

## Recommendations

### Joint strategy to provide appropriate mental health and disability support to people with psychiatric disability

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| 1 | <p>FACS and Health should develop a joint strategy on the provision of support to people with a psychiatric disability that is consistent with the <i>Disability Services Act 1993</i> (DSA). The strategy should:</p> <ul style="list-style-type: none"> <li>a) be developed in consultation with the NSW Mental Health Commission;<sup>97</sup></li> <li>b) reflect a coordinated, collaborative and person-centred approach by the disability and mental health sectors to providing services and support to best meet the identified needs of individuals;</li> <li>c) include the NGO sector as a key partner; and</li> <li>d) include clear reporting and robust and effective governance arrangements.</li> </ul> |
| 2 | <p>FACS and Health should:</p> <ul style="list-style-type: none"> <li>a) develop a joint strategy to increase the availability and range of long-term and highly supported (16-24 hours per day) housing options for people with enduring psychiatric disability; and</li> <li>b) provide regular public reports on the implementation of the joint strategy, including details of the increase in the number and range of long-term and highly supported housing options, by region.</li> </ul>   |

### Access to disability services

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| 3 | <p>ADHC should immediately amend its <i>Allocation of Places in Supported Accommodation</i> policy so that:</p> <ul style="list-style-type: none"> <li>a) people with a primary diagnosis of mental illness and a disability that meets the criteria of the DSA are eligible for a place on the Register of Requests for Supported Accommodation; and</li> <li>b) people who are unsuccessful in obtaining a place on the Register of Requests for Supported Accommodation are provided with written reasons for the decision, and advice as to the available options for requesting a review of the decision.</li> </ul> |
| 4 | <p>ADHC should develop criteria to ensure that eligibility for disability services includes an assessment of an individual's functional need, and does not rely on their primary diagnosis.</p>   |

<sup>97</sup> The purpose of consulting with the Mental Health Commission is to ensure that the joint strategy is consistent with the overall strategic plan for the mental health system in NSW that is being prepared by the Commission.

## Action to transition individuals from hospital to appropriate accommodation and support in the community

- 5 Health should review the circumstances of all current mental health inpatients in order to:
- a) identify individuals who could be discharged with appropriate community accommodation and support; and
  - b) together with ADHC, develop and implement a staged plan to transition those individuals to the community.

## Access to person-centred and individualised support

- 6 ADHC should ensure that people with psychiatric disability, and their representatives, are adequately included in the disability sector consultations and planning under *Stronger Together*, particularly in relation to person-centred and individualised funding approaches.
- 7 In the context of the issues identified in this report, and the disability sector and national reforms, Health should explore options for introducing person-centred and individualised funding approaches to the mental health sector.

## Discharge planning

- 8 Health should conduct a state-wide review, and regular audits, of discharge planning practice in mental health facilities to ensure that:
- a) practice is in line with relevant policy and legislation;
  - b) decisions regarding support needs and readiness for discharge are informed by recent and accurate information;
  - c) internal factors adversely affecting discharge are identified and addressed; and
  - d) individuals who could be discharged with appropriate community accommodation and support are identified, and action taken to progress their transition to the community.
- 9 Health should provide training and improved guidance to mental health staff regarding discharge planning, including: referral options, eligibility criteria, and appeal mechanisms.

## Mental health systems

10	Health should review the adequacy of its current system for transferring individuals to mental health facilities within and across Local Health Districts. The review should include consideration of the role of the Complex Care Committee, and its authority to approve transfers.
11	<p>In the context of the issues raised in this report, and broader mental health service planning, Health should review the current use and effectiveness of Local Health District-operated or funded rehabilitation beds and community residential services provided to mental health patients. The review should include, but not necessarily be limited to, consideration of:</p> <ul style="list-style-type: none"> <li>a) overall capacity and distribution;</li> <li>b) the role of LHDs and NGOs in delivering services;</li> <li>c) whether the services are provided in line with their intended purpose, and achieve their intended objectives;</li> <li>d) whether the support provided reflects a flexible and person-centred approach;</li> <li>e) the adequacy of the current arrangements for identifying and managing vacancies across NSW; and</li> <li>f) the adequacy of the current arrangements for monitoring the operation of the services, and for identifying system-wide gaps in accommodation and support.</li> </ul>

## Reporting on recommendations

12	<p>In relation to the recommendations that we have directed to their respective agencies, FACS/ ADHC and Health should:</p> <ul style="list-style-type: none"> <li>a) provide a response to the recommendations by 1 March 2013; and</li> <li>b) provide a progress report on implementation of the recommendations by 31 December 2013.</li> </ul>
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