

NSW Election Platform 2015

March 2015

In December 2014 the Mental Health Coordinating Council (MHCC) facilitated a forum in order to consult with its membership as to their priority issues for the forthcoming election. This election platform paper represents MHCC and membership views expressed in that forum and subsequent consultations with other mental health stakeholders and community managed organisations.

MHCC welcome the commitment the NSW Government has identified to the central tenet of the NSW Mental Health Commission's *Strategic Plan for Mental Health in NSW 2014-2024 - to reorientate the bulk of mental health services to the community, enabling people with mental health conditions to have access to the right mix of psychological, psychosocial and medical services in a community setting.*

MHCC congratulates the NSW Government on its pledge to a "once in a generation 10 year overhaul of mental health care in NSW", and the allocation of \$115 million to fund important initial developments to achieve that direction.

MHCC will continue to work closely with the Ministry of Health and the NSW Mental Health Commission in order to assist and support the

development of these reform processes which we are hopeful will be supported whatever the election outcome on 28 March.

The Strategic Plan identified the need for "articulation of a new framework for a contemporary NSW community mental health system" (Action 5.1.1). MHCC and the sector support this direction and that its development be led by the NSW Ministry as a key reform mechanism to deliver the desired transition to a more community-based service system in NSW.

Since, the Local Health Districts are increasingly being tasked to make decisions based on local population health needs, MHCC advocates timeliness in the development of the new framework to provide the essential overarching guidelines necessary to ensure coherence of the reform process across NSW.

NSW has not had a Community Mental Health Plan in place since 2007-2012. A framework is the necessary first step in the development of a community mental health plan which along with designation of core service specialties must promote across sector integration of workforce, data infrastructure, research and collaborative models of practice.

Election Platform Position Statements

1 Implement the NSW Mental Health Commission's Strategic Plan for Mental Health in NSW

- The main thrust of the Strategic Plan is to reorientate services towards community-based service provision. MHCC proposes that a significantly higher proportion of those community-based services are delivered by the community managed sector. This will enable people with mental health conditions to access the right mix of psychological, psychosocial and medical services and programs in NSW.¹
- The Government must establish a mental health-specific taskforce/advisory council to guide the development of a community mental health framework to provide the necessary first step towards a Community Mental Health Plan. This must be meaningfully inclusive of consumer and carer lived experience as well as community representation.
- The framework's approach to care should promote an integrated service system and models of practice primarily based in the community, comprised of a diversity of programs and reflecting cultural and population health needs.
- A Community Mental Health Plan should expand on the directions within the framework:
 - identify better pathways and responses to people with mental health conditions across all human services
 - set targets and establish key indicators, for Local Health Districts and service providers
 - ensure transparency and public accountability for spending and service outcomes
 - provide guidelines for determining the core service specialties of the public mental health services as well as the primary and community sectors to enable optimal allocation of workforce and resources; guidance should be given on the types of services that can be appropriately transitioned to community-based and community-managed settings.
- The community managed mental health sector must grow in response to identified population need, and be recognised and valued for their essential contribution to mental health service delivery in NSW.

2 Government must ensure that the revenue from the sale of mental health assets is spent on mental health services, the majority of which must be community-based and community-managed.

- A key element of the reform process is the sale of assets. The Government must ensure that revenue from those sales are spent on high quality mental health services and are not diverted to mainstream health or other public spending.
- A commitment to public reporting of revenue received from sales and about the additional community mental health services this has funded is vital.
- Where psychiatric facilities are closed, there must be resources and a community service delivery plan for consumers exiting these facilities to be appropriately supported including support for their families and carers.
- Wherever services are provided including hospital and acute services they must reflect recovery-oriented and trauma-informed best practice approaches.

¹ MHCC 2015, 'Briefing and Recommendations: Community Managed Mental Health Sector Considerations for the Partnerships for Health Reform Process', January 2015, Available: <http://www.mhcc.org.au/media/51767/mhcc-briefing-paper-partnerships-for-health-feb2015.pdf>

3 To support system reform under Partnerships for Health and to ensure the safe and effective transitioning and establishment of integrated services, Government must support the community-managed sector to respond effectively by funding organisational and sector readiness initiatives.

- Capacity building grant funding to enhance sector readiness and capacity building similar to those provided in FACS Homelessness and Disability reforms is required. The relevant community mental health areas are:
 - Client experience (program range and responsiveness)
 - Service provision (organisational capacity)
 - Policy and planning (planning, funding and evaluation)
 - Research and development (innovation and growth).1
- A smooth collaborative transition from public to community-based services will ensure the safety of consumers and the quality of services can be sustained and strengthened.
- The reform process must protect the flexibility, innovation and value-add of the community managed sector.

4 Commit to providing services and support programs for people not eligible for NDIS (Tier 3) to lead contributing lives in the community.

- The commitment is vital because there is a risk that in the context of the NDIS people with lower levels of need will lose access to existing services and be ineligible for mental health support under NDIS.
- Likewise, anticipated cutbacks to the availability of the Disability Support Pension for people under 35, will mean that a diversity of people will require additional support to obtain and sustain employment whilst managing their mental health and psychosocial needs.
- With most health funding being devolved to Local Health Districts (LHDs), providing access to community mental health services will now primarily be the responsibility of LHDs. This new population planning obligation should be reflected in LHD KPIs to the Ministry of Health.

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