

Consultation report summary

Mental Health Strategic Plan 2023 to 2028



The Mental Health Executive provided governance for the development of the 2023 to 2028 Mental Health Strategic Plan. This included endorsement of a consultation plan to ensure robust and diverse consultation and feedback. The Partnering with Consumers, Carers and the Community Committee was engaged to provide oversight of consumer and carer engagement and representation, including for the partner engagement and consultation phase.

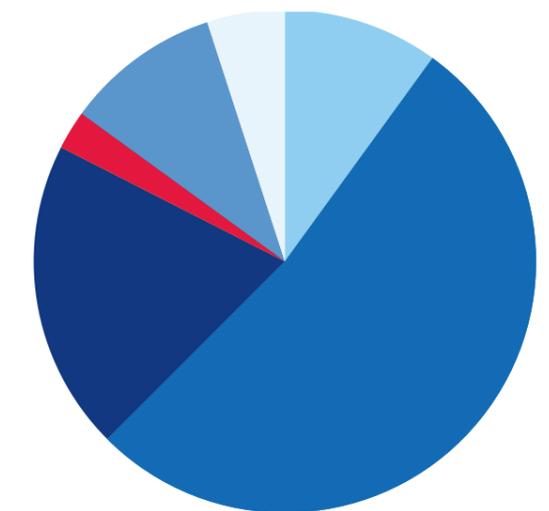
This Strategic Plan was developed through an inclusive consultation process. In developing a draft, the previous strategic plan and other Sydney Local Health District (the District) enabling plans were reviewed as well as a review of current population demographics, results of the consumer and carer experience of service surveys, hospital and community activity, recent consultations, and community feedback. Recent consultations included consultations completed for the Mental Health and Suicide Prevention Regional Plan led by Central and Eastern Sydney Primary Health Network (CESPHN), consultations for the Aboriginal Mental Health Plan, the Youth Mental Health Forum, and service specific consultations including the Royal Price Alfred Hospital master plan and Canterbury Hospital redevelopment. Major stakeholder consultations with internal and external partners were held to inform the strategic priorities. An Aboriginal impact statement was completed in consultation with Aboriginal members of the hospital community 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).

Partners included internal and external partners, clinicians, consumers, and family members from across the age span, with diverse roles and experience with mental health. Feedback was sought from our consumer and carer advisory groups. Over 120 people participated in nine consultations. The survey link and draft Strategic Plan were emailed broadly with both also being posted on the intranet for internal partners to freely access. Partner engagement was undertaken by a combination of Zoom, in-person meetings and surveys, depending on availability and group preferences. All participants were sent a link to the survey.

In the survey, respondents were asked from which perspective they were completing this survey, results are in the graph below. Most of our feedback came from mental health staff.

Diversity of responses anonymous survey only



- Lived experience perspective
- Mental Health staff member
- District staff
- External partner agency
- Community managed organisation
- Prefer not to say

Themes:

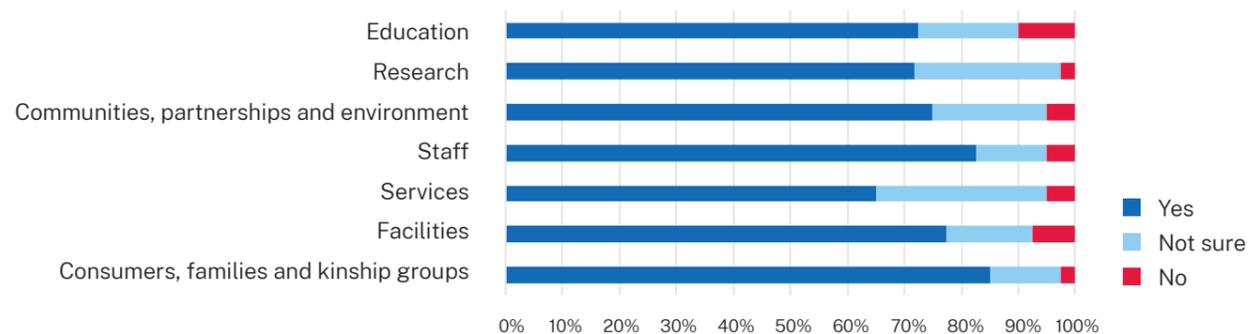
There was consistency in the feedback that was provided, with common themes including:

- Describing community mental health as a priority and the cornerstone of recovery, but under-resourced.
- Supporting workforce capability with structures that enable knowledge and skill development, and recognising values and behaviours are important.
- Respondents consistently highlighting an increased focus on collaboration at every level and with everyone.
- Embracing strategies to strengthen diversity and inclusion, to better recognise and support the mental health needs of priority populations.
- Identifying that providing good quality services and measuring and evaluating our services is central to improvement practices.

Feedback on the strategic directions:

Survey and focus group respondents were asked to indicate their agreement with whether the proposed strategic directions were the right strategic directions for the service. Survey results are displayed in the graph below, and focus group discussions were consistent with this feedback. Focus group discussions were consistent with this feedback. The sections on Our services and our research, had more uncertainty from participants about the proposed directions. The qualitative comments and interviews were used to contribute to improving these sections. On balance, most respondents felt we were headed in the right direction.

Feedback - are these the right strategic directions?



General comments in each strategic direction are included below.

Our consumers, families and kinship groups

- Collaboration in service provision, with consumers and families as partners and leaders in care.
- Co-designed services, and an expanded and supported Lived Experience Advisory Panel.
- Inclusivity, including for people experiencing homelessness, LGBTIQ populations, CALD communities.
- Respondents also commented on the barriers some groups face in accessing care, and the impact of social determinants.

Our facilities

- Understanding the consumer experience of the space we provide services in, and creating space that is safe and healing.
- Emphasising the co-design of services and facilities so they are fit for purpose for everyone.
- Increasing the diversity in options to receive services from.

Our services

- Acknowledging diversity in all its forms, and actively working to remove barriers to care.
- A cautious embrace of virtual healthcare.
- Increasing diversity – more alternatives, greater recovery, more specialised services.

Our staff

- Our staff told us the workplace expectations are significant.
- Strategies to support staff wellbeing, and flexible work opportunities, were common.
- Our communities, partnerships, and environment.
- Comments in this section were consistently themed around developing collaborative working relationships with all services, consumers and families.
- The diversity in communities that we provide services to was a common theme in responses, understanding our communities that struggle to access care, and connections with community for people who feel disengaged came through in many comments.

Our research

- Research that is led by lived experience was a strong theme in this section.
- Participants also commented on the difficulties in starting research, and a need for training, education, mentorship and building in time to complete.

Our education

- Respondents talked about capability, not just competency, for individual staff and teams.
- A diversity in training opportunities, and shared training with partners came through as an area of interest.
- The role of lived experience in training and education was emphasised.

The future

Question one asked respondents to describe in a few words how they'd like our mental health service to look in five years' time. There was significant consistency.

People talked about community-focused, respectful and inclusive services where staff are well trained, worked in well-resourced environments where best practice interventions are routine, staff felt capable to provide services, and are empowered to problem solve and innovate. Authentic leadership, and lived experience leadership are described as essential. Consumer safety and quality care are business as usual. Staff are prepared, supported, and resourced to get the business done. Compassionate care is routine. There was incredible concordance across all surveys about what a preferred future looked like for mental health.

The infographic on page five is a reflection of where all respondents wanted to see our future, with larger words reflecting being included in comments more frequently.

Conclusion

All respondent feedback was considered within the Mental Health Strategic Plan.

Appendix 1

List of internal and external stakeholders consulted on the draft mental health plan

- Flourish Australia
- New Horizons
- OneDoor
- STRIDE Mental Health
- Mission Australia
- NSW Ambulance
- NSW Police
- The Australian Salaried Medical Officers' Federation
- The Health Services Union
- NSW Nurses & Midwives' Association
- Lived Experience Advisory Panel
- NSW Department of Communities and Justice
- Justice and Forensic Mental Health
- Agency for Clinical Innovation (ACI)
- Health Education and Training Institute (HETI)
- Clinical Excellence Commission (CEC)
- NSW Mental Health Commission
- The Official Visitors
- Mental Health Branch
- Workforce & Corporate Operations
- Population Health
- Emergency and Acute Care
- Drug Health
- Women's and babies
- RPA Virtual Hospital
- Central and Eastern Sydney Primary Health Network
- Lived Experience Advisory Panel
- Security Services
- Three staff sessions: one webinar, two Zoom meetings; over 100 staff participated

