Working with people
with mental illness

A Scoping Report of NSW Divisions of General Practice: their activities and networks with Community Managed Organisations

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Background

The mental health sector is a large and complex system which operates across the lifespan; across population groups and sectors including employment, disability, housing, community services and medical care. However, the Australian mental health system, as with other areas of health care in Australia, has a disproportionately high hospital-based service approach when compared to other OECD countries.

The National Health and Hospital Reform (NHHR) agreement has, as a major underpinning, the stated objective of keeping people out of hospital wherever possible. The decision to fund 50% of hospitals under the NHHR was predicated on the incentive this would provide the Commonwealth to improve GP and primary health care services on the understanding that improved services would enable more people to access support in the community, which would in turn reduce hospital admissions.

However, there is growing concern regarding the direction and management of the NHHR agreement and the focus on hospitals, emergency departments, waiting lists for elective surgery and medical practitioners at the expense of community health and the social determinants of health.

In response to widespread concern as to whether the soon to be formed Medicare Locals will meet the needs of the community, the Mental Health Coordinating Council (MHCC) has sought to investigate a diversity of approaches to building networks between the Divisions of General Practice (Divisions) and mental health non-government organisations (otherwise known as community managed organisations (CMOs)). MHCC is taking a leadership role in enhancing these relationships and promoting new ones.

The NHHR Discussion Paper[1] stated that Medicare Locals will implement health care initiatives (rather than focus on population health planning and service development), and will be responsible for primary healthcare planning, development and integration. MHCC is concerned that such a focus is unlikely to support the recovery oriented principles and values that we believe are critical to maintaining best practice in mental health service delivery. It is for this reason that MHCC is endeavouring to build relationships with the Divisions and to understand how our two sectors can support each other to provide optimal support and treatment to people living with a mental illness.

The scoping study is a start in understanding the existing and potential mental health related activities undertaken by NSW Divisions including establishment of networks, linkages and partnerships to improve care coordination and service delivery between sectors. The scoping report is not exhaustive but provides an indicative overview of the current environment.

[1] NSW Government Department of Health (2010) Health Reform in NSW. A discussion paper on implementing the Federal Government's 'A National Health and Hospitals Network for Australia's Future' in NSW. http://www.health.nsw.gov.au/resources/initiatives/healthreform/pdf/lhn_disc_paper.pdf

Acknowledgements

MHCC wish to thank the many Divisions of General Practice staff and individual clinicians who were generous with their time and provided input into this qualitative scoping study. (See Appendix 1 for list of all NSW Divisions). Work in conducting this informal review has also included meetings with GP NSW staff as the NSW state-based organisation.

Language

There are a number of terms used to refer to people who access mental health services in Australia, including *client*, *service user*, *patient* and *consumer*. The term *consumer* is most commonly used in policy; service provision standards and guidelines, state and national plans, research and advocacy papers to describe a person with lived experience of severe and persistent mental health problems. Nevertheless, under the *Mental Health Act 2007* (NSW) the terminology used is *patient*. This has long been a contentious issue between people with mental illness, the consumer advocacy movement, some clinicians and the mental health community sector.

Each of these terms has its own history and set of meanings for particular groups and individuals. Some terms are felt to be stigmatising and discriminatory, and some thought merely to play lip-service to 'the consumer movement'. None adequately portray an individual's experience or truly reflect the relationship between recipient and provider of services under the philosophy of Recovery Orientated Practice. The term *patient*, for example, tends to imply a passive recipient of medical 'expertise', whilst *client* has connotations of a professional, transactional relationship. Likewise, the term *consumer* implies a commercial transaction. The term *user* is characteristically rejected because of its other meaning in relation to drug misuse.

Whilst the authors acknowledge the various preferences particularly for individuals accustomed to the term *client* because of its use in a therapeutic context, MHCC chose to use the term *consumer* because this is the term most frequently preferred by leading consumer advocacy organisations in NSW. MHCC also chose the term since it conveys the objectives set out in mental health service delivery guidelines and mental health policy that the *consumer* holds rights and obligations and has the right to actively participate in their care and treatment.

Aims

This initial review has sought to inform MHCC and the CMO sector about the mental health programs and activities run by the 33 NSW Divisions and to identify the diversity in approach to delivery and cross-sector relationships, reflecting the geographic, demographic, social, and cultural and resource differences. Interviews have also been open to findings outside the scope of the initial aims.

Ultimately this report aims to provide information that is useful to ongoing communications and relationship building with GP NSW and the Divisions as well as informing recommendations to Government as to where innovation can be initiated and improvements promoted.

Overview

As part of this scoping project in which MHCC is building an understanding of the NSW Divisions of General Practice mental health programs and activities, all Divisions have now been contacted and informally interviewed. The Divisions, in the majority, were responsive and willing to share information as well as keen to engage with MHCC in ways that ultimately can assist in conducting their services.

Information provided has varied dependent on the knowledge base of the available staff member. Nevertheless, an overview of current mental health programs and activities has been collected in

addition to acquiring insight into individual Division's approaches to working with CMOs, their willingness to collaborate or partner with CMOs and any barriers to engagement.

Each Division has unique characteristics, providing different programs, structures and staffing dependent on variables such as size, location and individual workforce skills and experience. Programs and initiatives are also subject to change depending on grants/funding from the Commonwealth to the Division and successful tenders for various projects and pilot programs. Mental health contacts in Divisions range from an Officer working across all programs to an employee with a specific mental health role.

Many Divisions claim via their website, to have a role in developing links with services in the community, although this often refers to engagement with public health services. A few portray more defined approaches, within their vision or mission statements to working and collaborating with the wider health system and the community, e.g. Riverina and Dubbo Plains Divisions.

Scoping Report – the challenge

A strong theme emerged as a consequence of anecdotal feedback from a range of stakeholders including representatives of Divisions and mental health professionals. The findings suggest that many GPs and other health professionals are unaware of the range of mental health services available through the Community Managed Organisations (CMO) sector and how these services could be part of a system of care coordination. In addition to this, there may be unidentified gaps in cross-sector channels of communication and lack of formally established processes of information exchange between the CMO mental health sector and Divisions.

Methodology

This initial scoping study has been undertaken by MHCC to provide the CMO sector with a better understanding of the role and function of the Divisions. The study aimed to identify the type of mental health programs and activities currently operating in each Division and determine how delivery approaches may vary. Initial scoping was conducted via telephone consultation. All 33 Divisions across NSW were contacted and asked to participate (see list Appendix 1). In addition, a number of documents and online resources were sourced to improve our understanding of the strategic objectives and operations of the Divisions.

Stages/Objectives

1. Establish contact with all NSW Divisions, including GP NSW
2. Facilitate a semi-structured survey of activities of NSW Divisions
3. Describe the function of Divisions within the NSW health system and the relationship between Divisions and GP networks
4. Identify the differences in approaches across the 33 NSW Divisions, reflecting the available resources and their geographic and demographic differences
5. Identify established channels of communication between Divisions, GP networks and external stakeholders, as well as identifying barriers to communication
6. Identify potential gaps in awareness or understanding of CMO mental health issues; and availability of services
7. Develop recommendations for a framework for a more rigorous scoping study and propose initiatives to resolve identified gaps.

Limitations and opportunities

This initial scoping study is intended to gain a better understanding of the mental health programs and initiatives undertaken by the Divisions as well as initiate relationships with each of the Divisions across NSW. The nature of the interviews conducted was largely unstructured, allowing the interviewer to explore ideas and discover issues that arose during the conversation. However, the findings are not by any means exhaustive.

Responses from the Division's participants were largely dependent upon their personal experience and knowledge of the issues asked of by the interviewer, as well as their current recall of the multifarious programs underway. Mental health contacts for each Division range from an officer working across all program areas to an employee with a specific mental health role and experience. Moreover, programs and activities are always in flux with new initiatives often in development stages. Consequently, findings from this initial scoping remain indicative rather than comprehensive.

Interview Findings

The following is a discussion of the findings from informal interviews conducted with the 33 NSW Divisions and a scan of online website resources.

Stakeholders in mental health care provision: peak bodies, CMOs and NSW Divisions

The Mental Health Coordinating Council (MHCC) is the peak body for community managed organisations (CMOs) in the mental health sector in NSW. Its role as peak body is to provide support and sector leadership on mental health in NSW. It has a membership of approximately 250 CMOs (also known as non-government organisations or NGOs), whose business or activity in whole or part relates to the promotion or delivery of services for the wellbeing and recovery of people with a mental illness, their carers and families. At the core of the work MHCC undertakes is the philosophy and promotion of a recovery oriented approach to service delivery and practice as exemplified by the mental health training and professional development offered to MHCC members, and the community sector more broadly by the MHCC Learning and Development Unit established in 2007, with the support of NSW Health.

MHCC provides leadership and representation to its membership through a number of targeted strategies, partnerships, and participation in a wide range of committees at both a Commonwealth and State level. It also engages in ongoing consultation with a range of peak bodies, government and service delivery organisations and departments. MHCC also convenes reference and advisory groups to oversee research and development projects. Information is regularly provided to the membership through a weekly email FYI; e-fax; a quarterly newsletter *View from* the Peak; publications, forums, conferences and the MHCC website.

Community Managed Organisations (CMOs) are predominantly not-for-profit organisations that provide community-based support services that help keep people well in the community by providing prevention, early intervention and rehabilitation programs that support recovery from mental illness. Many also provide clinical and counselling services (e.g. Lifeline and through Medicare access). Their primary sources of funding are from Commonwealth and State departments responsible for health and disability care provision.

Mental health programs delivered by CMOs in NSW are diverse and are fully described in the MHCC's Sector Mapping Project Report (available at www.mhcc.org.au). They include the following service types:

- Accommodation support and outreach
- Employment and education

- Leisure and recreation
- Family and carer support
- Self-help and peer support
- Helpline and counselling services
- Promotion, information and advocacy

CMOs frequently partner and collaborate with other public and community managed services, both formally and informally and care-coordination and information exchange varies across service types, culture and structure as well as policy and procedures and geographical location. Most organisations have promotional material and a website. Organisations receiving or making referrals with Area Health Services (AHSs) (now Local Hospital Networks (LHNs)) usually have agreed referral system protocols.

General Practice NSW (GP NSW) is the state-based peak body for Divisions of General Practice (Divisions) in NSW, funded by Department of Health and Ageing (DoHA). It was established to support and promote the work of NSW Divisions Network and promote good working relationships with NSW Health, and cross-sector stakeholders to maximise the capacity and influence of the Divisions in the health care sector. GP NSW' key objectives are to provide leadership, representation, advocacy and program support to Divisions across NSW and work within a national network across Australia. Information is provided to the community and GPs via their website and a monthly newsletter *Mental Health Bytes*. Information and support is also provided by staff with mental health specific roles at meetings, forums and consultations.

NSW Divisions of General Practice are federally funded, locally established organisations that provide support to general practice via a range of services to improve the health outcomes for individuals and the community. Divisions are funded by DoHA to facilitate health solutions through GPs and improve the quality of general practice by encouraging GP participation in health planning and policy development, identifying and targeting health priorities at a local level and improving coordination of the health services in the community.

There are 33 Divisions in NSW and 110 Divisions across Australia, all part of a national peak body, The Australian General Practice Network. Division boundaries encompass a number of suburbs or communities that work within the catchment area of at least one AHS. Divisions differ in size, depending upon the health and administrative needs of participating GPs, as do programs, organisational structures and resources. Initiatives of Divisions are dependent upon funding, which is typically in the form of program grants, across a number of government funding streams. Allocation of grant funding is most commonly administered through an open tendering process. While all Divisions have a different interpretation or focus, they generally aim to collaborate with the broader health system and build alliances with the community and other key stakeholders.

Exchange of information: how Divisions communicate with their GP networks

Divisions communicate with their GP networks in ways and with frequency dependent on resources, demographic and geographic considerations, and number of GPs in one Division. Systems and approaches include:

- **Practice Support Consultants/Program Officers**

Characteristically Divisional staff members work across a range of health programs as Practice Support Consultants or Officers, individually dedicated to a subset of the GPs in the Division. The alternative model is Program Officers, who typically manage one program to all GPs in the Division. Both roles include visiting local GPs on request to provide specific advice and practice support (resource materials) as necessary for their 'core' funded programs and additional programs funded through DoHA. At Division level, mental health services include advice on Medicare Benefit Schedules (MBS) and associated health care plans. This is separate from delivery of the Access to Allied Psychological Services (ATAPS) program (various rounds). Clinical

services may also be offered by Divisions to rural and remote areas on an outreach basis by health professionals such as mental health nurses and psychologists.

- **Continuing Professional Development (CPD)**

Divisions offer RACGP accredited training and learning opportunities for GPs and practice staff to meet the needs of compulsory professional requirements for continuing registration. A points system requires that GPs cover training across different categories. Such events are run by the Division or through other accredited organisations such as: Black Dog Institute, NSW Institute of Psychiatry, Beyond Blue etc. The MBS includes GP Mental Health Care Items that define services for which Medicare will pay additional rebates in instances where GPs undertake early intervention, assessment and management of individuals with mental illness where the GP has completed a GPMHSC accredited Mental Health Skills Training Course and FPS Skills Training Course. Divisions play a major role in providing this training to GPs across NSW. It is recommended that GPs undertake ongoing MH CPD each triennium.

- **Websites**

All Divisions have a website with varying amounts of information on mental health programs and other supportive information on health services for GPs and the public. Mental health information that can be found on Division websites includes:

- details on current mental health programs and initiatives
- online mental health assessment tools and information
- details on after-hours clinics and/or mental health services
- listing of staff and their titles
- links page and possible directory

Resourceful ways in which Divisions have used their websites include:

- The Outback Division has developed a dedicated mental health website to support *The Brolga Project*, a unique initiative which provides a resource for the community, service providers, health professionals and GPs. The website provides a range of information on mental health issues, local services and programs, current events and resources.
- The Riverina Division has created a comorbidity pathways tool as part of the *"Can Do Initiative"*, available on their website to guide GPs and other health professionals through the mental health and AOD service maze. The pathways tool includes both government and non-government services available within the Riverina catchment area.

- **Service directories**

Some Divisions have created a local online directory of services – hard copies may be offered to GPs. Directories may include local CMOs, although reported difficulties with accessing and providing updated information is common. A few Divisions such as: Sutherland Division, Barwon Division and Outback Division have created quite extensive directories of their own. Throughout the scoping process it became clear that access to an up-to-date directory of mental health services and programs was a critical resource needed by the Divisions to assist them and their GP networks.

- **Newsletters**

Most Divisions send a regular health generic newsletter to their GP networks providing information. This information may be drawn from the bimonthly GP NSW *Mental Health Bytes* newsletter or other sources chosen by the Division. While there are no clear processes or channels of communication for CMOs to submit articles, many Divisions show openness to promoting mental health programs and organisations if they are requested and see the information as useful. Some Divisions take a more proactive approach to promoting mental health CMOs, for example: The Sutherland Division asked local CMOs to prepare a profile segment for the Division newsletter.

They found by profiling a local CMO with a ‘case-study flavour’ evoked a positive response from GPs (see Appendix 3).

Mental health programs provided/supported by all Divisions:

The Divisions provide support for key Commonwealth COAG initiatives such as Better Access, and in the case of ATAPS they hold the funds, which support services for clients in their geographic area. Most Divisions aim to assist/upskill those GPs to provide better support to their patients with mental health issues and meet the program requirements.

- **Better Access support to GPs**

All Divisions provide GPs with information about mental health care planning and other support for the *Better Access to Mental Health Care* COAG initiative aimed at improving access and affordability for consumers accessing psychiatrists, psychologists and GPs through the MBS items. Access is provided directly to consumers though a GP referral to an allied professional who may either bulk bill or require payment from the individual accessing the service. The consumer can claim a rebate through Medicare but may have to self-fund a gap payment.

- **Access to Allied Psychological Services (ATAPS)**

All Divisions have ATAPS allocated funding dependent on identified need within their Division area, and act as a fund-holder for ATAPS through the *Better Outcomes in Mental Health Care* COAG initiative. Divisions engage allied health professionals to provide psychology services to patients who have been referred by their GP. ATAPS (or Better Outcomes) clinicians differ to private (or Better Access) clinicians, in that ATAPS is a fully-funded (no-gap) service.

ATAPs enables GPs to refer consumers with high prevalence disorders (e.g., depression and anxiety) to allied health professionals for six sessions of evidence based mental health care, with an option of a further six sessions (or 12 in exceptional circumstances) following a mental health review by the referring GP. Sessions can be individual and/or group therapy sessions. ATAPS provides short-term interventions.

ATAPS funding structure:

Tier 1: Funding targets a broad range of people with mild to moderate mental health issues (including depression and anxiety) who are not easily able to access Medicare Services because of location or population group, such as people from culturally diverse backgrounds, Indigenous and youth groups.

Tier 2: Special purpose funding for flexible delivery of services targeted to the needs of particular groups with priority needs not met in Tier 1, who may need different pathways and services. These groups include women with perinatal depression, people at risk of homelessness and individuals who have recently attempted suicide or self harm. Acts as a supplement to Tier 1 (also assuming mild to moderate support needs).

Tier 3 (not yet finalised): Flexible Care Packages (FCP) aimed at better supporting people with severe mental illness by providing greater flexibility in terms of number and mix of clinical and non clinical services. Care is to be tailored and coordinated to meet individual needs.

How ATAPS can vary between Divisions:

There are a number of service delivery models under which Divisions engage allied health professionals for delivery of ATAPS services including: direct employment, subcontracting with an agency, or contracting with individual service providers. Divisions are structured to suit their preferred systems/geographic need.

A diversified approach is clearly well thought out in Divisions covering rural and remote areas where they need to provide outreach services or meet the needs of areas with a lack of health practitioners. A direct employment, in-house approach is also employed by a number of the metropolitan Divisions. The Sutherland Division chose a model in which they contract services from their local Area Mental Health Service. This provides a free service and attracts 80% of referrals from people with a low-income. Bankstown Division currently choose to employ psychologists in-house as well as contract with external providers who have expertise in relevant community languages.

Some Divisions are drawing on ATAPS funding to focus on in-house group programs which have been particularly successful at the Hawkesbury Division. For example, Hawkesbury-Hills Division: Healthy Mind = Healthy Life Group Counselling project targets different groups e.g. depression and anxiety; chronic pain management; binge-eating and bulimia nervosa; sleep disorders; alcohol dependence; as well as children with anxiety (for 8 to 12 year olds); and adolescents with depression.

Divisions with involvement in headspace youth services, either as a consortia member or as lead agency, are able to allocate ATAPS funding through this platform to provide youth with access to allied health professionals. Headspace, the national health youth initiative provides access to a range of youth-friendly services with a focus on mental health, general health, education and employment and alcohol and other drugs services.

With near 80% of referrals focusing on people experiencing depression or anxiety[2], many Divisions seem to be promoting their ATAPs services (via websites) as being for high-prevalence mental illnesses. By contrast, outside metropolitan areas where there are limited mental health resources and services, Divisions need to be more flexible in their approaches in order to counter access problems to public health services. Approaches to service provision may differ in urban and rural areas, i.e. regional funds recognise the lack of services support through (distant) public hospitals and encourage local linkages through use of community allied health.

Regional Divisions often combine programs, cross-refer and link them in with ATAPS services to meet a broader range of needs from severe/continuing mental illness to milder depressions. Divisions covering regional, rural and remote often employ allied health professionals, locating them at the GP practice to handle referrals, or at an agreed site that provides equal access to all referring GPs (e.g. Central Western Division)

The 3 different tiers of the ATAPS program is resulting in some more targeted approaches, pilots and programs, e.g. peri-natal; suicide prevention; children and families; telephone cognitive behaviour therapy (CBT). Tier 3 is identified as funding of Flexible Care Packages (FCPs) for people with enduring mental illness but details have yet to be released. A Discussion Paper on the FCPs is currently undergoing a consultation process to which MHCC has provided comments via a formal submission (available at: www.mhcc.org.au).

Examples of other mental health programs / initiatives provided by some Divisions:

The following mental health specific programs exist in some Divisions. Mental health programs, pilots and new initiatives become available in various selected Divisions dependent on location suitability or their choice to apply via grant / funding. Some successful pilots are continued and sustained by the Division beyond the length of the funded project. These programs and initiatives are implemented and run in different ways dependent on Division needs, preferences and resources. Referrals may occur across programs.

[2] Commonwealth of Australia, Department of Health and Ageing (2010) Outcomes and proposed next steps: Review of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program. Pg. 10
http://www.health.gov.au/internet/main/publishing.nsf/Content/8573A6A3FAB3595BCA257700000D8E78/$File/review.pdf

- **ATAPS programs / pilots:**

A 2009 DoHA review resulted in a restructuring of ATAPS into a three tiered service delivery system to target different needs. Various pilot programs have been run in selected Divisions under Tier 2 to test suitability in successfully reaching these target groups, including:

- Peri-natal: Some Divisions have worked with the local AHS to improve referral pathways and access to treatment by linking AHS services, ATAPS, and GP's. Limited psychological services are provided to perinatal patients free of charge.
- Suicide Prevention Pilot Program: links Accident & Emergency Departments, ATAPS allied mental health providers and general practice to work more effectively with patients presenting with suicidal behaviour or ideation.
- CRUfAD Pilot Program (for rural & remote areas) - video referral service / review – continued use in some Divisions as required.
- Telephone CBT – continued use in some Divisions but without current ongoing funding.

- **Headspace youth services**

Youth services bringing together, primary and specialist care, drug and alcohol, mental health vocational employment services. A few of the Divisions are either the lead agency for a headspace or collaborate through a consortium of local organisations often including CMOs. Divisions involved in a headspace include: Central Western, Illawarra, Macarthur, Mid-North Coast, Riverina (with 26 Division staff) and WentWest (providing one-stop walk in shop).

- **Mental Health Support for Drought Affected Communities Initiative**

This rural and remote initiative provides funding to build capacity for drought affected communities to respond to the traumatic impact of drought. Funding has been allocated to 10 rural and remote Divisions in NSW to provide community outreach, community capacity building and crisis counselling which often results in good engagement with CMOs (funded in current form until mid - 2011).

- **Mental Health Services in Rural and Remote Areas Program (MHSRRA)**

This program provides additional allied and nursing mental health services in designated rural and remote areas, 10 of which are in NSW. It provides a referral pathway for GPs for short-term psychological interventions.

- **Mental Health Nurse Incentive Program (MHNIP)**

The MHNIP provides a non-MBS incentive payment to community based general practices, private psychiatrist services, Divisions and Indigenous Primary Health Care Services who engage mental health nurses to assist in coordinated clinical care for people with severe mental disorders. Participation in the program can be a funding challenge for some Divisions despite some financial support. Mental health nurses are employed by some Divisions or contracted as required by other Divisions through sources such as the local AHS. The scoping exercise highlighted the challenge of engaging credentialled nurses, and the lack of incentive for nurses to leave AHS employment.

Current 1 year funded programs for selected Divisions

The Mental Health and Drug & Alcohol Shared Care Comorbidity Project and the 3Ts: Training Treatment and Transferring Knowledge Project are current one-year funded programs to August 2011 conducted by eight selected Divisions. They offer opportunities for Divisions to support GPs with clients who have co-existing mental health and drug and alcohol problems and to provide training opportunities for GPs and drug and alcohol and mental health workers through organised placements.

- **Mental Health and Drug & Alcohol Shared Care Comorbidity Project**

The Project is funding Divisions to engage a Shared Care Clinical and Service Coordinator/Shared Care Coordinators (SCCs) to provide treatment and service coordination for patients with complex mental health and/or drug and alcohol disorders. The SCCs are based in general practice settings and will also have designated non-clinical time to improve service coordination and shared care arrangements between service providers. Ten NSW Divisions have been funded for 12 months to August 2011. SCCs must be credentialled mental health nurses or nurses willing to undertake credentialling within the funded timeframe.

The SCC role has a particular focus on working closely with CMOs. The SCC in the Riverina Division of GPs attends the CMO coordinated comorbidity committee and the CMO coordinated carers committee on a monthly basis. The Riverina SCC also participates in facilitating CMO run education courses for consumers and carers with a specific focus on psychotropic medications and symptom management.

- **3Ts Project: Training, Treatment and Transferring Knowledge**

This project aims to build the capacity of the workforce that manages people with co-existing mental health and drug and alcohol diagnosis. Eight NSW Divisions have been selected to support training opportunities for local GPs and drug and alcohol and mental health workers. Approximately 50 GPs and a combination of 50 mental health and drug and alcohol workers, mostly selected from public services, are undergoing a series of clinical placements in each other's organisations to learn more about the organisation's capacity and limitations. Divisions are to facilitate local committees/reference groups to formalise collaborative working partnerships between general practice and drug and alcohol and mental health services. GP NSW will fund the delivery of Mental Health Skills Training courses in comorbidity in 4 of the locations.

Non mental health specific programs that may be complementary:

The Divisions run a number of initiatives under different program areas that support and complement mental health specific programs and services. For example, mental health issues may be recognised in people receiving diabetes assistance under the Lifestyle Program or vice versa, and referrals may exist between Close the Gap for Indigenous communities and ATAPS, though again this is most common in areas outside of metropolitan.

- **Aged Care Access Initiative (ACAI):**

ACAI aims to improve access to primary care for residents of aged care facilities (RACFs) through a GP Medicare payment incentive, and via payments to allied health professionals for clinical care to low care residents in Residential Aged Care Facilities. Particularly in rural areas this has shown to assist people with depression due to home separation issues and provides opportunities to link with community via school visits and garden projects (e.g. Shoalhaven). Partnerships with Universities may be mutually supportive within this program, for example Bankstown GP Division has developed a partnership with the University of Western Sydney to develop, implement, and evaluate a depression intervention program with low care residents at Residential Aged Care Facilities. In addition to providing clinical services and evaluation, the program also provides training opportunities for postgraduate students, enhancing skill development for working with older adults.

- **Close the Gap initiative**

This initiative aims to "close the gap" between Indigenous and non Indigenous people's life expectancy by reducing key risk factors for chronic disease such as: smoking, improving chronic disease management and follow-up, and increasing the capacity of the primary care workforce to deliver effective health-care.

- **Indigenous Health Project Officers**

Indigenous Health Project Officers are being employed in most NSW Divisions to encourage greater use and improved cultural safety of mainstream primary care services for Aboriginal people.

- **Enhanced Primary Care (EPC)/Chronic Disease Management (CDM)**

This initiative offers a framework for GPs to provide more preventative and systematic care for older people and supports the coordination of multidisciplinary care for patients with a chronic condition and complex care needs. Casual nurses assist GPs with care planning and health assessments for chronic and complex care needs. EPC (now CDM) can complement GP Mental Health Medicare items for treatment of patients with diagnosed mental illness. There are differences in service volume with different programs. For example the CDM Mental Health item is for five occasions of service (OOS) whereas the ATAPS/Better Outcomes programs provides up to 18 OOS per calendar year for a client.

- **Lifestyle Program**

This program aims to reduce the number of people developing Type 2 Diabetes. Assists people with Type 2 Diabetes in high-risk patients. Divisions are funded to run a Lifestyle program that is a consumer-focused, collaborative service involving GPs and community pharmacists.

- **The Nursing in General Practice Program at GP NSW**

This program supports and builds the capacity of the nursing workforce within General Practice, with an increased emphasis on the value of the role nursing plays in primary health care, including multidisciplinary and collaborative care.

- **After Hours GP Service**

After Hours GP Services operate outside normal surgery hours to provide urgent after hours care to patients who would otherwise need to attend the hospital emergency department. Some kind of after-hours service is provided by approximately 10 NSW Divisions, either via phone line access to a GP available for home visits and/or via a local clinic. Clinics are often situated at a venue within a local public or private hospital and/or at the Community Health Care Centre and have been set up through collaboration between the Division and the hospital or health centre. GPAccess, working in partnership with Hunter New England AHS, provides a leading example of the provision of after-hours services via 5 GP clinics. A telephone advice line/streaming service coordinates the after hours GP care for more than 240 GPs.

Other channels of communication between Divisions and CMOs

Interagency / Network meetings

Many Divisions attend local mental health interagencies or community networking meetings. Those involved and regularly attending will vary from having a AHS clinical focus to having an inclusive mix of AHS clinical staff, community mental health, GPs, Division representatives and a broad mix of CMOs. The interagencies come together for different reasons but generally aim to keep in touch and learn more about what each organisation is doing, their programs and initiatives and how they might work together, such as improving referral systems. They are also valuable for promoting awareness, communication, program involvement etc.

Some Divisions have established local reference committees with an inclusive mix of attendees which they draw upon to inform their various mental health programs. This structure can provide those involved with a voice as to how the Division operates, as well as providing advice and information on referrals, services etc. Divisions reporting involvement in inclusive interagency groups include: South East Sydney, Northern Sydney, Manly Warringah, Illawarra, Hastings Macleay, Central Sydney and Riverina.

Examples of interagency/network meetings

- Blue Mountains GP Network: has an established Shared Care Mental Health Committee which shares information and provides input to local projects. The committee has GP, AHS, consumer and carer representation as well as CMO representation from local organisations including the Mountains Community Resource Network and the Vale Street Recreation Centre for people with, or recovering from, a mental illness. They also run two half-day Mental Health Networking Forums per year bringing together AHS and CMO professionals and other staff, as well as carer and consumer representatives. In addition the Network is a founding member of the Blue Mountains Youth Mental Illness and Substance Abuse (YMISA) Network which has received MHCA funding to carry out research which produced the *Blue Mountains Youth Mental Health Study* which has resulted in further funding to employ a Youth Mental Health project worker.
- Manly Warringah Division: draw from involvement in various network committees and inter-agencies when setting up Division reference groups and so engage with a broad range of CMOs, e.g. working with Manly Drug Education and Counselling Centre (MDECC).
- Mid North Coast Division: have established a Project Advisory Group for a Comorbidity Shared Care Project offering a range of services which include a range of CMOs.
- New England Division: attend regular mental health interagency meetings bringing together wide range of CMOs, which results in services working well together in the area.
- Riverina Division: the Comorbidity Shared Care Steering committee employs a committee from a previous comorbidity program, which has a broad range of members including a consumer and carer advocate and CMOs. Additionally, having developed a good relationship with the local AHS, together they have developed a 'Case Formulation' in which the AHS, Division and local CMOs can present case studies to GPs at educational opportunities, inclusive of the role of CMOs. This model currently being applied in the current Divisional program, i.e. 3Ts: Training, Treatment and Transferring Knowledge
- St George Division: participate in the St George and Sutherland Mental Health Interagency which is attended by over 50 agencies with strong CMO representation.
- Sutherland Division: attend the Sutherland and St George mental health interagency.

Cross-sector coordination: collaborating, networking and partnering

Many Divisions have developed a number of creative and often innovative relationships with local community based services. Coordinating with local stakeholders to develop a variety of alliances are increasing efficiencies and/or effectiveness in meeting local health needs. Partnerships, both formal and informal, have been developed with local CMOs to improve mental health service provision, to broaden Division capacity to deliver programs or focus attention on a target group or hard to reach community. This is mostly occurring in regional, rural and remote areas where communities are more closely knit and there is a greater awareness of local services.

Examples of current cross-sector coordination led by Divisions include:

- **Dubbo Plains Division** coordinates a youth & indigenous mental health program under ATAPS. This program is run in partnership with a number of CMOs who provide services to young people with 'high needs', i.e. Mission Australia's 'Youth Connections Program', Uniting Care Burnside's 'Reconnect Program' and Juvenile Justice. The Division-coordinated youth/indigenous mental health program has recently commenced providing services to selected schools with high indigenous and low socio-economic status cohorts.
- **Murrumbidgee Division** has a partnership with Griffith Aboriginal Medical Service in line with their Suicide Prevention Strategy to encourage help seeking behaviour from Indigenous youth at risk. They also work closely with the Aboriginal Medical Service drug and alcohol service.

- **Outback Division** has established a Memorandum of Agreement (MoU) with The Richmond Fellowship in which the Division provides clinical support and risk assessments. This initiative has supported a shortage of available AHS staff. They also have close links established between Richmond Fellowship's Aboriginal HASI to the Division's 'Close the Gap' initiative.
- **Illawarra Division** participated in a joint collaboration with Greenacres Disability Services, in which the Illawarra Division Mental Health Nurses developed "*Better Days*", a peer led support program for people living with severe mental illness. The service won a 2010 Partnerships and Wellbeing Eli-Lilly award for looking outside the box by tapping into services already on the ground. (The initiative provides individual and group services to Greenacres clients on GP referral (200 employees, 10% with identified mental illness).
- **St George Division** run the 'UpZone Youth Health Centre' in partnership with St George Youth Service, Pole Depot Youth Zone and South East Sydney AHS. The Centre provides a GP clinic, a sexual health clinic, counselling through ATAPS and cannabis support services. The Division is also setting up a *Men's Shed* in the St George area and is currently working collaboratively with CMOs in the establishment phase.
- **Sutherland Division** have developed a formal partnership with Shire Wide Youth Services to run a GP Clinic that offers bulk-billing (1 day per week) to reach disconnected youth, often with mental health issues. (This is limited by its reliance on grant funding only). They also developed the *"Talking Heads"* program built on previous DoHA funding for "*Can Do for Young People Families and Carers"*, a multidisciplinary education activity over 3 evenings for a range of providers (including GPs, private psychologists, NSW Health staff, DET personnel and CMOs). "Talking Heads" also focuses on education: peer education on comorbidity and professional multidisciplinary education. The Division works with local mental health services, youth services and D&A services. The youth service has experience with peer education on lifestyle issues and runs sessions to recruit and educate the peer educators who then go out and about at community events (or just where young people hang out) to talk about mental health and D&A issues. This project finished last year but there are plans for more peer education activity with remaining funds.
- **Bankstown Division** is the lead agency in developing the South Western Sydney Health Coalition, through a Memorandum of Understanding process with a broad range of health sector organisations, including mental health specific organisations from the community and various clinical services. The intention is to support mental health and other programs through a collaborative network spanning clinical and non-clinical services through partnerships developing the new South West Sydney Medicare Local.

Examples of current local needs-based service models:

- **Outback Division** run *The Brolga Project* which focuses on the impact of drought and involves community events celebrating outback resilience, linking mental health and rural services, supporting GPs in responding to mental health needs and compiling a web resource for the community, service providers, health professionals and GPs.
- **Northern Rivers Division** provides CBT sessions through a GP referral to low-income-earners with mental illness (non-acute service) at their premises at Tarmons House Mental Health Service.
- **Shoalhaven Division** offers a 'Wellness Centre' for exercise physiology aimed at people who are housebound which has shown to be beneficial for people with depression. Referrals now cut across numerous programs.
- **St George Division** in partnership with St George Youth Services, offers an exercise program for people with a mental health issue, with a strong focus on physical health, run at the local Salvation Army.

Summary

Telephone calls were made to 33 Divisions of General Practice with conversational interviews conducted with Division staff working with mental health programs. In addition to this all Divisions contacted were followed up with a personalised email to include further information promised which included an overview of mental health funded programs and service directory information (see Appendix 2). Similarly an invitation was extended to all those interviewed to host or attend an MHCC *Meet Your Neighbour* event, designed to help strengthen opportunities for partnerships at the local level.

During the informal interviews, nearly all of the NSW Divisions were responsive and willing to share information as well as showing openness to engaging with MHCC in ways that can assist in conducting their work. There is awareness of increased responsibility for building knowledge of psychosocial services and community based mental health programs, both in order to meet the new requirements of ATAPS Tier 3 Flexible Care Packages and as potential Medicare Locals under the National Hospital and Health Reform agenda.

Generally speaking, Divisions tend to give attention to working with and building relationships with public health services, community mental health and allied health professionals but seem uncertain about working with CMOs and/or are unclear about their value. Many Divisions have expressed difficulty in strengthening channels of communication and alliances between GPs and AHSs/LHNs and see this as a priority.

Regional Divisions covering isolated areas are much more likely to know about available mental health services due to a shortage of services on the ground and the need to reach isolated communities. They often adopt a stronger community based approach to mental health care and are more likely to participate in local interagency meetings. Regional Divisions tend to utilise more diverse approaches to service delivery, and when utilising ATAPS funding. Strategies are more often applied to meet broad and complex mental health needs by combining and linking programs and referrals from one program to another.

Some Divisions covering rural and/or remote areas have an established partnerships or agreements with one or more local CMOs. In some cases the Division provides clinical support to the CMO via direct access/referrals to GPs/allied health professionals. This support to CMOs may be via outreach and/or onsite at the Division. In some of these remote areas, Community Health Centres also offer after hours GP services (e.g. Hawkesbury-Hills). Such flexibility of service provision is particularly important in areas where the AHS is under-resourced and unable to provide the clinical support/referral pathways CMOs might need.

By contrast metropolitan Divisions are more hesitant to work with CMOs or promote them to their GP networks. However, some do have a good awareness of community based services through participation in local network meetings, and are engaging with CMOs through their program work and including them in their own program reference groups. Those Divisions that attend network or interagency meetings with an inclusive range of members report being better informed and feel connected to a wide range of mental health services in the area including CMOs. However, some Divisions are not aware of local interagency meetings they could attend and not all interagencies have good CMO representation.

A key issue that arose and was highlighted in nearly every interview was the need for an accessible and current directory of mental health services and programs. While a few Divisions manage to create their own directories they often fall short of covering what is available in terms of CMOs and current mental health programs in the area. Part of the reluctance of metropolitan Divisions to work with and promote CMOs to GPs may well be this lack of access to a mental health service directory.

Ways forward to be discussed:

Promotion of the CMO sector is key to building relationships with the Divisions and GPs, as is the provision of effective and up-to-date information about CMOs, that must be engaging and meaningful. Developing relationships with the Divisions requires ongoing communication that speaks to a local level and this will require working relationships between Divisions and local CMOs.

To begin, the study has exposed some areas of assistance that MHCC, as the NSW mental health peak body can offer to the Divisions, such as CMO awareness and relationship building. In addition, CMOs also need information about the role of the Divisions of GPs and how they can engage effectively with them.

1. Recommendations for MHCC action:

- Maintain ongoing communications with GP NSW – embed and develop relationships.
  - MHCC to consult to identify best systems/channels of communication for Divisions to promote links and referral protocols between GPs, allied health and CMOs.
  - MHCC to discuss opportunities for CMO involvement/participation in mental health programs, e.g. providing information about the CMO sector to Division staff (via GP NSW meetings) who are delivering /working on 3Ts Project and Shared Care Comorbidity Projects.

- Continue communication with NSW Divisions, via email and phone, to strengthen cross sector relationships and offer advice/support with:
  - access to information on local CMOs and mental health programs
  - engagement with / referrals to local CMO services
  - fostering on the ground local partnerships
  - service agreements with CMOs for service delivery
  - planning implementation of new programs (eg, Flexible Care Packages)

- MHCC and NSW Divisions/Medicare Locals to develop Memorandums of Understanding (MoUs) for Partnership and Cooperation. The MoU is designed to make the first link in improving care coordination and consumer access to a broader range of non-clinical support services. As a follow-up to the MoUs, MHCC to provide an information sheet on how ongoing cross-sector communications can enhance the work of the Divisions/MLs. Information and web links to supporting documents will include:
  - Background information on the CMO sector and a recovery oriented approach to mental health
  - Innovative service delivery / practice models for coordinated partnerships across sectors
  - MHCC submissions and proposals relevant to increasing access to mental health care in primary healthcare settings
  - Links to MHCC training options which can be tailored to suit Division/MLs
- *Meet Your Neighbour* – continue the promotion of this MHCC event for Divisions to host at their premises or attend locally so Division/ML staff and local CMOs can learn more about each other and find ways to work better together.
- GP NSW *Mental Health Bytes* newsletter – MHCC to provide ongoing contributions about the CMO sector and matters of interest.
- Develop a GP support page on the MHCC website offering relevant and current information, links to mental health community managed programs and currently funded organisations, resources and learning opportunities that the Divisions can utilise.

- Invite GP NSW and/or Division staff to MHCC seminars and conferences and to engage with MHCC research projects and other MHCC activities.
- Raise awareness with MHCC membership about GPs and the Divisions and provide advice on how members might approach the mental health representative at their local Division and the kind of information/communications they may be able to offer , e.g. CMO services and referral information, newsletter articles, consultation eg. involvement in reference committees/taskforces.

2. Recommendations for Divisions:

Opportunities for GP NSW / the Divisions of General Practice to support improved cross sector links and communication:

- GP NSW to continue presenting information about the CMO sector and matters of interest in the GP NSW *Mental Health Bytes* newsletter.
- Invite CMOs to participate in Division seminars/conferences (as appropriate) to ensure opportunity to inform GP networks of local community based services and programs, e.g. emulate what the Riverina Division is doing in partnership with the local AHS/LHN to present 'case formulations' to GPs, inclusive of the role of CMOs.
- Include CMOs in reference groups to ensure broad input on the development of mental health programs/services for the area.
- Each Division to highlight CMOs in their regular Division newsletter for GPs. Divisions to request that particular CMOs prepare a segment profiling their service, e.g. emulate what the Sutherland Division is doing with presenting a 'case-study' flavour in newsletter articles about CMOs, which has been well-received by GPs.
- Provide CMOs with information on networking opportunities in which the Division participates, eg. local networking or interagency meetings.

3. Conclusions regarding further research needs

This scoping study has determined that further information gathering is needed to better understand ways that Divisions and CMOs can work together and includes:

- Identify CMOs who can propose opportunities for coordination and partnership with Divisions.
- Identify which Divisions have a Project and Partnerships Manager to discuss opportunities for building cross-sector relationships and engagement with local CMOs.
- Enquire into the role of AHS/LHN Community Partnership Coordinators and/or other relevant staff who work with the Divisions, and build appropriate relationships and links. For example: Riverina Division have a good working relationship with GWAHS in which they both promote local CMOs to GPs and the community and have an established Case Formulation presentation to present to GPs inclusive of CMOs. A similar arrangement is occurring between Illawarra Division and SESIAHS in which the Community Partnership Coordinator works with the Division to assist in the establishment of alliances with local CMOs.
- Explore opportunities for involvement in Continuing Professional Development (CPD) events at the various Divisions. For example, promote that Divisions run a mental health segment as part of CPD events.
- Identify local interagencies operating in the community at a local level; their role, function, who attends and source/key organisers. Promote CMO and Division participation in these local interagencies as an avenue for supporting increased cross-sector networking and partnerships.

Appendices

Appendix 1

Representatives from the following NSW Divisions were interviewed:

- Bankstown GP Division	http://www.bankstowngp.com.au
- Barwon Division of General Practice Ltd	http://www.barwondgp.org.au
- Blue Mountains General Practice Network	http://www.bmdgp.com.au
- Central Sydney General Practice Network	http://csgpn.org.au
- Central Coast Division of General Practice	http://www.ccdgp.com.au
- Dubbo / Plains Division of General Practice	http://www.dubboplainsdgp.com.au
- Eastern Sydney Division of General Practice	http://www.esdgp.org.au
- GPAccess (Newcastle)	http://www.gpaccess.com.au
- Hastings Macleay General Practice Network	http://www.hmgpn.org.au
- Hawkesbury-Hills Division of General Practice	http://www.hhdgp.com.au
- Hunter Rural Division of General Practice	http://www.hrdgp.org.au
- Illawarra Division of General Practice	http://www.idgp.org.au
- Macarthur Division of General Practice	http://www.macdivgp.com.au
- Manly Warringah Division of General Practice	http://www.mwdgp.com.au
- Mid North Coast (NSW) Division of General Practice	http://www.mncdgp.org.au
- Murrumbidgee Division of General Practice	http://www.mdgp.net.au
- Nepean Division of General Practice	http://www.nepeandgp.org.au
- New England Division of General Practice	http://www.nedgp.org.au
- North West Slopes Division of General Practice	http://www.nwsdgp.org.au
- Northern Rivers Division of General Practice	http://www.nrgpn.org.au
- GP Network Northside	http://gpnn.org.au
- Northern Sydney General Practice Network	http://www.nsgpn.org.au
- NSW Central Western Division of General Practice	http://www.cwdgp.org.au
- NSW Outback Division of General Practice	http://www.outbackdivision.org.au
- Riverina Division of General Practice & Primary Health	http://www.rdgp.com.au
- Shoalhaven Division of General Practice	http://www.sdgp.org.au
- South Eastern Sydney Division of General Practice	http://www.sesdgp.com.au
- Southern General Practice Network	http://www.sgpn.com.au
- Southern Highlands Division of General Practice Inc	http://www.shdivgp.com.au
- St George Division of General Practice	http://www.stgeorgedgp.asn.au
- Sutherland Division of General Practice	http://www.shiregps.org.au
- Tweed Valley Division of General Practice	http://www.tvgpn.org.au
- WentWest Limited	http://www.wentwest.com

N.B. For locator map see National Divisions of General Practice at: http://www.gp.org.au/nsw.html

Appendix 2

Sent 24/1/2011

Dear …. *Division contact* ….

Thank you very much for the time you recently gave to discuss the Division's mental health programs and provide feedback on approaches utilised to engaging with mental health services in the community. This input will inform the Mental Health Coordinating Council (MHCC) scoping report in which we aim to get a better idea of current mental health programs and networks between Divisions of General Practice and Community Managed Mental Health Services. As promised, I am getting back to you with some information which I hope will be useful to you.

I am aware that the Divisions have a strong role in developing networks across mental health services to enhance the coordination of care for people with mental health issues and complex needs. MHCC aims to work with and assist the Divisions to strengthen relationships and better engage with the Community Managed Organisation (CMO) sector, (also known as Non-Government Organisations or NGOs), which play a crucial role in the mental health system, supporting people to stay well in the community. CMOs provide a wide range of services such as: psychosocial rehabilitation; clinical services; supported accommodation and employment; living skills; self-help and peer support; consumer and carer advocacy; training, education and information; as well recreational and social programs.

While my conversations with the Divisions have shown that there are some great networks and innovative alliances being developed between the Divisions and CMOs in NSW, one of the immediate challenges Divisions have is accessing up-to-date information on current services and programs. As promised, I am providing some information and options to assist you to locate current mental health programs and services within your Division, at a local level. This will further support your GPs and allied health professionals to offer a wider and more flexible range of services providing patients/mental health consumers with ongoing support in the community.

Community managed mental health funded programs *(see attached)*

In the attached document you will find information and helpful links to a range of mental health programs that are a partnership between Community Managed Organisations (CMOs/NGOs) and the government. These programs include:

- The Personal Helpers and Mentors (PHaMs)
- Recovery and Resource Services Program (RRSP)
- Day to Day Living in the Community (D2DL)
- The Housing and Accommodation Support Initiative (HASI)
- The Mental Health Family and Carer Support Program
- The Mental Health Respite Program (MHRP)

NB: All funded CMOs undergo rigorous quality control and assessment processes.

Service directories

At present there are two directory options which you may like to look into, even if it is to assist you in the development of your own local directory, which we encourage you to do:

- HSNet/ServiceLink is a free online directory of NSW human services across a number of sectors including health, welfare, community services, education, disability, aged care, legal and housing. https://www.hsnet.nsw.gov.au/
- *The Way Ahead*, produced by the Mental Health Association (MHA), contains mental health specific, up-to-date information on more than 2000 mental health and welfare-related services across NSW. Updated annually and now in its 9th edition, the directory is available as a CD-Rom for $70, which can be uploaded to your intranet, and a Book. http://www.mentalhealth.asn.au/be-informed/way-ahead-directory.html

The MHA also provides two information lines: the Mental Health Information Service (1300 794 991) and the Anxiety Disorders Information Line (1300 794 992).You can either phone (for the cost of a local call) or email your query to: info@mentalhealth.asn.au

Meet Your Neighbour

During our phone conversation you expressed some interest in MHCC's *Meet Your Neighbour* event which provides a great opportunity for a broad range of local community based services, both government and non-government to come together, learn about each other and begin to create supportive networks. Please find here the link to our website http://www.mhcc.org.au/sector-development/meet-your-neighbour.aspx or see attached information document. The event can be hosted by your Division, which simply means providing a room for the morning and providing some tea and coffee-making facilities or alternatively, we could request that one of the local CMOs host the event, and you attend.

Thanks again for the time you have taken to communicate with me and engage with the CMO sector. Upon completion, MHCC will be sending you some outcomes from our Scoping Report which will provide a context in which this report was initiated, namely the National Health & Hospital Reform agenda. Please feel welcome to contact me by phone or email at any time if I can be of assistance in any way.

Kind regards

Stephanie

Stephanie Maraz
Policy Officer
Mental Health Coordinating Council
p: 02-9555 8388 ext 104 f: 02-9810 8145
PO Box 668 Rozelle 2039
www.mhcc.org.au

email attachments following:

The Mental Health Coordinating Council (MHCC) is the peak body for community mental health organisations in New South Wales. Our membership is primarily comprised of Community Managed Organisations (CMOs) (also known as not-for-profit non-government organisations /NGOs) whose business or activity is wholly or in part, related to the promotion or delivery of services for the wellbeing and recovery of people with mental health problems and organisations that support carers and families of people with a mental health problem.
For more information visit: www.mhcc.org.au

Community Managed Mental Health Programs

Below you will find information and helpful links to a range of government funded mental health programs and services which will assist the Divisions of General Practice and GPs in better meeting the complex needs of people with a mental health issue. Such funded programs recognise the capacity of community managed organisations (CMOs), to provide support and access to quality mainstream services for people with a mental illness on a local level. These programs have a strengths-based, recovery approach, which assist people with mental health issues to live independently in the community.
NB: All funded CMOs undergo rigorous quality control and assessment processes.

- **The Personal Helpers and Mentors (PHaMs)** service assists people to reintegrate back into society and to improve the quality of their lives by connecting with mainstream community, social, leisure and vocational education services. GP & self referral accepted. The link here also provides a helpful postcode locator.
  http://www.fahcsia.gov.au/sa/mentalhealth/progserv/PersonalHelpersMentorsProgram/Pages/default.aspx#1

- **Recovery and Resource Services Program (RRSP)** provides a similar service to PHaMs aimed at assisting people with a mental illness to live independently in the community. NGOs currently funded and sites are:
  - Mission Australia – Parkes Forbes, Bathurst Cowra, Dubbo, Bowral; Neami Ltd - Liverpool, Ulladulla, Sutherland;
  - New Horizons Enterprises Ltd - Port Macquarie, Kempsey, Lismore Ballina Casino;
  - Psychiatric Rehabilitation Association - Cootamundra Tumut Young, Temora Junee West Wyalong, Moree, Armidale, Taree Foster, Maitland Cessnock, Blacktown;
  - Schizophrenia Fellowship of NSW Inc - Wagga Wagga;
  - St Luke's Anglicare - Albury.

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

- **Day to Day Living in the Community (D2DL)** is a Structured Activity Program, working to improve the quality of life for individuals with severe and persistent mental illness. The initiative provides day programs to increase the ability of consumers to participate in social, recreational and educational activities with the aim of living at an optimal level of independence in the community. GP & self-referral accepted.
  http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/support-day-to-day-living-community-1

- **The Housing and Accommodation Support Initiative (HASI)** provides housing linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability. For more information and referral contact your local Area Health Service Mental Health Team.

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

- **The Mental Health Family and Carer Support Program** provides direct support services for families and carers across the state. For more information and funding providers visit: www.health.nsw.gov.au/mhdao/fc_mh_program.asp#para_2

- **The Mental Health Respite Program (MHRP)** provides a range of flexible respite options for carers of people with severe mental illness/psychiatric disability and carers of people with intellectual disability. To access mental health respite services, contact either the Commonwealth Respite Carelink Centre network on: 1800152222 or a service provider directly.
  http://www.fahcsia.gov.au/sa/mentalhealth/progserv/MentalHealthRespite/Pages/LocatingRespiteServiceProvider.aspx

- **Mental Health Community Based Services**
  The Mental Health Community Based Program aims to support families, carers, children and young people (aged between 16 and 24 years) affected by mental illness through a diverse range of community programs. The program seeks to build on family strengths and improve resilience and family functioning, particularly for Indigenous families and those from culturally and linguistically diverse backgrounds.
  http://www.fahcsia.gov.au/sa/mentalhealth/progserv/mental_health_community_based_program/Pages/default.aspx

N.B. *We will keep you updated on funding changes which may occur during 2011 or visit MHCC's website for more detailed information at: http://www.mhcc.org.au/resources/community-mental-health-programs.aspx*

Article printed in Sutherland Division of GP monthly newsletter to local GPs
Note case-study aspect

Personal Helpers & Mentors Program
An Australian Government Initiative

aftercare
together for social and emotional wellbeing

Support Services for People with a Mental Illness:
Personal Helpers and Mentors Program (PHaMS)

PHaMS is an Australian Government outreach program which takes a strengths-based, recovery approach to supporting people with a severe functional limitation resulting from a mental illness and in the St George and Sutherland area, this program is operated by the organisation, *Aftercare*. PHaMS works with participants to develop their own goals, exploring strategies to achieve these goals and looks at supports, services and opportunities to reconnect with the community. Participants also have someone to talk to when things aren't going so well. Examples might include: learn how to better manage everyday tasks, better manage finances, access clinical supports, help get relationships back on track and connect with other services to help with recovery such as housing, drug and alcohol or medical supports. PHaMS staff have a variety of skills, qualifications and experience in the mental health sector and they also employ a Peer Support Worker, a person who has lived the experience of mental illness and recovery and can share their story with others.

Eligibility:

- Must be 16 years or over and able to provide informed consent.
- Do not need to have a diagnosed mental illness on referral – will be assessed and linked to appropriate services.
- Can be homeless but must spend most of their time in our area.
- Must be willing to address D&A issues, if relevant.

Referral Process:

- Places are limited.
- Can self-refer or be referred by family, friends or an agency or medical professional.
- Currently places on the program are full; referrals can be made to provide information and other options to potential participants until a place does become available.

Is there a cost? Services are free as the program is funded by The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

An example of what support PHaMS can provide: Gary was referred to PHaMS by his general practitioner (GP). He had been diagnosed with schizophrenia 5 years ago and had a limited number of friends or family support. He was having difficulty paying his rent, had trouble remembering to take his medication and was experiencing psychotic symptoms at times. Gary wasn't sure what type of assistance he wanted, but said he wanted to be doing more and wanted someone to talk to.

A home visit to Gary was made by 2 PHaMS workers and they discussed what was important to him and what he wanted to be different in the future. His main concern at that time was his ability to pay his rent and he wasn't sure if he was receiving all his Centrelink entitlements. His PHaMS worker took him to Centrelink, and helped him to access rent assistance. He was subsequently assisted to complete applications to the Department of Housing and Community Housing.

Gary's GP reported he sometimes forgot to take his medication and had declined depot injection. His compliance was improved by putting a daily reminder in his mobile phone and he then marked his calendar when he had taken his tablets. The PHaMS worker checked his progress on this each week.
Gary wanted help to get out more and to meet people. He was provided with help in learning to use the local bus to get to the local leisure centre where has met some new people and he is getting more comfortable

with attending the centre regularly. He also planned to join a walking group run by PHaMS and to attend his neighbours' BBQ.

Gary's next goal is to take steps towards getting back to employment: he is interested in doing some packing work. He has agreed to be referred to the disability employment network and gave permission for his PHaMS worker to update his GP regarding his goals and progress. Gary also hopes to get back in touch with his mum, who lives interstate, in the near future. Gary now feels comfortable with his PHaMS worker and is socialising more. He is working out what he wants for his life and taking positive steps towards achieving his goals.

Organisation: Aftercare, Personal Helpers and Mentors Program (PHaMS), Suite 26. 635 Princes Highway Rockdale NSW, Phone: 9505 9200.

NEAMI article – RRSP program:

SUPPORT SERVICES FOR PEOPLE WITH A MENTAL ILLNESS

Recovery and Resource Services Program (RRSP)

The RRSP program is funded by the NSW Health Department's Mental Health Drug and Alcohol Office to provide a strength – based, recovery approach to supporting people with a diagnosed mental illness. Neami South East Sydney operates the RRSP service in the Sutherland and St George region. RRSP services focus on supporting people with a mental illness to access quality mainstream community social, leisure and recreation opportunities and vocational and educational services. Delivery of services is provided on a once-per-week basis by a multi disciplinary team of health workers.

Eligibility:

- 16 years – up to frailty inhibits participation.
- Diagnosed with a mental illness.
- Are willing to give informed consent to participate in the assessment.
- Receive support from one or more of the following:
    - General Practitioners
    - Private psychiatrists and/or psychologists
    - Community Mental health Teams
    - Case manager

Referral Process:

- Can self-refer or be referred by a medical professional, family member, friend or an agency, providing consent has been obtained
- Current vacancies exist, please call Neami on (02) 9570 5933 to make a referral

Case Study:

Jason was referred to the RRSP program through his psychologist and general practitioner. He had been diagnosed with chronic depression and had been taking antidepressants for over 10 years. Upon referral, a Neami worker met with Jason who reported suicidal ideation. Jason was living in a NSW Department of Housing property by himself and was estranged from his wife and had very minimal contact with his two daughters. He reported that life was hopeless and his depressive moods and anxiety prevented him from leaving his house.

The first meeting with Jason involved hearing his story and identifying what areas of his life he wanted to be different. Jason reported that his anxiety was causing him to be isolated as he rarely left his house. He articulated that he needed help to get out of his severe hopelessness but did not know what to do. Jason reported wanting to live a more positive life and be able to manage his anxiety so that he can access the community more regularly. He eventually wanted to return to the workforce.

Through consultation with Jason's psychologist and general practitioner, Neami began working on strategies for Jason to be able to manage his anxiety. This initially came through gradual exposure therapy in a grocery shopping environment. Discussions around his self-esteem and confidence were also integral to this process. Jason slowly began to manage his anxiety and is now at a point where he completes shopping tasks on his own and is more self-aware of his anxiety when in public. In addition, a medication review with his GP saw a positive change in Jason's mood.

As Jason's anxiety became more manageable and his confidence in himself built, attention focused on supporting Jason to become job ready. He was linked in with an employment service and Neami staff supported him to develop his resume. Recently he applied for a part time position working as a consumer representative. He was successful in obtaining the position and begins work in a few weeks.

It has now been eight months since Jason began receiving support through the Neami RRSP program and he reports that a major factor that assisted him to make changes in his life was the confidence and support that Neami staff had when working with him. When he was not able to see a future, his worker was able to encourage him and help him to put life's challenges into perspective. Jason's depression still gets him down from time to time but he is able to focus on his future now that in his own words 'I have a purpose'.

Organisation:
Neami South East Sydney, Recovery & Resource Services Program (RRSP), 96 Queens Road Hurstville, NSW 2220. Phone: (02) 9570 5933. Email: shane.jakupec@neami.org.au

For more information contact:
Stephanie Maraz, Policy Officer

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ROZELLE NSW 2039
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