SUBMISSION TO

THE SENATE SELECT COMMITTEE

ON MENTAL HEALTH

Prepared by the Mental Health Unit
Department of Health
South Australia

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SOUTH AUSTRALIA'S RESPONSE TO THE TERMS OF REFERENCE

a. The extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives and the barriers to progress

Achievements to date

- Commonwealth, State and Territory Health Ministers endorsed the National Mental Health Strategy in 1992. South Australia (SA) has accepted this framework for reform of mental health services in Australia.
- South Australia acknowledges that mental illness is a whole of population matter. Improving services for mentally ill consumers is built on cross-government planning, education, training and review and involves a number of organisations including health, employment, housing, justice etc. This whole of government commitment is articulated in SA's Strategic Plan with a key objective of improved wellbeing and quality of life for all South Australians.
- South Australia's Social Inclusion Agenda targets people who are vulnerable to the co-existence of homelessness, substance abuse and social disadvantage with mental illness. An advocacy sector including the Mental Health Coalition and the Health Consumer Alliance to encourage the consumer voice in the planning/delivery of mental health services has been established.
- Since 2002, SA has increased recurrent funding to mental health reform by 25% a year and $110 million in capital works to enable the replacement of the outdated facilities of Glenside Campus. The Government has also allocated $57 million to a supported residential facility program targeted at people with mental illness who require additional services/supports.
- Current expenditure on mental health services in South Australia is $159 million per annum. From 2005-2006 recurrent funding will increase by $5 million to $164 million per annum.
- In addition, South Australia has allocated grant funding of $25 million to non-Government organisations in the 2004/05 financial year; $14 million of which will provide packages of care to enable mental health consumers and forensic patients to receive more intensive support and assistance in the community. The remaining funding will expand *beyondblue* early intervention programs for young people and women at risk of postnatal depression, create respite and peer support services for mental health consumers and provide support services for carers of people with mental illness.

Issues facing South Australia

- The Australian Health Care Agreement provides funding from the Commonwealth Government for mental health services. In 2004-05, $4.756 million was provided to South Australia to progress the National Mental Health Strategy, including the reporting on implementation of the National Mental Health Minimum Data Set.

Key Directions for the Future

- A key outcome of SA's Generational Health Review was recognition that governance and funding arrangements were required to improve the health of the population, enhance capacity to promote population health and meet the South Australian Government's commitment to improve mental health.[1]
- Examples of new initiatives in mental health reform and additional funding for infrastructure since 2002 are provided in APPENDIX 1.
- Partnerships are essential in achieving the objectives of the National Mental Health Plan 2003-2008; in particular those that focus on the promotion of mental health and prevention of mental illness. For example, the State Government currently funds and supports the coordination of regular public education programs and activities that include Mental Health Week, the Dr Margaret Tobin Awards, Rotary Forums and Mental Health First Aid Training programs that contribute to increasing the mental health literacy of the community.

[1] Responses include a population approach to mental health to respond to identified problems and unmet need (disorders which could be effectively prevented or treated but which are not). A population based resource funding approach in South Australia would premise planning on the Mental Health Clinical Care and Prevention Model (MH-CCP) as a mechanism for developing population based estimates of the level of resources required.

b. The adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care

Achievements to date

- The Social Inclusion Board provided $680,000 over two years for suicide prevention initiatives in country SA, in particular, initiatives focusing on young men.
- In February 2005, SA announced $1 million to an Australian-first pilot program between mental health services and ambulance services of specially trained crews of mental health staff and ambulance paramedics who are available (initially only in the northern and southern metropolitan areas) to attend call-outs to crisis situations throughout the night. The move effectively expands the existing Assessment and Crisis Intervention Service (ACIS), which currently operates from 8am to 10pm, and make available ACIS Mobile Mental Health Teams until 2 am.
- The Emergency Demand Management Policy & Procedure Series, introduced in 2003, has resulted in the mandatory use of a detailed risk assessment tool across SA. Mental Health Services are now required to ensure that each consumer has a relapse prevention plan and a crisis management plan.
- The Minister for Health has established the Ministerial Advisory Council on the Prevention of Suicide and Deliberate Self Harm under Section 18 of the *South Australian Health Commission Act 1976*, in consultation with the Minister for Families and Communities. The group advises on the reduction of the incidence of suicide and deliberate self harm amongst people in SA.
- The next phase of *BeyondBlue* activities has been finalised and $1 million of the $25 million grant funding in 2005 has been allocated for early intervention and health promotion strategies.
- Workforce development funding for mental health promotion, illness prevention and early intervention - in partnership with the national workforce development initiatives - has been boosted with additional funds for a roll-out across South Australia over 18 months.
- Development of a SA Mental Health First Aid training program that will aim to increase mental health literacy.
- Establishment of Hospital@Home programs in two metropolitan regions resulting in decreased mental health presentation to Emergency Departments.

Issues facing South Australia

- Service models in SA have predominantly focussed on acute care, with hospital services remaining highly significant. For example, nearly 50% of direct dollars for mental health in SA still goes towards the running of one hospital (Glenside Campus).
- Consumers and carers have indicated that treatment in the community is a desirable first option, rather than detention in an acute facility. This is not currently possible.
- The focus of the South Australian Reform Agenda is to reorientate the health system to achieve gains in population health outcomes and improving health status.

Key Directions for the Future

- Increasing community-based treatment and care services with caseload/clinical load ratios that permit relapse prevention and recovery focussed service delivery.
- The resources and services required to deliver best practice in mental health care for SA have been assessed and six (6) new strategies have been identified to bridge existing service gaps in conjunction with new regional health services:

Strategy 1: The specific targeting of prevention and early intervention services where there is a risk of mental health problems and disorders.

Strategy 2: Accessible and responsive community based treatment and care to those for whom the failure to receive it is likely to result in relapse, or social disruption.

Strategy 3: Responsive partnership support to the broader human service sector where the interface has a significant impact.

Strategy 4: Recovery focused support services, which demonstrate outcomes in improved functioning, and reduced demand on high cost specialist services.

Strategy 5: A system of service allocation and monitoring, which facilitates appropriate streaming of consumers into packages of care.

Strategy 6: The development of an available and appropriately skilled workforce that supports the building of a sustainable system of mental health care.

c. **Opportunities for improving coordination and delivery of funding and services at all levels of government to ensure appropriate and comprehensive care is provided throughout the episode of care**

Achievements to date

- Additional grant funding of $25 million has been allocated to non-government community health services in 2004/2005.
- Implementation of the Mental Health Emergency Demand Management Policy and Procedure series developed by the Mental Health Unit across SA in 2003 ensures that mental health services are required to undertake appropriate medical assessment of consumers.
- The recent National Institute of Clinical Studies (NICS) Mental Health Emergency Care Interface Project ensures that mental health services in Emergency Departments are mainstreamed and efficient resulting in reduced 'did-not-wait' rates and reduced waiting times.
- The *Perinatal and Infant Mental Health In the Community* project is funded by the Department of Health Innovative Initiative Grants program in partnership with Helen Mayo House, the SA Divisions of General Practice and Community Mental Health (Royal Adelaide Hospital) over two years. It improves the diagnosis and management of perinatal and maternal infant mental health problems in the community, by increasing skills and knowledge of GPs and community mental health workers.

Issues facing South Australia

- Complexities of funding across Australian Government and State/Territory governments can lead to patchy and uncertain planning and development of services. For example, it is difficult to coordinate the provision of services when enhancement monies from the Commonwealth Government may promote particular or specific aspects of a service only.

Key Directions for the Future

- The SA mental health reform is consistent with international and national directions, and has as a fundamental principle, that the hub of service delivery is the community mental health team. As far as practicable, people with mental health disorder should be treated within their community, and therefore within each region, specialist inpatient facilities and a range of community rehabilitation programs are being made available. Specialist statewide services, such as forensic mental health services, focus on specific target populations to support and augment adult community mental health services.
- The transition of children from services for children to services in the adult sector is a high priority. A transitional program has commenced between Child and Adolescent Mental Health Services and Eastern Community Mental Health Services to cater for 16-18 year old young people who will require adult mental health care in the future.
- A Transition plan for consumers from Glenside has commenced. The Returning Home Project provides ongoing community support services through non-government organisations. The Department of Health has provided funding to assist with establishment of households, purchase of furniture and appliances, and recruitment of staff. Up to twenty people will be assisted to transfer their care to the northern metropolitan area from residential rehabilitation at Glenside Campus. There will also be 15 packages in Southern Adelaide and 15 for young people (16-24 years) throughout metropolitan Adelaide. The model is being expanded for all consumers where appropriate.
- Following the development of principles for developing cross-border agreements by The Australian Health Ministers Conference in 1996, SA is addressing the requirements to enable bilateral agreements to be established to facilitate transfer of mental health consumers.

d. The appropriate role of private and non-government sectors

Achievements to date

- Incorporation of the National Standards for Mental Health Services into the DHS Service Excellence Framework to assist in standardisation of service provision for non-government organisations.
- Provision of in-home support assisting people with a psychiatric disability to manage everyday living tasks through the Community Support Inc Scheme ($1.064 million per annum) and the Metro Access Program ($577,000 per annum).
- Establishment of partnerships between the government and non-government sectors in the delivery of programs for young people such as Primetime, a vocational rehabilitation program for young people with mental health problems.

Issues facing South Australia

- Mental health consumers require a range of non-clinical services essential to prevent utilisation of clinical ambulatory services and/or avoid admission to a bed based service.
- Despite significant development of GP services eg Better Outcomes in Mental Health (BOIMH), delivery of services through general practices is sub-optimal.
- Services provided by private consultant psychiatrists are not optimised. Current Health Insurance Commission funding encourages specialised treatment services rather than consultation services.

Key Directions for the Future

- The State Government has established a service integration project across the mental health NGO sector whose aim is to modernise service delivery. Key deliverables planned/expected are: (i) increased service viability and integration of services; (ii) established links between the NGO sector and key partners in service provision including primary care, education, disability, housing, welfare, aged care and other services; (iii) a coherent service mix and model of service across the non government sector; (iv) services reshaped to better reflect contemporary models of care and support; (v) sector capacity to function as a partner in delivering proposed rehabilitation packages; (vi) protocols and procedures to co-ordinate service delivery to consumers and (vii) meet required national quality standards.
- The Mental Health Coalition of SA (MHCSA) is the newly established peak body for mental health non-government organisations. The Integration Project is funded as a one-off grant to the MHCSA and the aim is to increase the viability of the smaller agencies by building their capacity via integrated management and administration.
- Increased capacity for mental health consultation and liaison within community based mental health services, to support mainstream service providers (schools, juvenile justice, justice, prisons, child protection services, aged care residential facilities, health and housing services).
- An expansion of consultation and liaison services in general hospital based services to support the effective health care and follow-up / identification of emerging illnesses eg post-partum disorders.
- Work with the Divisions of General Practice in developing shared care models including the role of mental health nurse practitioners within the general practice to provide improved mental health services to clients.
- Recovery focused support services which demonstrate outcomes in terms of improved functioning, reduced impairment/disruption and reduced demand on high cost specialist services.[2]

[2] There is considerable evidence that the provision of support services can reduce the impairments and disruptions associated with mental health problems/disorders and significantly reduce the need for inpatient and community based mental health services (Rickwood, D., 2004). An evaluation of a supported accommodation project in South Australia showed a reduction in hospital utilisation of participants by over 90% in a nine month period.

e. The extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes

Achievements to date

- In-home supports through: (i) Community Support Inc Scheme under the Home and Community Care (HACC) program, funded by the State and Commonwealth governments; (ii) Metro Access Program, funded through the Department of Health and (iii) Port Adelaide Central Mission Community Mental Health Programs which support people in independent housing in northern metropolitan Adelaide.
- Development of supported accommodation projects across 16 metropolitan and country locations to provide integrated services, such as housing, clinical and non-clinical support, to people at risk of homelessness because of complex needs, including psychiatric disability ($3.4 million).
- The Department for Families and Communities and Department of Health have worked jointly on initiatives to increase the provision of supported accommodation in community settings for people requiring ongoing support who are living in the country or metropolitan areas.
- Implementation of the Supported Residential Facilities (SRF) Reform Strategy ($57 million over five years) which aims to provide better outcomes for people, many of whom have psychiatric disabilities, who are residents within SRF or are affected by the closure of a SRF.
- Provision of $18.25 million for in-home care services and support for people with disabilities, including people with psychiatric disabilities.

Issues facing South Australia

- South Australia has identified a significant lack of long term supported accommodation options for people with disabilities, particularly psychiatric disability. There are various services and programs in operation; however evidence indicates additional supported accommodation options for people with psychiatric disability is required to meet current and future demand.
- Appropriate supported accommodation options are required for people who are homeless, especially homeless people with multiple and complex needs, including mental health, substance abuse, brain injury and other disabilities. Demand for supported accommodation, employment, family and social support services represent challenges to the provision of adequate mental health services.[3]
- The Homeless and Housing Taskforce of the Australian Health Ministers' Advisory Council (AHMAC) draft report titled Australian Mental Health Inpatient Snapshot Survey 2004[4] indicates that there were 505 patients in 10 mental health inpatient units on Census day in SA for whom immediate discharge would have been possible if more intermediate treatment, rehabilitation support and accommodation services were available in SA.

Key Directions for the Future

- The SA Government has allocated $25 million in 2005 to boost support services in the community over the next three years. This includes the availability of flexible community accommodation options and staged levels of supervision and support to free up demand for treatment of acute forensic and mental health patients in hospitals. One such project for women exiting Glenside Campus is auspiced by Catherine House, a non-government organisation run by the Catholic Church. This is a supported accommodation model to enable these women to be able to move back to the community to live independently with appropriate supports.
- Improving the availability and responsiveness of non-acute services (including sub-acute, rehabilitation care, intensive supported accommodation and psycho-social rehabilitation support). This will support efficient and effective use of acute inpatient beds.
- Roll-out of the Supported Residential Facility Reform Strategy which will provide support for residents with high and complex needs and enable them to receive dental, optical and allied health services. A quality management project (Service Excellence Framework) is being implemented to assist the sector to improve standards and quality of service to residents.

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[3] Parliament of South Australia, Inquiry into Supported Accommodation, Eighteenth Report of the Social Development Committee, 2003.

[4] The snapshot report was prepared by the Homeless and Housing Taskforce.

- For people with a longer-term illness, three Community Rehabilitation Centres, with a total of 60 places will be located within metropolitan Adelaide. The three facilities will provide intensive rehabilitation services to people from country and metropolitan regions in northern, central and southern Adelaide.
- Consumers with complex needs will have an option of care in a secure rehabilitation facility (30 beds), which will open early in 2008.
- Supported Accommodation Demonstration Projects are proving successful. The model is based on a partnership between mental health agencies, public housing authorities and non-clinical disability support providers. The program receives funding from both Department of Health and Department for Families and Communities (through Commonwealth State Housing Agreement funds). Evaluations to date show that the model is proving effective in enabling adults with mental illness to maintain community tenancy and reduce frequency of hospitalisation as a result of relapse. The challenge for SA is to identify ways that this program can move from the demonstration stage to a more established mainstream program.
- A priority for SA is further developing supported accommodation options for homeless people with multiple and complex needs. Department for Families and Communities has lead responsibility across the South Australian State Government for homelessness strategy and service response and mental health services are an essential partner in this process.

f. The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence

Aboriginal and Torres Strait Islander people

Achievements to date

- Services to Aboriginal and Torres Strait Islander people are a stated priority and integral to the recent grant funding of $25 million to non-Government organisations in the 2004/05 financial year.
- Funding of $490,000 for the provision of specialist Aboriginal mental health services in the Anangu Pitjantjatjara Yankunytjatjara Lands.
- Appointment of Aboriginal workers within the Aboriginal Youth Mental Health Partnership Project and Cavan and Magill Youth Training Centres to work with young people who are part of the juvenile justice system.
- Development of strategies in the western suburbs for mental health promotion and prevention, early intervention and illness recovery within the Aboriginal community.
- Development of a culturally appropriate mental health service for Aboriginal people in the metropolitan area to link to mainstream services.
- Provision of $100,000 towards specialist Aboriginal mental health workers across the state including services to children and young people.
- Increased liaison between rural and remote inpatient services and country services for people from Aboriginal communities.
- Enhanced primary health care for Aboriginal people in the western metropolitan area; and establishment of Aboriginal Mental Health Liaison Services at the Noarlunga Health Service.

Issues facing South Australia

- Hospitalisation separation data from an *Australian Institute of Health and Welfare* report[5] highlighted significantly higher rates of hospitalisation for Aboriginal/Torres Strait Islander people than non-Aboriginal people. South Australian data showed hospitalisations for depressive disorders are 3.4 times higher than those for non-Aboriginal people, anxiety disorders are four times higher and substance abuse disorders are 10 times higher.
- A lack of understanding and appreciation of Aboriginal culture can contribute to poor health outcomes for Aboriginal and Torres Strait Islander Australians.

Key Directions for the Future

- The Commonwealth Government has made a commitment to invest in the construction of a Substance Misuse Facility on the Anangu Pitjantjatjara Yankunytjatjara Lands in the far northwest of SA.
- Continue to facilitate access by Aboriginal carers/consumers to traditional healers.
- Increase the number of Aboriginal mental health workers and workers involved in other areas of service delivery to Aboriginal people including police, housing, education justice and community services. Provide ongoing training and support.

[5] Australian Institute of Health and Welfare, National summary of the 2001 and 2002 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators.

People living in rural and remote regions

Achievements to date

- Support for rural communities to prevent suicide and deliberate self-harming practices through a range of community-led projects and programs with a focus on young men and indigenous communities.
- Wide consultations with carers and consumers, professional organisations and Aboriginal groups during the Review of Mental Health Legislation from August 2004 to April 2005 regarding early intervention and treatment options in country areas.
- Improved mental health inpatient services at Whyalla, Port Augusta, Port Lincoln and Wallaroo Hospitals and Port Lincoln Aboriginal Health Services.
- Investment for improved availability of inpatient country mental health services and increased funding for mental health services and linkages with the Rural and Remote Mental Health Service.
- Expanded telepsychiatry for better access for consumers in rural areas to specialist resources.
- An increase in the number of psychiatrists visiting rural areas to undertake shared care and provide support to GPs via a partnership between the Commonwealth Medical Specialist Outreach Assistance Program and the Rural Doctors Workforce Agency.
- Training programs in emergency psychiatry for mental health services and GPs in the country.

Issues facing South Australia

- Approximately 28% of South Australians live in rural or remote areas. The dispersed nature of the population and service distribution, as well as fewer mental health clinicians per capita than metropolitan services, pose challenges to provide country people with access to mental health services.
- Tertiary mental health care is mostly provided in metropolitan Adelaide. There is significant scope to increase clinical networks and capitalise on the use of technology.

Key Directions for the Future

- The Department of Health launched a Strategic Directions for Country Health 2005-2010 which has prioritised cooperation and collaboration with other agencies to provide integrated mental health services; consumer and community participation; supportive environments for the safe and effective delivery of mental health care; a highly skilled, well-supported, confident and sustainable health workforce.
- In country regions the focus is on increasing the availability of consultation and liaison services provided by community mental health services, distance consultation services and visiting medical services to better support GPs and local services to work as a single system of mental health care.
- Significant development and renovations to upgrade mental health facilities in country health units, including Port Pirie, Port Lincoln, Gawler and Berri. Provision of special mental health units in country hospitals.
- Upgrading and increasing audio-visual links to facilitate early access to specialist treatment.

People of culturally & linguistically diverse backgrounds

Achievements to date

- The funding base for Survivors of Torture and Trauma Rehabilitation Service (STTARS) has been increased by over 50% in the past year to a total of $187,500 to provide enhanced counselling and resettlement support services for clients with refugee backgrounds who suffer from post traumatic stress disorder.
- Mental Health Unit provides through STTARS a member to the National Forum of Services to Survivors of Torture and Trauma.
- Regarding Immigration Detainees, a Memorandum of Understanding between the Commonwealth of Australia (Department of Immigration, Multicultural and Immigration Affairs) and the State Government of SA (represented by the Department of Health) in relation to the provision of health services to Immigration Detainees is being finalised and detailed protocols have been developed to describe the process by which Immigration Detainees held within Baxter Immigration Detention Facility and Port Augusta Housing Project will access specialist mental health services in SA.

Issues facing South Australia

- Approximately 20% of South Australians were born overseas, and significantly higher numbers are of culturally and linguistically diverse backgrounds.[6]
- Morbidity rates, service utilisation and treatment patterns vary between culturally and linguistically diverse groups. Some are, as a result of war, trauma, torture and upheaval, at particular risk of developing mental health problems.[7] There is a lower level of access to hospital and community based mental health services[8] among many people from these backgrounds.
- SA has an increasing number of asylum seekers, refugees and Temporary Protection Visa holders entering the State. Many people are traumatised and require the delivery of clinically relevant integrated mental health services in order to build resilience and capacity. More culturally appropriate interventions to promote mental health and reduce the impact of mental health and mental health problems are necessary.

Key Directions for the Future

- Implement the Memorandum of Understanding between the Commonwealth of Australia (Department of Immigration, Multicultural and Immigration Affairs) and the State Government of SA (represented by the Department of Health) including training and guidelines for the management of Immigration Detainees requiring specialist mental health care.
- The Central Northern Adelaide Health Service has a focus on improving access of people from culturally and linguistically diverse communities to mainstream health services. These will include (i) members of emerging communities eg in the northern suburbs; (ii) people residing here 20 years or more but not part of strongly established communities; (iii) refugees who go straight to their sponsor and miss some links into the service system; (iv) refugees who have received settlement services but for whom problems emerge subsequently.
- Ongoing activities of across-sector planning, training and mental health promotion to enable mental health services and mainstream agencies to respond effectively to the special needs of migrants, refugees and other people from non-English speaking backgrounds.

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[6] South Australian Multicultural and Ethnic Affairs Commission, An Overview of South Australia's Multicultural Population, 2001.

[7] National Policy on Multicultural Mental Health Policy Development Steering Group, Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia, 2004.

[8] McDonald, B.& Steel, Z., Immigrants and mental health, An epidemiological analysis, Transcultural Mental Health Centre, Sydney, 1997.

Children

Achievements to date

- Establishment of Child and Adolescent Mental Health Services (CAMHS) partnerships with primary health care providers, the Department of Education, and Family and Youth Services in the provision of programs that focus on resilience and recovery for young people.
- Partnership between CAMHS and the Lyell McEwin Health Service for the development of models of care that assist adolescents in successful transition to adult mental health services.
- Additional mental health services to children and young people outside the metropolitan area, for a behavioural intervention service in the northern metropolitan area and increased investment in the provision of a mental health emergency triage service at the Women's and Children's Hospital.
- The Perinatal and Infant Mental Health in the Community project is a two-year program funded under the Department of Health Innovative Initiative Grants Program. It is a partnership project between Helen Mayo House, the SA Divisions of General Practice and Community Mental Health Services (Royal Adelaide Hospital). This project is ground-breaking in terms of identifying and implementing training and workforce needs in relation to children of parents with a mental illness.

Issues facing South Australia

- Consultation in SA has highlighted the special needs of children who either suffer from mental health problems (and need services) or children who live with someone with a mental illness eg a parent or sibling (and are risk of abuse/neglect or if they are a carer at risk of social exclusion). Children in such situations may benefit from in-home supports.
- Research shows a number of underlying and interrelated factors, including mental illness and substance misuse, can contribute to environments where children are at risk. There has been an overall increase in related notifications in the last 3 years.

Key Directions for the Future

- Continued support of the Children of Parents with Mental Illness (COPMI) organisation. Future collaboration will include a 12-month pilot training and education project to provide *'in-service education and training for those whose work includes the care and protection of children, and those whose work relates to the mental and physical health and well-being of children and young people.'*[9] Key deliverables will include: (i) development of a training program, schedule and evaluation plan; (ii) pilot testing of the training program in one urban and one rural location and (iii) provision of a final evaluation report with recommendations for further translation of the training program.
- The South Australian Government's child protection reform program 'Keeping Them Safe' commenced in May 2004. This child protection strategy seeks to provide the levels of safety, opportunity and choice to enable children, families and communities to flourish. 'Keeping Them Safe' identifies five key directions for reform, all directly related to health issues: (i) support to children and families, (ii) effective, appropriate intervention; (iii) reforming work practices and culture; (iv) collaborative partnerships and (v) improved accountability.

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[9] This initiative would aim to implement existing resources that have been produced by the COPMI initiative under the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA). The key resource includes the *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness*. The principles and actions aim to complement the *National Practice Standards for the Mental Health Workforce* in relation to the provision of care, protection and information for children of parents with a mental illness.

Co-morbid and Drug & Alcohol Dependence

Achievements to date

- Developing a jointly agreed policy, as well as protocols and pathways, to improve the responsiveness of alcohol and other drug services and mental health services to people with co-occurring mental health and substance misuse issues.
- One specific project is auspiced by Catherine House, a non-government organisation run by the Catholic Church. This is a Social Inclusion Project which involves Drug and Alcohol Services together with Mental Health. This project is a collaborative aimed at developing best practice responses for homeless women suffering from mental health and drug and alcohol issues.
- Promoting Independence: Disability Action Plans for SA have resulted from a whole of government strategy for the development and delivery of non-discriminatory services which promote access to vulnerable groups. Department Chief Executives report annually against five key outcome areas.
- The mental health reform strategy is ensuring that both the health and psycho-social support needs are being adequately met for people in Supported Residential Facilities.

Issues for South Australia

- Appropriate information sharing across relevant agencies involved in providing care.

Key Directions for the Future

- Retain the comprehensive approach to treatment of mental illness as provided in the *Mental Health Act 1993.* This includes 'any illness or disorder of the mind' to ensure people in need of help are not excluded from short-term assistance.
- A reference group has been formed to provide advice to the Department of Health on the development of protocols, and to aid the process of improving service responses.
- A focus on joint management of people with dual diagnosis.

Older people with Mental Illness

Achievements to date

- A forum addressing the lack of mental health services for the aged, including information about aged care was held in April 2005.

Issues for South Australia

- Developing 'integrated' models of care that wrap services around older people with mental illness based on individual need. Shared care between aged care provider, mental health of older people, and GPs etc. based on comprehensive assessment of need across all life domains is a priority.

Key Directions for the Future

- Work with Commonwealth Aged and Community Care Section of the Department of Health and Aged Care to mainstream aged care services for older people with mental illness.
- Collaborative work in aged care residential settings/care packages in people's homes is being progressed with mainstream aged care providers and mental health services for older people as part of developing models of care in keeping with the philosophy of ageing.
- Aged acute mental health care beds are moving from Glenside Campus to modern purpose built facilities at the Repatriation General Hospital (RGH), The Queen Elizabeth Hospital, Flinders Medical Centre and the Lyell McEwin Health Service.

g. The role and adequacy of training and support for primary carers in the treatment, recovery and support of people with a mental illness

Achievements to date

- Of the $25 million grant funding to NGOs in 2004/05, $2.25 million was earmarked to bolster peer support services and carer support services over the next three years.
- As well, in 2005 the Department of Health funded 12 forums for carers of people with mental illness across SA to make local service providers more accessible and provide carers with opportunities to hear about new initiatives. The forums are an opportunity to build relationships with carers and collect feedback.
- Establishment of a Memorandum of Understanding between the SA branch of the Royal Australian and New Zealand College of Psychiatrists and the Mental Health Coalition declaring a commitment to the involvement of consumers and carers in all aspects of treatment and care.
- Establishment of Consumer and Carer Advisory Committees within metropolitan and country units.
- Increased rural consumer and carer representation on government committees and advisory groups including rural areas.
- Employment of consumers and carers as peer support workers in a number of health services.
- The Mental Health Unit has provided funding to the Health Consumers Alliance to implement formal structures and processes to ensure consumers and carers contribute to the planning and delivery of local mental health services.
- The Mental Health Unit provides funding to the Association of Relatives and Friends of the Mentally Ill SA to provide counselling, support services, educational programs and respite care for relatives of friends of people with a mental illness.

Issues in South Australia

- Consumer rights and the importance of family and carer involvement in the care and treatment of people with mental illness is needed. This view is consistent with the National Mental Health Plan ie that 'the rights of consumers and their families and carers must shape reform' and 'a recovery orientation should drive service delivery'.[10]

Key Directions for the Future

- The Department of Health is addressing education and training needs for carers and staff regarding mental health law, duty of care and confidentiality. The National Privacy Principles[11] have clarified issues of privacy and confidentiality in relation to non-government organisations and the courts have developed the common law to the point where disclosure of confidential information is allowed to the client; to others with client/guardian consent; when required by law or if disclosure is in the public interest.
- Updating and distributing widely the Mental Health First Aid Book to improve and assist the general understanding in the community, workplace etc about mental illness.[12]
- Expansion of a peer support worker program with the aim of supplementing service provision. Peer support workers in SA are a developing concept and the vision is to have a paid, skilled and competent peer support workforce working alongside specialist staff at all points of the continuum.

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[10] National Mental Health Plan 2003-2008, Australian Health Ministers, July 2003, at pp. 10-11.

[11] The National Privacy Principles in the Privacy Amendment (Privacy Sector) Act 2000 cited by the Review of Mental Health Legislation (2005, p. 22).

[12] As recommended by the Joint Stakeholder Survey carried out by Ms Margaret Bonesmo on behalf of the Departments of Health, Justice and the Attorney-General from August to December 2004. The aim of the survey was to gauge current understanding and awareness of the principles and operation of the legislative regime for dealing with offenders who have a mental impairment. It also sought a record of key issues impacting on the implementation of Part 8A of the Criminal Law Consolidation Act 1935, Mental Impairment Provisions (1995) and the Magistrates Court Diversion Program.

h. The role of primary health care in promotion, prevention, early detection and chronic care management

Achievements to date

- In SA primary health care is a central focus for health system reform and a Primary Health Care Policy has been released to inform the implementation of this focus.
- Establishment of the Metro GP Access program which, in partnership with GPs, provides a range of flexible psychiatric disability support services to people experiencing disability as a result of a mental illness.
- Implementation of standardised referrals between GPs through a partnership between the South Australian Divisions of General Practice and Mental Health Services and Programs.
- Establishment of partnerships between community mental health teams and local GPs, including mental health staff consultancy and advice via telephone or face-to-face.
- Development of a shared care model to include mental health nurse practitioners (as practice nurses) within general practices to improve mental health services to clients.

Issues facing South Australia

- The need to strengthen the primary health care sector is considered vital in view of the importance of the role of general practice and allied health in health service delivery. According to the Australian Institute of Health and Wellbeing (2004), more than ten million general practice consultations per year are for mental health related problems, with nearly 35% of those visits being specifically for the treatment and management of depression.

Key Directions for the Future

- Primary health care networks are being established to manage chronic diseases including mental health and depression.
- South Australia's Chronic Disease Strategy targets a clustered approach by increasing system coordination and integration, self management approaches and primary health care capacity for prevention, early detection and management, in line with the National Chronic Disease Strategies.
- Increased recognition of the importance of prevention and promotion of health and wellbeing at the community level with a focus on patient-centred care.
- Strategies and activities to strengthen the capacity of the primary health sector to provide effective support across early intervention, prevention and chronic disease self management. Principally among these is the development of close working partnerships with Divisions of General Practice, GPs and the Commonwealth Government, to enhance the role of GPs in the delivery of primary mental health care services. Include GPs in the planning and development of mental health services.
- The availability of consultation and liaison services provided by community mental health services, distance consultation services and visiting specialist services to better support GPs and other local services in country areas.
- Strengthen clinical pathways between specialist mental health services and other providers, particularly GPs, across the spectrum of human service provision. Implement shared care models that seek to ensure the effective integration of care across service boundaries. (The shared care models seek to enhance the overall knowledge and capacity of general practice to identify and manage mental health complaints. The Collaborative Care Program in Southern Adelaide and the GP Access Program in the western suburbs signal new approaches to embedding mental health support throughout the primary health sector).
- Raise the awareness of, and knowledge about, mental health and illness within the community and health services, to promote effective pathways of care for mental health consumers and promote effective evidence-based practice.

i. Opportunities for reducing the effects of iatrogenesis and promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce and for services to be consumer-operated

Achievements to date

- The provision of extensive education and training packages for mental health workers in evidence-based assessment and treatment for people with personality disorders has been made possible through funding initiatives.
- Appointment of the SA Health and Community Services Complaints Commissioner and establishment of the Commission. The legislation is comprehensive and includes both public and private health, and the full range of community services. It seeks to resolve complaints whilst developing, implementing and monitoring a Charter of Rights for Consumers. The Complaints Commission also has an educative role regarding rights of consumers, complaints management and system improvement.

Issues facing South Australia

- In SA, advanced directives can be made by a consumer to empower others to make treatment decisions on his/her behalf during temporary and permanent incapacity. However, consumers are not currently empowered by law to express, in writing, their own wishes or treatment preferences in advance for periods of temporary incapacity. There is strong consumer support for legislative recognition of this.
- The Rights Analysis Instrument recommends that every person admitted to a mental health facility or community programme must have available to them a person who will represent them and whose task it is to advise and protect their rights as long as that person wishes to have such representation. Standard 1.6 (Rights) of the National Standards for Mental Health Services states that independent advocacy services and support persons must be actively promoted by mental health services and consumers should be made aware of their rights to have an independent advocate or support person with them at any time during their treatment.[13] Individual advocacy services for people with a mental illness are limited in SA.
- In country SA there is a need for all health workers to receive mental health training, especially Aboriginal health workers.
- The need for professional development, education and training in country areas. Transport costs to attend training in metropolitan locations impact on budget allocations for staff training.

Key Directions for the Future

- Comprehensive treatment and discharge plans for all consumers subject to involuntary treatment.
- Sensitive conveyancing of mental health consumers in a manner consistent with respecting the person and preserving his/her dignity.
- Increase peer support workers in mental health services with appropriate support and training.

[13] National Standards for Mental Health Services (1996).

j. The overrepresentation of people with a mental illness in the criminal justice system and in custody, the extent to which these environments give rise to mental illness, the adequacy of legislation and processes in protecting their human rights and the use of diversion programs for such people

Achievements to date

- Planning for a new 40-bed forensic facility and a new secure 30-bed secure rehabilitation facility has commenced. Planning for the forensic facility will include a capacity to expand to a possible total of 50-beds. Due to commence in mid-2006 with completion expected by early 2008.
- Establishment of the Mental Impairment Implementation Reference Committee (MIIRC) to address coordination of services across portfolios and to improve mental health outcomes for prisoners and offenders.
- Provision through the Magistrates Court Diversion Program of alternatives to incarceration for criminal offenders.
- Review of the Mental Health Act and Criminal Law Consolidation Act Section 2 69.

Issues facing South Australia

- Evidence confirms that persons with mental illness are over-represented in the criminal justice system. Many of these persons remain undiagnosed and untreated. Institutionalisation of any type, including the correctional system, is a factor leading to the development or exacerbation of mental illness. Institutionalisation of all types promotes 'learned helplessness' and can lead to a state of chronic demoralisation.
- The presence of co-morbid mental health problems and substance abuse has been found to increase the rate of offending by people with mental disorder discharged from hospital by up to five times.[14] A review of an evaluation into the South Australian Magistrates Court Diversion Programme[15] (for people with mental impairment) found that people with personality disorder were at greatest risk of re-offending after leaving the programme and that co-morbid substance abuse was also a risk factor.
- There is a need for community accommodation options to accommodate flexible and staged levels of supervision and support to free up demand for treatment of acute forensic and mental health patients in hospitals.

Key Directions for the Future

- Extend availability of the Magistrates Court Diversion Programme (MCDP) in SA.
- Enable licence conditions to be reviewed more frequently than the current six months, in order to facilitate discharge when clinically indicated.
- Ensure that consumer rights are clearly articulated.

[14] Noffsinger, S.G., & Resnick, P.J. (1999). Violence and mental illness. Current Opinion in Psychiatry, 12, 683-687.
[15] Skrzypiec, G., Wundersitz, J., & McRostie, H., Magistrates Court Diversion Program: An Analysis of Post-Program Offending, Office of Crime Statistics and Research 2003.

k. The practice of detention and seclusion within mental health facilities and the extent to which it is compatible with human rights instruments, humane treatment and care standards and proven practice in promoting engagement and minimising treatment refusal and coercion

Achievements to date

- A policy on restraint and seclusion in health units (including mental health situations) including minimum standards and reporting requirements has been developed and promulgated by the Department of Health.

Issues facing South Australia

- Detention/seclusion are practices to be avoided if possible. Neither is compatible with the central dictum of mental health best practice guidelines, specifically that treatment must occur in the least restrictive setting in individual circumstances. Whilst there will be very occasional need to seclude a consumer such action should be highly controlled with clear indicators for seclusion, mandated observation/review and specified periods of seclusion. Seclusion should only be considered where the consumer is causing immediate danger to him/herself and/or others.

Key Directions for the future

- Respond to consumer feedback that the words ‘detained’ or ‘detention’ be replaced by ‘involuntary’ admission to hospital or treatment in the community, to reduce the stigmatising effect of the current labels. ‘Detention’ emphasises restriction whereas ‘involuntary’ takes account of the treatment and care component which is the primary focus of any intervention.
- Facilitate early intervention approaches, treatment in the community, comprehensive treatment plans and goals for recovery.
- Ensure appropriate detention/seclusion practices with mandated observation/review, where a consumer poses an immediate danger to him/herself and/or others.

I. The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers

Achievements to date

- Collaboration with the Commonwealth Government on programs such as Headroom, MindMatters and *BeyondBlue* and the National Suicide Prevention Strategy, with the goals of raising awareness and reducing stigma.
- Education involving consumers/carers and the community promotes health literacy and helps to minimise stigma. The work of *BeyondBlue* (National Depression Initiative) is a good example for this. Jorm, Christensen and Griffiths[16] in evaluating the impact of *BeyondBlue* found that awareness of *BeyondBlue* in states that funded the program was approximately twice as high as in those that did not. High-exposure states like SA had experienced a greater change in beliefs about treatments including counselling, medication and help-seeking. *BeyondBlue* regards SA as one of the lead states in its contribution and partnership with the national depression initiative. Funds of $1.39 million have been provided over the past five years and a further allocation of $1 million has been committed for the next three years.
- Update and distribution of the first Mental Health First Aid booklet to government agencies and service providers.
- South Australia actively develops and supports media/communication outlets using national resource packages that include the national media initiative Mindframe that promotes respectful and responsible reporting.

Issues facing South Australia

- The continued operation of an ageing and outdated Glenside Campus contributes to discriminatory perceptions of mental illness, and barriers to people accessing mental health care. The realisation of the Government's mental health capital works program of $110 million (from 2002 to 2010) will result in modern integrated facilities over the next five years.

Key Directions for the Future

- Support non-government organisations with an allocation of $1 million in grant funding to recruit, train and support a peer support worker program in SA over the next three years.
- Develop a systemic approach to training across the mental health sector with a single point of coordination. The Mental Health Unit has contracted in the NSW Institute of Psychiatry to provide a range of short courses (from July to December 2005) in the areas of: Introduction to Mental Health; Rehabilitation in Mental Health; Relapse Prevention; Mental Illness and Substance Use; Consumer Advocacy and Carer Advocacy. Some courses will include elements of aggression management.
- Training of the mental health workforce in rural and metropolitan areas regarding issues of privacy, confidentiality, duty of care and the law as outlined by the National Privacy Principles[17] and the Department of Health's Code of Fair Information Practice. This strategy will include the systematic roll-out of a document called "Achieving the Balance" which contains operational guidelines for mental health workers.

[16] Jorm, A. F., Christensen, H. and Griffiths, K. M. (2000, p. 1).
[17] The National Privacy Principles in the Privacy Amendment (Privacy Sector) Act 2000 cited by the Review of Mental Health Legislation (2005, p. 22).

m. The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness

Achievements to date

- A draft Memorandum of Understanding, developed by the South Australian Housing Trust (SAHT), between the Minister for Housing, Aboriginal Housing Authority and Australian Community Housing Authority) and the Minister for Health has a broad inclusive strategy to guide the coordinated delivery of mental health services and housing support services. The aim is for the parties to work collaboratively to improve people's well-being/housing outcomes.
- A Memorandum of Understanding has been developed between SA Police, Mental Health, SA Ambulance Service and the Royal Flying Doctor Service. This has been signed off and distribution is being coordinated by SA Police.
- South Australia is responding to the growing number of people with long-term complex and multiple needs.[18] The Exceptional Needs Unit (ENU),[19] looks for solutions through enhanced relationships between departments for holistic care planning and delivery to assist people to function in the community. People with mental illness represented 80% of their client group.
- Implementation of the SRF Reform Strategy which aims to provide better outcomes for people - many of whom have psychiatric disabilities - who are residents within SRF or who are affected by the closure of such a facility.
- Introduction of the Supported Accommodation Program, which has established 16 projects across metropolitan and country regions ($3.4million).
- In the 2005/06 State Budget $18.25 million over four years was allocated for in-home care assistance for people with disabilities, including psychiatric disabilities.
- Inner City Homelessness Strategy initiatives including, transfer liaison officer positions; boarding house outreach service; best practice program for homeless persons with complex needs; integrated services for homeless persons with dual mental health and drug and alcohol problems.

Issues facing South Australia

- People with a mental disorder are significantly represented among homeless populations. Anecdotally, as many as 80% of the 'rough sleepers' in Adelaide have mental health problems. People with a mental illness are also a key group contributing to disruptive tenancies in SA Housing Trust properties.[20]
- In SA, mental health issues, such as self harm and suicidal ideation were present in over 14% of 'adolescent at risk' intakes by Child Youth and Family Services.[21] Mental health issues were identified by the Social Inclusion Unit as contributing to SA's decreasing school retention rates.[22]

Key Directions for the Future

- Provide Supported Accommodation Program options that promote recovery and in the longer term reduce service dependencies and costs associated with institutional and acute care.
- Develop community based support services to enable people to reside safely in the community and reduce the level of dependency on the public mental health system.
- Facilitate greater cooperation between sectors for the early and appropriate access of consumers to services across the continuum of health, housing, criminal justice/law enforcement and education.

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[18] Whilst representing only a small proportion of the population a Victorian study found over 84% to have at least one mental health issue. The study found extreme behaviours and service utilisation rates (84% assaultive behaviours, 42% violent crime, 45% high risk to staff, 38% 10 or more contacts with police per year, 11.9 % had more than 30 contacts with ambulance, 12.4 % 30 or more visits to emergency departments among the group and highlighted a lack of early intervention, service exclusion due to difficulty and a lack of support to transition between child and youth and adult mental health services as contributing themes.

[19] Department of Families and Community Services.

[20] Parliament of South Australia, Statutory Authorities Review Committee, Inquiry into the South Australian Housing Trust, 2003.

[21] Children, Youth and Family Services Data Report, 2003/04.

[22] Social Inclusion Unit, Social Inclusion Board, School Retention Reference: Directions and Priorities, 2003.

n. The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated

Achievements to date

- Participation in the *BeyondBlue* Schools Research Initiative across 16 High Schools.
- The South Australian Medical Research and Advisory Council has been established to coordinate and build collaboration in health and medical research in SA including best use of resources for medical research.
- The Department of Health's Research Ethics Committee, constituted with the National Health and Medical Research Council, has considered 90 research proposals since its establishment in 2001.
- The Department of Human Services Research and Innovation Program (HSRIP) grants are awarded annually to a range of research initiatives. In 2003-04 it was made available as an external competitive program and funded a range of social research and innovation topics.

Issues facing South Australia

- Clinical research in South Australia is extensive, however, it is still somewhat disconnected from service development.
- The effects of mental illness go beyond the direct symptoms to impact on people's social and economic wellbeing and all aspects of their lives. Often there is isolation from family and friends, securing meaningful employment and finding and sustaining accommodation is difficult. There is continual stigma. Frequently there is the separation of medical care for physical illness from psychiatric care, fragmenting the total care of a person. These issues need to be better linked with clinical research findings.
- The uptake of research by jurisdictions is relatively poor and significant opportunities for research exist.

Key Directions for the Future

- Encourage research for the development of services for people with a mental illness and in pursuit of evidence to support all health activities and initiatives.
- Coordinate a mandated process of critical review and evaluation to ensure funding of mental health programs are evidence-based.
- Systems of care that provide coordinated and accessible health care to people with a mental illness for their physical illnesses as well as their mental health needs.[23]
- Encourage research of treatment in non-acute settings to assess the benefits of involuntary treatment in the community.

[23] Lawrence D., Holman C. D. J. and Jablensky, A. V. (2001). Preventable Physical Illness in People with Mental Illness. Perth: The University of Western Australia.

o. The adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance with national standards

Achievements to date

- In SA, the Mental Health – Consumer Information, Assessment and Outcomes (MH-CIAO) initiative captures the state's commitment to improving data collection, outcome measures and quality control for monitoring and evaluating mental health services. To achieve this commitment, a purpose built Community Based Information System (CBIS) has been developed to enable capture of consistent data to complement in-patient information. When fully operational, the system will provide demographic and contact data, outcome measures (National Outcome and Casemix Collection – NOCC), risk assessment, triage, Care Plans as well as Crisis and Relapse Plans. The intent of the initiative is to collect, analyse and use consistent, relevant information to better inform decision-making at both the individual consumer level (eg care planning) and at a regional and statewide level (eg resource allocation). Compliance with the NSMHS and national reporting against minimum data sets are fundamental elements of the MH-CIAO initiative. Access to the MH-CIAO information will facilitate information transfer and shared care options and will be particularly helpful in emergency or crisis responses.
- Establishment of quality systems to ensure increased safety and to facilitate the reporting of adverse events.
- Embedding safety and quality systems for mental health services within mainstream quality systems.
- Established a monitoring system for coronial inquiry recommendations to enable system-wide change.
- Incorporation of the National Standards for Mental Health Services into the Service Excellence Framework.
- The Emergency Demand Management Policy & Procedure Series introduced in 2003 has resulted in the mandatory use of a detailed risk assessment tool across SA.

Issues facing South Australia

- There is an urgent need for valid, reliable and uniform data collection across all jurisdictions, particularly to measure clinical outcomes, and quality and safety - published on an annual basis to promote transparency.
- Adverse event investigations and coronial inquiries in SA have highlighted communication problems in the mental health area, a need for better electronic records and rapid exchange of information.
- Communication and information exchange between correctional services, prison health services, forensic mental health services and community mental health services. Information exchange with external private providers and non-government organisations has also been an issue. Accessing information in emergency situations has also been an operational difficulty for police.

Key Directions for the Future

- Link funding for mental health services with compliance in data collection and performance against the National Standards for Mental Health Services.
- Treatment plans will be specific to the individual and comprehensive for all compulsory orders for detention and community treatment orders.
- Involve carers in the development of treatment and discharge plans for consumers, where practical and appropriate, especially where consumers are of Aboriginal descent.
- Provide for regular review of orders made for children.

p. The potential for new modes of delivery of mental health care, including e-technology

Achievement to date

- A Community Based Information System (CBIS) has been developed and implemented to complement the Open Architecture Clinical Information Service (OACIS) already in use within major metropolitan hospitals giving access to a single cohesive patient record at point of treatment.
- Audio-visual links with country mental health services are well established and effectively utilised.

Issues facing South Australia

- The current Mental Health Act is not clear that audio-visual links can be used to make and/or confirm mental health orders. This inhibits early access to services for country people.
- Perceived barriers to the appropriate sharing of electronic information to facilitate care and treatment of individuals exist within the mental health and other service delivery sectors.
- There is a lack of shared physical and electronic health records which impacts on assessment and care when consumers present at, for example, Emergency Departments.
- Mental health workforce shortages are predicted for the future.

Key Directions for the Future

- Encourage innovative electronic communication including audio-visual links and self-help computer-driven therapy programs.
- Provide for early access to treatment and care by utilising audio-visual systems to make and confirm mental health orders.
- Implement co-ordinated, shared electronic records to facilitate the safe, efficient sharing of information across agencies involved in service delivery.
- Develop a mental health system workforce strategy to integrate regional health unit and health system-wide workforce strategies.
- Create collaborative arrangements with relevant national committees, industrial bodies, academic institutions and peak bodies which support the development of new models of care; improved workforce utilisation (ie, nurse practitioners); appropriate workforce mix and distribution and a sustainable and competent workforce.
- Target the recruitment and training of Aboriginal and Torres Strait Islander people and culturally and linguistically diverse mental health workers, as well as peer support workers.

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APPENDIX 1

Initiatives and funding for mental health reform in South Australia since 2002

Capital works expansion - building better facilities closer to home

The SA Government has boosted capital works spending to build modern up-to-date mental health facilities. The 2005/06 State Budget allocated $110 million capital works spending in mental health. Projects earmarked for development to the end of the decade include:

- new 20 bed aged acute mental health facilities at The Queen Elizabeth Hospital, Flinders Medical Centre, Lyell McEwin Health Service and the Repatriation General Hospital
- an early intervention mental health service for children and young people
- a 35 bed adult acute mental health facility at the Noarlunga Health Service
- 45 new adult acute beds at the Lyell McEwin Health Service
- a 40 bed+ secure forensic mental health facility replacing the existing facilities and a new 30 bed secure rehabilitation facility
- an expansion of the mental health facility at Modbury Public Hospital to 25 beds
- an upgrade of Woodleigh House at Modbury Public Hospital to provide better standards of care.

There has been significant development and renovations in country hospitals, and $300,000 is being spent to upgrade current mental health facilities for improved mental health assessment and care in Port Pirie, Port Lincoln, Gawler and Berri.

With Commonwealth assistance three 20-bed *Community Rehabilitation Centres* are being established in the Northern, Central and Southern parts of Adelaide at a cost of $14.5 million. The first Community Rehabilitation Centre will be operational in late 2005.

Recurrent funding boost - building better services

This Government has increased funding for Mental Health by $20 million to a record $164 million per annum in 2005/06. These funds are a down payment on building a new pattern of mental health services for South Australia. Examples of progress since 2002 include:

- Improved front line responses by ensuring mental health specialist staff are increasingly available in busy Emergency Departments. This means less pressure on staff and better, more coordinated services including mental health nurses in every Emergency Department, 24 hours per day
- Commissioning a Review of the Mental Health Act 1993 and related legislation to ensure South Australia has the most modern means of administrating mental health
- A review of Forensic Mental Health Services to ensure that they are well coordinated and able to respond to growing demand
- Continued support of a range of mental health promotion strategies including *Beyondblue*, *Headroom*, and *MindMatters*. Increasing suicide prevention resources and supporting public education programs and events such as Rotary Forums and Mental Health Week.

Detailed examples of the South Australian Government's commitment to Mental Health Service and Infrastructure Improvements in South Australia since 2002	Expenditure
• Development of new mainstream acute mental health facilities and new community based rehabilitation centres. The new acute facilities will provide mental health care to modern standards on mainstream or general hospital sites, providing services closer to home. Community based facilities will enable greater community integration and rehabilitation back into community living. In addition new secure forensic and a new secure rehabilitation facilities are also planned.	$110 million
• Expansion of the Assessment and Crisis Intervention Service (ACIS) service to provide extended hours crisis cover for people requiring urgent mental health assistance. These are mobile teams of mental health professionals working alongside emergency services like the SA Ambulance Service to ensure help is there when needed.	$1 million 04/05 $1.5 million 05/06
• Further boost post-hospital intensive community treatment and support with community health clinicians working with general practitioners.	$2.5million
• Expanded community care packages to help people return home from a hospital stay. These packages of care include practical support in independent living and help people back to recovery.	$3 million, - plus $14m over the next 3 years
• Boost of in-home care services and support for people with disabilities, including people with psychiatric disabilities.	$18.25 million
• Implementation of *Hospital@Home*, a program that provide intensive support and assistance to people in their homes as an alternative to hospitalisation. This program is occurring from our two largest health services the Flinders Medical Centre and the Royal Adelaide Hospital and will soon commence at The Queen Elizabeth Hospital.	$200,000 in 2004/05 plus $1 million in 2005/06
• Increased services for country SA, for example: • Improved availability of inpatient country mental health services • Increased capacity of country mental health services, increased linkages with the Rural and Remote Mental Health Service and expanded tele-psychiatry, leading to better access for consumers in rural areas to specialist resources • Community based suicide prevention projects in country SA developed with the assistance of the Social Inclusion Unit.	 $990,000 $3.485 million $680,000
• Implementation of the Supported Residential Facility Reform Strategy which aims to provide better supports for people - many of whom also have psychiatric disabilities - who are residents of Supported Residential Facilities (SRF). Additional services are being provided to SRF residents including optical, dental and allied health services as well as increased hours of personal support for residents with high and complex needs. If people are displaced by the closure of one SRF they are relocated into alternative accommodation with support and access to the same range of health services.	$57 million
• Better links between general practitioners and other mental health support services to provide seamless care and support for consumers. The *GP Access Program* provides packages of individual support to people being cared for by general practitioners.	$900,000 ongoing, plus $1 million to expand program to Southern region

Detailed examples of the South Australian Government's commitment to Mental Health Service and Infrastructure Improvements in South Australia since 2002	Expenditure
• Ongoing funding to Catherine House, a non-government organisation, to provide supported accommodation to enable women to move from Glenside Campus back into the community and live independently with community mental health service and social housing support.	$670,000
• Upgraded security provisions at Glenside Campus to ensure that the safety of consumers, staff and the general public is maintained.	$600,000
• Strategies for workforce development, including recruitment, retention and retraining initiatives. This includes funding 30 scholarships in mental health nursing and upgrading in-service training and clinical supervision in the government and non-government sectors.	$1 million
• Strengthened the voice of mental health consumers through specific funding to the Health Consumers Alliance.	$160,000
• Increased capacity of general practice to deliver shared care programs and to implement chronic disease self management and physical well being programs for mental health consumers.	$3.25million
• Bolstered community based psychosocial support services in the area of perinatal and infant health.	$500,000
• Increased the capacity of specialist mental health services to prevent suicide and deliberate self harm among mental health consumers, as part of the overall National Suicide Prevention Strategy.	$300,000
• Commitment to *beyondblue* across prevention, early intervention and the reduction of stigma.	$1million
• Increasing respite including flexible in-home support, accessing community recreational programs and packages provided to carers.	$1million
• Significantly increasing funding to enable the capacity of the non government sector to provide group based rehabilitation programs, which focus on relapse prevention, illness and education management.	$2million
• Bolster the capacity of peer support services to work alongside mental health services in supporting mental health consumers.	$1million
• Increasing support and recognition for carers of people with a mental illness.	$1.25million