



Mental Health Commission
of New South Wales



Key Directions 2018-2023

August 2018

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A note on language

Using the right language is important for how we understand ourselves and each other, and for reducing stigma and discrimination. By using inclusive language we avoid defining people by illness alone, and promote broader understandings of people’s experiences and opportunities for recovery. Since the Mental Health Commission of NSW was established, the language used by those living with mental health issues, their families and carers, and people working in the mental health system, has changed. It is difficult to find language that fully describes everyone’s experiences of distress and recovery and experiences of care, support and advocacy, as well as Aboriginal cultural understandings of social and emotional wellbeing. This document generally uses the phrase ‘people with lived experience of mental health issues’ rather than terms such as ‘consumer’ or ‘people with mental illness’. By using this term we seek to include experiences of mental health issues of all kinds, no matter where they fall on the spectrum of severity. We also aim to capture experiences that people feel are well described in traditional medical understandings of illness, and experiences that people understand in different ways. We know that language continues to change and we will update this document with more current and inclusive language as it changes.

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Introduction

The Mental Health Commission of New South Wales was established in July 2012, and just over two years later it delivered to government a ten year mental health reform strategy, *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*. The community, mental health sector and workforce, and people with lived experience and their families and carers told the Commission what was urgently required to improve the system in providing support, responses and opportunities for recovery. *Living Well's* actions and priorities guided agencies across government in implementing these directions. The Commission then commenced a program of work to develop new understandings, build innovation and evidence, and report on issues in support of the program of mental health reform.

Five years on we have been independently reviewed. Along with the development of *Living Well* we have contributed to an extensive range of outcomes. The importance of peer work in transforming services, and co-design with people with lived experience of mental health issues, and their families and carers, is increasingly recognised. Good mental health is more and more understood to be the responsibility of a broad range of government agencies and community organisations. Discrete projects such as the Mental Health Atlas and developing a systems approach to suicide prevention; and publications such as *Medications and Mental Illness: Perspectives* and *Towards a Just System*, have changed community and policy conversations and seeded new approaches to planning services and addressing complex issues.

There is more work to be done and it is therefore timely to develop a strategic plan – *Key Directions* – to guide our next five years.

The vision of the Commission continues to be informed by the principles set out in the *Mental Health Commission Act 2012*, which are to remain in the Act going forward:

- people with a lived experience of mental health issues, wherever they live, should have access to the best possible mental health care and support,
- people with lived experience of mental health issues, and their families and carers, should be treated with respect and dignity,
- the primary objective of the mental health system should be to support people who have lived experience of mental health issues to participate fully in community life and lead meaningful lives,
- the promotion of good mental health and the effective provision of mental health services are

the shared responsibility of the government and non-government sectors,

- an effective mental health system requires:
 - a coordinated and integrated approach across all levels of government and the non-government sector, including in the areas of health, housing, employment, education and justice, and
 - communication and collaboration between people who have a lived experience of mental health issues and their families and carers, providers of mental health services and the whole community.

The Commission's work over the next five years to 2023 will focus on advocacy, strategic planning and systemic reviews. Our work will highlight gaps, successes and leading practice as well as opportunities for reform critical to improve people's journeys through systems and throughout life.

A collaborative approach is fundamental to fulfilling our role. People with lived experience of mental health issues, and their families and carers, are key partners in our work. Likewise, working with Aboriginal people and supporting their leadership to improve the social and emotional wellbeing of Aboriginal communities is a priority.

I would like to thank all those in the mental health reform community and in the Commission who contributed to and led our work over our first five years and those who contributed to the development of the *Key Directions*— the Deputy Commissioners, the Community Advisory Council and Commission staff. The strategic objectives were also informed by our ongoing engagement with people with lived experience of mental health issues and their families and carers, discussions with government and community organisations, and insights from our program of community visits across NSW.

In this document, we outline our work priorities and focus areas, and opportunities to work with our partners. The *Key Directions* will in turn inform our annual business plans and will be regularly refreshed as changes in the mental health and social support sectors occur, new trends emerge or new government priorities develop.

I look forward to working with you to improve the mental health and wellbeing of the people of NSW.



Catherine Lourey
NSW Mental Health Commissioner

Our vision

That the people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.

Our purpose

To monitor, review and improve the mental health and wellbeing of the community by undertaking strategic planning, systemic reviews and advocacy guided by people with lived experience of mental health issues and their families and carers.

Our values and culture

The Commission is a highly respected and independent organisation that supports and facilitates positive reforms in the community, and reports on outcomes that affect the mental health and wellbeing of all people in NSW.

In our work, we value:

People's experience

We value the lived experience of people with mental health issues, and their families and carers. We will listen to what Aboriginal people tell us about what they need to support their social and emotional wellbeing. We will honour the experiences of people who have attempted suicide and those bereaved by suicide.

Collaboration

We listen and partner with others to influence, to lead and to build capacity for achieving positive change. We know we cannot achieve change on our own and we value all our reform partners in the mental health services and social support sector.

Advocacy

We work with people with lived experience to ensure their lives are at the forefront of all reforms, press for reforms to be put into action, and call for evidence-based and innovative solutions.

Independence

We actively use evidence and data to drive change and accountability, promote an open and transparent examination of the mental health and social support system, take a cross-government and whole-of-person approach, and to work beyond individual interests or sector perspectives.

Integrity

We listen to the voice of lived experience and other stakeholders and model professional and ethical conduct in our work.

Courage

We respectfully engage with all voices within and concerned with the mental health and social support system. We will draw attention to issues of concern and lead productive debate to maximise the potential for mental health reform to improve people's lives.

Strategic priorities

Context

In preparing *Key Directions*, we have reflected upon our achievements to date, feedback from the community, and the impact from the broader changes to mental health supports. These changes include the roll out of the National Disability Insurance Scheme (NDIS), the new role of the Primary Health Networks (PHNs) in mental health, the directions of the *Fifth National Mental Health and Suicide Prevention Plan*, the move to commissioning of services in NSW and the work of the NSW Ministry of Health in public sector mental health reform and planning initiatives, and whole-of-government strategies such as *Their Futures Matter*.

Additionally, the statutory *Review of the Mental Health Commission of NSW (Review)*, released in June 2018, and proposed changes to our establishment Act have refined our focus areas. This document reflects the recommendations of the Review.

We have reviewed our internal structure and our operating processes to ensure we have the right alignment of resources. This includes a continued focus on internal governance and accountability, supporting and growing the capabilities of staff

and drawing upon the expertise of the Deputy Commissioners and the Community Advisory Council. It also involves new approaches for engaging with Aboriginal people; culturally and linguistically diverse communities (established and new and emerging); regional and remote communities; young people; people who identify as LGBTIQ; people with coexisting physical health issues, drug and alcohol use and/or disability; and people who come into contact with the criminal justice system.

As we advance our five-year *Key Directions*, we will monitor our own progress. In the first year, we will develop a program logic to organise our work, and identify key performance indicators and other measures of our progress. We will publicly report on our results.

Priority areas

This document will guide the annual business planning cycle of the Commission. A set of strategic objectives provides overall direction and is set out on the following pages. To focus the Commission's limited resources efficiently and effectively, the priorities within the scope of the *Key Directions* will be structured over periods of one, three and five years. The work over the next three years will focus on the six strategic priority areas set out below:

Suicide prevention

To enhance opportunities to live without distress and with good mental health. The Commission will undertake collaborative work that focuses on the unique needs of those communities and populations facing higher rates of suicide and suicide attempts, to produce innovative and effective responses. This will include a focus on people living with distress who do not connect with support.

Early intervention

To work from the earliest days of life and across the lifespan. The Commission will work with partner organisations to augment prevention and early intervention strategies that focus on the first 2,000 days and intervene early when mental health issues first arise or re-occur.

Improving wellbeing

To promote the importance of wellbeing, the evidence base for wellbeing outcomes, and the social determinants of wellbeing such as housing, employment, education, connection, income and participation.

Co-production

To amplify the voice of lived experience. The Commission will work with people with lived experience of mental health issues, their families and carers, health professionals, service providers and policy-makers to identify, design, deliver and evaluate priority projects that improve everyone's experience of the mental health and social support system.

Collaboration and capacity building

To support communities, services and support networks to together take up reform opportunities and build on existing efforts, including in identifying gaps in service options and community care and developing collective solutions. We will strengthen efforts to enhance integration, coordination and collaboration across government and the broader mental health and social support system.

Accountability and reporting

To use evidence to shine spotlights on practices and culture which support and detract from the reform agenda.

Strategic objectives

The strategic objectives reflect our work to support the priorities in *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* as well as how we will fulfill the requirements of the *Mental Health Commission Act 2012* (as amended). Guided by six over-arching strategic objectives over the next five years, we will strive to add value to the efforts of others and improve the mental health and wellbeing of the community. To achieve these objectives, we will focus on advocacy, strategic planning and systemic reviews.

Our work under each strategic objective will be guided and informed by diverse voices of people with lived experience of mental health issues and their families and carers. We will focus on improvements in the mental health and wellbeing of Aboriginal people; culturally and linguistically diverse communities; regional and remote communities; young people; people who identify as LGBTQI; people with coexisting physical health issues, drug and alcohol use and/or disability; and people who come into contact with the criminal justice system. While maintaining our independence, we will collaborate, partner with and be led by these individuals, and by mental health professionals and others working in the mental health and social supports systems.

1. Working together

Forging a collaborative culture between people, services and sectors to improve access pathways to care and supports.

2. Striving for excellence

Advocating for services that are safe, evidence-based, reflect the needs of people, reflect a compassionate and caring culture, and are positively experienced.

3. Fair access

Advocating for a fair allocation of resources and access to services and supports for everyone to achieve equitable outcomes.

4. Getting in early

Responding early and whenever distress, mental health issues or trauma impact upon wellbeing.

5. Communities of wellbeing

Empowering people to drive positive change and connection to enhance community wellbeing.

6. Improving outcomes

Developing innovative approaches and establishing outcome monitoring and reporting to influence a mental health and social support system that delivers quality outcomes for people regardless of complexity and challenges of need.



Community members at the Open Inner West Festival in Sydney, 2017

1. Working together

Forging a collaborative culture between people, services and sectors to improve access pathways to care and supports.

Modelling a collaborative culture in our own work by:

- Practising collaboration as a day-to-day business activity of Commission staff, Executive and Deputy Commissioners through inclusive cross-team projects and whole-of-workplace practices.
- Collaborating to engage the expertise of the mental health workforce including psychiatrists, psychologists, peer workers, nurses, allied health and their representatives.
- Strengthening productive relationships with the Community Advisory Council; the community-managed organisations funded by the Commission – Being, WayAhead, Mental Health Carers NSW and beyondblue – and peak organisations in the mental health and social support systems.
- Building working relationships with Aboriginal people and specific communities named in the Act through participation in collaborative projects.

Embedding co-production by:

- Together with sector leaders and representatives, facilitating the participation and leadership of people with lived experience of mental health issues and their families and carers in research and in production of mental health policies, programs and services through development of protocols with the NSW Ministry of Health, Local Health Districts (LHDs) and mental health CMOs and other services.
- Identifying the mechanisms for engagement that are effective for different people and communities, rather than those that are business as usual for government.

Developing a shared, contemporary understanding of the impacts of reform by:

- Using information from many sources and leveraging research to develop an informed view of reform initiatives and programs to understand better if they are working.
- Strengthening our understanding of the impacts that economic, social and service systems have on the lives of people with lived experience, and ensuring that these impacts are broadly understood and inform service and program design.
- Developing a shared vision to ensure that current priorities are aligned with long-term objectives.

2. Striving for excellence

Advocating for services that are safe, evidence-based, reflect the needs of people, and a compassionate and caring culture, and are positively experienced.

Champion excellence in services by:

- Sharing successes and leading practice examples, and providing evidence to influence state-wide mental health and wellbeing policy and planning.
- Working with service providers to champion leadership at all levels, including peer leadership, and encouraging the adoption of evidence-based models that meet the stated needs of the community.
- Learning from and sharing with others to increase understanding, knowledge and innovation.

Support service responsiveness by:

- Exploring opportunities to develop and encourage the adoption of service models which provide integrated, community-based front-line service responses to people with lived experience of mental health issues and their families and carers.
- Undertaking reviews of, and reporting on, care pathways or models.
- Advocating for sustained reduction of seclusion and restraint practices.

Encourage innovation in services by:

- Supporting trials or pilots to test the effectiveness and potential scalability of innovative policies, programs and services that encourage positive cultural and practice change.
- Working to position the mental health peer workforce as core to service delivery structures and management.

3. Fair access

Advocating for a fair allocation of resources and access to services and supports for everyone to achieve equitable outcomes.

Supporting equity of access by:

- Identifying models that address geographic, social and clinical need, and take account of funding, staffing and health outcomes.
- Working with the NSW Ministry of Health and LHDs to improve care in the community, enabling NSW to meet and exceed the recognised national benchmarks.
- Monitoring and assessing the level, range and types of services for people with lived experience of mental health issues and their families and carers that are available and accessible across NSW against evidence-based standards or targets.

Identifying service gaps to achieve equity of access and quality service delivery at the right time by:

- Advocating for better individual support and service co-ordination across portfolios and agencies.
- Advocating for clear communication between service providers, and for clear information and access to support for people with mental health issues and their families and carers,

to assist them when they move between services.

- Working with State and Commonwealth partners to identify service gaps and the impacts of these on people with mental health issues (both across the spectrum of mental health issues from mild to severe, as well as including those with co-existing health problems or disability).

Highlighting unmet need to close gaps in outcomes by:

- Producing reviews and reports that focus on variations in the mental health and wellbeing experienced in different regions of NSW, by different social groups, and including differences in people's ability to access services. A particular focus will be on those people who are not currently effectively engaged by services.
- Advocating for an effective NDIS response to people with psychosocial disability and continued service response for those not eligible for NDIS supports.
- Reporting on the effectiveness of funding initiatives across NSW government agencies, LHDs and community-managed organisations in delivering outcomes important to people with lived experience of mental health issues and identifying where resources are needed.



Fishermen on the NSW Coast, 2017



4. Getting in early

Responding early and whenever distress, mental health issues or trauma impact upon wellbeing.

Highlighting prevention across the life span by:

- Building key partnerships with NSW government agencies, LHDs and community-managed organisations – in family and community services, education, housing and health – to prioritise early childhood mental health and wellbeing and reduce trauma in young lives.
 - Collaborating to develop mental illness prevention strategies, to support wellbeing and mental health for people of all ages in schools, workplaces and communities.
- Focusing on early intervention by:
- Promoting innovative work and research on prevention of mental health issues and harm reduction strategies that address the factors underlying mental health issues such as experiences of trauma, violence and abuse.
 - Contributing to suicide prevention efforts consistent with the NSW Strategic Framework for Suicide Prevention (in development).
 - Advocating for improved identification of, and responses to, people at risk of suicide in hospital and community services.
 - Advocating for early intervention, including intervention in relation to physical health needs, when mental health issues first arise or whenever they reoccur.

5. Communities of wellbeing

Empowering people to drive positive change and connection to enhance community wellbeing.

Building resilient communities by:

- Supporting people to better understand their mental health and wellbeing.
- Identifying and reporting priorities and local solutions for community and individual resilience from the earliest years to adulthood and older age, with a focus on geographic communities, organisational communities and other communities of identity.
- Advocating for community inclusion and work and economic opportunities so that people with lived experience of mental health issues can achieve their recovery goals and gain social connections and a sense of belonging.

Connecting people and partners for local wellbeing by:

- Encouraging local leadership and partnerships that increase participation of all population groups in mental health and wellbeing initiatives across NSW.
- Working with local agencies, services, schools, workplaces and groups to enhance the co-production of mental health and wellbeing activities.
- Supporting conversations and actions that reduce stigma and discrimination against people with mental health issues and create inclusion and connection.



Community members at the Open Inner West Festival in Sydney, 2017



6. Improving outcomes

Developing innovative approaches and establishing outcome monitoring and reporting, to influence a mental health and social support system that delivers quality outcomes for people regardless of complexity and challenges of need.

Identifying meaningful outcomes for people, systems and the sector by:

- Using data to report, encourage innovation, learn, and act from an evidence base.
- Developing inclusive indicators, reflecting the domains of *Living Well*, to form a reporting framework for the Commission's reports to Government and to the community.
- Advocating for planning that is informed by data and evidence of outcomes. This will include planning for community services based on evidence of gaps and leading practice.
- Advocating for the peer-led evaluation of services provided to people with lived experience of mental health issues, in health and human service sectors.

Improving transparency and reporting for accountability by:

- Engaging with partners to build a baseline profile of mental health and wellbeing in NSW.
- Developing a model service charter for service providers in the public, community-managed and private sectors.
- Advocating for mental health reform reporting (including mental health accreditation performance) to include monitoring how people experience services across the mental health and social support systems as well as other service and client outcomes.

