Appendix one – Response from agency





Ms Margaret Crawford Auditor-General of NSW Audit Office of NSW GPO Box 12 SYDNEY NSW 2001

Our ref H19/78664

Dear Ms Crawford

Aboriginal Mental Health Service Planning Performance Audit Report

Thank you for inviting NSW Health to provide comment on the recommendations made in your performance audit report on *Aboriginal Mental Health Service Planning*.

The recommendations made in the report are welcomed, as is the focus which the audit has given to the provision of appropriate models of care for Aboriginal people experiencing mental health illness. NSW Health's role in this area is complex, with a number of government agencies and other non-government organisations collaborating to provide services.

Within this context, please find attached a table detailing NSW Health's response to each recommendation. In addition, I would like to specifically highlight the following points to give completeness to the observations made in the audit report:

NSW Health invests resources to support all people experiencing mental illness to stay well at home and avoid hospitalisation

NSW Health remains focused on providing care to all people experiencing acute and severe phases of mental illness in hospital and community service environments. NSW Health funds a number of non-government providers to deliver community based psychosocial services to support people living with complex mental health issues. These services complement the role of Commonwealth and non-government organisations to provide non-acute care that supports people to stay well at home and avoid hospitalisation.

The services work in partnership with our Local Health Districts to support mental health recovery and include the *Housing Accommodation Support Initiative* (HASI) and *Community Living Supports* (CLS) programs.

Both HASI and CLS services have benchmarks to ensure Aboriginal people experiencing significant mental ill-health are receiving needed supports. These benchmarks are consistently exceeded for each program.

NSW Health has had great success in forming partnerships to meet the objectives of the NSW Aboriginal Health Plan

A range of partnerships are in place which support the delivery of initiatives across all strategic directions of the *NSW Aboriginal Health Plan 2013–2023*. NSW Health and the Aboriginal Health and Medical Research Council (AH&MRC) share a strong relationship which is grounded in the *NSW Aboriginal Health Partnership Agreement 2015–2025* and regularly collaborate on joint projects. This Agreement provides a guiding framework for engaging Aboriginal people in planning, delivering and evaluating health services.

NSW Ministry of Health
ABN 92 697 899 630
100 Christie Street, St Leonards NSW 2065
Locked Mail Bag 961, North Sydney NSW 2059
Tel (02) 9391 9000 Fax (02) 9391 9101
Website: www.health.nsw.gov.au

The State-wide partnership is reflected at the local level with three-quarters of LHDs reporting a formal partnership with an Aboriginal Community Controlled Health Service (ACCHS). Partnerships between LHDs and ACCHS' vary in focus, with an example of an effective partnership supporting mental health service delivery being the South Westem Sydney LHD and Tharawal Aboriginal Medical Service Partnership Agreement 2016-2019. This partnership has improved pathways to healthcare for Aboriginal patients in the region, evidenced through the results of the mid-term evaluation of the Aboriginal Health Plan which saw strengthened Executive-level engagement and collaboration between sectors.

NSW Health advocates for culturally appropriate models of care

NSW Health's Centre for Aboriginal Health (CAH) has developed and implemented a range of strategies and resources to build the cultural safety of the NSW Health system. These include the recently released guideline, Communicating Positively: A guide to appropriate Aboriginal terminology, the Aboriginal Cultural Activities Guideline and the Aboriginal Health Impact Statement which facilitates the systematic application of an 'Aboriginal health lens' to all policies, programs and strategies. In addition the CAH is currently piloting the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool which will embed Aboriginal specific actions from Version 2 of the National Safety and Quality Health Service Standards and the six strategic directions from the NSW Aboriginal Health Plan into service delivery.

Case coordination as patients move between services is not solely a NSW Health responsibility

The Commonwealth's Primary Health Network, other primary health care providers and nongovernment organisations all have important roles in providing ongoing support to people accessing mental health services.

NSW Health will always endeavour to improve our care pathways and relationships to ensure smooth transitions when this intersect of service providers occurs. The NSW Aboriginal Mental Health Workforce State-wide Coordination Unit and the Aboriginal Mental Health Coordinator Project within the Aboriginal Health and Medical Council have been established by NSW Health specifically to improve referral pathways.

You will note that the NSW Health policy directive *Transfer of Care from Mental Health Inpatient Services* (PD2016_056) includes accountabilities to promote safe and effective transition of all mental health consumers between inpatient treatment settings and also from the hospital to the community.

This Policy Directive and the related procedures provide direction and guidance for the delivery of services, but do not replace the need to exercise clinical judgement for each presentation and recognition of the current workplace environment to maintain safety and continuity of care.

NSW Health can only report reliably on mental health service use patterns of Aboriginal people who access our facilities.

NSW Health collects reliable data that allows Local Health Districts to plan services that we are directly responsible for. However, it is also acknowledged that NSW Health is part of a broader system with Commonwealth and non-government organisations who have important roles in the delivery of mental health services.

We will continue to work with these partners to improve communication with data systems operating outside of NSW Health's jurisdiction. In doing so, it is important to remain conscious that there are complexities and sensitivities in relation to the patient information that is collected and this may limit the breadth of data able to be shared across services. Patient data serves different purposes and requires a high level of privacy and confidentially to ensure that the people NSW feel secure that their data is used in appropriate ways.

NSW Health provides a suite of services to assist Aboriginal people with mental illness on release from prison

Through the Justice Health and Forensic Mental Health Network, NSW Health has issued a suite of policies and procedures that articulate the procedures to be followed to support patients being released from custody with mental illness.

For high acuity patients there are a number of specialist programs that assist with the release process, including:

- The Integrated Care Service (ICS) works to identify people within the custodial setting living with one or more chronic or complex health issues, including mental health issues. Participants are assigned a Care Coordinator who assists in managing their care throughout their journey in custody and prior to release, the ICS work closely with Corrective Services and community health care to identify and refer patients to appropriate services on release. These services include but are not limited to Aboriginal Medical Services, community mental health teams and general practitioners. It is noted that 28% of the current participants identify as Aboriginal.
- The Aboriginal Chronic Care Program (ACCP) is part of our ICS, and includes Aboriginal Health Workers (AHW) spread across correctional centres in NSW.
- The Connections program is a drug and alcohol program in the adult setting with about 30% of participants identifying as Aboriginal and over 60% reporting mental health problems. Participants are assertively engaged to coordinate release planning and post release engagement to community health care providers on release.
- In the adolescent setting our Community Integration Team (CIT) works with young people to assertively coordinate their ongoing care following release. The young people supported are those with mental health and/or drug and alcohol problems, with approximately 50% of participants identifying as Aboriginal.

A new NSW Health Aboriginal Mental Health and Wellbeing policy will be launched in 2019 NSW Health is committed to ensuring that Aboriginal people have a voice in planning and policy decisions that will affect Aboriginal communities. We are proud that the revised Aboriginal Mental Health and Wellbeing Policy has been developed with extensive community and sector consultation. However, we are also aware that developing programs and policy using true co-design does take considerable amount of time, which has caused delay to the release of the policy.

The Aboriginal Mental Health and Wellbeing Policy is now ready for publication and will be launched at the 2019 Aboriginal Mental Health and Wellbeing Forum in November 2019.

I appreciate the collaborative approach taken by the audit team through working closely with the Ministry, the Justice Health and Forensic Mental Health Network, Local Health Districts and our partnering stakeholders over the course of the audit.

Yours sincerely

Elizabeth Koff

Secretary, NSW Health

Re	Recommendation	Response	Comment
_	Research, develop and publish evidence-based models of culturally appropriate Aboriginal mental health care for use in Local Health Districts	Accept in principle	NSW Health has focused on ensuring that the mental health clinical support and models of care available to all people of NSW is of world class standard. NSW Health ensures that mental health services are culturally appropriate for by Aboriginal people by: Ensuring that all program and policies that are developed have undertaking an Aboriginal Impact Statement assessment. Continuing to implement and continuously improve the mandatory Respecting the difference training for all NSW Health employees Achieving actions outlined in the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 including actions specific to Aboriginal people Fulfilling commitments in relation to the mental health and wellbeing of Aboriginal people outlined in the Fifth National Mental Health Plan 2013-202; and Continuing to implement the NSW Aboriginal Health Plan 2013-202; and Publication of the revised Aboriginal Mental Health and Wellbeing Policy. Further opportunities to strengthen NSW Health's efforts in this area will be researched and incorporated into planning for 2019-20.
7	Finalise and publish an Aboriginal mental health policy framework that includes: • A timeline and plan for full implementation of the Framework and a communication strategy to improve the visibility and priority of Aboriginal mental health care across the mental health sector • Methods, roles and responsibilities for collecting detailed information and data about Aboriginal service use and service demand by location • A process for Local Health Districts to map services with Primary Health Networks and on-government providers to identify service gaps and duplications and plan for the equitable distribution of services across locations • A process for Local Health Districts to map services with Primary Health Networks and non-government providers to identify service gaps and duplications and plan for the equitable distribution of services across locations	Accept in principle	The NSW Health Aboriginal Mental Health and Wellbeing Policy, which will replace the current policy, is on schedule to be launched in November 2019. The policy will provide overarching guidance to Local Health Districts and provide best practice examples. It will complement the existing NSW Aboriginal Health Plan 2013-2023, the NSW Strategic Framework and Workforce Plan 2018-2022 and the Fifth National Mental Health and Suicide Prevention Plan. The policy has been developed with extensive community consultation. Any revision to consider additional content will require a similarly wide-reaching and planned consultation process. The individual points contained in the recommendation will be considered as appropriate after the launch of the new policy.

Recommendation	Response	Comment
Recommendation 2 continued A strategy to increase services for Aboriginal patients requiring high levels of clinical support in the community and clarification of mental health case management roles and responsibilities to ensure accountability and continuity of patient care across the different service providers and service types Actions to increase the numbers and types of Aboriginal workers across all levels and positions in the mental health workforce New performance indicators and performance reporting on follow up actions that: Support information sharing and referrals ensure follow up actions to support mental health patients on release from prison so that they receive seven days of medication, referrals and discharge summaries		