



supporting recovery from
mental illness

The Next Five Years

Consultation paper on the strategic directions and
priorities for Mind's strategic plan for 2010 – 2014

FULL PAPER

Foreword from Bill Healy, Chair - Board of Directors



Dear Reader

Mind is committed to providing innovative, effective services and resources which support people in their recovery from mental illness and in maintaining good mental health and well being. We have been doing this work for over 30 years in Victoria and now for over 5 years in South Australia. My fellow Directors, the management team and our staff are proud of what we are achieving and know from the feedback we receive that we are making a real difference in the lives of the people we help.

However, the challenge for all effective community organisations is to continually review and renew their operations, to remain open to emerging and changing community needs and government policy, and to strive to improve the outcomes and efficiencies of their services.

This consultation paper is an important part of our processes for setting our strategic directions for the next five years, 2010–2014. It addresses three key areas. Firstly, it provides an analysis of the services we provide and those we continue to provide. Secondly, it considers the changing environment within which we will operate for the next five years. This is affected by changing Federal and State Government policies and changing consumer needs and family and carer expectations. Finally, the paper considers a range of possible options for improving our work and expanding the reach of our services.

I encourage you to read this consultation paper carefully and to give us your comments about the ideas and thinking contained in it. Your individual comments and the feedback from the consultation forums are important to us because they provide vehicles through which my fellow Directors and the management team can hear the views of our clients, their families and carers, our staff, fellow service providers, our partners and our funders. Our strategic planning will be enriched by your input. The feedback from the consultations on this paper will help inform the development of our strategic plan, which will be released in 2010.

We look forward to receiving your feedback to help us shape Mind's strategic direction for the next five years.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bill Healy', written in a cursive style.

Bill Healy
Chairperson
Mind

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1 Introduction

This paper has been developed to encourage discussion and debate about the organisation's directions and priorities for the next five years. All feedback will inform the development of the draft strategic plan and the Board's consideration of this plan.

1.1 Background

Mind commenced its review of its strategic plan earlier this year with a series of focus groups with staff, clients, carers and families. Appendix 1 outlines the main themes that emerged from these meetings. After several workshops with Directors and the management team, a plan for the development of the new strategic plan was adopted by the Board. This plan involves review and consultation processes with a clear commitment to engaging Mind's clients, staff, partners and stakeholders in the conversations about the priorities for the 2010–2014 strategic plan.

A Strategic Planning Project Working Group was established to co-ordinate the development of the plan. Members of this group are: Gerry Naughtin, CEO; Genevieve Webb General Manager Corporate Services; Malcolm Morgan, General Manager Service Development; and Tony McBride, Strategic Plan Project Co-ordinator. This working group has been responsible for the development of this consultation plan with input from the Executive team.

This consultation paper has grown out of a number of consultation processes and background papers that have helped frame the thinking in the paper.

- Input from the Victorian and South Australian reference groups. Membership of these reference groups is detailed in Appendix 3.
- Background and working papers prepared by specific working groups and Mind staff as part of this strategic planning process. Copies of these papers are available to staff on the intranet for more in-depth reading and as valuable resources for future developments. A list of these papers is given in Appendix 4.

Many people have contributed ideas and materials for this consultation paper. However, the emphasis and analysis reflects the work of the Strategic Plan Working Group.

1.2 The structure of this paper

This consultation paper is structured in four sections.

- Firstly, it provides an overview of the scale of Mind's current work, the approach Mind takes to recovery, and the organisation's strengths.
- Secondly, it considers the changes in government policy and funding, and consumer, family and carer expectations, that is in the environment in which Mind operates.
- The third section clarifies Mind's core business and the directions that have already been agreed by the organisation for the next few years. It also outlines a range of new opportunities and challenges for Mind over the next five years in growing its services and responding to consumer, government and community expectations.
- The final section considers the needs of some specific population groups and again proposes some possible options for improving Mind's work and expanding the reach of its services. Your feedback is also sought on these.

Mind provides services across Victoria and South Australia. There are differences in the policies and funding of the Victorian and South Australian State Governments and in the nature of Mind's services in each State. In the preparation of this paper, the authors have been aware of these differences but have adopted an organisation-wide approach. Where there are state-specific issues, these have been identified.

Note: There is a shorter summary version of this paper available (see contact details below to access it).

1.3 Feedback and consultations

Note that although this paper seeks input on a wide range of issues about services and directions, it does not discuss all of the issues that might be included in the final Strategic Plan. For example, workforce capacity and financial sustainability are not discussed in detail but strategies to address these will be developed once the organisation's directions and priorities are agreed upon.

Mind is undertaking a consultation process with internal and external parties around the options in this paper. A series of consultation forums and discussions are being held with staff, internal and external reference groups. In addition, telephone interviews are being conducted with some external stakeholders who are unable to participate in other forums.

How you can provide comment

Mind would like to hear your views on the topics and issues presented in this paper. Feedback forms:

- can be completed online through Mind's website (www.mindaustralia.org.au/strategicplan) or
- can be downloaded from the website above, filled in electronically and emailed back, or
- a hard copy can be mailed to you if you contact:
 - In Victoria: Monique Mennerich on (03) 9455 7916;
 - In South Australia: Jennifer Hughes on (08) 8368 7800.

If you do not use the online survey, please email your completed form to mmennerich@mindaustralia.org.au or fax hard copy to 03 9455 7999 or mail to:

Mind Strategic Planning Project Unit
PO Box 592
Heidelberg VIC 3084

Questions

For most sections of the paper, you will be asked these standard questions:

- What level of priority should this issue be for Mind in its strategic plan?
Very High / High / Medium / Low
- Why do you consider it should be a priority?
- Please rate the possible directions for development (*which are spelt out for each section*).

You can choose to respond to the questions in all sections or just the ones that interest or affect you.

At the end, you will be asked to nominate the most important issues for Mind to consider.

2 Mind's services, approach and people

Mind is a leading non-government provider of consumer-focused, recovery-oriented mental health services in Victoria and South Australia. It has been delivering services in Victoria for 30 years and in South Australia since 2005. In 2007, the organisation went through a significant period of change in regard to its public identity and changed its name from Richmond Fellowship Victoria and Richmond Fellowship South Australia to Mind. Building recognition of the new name has been a goal of Mind's communication strategy over the past two years.

Historically, Mind's focus was on providing psychosocial rehabilitation services to people experiencing serious mental illness. Mind's focus developed further three years ago, and moved to more strongly embrace a recovery approach. This focuses on supporting people who experience serious mental illness in their recovery journey, and assisting them to live well in the community, with or without symptoms. Mind's staff work with clients to help them to set their own recovery goals, to access housing, employment and training, and to participate in the social and economic life of their communities. You can find out more at www.mindaustralia.org.au

2.1 Mind's services

Mind offers a diverse range of recovery-oriented services in 45 locations. These services are:

- recovery-focused individual services, inclusive of family input
- case management and care co-ordination services
- transition from acute settings to community support
- community-based rehabilitation and support outreach services
- residential rehabilitation services for young people and adults
- respite services for families and carers
- support services for people who are homeless
- mentor programs access to housing services
- volunteer programs
- information and referral
- specialist services such as: programs for people with a mental illness and intellectual disability; recreational and arts-based practice groups; and family strengthening programs.

2.2 People assisted

The organisation has achieved an average growth rate of 18% per annum over the past three years in the number of clients it has been able to assist. In 2009-2010, it will assist nearly 3,000 clients and will offer support to a similar number of families and carers (see Table 1).

Table 1: Projected Clients, Services and Expenditures 2009/2010

Region	Number of Clients	Number of Programs	Expenditure \$ M
Victoria			
Eastern, Barwon SW & Grampians	352		\$ 5.3
<i>Eastern</i>		14	
<i>Barwon SW</i>		3	
<i>Grampians</i>		1	
Western	845	14	\$ 5.3
Southern	640	10	\$ 4.8
Northern & Gippsland	249		\$ 5.3
<i>Northern</i>		8	
<i>Gippsland</i>		4	
Hume & Loddon-Mallee	260	11	\$3.2
Individual Service Packages	(included in regional figures)	1	\$2.1
South Australia	580	12	\$ 6.2
TOTAL	2926	78	
Central Office			\$3.9
TOTAL			\$ 36.1

2.3 Focus on clients with complex and multiple needs

The organisation's focus, as stated above, is on people with serious mental illness. Within this service provision Mind's work with clients who have complex and multiple support requirements has grown substantially over the last four years in both Victoria and South Australia. For example, in both states the Individual Support Packages (ISP) program develops and manages packages of support for people with very high and complex needs over a period of six months to several years. Many of these clients are homeless, or at risk of becoming homeless, or are in transition from some form of institutionalised care or prisons to the community.

In Victoria, Mind's staff have played leading roles in the development of the *Heading Home* Consortium in the Northern and Eastern Metropolitan Regions. Mind has developed a specialised unit and been a provider of services to clients with complex and multiple needs under the *Multiple and Complex Needs Initiative* (MACNI). In South Australia, Mind is one of three agencies involved in the *Returning Home* program, supporting clients who move into the community from Glenside Hospital. This program also has a strong focus on clients with complex needs and Mind has become a leading provider of individualised support programs.

Mind has eight dual diagnosis workers in its youth residential services in Victoria, three in Melbourne and five in rural areas. These staff members act as front-line specialist dual diagnosis workers as well as providing secondary consultation to all Mind staff on this issue. No specific workers are employed in South Australia or in adult residential services, as there is no funding currently targeting the issue of dual diagnosis services for non-government organisations. Mind considers that it addresses reasonably well the needs of clients who use substances, in terms of providing a range of programs, linking to specialist alcohol and drug services, having a number of dual diagnosis specific staff, and ensuring that all staff are trained in dual diagnosis approaches.

2.4 Mind's approach to recovery

Mind currently operates within a strong 'supporting recovery' framework that has underpinned service delivery throughout the organisation since its development a few years ago. This framework emphasises the role of relationships as fundamental to recovery, enabling environments, relevant skill building and the development of an enhanced sense of identity. All Mind staff members receive training in this framework, and it is now very influential in how staff understand their service delivery functions. The framework is applicable to all Mind service models, from residential through to respite, and provides a "whole of organisation" philosophical base to Mind's work.

Consistent with the recovery literature, Mind's supporting recovery framework emphasises personal development and change. Each person's recovery is understood as a unique personal journey of self discovery and transformation. Mind recognises the individual, respects their rights and preferences, and actively encourages their engagement with the organisation. Mind staff members therefore build relationships with their clients that support this process. They also work collaboratively with their families and carers, and other service agencies and professionals, in supporting clients on their recovery journey.

2.5 Mind's values

Mind has also developed a set of draft values with staff, clients, families and carers, and others. Although not yet formally adopted, they reflect the ethos of the organisation in supporting recovery.

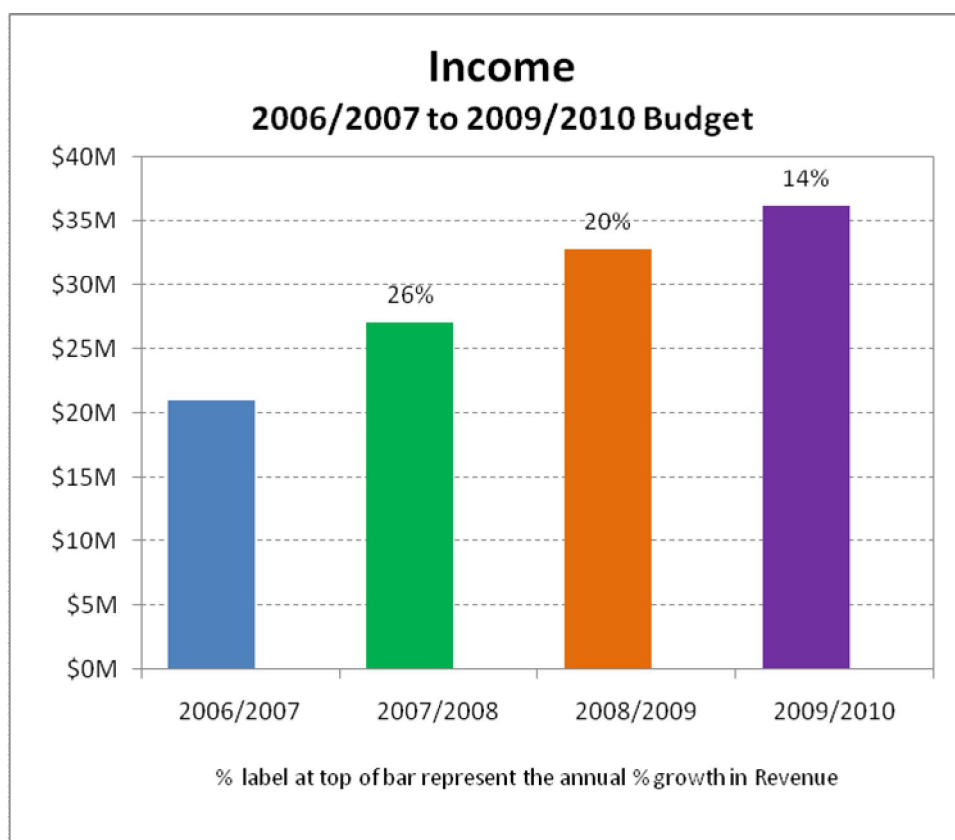
<i>Integrity</i>	We value honesty and accountability in our relationships with consumers, families and carers, staff and other Mind stakeholders.
<i>Hope</i>	We value hope, courage and perseverance, knowing that people do recover from their experience with mental illness.
<i>Social Justice</i>	We are committed to action for social justice and to fostering the inclusion of Mind clients in community life.
<i>Creativity and Innovation</i>	We value the development of new ideas and work practices that continually improve our capacity to provide excellent services.
<i>Client Leadership</i>	We value clients taking charge of their recovery and giving guidance to Mind in supporting that recovery.

2.6 Mind's finances

The major source of funding for Mind is grants from the Victorian and South Australian State Governments and the Commonwealth Government, predominantly under their Mental Health Programs.

Mind has experienced significant growth over the past three years with revenue increasing from \$21 million in 2006/2007 to \$32 million in 2008/2009, a 52% increase. This growth is reflected in the graph below.

Figure 2.6.1 Revenue growth 2006\07 to 2009\10



Revenue in South Australia has grown consistently since 2004 and now constitutes 17% of the organisation's income.

Mind has been successful in attracting new Commonwealth funding for mental health services in the last few years. Revenue from the Commonwealth Government has increased from \$0 in 2006 to a budgeted income of \$7M in 2009/2010.

Mind implemented a community-based fundraising strategy in 2007 and is building its capacity to generate funds through private and corporate donations, as well as philanthropic grants. However, its current income sources are mostly limited to available government grants and the organisation's capacity to successfully tender for such funds.

2.7 Key strengths

Mind has identified a number of key strengths which together have contributed significantly to the growth of the organisation, as follows:

Our staff

Large pool of staff with necessary attitudes, skills and experience to support positive recovery outcomes for clients.

Experience and reputation

Mind is well known and respected for its quality relationship-based support work, residential and outreach services, and for producing positive outcomes for clients and their families.

<i>Size and geographic coverage</i>	Large community-based provider with state wide coverage in Victoria and coverage in all of metro and two country regions in South Australia.
<i>Sound governance and management structures</i>	Mature organisation with sound management and financial systems. Able to manage growth and maintain quality outcomes.
<i>Partnerships</i>	Good working relationships with governments, public mental health services, clinical services, other non-clinical service providers and a wide range of key stakeholders.
<i>Diversity of service offerings</i>	Broad continuum of recovery services from 24 hour residential, outreach, and respite, to services for people who are homeless.
<i>Consumer and family and carer inclusive</i>	Strong consumer focus and family and carer inclusive. Consumer and carer consultants work within the organisation.
<i>Service planning and program development capacities</i>	Mind has developed its planning and service development capacities. It has evolved from a decentralised model to one with stronger strategic and policy leadership, including the creation of a Service Development Department. In addition, Mind's research capacity is increasing.
<i>Financial capacity</i>	Strong balance sheet.

3 What is driving Mind to change?

Mind works in a complex environment which is continually changing and evolving. This section examines some of key drivers of change.

3.1 Commonwealth Government policy direction

3.1.1 Mental health policy

The 4th National Mental Health Plan¹ (just released) has five main priority areas:

- social inclusion and recovery
- prevention and early intervention
- service access, coordination and continuity of care
- quality improvement and innovation
- accountability – measuring and reporting progress.

Of particular relevance to Mind's strategic planning are the following actions arising from this plan.

- Provide mental health education to frontline emergency worker.
- Coordinate effort between health, education and employment sectors.
- Improve coordination between primary care and specialist services to develop recovery-oriented care.
- Develop integrated programs between mental health services and housing agencies to provide tailored support.
- Expand level of support for families and carers.
- Develop tailored mental health care responses for highly vulnerable children.
- Establish regional partnerships.
- Improve linkages and coordination between alcohol and other drug services.
- Develop information and implement systems to ensure information about pathways into and through care is highly visible.
- Increase consumer and carer employment in clinical and non-government community settings.
- Develop a national mental health research strategy.
- Better utilise telephone and web-based services.

Mind's focus is generally consistent with the 4th National Mental Health Plan. It already provides a number of these services, and is well structured to respond to other priorities.

3.1.2 Social inclusion policy

The Federal and State Governments' mental health reform agendas are being framed within their social inclusion policies. This is because those who experience mental illness are often excluded from many aspects of social and economic life. They often live in unsafe or otherwise inadequate housing, with no job, little money, often no friends, and they are often forced to endure the widespread negative stereotyping associated with mental illness. In turn, there is also a strong recognition that constraints on access to affordable housing, education, training and employment are also key determinants of mental health in themselves. This has the capacity to create a vicious cycle. Clinical and life opportunity factors must be addressed in a more integrated manner. Mind's extensive experience supports that these limitations affect many clients during and following recovery.

¹ Department of Health and Ageing, 2009, 4th National Mental Health Plan, Canberra

Social inclusion therefore emphasises better social outcomes for people who experience mental illness. Given the above, these outcomes include more secure housing, increased economic participation, stigma and prejudice reduction through mental health promotion, and better community connection.

These consistent themes of governments' policy directions challenges all agencies involved in mental health service delivery to ensure that service models include these social outcomes. Governments are acting too: national initiatives on affordable housing and homelessness are opening new funding and service opportunities that have the potential to improve clients' life opportunities.

3.1.3 Reform of the health care system

Several initiatives in recent years have started to reshape the way mental health services are delivered in the broader community, especially at the primary health care level. A recent example is Better Access to Mental Health Care, a Commonwealth program funded through Medicare. This initiative introduced new mental health Medicare items to enable people with diagnosed mental disorders (mainly high prevalence) to access services from a range of mental health services providers, including psychologists, occupational therapists and social workers, via their general practitioner on a fee-for service basis. It has been very well taken up although there is concern because it has been accessed much more in wealthier areas than poorer, possibly reflecting the location of psychologists and general practitioners. Action to strengthen primary health level services has also been funded at the state level. Victoria's government has funded a network of primary mental health services for over five years. South Australia provides a level of mental health support for low prevalence disorders only through community-based primary health care services.

More recently, the National Health and Hospitals Reform Council (NHHRC) produced its final report. This proposed some sweeping changes to primary health care and outpatient care, recommending that the Commonwealth takes over all policy development and funding in these areas. This is highly likely to proceed in some form or other. Proposals in the mental health area were less radical, especially for Victoria where many of the recommendations are already in operation and are as follows.

- Youth-friendly community-based services – information and screening re mental health and sexual health.
- Early Psychosis Prevention and Intervention Centres implemented nationally.
- All states to have rapid response outreach teams.
- Expansion of sub-acute (step up, step down).
- Increase mental health training for primary health care workforce.
- Provision of stable housing for people with mental health conditions.
- Increased social support, e.g. vocational rehabilitation, post-placement employment support.
- Urgently increase access for older people to specialty mental health care and dementia services.
- All states to recognise compulsory treatment orders from inter-state.
- Ensure responsible discharge policies (e.g. clarity re destination and notification).
- National community awareness campaign.
- More effective mechanisms for consumer and carer feedback.

It is less clear how much effort the Commonwealth and States will put in to work towards these initiatives. However, both the increased focus on primary health care services, as well as potential for more significant reforms, raise questions about Mind's future role in the broader spectrum of mental health services, including roles in early intervention, for example with young people, and at the primary level. As noted above, one area where action has commenced is in social housing where significant funding has been announced by COAG and as part of the Federal Government's Economic Stimulus Package.

3.2 State Government policy

3.2.1 Victorian Government directions

There has also been significant policy development at the States level.

The Victorian Government's white paper *Because Mental Health Matters*² outlines its mental health reform agenda. Its general themes are 'early in illness, episode and life'. More specifically it aims to foster the following.

- More positive, inclusive experience for all consumers.
- Greater opportunities to assist children / young people, early intervention.
- Streamlined access to specialist care and smooth transitions across support services.
- Avoiding crisis / being acutely unwell before people get help.
- Mental health promotion efforts in schools, workplaces, and communities
- Vital support to reduce homelessness, family breakdown, offending behaviour, educational disengagement and workforce non-participation
- Make specialist mental health services more accessible for those with high prevalence disorders.
- Mental health to be a more integral part of our overall health and community services system.
- Increased focus on clients with complex needs.

Its strategy vision is:

- promoting positive mental health and wellbeing
- supporting people earlier in life
- streamlining pathways to care
- giving greater focus to earlier intervention and relapse prevention
- embracing new approaches
- supporting participation in the community
- reducing inequalities
- building a sustainable, innovative workforce
- fostering partnerships and accountability.

The needs of people with multiple and complex needs have already been highlighted in this paper and the establishment of the Multiple and Complex Needs Initiative and growth in funding for individualised support packages demonstrate that this focus will remain strong. Mind has already increased its services to this group considerably in recent years, as noted above.

Other changes are also unfolding. There is a likely review of adult residential rehabilitation within the Psychiatric Disability Rehabilitation and Support Sector in Victoria, and there is likely to be a stronger emphasis on youth services, in line with the push to early intervention. Given Mind's very strong history and profile in this area, these changes may provide both opportunities and challenges to Mind, including how to provide services 'earlier in episode' for young people. Lastly, there are increasing calls for Mind to take more leadership roles within the sector.

3.2.2 South Australian Government directions

Mental health services in South Australia have been significantly reformed in recent years, as a response to the need to deinstitutionalise services and increase the focus on community-based support. The current community-based non-government mental health sector was only established in 2005, when the state government injected over \$25 million into the development of services. Non-

² Department of Human Services, 2008, *Because Mental Health Matters*, Melbourne.

government agencies have been providing a range of programs which support recovery, including individualised support through psychosocial rehabilitation, transition from acute to community support and respite and carer support services. In the *Stepping Up* report³, the Social Inclusion Board outlined a five year action plan to reform the mental health system in South Australia. The report provided the following strategic directions and a broad set of recommendations relating to them.

- Developing a people-centred system.
- Understanding the people who use the mental health system.
- Implementing a stepped system of care with community services at its centre.
- Developing a workforce for the future.
- Focusing on prevention and early intervention.
- Redeveloping Glenside as a centre for state-wide specialist services.
- Encouraging agencies to work together – partnerships for participation.
- Tackling stigma and discrimination.

The South Australian Government accepted the recommendations of the Social Inclusion Board. With regard to non government delivered services the Board recommended that:

South Australia should continue to build capacity in the non government sector to deliver psychosocial rehabilitation and support services. The development should be framed within a partnership approach that builds on a system that will have Community Mental Health at its centre.

A new and more rigorous contracting process has been developed subsequently aimed at building upon the concepts of the proposed stepped system. Rehabilitation and support services are intended to be focussed on helping people to move from formal clinical care to support that helps them maintain their lives in the community.

The next stage in the South Australian reform is the development of new supported accommodation places for people experiencing mental illness. The housing component has been allocated to two housing associations, covering northern and southern Adelaide. The support component is to be established early in 2010, with the emphasis on flexible support ranging from 24/7 to moderate and then minimal support levels. The service delivery model will be 'client centred' in that as client needs reduce, so will the support levels provided. This model is quite different from existing residential models, where the service is established and clients move in and then transition out. In the South Australian model, the service provider will exit from the property if services are no longer required, rather than the client.

3.3 Emerging opportunities and challenges from government policy directions

These government policy directions pose a range of opportunities and challenges for the work of Mind over the next five years.

3.3.1 Implications of social inclusion agenda on Mind's approach

As Mind undertakes the development of a new strategic plan, there are two key implications of the social inclusion agenda.

First, whilst social inclusion priorities, such as housing, employment and training, and community integration are important objectives in principle for the organisation, such objectives are sought within the context of each person's individual recovery journey, rather than as the outcome of a concerted and systematic social inclusion strategy. It is because of this emphasis on individual recovery that Mind has not yet developed an organisational approach to the achievement of social inclusion objectives.

So it is important that Mind assesses how well its service delivery approach currently supports the social inclusion of its clients. How can staff balance the current privileging of clients' own goals with a broader

³ Social Inclusion Board, 2007, *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007 – 2012*, Adelaide.

understanding that social inclusion objectives are an essential component of recovery in order for clients to regain relationships and lead as optimal a life as possible within their community and society?

Second, while staff at Mind are continually engaged in seeking access for clients to housing, training and employment opportunities, their effectiveness is severely constrained in this facilitating role by the existing supply of housing and places, as well as other factors (e.g. discrimination).

The reality is that improving access to these opportunities requires change at the structural as well as individual levels. Some social inclusion priorities, such as better housing for people with mental illness, can only be effectively pursued therefore through large scale social change. For example, there are very real structural and social barriers to housing access, for example as a result of the crisis in affordable rental accommodation. Similarly, recent rising unemployment rates impact disproportionately upon the chances of people with mental health conditions from gaining and keeping jobs or training and education places. These issues cannot be tackled by individual support workers assisting clients individually.

Change to these factors can only be stimulated by social and political action, in combination with innovative local action. Although Mind has not historically engaged much in such activity, it must start to develop structures and strategies that enable an organisation-wide approach to social inclusion.

This would mean that the organisation builds stronger research and evaluation capacity to provide evidence for change, or accesses more housing and finance expertise to develop innovative options. It may mean developing more effective advocacy capacity to influence decision-makers in government/ housing/ employment sectors. It will undoubtedly mean working more often in partnerships or strategic alliances with other organisations in order to achieve some of these higher level or more difficult aims.

At the same time of course as it develops these roles and capacities, Mind must continue sustaining its program focus on supporting each client's recovery.

3.3.2 Evidence based practice

Despite the depth of experience in the delivery of mental health services in Australia, relatively little research and evaluation has been conducted to translate that experience into evidence that can both demonstrate service effectiveness and inform future service development. It clearly is important to evaluate Mind's practice against the four elements of the supporting recovery framework on which the organisation's work is based, and to do this from consumers' perspectives. Improving consumer-focused care will depend on such knowledge. It will become increasingly valuable to research Mind's effectiveness in assisting clients to access housing, employment and education opportunities and to maintain them. There is also a paucity of evaluation about consumer participation and carer and family inclusion. Each of the above fields of evidence is becoming increasingly important for several reasons. First, in the future it will be necessary to demonstrate to government the efficacy of investing in organisations such as Mind in meeting national and state policy targets on mental health. Second, evaluation and research are crucial elements in allowing the organisation to critically evaluate its own performance and in gauging consumer satisfaction with its service offerings. Thirdly, given Mind's size within the field, it is also important that it shares its lessons and insights with the broader and more diverse mental health services sector. An evidence-based approach to practice will be increasingly critical in convincing government to continue to fund existing services where there is a proven need and benefit and to fund new initiatives or services.

3.3.3 Early intervention and prevention

As noted above, there is a clear shift of emphasis in the State and Federal policies to acting early in life (prevention) and acting earlier in the cycles of illness (early in episode). Increased prevention activities therefore could range from increasing resilience in children (e.g. in schools or tackling community attitudes (e.g. stigma, prejudice and discrimination)), as well as identifying children or young people at risk and in need of early support (or training staff in schools to do so), or providing support for pregnant women with mental illness. It could also imply strengthening Mind's focus on developing relapse prevention strategies with clients (in conjunction with clinical providers) as part of their recovery planning.

Earlier intervention within episodes of illness implies improved coordination of responses among agencies, flexibility in the funding arrangements to allow people to receive immediate support (for example to be able to rejoin a residential program without having to join the waiting list again).

The challenge for Mind in these is therefore two-fold. Improving 'early in episode' requires Mind to improve internal processes and external relationships with clinical providers. However acting 'earlier in life' requires Mind to step beyond its current practice and in some areas its expertise, to work in new areas, for example community awareness.

3.3.4 Improving consumer focus and engagement

Another common theme of government policies is a strong focus on increased involvement of consumers and carers through various avenues. These include: enhancing services so that they are more person-centred; strengthening the role of consumers in their own recovery (Mind currently has a strong focus on this), and strengthening the role of carers (where appropriate) in the model of support, and being part of decision-making where the client is accepting of such engagement.

The policy themes also imply stronger consumer and carer participation in influencing the organisation and even advocacy about the health system more broadly. Such work might include developing stronger consumer and carer leadership and the development of consumer-led initiatives and services. Lastly, context needs to dictate when consumers and carers have shared interests and when they are different, and the mechanisms need to reflect these differences.

Mind has some good strengths to build on in this regard. It employs Consumer Consultants and has a Consumer Reference Group that meets regularly, as well as a mechanism for running focus groups with current consumers of Mind services several times a year. In addition, regular visits are made to programs and occasional (or annual in South Australia) consumer surveys conducted, all to actively seek feedback. Most residential programs have regular resident meetings, as do some group programs. Mind also has a number of Peer Workers employed in its Personal Helpers and Mentors (PHaMs) programs.

3.3.5 Improving family and carer inclusion

Mind has also been the first provider of its kind in Victoria and South Australia to employ Carer Consultants (one in each state). In addition Carer Reference Groups are currently established or being established in both states to facilitate regular carer feedback and input into the organisation.

Carers are seeking participation at two levels within Mind: at the program and organisational level to ensure feedback about services and on new initiatives; but also to be more involved in ongoing care.

3.3.6 Stronger focus on geographic areas and partnerships

Mind's development over metropolitan, regional and rural locations has largely occurred in response to funding opportunities initiated by government. Mind places a strong emphasis on developing a range of informal and formal partnerships in the local communities in which it works, and there are many examples where this has been particularly successful (for example the *Heading Home* program in Victoria and in the *Returning Home* program in Adelaide).

However, the reactive development of services has led to a somewhat fragmented service response in certain geographic areas. There are several options for improving the development of our planning and partnership building. These include the following.

- Working more closely and proactively with other agencies in a geographic region.
- Researching specific issues in certain regions to explore how clients or potential clients could benefit from a more integrated service response.
- Developing our 'service mapping' capacities to identify available services and 'service gaps' in geographic areas.
- Working collaboratively with partners to develop innovative responses and seek appropriate financial resources.

4 Existing directions and new opportunities

This section examines what the above issues and directions might mean for Mind as an organisation. It considers what Mind's core business is and how it can improve its service offerings. It also considers the opportunities for expansion and diversification over the next five years.

4.1 Core business

4.1.1 People with serious mental illness

The analysis in this paper and the direction of Government policy and funding affirms the relevance of Mind's primary focus on supporting people who experience serious mental illness in their recovery journey. This includes supporting them to live well in the community, with or without symptoms. Over the next five years, the organisation should therefore continue to focus on serious and complex mental illness and strive to build its capacities and knowledge base in this area. Mind's assessment of government policy and funding is that there will continue to be a growth in funding for services for people with serious mental illness.

Proposed directions and priorities

- Continue Mind's focus on supporting people who experience serious mental illness in their recovery journey.

4.1.2 Increasingly complex needs

Mind's focus on supporting recovery for people with complex and multiple needs should continue to develop. Mind should strive to become a leading provider in this area and invest in the development of its skill base and operational systems in complex care.

This approach will enable us to provide services to a range of groups including people with a mental illness with an alcohol and/or drug addiction, people who are homeless, people with an intellectual disability, and those returning to community living after an acute episode or living in an institution, and people involved in the criminal justice system. The challenge is to build a consistent knowledge and skill base of staff in dealing with the diverse complexities of practice that supports the recovery of people experiencing mental illness. Already, Mind's supporting recovery practice in the past three years has taken a more integrated approach that has recognised the need to multi-skill most workers to deal with the complexities of issues that exist with many clients. In some programs, specialist staff are engaged who support the generalist staff and deliver complementary recovery services. This approach has enabled Mind to manage the increasing complexity of its work, a trend that is likely to grow. Mind's analysis suggests that this has been a successful strategy and should be continued.

Proposed directions and priorities

- Build Mind's focus on people with complex and multiple needs.

4.1.3 Social inclusion

Further, Mind's practice for supporting recovery should also strengthen its focus on social inclusion issues, that is, increasing opportunities for clients to: access affordable housing and supportive education; gain meaningful employment; build supportive friendship and support networks; and engage as citizens in the social and economic life of society. This may include developing new specialist positions in the areas of housing, employment, education and training.

Proposed directions and priorities

- Further develop Mind's supporting recovery approach, aiming to ensure that social inclusion objectives are met for all clients.
- Work more strategically to address some of the structural barriers to housing, employment, training and education.

4.1.4 'Early in episode' and people with high prevalence conditions

In addition, there will also be an increasing focus on services that emphasise early in episode approaches, aimed at preventing escalation of mental illness and ongoing disabilities. To some extent, this reflects an increasing emphasis in government policy and funding on high prevalence mental illness conditions, in particular depression and anxiety disorders. Although Mind's main focus will remain on people with serious mental illness, Mind will remain open to an increased focus on developing approaches for people with high prevalence mental illness. However, in doing so, it should build on its existing competency and experience base. In particular, there are opportunities to partner with primary care providers in complementing their work with more specialised recovery based services. Such work should be a focus of the Mind's work over the next five years.

Proposed directions and priorities

- Explore means and options for acting earlier in episode.
- Explore the development of recovery services for people with high prevalence mental illness, in partnership with primary health care providers.

4.2 Improving Mind's recovery-oriented services

A challenge for practice supporting recovery, identified in the available Australian research literature and reflected in Government's policy, is the need for stronger evidence based approach to practice. This is a key challenge over the next five years for Mind, transitioning from a mostly practice-based approach to one increasingly enhanced by an evidence base.

Mind's services are built upon a sound philosophical and experience base. Like other leading providers of recovery services, Mind's focus over the past five years has been on building its practice base. However, the organisation has also been actively pursuing the development of its research agenda over the past two years. Discussions have been held with several universities exploring the development of a research program on recovery practice in Australia. The opportunity for Mind is to ground its practice in a stronger evidence base, to build a research and knowledge base about the determinants of effective recovery and translate this knowledge into practice by sharing this with staff, consumers, carers and families, and the mental health sector more broadly.

To achieve this, the organisation will need to build its capacity for research, program evaluation and assessing the experiences of consumers and carers. This will need to be enhanced by a stronger ability to translate such research and evaluation findings into improving practice. Such a program should be developed in collaboration with Australian universities and academics with experience and interest in supporting recovery-focused research.

Proposed directions and priorities

- Develop a significant research and evaluation program, including collaborations and partnerships with Australian universities and academics.
- Collaborate with consumer and carer organisations and service providers in the development of this research program.

4.3 Expanding consumer focus and engagement and family and carer inclusion

As indicated in section 2, Mind's 2006–2009 strategic plan had a strong focus on improving consumer and carer engagement. Significant progress has been made with the employment of consumer and carer consultants, consumers and carers taking leadership on the Board and Board sub-committees and advisory forums, and the employment of peer support workers.

The challenge for the organisation is to build on the achievements of the last three years and set new goals that will further expand Mind's consumer and carer focus at the individual, service, regional and organisational levels. A key strategy for achieving this is the development and implementation of a consumer participation and leadership plan, and family and carer inclusion plan. Such plans should aim to improve consumer empowerment and participation and family and carer inclusion in the

organisation. A range of possible strategies for improving consumer participation and family and carer inclusion have been identified.

- Fostering and developing leadership roles for consumers and carers within the organisation.
- Developing a consumer and carer participation and leadership department in the organisation.
- The development of consumer-led initiatives and services.
- Supporting consumer and/or carer-managed, action based research.
- Strengthening partnerships with consumer and carer organisations and supporting their capacity building.
- Investing in building the capacity of consumers and carers as advocates for policy and practice change within the broader mental health system.
- Strengthening the roles of existing advisory mechanisms.

Other organisations at state and national levels offer some approaches that should be considered. For example, leadership programs have been developed by some organisations in Victoria and nationally. Health Issues Centre, the leading centre for consumer participation in Australia, has a Consumer Register of over 150 consumers and carers who are interested in health system improvement and willing to sit on advisory committees and participate in consultations. Members are offered training and networking opportunities and receive regular information. The Victorian Quality Council ran a Leadership Program for 20 consumers in 2008. Consumers Health Forum runs training annually for members who sit on national committees. Mind can learn important lessons from these organisations and develop further opportunities for consumer leadership.

Proposed directions and priorities

- Develop and implement a consumer participation and leadership plan.
- Develop and implement a family and carer inclusion plan.

4.4 Improving access to housing

A major review of Mind's role in housing has been undertaken recently. This review has highlighted a range of challenges and opportunities for the organisation in the management of housing stock in which it has an interest and in gaining access to affordable housing for its clients. This review has highlighted that stable, secure, safe and affordable long term housing is one of the key factors in supporting clients in their recovery. A holistic, person-centred approach to recovery needs to deliver rehabilitation and accommodation in a more integrated and timely manner. This review identified that many clients have complex needs and require ongoing support to maintain stable housing. Clients face considerable disadvantage in accessing and maintaining either private or public housing that provides suitable homes for clients. Accessing (and maintaining) such stable housing depends on the following.

- Available appropriate, affordable, secure housing.
- Ongoing access to tailored support services (independent living skills, personal and social skills, health services).
- Mechanisms to enable clients' engagement in broader systems (personal networks, family, services, education, training, employment, community participation and acceptance).
- Flexibility to respond to changing needs and crises associated with mental illness.

A recent survey of a sample of Mind clients identified the following priorities.

- They wished to live by themselves or with one other chosen person, with their own facilities in an integrated community setting rather than with a large group of people with mental illness.
- They want to set their own style of living and maintain their independence.
- Access to transport, shops, employment, family are important.
- They want to acquire independent living skills, and the provision of flexible support by carers or family is important to them.

Mind manages a number of properties on behalf of the Department of Health and in its own right. A number of these are nearing the end of their lives and consideration will need to be given to the redevelopment of Mind's properties in Hawthorn and Prahran. In addition, the larger communal properties that Mind manages on behalf of the Department of Health require redevelopment to meet contemporary housing expectations of clients and facilitate better community reengagement.

This analysis suggests the need for Mind to strengthen its role in the management of its own housing stock, improve its internal mechanisms for obtaining access to available housing for its clients and negotiate and advocate with the Department of Health for the modernisation of the accommodation and support services of its adult and youth residential services.

Possible directions and priorities

- Modernise the housing stock Mind owns to better meet clients' needs and preferences.
- Work with the Department of Human Services and Mind's community housing association partners to modernise and re-develop the public housing stock Mind manages or uses for programs.
- Undertake research on housing needs of people with mental health conditions and advocate for improved housing access by government and housing industry bodies.
- Develop an innovative housing model that seeks to demonstrate better housing outcomes.
- Build effective partnerships with community housing associations and other housing providers to improve housing access for Mind clients.
- Employ housing access officers to facilitate access to public and private rental accommodation.
- Purchase housing stock in Mind's own right.

4.5 Growing Mind's services

There are many areas of need and significant growth opportunities over the next five years. In considering growth opportunities, more detailed consideration needs to be given to mapping of all available services and not just Mind's services. Service planning should focus on service gaps and try to avoid service duplication. Mind should also seek to maximise effective use of existing physical plant and service networks. Service planning should be developed in collaboration with other community mental health agencies and governments and aim to build an integrated network of supports and services.

Possible directions and priorities

- Focus on area based planning and use of service mapping and identification of service gaps.
- Consultation with consumers, family and carers and service providers in the development of new service initiatives.
- Development of Recovery Resource Centres as places of support, information and service for consumers, families and carers and accommodation for staff.
- Growing in partnership with rather than against other agencies.
- Improving access to service through clearer information and referral pathways.

4.6 Becoming an influencing organisation

Mind has historically worked in the public arena to influence governments about mental health approaches and funding. However, it is probably true that it has done less of this in recent years. There are several clear drivers now suggesting that Mind should reconsider this and take more of an advocacy and leadership role within the sector.

One driver is the new focus on social inclusion outcomes. This challenges Mind about how it works towards better access to social and economic participation for its clients. For example, in the areas of housing, employment, and education, as noted above, Mind staff are continually engaged in seeking opportunities for clients. However, it can be argued that some social inclusion priorities, such as better housing for people with mental illness, can only be effectively pursued through large scale social

change. There are very real structural and social barriers to housing access, for example because of the crisis in affordable rental accommodation. Similarly, rising unemployment rates impact disproportionately upon the chances of people with mental health conditions gaining and keeping jobs or training/education places.

This suggests a real need for stronger voices advocating to governments and others for such structural changes. Such an advocacy role for Mind could most effectively occur in collaboration with other agencies and consumer and carer organisations.

Interestingly, the two Reference Groups for this planning process both recommended that Mind become more engaged in the policy debates, both with governments and within the public arena. Non-government organisations, it was suggested strongly, were in an ideal position to advocate for change effectively in a way that other parts of the mental health sector were not.

Possible directions and priorities

- Develop Mind's capacity to advocate to government for improved social inclusion outcomes for consumers and carers and families.
- Strengthen Mind's mechanisms to be well informed of consumer, carer and family and other service and community perspectives on recovery social inclusion issues.
- Develop relevant alliances and partnerships with other service and consumer/carers organisations to strengthen Mind's voice around key issues.
- Strengthen the capacity of consumers and carers associated with Mind to be able to advocate independently at system level.

4.7 Building staff capacity

A key challenge for Mind is to continue to attract, develop and retain capable and qualified staff to continue its recovery work.

Mind has approximately 500 staff members and, according to a recent survey, most staff are highly satisfied with their job and the working environment. Mind has also been given a strong endorsement following its annual review for the Equal Opportunity for Women in the Workplace Agency (EOWA).

Mind and other similar organisations have typically been a training ground for staff entering the mental health sector, many of whom move on to higher paid positions in government or the large health networks. A very high proportion of staff have one or more tertiary qualifications and Mind needs to determine how to make the most of a diverse blend of professional disciplines, and how to develop and support those staff members who do not have a formal qualification. Within Mind, the main career path is to be move through the management structure, and there is limited opportunity for experienced practitioners to advance unless they move into management roles. Senior practice roles have not been developed across the organisation to facilitate movement for experienced practitioners. One of the challenges Mind expects to face in future is the need to develop specialist skills in finding permanent housing, employment and education opportunities.

Possible directions and priorities

- Mind needs to develop strategies to further enhance its ability to attract, develop and retain good staff.
- Mind's workforce strategies should address: reputation; advertising and recruitment practices; working conditions; remuneration; career options and pathways; diversity; flexible work options; training and development; performance management; leadership; a safe workplace and a healthy culture.

4.8 Building the learning and training capacity of Mind

An internal review of Mind's current roles and capabilities in learning and development for consumers, families, carers and staff is being undertaken and will be completed by December. The aims of this review are to consider how Mind can improve its learning and education services. One of the

challenges Mind faces is delivering training to diverse geographical and interest areas. E-learning strategies appear to be of particular use for Mind, given the diversity of content and delivery requirements.

Building workforce capacities in the community mental health sector has been recognised by federal and state governments as a major priority. Mind needs to build its capacities in this area and attract government training subsidies that are available.

Possible directions and priorities

- Develop a learning and development strategy to strengthen the capacities of the organisation for the next five years.
- Offer a range of information and learning opportunities for consumers and families and carers.
- Develop web-based learning and training opportunities for consumers, families and carers and staff, as well as external organisations.
- Attract government funds for learning and training.

4.9 Strengthening use of the internet and web technologies to support recover

Recent developments in internet and web-based technologies, including developments in social media (such as Facebook, MySpace, YouTube, Twitter and blogging) create new opportunities for sharing information, working collaboratively, and building and resourcing 'communities of interest' on an anywhere/anytime basis.

Mind believes there is enormous potential benefit to its clients, families and carers, business partners, Mind staff, volunteers and many other stakeholders from such developments. These rely on Mind being able to bring resources and links together into one space relating to psychosocial recovery and also use interactive social media to create connected communities and support for clients, families and carers. There is further potential to provide information and resources to the wider community to build tolerance and understanding of mental illness, and to give guidance in seeking help. While the base information resources already exist at present in various forms on the internet, they have not been brought together to meet the specific needs of Mind's clients and they have not fully utilised the new power of interactive web technologies and social networking.

Within Mind itself there are also opportunities to better use technology to improve communication, improve the efficiency and effectiveness of processes, particularly in direct client service delivery, and improve understanding of current work through better data analysis. Mind's current technology infrastructure has been adequate in the past but now requires some significant upgrades to improve its reliability and support new work practices. Furthermore, service delivery work currently relies on a paper file system with cumbersome data collection and reporting. There is an opportunity to establish a modern client information management system that will provide improved access to information (for staff and clients) and tools to better enable staff to support recovery. These changes, if pursued, will require a significant financial commitment.

Possible directions and priorities

- Explore the development of client and family/carer-focused websites to provide information and resources, and build connections through online communities.

4.10 Developing a more assertive approach to education and employment

Access to appropriate employment, education and training are acknowledged as key pathways to long-term recovery and social inclusion. It is accepted that finding and keeping a job is crucial to people's sense of community connection, their self-confidence and sense of independence.

However, people who experience mental illness who seek employment or education face a number of barriers. These include: stigma and prejudice; discriminatory attitudes of employers or institutions; lack of trained staff to assist them to find the right opportunities to suit their needs; the lack of ongoing support to help them maintain their jobs/study places; the problems caused by the episodic nature of

their illnesses; and lastly a financial fear of losing their health care and previous benefits if the work or study does not work out.

Access and ongoing support are identified as key priorities in many of the key policy statements at State and Federal levels mentioned above. In addition a new National Mental Health and Disability Employment Strategy (NMHDES) has recently been released by the Federal Government. This not only confirms that employment was perceived as highly important by many people with mental health conditions, but that *"a serious effort must be made to change employer attitudes and provide employers with greater encouragement and support to employ people with disability. There was a strong feeling also that Australia's disability employment services need to be significantly improved."*

Despite its recognised importance, levels of participation in education and employment are relatively low among people with mental health conditions in Australia, compared to other developed countries. Seventy five per cent (75%) of Australians with a mental illness are unemployed. The labour force participation rate of people with mental illness is almost half of those with a physical disability whilst their unemployment rate is double. Further, for many young people a mental illness often interrupts their education or training, and they need assistance and support to return to these. Two other groups with particular needs are mature aged and Indigenous people.

Current practice at Mind

Mind undertakes a limited role in the area of education and employment. Certainly, Mind staff work with clients on these issues where they have been identified by clients in their Individual Recovery Plans (although rarely when these are not prioritised). This work relies on the skills and networks of programs and support workers to achieve individual goals. There are two examples at Mind of a more programmatic approach. The community garden, Sprout, in metropolitan Melbourne has spawned a series of small initiatives to assist people to make and sell produce or art/craft and has introduced a community market. In rural Victoria Mind also ran a small pre-vocation training project for three years with philanthropic funding. It enabled a range of clients to increase their vocational skills, to be more confident about entering mainstream employment, and for some to progress successfully to part-time work.

However, Mind has no organisational approach to this; there are no major employment programs, either operating for individuals, or addressing structural factors such as influencing supply or employer behaviour or government policy and funding.

Possible directions and priorities

- Develop specialist employment officers to work with clients and staff in improving employment outcomes for clients.
- Explore supported employment models.
- Include in Mind's research program a focus on approaches for increasing employment participation rates.
- Explore partnerships with organisations such as other PDRS/non-government mental health services, clinical services and employment agencies to increase employment participation rates for clients.
- Develop Mind's own businesses as a training and employment strategy.
- Expand Mind's role in supported education and explore other educational opportunities.

5 Specific population groups

5.1 Young people

Available research and government policy directions highlight the need to address mental health issues as early in life as possible, to prevent the likelihood of them becoming serious disorders in adulthood, and minimise the disruption to the life of the young person and their family. Research indicates that 100,000 children between the ages of 5 and 25 develop serious psychological disorders each year in Australia and that 75% of mental health problems emerge before the age of 25 years.⁴ It is important to accurately identify those at greatest risk of adverse outcomes if the emerging issues are not addressed as soon as possible.

The literature and relevant research suggest that the following disorders with onset during youth will persist if there is no intervention: schizophrenia; neuro-developmental disorders; emotional problems; antisocial behaviour; substance abuse; internalising disorder; suicidal ideation; and older adolescents with sub-syndromal depression. There are warnings, however, that there is limited research about the long-term effects of early intervention programs, and the danger of turning the challenges of youth into health problems requiring medical treatment is highlighted.⁵

5.1.1 Mind's current work with young people

Mind has had a major commitment to the delivery of services to young people with serious mental illness since the early 1990s. Mind currently operates 13 youth-specific residential programs for young people aged 16-24 years with mental health issues and one homelessness program for young people with complex needs. It also has other programs such as day programs, respite services and PHaMs that are open to all age groups, including young people. However, it provides no programs for young people under 16.

The youth residential services model has been the most dominant service offering adopted by Mind in its work with younger people. The residential programs approach has been a significant and successful one for many young people where it has provided a home-like environment with structured staff support at a time in which the lives of young people may have been seriously disrupted, and family supports compromised. Within this framework many have gone on to recover from an episode of mental illness, or manage their lives from a stable and consistent base.

Over recent years, community-based support has been introduced as well. Mind's approach to youth residential services was developed and trialled in the 1990s and has been recognised as a trail blazer. However, emerging research and the preferences of young people and their families are indicating the need for more diverse approaches in responding to young people. As indicated in an earlier section, the new emphasis is on early in episode and prevention, as well as dealing with the consequences of an acute episode of mental illness.

Given the evidence indicating the advantages of early intervention, the opportunity for Mind is to extend its age reach to include 12 to 15 year olds in its youth services programs.

5.1.2 Other current approaches

A broader range of models and approaches of working with youth in Australia and beyond are being developed. These include:

- Health promotion activities – encourage people to have control over their own health. Projects such as National Mental Health Week, and “Kidsmatter” which targets early childhood services and primary schools, working with staff to help them identify the early signs of mental health difficulties, and providing information and resources on how to assist those children.

⁴ headspace, 2009, accessed at <http://www.headspace.org.au/about/why-headspace/>

⁵ Patton G.C., Sarah E Hetrick, S.E., McGorry, P. (2009) *Service Responses for Youth Onset Mental Disorders: New Epidemiological Findings*, accessed at http://www.medscape.com/viewarticle/560013_2

- Internet services – using a website as an access point for services and for young people to access information and support. Currently this is a large component of services offered by organisations such as headspace and Reach Out.
- “One-stop shop” – programs such as headspace that provide support in the areas of general health, mental health, education, employment, and alcohol and drug use from the single location.
- Staging models - an intervention made up of a set of planned components or stages. This usually involves partnering pharmacological treatment with community treatment, skills training and counselling.
- Reorientation projects – reorienting existing services toward early intervention for the mental health of young people, including building staff skills in this area.

Proposed direction

- Mind to continue its focus on services for young people who have or are at risk of serious mental illness.

Possible directions and priorities

- Review and modernise Mind’s service approaches for young people and build its capacities in early intervention and supporting prevention.
- Build partnerships with clinical, education and youth services to provide more integrated clinical and community recovery services which may include residential services, counselling, skills training, employment and education services.
- Examine the introduction of new approaches and models to youth services including consideration of options such as targeting a particular diagnosis to address with a planned and evaluated intervention, early psychosis program, more ‘hearing voices’ programs and services for young refugees.
- Develop a youth website as a part of Mind’s service offerings.
- Develop collaborative programs for young people in the justice system.

5.2 People who are homeless and have serious mental illness

The two-way connection between homelessness and mental illness is well established. Recent reports suggest that up to 75% of people who are homeless have a mental illness.⁶

5.2.1 Mind’s current response to homelessness

In both Victoria and South Australia, Mind has services which are specifically identified as services for people who are homeless. People do not have to have a diagnosed mental illness to be eligible for these services. These services include the Individual Service Program (ISP) in South Australia and two SAAP funded services in Victoria. Data from these services shows there is a total of 145 clients of which 70 (48%) had a diagnosed mental illness. Interestingly, the anecdotal data from these services suggests that many clients may have an undiagnosed mental illness, most likely to be an Axis 2 diagnosis, e.g. personality disorder. However, such clients are unlikely to have access to mental health services and support in South Australia unless this accompanies an Axis 1 (more severe) diagnosis. In Victoria, mental health criteria are more flexible, and there are a number of programs focused on supporting people with personality disorders.

The ISP program in South Australia provides a good example of Mind’s work with people who are homeless. Staff work from a framework of assertive engagement, ensuring they remain connected with the person who is homeless. Most of these clients will have mental health issues, but avoid contact with the public mental health system. Many are frequent presenters to emergency services. The approach taken by staff is more around primary health care – they link clients to general practitioners, health services, podiatrists, diabetes specialists, general therapists/counsellors, etc. It is through these

⁶ Home Truths – Mental Health, housing and Homelessness in Australia, Mental Health Council of Australia, 2009. www.mhca.org.au

links that the issue of mental health begins to be addressed, and the support increases. For these clients, although they have a high need for appropriate mental health support, raising the issue of 'recovery' and mental illness in the first phase of engagement may result in the client disconnecting from Mind. The level of insight into appropriate self care can be low, and what is a mental illness is often attributed as being the result of the individual's upbringing, their homelessness or the impact of their behaviour on other people.

This depth of knowledge is significant in ensuring staff engage appropriately around the issues related to homelessness – if these are not addressed as part of the person's individual plan, the provision of a 'roof' will not break the cycle of homelessness. This is particularly the case for people who are frequent users of emergency services, such as after-hours crisis support, mental health crisis services and hospital emergency departments.

Mind has had a strong commitment to developing appropriate services for people who are homeless. With the Commonwealth, Victorian and South Australian Governments implementing major reform programs on homelessness, Mind needs to now review what its particular contribution to the homelessness strategies in South Australia and Victoria should be. People who are experiencing homelessness are a key target group for all Mind's supporting recovery services and in this sense responding to homelessness is an integral part of our practice. At the same time Mind has built specialised expertise in working with people who are homeless and where their complex mental health issues are contributing to their continued or repeated homelessness. This is a specialised capability that the organisation should continue to develop. The other opportunity for Mind is to share and build its capabilities in this area with other organisations (both within and outside the mental health sector) who work with people who are homeless and who have complex needs, including mental illness.

Possible directions and priorities

- Review the focus of Mind's role in homelessness services and develop a more integrated approach to homelessness across the organisation.
- Undertake research and evaluations in collaboration with homelessness agencies on effective recovery practice with homeless people who have complex mental health issues.
- Consider funding opportunities which may be available under *The Road Home Program*, both at both national and state levels.
- Develop training packages on recovery practice for people who are homeless and have a serious mental illness, for Mind and other agencies.

5.3 Infants and families

5.3.1 Needs

Recent research has provided strong evidence of the particular needs of women with mental health conditions during pregnancy and early parenting, including those who also have drug and alcohol issues. In addition more is now understood about the impact on infants of stressed early years. The (mainly external) Working Party that assisted Mind to explore this area (as part of this strategic planning exercise) highlighted these as potential groups that Mind should consider supporting initially. There is also a growing body of research showing a range of broader needs (e.g. the vulnerability of young parents in general to mental illness, in particular high risks of depression, both pre and post-natally, as well as of other groups such as people of CALD background or Indigenous people but these are not being considered at this stage.)

A range of strategies have been utilised elsewhere in Australia and internationally to address these needs, including: prevention among the broad community, especially young mothers (e.g. on self-care, healthy attachment, where to get support); early intervention among those with mental health conditions (e.g. pre-natal education and post-natal support); medium term residential care; short or medium term day programs, including playgroups; medium to long-term outreach support for families and infants (especially regular home visiting); peer support networks; and respite care.

Mind does not currently focus on this issue directly, and so any pro-active approach would be a new venture for the organisation. However, it has provided some services incidentally as need has arisen.

For example, from time to time Mind has provided valuable support to some women who were pregnant or had infants and were in residential rehabilitation services or by running playgroups.

In the broader service system, there is a patchwork of services available, some very good. In Victoria these include (in-patient) Mother and Baby Units, in-patient support in some hospitals and post-natal follow up by mental health nurses or psychologists, the Enhanced Maternal and Child programs in the community, special playgroups, specific education and support programs (e.g. Parent Infant Research Institute). But there is no state-wide plan and access is very inconsistent, depending on geography or situation. There is a small Parent Infant Mental Health Initiative funding five programs.

In South Australia, there are programs run from the Adelaide Women's and Children's Hospital, shared care programs with general practitioners, and specialised in-patient, out-patient and day program support from Helen Mayo House. There are perinatal workers in each region. Like Victoria, there are a range of playgroups and local community groups catering to the needs of children whose families are managing a range of difficulties, including mental illness.

It is worth noting that a national mapping exercise of pathways and services for perinatal care is being undertaken as part of the National Perinatal Depression Initiative. Its findings will be available by mid 2010, and this will provide significant guidance about both key gaps and where future government may be directed.

Possible directions for Mind

- Mothers' support program, with a focus on ongoing support during early years, and also involving family members where possible.
- Early intervention programs aimed at pregnant women with mental health conditions, focusing on parenting skill development, the availability of support and crisis services, and critically the importance of parent-infant bonding/attachment.
- Respite services for women and babies, incorporating peer support.
- Drop in service for mothers with babies (extended hours).
- Where possible, all current and future programs should enable women who have mental illness and drug and alcohol problems to participate.
- Enabling women with infants to use current programs, where feasible and safe.

5.4 Older people

5.4.1 Needs

Historically, Mind has not focused on mental health amongst older people. However, demographic need and opportunity factors suggest that this could be an area of growth and development for the organisation over the next five years. These factors include the following.

- The significant increase in the number of older Australians over the next 30 years.
- Growing research and recognition of the scale and impact of mental health issues, including serious depression amongst older people, particularly those in the 65–70 and 85+ age groups.
- The ageing of a proportion of Mind's clients.
- The ageing of parents and carers who have played significant support roles for their adult children with mental health issues.
- Mental illness associated with older people's fear of going into residential care, the demands of being a carer of an older person and bereavement after the death of a partner.

In this discussion, consideration of mental illness associated with dementia has been consciously excluded as dementia is a physical problem, not a mental illness, and has been identified as a key policy focus of the aged care sector.

The research literature suggests that particular groups of older people are more vulnerable to mental health issues. These include people aged 85+, the 'old old'; older people who are homeless (expected

to increase 115% between 2001 and 2026); those with low self esteem and social confidence; men in the 65 to 75 age range (and males 70+ have higher suicide rate than middle aged males); people in residential aged care facilities (where rates of depression are reportedly high); and socially isolated older people.

Research is also indicating a growing problem of depression and mental health issues in older age. Some research shows that almost half of older people receiving services appear to be experiencing mild or severe depression. In addition a majority of carers reported carer strain. The incidence of elder abuse - physical, financial and emotional neglect - is also becoming more apparent and this too will grow. The relationship between abuse trauma and poor mental health has been well established.

Revenue for health and aged care services for older people is projected to increase significantly over the next 30 years (Reference: Intergenerational Report, 2007). This is a realistic source of future growth and development as funding becomes available.

5.4.2 How does Mind respond to these issues?

Currently the organisation provides no special services to this group, and accommodates as best it can the needs of older clients on an ad hoc basis when required. Exceptions are respite programs that target older clients, PHaMs, and the ISPRSS in South Australia. In the system more generally, there is a lack of specialist community-based mental health expertise outside the aged psychiatry sector. However Mind's current skill base is applicable to this group in many ways. Mind works from a social model of health and recognises the need to look at all aspects of one's life.

A significant emerging issue is the concern of ageing parents with adult children with serious and persistent mental health conditions. Many of these parents are concerned about who will provide support after their death. Many have funds they wish to leave children but are seeking ongoing mechanisms for housing and support. This is an area of need that should also be examined during the next five years.

There is a range of possible ways in which Mind might respond to these emerging social needs amongst older people with mental illness. These include:

- The provision of information, training and consultancy services, Mind should aim to build the understandings and capacities of the aged and primary care sectors to deal with mental health issues amongst older Australians.
- The area of ageing should also be a stream of inquiry for Mind's research work.
- Mind could focus on demonstrating new models and approaches to responding to unmet or poorly met responses, e.g. depression, suicide among older men, etc. Responses could include the development of positive mental health campaigns in collaboration with partners as well as recovery oriented programs targeted at these population groups.
- The provision of specialist support services that respond to major gaps, e.g. specialist accommodation and support services for people with long term mental health issues who are reliant upon ageing carers. Or it might involve the development of trust arrangements to enable the purchase of suitable housing and the provision of recovery and support programs to supplement and replace the support provided by family and carers.

Possible directions and priorities

- Undertake a study of the gaps in services for older people with serious mental illness and explore the potential for specialist support services targeted at older people and their carers in residential and community settings.
- Develop innovative service responses for older people and seek appropriate funding.
- Collaborate with other organisations to highlight the needs of older Australians with serious mental illness to advocate around government policy and funding in this area.
- Explore potential for the provision of information, training and consultancy services to the aged and primary care sectors.

Appendix 1: Findings from earlier consultations

The strategic planning process commenced in 2008. There was some initial consultation as part of that process, particularly around the mission and values of the organisation. The findings from that stage are still relevant and will be used to inform the final Plan. Findings fall into four main themes below.

Scope of services

- Increase services for specific age groups, e.g. younger people/school programs, and older people
- Help people recognise and deal with problems before they become urgent, especially with children and youth, i.e. early intervention
- More emphasis on employment and homelessness
- Transition from live-in program to community
- Provide education resources and information to clients, carers and other agencies
- Involving families and carers more
- Think beyond government funding
- Invest in research

Growth

- Organisation must have clear objective and strategy, not growth for growth's sake
- Limited services in some Australian states, they could benefit from the type of service Mind offers
- Revenue diversity, including more fees for service income – is this realistic?
- Think regionally – possible regional hubs

External engagement

- Increase influence on politicians, policy, social justice, continuity of care
- More involvement in promoting Mind's work, e.g. conferences
- Partnerships – explore more but be aware of benefits and risks
- A desire for Mind to be courageous
- Access to services, finding out about Mind

The Organisation

- Better planning, being prepared, proactive not reactive
- Decentralisation of administration, need some local autonomy
- Growth in capacity, including increasing skills and training, staff retention
- Don't spread ourselves too thin
- Better information management and technology
- More consumer consultants and peer workers

Appendix 2: Recent consumer and carer feedback on strategic directions

Data from various consumer input (e.g. client and program information, client-expressed preferences and feedback) suggests that there is fair satisfaction with existing services but that there are key areas where improvement is sought. Many of these suggestions relate to internal processes or quality issues, but the following have broader relevance for strategic planning, i.e. the need to:

- create broader opportunities for clients around housing, social connections and employment
- build stronger and more effective consumer and carer participation mechanisms
- recognise and address the impact of trauma on clients, and
- build stronger roles for carers in the model of care.

Appendix 3: Reference Group members

Victorian Reference Group

Name	Position	Company
Kim Koop	CEO	VicSERV
Tony Keenan	CEO	Hanover Welfare
Julien Leith	Executive Director	Carers Network
Isabell Collins	Executive Director	VMIAC
Paul Smith	Director, Mental Health Branch	Department of Health
David Clements	Acting Director	Mental Health and Drugs Operation
Joy Barrowman	Area Manager	NWAMHS
Mark Stracey	Manager, Primary and Complex care, NW Metropolitan Regional Office	Department of Health
Cathy Mihalopoulos	Senior Lecturer	Deakin University
Beth Bailey	Carer	Consumer Reference Group
Anthony Cheshire	Representative	Consumer Reference Group
Larisa Trotter	Representative	Consumer Reference Group
Andrew Cawood	Support Worker, Trelowarren	Mind
Bill Healy	Board Member	Mind
Bill Robb	Board Member	Mind
Genevieve Webb	General Manager Corporate Services	Mind
Gerry Naughtin	Chief Executive	Mind
John Farhall	Board Member	Mind
Judy Hamann	General Manager Operations (Vic)	Mind
Julia Lo Nigro	Support Worker, Chiron	Mind
Malcolm Morgan	General Manager Service Development	Mind
Merinda Epstein	Board Member	Mind
Michael Loh	Regional Manager, West	Mind
Michael Stylianou	Consumer Consultant	Mind
Nadine Cocks	Consumer Consultant	Mind
Ruth Davenport	Regional Manager, HLM	Mind
Steve Price	Program Manager, PALS and Apollo	Mind
Sue Fowles	Program Manager, Denham House	Mind

South Australian Reference Group

Name	Position	Company
Derek Wright	Mental Health Director (Operations)	Mental Health Unit, South Australian Dept of Health
Tania Dziadosz	Director, Human Services Policy	Social Inclusion Unit
John Strachan	Acting Director, Rehabilitation and Recovery	Mental Health Services, Southern Adelaide Health Service (SAHS)
Dr Ken Fielke	Clinical Director	Country Health South Australia
Clive Skene	Director	Child and Adolescent Mental Health Services (CAMHS), Southern Adelaide Health Service
Keith Evans	Director	Drug and Alcohol Services SA (DASSA)
Gayle Goodman	Programme Planning Officer	Mental Health Directorate, Central Northern Adelaide Health Service (CNAHS)
Veronica Watkins	Project Officer	Country Health South Australia
Ian Cox	Manager	Homeless Services, Department of Families & Communities
Wayne Horwood	Policy Officer	Mental Health Coalition SA (peak body)
Sascha Detmold-Cox	Board Member	Mind
Ruth Owens	Board Member	Mind
Dr Gerry Naughtin	Chief Executive	Mind
Dorothy Belperio	General Manager Operations (SA)	Mind
Genevieve Webb	General Manager Corporate Services	Mind
Janice Hogan	Area Manager	Mind
Rana Currie	Area Manager	Mind
Joan Harkin	Consumer Consultant	Mind
Gail Sant	Carer Consultant	Mind
Karen Bradbury	Program Manager	Mind
Irene Debreceni	Support Worker	Mind
Gordon Kay	Support Worker	Mind
Misha Heyer	Support Worker	Mind

Appendix 4: Background papers

The following more detailed papers were developed to give more background to the possible directions suggested in this paper.

Client Needs and Service Gaps

Policy context

Recovery and social inclusion in Mind

Homelessness and Mental Health

Housing Workgroup Report

Mental Health needs of infants and families

How does Mind respond to the needs of older Victorians?

Dual diagnosis in Mind

People from Culturally and Linguistically Diverse (CALD) backgrounds and mental health - Brief Overview

These papers are all available to staff on the G: drive at [Shared Folders\Strategic Planning 2010 - 2014](#) or on request from Mind (see section 1.3).



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