Mental Health Coordinating Council
Submission to Leichhardt City Council
29 October 2010

DRAFT 2010 MASTER PLAN FOR CALLAN PARK

Submission Summary
The Mental Health Coordinating Council (MHCC) is the peak body for non-government community managed organisations (CMOs/NGOs) working for mental health in NSW.

The draft Master Plan for Callan Park is congruent with, and aimed at strengthening, existing use of the site including encouragement of community use and occupancy by CMO mental health services, the University of Sydney School of the Arts and the NSW Writers Centre.

This submission focuses on MHCC's concern about the best ways to provide recovery-oriented mental health services in NSW. This must not include the establishment of large clusters of supported accommodation programs on the grounds this former psychiatric hospital as is now planned for the Callan Park site.

The literature on mental health supported accommodation is extensive. In summary, this evidence concludes that safe, affordable and appropriate housing linked to support helps people live well and stay well. There is an assumption throughout this body of work that appropriate housing is community based (ie, not located in a current or former psychiatric hospital or other institutional setting). Attachment 1 provides references that speak to this evidence base and that also have an Australian focus. Some key issues that arise from the evidence base, current service delivery practice and mental health policy that inform MHCC's position that supported accommodation should not be established at Callan Park is the primary content of this submission. This information is provided to assist in deliberation of the differing views regarding use of the Callan Park site for supported accommodation use that we anticipate will be received in response to the Master Plan survey.

Only the 15 upper Wharf Road independent living units are suitable for a good practice supported accommodation program. MHCC provides information in support of this position and makes a proposal to establish a time-limited transitional step-up and outreach service at that site.

An additional concern is that the concept of a community mental health Research Center has not appeared in the draft Master Plan. This is briefly discussed and a recommendation made to revisit this concept.

For more information or to have your say about the draft Master Plan for Callan Park
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Background to Callan Park Redesign

The Callan Park site has been occupied by mental health services since 1887. The last hospital based services were transferred to Concord in 2008 in line with the National Mental Health Strategy for mental health services to be community based and integrated with mainstream health services. NSW Health transferred governance of the site to Leichhardt Council and re-design consultation since then has included:

Stage 1: Identifying the main issues and opportunities
Stage 2: Establishing the draft project principles
Stage 3: Finalising and agreeing the project principles
Stage 4: Assessing potential Master Plan options
Stage 5: Finalising the Master Plan
Stage 6: Master Plan Exhibition

The consultation process is significantly progressed and is currently in Stage 4.

The Master Plan vision for a Mental Health and Community Wellness Centre is for a:

"Wellness sanctuary, bridging the gap between acute care and home life for those with mental illness, and contributing to the mental, physical and social health of the entire community. A sanctuary where vocational training, arts and culture, sport, work, gardening and quiet reflection can support treatment and therapy".

This includes:

- Supported accommodation for people with mental illness (83 beds);
- A Wellness Centre with peer support and health and lifestyle services available;
- A Vocational Skills Centre;
- A restaurant and cafés (Bootmakers & Sustain);
- A mental health Mind Museum; and,
- A variety of NGO mental health services.

The 83 supported accommodation beds are proposed to be made available as follows:

- 15 independent low to medium support living units;
- 44 medium support living units; and,
- 24 high support living units.

The housing configuration for the later two sets of "beds" is unclear and includes:

- Medium support housing in a large derelict building including co-location with the proposed Bootmakers Café;
- Medium and high support housing in two large derelict buildings in close proximity to one another that are currently dormitory style housing (these were previously hospital wards).

The later would be flanked by the proposed Wellness Center and Vocational Skills Center.

All the above buildings with the exception of the independent living units are in considerable disrepair.

The Master Plan team are now calling for non-binding expressions of interest (EOI) from groups wishing to occupy Callan Park and state that:

"There are 81 vacant buildings. Some have significant heritage value. All are in various stages of neglect. Occupying and using a building at Callan Park is a commitment that should not be taken lightly."

MHCC's Views About the Draft Master Plan

This submission focuses on MHCC's opposition to the establishment of mental health supported accommodation at Callan Park and briefly revisits our position regarding alternate use and structures for community governance of the site. Our proposal is consistent with the draft Master Plan with the exception of use of the site for long term supported accommodation for large numbers of people with mental illness.

MHCC's position continues to be that the draft Callan Park Master Plan has been made without full consideration of the strong evidence base on what constitutes socially inclusive, recovery-oriented approaches to mental health. This view has been formed through extensive and continuing consultation with MHCC members including consumers and carers.

In its original proposal to the Master Plan process MHCC advocated for a social enterprise model for the site that would see genuine employment and training opportunities for consumers (ie, "employment cooperative"). Suggested activities of the enterprise included a:

- Mind Museum and Library (an EOI has now been submitted by MHCC for this for alternative occupancy of the proposed Wellness Centre);
- Resource and Support Centre for Mental Health Consumers and Carers (this could be co-located with the above); and,
- Mental Health Education, Training and Event Centre (ie, Conference Center - to possibly be located in Ward 18 which has been designated for supported accommodation).

No EOI have been submitted for the later two activities as they are direct care services and beyond the role of MHCC as a peak body. EOI would need to be sought from other CMOs interested in delivering these services and MHCC would be available to assist in this process.

MHCC further advocated in their original submission for substantial consumer and carer participation in the Callan Park management and governance structure ensuring the site remains an effective and relevant resource for mental health consumers.

MHCC's current position regarding the Master Plan is summarised and further discussed next:

1) Strong opposition to the plan for use of the site as supported accommodation;

2) Raise awareness about alternative and evidenced based practice informed use of the site as a Mental Health and Wellbeing Resource Centre; and,

3) Structures for proposed community governance of the site.

1) MHCC Does Not Agree With Use of Callan Park for Supported Accommodation

MHCC's position is guided by the underlying principle that recovery from mental illness does and must occur in the community (MHCC 2008 – "Social Inclusion and its Importance to Mental Health"). Callan Park is acknowledged as an important community resource whose value as a wellness sanctuary for the general community – including mental health consumers - can be strengthened. However, this most certainly would not be achieved through its use as a congregate accommodation site and our opposition to this direction is the essential premise of this submission.

It is MHCC's view that the plan for supported accommodation is a recreation of the institution and should not be supported. This use is not consistent with either government policy directions for social inclusion of people with mental illness or known evidence based practice in the provision of recovery oriented mental health services including supported accommodation.

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What is Best Practice in Mental Health Supported Accommodation?

Consultation regarding future use of the Callan Park site has yielded the answer "more beds" and both mental health service delivery experience and research clearly demonstrate that community-based housing linked to needed supports (eg, cooking, shopping, cleaning, relationship, emotional, etc) is critical in recovery from mental illness. A mental health sector discussion has arisen during consultation regarding the Master Plan about what approaches might be "best" with regard to the recommendation to establish supported accommodation at Callan Park including MHCC's position that it largely not be established their at all.

The term "best practice" has become synonymous with "evidence based practice" and typically refers to conclusions drawn from rigorous scientific evaluation of mental health "interventions" (ie, treatment, care, services) that have been demonstrated to be effective. The gold standard of rigorous scientific evidence is fully randomised controlled trials (ie, where some people get something and others don't). This approach is often unfeasible and unethical when it comes to mental health research. For example, the Cochrane Collaboration (Chivers et al, 2007) conducted a review of the vast body of published research on supported accommodation that had been either fully or quasi randomised and did not find any studies that met the search criteria.

The use of numerous other research and evaluation approaches has resulted in an ongoing debate about which services are really "best" which has ultimately served to detract from the extensive literature on supported accommodation that repeatedly demonstrates the benefits of these services. There is also considerable diversity of models of supported housing and inconsistent use of terminology to describe them and this also makes it difficult to compare services and their relative effectiveness. In summary, the evidence concludes that safe, affordable and appropriate housing linked to support helps people with psychiatric disability live well and stay well. There is an assumption throughout this body of work that appropriate housing is community based (ie, not located in a current or former psychiatric hospital or other type of institutional setting). Some key issues that arise from the evidence base that inform MHCC's position that supported accommodation should not be established at Callan Park is further discussed and referenced below (also see Attachment 1 – References).

While there is still discussion and some debate about different housing models the best practice consensus is for a supported housing approach (Essock et al, 2003) and delivering services that are shaped by best practice results in community integration (Gary et al, 2004). There is a strong and consistent pattern in best practice housing for people with mental illness that consists of:

- Individualised living units;
- Preferably not clustered in large projects that are stigmatising;
- These units should be of the occupants choosing;
- Be readily accessible to amenities, health and community services, and supports; and,
- They should not be contingent upon meeting pre-conditions of "housing readiness", sobriety, treatment compliance or use of mandatory services.

This model has most recently been referred to as the “housing first” approach (Tsemberis & Eisenberg, 2000) and it consistently demonstrates greater housing stability, reduced use of hospitalisation and other services, greater community integration and a significantly higher satisfaction with quality of life. Furthermore, this approach supports the preferences of people with mental illness for control and empowerment in their housing choices. While different people will make different housing choices there is a consistent preference trend for independent, non-congregate living (this is not surprising as it is what most of us want). For example, the housing preferences of people with mental illness living in Sydney were explored by Owens et al (1996) and found that clients preferred living alone (in their own homes) in environments with low levels of behavioural demand (least restrictive settings). This was followed by living in government subsidized housing and for-profit boarding houses were preferred over psychiatric group homes (ie, congregate accommodation). Preferences were not associated with psychiatric symptoms or levels of functioning.

The key characteristics of the “housing first” supported accommodation approach are demonstrated in numerous individual studies and reviews of multiple studies that have been conducted over the last four decades - and coinciding with shifts from hospital to community based care and the emerging disability rights movement - exploring, for example:

- The provision of community care and treatment (Nelson, 1987; Segal, 1972; Carling, 1990 & 1992);
- Characteristics of the housing and support (Carpinello, 2002; Newman, 2001);
- Research on support housing (Fakhoury, 2002);
- Evidence for supported housing (Rog, 2004);
- Housing retention and consumer preferences (Fakhoury, 2002; Ogilvie, 1997);
- The importance of consumer choice and community access (Nelson et al, 2003; Newman, 2001); and,
- Impact of housing conditions (Baker & Douglas, 1990; Evans, 2000; Browne & Courtney, 2004).

It is notable that the evidence base for best practice supported housing is also reflected in Australian mental health policy and other evaluation and advocacy documents including:

- Evaluation of the Housing and Accommodation Support Initiative (HASI): First Report (McDermott et al, 2010)
- The Fourth National Mental Health Plan (2009)
- Housing and Associated Support for People with Mental Illness or Psychiatric Disability. (Edwards et al, 2009 for Social Policy Research Centre).
- Home Truths: Mental Health, Housing and Homelessness (Mental Health Council of Australia, 2009).
- Social Inclusion: Its Importance to Mental Health (MHCC, 2008)
- Working on Strengths – The Evidence So Far: Models of Assistance by Mental Health Community Organisations and Evidence for Their Effectiveness (MHCC, 2007).
- Housing and Accommodation Support Initiative: Final Report. Muir et al, 2007 for Social Policy Research Centre).
- Housing and Accommodation Support Initiative (HASI) for People With Mental Illness (NSW Health, 2006).
- Framework for Rehabilitation in Mental Health (NSW Health, 2002),
- Framework for Housing and Accommodation Support (NSW Health, 2002).

The best practice approach to supported accommodation in NSW is exemplified by the HASI program which involves a three-way partnership between NSW Health who provide treatment services, CMOs who provide support services and Housing NSW who provide community-based housing. Over the last 8 years NSW Health has made a considerable investment in this best practice approach to supported accommodation. There are currently 1134 HASI beds available in NSW with varying levels of support as illustrated below and NSW Health is currently projecting to double the HASI housing supply over the next 10 years. This planning also involves the development of Extended Care HASI which will provide long term housing with 16-24 hour very high level support.

Table 1: Overview of current HASI Housing Stock in NSW

Stage 1	02/03	100	High level support in public/community housing
Stage 2	05/06	460	Lower level support for existing public/community housing tenants
Stage 3A	05/06	126	High level support in public/community housing
Stage 3B	06/07	50	Very high level support in public/community housing
Stage 4 HASI in the Home	07/08	240	Lower level support for people with existing private housing
Stage 5A Aboriginal HASI	09/10	58	Targeted support for Aboriginal families across all support levels
Total HASI		1134	

Early evaluation findings for the first group of HASI clients included:

- 66% of clients reported improved mental health;
- Two thirds has improved psychological functioning;
- Almost half the clients with a substance use disorder were no longer experiencing substance use problems; and,
- On average, all clients increased their independence in living skills.

Importantly, the program is indicating more than a 70% decrease in demand for acute hospital admissions and the “revolving door” phenomenon has all but disappeared.

Nowhere in this vast body of best practice is research, policy and other documentation is a return to large clusters of housing (ie, congregate living) in institutional settings recommended. However, both the community and mental health service providers are increasingly acknowledging that there is a cohort of unwell and/or disabled people with mental illness for whom either brief or extended stays in high support (ie, 16-24 hour care) hospital and/or residential settings may be required. This group of people are sometimes referred to as being “sub-acute” or “non-acute”. NSW currently has about 600 non-acute inpatient hospital beds (NSW Health, 2010 - “Strategy for NSW Mental Health Non-Acute Inpatient Units 2010-2015).

With regard to residential settings, there is a 20 year evidence base for sub-acute “residential treatment centers” (ie, hospital in a home in the community). These facilities might be either “step-down” (ie, for people leaving hospital who are not quite well enough to go home yet) or “step-up” (ie, for people who are yet sick enough to go to hospital but are not well enough to cope at home). These are typically transitional and time limited settings where people might have the opportunity to stabilise their mental health and benefit from both support and the company of others having similar experiences.

There is an extensive international and somewhat limited but growing Australian literature regarding sub-acute residential mental health services (see Dench McClean Carlson 2009 for a review of these). These services are typically voluntary and operate in home like environments with the people receiving services being actively involved in the day-to-day running of the facility (eg, cooking, cleaning, shopping, etc). A typical stay is less than three months and the average stay is 14-28 days. Staffing models can vary and usually involve 24-hour support.

Research has demonstrated the value of community managed step-up and step-down services including:

- Cheaper than hospital based services;
- Free up clinical mental health services to respond to people in psychiatric crisis;
- Psychosocial outcomes (eg, housing, employment, social supports) are superior to hospital based services; and,
- People with mental illness and their carers prefer being able to get help sooner.

Few programs of this type exist in Australia with the exception of Victoria. The most developed Australian model for community based subacute care is Victoria's Prevention and Recovery Centers (PARCs) which have been operational for about 5 years. PARCS are a short-term 8-10 bed partnership between public mental health services who provide clinical support and non-government mental health services who provide psychosocial support.

An independent evaluation of the PARC program demonstrated similar outcomes to those noted in the international literature (Dench McClean Carlson, 2009). A critique of the model is that the emphasis on step-down services (ie, hospital exits) results in transfer of bed blockages similar to those of hospitals. The Time Out Housing Initiative (TOHI) is a Queensland sub-acute mental health service model that is in the implementation stages. It varies from the Victorian PARCs with: an emphasis on step-up services; a focus on young people; and, the use of private practitioners (ie, GPs, psychologists, etc) for clinical support using Medicare rebates. The later program element is especially innovative in that it is expected to further free up public mental health services for people in psychiatric crisis.

The NSW Health Mental Health Clinical Care and Prevention Model (MHCCP) Review and Strategy for NSW Mental Health Non-acute Inpatient Units both highlight the need for new and alternative models for community-based recovery-oriented rehabilitation and support services – including additional supported accommodation and sub-acute services. In discussing step-up step-down facilities the NSW Consumer Advisory Group (CAG) stated:

> *"These types of services address not only the issues of continuity and coordination between acute, hospital based care and return to the community, but provide the important buffer between a consumer's need for increased support and acute care services as a first resort"*. (NSW CAG, 2008)

MHCC's is developing a proposal to NSW Health to establish a step-up program in NSW and has adjusted for the concern about transfer of bed blockages by emphasising step-up priority for access to prevent psychiatric crisis and an outreach component that is available to prevent entry where not needed and/or to assist when transitioning home. While MHCC's position in that Callan Park is not suitable for best practice "housing first" type permanent supported accommodation we propose that there is scope for establishing a step-up and outreach program at the site and this opportunity is further explored next.

The Establishment of Supported Accommodation at Callan Park is Not Consistent with Best Practice

There is a need for a range of models in meeting the high demand for supported accommodation in NSW. The concept of "housing cooperatives" has also arisen during Callan Park Master Plan consultation and this adds much value with regard to the known evidence base for consumer-run consumer-driven services which is not being reviewed in this paper but is acknowledged by MHCC. However, the evidence base for supported accommodation consistently tells us that this should happen in the community. While Callan Park is a community resource it is not in the community – structurally, socially, historically or philosophically. It is MHCC's position that congregate housing is stigmatizing, discriminatory and not consistent with recovery or community integration approaches.

MHCC recognises the huge need for supported accommodation and advocates for additional and alternative housing approaches - including cooperatives and step-up housing. These must be developed in the community for recovery outcomes to be achieved. MHCC contends that only the 15-bed purpose-built independent units on upper Wharf Road are considered suitable for housing (ie, supported accommodation, step-up/respite and/or housing cooperative). The other three sites proposed lend themselves to large scale congregate living only (ie, up to 24-beds per site), are likely to continue to be so even with extensive renovations and, are isolated within the grounds.

Supported accommodation planning is complex and the details of the models being proposed within the Master Plan are absent. MHCC's position regarding the preferred community-based delivery of supported accommodation is supported by the MHCC Board (although healthy and robust discussion reflecting the content of this submission is noted) and by the NSW Consumer Advisory Group (CAG). A difference between MHCC and CAG is that CAG are not opposed to use of the Callan Park site for transitional housing for large groups of people, however, they do think it inappropriate for extended stay housing.

Renovations of the proposed sites on Callan Park for mental health housing will be extremely costly. MHCC strongly believes that where large amounts of funding become available for supported accommodation these funds are best spent providing housing in a community setting (ie, where optimal outcomes are to be achieved for people affected by mental health problems).

For example, were people to live at Callan Park:

- They would not have individual tenancy rights resulting in insecurity of tenure (ie, License to Occupy instead of Residential Tenancy Agreements as is the case with boarding house residents);
- They would not have street numbers or names for home visits and services including Australia Post deliveries;
- They would not have electric, gas & water individually billed;
- They would be easily identified by others in the community;
- They would be at risk of developing further disability

Funding for housing maintenance/redevelopment or recurrent support service provision has not been identified within the Master Plan. It is well known that rental income (ie, 25-30% of pension) is not sufficient to maintain aged properties let alone provide support and that additional and considerable government funding would need to be made available for these purposes. Should such an outlay be agreed to then it would best occur in the community.

It is also MHCC's view that use of Callan Park to provide supported accommodation for people with mental illness will not contribute to the Master Plan principle of *"social, environmental and financial sustainability"* of the site.

Social

- The clustering of large numbers of people with disabilities is stigmatising and discriminatory.

- The government's stated policy objectives of community integration and social inclusion are not achieved through such approaches.

Environmental

- The co-location of so many people with mental illness is institutional.
- The housing facilities are substandard and potentially unsafe.

Financial

- The housing facilities will require considerable and expensive one-off redevelopment and recurrent rental and maintenance costs.
- Supported accommodation is not just about "bricks and mortar" – the highest costs are related to the provision of ongoing support services by CMOs.

The Master Plan is not consistent with evidence based practice principles for supported accommodation as articulated both in the literature, mental health policy and as exemplified by the highly successful NSW Health Housing and Accommodation and Support Initiative (HASI).

While noting these concerns, it is still possible that the 15-bed purpose-built independent units on upper Wharf Road could be considered for transitional and time-limited housing use for people with mental illness (ie, supported accommodation, step-up/respite and/or housing cooperative). The potential for this site to be used as a step-up and outreach facility is high and MHCC is developing a proposal to NSW Health to establish these much needed services in NSW. A brief overview of this proposal is provided as Attachment 4 - "NSW Urgently Needs a Step-Up (Sub-acute) Mental Health Service".

2) Proposed Mental Health and Wellbeing Resource Centre (MHWRC)

The proposed MHWRC is a community managed not-for-profit social enterprise. Social enterprises provide a mix of permanent and transitional employment opportunities for people living with mental illness. At least 30% of social enterprise members will be people with lived experience of mental illness.

Activities of the MHWRC will include:

- Mind Museum and Library;
- Workforce Enterprise;
- Resource and Support Centre for Mental Health Consumers and Carers; and,
- Mental Health Education, Training and Event Centre.

This proposed use of the Callan Park site is similar to that of the draft Master Plan with the exception of the use of the site for supported accommodation. The MHWRC proposal is also more mindful of evidence based practice in recovery oriented service provision (eg, effectiveness of open supported employment and social enterprise approaches over vocational training, the critical importance of consumer, carer and community participation in achieving recovery outcomes).

For more information please see Attachment 2 - "Mental Health and Wellbeing Resource Centre for the Callan Park Site".

3) Proposed Governance of the Site

MHCC proposes that the Callan Park site be community managed by occupants and other stakeholders, including consumers and carers and a representative from Leichhardt Council. The governance group would plan and review use of the site in partnership with Leichhardt Council. This would include a target of 30% of all employment at the site being for people with lived experience of mental illness.

For more information please see Attachment 3 - "Governance of the Callan Park Site".

The Need for a Community Mental Health Research Center

The vast majority of mental health research funding is spent on fully randomised controlled trials of various clinical health treatment interventions. This submission has highlighted the need for the Australian research and development base of community based, recovery oriented and socially inclusive mental health services to be strengthened. A recovery oriented service provision research center would fit well with the type of mental health services proposed for Callan Park and the research presence would, in turn, enrich and strengthen approaches within the community mental health sector.

MHCC requests that consideration be given to including a proposal to establish a community mental health research center in the Callan Park Master Plan.

There is an urgent need to strengthen the research and development base of the Australian mental health sector and this must also involve improved data collections and a more clearly articulated model of recovery-oriented and community-based mental health care. The mental health sector currently receives just 6% of Australia's $650M health research budget and this figure should be around 15% (ie, an additional $80M annually).

The concept of a mental health research center being established at Callan Park has been proposed at various stages during consultation and does not appear to have translated into the draft Callan Park Master Plan. Professor Vaughan Carr notes in his "Discussion Paper – Callan Park Master Plan" (June 2010, p 12):

"There is the potential to develop specialised research facilities. Specific possibilities include research centers focussing on rehabilitation psychiatry, clinical trials, and mental health economics. There are currently national research gaps in each of these areas and the nature of mental health services proposed here for development on the Callan Park site would fit well with research in these particular domains, and the research presence would in turn, enrich and strengthen the mental health services on offer".

There are many mental health research centers in Australia – including NSW – that use a medical model approach in their work that focuses on, for example: assessment, diagnosis, symptoms, medication, treatment interventions and clinical service utilisation. There are few, if any, that have as their focus the things that mental health consumers and their family and friends tell us really matter to them including: stigma, discrimination, housing, homelessness, employment, education, friendships, relationships, physical health, sexuality and community integration. A recovery oriented community mental health research center would be innovative in its focus on better understanding what non-clinical services and workforce skills are required to reorient the Australian health and community services sector – including the mental health sector – to support people affected by mental illness in achieving their recovery goals and live valued lives in our community.

Strengthened research and development capacity within the community mental health sector would also help ensure the availability of information in the future so that the planning of mental health services, including the "recycling" of former psychiatric institutions, has a more substantial evidence base to assist in decision making.

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MENTAL HEALTH AND WELLBEING RESOURCE CENTRE FOR CALLAN PARK SITE

28 August 2010

This site has been occupied and resourced by mental health services since 1887. This is a once in a lifetime opportunity to retain the spirit of this site's proud heritage by providing and ensuring innovative mental health uses. This follows successful international initiatives for similar uses of closed large mental health institutions & grounds.

Goals for the Callan Park Site:

1. To promote mental health and wellbeing.
2. To ensure that this theme is applied to all present and future users of the site including sporting, health and education facilities.
3. To put people with lived experience of mental health problems at the forefront of any plans for the Callan Park site.
4. To promote social inclusion for people with mental health problems and mental illness.
5. To promote healthy living and a healthy environment on the Callan Park site, with particular reference to mental health.
6. To assist the various groups and organisations using the site to set clear goals and policies towards promoting healthy living and a healthy environment
7. To ensure that jobs (paid and unpaid) for people with lived experience of mental health problems are integrated into all uses of the site, with a target of 30% of jobs (whether full-time, part-time, casual or simply a few hours per week) on the site being made available.

This proposal is for the following innovative social enterprise which will be run as a not-for-profit social firm

Mental Health and Wellbeing Resource Centre (MHWRC)

A Social enterprise, ie not-for-profit

This proposal follows similar successful international initiatives after the closure of large mental health institutions & grounds where social enterprises have been set up by mental health organisations providing a mix of permanent and transitional employment opportunities for mental health consumers.

Goals of the MHWRC

- Promote social inclusion for people with lived experience of mental health problems
- Build community awareness and resilience
- Promote work, training and social opportunities for people with lived experience of mental health problems
- Provide a resource centre for carers (families) and for people with lived experience of mental health problems
- Provide community training and guidance, eg guidance for employers to support employees with mental health problems; training and education for the community about mental health, eg mental health first-aid and understanding recovery.
- Support the development of a mental health library and clearing house.
- Foster wellness in the community

Activities of the MHWRC
Each of these activities will be a part of the whole of the overall social enterprise, ie a community-managed organisation/social firm which co-ordinates workers and volunteers

1. **Mind Museum and Library** – Memorial to psychiatric survivors (history); school and community organisation education programs; approaches to mental health care and support across time, interactive displays & educational material for learning about mental wellness, resilience and mental illness; Mental Health library and clearing house – hard copy and electronic, with major focus on electronic
2. **Workforce enterprise** – a work co-operative in which its members manage the work opportunities around the site; orient, train and supervise workers (ie people with lived experience of mental health problems); provides guidance for community employers to support their employees with mental health problems. A benchmark is to be set to ensure that approximately 30% of jobs (paid or voluntary) arising from activities, programs and services operating on the Callan Park site are allocated to people with lived experience of mental health problems.
3. **Resource and Support Centre for Mental Health Carers and Consumers** – a place for consumers and carers to come and be involved, meet with others, learn about mental illness, mental health and recovery and participate in site activities.
4. **Mental Health Education, Training and Event Centre** – this will operate in conjunction with all of the 3 previous MHWRC activities to provide community training in mental health: Mental Health First Aid; MH Connect, parenting; peer support; peer trainers; support of support groups. Promote festivals and community celebrations of healthy living and healthy environment

Membership and governance of the MHWRC
This is not a commercial operation. It is a community managed not-for-profit social enterprise. As such everyone who works in this centre becomes a member of the co-operatively, community managed enterprise. At least 30% of members will be people with lived experience of mental health problems. Other members will include carers (families), people with expertise and specific skills needed to run the organisation, and other involved and interested people. Orientation, training (where necessary) and supervision will be integrated into the work of the MHWRC.

Proposal written by:
Vivienne Miller, Mental Health Educator with 40 years experience of education, service provision, network development, evaluation and project management.
Jenna Bateman, CEO, Mental Health Co-ordinating Council **(MHCC)** [This is the peak body for all mental health Non-Government Organisations throughout NSW]

Further, we are prepared to set up a meeting with potential and existing users of the Callan Park site to explore how this proposal will affect their use of the site.

GOVERNANCE OF CALLAN PARK SITE

26 August 2010

This site has been occupied and resourced by mental health services since 1887. This is a once in a lifetime opportunity to retain the spirit of this site's proud heritage by providing and ensuring innovative mental health uses. This follows successful international initiatives for similar uses of closed large mental health institutions & grounds.

Proposal: that the governance of the entire site is managed by a group (what type of group is discussed later) composed of mental health consumers, carers (families) and others with mental health expertise. Additionally this group will include people with management, financial and event organising skills.

Purpose of the Governance Group:

1. To manage the Callan Park site with efficiency and effectiveness and with reference to all the following governance purposes.
2. To promote mental health and wellbeing and that this theme is applied to all present and future users of the site including sporting, health and education facilities.
3. To put people with lived experience of mental health problems at the forefront of all management and planning for the Callan Park site.
4. To promote social inclusion for people with mental health problems and mental illness.
5. To promote healthy living and a healthy environment on the Callan Park site, with particular reference to mental health. Approved uses of the site must include clear goals and policies towards promoting healthy living and a healthy environment

Membership of the Governance Group

Members of this group will include 5 representatives of the Mental Health and Wellbeing Resource Centre (MHWRC), 2 representatives of other users of the site, 2 local community representatives (eg neighbours), 1 representative of Leichhardt Council and a chairperson from the Mental Health and Wellbeing Centre. Additional members may be co-opted from various community and cultural groups, eg aboriginal, ethnic, special expertise

Delegation of Authority from Leichhardt Council

Within the purposes above, this Governance Group will have delegated authority to:

1. approve potential users of the site
2. approve changes to uses of the site
3. refer maintenance matters to Leichhardt Council
4. ensure that users of the site adhere to the above purposes
5. ensure that jobs (paid and unpaid) for people with lived experience of mental health problems are integrated into all uses of the site, with a target of 30% of jobs (whether full-time, part-time, casual or simply a few hours per week) on the site being made available.

This delegation of authority on the uses of the Callan Park site, is additional to and in no way replaces the existing planning and statutory obligations of Council.

This governance proposal must be read in conjunction with the proposal for the following innovative social enterprise which will be run as a not-for-profit social firm.

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Mental Health and Wellbeing Resource Centre (MHWRC)

A Social enterprise, ie not-for-profit

The Callan Park site has been occupied and resourced by mental health services since 1887. This is a once in a lifetime opportunity to retain the spirit of this site's proud heritage by providing and ensuring innovative mental health uses. This follows successful international initiatives for similar uses of closed large mental health institutions & grounds. Social enterprises have already been set up by other mental health organisations providing a mix of permanent and transitional employment opportunities for mental health consumers.

Goals of the MHWRC

- Promote social inclusion for people with lived experience of mental health problems
- Build community awareness and resilience
- Promote work, training and social opportunities for people with lived experience of mental health problems
- Provide a resource centre for carers (families) and for people with lived experience of mental health problems
- Provide community training and guidance, eg guidance for employers to support employees with mental health problems; training and education for the community about mental health, eg mental health first-aid and understanding recovery.
- Support the development of a mental health library and clearing house.
- Foster wellness in the community

Activities of the MHWRC

Each of these activities will be a part of the whole of the overall social enterprise, ie a community-managed organisation/social firm which co-ordinates workers and volunteers

1. **Mind Museum and Library** – Memorial to psychiatric survivors (history); school and community organisation education programs; approaches to mental health care and support across time, interactive displays & educational material for learning about mental wellness, resilience and mental illness; Mental Health library and clearing house – hard copy and electronic, with major focus on electronic
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Membership and governance of the MHWRC

This is not a commercial operation. It is a community managed not-for-profit social enterprise. As such everyone who works in this centre becomes a member of the co-operatively, community managed enterprise. At least 30% of members will be people with lived experience of mental health problems. Other members will include carers (families), people with expertise and specific skills needed to run the organisation, and other involved and interested people. Orientation, training (where necessary) and supervision will be integrated into the work of the MHWRC.

The undersigned would be pleased to provide a more detailed, costed proposal for the Mental Health and Wellbeing Resource Centre.

Proposal written by:

Vivienne Miller, Mental Health Educator with 40 years experience of education, service provision, network development, evaluation and project management.

Jenna Bateman, CEO, Mental Health Co-ordinating Council **(MHCC)**

Mental Health Coordinating Council

NSW URGENTLY NEEDS A COMMUNITY MANAGED STEP-UP (SUB-ACUTE) MENTAL HEALTH SERVICE

An Important Funding Opportunity …

In April 2010, the Council of Australian Governments (COAG) agreed that a significant investment in sub-acute (also known as step-up step-down) care of $1.62 billion across four health areas including mental health. Based upon the calculation of NSW providing services to almost one third of the Australian population, it is not unreasonable to assume almost one third of this funding would be allocated to NSW ($567M million).

… May be Wasted

The Commonwealth government has made a significant amount of funding available to establish sub-acute mental health services available in NSW. Current planning for this funding would see the establishment of additional non-acute inpatient hospital beds in a mental health system that is already far too reliant on revolving door hospital based services. If this direction proceeds then an important funding opportunity to better address the mental health needs of people in NSW will have been wasted.

What is a Sub-Acute Mental Health Service?

Sub-acute mental health services target people that are not quite acute (requiring community crisis intervention or hospital services) or chronic (requiring long term intensive support). That is, people who may need intensive treatment and/or support for a short period of time to prevent a health or social crisis.

There are currently no community based residential sub-acute mental health services in NSW.

But Don't We Need More Hospital Beds?

NSW currently has about 600 non-acute inpatient hospital beds. These exist in large institutional settings like Morisset and Bloomfield Hospitals. More recently, NSW Health have been developing 20-bed facilities in various locations across the State.

A 2003 review of the older facilities indicated serious issues with access to these facilities resulting from a lack of community managed rehabilitation and support services. That is, new people could not be admitted to the facilities because of the lack of services to support people in the community who were ready to discharge. Most people had been awaiting discharge for more than two years!

MHCC has been advised that the new facilities are struggling to achieve planned occupancy rates. This is though to be related to the involuntary hospital setting (ie, people with mental health problems don't want to go there).

More information about NSW hospital based sub-acute services is available in the NSW Health publication "Strategy for NSW Mental Health Non-Acute Inpatient Units 2010-2015" (July 2010). This document fails to recognise alternative models for sub-acute mental health service delivery.

So – What Are the Alternatives We Need to be Considering?

There is an extensive international and somewhat limited but growing Australian literature regarding sub-acute residential mental health services. These services are typically voluntary and operate in home like environments with the people receiving services being actively involved in the day-to-day running of the facility (eg, cooking, cleaning, shopping, etc). A typical stay is less than three months and the average stay is

14-28 days. Staffing models can vary and usually involve 24-hour support. International research has demonstrated the value of community managed step-up and step-down services including:

- Cheaper than hospital based services;
- Free up clinical mental health services to respond to people in psychiatric crisis;
- Psychosocial outcomes (eg, housing, employment, social supports) are superior to hospital based services; and,
- People with mental illness and their carers prefer being able to get help sooner.

PARC

The most developed Australian model for community based subacute care is Victoria's Prevention and Recovery Centers (PARCs) which have been operational for about 5 years. PARCS are a short-term 8-10 bed partnership between public mental health services who provide clinical support and non-government mental health services who provide psychosocial support.

An independent evaluation of the PARC program demonstrated similar outcomes to those noted in the international literature (Dench, McClean & Carlson, 2009). A critique of the model is that the emphasis on step-down services (ie, hospital exits) results in transfer of bed blockages similar to those of hospitals. MHCC's proposed sub-acute model has adjusted for this by emphasising step-up priority for access to prevent psychiatric crisis and an outreach component that is available to prevent entry where not needed and/or to assist when transitioning home.

Time Out

This Queensland sub-acute mental health service model is in the implementation stages. It varies from the Victorian PARCs with: an emphasis on step-up services; a focus on young people; and, the use of private practitioners (ie, GPs, psychologists, etc) for clinical support using Medicare rebates. The later program element id especially innovative in that it is expected to further free up public mental health services for people in psychiatric crisis.

MHCC's Proposal

MHCC recommends a 2011/14 three year pilot of a best-practice community-based step-up mental health service in three geographic areas of NSW at an approximate cost of $20M.

The defining characteristics of the proposed sub-acute model are:

- 5-10 bed housing sites in the community;
- 24-hour crisis prevention, promotion and early intervention focus (ie, step-up and home-based outreach service model);
- Average length of stay is 14-28 days (with a maximum stay of three months);
- One each in a metropolitan, regional and rural location;
- Support provided by community managed organisation staff;
- Clinical treatment provided by private GPs and mental health practitioners; and,
- Priority of access to clients referred by government public mental health services.

Implementation of the proposed step-up service would be project managed by MHCC and include a robust evaluation strategy so that the benefits of the model in NSW can be clearly demonstrated.

For more information about this proposal to establish a community managed step-up mental health service in NSW please contact MHCC Chief Executive Officer, Jenna Bateman (jenna@mhcc.org.au, Ph 9555 8388 Ext 102 or Mobile 0411609870