Mental Health Coordinating Council
Member Consultation Briefing Note

Community Managed Mental Health Sector Development Plan/Strategy
May 2016

Overview

In February 2016, the Mental Health Coordinating Council (MHCC) provided a Briefing Note to both the NSW Mental Health Commission and NSW Minister of Health putting forward an argument for funding to support a Community Managed Mental Health Sector Development Plan/Strategy. The MHCC Board has subsequently recommended making this information available to Members with a view to prioritising proposed directions. A part of the MHCC Members 'Meet Up' Forum to be held on Thursday 26 May, 9:30 AM to 12:30 PM, will be an opportunity to understand member priorities for inclusion in the plan/strategy.

MHCC has undertaken considerable activity, planning and advocacy to develop the organisational/market capacity of the NSW community managed mental health sector. The impact of these activities in the current funding and policy environment has been limited by both NSW Government funding to the sector and direct funding to MHCC, as the sector peak, to support development of its membership and the sector.

This Briefing Note has been prepared in response to the significant need to secure a strategic approach to strengthening the capacity of the community managed mental health sector to deliver accessible and quality services as part of the NSW mental health service system. This includes enabling participation in the National Disability Insurance Scheme (NDIS) and a range of other allied health and community sector initiatives. The current sector reform environment makes investment in a three year capacity building strategy 2016 through June 2019 timely.

The table on p. 6 summarises the proposed directions for development of a NSW Ministry of Health (MoH) funded Community Managed Mental Health Sector Development Plan/Strategy against key actions under the NSW Mental Health Strategic Plan. The priorities identified by MHCC are for a:

- Community Managed Organisation (CMO) Data Management Strategy
- Primary Health Network (PHN) CMO Engagement Strategy
- Complex Needs Qualification Development Project, and
- Workforce Strategy (underpinned by a Workforce Development and Learning Needs Analysis)

Other directions identified by MHCC are for a:

- Infrastructure/training grants for physical health outcomes
- Integrated service delivery shared care/practice governance arrangements
- NDIS readiness
- Research and development capacity building.

Mental Health Reform

A range of reforms towards achieving better coordinated and integrated services yielding improved outcomes for people affected by mental health and coexisting conditions are impacting on CMOs in NSW:

- Implementation of the NSW Government's Mental Health Strategic Plan 2014-2024
- Trial and scaling up of the NDIS including development and implementation of the commissioning framework for the Information, Linkages and Capacity-building (ILC) initiative
- National mental health reform directions including an increased emphasis on the commissioning of local level mental health services through PHNs
- MoH Partnerships for Health (P4H) agenda.

The success of these reform initiatives requires a robust community managed mental health sector. The NSW government has a responsibility to contribute to the development of a community managed mental health sector market that is well positioned to respond to community mental health need.

Sector Development

MHCC receives core funding from the MoH of approximately $500,000 per year. This level of core funding, when combined with agreed KPIs, limit our ability to support the sector at a time of unprecedented reform and growth.

MHCC has long advocated for the MoH to properly engage with and invest in the mental health CMO sector. Commitment to CMO development has on the whole been piecemeal and lacked strategy. Two examples of important sector development projects funded by MHDAO but not progressed due to lack of clear strategic planning with the sector, and that represent lost opportunities to improve access to services and demonstrate outcomes for consumers and carers through engagement with CMOs are:

1. NSW CMO Data Management Strategy (2011) - This two phase project achieved sector consensus on a Minimum Data Set and produced a business plan for data system capability for NSW Health funded mental health CMOs. The project aim was to enable access to demographic and outcomes data for quality improvement, benchmarking and population needs based planning.

2. NSW CMO Mental Health Sector Benchmarking Project (2013) - This substantial initiative was undertaken to provide a robust reference for planners on CMO service activity and assist in the identification of disparities in community-based mental health service access. The project was designed to complement the National Mental Health Service Planning Framework and to deepen the understanding of the CMO mental health sector's contribution to addressing mental health service need in NSW.

The MoH Mental Health and Drug and Alcohol Office (MHDAO) did not progress the findings of these two key initiatives to better understand the outcomes from community sector providers and enable development and planning for future service development. In addition, as recently as 2015 MHDAO did not support progressing the National NGO Establishments Minimum Data Set (NGOE NMDS) at the Mental Health Information Strategy Standing Committee (MHISSC). A number of states have progressed implementation of the agreed NGO data set specification stemming from this work. NSW has not indicated its position on implementation with the issue bouncing between InforMH and MHDAO. Similarly while the *Your Experience of Service* (YES) survey has been

trialled and implemented in the public sector, trialling in the CMO sector has not commenced despite recommendation by MHISC to adapt the survey to CMO use.

In recent years the NSW Government has struggled to respond to MHCC's approaches in relation to the urgent need for a broad based approach to sector development and capacity building. It is noted, however, that between 2006 and 2012 MHCC received $250,000 pa to establish as a Registered Training Organisation to deliver accredited training to the sector at Certificate IV to Advanced Diploma levels. This funding was ceased at the end of 2012/13 but recently reinstated for a period of 18 months, after a period of intense lobbying by MHCC in recognition of MHCC's excellent workforce development and learning outcomes. This funding was the only support provided to the mental health CMO sector for workforce development apart from MHCC's administration of $1.5 million for scholarships to train individual staff within CMOs between 2008 and 2011 and for $280,000 for Peer Work scholarships across public and community sector staff in 2015/16.

Whilst there has been new funding directed to the non-government sector through three tender opportunities currently underway (ie, Mental Health - Enhanced Adult Community Living Supports; Pathways to Community Living Initiative; and, the Like Mind Pilot Expansion), this has not been supported by funds to enhance sector capacity. This situation contrasts poorly with approaches in other NSW human service portfolio areas, and also in other state/territories.

In addition to lack of commitment to CMO sector development the MoH is not meeting the NSW Governments commitment to the requirements of the SCHADS Equal Remuneration Order – Fair Work Australia. This decision has impacts on levels of both service delivery and the ability of organisations to build service quality. MHCC has had this matter before the Minister for Mental Health and MHDAO since March 2015. It impacts community sector organisations contracted by the Ministry to provide the Housing and Accommodation Support Initiative (HASI), the Recovery and Resources Services Program (RRSP) and most recently, the current tender for Community Living Supports (CLS). In March 2015 MHCC provided the MoH with figures demonstrating the decreased service delivery able to be provided as a result of the exclusion of HASI and RRSP from the SCHADS ERO enhancements. Calculations were taken from the acquittals sent to MHDAO and the process was conducted with all HASI and RRSP providers except St Luke's and Mission Australia.

By way of summary, the unpaid ERO for 2015 (paid in December) works out to be the equivalent of about 17 high support HASI packages; 24 HASI in the home packages; 84 low support HASI packages; 14.75 Aboriginal high packages; almost 21.5 Aboriginal medium packages; or 49.7 Aboriginal low packages. HASI and RRSP providers are finding themselves seriously compromised with regards to staff levels and asked MHCC to request confirmation as to where the Ministry stands on paying both outstanding and future supplements. Despite further requests for information MHCC has not received a clear response from the MoH.

Mental Health CMO spending on capacity building

NSW Health has not committed to a strategy for building the capacity of the mental health CMO sector since 2004 2007 when it committed a total of $1.2 million to support organisations in the key development areas of workforce, quality and outcomes and partnerships (ie, the MHCC NGO Development Strategy). To compliment this strategy NSW Health provided $4 million in 2006/07 for one off infrastructure grants to CMOs working in mental health and in 2007 provided $1.5 million for community sector research projects.

Comparative community sector spending in FaCS/ADHC

In comparison to the amount of support provided to NSW Department of Family and Community Support Services (FaCS) funded community services the mental health CMO sector lags well behind. For example in the community housing sector development and capacity building has occurred against a NSW Community Housing Industry Development Framework (2013/15 - 2015/16). There have been two rounds of three-year funding, provided at around $400,000 pa with substantial components administered through the NSW Federation of Housing Associations. The three peak bodies supported by FaCS in the Homelessness space (Homelessness NSW, YFoundations, and Domestic Violence NSW) have been jointly funded $1.2million per annum over three years under the *Homelessness Industry and Workforce Project* for sector development initiatives.

The FaCS Ageing, Disability and Homecare (ADHC) division have also provided substantial support for reform and sector development in the Disability sector particularly targeting NDIS readiness. This has included the FaCS/ADHC administered:

- $17,000,000 five year Industry Development Fund from 2013/14
- $2,500,000 NSW Government Organisational Transition Fund.

Substantial components of this funding were subcontracted to National Disability Services (NDS; NSW), the peak body for disability services in NSW. These initiatives have largely been restricted to FaCS/ADHC funded providers excluding MoH funded community sector mental health programs and services. The NSW MoH has failed to provide any support for NDIS readiness to CMOs working in the psychosocial disability space and failed to negotiate access to FaCS/NDS developed resources for MoH funded psychosocial support providers despite MHCC advocacy. While the NSW Government acknowledges the need to develop the capacity of the mental health CMO sector no one agency (ie, MoH or FaCS) has made a clear commitment, for this to occur. The mental health CMO sector tends to 'fall through the gap' between MoH and ADHC/FACS with neither fully committing to its development.

Government Response to Sector Development and Capacity Building Need

An anticipated whole-of-government response to the NSW Mental Health Strategic Plan has not been forthcoming. The MoH three-year response to the strategic plan ($115M 'Strengthening Mental Health Care in NSW'; 2014-2017) provides some short-term guidance towards achieving the aspirations of the strategic plan. It provides limited insight into directions for the P4H reform of mental health services and programs in the absence of a purchasing plan aligned to a NSW Health Community Mental Health Framework. It is important to note that NSW is currently without a Community Mental Health Plan, the last one having completed in 2012.

A forum convened by the MoH on 20 February 2015 to discuss the Partnerships for He4alth (P4H) recommissioning of mental health and drug and alcohol community sector programs stalled in moving forward a commitment to a September 2015 forum. The later was to be inclusive of the development of an agreed commissioning/purchasing plan. The MoH did agree to establish a P4H Mental Health Working Group (ie, Recommendation 1 of the January 2015 MHCC *Briefing and Recommendations Paper: Community Managed Mental Health Sector Considerations for the Partnerships for Health Reform Process*: http://www.mhcc.org.au/media/51767/mhcc-briefing-paper-partnerships-for-health-feb2015.pdf This group met initially in October 2015 and were only recently reinstated with Karin Lines A/Director MHDAO agreeing to chair a schedule of meetings to enable progression of the P4H agenda.

As the role delineations between mainstream (health) services and the NDIS are becoming clearer so is the need for a robust non-government mental health sector. This will especially be the case in 2018 following the closure of ADHC.

Challenges associated with the closure of ADHC

The closure of ADHC in 2018 means that considerable expertise that has been developed around working with people with complex and diverse health and social issues (eg, including but not limited to mental health and intellectual disability issues) will be dispersed in ways that are not predicable. This is a major risk for NSW human services reform directions and, as identified by the NSW Mental Health Commission, multiple responses will likely be required to reduce this risk.

It is estimated that some 15,000 ADHC staff will be displaced, many of whom have university qualifications are working in areas related to understanding and supporting complexity. In this environment there will be a need for a broader range of human services providers across a range of work settings to work more effectively with complexity. As nearly all people with high levels of complexity will now be living in the community it will be essential that the workforce supporting them is adequately skilled to do so.

Although NDIS pricing does not officially set mental health sector workers' wages; NDIS pricing does have an extremely significant influence over wages that mental health organisations are able to pay their employees. Some stakeholders argue that the pricing is not sufficient to purchase a suitably skilled workforce that engages in complex 'cognitive behavioural interventions' as well as direct personal care. It can be further argued that the NDIS is not a true market in that prices are artificially fixed and at low rates.

Ultimately, the psychosocial disability workforce competencies/ capabilities – both peer and non-peer – will need to be agreed and accurately priced for these tensions to be resolved and the quality and safety of a flexible and responsive workforce to be assured. There are concerns about deficiencies in the existing NDIS model and pricing structure that put people with mental health issues and workers at risk and these need to be corrected rather than accepted. There is already evidence that the NDIS pricing structure is putting pressure on organisations to reduce the quality of the services they provide and to hire less-skilled and less qualified staff. This situation is further complicated by the lack of comprehensive non-government mental health workforce data, and also mental health peer workforce data, as identified by Health Workforce Australia in their Mental Health Workforce Planning Data Inventory (2013). Perceptions of community sector workers as being unqualified also persist despite studies demonstrating this to be untrue. It has been suggested that NDIS implementation has to date focused primarily on the 'demand' side of the 'market' (ie, participant's choice and control) and neglected the 'supply' side (i.e., quality assurance and provider oversight), and particularly consideration of the workforce that delivers services and supports (Windholz, 2014).

MHCC is currently investigating development of a Diploma in Supporting People with Complex Needs to enable the broad mental health workforce to meet the demand for higher level and more comprehensive skill sets recognising that the closure of ADHC will impact MoH funded community organisations.

Conclusion

The table below aligns potential CMO capacity building strategies against the actions contained in the NSW Mental Health Strategic Plan (2014 – 2024) developed by the NSW Mental Health Commission. The identified actions for sector development are not exhaustive and have not been prioritised as would occur in a more formal proposal. The actions propose some high level initiatives that will support the community sector to build an integrated and skilled service system designed to keep people well in the community.

Table 1: Identifying NSW Mental Health Strategic Plan priorities and directions for a NSW Community Managed Mental Health Sector Development Plan/Strategy

NSW Mental Health Strategic Plan	MHCC Proposal
2. Making it Local	
2.1 Strengthening local action	
2.1.2 Ensure district co-ordinating structures have access to timely, local and comparative data on the mental health and wellbeing of their populations, including in housing, health, justice and welfare. Districts should set up arrangements for the appropriate sharing of individual-level data for shared clients who have high rates of service access.	-CMO Data Management Strategy - Implement national CMO data set specifications - Implement YES survey - Benchmark consumer outcomes - Support IT system upgrades
	Primary Health Network CMO Engagement Strategy - Develop integrated practice governance framework for clinical oversight across shared clients
2.1.5 Ensure that data informs planning and review cycles and that reports are provided regularly to the community about its mental health and wellbeing.	CMO Data Management Strategy - Inform NSW MHC annual reports - Inform MoH annual reporting
5. Providing the Right Type of Care	
5.1 Shift to the community	
5.1.1 Rebalance our mental health investment to transform NSW from the lowest spending to the highest spending Australian jurisdiction, per capita, on community mental health by 2017.	Sector Development Plan/Strategy - Enable CMO accreditation under the National MH Standards, the National Core Capabilities and the National Standards for Disability Services. - Identify public MH services appropriate for transfer to community providers and support transition - Develop service contracts for community sector programs that allow for employment of clinical and advanced diploma level skills. - Enable robust and accountable community providers through shared clinical/practice governance and benchmarked outcome reporting. - Explore innovative community based service models including step up/respite, co-located models and consumer led services.
6. Physical Health	
6.2.2 Ensure all access points for people experiencing severe mental illness assume responsibility for facilitating physical health assessments and monitoring of physical health status. p.71 Community managed organisations have a role in supporting the self-agency of people with mental illness and in delivering health promotion programs.	- Establish small grants scheme to support CMO infrastructure and partnership development for improved physical health outcomes. - Develop training in the interface between mental and physical health awareness for CMO workforce.

7. Care for All	
7.3 Mental health and intellectual disability	
7.3.2Ensure that adequate training in the recognition, assessment, referral pathways and treatment for people with an intellectual disability and mental illness is given to all staff in mental health and disability services. Such training will need to include particular reference to adopting reasonable adjustments in clinical approaches and adopt a recovery-oriented approach.	Complex Needs Qualification Development Project
7.3.3As part of the NSW implementation plan for the National Disability Insurance Scheme, develop strategies to change from the present partnership between NSW Health and other state services with Ageing, Disability and Home Care to one with the community-managed and private sectors.	Complex Needs Qualification Development Project
8. Supporting Reform	
8.1 Investing in our Workforce	
8.1.1 NSW Health, in consultation with the NSW Mental Health Commission, will develop a NSW Mental Health Workforce Plan	Workforce Strategy (underpinned by a Workforce Development and Learning Needs Analysis)
8.3 Developing the community-managed sector	
8.3.2 The NSW Ministry of Health will establish a community-managed sector development plan which includes strategies to strengthen and expand the community sector workforce, and improve the management and collection of data. The plan should be modelled on the successful development work being undertaken in the disability sector and supported through National Disability Services.	Establish Sector Development Plan/Strategy - Shared care/ practice governance approaches across integrated service models - Customisation of NDS resources to psychosocial disability context.
8.3.3 Establish directions and priorities for education and training of the CMO workforce through the NSW mental health workforce plan.	- Training Needs Analysis - Develop Complex Needs Qual - Effective practice under NDIS
8.5. Research and knowledge exchange	
8.5.1 The NSW MHC will establish a research co-ordination unit to oversee the implementation of the Research Framework for MH in NSW	- Enable the promotion and sharing of CMO research activity across the service system and engagement in consumer driven research to improve services. - Establish a seeding grants scheme to enable community providers to undertake research to build the evidence base for effective practice.

Further discussion about these directions will occur with the NSW Mental Health Minster and at the MHCC 'Meet Up' Forum to be held on Thursday 26 May, 9:30 AM to 12:30 PM at:

RichmondPRA
Figtree Conference Centre
5 Figtree Drive
Sydney Olympic Park NSW 2127

This is a free MHCC Member only event, however, registrations are essential and you can register here: http://mhcc.org.au/home/mhcc-events/search-events.aspx

“Meet Up’ Forums aim to provide MHCC Members with an opportunity to engage with some of the key issues currently before our sector, share experiences and provide MHCC direction to lobby on behalf of the sector.

The format will be informal and the focus will be facilitated discussions on issues important to members and topics MHCC is seeking member perspectives on.

One aim of the 26 May ‘Meet Up’ Forum is to progress member consultation that will subsequently inform a funding proposal to the Minister of Health for a Community Managed Mental Health Sector Development Plan/Strategy.

Your contributions to this important process are valued and welcomed!

For more information please contact the MHCC CEO, Jenna Bateman: Ph. 02 95558388 (ext. 102