds to meet the needs of the Canterbury population
 - refurbishing Rivendell to support current and predicted increased staff numbers with amenity and digital requirements
 - developing and enabling of a digital mental health strategy
 - expanding our virtual care infrastructure



Our staff

Strategic goal

Our workforce is engaged, supported, and able to respond to the changing healthcare environment

Strategic actions

- Maintaining a strong focus on the safety and wellbeing of our staff.
- Developing contemporary workforce strategies for:
 - recruitment and retention
 - discipline specific development plans
 - organisational culture and wellbeing
- Fostering a just and restorative culture of open communication and learning that nurtures, values and supports our staff.

Our education

Strategic goal

We are a trained and capable workforce at every level.

Strategic actions

- Developing staff and team capability across our services.
- Supporting the next generation of clinicians through high quality clinical placements.
- Ensuring partners in care have access to training that improves the patient journey.

Our research

Strategic goal

Our research partners, workforce, consumers and carers are trained and supported to develop and apply new knowledge that improves health outcomes.

Strategic actions

- Embedding a culture of research and evaluation in services.
- Actively supporting consumer led research.
- Developing a mental health research strategy.

Best practice principles

Best practice principles for the provision of mental health service care have guided the development of this plan.

Specifically, principles described in the World Health Organization Social Determinants of Mental Health (2014), Living Well – A strategic plan for mental health in NSW 2014-2024, the Fifth National Mental Health and Suicide Prevention Plan 2017-2022, and the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022.

Quality and safety

The provision of safe and high quality services is central to all mental health service delivery.

Honouring lived experience

People with lived experience of mental distress, altered states of being, and the people around them who are affected by those experiences have a valued, unique, and legitimate role in shaping our mental health services. People with lived experience help shape our culture, contribute knowledge and skills to our understanding of service design and operations, and help us improve people's experiences of mental health care.

Protection of human rights

Our actions will be guided by ensuring a human rights-based approach to mental health care. Ensuring dignity and respect, autonomy, self-determination, community-based care and the inclusion of people in their health care choices will be encouraged to flourish. We will work to ensure that our services embed human rights into the way we care for people in distress.

A life-course approach

Exposure to social, economic and environmental disadvantage can influence mental health and wellbeing, people at different ages and stages of life, in different ways. A life course approach accounts for the difference experiences and impacts of social determinants

throughout life, and recognises that experience in early life can be cumulative and influence experiences later in life.

Embracing families, carers and kinship groups

Families, carers and kinship groups have unique needs, knowledge and experiences that will be explicitly built into our services. Families, carers and kinship groups are our partners in care at every level, from care planning to collaborative service design, delivery and evaluation.

Meeting diversity

The unique voices and needs of people from diverse and vulnerable populations are acknowledged and valued. We will work with people including those from culturally and linguistically diverse backgrounds, who have diverse gender identities and sexualities, and Aboriginal Australians to understand their experiences and co-create services that meet their needs. Our District has a strong commitment to improving the outcomes of our Aboriginal community.

Connections

Mental health care is provided in diverse environments, by a diverse range of people. Across public health services, the community managed sector, general practitioners, private practitioners, peer-support services, families, friends, neighbours, and colleagues, connections between people enable us to be able to understand someone's needs and provide the right care, and the right time, by the right person. Our connections support choice, diversity, and increase opportunities for people to access care.

Hope

Hope and an optimism for the future is central to recovery, and essential in resilience. We will cultivate and amplify hope at every opportunity.



Factors impacting the mental health care environment

Mental health service provision is rapidly evolving. We operate in an environment of increasing partnerships and diversity in service provision, evolving consumer and carer expectations and new and emerging models of service provision agility now frequently required to respond to natural disasters and pandemics. This Strategic Plan will support our service as we navigate changes and expectations in mental health care over the next five years. Some of the primary influences will include:

The changing policy landscape

National and state strategic policy is focused on central themes of providing recovery-oriented, trauma-informed, person-centred care, that is evidence-based, least restrictive and strengths oriented. Care and systems should be collaborative, inclusive of families and kinship groups, and work effectively with a range of partners. The physical health of mental health consumers continues to be a dominant theme, and strategies to reduce suicide rates and increase social inclusion are emphasised. Eliminating restrictive practices is central to all policy.

National

The National Mental Health Strategy is articulated across a range of plans and frameworks that describe the complementary roles of Federal and State governments in guiding mental health reform.

- The Fifth National Mental Health and Suicide Prevention Plan 2017 provides a context for human

rights-based, inclusive and responsive mental health care. This Strategic Plan commits to coordinated regional planning, suicide prevention, improving the

mental health of Aboriginal and Torres Strait Islander peoples, improving physical health, and ensuring a stronger, more transparent, accountable, efficient and effective mental health system.

- The implementation of the National Disability Insurance Scheme has been central to providing care for vulnerable people and is a significant development in the service spectrum.
- The development and implementation of the NMHSPF contributes to robust, evidence-based population planning for all services. The NMHSPF has highlighted gaps in our services, including community mental health teams, and community-based beds.

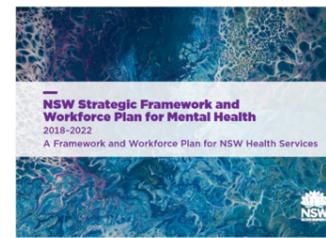
State

The NSW Future Health strategy (2022-2032) sets six strategic outcomes that are a roadmap for delivering health services over the coming decade. The Strategic Plan will support outcomes related to Objective 3 People are healthy and well, specifically Key Objectives 3.3 Make progress towards zero suicides and Key Objective 3.6 Support mental health and wellbeing for our whole community.

NSW Health has released a virtual care strategy which reflects a focus on expanding models of care to include virtual care as an effective adjunct to service provision, and opportunities for innovative new models.

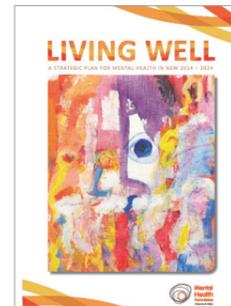
The strategic framework for integrated care articulates a close collaborative care that is consumer driven across multiple agencies.

NSW Mental Health Plans



• The NSW Strategic Framework and Workforce Plan for Mental Health draws upon and aligns with the national and state mental health plans and describes a 10-year path of reform for mental health services. The five

strategic directions of strengthening prevention and early intervention, supporting a greater focus on community-based care, developing a more responsive system, working together to deliver person-centred care and (5) Building a better system have been embraced in this plan.



• The NSW Mental Health Commission's contributed two key documents to define the mental health landscape. Living Well: A Strategic Plan for Mental Health in NSW 2014 describes a 10 year agenda of reform focused on the person, and shifting the focus of mental health care from hospital to the community. The Strategic Framework for Suicide Prevention in NSW 2022-2027 provides key

directions for a five-year whole-of-government approach to suicide prevention in NSW.

Sydney Local Health District

The Sydney Local Health District Strategic Plan describes a commitment to providing our community with health services that place the person at the centre of care. Virtual care will remain a central focus going forward. Integrated care remains central to the District's commitment to providing high-value care that improves quality, safety and patient experience.

Workforce

A supported, skilled workforce is central to providing care. Our staff are highly capable and committed. The COVID-19 pandemic and natural disasters have placed increased demands on our staff, requiring an agile workforce that can respond immediately to a changing community environment whilst managing routine expectations. There are recognised across-the-sector shortages in health care staff, including those with specific skills in mental health. We must support diversity and growth in our workforce to meet future demands.

Increasing consumer, family and community expectations

Consumers and carers expect recovery-oriented care that honours the principle of least restrictive practice and is provided in partnership with all the other services people routinely engage with in their daily life. Services should be timely, integrated, responsive, safe, culturally sensitive and accessible, acknowledge the episodic nature of mental health conditions, and provide high quality evidence based care. Our community expects a nimble system that can respond to swiftly changing community conditions without compromise.

Increasing complexity

Our community includes people who experience homelessness and unstable housing, complex trauma, refugees and asylum seekers, socioeconomic disadvantage and a range of vulnerabilities that contribute to complex presentations. Aboriginal Australians still experience high rates of complex comorbidity and the impact of intergenerational trauma. The COVID-19 pandemic has created unique complexities with operating hospital-based services and increased needs for emergency mental health care. There are increasing numbers of people with comorbid health conditions being cared for. Creating safe and least restrictive care for people experiencing untreated addiction is challenging.

Access to care

Community stigma and discrimination impact on people's willingness to access care. This can be compounded in some diverse, marginalised or disempowered communities. Further, social determinants including housing, employment and vocational opportunities impact on the resources people have to draw on and support engagement with services, and recovery.

Our service embraces a recovery-oriented approach in its delivery of services including the use of language to express hope, recovery and resilience.

Sydney Local Health District

The District is projected to have the fifth highest growth rate of all NSW Health districts. There are multiple state government urban development plans underway in the District which will change the population and expectations. Our District operates a number of Statewide services, across many clinical specialities including mental health. We have a substantial and growing culturally and linguistically diverse population, and thriving LGBTIQ+ communities, and a growing Aboriginal Australian community.

The population of our District is more than 740,00 people. Our population is ageing, with the current number of residents aged over 70 projected to increase around a third by 2,036. There are over 4,500 elderly people living in residential aged care facilities. Each year, around 7,000 babies are born to mothers residing in the District with over 5,500 births occurring in the maternity units at RPA and Canterbury Hospitals over 2021-22.

Over 28,000 people with a disability live in the District. There are over 75,500 carers who provide support across the District.

Of the approximately 740,000 in the District catchment in 2022-23, 147,097 are living with a mental health problem that will require care. This increases to 170,478 by 2035-36.

Our District is rich in cultural and social diversity with significant numbers of refugees, asylum seekers and special humanitarian entrants. Almost 8 per cent of the District population speaks little or no English, and almost half of the District's population speak a language other than English at home. The major languages spoken at home include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese.

A significant Aboriginal population resides in the District. The Redfern region remains one of the most recognised and significant urban Aboriginal places in Australia. Aboriginal and Torres Strait Islander people are widely recognised as having poorer access to appropriate health services.

A feature of the District's social diversity is our proud LGBTIQ+ communities. A number of our suburbs have the highest proportions of same-sex couples in Australia. There is evidence that LGBTIQ+ communities experience high levels of health disparities including higher rates of poor mental health, higher smoking rates and higher rates of sexually transmissible infections.

Sydney Local Health District is characterised by socioeconomic diversity, with pockets of both extreme advantage and extreme disadvantage. Those who are most disadvantaged have lower incomes, less education, live in poor housing or in overcrowded conditions, experience varied levels of social exclusion and typically have access to fewer resources to maintain good health.

The life expectancy gap between those living in the least and most disadvantaged areas with the boundaries of the District is 7.7 years for men and 4.8 years for women. People who are most disadvantaged tend to die younger, become sicker, experience more risk factors and use preventive health services less than the general community. They are also known to be more frequent users of hospitals.

Our District is also characterised by a population of people who are homeless, and people with insecure housing. People who have experienced homelessness are more likely to report having a mental health problem. Homelessness is highly related to poor health outcomes, with some health problems contributing to homelessness,



and some health problems a consequence of homelessness. Our District has historically contained the largest proportion of boarding houses in NSW. Currently 44 per cent (n=463) of boarding houses registered with NSW Fair Trading are in our District. Our mental health services have annually surveyed discharge to homelessness to track admissions and discharges of people with unstable housing. In 2020, there was a significant spike in admissions of people who were rough sleeping, the impact of the pandemic on this cannot be ruled out.

Health literacy remains a significant issue for our clients. Results from the 2020-2021 Your Experience of Service Survey annual report suggest average rates of recall of information related to physical health for our mental health service consumers vary – exercise (71 per cent), diet (65 per cent), Side Effects (62 per cent), drugs and alcohol (49 per cent) and smoking (50 per cent). This falls to only 26 per cent of consumers recalling receiving information about sexual health (YES report, 2021).

Achievements

Sydney Local Health District Mental Health Service Strategic Plan 2015-2019

The Sydney Local Health District Mental Health Strategic Plan 2015-2019 set an agenda for mental health reform that aligned with national and state expectations and the six strategic directions of the SLHD Strategic Plan 2018-2023. Since 2015, the District's Mental Health Service has made significant progress against these directions, as summarised below:

District strategic focus areas District Mental Health Service achievements

- | | |
|---------------------------------|--|
| Our consumers and carers | <ul style="list-style-type: none"> • Establishment of Lived Experience Advisory Panel and peak partnering with consumers and carers meeting. • Successful community living forums and Mental Health Month celebrations for consumers and carers. • Multiple community-based mental health first aid courses, including Aboriginal, Chinese, and targeted community groups. • Expanded and revitalised conjoint programs with GP's, including shared care strategies. • Expanded physical health strategies, including dietetics, exercise physiology and smoking cessation services in mental health. • Expansion of lived experience workforce and creation of specialised roles. • Development of the Peer Support Worker Model of Care, supervision pathways and training. • Service models and plans oriented towards trauma-informed care. • Living Well Living Longer programs for physical health. |
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| Our Community and Partners | <ul style="list-style-type: none"> • Development and expansion of the Aboriginal Mental Health Team. • Better Pathways to Housing project, in collaboration with the NSW Department of Communities and Justice, to improve housing tenure and models of care. • Expansion of the NSW Health Housing and Support Initiative (HASI) including Community Living Supports (CLS) and CLS for refugees. • Partnerships with drug health and aged care to support integrated care. • Establishment of a hoarding and squalor consultancy service. • Increased collaboration with the Exodus Foundation to support people experiencing homelessness. • Collaborated with the Central and Eastern Sydney Primary Health Network (CESPHN) on the development of the Regional Mental Health and Suicide Prevention Plan. • Increased funding and partnerships with the community managed sector. |
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District strategic focus areas

District Mental Health Service achievements

- | | |
|------------------------------------|---|
| Our services and facilities | <ul style="list-style-type: none"> • Commissioned and operationalised the Professor Marie Bashir Centre on the RPA Hospital. • Implementation of: <ul style="list-style-type: none"> - Buduwa Step Up Step Down - Camperdown units 24 hour supported accommodation - statewide Intellectual Disability Service - statewide Eating Disorders Inpatient and Outreach Service including a District level coordinator - expansion of support for long stay consumers under PCLI - Headspace Early Intervention Team (hEIT) - Project Air support for people with complex needs and gold card clinics - Getting On Track in Time (Got It!) school based early intervention - Living Well Living Longer programs • Implementation of recommendations from the Community Mental Health Review, which included: <ul style="list-style-type: none"> - expanded physical health, psychiatry access, care coordination, and development of assertive outreach services - models of care developed and annually reviewed for all community mental health services • Installation of significant solar panels at the Concord Centre for Mental Health (CCMH) site to reduce our environmental impact. |
|------------------------------------|---|

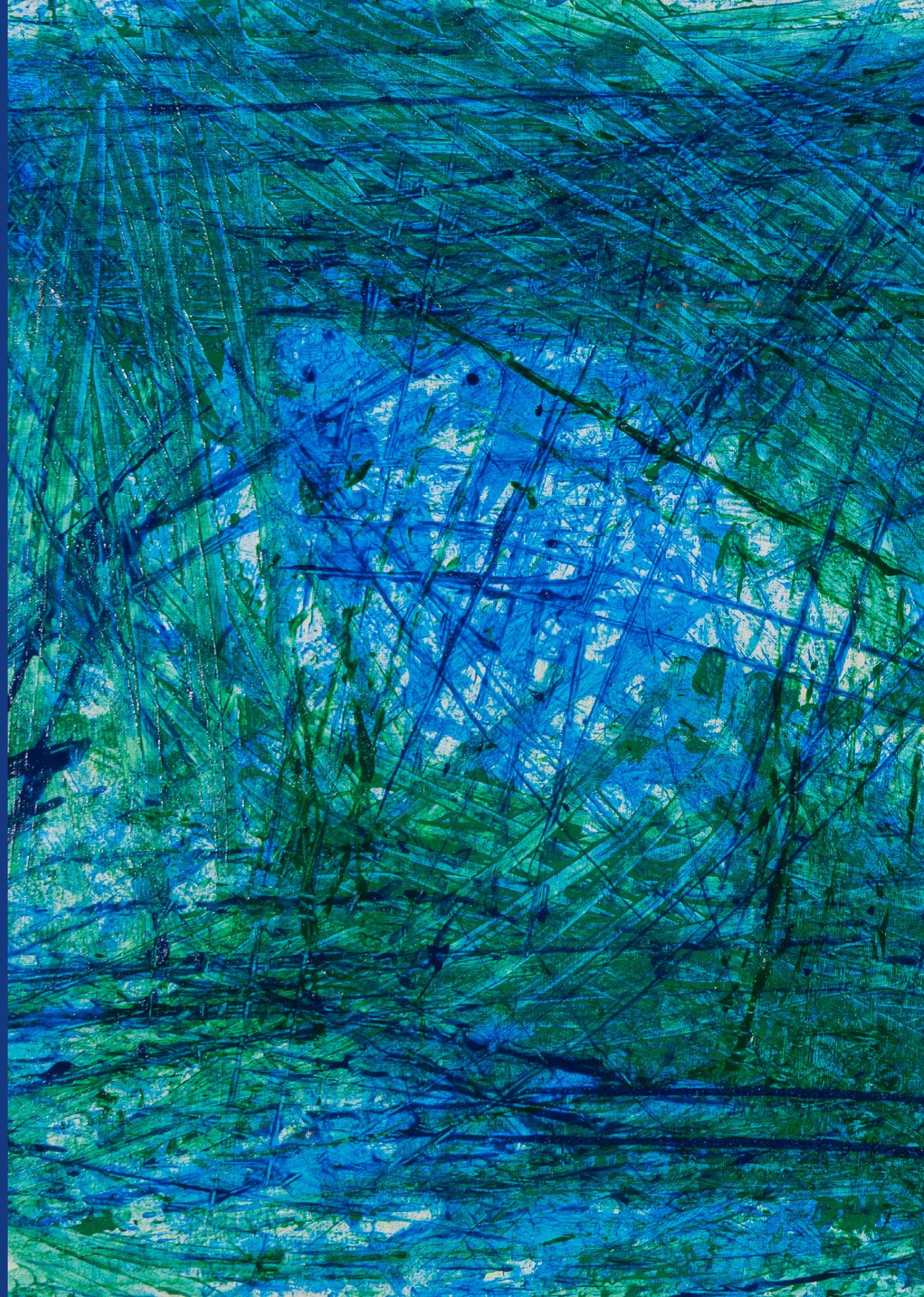
- | | |
|---------------------|--|
| Our research | <ul style="list-style-type: none"> • Regular research forums held across Mental Health Services. • Relationships with research facilities and Universities developed. • Development of a Nursing Research lead position. • 19 research grants with a combined value of \$14 million. • Over 150 peer reviewed publications. |
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| Our staff and education | <ul style="list-style-type: none"> • Expansion of the peer workforce and high rates of completion of the Certificate IV in Peer Support. • Expansion of the Mental Health Nursing Transition to Specialty Practice Program. • Commencement of the mental health pathways in practice work-based learning and development program. |
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| Our organisation | <ul style="list-style-type: none"> • Development of District-wide and community operational plans. • Implementation of Electronic medicating Management (eMeds) and Electronic Medical Records (eMR). • District-wide roll out of Wi-Fi to facilities. • Review and updating of inter- and intra- net sites for increased consumer, community and staff utility. |
|-------------------------|--|

Mental Health Service Strategic Plan

2023 to 2028



Our services

Strategic goal

Our community has access to responsive, safe, high-quality, integrated services that are individualised and support wellbeing.

Mental Health Services operate across inpatient and community settings, across the lifespan. We host several statewide specialist services, including the Peter Beaumont Eating Disorders Service which spans hospital-based and community mental health services.

Across community and hospital-based settings we remain committed to improving the consumer and carer experience, ensuring our services provide safe, high quality and sustainable care. Lived experience leadership in our service design and implementation is crucial to ensuring we get service models right.

Wherever possible we will provide care in homes and in the community rather than in hospitals. This requires that we have strengthened community-based care (including community-based beds), strengthened virtual and ambulatory care and adequate acute and inpatient care across the lifespan.

We will remain committed to improving the physical health and wellbeing of our consumers. We will explore every opportunity to engage in preventive health activities that will improve general health outcomes, self-management strategies, and contribute to maintaining good mental health and wellbeing.

We are committed to the towards zero suicides in care strategies to support people experiencing suicidal distress, hoarding and squalor initiatives, and supporting the expansion of mental health first aid programs.

Priority populations have needs which require specific targeting to ensure they have equitable access to care. We are committed to supporting access.

We remain committed to improving the health outcomes of Aboriginal Australians in our District. We are increasing the workforce in our Aboriginal Mental Health Team with expanded roles and are committed to our invaluable collaboration with the Aboriginal Medical Services Redfern to support the community. The SLHD Implementation Plan for the NSW Health Aboriginal Mental Health and Wellbeing Strategy 2020-2025 commits to connected, culturally safe, trauma informed, holistic care that supports the social and emotional wellbeing of Aboriginal Australians. We remain committed to working with our community, Aboriginal Health, and Aboriginal Mental Health Services to implement this plan.

Our services work in collaboration with many external and internal partners to provide care.

Hospital-based services

District inpatient Mental Health Services are provided at the Professor Marie Bashir Centre (PMBC) at Royal Prince Alfred Hospital, Concord Centre for Mental Health on the Concord General Repatriation Hospital campus and at Rivendell at Thomas Walker Hospital. In total, the District operates 268 mental health beds. These beds are targeted across the lifespan, including for children and young people, adults and older people and include specialist tertiary and quaternary referral services.

We host four Statewide specialist services; the Intensive Psychiatric Care Unit, the Peter Beaumont Eating Disorders Unit, Walker Adolescent Unit and the Naamuru Parent and Baby Unit. Over the course of this Strategic Plan we will deliver on a 42 bed statewide Forensic Mental Health Unit, Burudiyara.



We are committed to building on these specialised services to improve local access to care.

Presentations from people in crisis has steadily increased. Our emergency departments have experienced an increase of over 10 per cent in people presenting for mental health care since before the pandemic. There is increased need for our acute inpatient beds and community acute care team's support. Our acute care services across hospital, consultation liaison and community mental health require increased capacity to meet our community's needs.

Our hospitals are busy. A priority is to expand our acute care capacity. We will work towards increasing capacity in acute care beds, consultation-liaison services to support

We have developed highly specialised partnerships and programs to support consumer needs at different stages of the lifespan and mental health needs.

the General Hospitals, and community-based acute care services. We will explore how to create a hospital-based age appropriate acute care option for adolescents. We will implement a quality framework that supports behaviour management and reduces restrictive practices.

Beyond our specialised mental health services, we need to ensure that services and facilities are equipped to provide appropriate care to people living with mental health problems.

Community-based services

Community mental health services operate across five primary community-based sites. We have community managed organisations co-located with our services, and mental health staff embedded in external services to enhance mental health outcomes.

We host the Statewide Specialist Intellectual Disability Mental Health Service (SIDMHOS). We provide specialist programs, for example our Children of Parents with Mental Illness Team, early intervention programs, towards zero suicides programs, hoarding and squalor, and the aboriginal mental health unit.

Our Adult Core Teams that provide care coordination form the foundations of our Community Mental Health Services. We have developed highly specialised partnerships and programs to support consumer needs at different stages of the lifespan and mental health needs. We will continue to grow capacity for specialised services that are culturally safe, enable best practice, and are responsive to the needs of vulnerable communities. This will include approaches to supporting safe

accommodation and housing tenure, improving access to care for people with hoarding and squalor conditions, people with intellectual disability, and people experiencing suicidal distress.

Our co-locations in Buduwa and Camperdown units are innovative approaches to providing community-based residential support to consumers. Over the course of this Strategic Plan we will deliver on 30 community-based residential rehabilitation beds under the Pathways to Community Living Initiative (PCLI). Our partnership with CESPHN to develop shared care, an evidence based training and education model which supports clinicians with the skills to provide best practice care in their local communities, is unique and effective.

The COVID-19 pandemic bought forward our activity using virtual healthcare strategies. Virtual health is not a replacement for face to face mental health care, and preliminary consumer feedback on our use of virtual healthcare during the COVID-19 pandemic was positive. Developments in virtual healthcare will afford an opportunity to trial new and innovative approaches to hybrid models of care that improve consumer choice and experience.

The majority of our beds are based in hospitals. We have currently only have 10 community-based beds, this is below our requirements to meet current community needs. Gaps in community-based beds include community-based residential rehabilitation and access to step-up/ step-down services. These community-based

Virtual health is not a replacement for face to face mental health care, and preliminary consumer feedback on our use of virtual healthcare during the COVID-19 pandemic was positive.

Our services in the community

Statewide services			
Intellectual Disability Mental Health Service (SIDMHOS)	Eating Disorders Outreach		
District services			
Child and Adolescent Mental Health			
Perinatal Infant Mental Health Service	Child and Adolescent Mental Health	Adolescent Community Mental Health Team	Children of Parents with a Mental Illness
Getting on track on time –primary school aged mental health			
Adult Mental Health			
Acute Care Services	Adult Core (Care Coordination) Teams	Assertive Outreach Teams	Aboriginal Mental Health Unit
Early Psychosis Intervention Services	Headspace Early Intervention Team	Assisted Boarding Houses and Homelessness Outreach Services	Step Up Step Down residential support service
Living Well, Living Longer physical health services	Consultation Liaison Mental Health	PACER (Police, Ambulance and Clinical Early Response)	Hoarding and Squalor Consultancy Service
Carer Support	Bilingual Mental Health Workers	Safe Haven	Suicide Prevention Outreach Team clinicians (SPOT)
Peer Supported Transfer of Care (Peer-STOC)			
Older Persons Mental Health			
Older Persons Mental Health			

Our services in hospital

Statewide services			
Peter Beaumont Eating Disorders Service (9 beds)	Walker Adolescent Service (12 beds)	Rivendell Adolescent Mental Health Unit and School Program (20 beds)	Naamuru Parent and Baby Unit (8 beds)
Intensive Psychiatric Care Unit (10 beds)			
District services			
Professor Marie Bashir Centre at Royal Prince Alfred Hospital			
High Dependency Unit (22 beds)	Acute Mental Health Unit (37 beds)		
Concord Centre for Mental Health at Concord General Repatriation Hospital			
High Dependency Unit (22 beds)	Acute Mental Health Unit (63 beds)	Mental Health Rehabilitation (35 beds)	Older Persons Acute Unit (30 beds)

services support people in maintaining life in the community without requiring admission. Our greatest gap is in community-based rehabilitation beds.

The physical health needs of our consumer's remains a priority in all our services across the lifespan. We will continue to build on the activities of the Living Well, Living Longer program to improve screening, detection, treatment and ongoing support for people living with coexisting physical health conditions. We are committed to helping improving general health, and keeping people healthy. We will work with all clinical streams to ensure that consumers with lived experience of mental illness are given equal access to all the healthcare they require, provided in a trauma-informed, consumer and family centred manner. We will continue working to ensure that mental health is everyone's business.

Future demand and priorities

The NMHSPF projects gaps in acute care beds. We currently have 80 per cent of the hospital-based beds we need to support our population, including no age appropriate beds for adolescents and young people. Our current population modelling suggests we could support an acute adolescent inpatient unit. Current population predictions suggest that the 18-24 year age range will require just under 20 per cent of our youth and adult beds.

We have significant gaps in community-based beds, with needs in residential rehabilitation, step up/ step down, and non-acute beds.

Current projections using the NMHSPF suggest that our community mental health teams are under resourced to serve current population needs. This need is across the lifespan. Population modelling suggests our child and adolescent teams have about 20 per cent of the staff required to meet population needs, our care coordination teams have about a third of the staff needed, and older persons approximately 40 per cent.

We will remain committed to improving the physical health and wellbeing of our consumers. We will explore every opportunity to engage in preventive health activities that will improve general health outcomes, self-management strategies, and contribute to maintaining good mental health and wellbeing. We are committed to the towards zero suicides in care strategies to support people experiencing suicidal distress, hoarding and squalor initiatives, and supporting the expansion of mental health first aid programs.

We remain committed to improving the health outcomes of Aboriginal Australians in our District. We are increasing the workforce in our Aboriginal Mental Health Team with expanded roles, and are committed to our invaluable collaboration with the Aboriginal Medical Services Redfern to support the community. The SLHD Implementation Plan for the NSW Health Aboriginal Mental Health and Wellbeing Strategy 2020-2025 commits to connected, culturally safe, trauma-informed, holistic care that supports the social and emotional wellbeing of Aboriginal Australians. We remain committed to working with our community, Aboriginal Health, and Aboriginal Mental health Services to implement this plan.

Strategic priorities

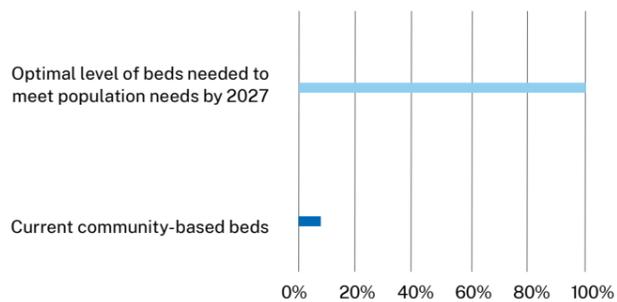
- Enhancing community mental health services.
- Expanding community-based beds.
- Expanding our virtual care services.
- Focusing on priority populations including Aboriginal communities, LGBTIQ+ communities and people experiencing homelessness. Expanding and upgrading our acute service capacity.
- Expanding services for acutely unwell adolescents.
- Establishing a Safeguards Team within CAMHS targeting infants, children and adolescents up to 18 years of age with mental health problems.
- Improving the physical health and wellbeing needs of our consumers.
- Delivering the 42-bed statewide Forensic Mental Health Unit, Burudiyara.
- Strengthening our statewide eating disorders service, postnatal mental health care, and the intellectual disability services.
- Implementing a quality framework that supports behaviour management and reduces restrictive practices.
- Ensuring our mainstream services support and appropriately care for people with mental health illnesses and people with behavioural disturbances.
- Improving access to services for those with unstable housing.
- Supporting preventive health strategies that improve people's wellbeing in the community.

Signs of success

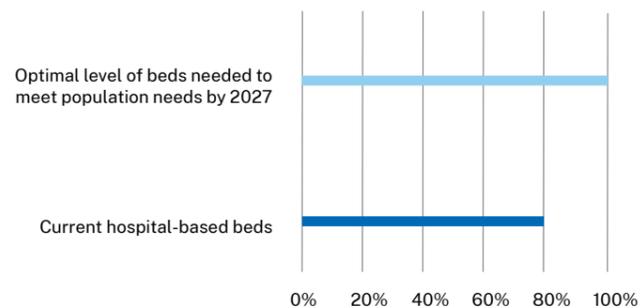
- All new significant projects start with co-design.
- Coercive and restrictive practice reduced below the KPI.
- Exceeding the key performance indicator on the YES and CES surveys.
- Successful implementation of the Eating Disorders Strategic Plan, and NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 response.
- Continued development of the Living Well Living Longer program.
- Improved access to mainstream health services for people experiencing mental health problems.



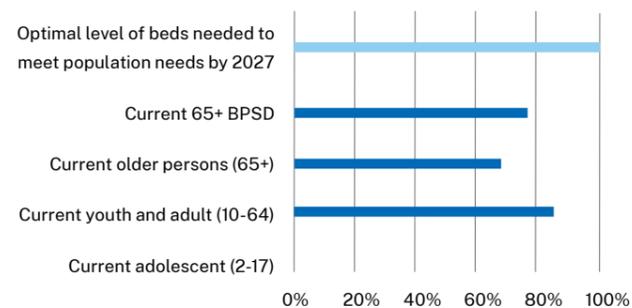
Current community-based residential services as a proportion of optimal levels required by 2027



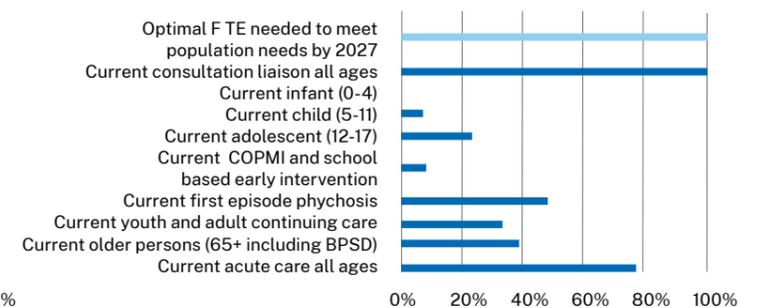
Current hospital-based services as a proportion of optimal levels required by 2027



Current hospital-based services age group as a proportion of optimal levels required by 2027



Current community mental health services as a proportion of optimal levels



Our consumers, families, carers and kinship groups

Strategic goal

Care is equitable, accessible, and informed at all levels by lived experience.

The lived experience voice is central to the way we design, develop and implement mental health services. In Across the District, our consumer, family, carer and kinship group voices are diverse; spanning the age range, cultures, gender identities and sexualities, mental health experience, or service setting. Our services reach out to people in vulnerable communities, or with complex comorbidities. We will actively seek to amplify these voices to empower our communities and ensure that our services are safe, respectful and accessible. We will be more transparent and explicit about using co-design and co-production for health service planning and delivery. We will build upon our successes to further expand the District peer support and Aboriginal liaison officer workforce.

The annual Your Experience of Service (YES) and Carer Experience Survey (CES) provide us with rich information on consumer and carer experience. Over the 2021-2022 reporting year, the District received almost 1,300 surveys with almost three quarters of consumers reporting their care as very good or excellent. Our YES survey results feed into action and change processes which we use to improve our services.

We are committed to the development and expansion of our lived experience workforce. Our vibrant and thriving peer support workers, and family and carer support worker, are vital in helping orient our services to the needs of consumers. The lived experience contribution to the multidisciplinary team improves the options of care available to consumers.

We will continue to develop Our Lived Experience Advisory Panel (LEAP) which is a rich wellspring of perspectives. There are barriers to participation in

LEAP, including culture, diversity, feeling safe and stigma. Not everyone will want to participate in a meeting to have their perspective heard. We will support LEAP and develop new ways of engagement, including ways to engage families, carers and kinship groups.

Our family inclusion project, being undertaken in collaboration with OneDoor Mental Health, is helping us provide structure, support and guidance for our staff to improve their practice in working with families.

New models of service provision, including our safe haven as part of the towards zero suicides initiatives, the peer supported transfer of care program (PeerSTOC) and the Suicide Prevention Outreach Team (SPOT) build on lived experience expertise to support consumers in their recovery. Going forward we will explore opportunities to increase engagement, including through emergent virtual technologies.

Our specialist mental health services work in partnership with a broad range of services and organisations who are vital in ensuring the consumer and their family experience safe, connected care that meets their needs. These partners include emergency departments, ambulance services, drug and alcohol services, primary care and general health teams, Aboriginal Community Controlled Health Services (ACCHS), Housing and Support Initiative (HASI) and Community Living Support (CLS) providers, housing providers, educational organisations and social services.

Mental health outcomes are shaped by the social, economic and physical environment in which people live. We remain committed to reducing the health risks associated with social inequalities. Disadvantage starts early and accumulates through life. We will take a whole of life approach and support our consumers having somewhere safe to live, somewhere to work or an education, and supportive relationships. We will ensure our services are accessible, and equitable.



Strategic priorities

- Placing lived experience at the centre of everything we do.
- Ensuring consultation and co-design lead to real change.
- Ensuring equity of access for vulnerable communities.
- Expanding our capacity with the Lived Experience Advisory Panel and Family and Carer Advisory Panel.
- Developing and implementing a strategy for working effectively with families and carers.
- Work with healthy strong communities to address key social determinants.

Signs of success

- District Mental Health Services meet key performance indicators on the YES and CES surveys.
- Families and carers are actively engaged as partners in care.
- A thriving LEAP and development of a Family and Carer Advisory Panel.
- Improvements in indicators of social inclusion.

Our community, partnerships and collaborations

Strategic goal

Develop authentic partnerships to create an inclusive and accessible mental health system that meets the needs of diverse populations.

The mental health service provision landscape is complex, including all three levels of government, private services and practitioners, and the community managed sector. This system is interconnected with services that are linked to social determinants of mental health, including housing, educational providers, and unemployment services. Navigating this complex environment can be challenging.

We support a broad and diverse community of people who live with experiences of mental distress and altered states of being, and mental ill-health, and we support their friends, family, neighbours, work colleagues and loved ones. Our vulnerable communities include the homeless and people living in unstable housing, our LBGQTQI+ community, Aboriginal Australians, international students, people from culturally diverse backgrounds and those living with complex physical health comorbidities. Our services will include planning for these vulnerable groups.

A key priority of the Fifth National Mental Health and Suicide Prevention Plan has been the development of joint regional plans between specialist Mental Health Services and Primary Health Networks to enable integrated services and pathways for people to navigate and access best evidence services. The Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan has informed the coordinated commissioning of services and pathways between primary, secondary and tertiary mental health care.

The Australian and NSW Governments have also committed to the collaborative commissioning

of services, focussing on local health needs to improve community outcomes. Commissioned services will increasingly become a key driver in shaping service delivery and partnerships. We are committed to partnering in future regional planning and commissioning activities.

Mental Health Services cannot be provided in isolation, and close collaboration with our internal and external partners is central to meeting mental health need. Implementation of NSW Ministry of Health frameworks and priorities, including the pathways to community living initiative, towards zero suicides, the NSW Aboriginal Mental Health & Wellbeing Strategy 2020-2025, the NSW Family Focused Recovery Framework 2020-2025, and working with CESP HN on the regional plan will work towards these goals.

Strategic priorities

- Developing and strengthening partnerships that improve outcomes.
- Consolidating and expanding our collaborative services and models of care.
- Actively partnering with CESP HN on regional planning activities.

Signs of success

- Expanded partnerships with community services to improve options for people seeking care.
- An inclusive and accessible mental health system that meets the needs of diverse populations.





...new models of care are collocated with external partners which provides significant benefit to consumers.

The needs of consumers and carers will be improved through targeted and effective interagency and non-government collaborations. Increasingly new models of care are collocated with external partners which provides significant benefit to consumers. The PACER (Police, Ambulance, and Clinical Early Response) teams that are collocated with local Police Area Commands are an example of a modern model that improves mental health responsiveness and capacity within emergency services to respond to people in psychiatric distress and improve mental health outcomes. We will continue to explore opportunities for collaborative care across sectors.

We want to build on good practice in working with people with co-occurring mental health and substance use conditions. Our partnership with Drug Health Services is central to developing our capacity to effectively support consumers.

Our external community, partnerships and collaborations

Partnership services	Services provided
OneDoor Mental Health	Carer support services
Flourish Australia	Housing and support initiative and supported accommodation
Mission Australia	Housing and support initiative
New Horizons	Community living supports and supported accommodation
Aftercare	Supported accommodation
Official Visitors	Advise on rights and concerns in mental health care
Central and Eastern Sydney Primary Health Network	Clinical services – GP liaison, youth risk of mental illness
Co.As.IT	Italian community mental health support
Wesley Mission	Lifeline services and mental health in-reach support
Mission Australia	Annie Green Court, Common Ground at Camperdown
Catholic Healthcare	Holy Spirit Croydon
Aboriginal Medical Services Redfern	Specialist Aboriginal Australian health and mental health services
Redfern Legal Centre	Legal advice and support for consumers
Marrickville Legal Centre	Legal advice and support for consumers
Department of Education	Rivendell Adolescent Unit at Thomas Walker Hospital and Walker Adolescent High Severity Psychiatric Unit in the Concord Centre for Mental Health
Department of Communities and Justice	Centrelink in-reach support

Our internal community, partnerships and collaborations

Emergency departments	RPA Virtual Hospital
Child and Family Services	Diversity Hub
Drug and Alcohol	Gastro and Liver Clinical Stream
Aboriginal Health Unit	Intensive care units
Consultation Liaison Mental Health Services	Sexual Assault
Andrology	Allied Health – Occupational Therapy, Nutrition and Dietetics, Social Work, Speech Pathology, Psychology, Physiotherapy
Maternity	Security

Our facilities

Strategic goal

Facilities are high quality, with integrated digital and physical infrastructure that improves consumer experience and plans for future need and innovations.

The NMHSPF projects a need for over 400 hospital or residential based services for the District population by 2027-28, and almost double the current numbers of community mental health staff. These requirements will increase over the next decade. To meet our forecasted demand we will need to expand and redevelop our facilities across all sites.

The priority is to provide care in homes and in the community rather than in hospitals. This requires that we have strengthened community-based care, strengthened virtual and ambulatory care and adequate acute and inpatient care across the lifespan.

Hospital-based mental health services

Our largest gap in hospital-based acute care beds is for adolescents and young people. An adolescent unit would be best placed on the Concord Centre for Mental Health campus to benefit from the existing youth mental health expertise on site.

Our hospital-based facilities need to be routinely refurbished and refined to ensure a safe working environment that meets consumer needs. Looking forward we will plan for our services to be digital ready.

The District is host to four specialist statewide admissions services; the Intensive Psychiatric Care Unit, the Peter Beaumont Eating Disorders Unit, Walker Adolescent Unit and the Naamuru Parent and Baby Unit. We will continue to seek opportunities for specialist services, including the proposed 42-bed forensic inpatient service, Burudyara.

Community mental health services

Our community mental health services should be based in the community, to support consumers in their community of choice. Recent enhancements have expanded and strengthened our teams. However, our facilities are at capacity, in locations that do not always maximise access and do not support the provision of contemporary models of care, including virtual care.

The Sydney Local Health District Strategic Plan indicates new community-based facilities are being developed at Green Square, Waterloo, Canterbury, Homebush-Concord and Riverwood. These facilities are ideally suited to include mental health services in co-located community-based models of care.

Our existing community mental health facilities are not sufficient for existing or future needs, lacking in space for staff, clinic space, group rooms and therapeutic spaces for consumer care. Ideally our community mental health services should be in the community, and allow space for collaborative working models with our community managed organisation partners.

Community residential-based services

The District currently has one, 10-bed unit located in the community. The Buduwa Step Up Step Down Service is a new development since the last mental health plan. It is operated in partnership with a community managed provider and is an innovative model for NSW. Consumer feedback on the Buduwa service is positive, with 86 per cent of people reporting a very good or excellent experience of care. The NMHSPF projects a need for over 140 community-based step up/ step down beds, residential rehabilitation beds, and sub-acute care beds in the District by 2027. These beds will ensure consumers have access to the right environment for a longer stay to develop skills and focus on wellness.



Community bed based models of care are a District priority. The NSW Health strategy – Pathways to Community Living Initiative (PCLI) – will deliver 30 community-based beds targeted at long stay in-patients with complex presentations. The PCLI beds are a statewide resource and will not meet the projected demand for this service in the District. We have begun active planning to increase our capacity for community bed based services. The District’s strategic asset management plan has prioritised community-based models of bed based care to increase our capacity for community bed based services.

Virtual care

Virtual care models will enable staff to work actively in the community, remotely or across sites, and allow more inclusive and flexible care that is responsive to consumer preferences and innovative in its design. Upgrading and maintaining information technologies, creating space in the workplace for staff to ensure confidentiality, and supporting a digitally capable workforce will support this.

Virtual care expands our options for carer engagement and working in close relationship with General Practitioners and community partners. We will build into our planning for new services space and capacity for implementing innovative virtual care mental health models.

The spectrum of hospital-based services with mental health needs

We will continue to be engaged in broader District planning processes to ensure mental health services are integrated within all facility redevelopments and service planning projects.

Traditionally, non-mental health space should contribute to good consumer experience and enhance health outcomes. All care environments should be non-stigmatising, safe and welcoming, culturally and age appropriate, and designed to facilitate de-escalation processes and minimally coercive care. We will advocate for design features that reduce the risk of use of seclusion or restraint.

A digitally enabled mental health service

We will ensure our services have access to timely service information that supports critical reflection and decision making. We will continue to ensure the electronic medical records meets our needs, and use technology to enhance outcomes for consumers. This will include working in partnership, expanding options for care, and the use of digital tools to complement face to face care.

Our facilities

Community services

Community Mental Health Services	Redfern, Marrickville, Camperdown, Canterbury, Croydon
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Bed-based services

Professor Marie Bashir Centre	Royal Prince Alfred Hospital
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Naamuru Parent and Baby Unit	Royal Prince Alfred Hospital
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Concord Centre for Mental Health	Concord General Repatriation Hospital
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The Thomas Walker Hospital	Concord
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Buduwa Step Up Step Down Service	Community-based, Burwood
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Strategic priorities

- To address the forecasted mental health needs of the District population, there is a requirement for the:
 - Expanding community-based facilities across the lifespan to accommodate our services.
 - Expanding in community-based beds from 10 to 142 beds based in Canterbury, Rozelle, Redfern and Homebush-Concord regions.
 - Establishing a 10-bed adolescent acute inpatient unit at Concord Centre for Mental Health.
 - Expanding acute older persons services at Concord Centre for Mental Health.
 - Commissioning of the 42-bed Forensic Mental Health Unit at Concord Centre for Mental Health.
 - Commissioning of 30 community-based rehabilitation (PCLI) beds at strategic locations across the District.
 - Actively exploring the expansion of acute adult service by 40 beds to meet the needs of the Canterbury population.
- Refurbishing Rivendell to support current staff and predicted increased staff requirements with amenity and digital requirements.
- Developing and enabling of a digital mental health strategy.
- Expanding our virtual care infrastructure.

Signs of success

- Active planning to meet projected population need and service gaps.
- Successful commissioning of new services, including PCLI and the Forensic Mental Health Unit.
- Consumer and carer feedback on our services that reflects our facilities meet consumer needs.

Virtual care models will enable staff to work actively in the community, remotely or across sites, and allow more inclusive and flexible care that is responsive to consumer preferences and innovative in its design.

Our staff

Strategic goal

Our workforce is engaged, supported, and able to respond to the changing healthcare environment

The District's Mental Health Services are built on the quality, dedication, knowledge and skills of our workforce. A highly capable workforce, that is supported, provides contemporary evidence-based care, and is consumer and carer focused, is central to safe and effective service provision. We will ensure that our workforce strategically aligns with our specific service needs.

Our strategies with staff will include a strengthening of mental health leadership at every level to influence recovery-oriented service provision and support the workforce, increasing access to a diversified workforce, supporting emerging workforces including the lived experience and Aboriginal mental health workforce, and developing clinician and team capability in responding to complexity. We will nurture a culture of learning. Succession planning is also key to the sustainability of our service. We will support opportunities for mentorship and secondment to develop and retain a talent pool for our future workforce.

Over the past decade the mental health workforce has expanded to become more diverse, including extended roles across a range of disciplines. This workforce diversity supports recovery-oriented service provision. For example, the expansion of the lived experience workforce has included the development of a family and carer support worker position, and a peer support workforce of over 20 FTE. We will have a continued focus on strengthening the capabilities of our existing workforce and building a new talent pool of lived experience workers.

Our workplace culture is a priority. We are committed to creating a workplace which is kind, honest, open to innovation and willing to learn. We want to foster an environment where staff feel supported and empowered to learn when things do not go as expected. We will invest in developing an effective restorative just culture of trust, learning and support which actively promotes and fosters wellbeing for staff.

Strategic priorities

- Maintaining a strong focus on the safety and wellbeing of our staff.
- Developing contemporary workforce plans that include:
 - Recruitment and retention, and succession planning,
 - Are discipline specific.
 - A focus on organisational culture and wellbeing.
- Fostering a just and restorative culture of open communication and learning that nurtures, values and supports our staff.
- Expanding our virtual care infrastructure.

Signs of success

- Development of workforce plans that support our staff.
- Improvement in indicators of staff engagement and organisational culture, including the YourSay survey.



It is critical that we are able to attract and retain high quality mental health staff. A workforce that meets specific localised needs, is robust, and resilient will be better prepared to meet community expectations for care. We will develop discipline specific workforce plans that will prepare our services and support our staff to effectively utilise their specialist skills and face future challenges. These plans will include recruitment and retention strategies by creating opportunities for learning, development, and research opportunities that will enrich their practice. We will include strategies for developing transparent and timely processes for succession planning for senior clinicians across all disciplines, including mentoring and secondment opportunities, and training. Our workplace can be complex, we will ensure supervision and support processes are in place for staff.

A clear priority for our service is the provision of a safe, positive and enriching working environment.

Within mental health there is a broad, evolving environment of potential hazards across the inpatient and community workplace settings. A culture of proactively identifying potential risks and implementing initiatives will promote staff wellbeing and security, and further promote the psychological health of our workforce. This will in turn enable our staff to treat our patients, their families and carers with dignity and compassion, and a focus on elevating the human experience.

All of our priorities for staff will be built on strengthening partnerships between our Executive team, senior leaders, and our clinicians. We aim to foster a positive workforce culture where employees feel supported and safe, where wellbeing is a priority, and where communication is open and responsive. We will make safety, self-care and staff well-being priorities. We will continue to advocate for enhancements for our services.

Our education

Strategic goal

We are a trained and capable workforce at every level.

The Mental Health Service is committed to providing career development opportunities, with training in leadership, management, supervision and supporting the role of education in staff wellbeing and resilience. Specialist mental health services play a vital role in providing education to our staff, the broader health community that support mental health consumers, and the mental health workforce of the future. Building workforce capacity and skills, supported by trained supervisors, is the cornerstone to supporting staff in service delivery.

District mental health staff has access to a range of training opportunities across the Centre for Education and Workforce Development (CEWD), Health Education and Training (HETI), and specialty training opportunities including Transcultural Mental Health, the University of New South Wales Department of Developmental Disability Neuropsychiatry (3DN) and the InsideOut Institute for Eating Disorders.

We are working towards consolidating a vocationally recognised competency-based training program for adult mental health clinicians. The Diploma in Mental Health has engaged a lived experience perspective and will support staff in delivering safe, values-based healthcare. We will work towards building capability in our staff and teams.

Our Mental Health Service supports student placements from across all disciplines at inpatient and community mental health sites. Over 2020 we provided placements for 594 exercise physiology, music therapy, nursing,

nutrition and dietetics, occupational therapy, psychology and social work students from 11 different universities. This is vital in developing the next generation of mental health clinicians.

Specialist mental health services also have a role in providing education to our partners who work with mental health consumers to improve their access to care. Project Echo is one example that offers training in general mental health, intellectual disability and eating disorders to a diverse range of clinicians using videoconferencing, to support community access to specialist care.

Over the life of this plan we will actively seek opportunities to collaborate on learning and development with partner organisations. All new developments in mental health training will be co-designed with lived experience participants that amplify the consumer and carer experience in service use.

Strategic priorities

- Developing staff and team capability across our services.
- Supporting the next generation of clinicians through high quality clinical placements.
- Ensuring partners in care have access to training that improves the patient journey.

Signs of success

- Clinicians are engaged in workplace development programs.
- Training is co-designed and co-delivered.
- Clinical placements are expanded and sustained.

Our research

Strategic goal

Our research partners, workforce, consumers and carers are trained and supported to develop and apply new knowledge that improves health outcomes.

Research plays a vital role in supporting service innovation and evidencing system change. The District Mental Health Services have a proud academic and research history. We have strong internal and external collaborative research partnerships. Over the course of the last Mental Health Strategic Plan 2015-2019 we have strengthened our partnership with the University of Sydney and developed broader research relationships with the University of New South Wales and other universities and research institutes.

The District's mental health employees and academics contributed to 19 grants that were awarded in 2019/2020 with a total grant value of over \$3 million. This bought the total number of active mental health grants to 28 with a total grant value of over \$14 million. Over the past two years our staff have collaborated on over 150 peer reviewed publications. Our service has several conjoint positions that support research activities.

Although the mental health service collects a substantial amount of information, and reports in very specific ways, there is wider scope for using this data to its full potential, to help inform consumer and carer choices in care and foster innovative approaches to service delivery and evaluation.

Our research is interdisciplinary, and we have supported consumer led research activities. Engaging consumers, carers and the community meaningfully in research and evaluation activities will enable us to better understand the needs of the community.

Developing our research capacity will involve embedding a culture of genuine clinical curiosity across our staff, consumers and carers that builds in evaluation and research as a matter of course. This will involve capacity building across all levels of the service, including nascent researchers, and building on our strengths in quality improvement activities. We will support staff to be curious, and embed research and evaluation in services. We will develop strategies that support translational research for specialist mental health programs and build evaluation into new service development.

Over the course of this plan we will actively develop strategies that support authentic, consumer led research.

Strategic priorities

- Embedding a culture of research and evaluation in services.
- Actively supporting consumer led research.
- Developing a mental health research strategy

Signs of success

- Development of a District mental health research strategy.
- Increased engagement of staff in research and evaluation.
- Increased consumer led research activity

Plan implementation and governance

An annual operational plan will be developed with specific strategies and actions to achieve the priorities of this Strategic Plan. This will be a living operational plan that we will update to reflect changes in service provision, lived experience needs, and the policy landscape.

The implementation of this plan will be monitored by the Mental Health Executive. The committee will develop an annual report on progress.

Right; Rhythmm and Melodii
(200-201)
Panel 1 of 2 panels
(70cm X 50cm)
Acrylic on Canvas



