

Submission to the Development of the 4th National Mental Health Plan



March 2009

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Locked Mail Bag 961
North Sydney NSW 2059

Cc: The Hon. Barbara Perry, Minister Assisting the Minister for Health (Mental Health)
The Hon. John Della Bosca, Minister for Health

To whom it may concern,

Regarding: Submission to the Development of the 4th National Mental Health Plan

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak, independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services that reflect their needs.

NSW CAG welcomes the development of the 4th *National Mental Health Plan* (the Plan), and commends the Discussion Paper prepared by the 4th National Mental Health Plan Working Group. NSW CAG is pleased to have the opportunity to provide comment on the discussion paper. However, we are concerned about the consultation process engaged in for this paper and the development of the 4th Plan.

NSW CAG was only made aware of the discussion paper and the consultation process on 17th February 2009 through an email communiqué from the NSW Mental Health and Drug and Alcohol Office. It is of concern that other key non-government stakeholders from the mental health sector in NSW were not concurrently made aware of the release of the discussion paper, resulting in NSW CAG distributing it. Key stakeholder consultation, including mental health consumers around such documents is essential to ensuring the most appropriate priority areas are identified, and adequate consultation time is imperative to elicit these views.

NSW CAG's recommends that further consultation to be held once the Plan (including key performance measures and targets) has been drafted to allow comment and critique and encourage engagement by stakeholders with the Plan's implementation. One of the key failings of the 3rd *National Mental Health Plan* was to provide focussed, concrete areas for action, and detailing targets to be achieved. By providing opportunity for key stakeholders to comment on the draft version of the 4th *National Mental Health Plan* (rather than just the

discussion paper), weaknesses in the Plan for guiding genuine, practical reform can be identified and amended prior to its release as a formal document. This in turn will promote stronger engagement and faith by the mental health community in the Plan's implementation that again was lacking from the 3rd Plan's implementation.

NSW CAG also advocates that, as the peak body representing consumers in NSW, we are in a strong position to provide valuable input into the Plan's development. It is therefore recommended that NSW CAG be represented on the committee responsible for the Plan's development. We seek the support of NSW Health in promoting that this occurs.

Further, NSW CAG is concerned that the endorsed *National Mental Health Policy 2008* which guides the 4th *National Mental Health Plan* was developed without consultation with consumers across Australia and without the input of peak bodies such as NSW CAG. We are also concerned that the public release of this document is not due until later in March, and therefore the public have not been able to consider it when providing feedback about the discussion paper *The Development of the 4th National Mental Health Plan*. NSW CAG recommends that the Commonwealth review its policies around transparency and accountability to the public to include consultative activities with relevant groups in the development of all future policies.

Please do not hesitate to contact me regarding any queries you may have about this submission.

Yours sincerely,



Karen Oakley
Executive Officer

Basis of this submission

NSW CAG's submission in response to the discussion paper *The Development of the 4th National Mental Health Plan* is based on information obtained through our core work. This includes regular interaction with people who use mental health services across NSW, and consultation with our network, which currently comprises over 900 people including consumers, friends, family, carers and service providers.

Summary of Recommendations

The key recommendations of NSW CAG in response to the discussion paper *The Development of the 4th National Mental Health Plan* are that:

- the Commonwealth delay the release of the 4th National Mental Health Plan to enable broad community consultation, particularly with mental health consumers once the draft Plan is developed
- the Commonwealth invest time in conducting extensive consultation with consumers around the development of specific benchmarks that are clearly articulated in the Plan
- the inclusion of the principle "Social Inclusion and Promoting Positive Attitudes" and the inclusion of strategies to target stigma and discrimination are included within the Plan.
- the inclusion of the principle "Genuine Participation"
- direction for the development of a consumer participation framework in consultation with consumers, consumer representative bodies and each state and territory is included in the Plan
- the Plan includes "Reforming Culture – Practicing Recovery Oriented Service Provision" as a key area for reform, and outlines the principles of recovery oriented service provision
- the Plan includes the development and implementation of a national anti-stigma campaign using multiple strategies
- "integrated consumer oriented service platforms delivered with a recovery focus" is the philosophy recommended within the Plan for all mental health services
- the Plan includes the development of structures to support the peer and carer workforce
- the Plan includes strategies to improve discharge planning within the reform direction of wellbeing and recovery
- the Plan incorporates relapse prevention as a key area for consideration for national activity within the area of prevention and early intervention
- the Plan includes the expansion of community supports within the reform direction of prevention and early intervention for at risk groups
- the development of youth-friendly community based mental health screening services is included within the reform direction of prevention and early intervention for at risk groups
- the Plan provide direction for the establishment of independent, individual advocacy services in each state and territory and the strengthening of systemic advocacy services
- "Consumer Participation" is included within the reform direction of Quality Improvement

Consultation around the development of the 4th National Mental Health Plan

The consultation processes engaged in for the development of the 4th *National Mental Health Plan* (the Plan) has so far been grossly inadequate. This is a risk to the final Plan considering the strong criticism received about the 3rd *National Mental Health Plan*, where similarly there was a lack of consultation, and which resulted in consumers and the sector disengaging with its final implementation.

The 4th *National Mental Health Plan* has the potential to be an important document for guiding reform for the mental health system. However, the lack of appropriate levels of consultation means that people will disengage with the Plan, seeing it as being developed by policy makers rather than stemming from the perspectives and needs of people who actually use the services. Broad community consultation in the early stages of the development of the priority areas for reform is essential.

NSW CAG is aware that some limited consultations were undertaken to develop the discussion paper and draft of the 4th Plan, however they were closed forums, restricting broader consultation, and held with short notice, which failed to permit representatives to engage in consulting with their established networks. NSW CAG is disappointed at having had no access to this consultation despite being the state's peak body in a position to represent the views of consumers in NSW.

The consultation process surrounding the discussion paper is also deficient and highly tokenistic. NSW CAG believes, and has received feedback from our network indicating that the provided consultation form used to respond to the discussion paper is inadequate by limiting responses to 'yes' and 'no' options, leaving minimal room for constructive comment. Consultation involves people being able to exchange their ideas and present them in a way which can trigger debate. This is not facilitated in the provided feedback form.

Furthermore, the main form of opportunity for the community to provide their feedback about the discussion paper is through the internet. NSW CAG's constituents indicated that many people living with mental illness do not have access to a computer or the internet, and thus may have been excluded from the consultation process given the format of the web-based consultation survey form, coupled with the tight turn around time allocated to provide comment.

The importance of consumer participation in informing and shaping policy is a central tenet of living in a democratic and fair society, where people can have their say and are involved in decision making processes. The value of consumer participation is recognised both internationally (See: Health Canada, 2000; New Zealand Mental Health Commission 2002; WHO 1978), and in domestic policy (See: Commonwealth of Australia, 1992, 2003; NSW Health, 2008b; Queensland Government, 2002; Victorian Department of Human Services, 2006a; 2006b).

An OECD report instructs that a role of a democratic government is to ensure that "participation provides sufficient time and flexibility to allow for the emergence of new ideas and proposals by citizens, as well as mechanisms for their integration into government policy-making processes" (2001, p.11). However, the consultation processes engaged in for the 4th *National Mental Health Plan* do not provide sufficient time to allow consumers to participate in a meaningful way. Regrettably, it demonstrates that the Commonwealth has ignored and failed to live up to its own directive and recognise the value of such consumer participation. This reflects the reality that consumers will find

difficulty in being able to build trust in a government that only seeks their opinion in a tokenistic rather than genuine way.

RECOMMENDATION: that the Commonwealth delay the release of the 4th National Mental Health Plan to enable broad community consultation, particularly with mental health consumers once the draft Plan is developed.

General note regarding the discussion paper

NSW CAG supports the key issues raised throughout the discussion paper. However, the translation of these specific areas for action with measurable targets and benchmarks is imperative for producing a Plan that drives reform and is easy for mental health service planners to draw on for implementation.

NSW CAG is pleased to see that the discussion paper refers to a need to have a “set of well defined and measurable targets and benchmarks that will assist monitoring of progress and evaluation of the outcomes of the Plan” (p.16). The lack of these in the 3rd National Mental Health Plan resulted in strong criticism from many stakeholders. This was reiterated in the Senate Community Affairs Committee Inquiry into Mental Health Services in Australia that recommended “the policy document should include service, funding and consumer benchmarks in each of the identified areas” (Commonwealth of Australia, 2008b, xiii). The Select Committee on Mental Health also recommended that the forthcoming Plan includes “specific, measurable targets and consumer and/or health outcomes that are monitored and reported on annually” (Commonwealth of Australia, 2006, p.477).

RECOMMENDATION: that the Commonwealth invest time in conducting extensive consultation with consumers around the development of specific benchmarks that are clearly articulated in the Plan.

The Principles Underpinning the 4th National Mental Health Plan

NSW CAG recommends the addition of two key principles to underpin the 4th National Mental Health Plan.

1. Social Inclusion and Promoting Positive Attitudes

Throughout the discussion paper there are many references to the stigma and discrimination that people living with mental illness face, and that this needs to be targeted in order to create an inclusive society that is accepting of people who live with mental illness (p.6, 8, 9, 10). Stigma and discrimination are identified as the biggest social barrier that people living with mental illness face, as both NSW CAG's consultations and literature indicate (Carr & Halpin, 2002; Cheverton, 2007; Corrigan et al, 2003). Stigma is not only a barrier for people that are diagnosed and treated for mental illness, but also prevents people from seeking help in the first case (WHO, 2003, p.31).

It is of paramount concern that ABS data from the 2007 National Survey of Mental Health and Wellbeing indicates that 2.1 million people who had a mental disorder in the last year did not use any services and perceived that they had an unmet need (ABS, 2008, p.25). Promoting greater social inclusion and positive attitudes may help to bolster the number of people using services, reflecting a more efficient and inclusive approach to mental health service provision.

The importance of promoting social inclusion and positive attitudes towards people living with mental illness is embedded in many key Australian mental health policy documents (Commonwealth of Australia 1992, 1997, 2003). Two significant reports have recommended that national awareness campaigns around mental illness be implemented:

- The Senate Inquiry into Mental Health recommended “the Australian Government fund and implement a nationwide mass media mental illness stigma reduction and education campaign” (Commonwealth of Australia, 2006, p.15).
- The National Health and Hospitals Reform Commission propose “a sustained national community awareness campaign to increase mental health literacy and reduce the stigma attached to mental illness” (Commonwealth of Australia, 2009, p.37).

The thrust to promote social inclusion in these policies is reflective of the fact that stigma and discrimination are pervasive in many aspects of the lives of people who live with mental illness (Brakel, 2006; Wahl, 1999).

RECOMMENDATION: the inclusion of the principle “Social Inclusion and Promoting Positive Attitudes” and the inclusion of strategies to target stigma and discrimination are included within the Plan.

2. Genuine Consumer Participation

Genuine consumer participation is viewed as an essential component of the recovery model, and is enshrined in numerous Australian mental health policies (Commonwealth of Australia, 1992, 1997, 2003; NSW Health, 2008), and the *Australian Charter of Healthcare Rights*. Genuine participation includes consumers being able to participate in having a say in the planning, decision making, development, implementation and evaluation of mental health services and policies. Genuine participation is crucial in assisting people in their individual recovery journeys.

Constituents of our network regularly indicate that genuine participation is often something that does not happen in practice. This is a result of both the culture of mental health services as well as inadequate resourcing, policy and support for participation to occur in practice. People regularly highlight to NSW CAG that there is room for the improvement of staff attitudes towards valuing the opinions and participation of people living with mental illness. People also comment that disempowering language used by staff acts as a barrier to genuine participation.

By specifically including genuine participation as a principle it will clearly reflect to health professionals and consumers that this value underpins mental health service delivery.

RECOMMENDATION: the inclusion of the principle “Genuine Participation”.

RECOMMENDATION: that direction for the development of a consumer participation framework in consultation with consumers, consumer representative bodies and each state and territory is included in the Plan.

Key areas for reform

NSW CAG considers that for reform of the mental health system to occur, a change in culture towards recovery oriented service provision is essential. This needs to be included as a key area for reform within the Plan.

Reforming Culture – Recovery Oriented Service Provision

In order for true reform to occur in mental health services, there needs to be a shift away from the medical model of care that remains pervasive in influencing service delivery towards recovery oriented service provision. Recovery orientated service provision is championed in state, national and international policy as the paradigm within which mental health services must operate (Commonwealth of Australia, 2003; Health Scotland, 2008b; Mental Health Commission of Canada, 2009; NSW Health, 2008). However, recovery oriented service provision in Australia remains little more than rhetoric in strategies and plans; it has yet to translate into practice and service reorientation in the health care setting (Rickwood, 2004). The largest barrier to overcome is paternalistic staff attitudes (Gordon, 2005). This must be overcome through a process of organisational change in mental health care settings, which includes cultural, attitudinal and structural change (Rose et al, 2002). It is therefore essential that the 4th Plan initiates and drives this process so that real reform can occur in practice.

Recovery oriented service provision revolves around the following principles:

- Services incorporate the philosophies of hope, empowerment and partnership into practice
- Services provide the best help to everyone and assist people to find the right help at the right time
- Services understand people in the context of their whole selves, not just their illness
- Services protect people’s rights and treat them with equality and respect
- Services work with people to set their own goals and measure their own success
- Services work with people with a mental illness to take on competent roles
- Services focus on people’s strengths rather than concentrating on symptoms and deficits

- Services facilitate and aid natural support networks and look outward to assist people to find and use other more appropriate community health services, supports and resources
- Services are culturally responsive
(Queensland Government, 2005, p.4)

RECOMMENDATION: that the Plan includes “Reforming Culture – Practicing Recovery Oriented Service Provision” as a key area for reform, and outlines the principles of recovery oriented service provision.

The Key areas for reform identified within the discussion paper

1) Wellbeing and recovery

Stigma reduction

NSW CAG supports that a key area for consideration as national activity under this area include stigma reduction programs and mental health promotion and education. This need is emphasised by the fact that Australia is currently the only OECD country that does not have a national anti-discrimination campaign targeted at mental illness (Cheverton, 2007, p.29).

In developing strategies within the Plan for this area for reform, NSW CAG recommends that such an anti-stigma program needs to utilise multiple approaches including contact with people with experience of mental illness, challenging people and organisations to make sure that people living with mental illness are afforded the same rights, education and training targeting discriminatory behaviour and attitudes, and building local capacity to take action. Successful programs such as the *Like Minds, Like Mine* program in New Zealand (New Zealand Ministry of Health, 2007; Vaughan & Hansen, 2004), and the *See Me* campaign in Scotland (Myers et al, 2009) can be drawn on to guide the development of such a program for Australia.

RECOMMENDATION: that the Plan includes the development and implementation of a national anti-stigma campaign using multiple strategies.

Integrated service provision

One aspect identified as a key area for consideration is “integrated community consumer oriented service platforms delivered with a recovery focus” (p.9). NSW CAG supports this however recommends that this type of service delivery must be embedded throughout the *whole mental health system*, including public community, inpatient, acute, rehabilitation and NGO services.

RECOMMENDATION: that “integrated consumer oriented service platforms delivered with a recovery focus” is the philosophy recommended within the Plan for all mental health services.

Consumer and carer employment

A further component identified in the discussion paper as a key area for consideration is “development of peer and carer employment opportunities in clinical and NGO settings” (p.10). NSW CAG supports this, and asserts that the Plan needs to include the development of structures to support this workforce.

RECOMMENDATION: that the Plan includes the development of structures to support the peer and carer workforce.

Addition

Discharge planning

NSW CAG considers that discharge planning is an additional aspect that needs to be included in this section, as it is essential in promoting the wellbeing and recovery of consumers. The “revolving door syndrome” (Commonwealth of Australia, 2008b, p.137) presents as a problem for consumers whereby they face repeat acute care admission as a result of inadequate discharge planning, and the lack of support upon discharge including supported accommodation, community rehabilitation and recovery services and employment opportunities. Discharge planning can improve outcomes for consumers, their carers and families, and reduce the potential for readmission by making sure that adequate supports are in place in the community, and facilitating the recovery journey. It is also essential for services to provide discharge planning in maintaining continuity of care.

RECOMMENDATION: that the Plan includes strategies to improve discharge planning within the reform direction of wellbeing and recovery.

2) Prevention and early intervention for at risk groups

NSW CAG supports the reform direction of improving prevention and early intervention. While the discussion paper emphasises primary and secondary prevention, tertiary prevention it is not afforded adequate attention.

Tertiary prevention involves relapse prevention, which seeks to maximise a person’s wellness and recovery in the community as a means to prevent relapse and readmission after discharge from an inpatient setting. NSW CAG hears through our consultations and network that consumers who have been admitted and discharged from inpatient settings are vulnerable and at risk of relapse. Mental illness can be episodic, and it is well documented there are high readmission rates to acute health care facilities (Commonwealth of Australia, 2006b, p.233). This group therefore needs to be considered as a high risk group for further episodes of acute mental illness. The need for the inclusion of tertiary prevention within the Plan is supported by the recognition by the Australian Government of the need to emphasise relapse prevention, and its inclusion within prevention and early intervention strategies (Rickwood, 2006). Such relapse prevention needs to include adequate discharge planning.

RECOMMENDATION: that the Plan incorporates relapse prevention as a key area for consideration for national activity within the area of prevention and early intervention.

Family Support

One facet identified as being a key area for consideration is “expansion of family support, especially in rural and regional areas” (p.11).

While family and carer support is integral in the prevention of relapse for people living with mental illness, it is limiting to suggest that it is only family and carers who provide support.

In many instances, people do not have contact with their family, and rely upon supports in the community to assist recovery and prevent relapse.

RECOMMENDATION: that the Plan includes the expansion of community supports within the reform direction of prevention and early intervention for at risk groups.

Addition

Youth-friendly community mental health screening services

NSW CAG points the Working Group and Reference Group to the recommendation within the *National Health and Hospital Reform Commission's* interim report (Commonwealth of Australia, 2009, p.250) of the introduction of youth-friendly community based mental health screening services as a way to improve access to mental health services. This is an important inclusion for the Plan in furthering prevention and early intervention.

RECOMMENDATION: that the development of youth-friendly community based mental health screening services is included within the reform direction of prevention and early intervention for at risk groups.

3) Quality and innovation

Advocacy

This section outlines that “service development should include mechanisms to enable self determination to the greatest extent possible and to support advocacy” (p.14). The centrality of advocacy in driving reform in mental health service delivery is well recognised (WHO, 2003). It is imperative that the Plan provides direction for the establishment of a resourced, independent, individual advocacy service in each state and territory that all mental health consumers have access to.

NSW CAG further recommends that the Plan facilitates systemic advocacy for mental health consumers. This is directed at changing the rules, policies, laws and practices of the system. It is also about seeking to influence the social and political structures that promote and sustain injustice and inequity. Systemic advocacy services are necessary to represent mental health consumers to policy makers, to ensure that policies, programs and service delivery reflect the needs and rights of people using these services.

RECOMMENDATION: that the Plan provide direction for the establishment of independent, individual advocacy services in each state and territory and the strengthening of systemic advocacy services.

Addition

Consumer Participation in Quality Improvement

NSW CAG recommends that consumer participation in quality improvement needs to be included within this reform direction. The benefits of consumers participating in the quality improvement of service delivery are well documented. For some, such participation is an integral dimension of a recovery orientation to the system whereby consumers are able to contribute to improve the quality of services that they utilise. It is acknowledged that consumer evaluation is an important mechanism that can be used to improve mental health service delivery (Cleary, Horsfall & Hunt, 2003; Svensson & Hansson, 2006), and is consistent with mental health policy in Australia that encourages consumer participation (Commonwealth of Australia, 1997, 2003).

RECOMMENDATION: that “Consumer Participation” is included within the reform direction of Quality Improvement.

Relevance for non-mental health service development

Reference to people with personality disorders

The discussion paper notes under the “correctional services” heading that “while there is some agreement around the management of those with a mental illness, strategies for managing people with personality disorders are patchy” (p.20).

NSW CAG is aware that personality disorders are complex, and require coordinated care and treatment. The need for stronger service provision for people diagnosed with a personality disorders needs to be recognised within the Plan as a stand alone key area to target for improvement across all services; and not subsumed under a “correctional services” heading.

We are also concerned that the use of the word “manage” can be disempowering to consumers. It can be interpreted that consumers have a lack of control in the process rather than being involved on an equal footing with health care professionals, which more accurately reflects a recovery orientation framework.

RECOMMENDATION: that service provision for people diagnosed with a personality disorder is recognised in the Plan as a stand alone area to be targeted for improvement. We also recommend that the word “manage” with reference to care and treatment is not used in the Plan.

Housing

The discussion paper states the issues faced by services in ensuring prevention of homelessness of people once they are discharged from services in the following statement: “it is National policy that people should not be discharged into homelessness, but pressure on services and limited availability of accommodation options means that this is not always feasible” (p.20).

The latter component of this statement is contrary to the direction within the recently released national white paper on reducing homelessness which makes clear that states and territories must ensure there is to be **“no exit into homelessness from statutory, custodial care and hospital, mental health and drug and other alcohol services for those at risk of homelessness”** (Commonwealth of Australia, 2008c, p.27). It is therefore essential for the 4th Plan to endorse this policy effectively and provide direction for its realisation.

The discussion paper also indicates that homelessness resulting from people being admitted to an inpatient unit can be resolved through the discharge planning process (p.20). Whilst NSW CAG agrees that discharge planning needs to be a key priority area for improvement in mental health services, it is of great concern if the 4th Plan’s focus around homelessness is on this being addressed after the fact. Rather the 4th Plan must have a focus on developing the structures to *prevent* homelessness from occurring to someone due to being admitted to an inpatient service.

Furthermore, the Plan needs to iterate that strategies to reduce the pressure on services to release people into a situation of homelessness are required. One way of addressing

this is to provide adequate and accessible housing for people who are leaving services. This also highlights the need for the 4th Plan to be linked in to other initiatives whereby appropriate resourcing is provided by the Commonwealth, to support states and territories in implementing better housing services.

RECOMMENDATION: that the Plan supports the national policy of “no exit into homelessness from mental health services”, and outlines directions for its realisation including the development of pathways for services to provide connections to post-release services for people being discharged to prevent homelessness.

RECOMMENDATION: that the Plan connects with other initiatives and develops strategies to prevent homelessness from occurring as a result of admission to an inpatient service.

Community Services

While the discussion paper acknowledges that the listed community services are not exhaustive, there are a number of core community services, including youth services and culturally and linguistically diverse services that are not listed.

RECOMMENDATION: that youth services and culturally and linguistically diverse services are included in this section of the Plan.

Child protection and youth justice

Through NSW CAG’s core advocacy work people in our network have expressed that staff training and awareness around mental illness is essential for people working in child protection services, and this was not included in the discussion paper.

RECOMMENDATION: that the need for staff training and awareness of mental illness for those employed in child protection services is identified in this section of the Plan.

Immigration

NSW CAG is concerned that the title “immigration” is restrictive in its application. This section describes those who have migrated to Australia and have language and cultural differences, and require treatment and care that is responsive to their needs. However, NSW CAG takes the view that the heading “Culturally and Linguistically Diverse Communities” (CALD) would be more inclusive of the group that this section seeks to describe. This would clearly signal to people who may not identify with the heading “immigration”, for example, second generation Australians whose parents migrated to Australia, that their needs are addressed within the Plan. It may be appropriate to include “immigration” as a subheading under this broader heading.

RECOMMENDATION: that within the Plan such a section is titled “Culturally and Linguistically Diverse Communities”.

Employment

Recent policy developments, such as the *National Mental Health and Disability Employment Strategy* pinpoint tackling employer misconceptions as a key area for action. The recently released directions paper to this strategy outlines “one of the most impenetrable barriers to employment is lack of information and awareness by employers and the persistence of myths about the supposed costs and legal problems involving

employing people with disability” (Commonwealth of Australia, 2008, p.8). Considering this, it is important that the Plan provides the directive to implement a targeted anti-stigma and mental health literacy campaign in the workplace to educate both employers and employees about mental illness.

RECOMMENDATION: that an anti-stigma and mental health literacy campaign be promoted in the Plan as a way to drive reform by promoting awareness of mental illness in the workplace.

Additions

Transport

NSW CAG’s consultations with our network indicate that access to transport can act as a barrier to accessing mental health services. In many instances, NSW CAG has heard from people who do not have access to transport for a number of reasons. These include that the costs of owning transport are often prohibitive, that medications can impact on being able to drive, and that access to transport to services is costly, infrequent, or not available in some rural and remote areas.

RECOMMENDATION: that “transport” is included within the “relevance for non-mental health service development” section of the Plan.

Inclusion of partnering agencies – Whole of government approach

The “whole of government” approach is a key driver in current mental health policy reform, and is referenced throughout the discussion paper. This entails the identification of government and other agencies, and the partnering between agencies that is required for the Plan to have efficacy. While the discussion paper references some of these agencies, such as Centrelink, there are agencies that remain unmentioned that will be fundamental in ensuring that the Plan is able to drive reform. The Plan needs to clearly identify partnering agencies by including a comprehensive list of these agencies within the Plan.

RECOMMENDATION: that a comprehensive list of partnering agencies be included in the Plan.

References

- Australian Bureau of Statistics (2008). *National Survey of Mental Health and Wellbeing: Summary of Results*, 4326.0. Canberra: ABS.
- Brakel, W.H.V. (2006). Measuring health-related stigma- A literature review. *Psychology, Health & Medicine*, 11 (3),pp.307-334.
- Carr, V., & Halpin, S. (2002). Stigma and discrimination. *National Survey of Mental Health and Wellbeing Bulletin 6*. Newcastle, Australia:Low Prevalence Disorder Study Group,
- Cheverton, J. (2007). Global madness: A journey of policy influence, fundraising and social inclusion in New Zealand, USA, Canada and the UK, *Churchill Fellowship 2007 Report*, Retrieved on 20 February 2009 from:
<http://www.qldalliance.org.au/resources/items/2008/10/233913-upload-00001.pdf>.
- Cleary, M., Horsfall, J., & Hunt, G. E. (2003). Consumer feedback on nursing care and discharge planning. *Journal of Advanced Learning*, 42 (3), pp.269-277.
- Commonwealth of Australia. (1997). *National Standards for Mental Health Services*. Canberra: Australian Government Publishing Service.
- Commonwealth of Australia. (1992). *National Mental Health Policy*. Canberra: Australian Government.
- Commonwealth of Australia. (2003). *National Mental Health Plan 2003-2008*. Canberra: Australian Government.
- Commonwealth of Australia. (2006). A national approach to mental health – from crisis to community final report. *Senate Select Committee on Mental Health*. Canberra: Senate Printing Unit, Parliament House.
- Commonwealth of Australia. (2006b). A national approach to mental health – from crisis to community, First report. *Senate Select Committee on Mental Health*. Canberra: Senate Printing Unit, Parliament House.
- Commonwealth of Australia. (2008). *National Mental Health and Disability Employment Strategy Update: Setting the Direction*. Canberra: Australian Government.
- Commonwealth of Australia. (2008b). Towards recovery: Mental Health Services in Australia. *Senate Standing Committee on Community Affairs*. Canberra: Senate Printing Unit, Parliament House.
- Commonwealth of Australia. (2008c). The road home: a national approach to reducing homelessness. *Homelessness Taskforce*. Canberra: The Department of Families, Housing, Community Services and Indigenous Affairs.
- Commonwealth of Australia. (2009). A healthier future for all Australians – Interim report December 2008. *National Health and Hospitals Reform Commission*. Canberra: Australian Government.

Corrigan, P., Thompson, V., Lambert, D., Sangster, Y., Jeffrey, J. G., & Campbell, J. (2003). Perceptions of discrimination among persons with serious mental illness. *Psychiatric Services, 54* (8), pp.1105-1110.

Gprdon, S. (2005). The role of the consumer in the leadership and management of mental health services. *Australasian Psychiatry. 13* (4), pp.362-365.

Health Canada. (2000). *Health Canada policy toolkit for public involvement in decision making*, Ottawa, Canada.

Health Scotland (2008). *Stigma: A guidebook for action*. Scotland: NHS Health.

Health Scotland. (2008b). *A review of Scotland's national programme for improving health and wellbeing*. Scotland: NHS Health.

Mental Health Commission of Canada. (2009). *Toward recovery and wellbeing: A framework for a mental health strategy for Canada*. Draft for public discussion. Canada: Mental Health Commission.

Myers, F., Woodhouse, A., Whitehead, I., McCollam, A., McBryde, L., Pinfold, V., Thornicroft, G. & McBrierty, R. (2009). *Evaluation of 'See Me'- The national Scottish campaign against stigma and discrimination associated with mental ill-health*, Edinburgh: Scottish Government Social Research.

New Zealand Mental Health Commission. (2002). *Service user participation in mental health services: A discussion document*. Wellington, New Zealand: Mental Health Commission.

New Zealand Ministry of Health. (2007). *Like Minds, Like Mine National Plan 2007-2013: Programme to Counter Stigma and Discrimination Associated with Mental Illness*. Wellington: Ministry of Health.

NSW Department of Health. (2008). *NSW Community Mental Health Strategy 2007-2012*. North Sydney, NSW: NSW Health.

NSW Department of Health. (2008). *NSW Multicultural Mental Health Plan 2008-2012*. North Sydney, NSW: NSW Health.

Organisation for Economic Cooperation and Development (OECD). (2001). *Citizens as partners: Information, consultation and public participation in policy making*. Paris, France, OECD.

Queensland Government. (2002). *Consumer and community participation toolkit*. The State of Queensland: Queensland Health.

Queensland Government. (2005). *Sharing responsibility for recovery: creating and sustaining recovery oriented systems of care for mental health.*, State of Queensland: Queensland Health.

Rickwood, D. (2004). Recovery in Australia: slowly but surely. *Australian e-Journal for the Advancement of Mental Health. 3* (1), pp.1-3.

- Rickwood, D. (2006). *Pathways of recovery: 4As framework for preventing further episodes of mental illness*. Canberra: Commonwealth of Australia.
- Rose, D., Fleischmann, P., Tonkiss, F., Campbell, P. & Wykes, T. (2002). Change management in a mental health context: Review of the literature. *Report to the National Coordinating Centre for NHS Service Delivery & Organisation R & D*, London: NCCSDO.
- SANE. (2007) *Research Bulletin 4: Stigma and Mental Illness*. Retrieved on 19 February 2009 from http://www.sane.org/images/stories/information/research/0701_info_rb4.pdf
- Svensson, B., & Hansson, L. (2006) Satisfaction with mental health services. A user participation approach. *Nord Journal of Psychiatry*, 60, (5), pp.365-371.
- Vaughan, G., & Hansen, C. (2004). 'Like Minds, Like Mine': a New Zealand project to counter the stigma and discrimination associated with mental illness. *Australasian Psychiatry*. 12 (2), pp.113-117.
- Victorian Department of Human Services. (2006a). *How to develop a community participation plan*. Melbourne: Regional and Rural Health and Aged Care Services Division.
- Victorian Department of Human Services. (2006b). *Doing it with us not for us*. Melbourne: Rural and Regional Health and Aged Care Services Division.
- Wahl, O. (1999). Mental health consumers' experience of stigma. *Schizophrenia Foundation*, 25 (3), pp.467- 478.
- World Health Organisation (WHO). (1978). *Declaration of Alma-Ata*, USSR: WHO.
- World Health Organisation (WHO). (2003). *Advocacy for mental health: Mental health policy and service guidance package*. Singapore: WHO.