



# TheMHS 2018

## Exceptional Contribution Award Nomination

**Nominated person: Warwick Smith**

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# Part A

## Demographics

Nominee: Warwick Smith  
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## Brief description of the person

Warwick is an exceptional and visionary leader, manager and driver of change. He has a career-long commitment to a high standard of research, evaluation and quality assurance. For over 30 years, he has championed system reform at a local, state and national level through developing high quality innovative and accessible mental health services.

He has led intensive growth in the Peel and Rockingham-Kwinana Mental Health Service and Youth Mental Health, characterised by genuine collaboration with consumers, carers and community-managed organisations in the development and delivery of services. This has resulted in continuity of care along the service continuum and improved service access for vulnerable patient groups.

His strategic approach to cross-sector capacity building has resulted in well-integrated mental health services with strong partnerships and formalised care coordination to address the social determinants of mental health and the physical health needs of people with mental health problems.

## Background description of main organisation

Warwick graduated as a Social Worker in 1984. This nomination focuses on his executive-level work from 1994 at Peel and Rockingham Kwinana (PaRK) Mental Health Service and Youth Mental Health.

Youth Mental Health provides unified, holistic and integrated specialist mental health services across the Perth metropolitan area. It targets homeless, disadvantaged and marginalised youth (13-24 years) with complex or severe mental health problems. The service has a high standard of research, evaluation and quality assurance. Its strategic approach to cross sector capacity building has resulted in integration with services in the vocational education and training, drug and alcohol, accommodation and social support sectors.

Peel and Rockingham Kwinana Mental Health Service provides a comprehensive range of inpatient and community services and programs for adults and older adults living in the communities of Kwinana, Rockingham, Mandurah, Pinjarra and Waroona. The service has strong links with community partners and the community at large.

## Part B

### 1. Additional description

Warwick commenced as the inaugural Director of Youth Mental Health in July 2013. This service recognises that youth is a critical developmental period for clinical intervention. Seventy-five percent of mental health problems emerge before the age of 25 and contribute 55% of the burden of disease for this age group. Young people are less likely than all other age groups to seek professional help. Providing young people with age-appropriate, flexible and assertive treatment can change mental health outcomes throughout the lifespan.

Through Youth Mental Health, Warwick has developed and expanded the range of specialised, accessible and integrated services for youth with complex or severe mental illness, including homeless, transient and marginalised youth with significant barriers to service access. His approach is inclusive, involving young people in development, planning, delivery and evaluation of services, as exemplified in the following quote.

'[Warwick] has been very eager to include youth input in decision making processes and has been very involved in the ground work of our projects, always showing enthusiasm and encouragement...he is very easy to talk to and has a very gentle presence... I believe Warwick has and will continue to give vital contributions to ...Youth Mental Health service improvement.' *G.A., Youth (Consumer) Representative, Youth Mental Health Steering Committee, 2017.*

He has prioritised service integration, particularly with the accommodation and social support sectors, through partnerships, service development and sector capacity building to improve knowledge and skills in responding to the needs of young people with mental health problems.

From 1994 to 2013, in the Peel and Rockingham Kwinana catchment, Warwick drove service reform with an emphasis on social determinants of mental health. He oversaw significant service growth and introduced innovative services that were exemplars of the shift from an institutional to recovery-oriented community service philosophy. He demonstrated a genuine commitment to involving consumers and carers in every aspect of service reform, development, planning, delivery and evaluation. He built strong partnerships with primary care and the non-government sector, including vocational, accommodation and psychosocial support services.

## 2. Criteria

### Criterion 1: Evidence of a significant contribution to the field of mental health on a local, state or national level.

Warwick has made a significant contribution to the field of mental health at a local, state and national level. Through his work in senior leadership positions in the Western Australian mental health sector he has exercised strategic leadership and acted as an agent for change, enhancing understanding of issues affecting the mental health of Western Australians and developing and implementing innovative solutions. His work has had local, state, national and international impact.

#### ***International***

In 2016, Dr Roberto Mezzina, Director Department of Mental Health World Health Organisation Collaborating Centre for Research and Training, Trieste, invited Warwick to present on Youth Mental Health at the World Health Organisation Think Tank Conference. This led to the inclusion of Youth Mental Health as an Innovative Service in the World Health Organisation's Compendium of best practices for Quality Rights in mental health initiatives.<sup>1</sup>

#### ***National***

Warwick has been an Australian Council on Healthcare Standards (ACHS) surveyor since 2009. His longstanding contribution to safe and high quality healthcare services in this role led to him becoming an ACHS Council Member in 2016.

He has a strong commitment to sector-wide capacity building. In 2007 and 2013, as Co-Convenor, he led planning for the TheMHS conference in Western Australia.

#### ***State***

Warwick has an extensive track record of chair and leadership roles on committees to drive service reform and shape safe, high quality and accessible mental health services for Western Australia, including:

- **Western Australian Parliament Whitby Falls Review Select Committee (2001). Clinical Representative.** Whitby Falls was a stand-alone mental health facility that had been in operation since 1897. The review found that it 'did not meet modern mental health treatment standards and the residents were isolated from the community and could not mix with other people'.
- **Children of Parents with Mental Illness State-wide Committee (2003, 2004 to 2010). Chair.** These committees oversaw the roll-out of a range of initiatives aimed at promoting better outcomes for children and families where a parent experiences mental illness.
- **Western Australian Youth Mental Health Sub Network (2016 to present). Co-convenor.**

In 2016, Warwick was instrumental in convening the state-wide Youth Mental Health Sub Network, which brings together service providers (including those from the public, private and community-managed sectors), researchers and policy makers from many sectors and consumers and carers to:

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<sup>1</sup> Available from: [http://www.ass1.sanita.fvg.it/it/eventi/docs/2016\\_meet\\_int\\_dsm/2016-10-18\\_Smith-Warwick.pdf](http://www.ass1.sanita.fvg.it/it/eventi/docs/2016_meet_int_dsm/2016-10-18_Smith-Warwick.pdf) and [http://www.ass1.sanita.fvg.it/it/azienda\\_informa/eventi/dettaglio.html?path=/dsm\\_eventi/2016\\_034\\_dsm\\_thinktank.html](http://www.ass1.sanita.fvg.it/it/azienda_informa/eventi/dettaglio.html?path=/dsm_eventi/2016_034_dsm_thinktank.html).

- Provide leadership for WA Health and provide a strategic platform to facilitate a state-wide transformative process.
- Develop clinical pathways and facilitate an integrated service system to provide better care for better value.
- Engage and connect service users and providers to support coordinated consultation and planning across whole of health and other relevant sectors.
- Share information and ideas for innovation and improvement.

In 2017, as Co-Convenor of the Youth Mental Health Sub Network, Warwick commissioned a state-wide population profile of youth and analyses of Emergency Department and inpatient and community mental health service utilisation by youth; and prepared a submission to the Western Australian Mental Health Advisory Council to inform service planning and commissioning for Western Australia.

In 2013 and 2014, Warwick convened a Youth Mental Health Expert Reference Group to provide input to the state-wide mental health, alcohol and other drug service planning process to inform the development of the *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*. He was also a member of the State Forensic Mental Health Service planning group.

Warwick has built strong partnerships between mental health services and external organisations to meet consumers' needs – particularly in primary health and accommodation. Between 1993 and 1996, Warwick developed accommodation models with the non-government sector and Homeswest, including 100 units of permanent housing for people with mental illness through the Independent Living Program (ILP). He continued his contribution to the development of stable housing for people with mental health problems through his role as a Board Director for Access Housing (2007 to 2017). The ILP has expanded state-wide and has Access Housing now has 522 individual units or houses (approximately \$175 million of housing stock).

Warwick was involved in the development of employment models for people with mental illness. He was a technical advisor to the WA Association of Mental Health strategic group which has overseen the development of the Individual Placement and Support (IPS) program in Western Australia and presently supports 14 IPS trial sites across Australia for youth.

In 2017, Warwick oversaw a state-wide survey of workforce training needs for youth, accommodation, education and mental health sectors (government and non-government), which will be repeated annually. This identified priority areas of need in building the capacity of services to respond to the needs of young people with mental health problems to guide training developed and delivered by Youth Mental Health.

In 2017, he became a Member of the Australian Association of Social Workers WA Branch Management Committee.

### **Local**

Warwick's contributions as a local service level have resulted in significant service development and reform. His strengths are exemplified in his strategic leadership, development and management of safe, high quality, accessible and integrated mental health services in his roles at the Peel and Rockingham Kwinana (PaRK) Mental

Health Service from 1994 to 2013 and in Youth Mental Health from 2013 to the present. In both contexts, he has overseen development of a range of high quality innovative service initiatives. **Specific examples will be discussed in further detail in response to Criterion 2.**

His approach to innovative service planning and development is characterised by dedication to:

- Fostering meaningful **consumer and carer participation** at all levels to ensure development of accessible and recovery-oriented services.
- Strong support for **service integration and partnerships** to address the social determinants of mental health.
- Service innovation characterised by a strong emphasis on **clinical best practice, safety and quality** to ensure positive outcomes.

Since commencing as the inaugural Director of Youth Mental Health, Warwick has been a strong advocate for the mental health needs of Western Australian youth in state-wide and local planning processes and has driven the development, implementation and evaluation of new specialist mental health services for youth that target areas of previously unmet need, including:

- An **Integrated Triage** for the specialist community mental health services in his portfolio to provide a single point of entry.
- The **Youth Mental Health Intensive Community Treatment and Support Service (Youth Wraparound)**, a collaborative intersectoral service to meet the exceptionally complex needs of a child in the care of Department for Child Protection and Family Services (CPFS).
- A **Youth Hospital in the Home (Youth HITH)** service to provide an alternative to hospital admission for young people experiencing serious mental illness requiring inpatient treatment.
- The **Youth and Adult Complex Attention Disorders Service (YACADS)** for youth with complex attention deficit disorders 'graduating' from public services provided through the Child and Adolescent Health Service.
- **Youth Accommodation Liaison Clinical Nurse Specialist (YAL CNS)** positions to provide assessment and brief intervention services to young people residing in crisis accommodation in the Perth metropolitan area. The service also provides consultation, advice and training to accommodation providers.
- A **gender diversity** specialist clinical psychology position to provide psychosocial support for youth experiencing gender dysphoria and/or undergoing medical treatment for gender transition.

Warwick was instrumental in the growth of the PaRK Mental Health Service from 5 to 250 staff during his time with the service. The annual budget grew from \$296,000 in 1994 to \$33 million in 2013. Among other achievements, Warwick oversaw the development of the Mimidi Park inpatient unit and the development and rollout of the first Early Episode Psychosis services in Western Australia. Warwick's promotion of strong team culture, along with consumer input to the Mimidi Park building design and service model, contributed to the lowest seclusion rate nationally for a period of time (a critical indicator of service safety and quality).

## **Criterion 2: Evidence of innovation or a high standard of service.**

Evidence of Warwick's exceptional contribution through development of a range of high quality innovative service initiatives is illustrated in this section through describing specific examples. The content in this section builds on and references the material presented in criterion 1 and is organised under the following headings:

- Consumer and carer participation.
- Service integration and partnerships.
- Clinical best practice, safety and quality.

### ***Consumer and carer participation***

Warwick has prioritised consumer and carer participation across his career. He involved consumers and carers extensively in the PaRK Mental Health Service. It was the first public mental health service in Western Australia to employ Peer Workers and Carer Consultants. His approach is reflected in the words of a consumer representative who worked with him in the PaRK Mental Health Service.

'[Warwick] valued and acted on feedback he received from myself and other consumers and carers...equally to any other discipline on the committees...he supported the consumer ethos "Nothing about us without us" ...[He] sets the bar ...He isn't just a 9-5 mental health advocate, he lives it on his weekends and evenings too ...spending Sundays handing out bottles of water...at Music To Open Your Mind...[He] does not see consumer and carer participation as just a number in the National Mental Health Standards he sees...that to provide a recovery oriented service the experience of those using service must be given a voice ... his legacy will hopefully continue for many years to come.' *I.B., Consumer Representative, PaRK MHS, 2001 onwards.*

He has continued his commitment to consumer and carer participation since moving to Youth Mental Health. In 2014, Warwick commissioned a WA Youth and Carer Participation Framework to guide strategies used by all Youth Mental Health services. Youth Mental Health has Youth Representatives on its Youth Mental Health Steering Committee, its core strategic and operational decision-making group. The Youth Hospital in the Home, which commenced in 2017, includes a Peer Worker to enhance youth engagement, and carer support is a critical part of service delivery.

He established the Youth Reference Group to actively involve consumers in the development, planning, delivery and evaluation of services. Youth Reference Group members also undertake activities to raise the profile of the service and destigmatise mental health problems.

In 2016, the Youth Reference Group collaborated with staff to run a photo competition on the theme of self-care (for mental, physical and/or emotional well-being) that culminated in a public exhibition during Mental Health Week. Winners were determined by popular vote and a book of all photographs was published (see Figure 1).

**Figure 1: Winners of the 2016 photo competition with Youth Mental Health staff and Youth Reference Group members.**



In 2017, the Youth Reference Group helped run a music event during Mental Health Week with performances by a professional lead act and seven supporting acts by young people actively engaged with Youth Mental Health services. Youth Reference Group members also used a PechaKucha format to present their personal recovery journeys at the Western Australian Mental Health Conference 2017.

### ***Service integration and partnerships***

Warwick has led a range of local service initiatives that have fostered service integration and partnerships. These have been driven by his recognition of the value of addressing social determinants of mental health in fostering positive outcomes and that integrated clinical pathways facilitate service access and engagement.

#### *Youth Mental Health Integrated Triage*

The Youth Mental Health Program operates three specialist community mental health services across the Perth metropolitan area: Youth Axis, YouthLink and YouthReach South. Warwick established a single point of entry to the three services through an Integrated Triage. Following its implementation, he led a review of the Integrated Triage, resulting in 22 recommendations that improved service access and reduced duplication in intake processes.

#### *Youth Accommodation Liaison Clinical Nurse Specialist (YAL CNS) positions*

Warwick provided direction and leadership in planning, implementing and evaluating the YAL CNS positions, resulting in significant improvements across the Perth metropolitan area in access to Youth Mental Health Services for homeless youth. The YAL CNSs, based at YouthLink and YouthReach South, provide clinical leadership in developing a flexible and integrated approach between specialist accommodation services, mainstream mental health providers, alcohol and drug services and primary care providers to meet young people's needs through providing:

- Specialist mental health risk assessments and brief interventions for homeless young people residing in youth crisis accommodation services.
- Consultation, training and support to youth crisis accommodation providers.
- Collaboration with and referral to other relevant services as required.

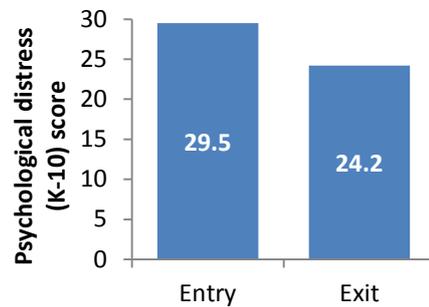
The implementation of these positions resulted in a more than five-fold increase in referrals from youth crisis accommodation services to Youth Mental Health in the first five months. Seventy-eight percent of young people who worked with the YAL CNSs were satisfied with the care provided and 86% said they would recommend the service to a friend. All youth crisis accommodation providers who referred to the YAL CNSs were satisfied with the service, as exemplified by the following feedback:

'[We have] been able to offer accommodation to young people experiencing mental health issues that would have been previously outside our capacity due to safety and risk.....The support has minimised the number of occasions that [our service] has been required to attend the Emergency Department to access specialist mental health support for young people..... The service has connected a higher number of young people to mental health support since we have been provided access to the service.'

### Ngatti House

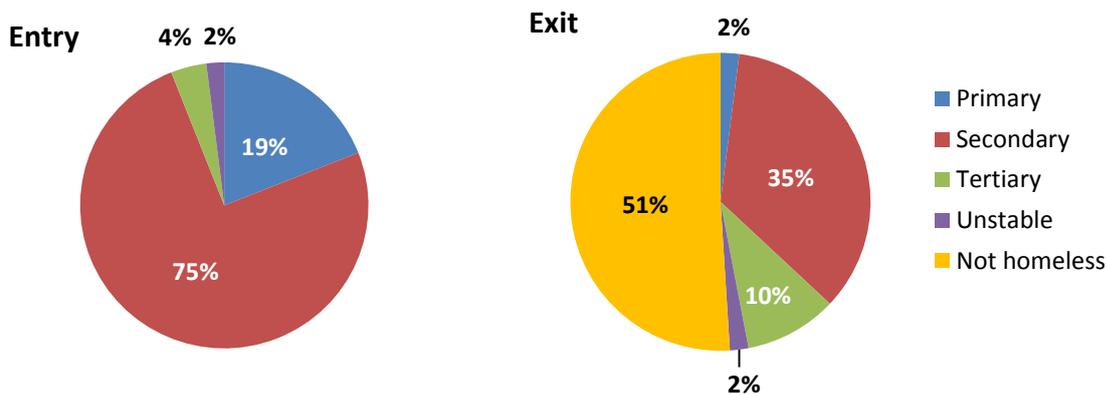
A positive example of partnership is Ngatti House, a state-wide medium term (up to 12 months) residential recovery service for 17 to 22 year olds with a diagnosed mental health problem who are homeless or at risk of long term homelessness. The partnership between Life Without Barriers and Youth Mental Health entails joint intake and assessment of young people and joint care coordination planning and service delivery. An evaluation commissioned by Warwick in 2016 showed positive clinical and social outcomes (see Figure 2 and Figure 3).

**Figure 2: Significant decreases in psychological distress for Ngatti House residents from entry to exit (t(36) = 3.4, p=0.001), FY2013-2016.**



The high standard of care provided through the partnership was recognised when Ngatti House won the Improving Service Delivery category of the 2016 WA Health Excellence Awards.

**Figure 3: Changes in homelessness status for Ngatti House residents from entry to exit, FY2013-2016.<sup>2</sup>**



### Peel and Rockingham Kwinana Mental Health Service

Warwick's commitment to developing positive partnerships and integrated systems of care is also apparent in his work at PaRK Mental Health Service. While there, he fostered close working relationships between PaRK Mental Health Service, the local Division of General Practice and the South Metropolitan Community Drug Service. This resulted in better coordination and continuity of care, improved physical health care for people with mental health problems, improved engagement with Aboriginal people, and better outcomes for people with co-occurring mental health, alcohol and other drug problems. Two awards illustrate the positive work he undertook to foster partnerships and integrated, coordinated care.

The partnership between South Metropolitan Community Drug Service and Fremantle–PaRK Mental Health Services was recognised for its high standard of service delivery in three state-wide forums (2012 Department of Health Awards (Finalist); 2012 Office of Drug and Alcohol Excellence Awards (Winner); and 2011 Mental Health Good Outcomes Awards (Winner)).

<sup>2</sup> Primary homelessness (Z59.0): People without conventional accommodation, sleeping 'out' or sleeping rough.  
 Secondary homelessness (Z59.1): Temporary accommodation and shelters, or refuges.  
 Tertiary homelessness (Z59.9): Rooming/boarding houses on medium or short term where the tenure is not secured by a lease.  
 Unstable accommodation (Z59.2): Due to the risk of eviction or conflict.

In 1997, with Warwick as Acting Director, the Rockingham Kwinana Mental Health Service (later expanded to include the Peel region) won a Gold Award for providing a quality comprehensive catchment area service with coordinated continuity of care in the Australia and New Zealand Mental Health Service Achievements Awards.

### ***Clinical best practice, safety and quality***

Warwick has a clear understanding of the value of clinical best practice, safety and quality when implementing innovative services. This is reflected in his work at PaRK Mental Health Service. In 1998, the Australian Transcultural Mental Health Unit recognised Rockingham Kwinana Mental Health Service as one of three best practice services nationally for providing non-English speaking services to non-English speaking background communities. In 2002, PaRK Mental Health Service was accredited with 'demonstrated commitment to ongoing improvement and a striving toward recognition as a centre of excellence in the delivery of mental health services'.

Warwick has continued his commitment to clinical best practice, safety and quality since moving to Youth Mental Health. He commissioned the Australian Council on Healthcare Standards to provide a pre-commencement consultancy service for the Youth Hospital in the Home (HiTH) and Youth Wraparound services. The ACHS report outlined that the monitoring and evaluation framework for all Youth Mental Health services was comprehensive and thorough. There were no recommendations as the service met the National Safety and Quality Health Service Standards 2012 and the National Standards for Mental Health Services 2010.

In 2016, Warwick established collaboration between Youth Mental Health and Professor Flavie Waters, University of Western Australia, to create a register of clients' diagnostic and demographic information across all Youth Mental Health. The register supports quality improvement, evaluation, and translational and longitudinal research. He has also commissioned independent evaluations of Youth Mental Health Services to inform decision-making and ensure service efficacy. Two service evaluations illustrate this.

### ***Youth Hospital in the Home***

Warwick commissioned an independent evaluation of the operational and clinical effectiveness of the first 6 months of operation for the Youth HiTH. It considered service-related data, case mix, consumers' and carers' experience of service, and referrer feedback. The evaluation showed high bed occupancy (88.2% unadjusted, 84.3%) and an average length of stay within boundary (11.9 days). There were positive outcomes in young people's level of function (88.2% had improved HoNOS scores) and psychological distress (94.1% had improved K-10 scores) and high consumer satisfaction with the service (94.4%). Ninety percent of referrers found the service accessible and 100% were satisfied with the service. Carers were satisfied with the quality of care (94.4%) and the convenience (100%) and expressed preference for home-based care rather than care within a mental health unit.

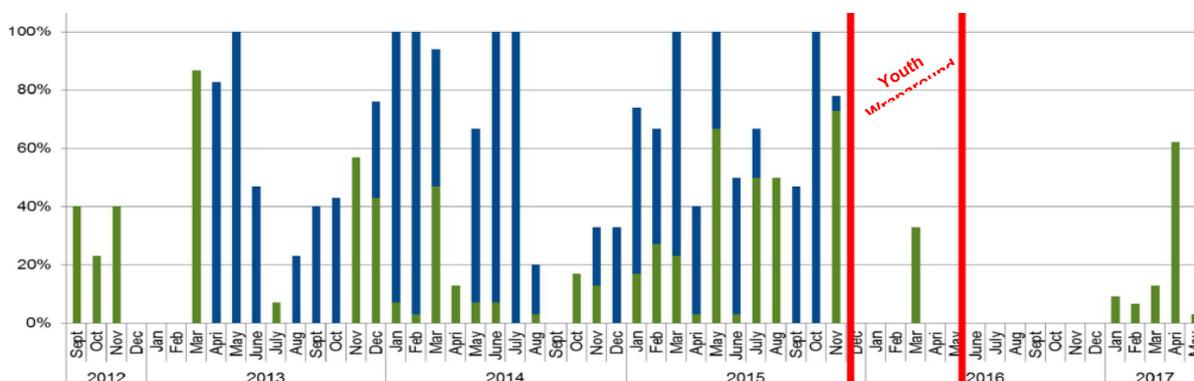
As an early outcome of the evaluation, an additional Social Worker position was added to enhance carer support and a Peer Support position was added to enhance youth engagement. Project process learnings from the implementation of the Youth HiTH were also identified and will be incorporated in the commissioning of future youth services. These include the need for early assertive promotion and communication to key stakeholders and referrers regarding new services.

### Youth Mental Health Intensive Community Treatment and Support Service (Youth Wraparound)

Warwick’s innovative approach to high quality service development was illustrated in 2016 through the Youth Mental Health Intensive Community Treatment and Support Service (Youth Wraparound), developed to meet the exceptionally complex needs of a child in the care of Department for Child Protection and Family Services (CPFS). This service was modelled on the Milwaukee Wraparound.<sup>3</sup> Warwick drove development and implementation of Service Level Agreements, a Model of Care, staff induction and training and a single intersectoral care plan operating across Youth and Child and Adolescent Mental Health Services, North and South Metropolitan Health Services, CPFS and Police. This involved negotiating an extraordinary level of integrated service delivery and cooperation across different jurisdictions.

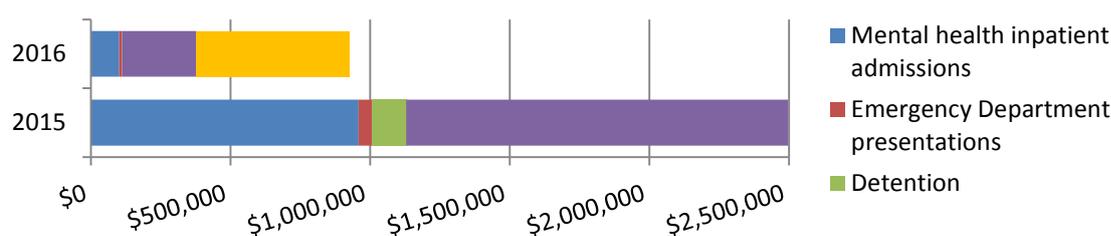
The outcomes for the Youth Wraparound were resoundingly positive. As a result of six months with the Youth Wraparound, the child’s time in institutional care (including a CPFS Secure Care Centre that provides therapeutic services to vulnerable children to address complex problems and behaviours; a custodial facility for young offenders aged 10 to 17; and inpatient mental health services) reduced from 67% from 2013 to 2015 inclusive to 3% in 2016. The child went from being described by CPFS as ‘...the most ‘at risk’ young person in the WA child protection system in terms of risk to self’ to being described by staff working with her as ‘extremely resilient’, behaving with ‘...maturity beyond her years’ and ‘incredibly courteous and respectful when communicating with staff’.

**Figure 4: Time spent as a mental health inpatient (green) and in a secure care centre or detention (blue) (% per month).**



Correspondingly, the service costs for the child reduced from \$2,373,481 in 2015 to \$377,666 in 2016, a saving of \$1,995,815.

**Figure 5: Estimated service costs for care of the child in 2015 and 2016.**



<sup>3</sup> See <http://wraparoundmke.com/>

### **3. Conclusion**

Warwick's exceptional contribution is as a system innovator who has repeatedly been prepared to champion qualitative growth characterised by a fundamental change of culture and a willingness to innovate and build 'something different'.<sup>4</sup>

In an organisational culture that favours evolutionary growth aimed at 'doing what we have always done, only better', he recognises that the short term risk of doing 'something different' needs to be balanced against the long term risk of failing to achieve effective system reform.

He recognises that health system reform is a complex, multi-level, and uncertain process, comprising a range of interlocking strategies and supporting tactics unfolding over a period of years. His approach to his work is characterised by a deep understanding of change processes, a long term commitment to leading effective system change, and a willingness to build engagement with key stakeholders from diverse domains and at all levels in this process. The outcome is effective, accessible, well-integrated services and positive partnerships across sectors.

Warwick has demonstrated a consistent track record of planning, implementing and evaluating innovative services that demonstrate a high level of clinical best practice, safety and quality. His genuine commitment to partnering with consumers and carers in this work has made a critical contribution to the ground swell of culture change towards recovery-oriented practice.

### **4. Referees**

Removed for privacy

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<sup>4</sup> Scott T, Mannion R, Davies HTO, Marshall MN. 2003. Implementing culture change in health care: theory and practice. International Journal for Quality in Health Care, Volume 15, Issue 2, 1 March 2003, 111–118.

## 5. Appendix of support material

### Testimonial – Rod Astbury, Chief Executive Officer, WA Association for Mental Health (30 August 2017)

I first worked with Warwick in 2000-2002 when he was the Director of Mental Health Services at the Peel & Rockingham Kwinana (PaRK) Mental Health Service. At that time, I was the Manager of Investment Programs with the Mental Health Division of the Department of Health and responsible for state-wide purchasing of mental health services in WA. At that time PaRK Mental Health Services had a deserved reputation for quality and innovation in service provision which was substantially due to Warwick's long-term leadership of the service. Notable elements of this included the strong partnerships the public mental health service established with community managed services in the region and the involvement of mental health consumers and family members in service planning and management.

I worked directly with Warwick in developing a state-wide framework for services for Children of Parents with a Mental Illness during this time. Warwick's role was to chair a steering committee for the project with a broad network of colleagues, other health services, other government departments, non-government services and consumer and family representatives. His strong and respected relationships with this group contributed to the successful outcome of this project which served as a base for services to this group of young people with significant needs over the next decade.

I re-established a working relationship with Warwick in 2012 when I was engaged by the WA Association for Mental Health (WAAMH) to prepare a business case for the establishment of the internationally recognised, Individual Placement and Support (IPS) evidence based employment service for people with enduring mental health conditions. Warwick had been sponsored by WAAMH to undertake training in the IPS model at Dartmouth College in the USA and so was able to provide me with valuable advice about the model and its application to WA mental health services in completing the business case. This business case secured funding from the Mental Health Commission for WAAMH to establish a technical support service for IPS in WA which currently supports a network of employment services throughout the state. In 2016 the service was extended nationwide, supporting fourteen IPS youth employment trial sites around Australia.

In 2014 as Chief Executive Officer of WAAMH I co-hosted the TheMHS Learning Network National Conference in WA with Warwick. TheMHS is an international network for improving mental health services in Australia and New Zealand that promotes collaborative research, practice, policy, education and leadership of all stakeholders in the field. TheMHS has offered an annual national conference for twenty-seven years and it is recognised as Australia's most inclusive mental health forum for the exchange of ideas, professional development and debate. Warwick's invitation to co-chair the organising committee and co-host of the event was recognition by the TheMHS national committee of the broad recognition and respect he is held in WA.

As a member of the Executive Advisory Group of the WA Mental Health Network I am aware of important work Warwick is currently undertaking as Co-chair of the Youth Mental Health Sub-Network. The Youth Mental Health Sub Network is responsible for

developing care pathways, models of care, clinical guidelines, service planning, service development and service improvements with a focus on the needs of youth by bringing together the right people, from the community sector, Health, consumers, carers and other interested parties. The Youth Sub Network is making an important contribution to the design of safe high quality and innovative mental health services for youth in WA through the collaborative effort of a broad group of stakeholders.

**Testimonial – G. A., Youth (Consumer) Representative, Youth Mental Health Steering Committee, 2017.**

Working alongside Warwick has been a very positive experience for me. Warwick has always displayed a lot of dedication, commitment and passion towards his work and improving the mental health services provided by NMMH. This year myself and another Youth Representative have had the opportunity to join the North Metropolitan Youth Mental Health Steering Committee, of which Warwick is the chair. He has been very eager to include youth input in decision making processes and has been very involved in the ground work of our projects, always showing enthusiasm and encouragement. He has a sound mind, is very genuine and flexible which are all qualities that have enabled our committee to create an effective space to develop and work on ideas. He has a very concise and thorough work ethic, which is very evident in all he does. Warwick embraces challenges without hesitation. I have always felt comfortable approaching Warwick, he is very easy to talk to and has a very gentle presence. He has always shown a high level of persistence towards his work and is someone I really enjoy being in the presence of, and I have also learnt a lot from him. I believe Warwick has and will continue to give vital contributions to North Metropolitan Youth Mental Health service improvement. Warwick is someone I greatly admire and respect and aspire to be like.

**Testimonial – I.B., Consumer Representative, Peel and Rockingham Kwinana Mental Health Service, 2017**

As operations manager at Peel and Rockingham Kwinana Mental Health Service (PARK MHS) Warwick Smith has made an outstanding contribution to mental health best practice, leading by example to set the highest standard of recovery orientated services. One of the ways he has achieved this is by demonstrating the importance of the consumer and carer perspective in all areas of service provision. Warwick Smith led the way in recovery orientated service, long before the term recovery was even used in mental health services

I first met Warwick Smith around 2001/02 when he was chair of the Accommodation Committee that I joined as consumer representative. This committee was responsible for the design/refit of a building that became the current Rockingham Kwinana Mental Health Services at this time my lived experience of emotional distress had left me feeling devalued and no longer the confident assertive professional I had previously been.

As chair of this and many other committees I have served on, Warwick Smith not only showed me the utmost respect, he valued and acted on feedback he received from myself and other consumers and carers. He valued their contributions equally to any other discipline on the committees. By example, he set a standard for others to learn

the importance of the lived experience in facilitating recovery based service. To the best of his ability he supported the consumer ethos "Nothing about us without us" Warwick Smith inspired me, and many others, we shared his enthusiasm to work towards making "our" service the award winning recovery service it became.

Warwick is highly respected for the way he works in partnership with consumers and carers. Despite his qualifications and vast knowledge he has gained working in mental health, he never makes assumptions regarding the how consumers would feel about decisions that services needed to make. He would always "consult", that may be in the form of a quick phone call asking "how do I think consumers would feel about...." Other times he would seek input by attending a Consumer Advisory Group meeting, organising consumer and carer forums etc In the case of designing the new mental health inpatient unit, he organised for consumers to be consulted in private by a project officer. The findings were used to help design an inpatient unit that included where possible those elements that consumers found helped them with their recovery.

PARK MHS wanted to establish a recovery based culture at Mimidi, the new mental health unit. Prior to its opening, over 100 staff were required to attend orientation /induction workshops, held over several days. Warwick ensured that along with the Chief Psychiatrist, the official visitors etc Consumers and carers also presented, sharing their lived experiences.

Warwick Smith is a leader, who inspires others, he sets the bar – others follow suit, He isn't just a 9-5 mental health advocate, he lives it on his weekends and evenings too. Attending functions organised by consumer such as their art shows held in the evenings or spending Sunday's handing out bottles of water, fruit or mental health information packs to the general public at Music To Open Your Mind in Fremantle.

Warwick Smith does not see consumer and carer participation as just a number in the National Mental Health Standards he sees it as essential to providing true recovery based service... words are not enough to adequately explain how Warwick has improved the outcomes for those using services he has also inspired so many through his dedication, commitment and belief that to provide a recovery oriented service the experience of those using service must be given a voice He has not just talked the talk of consumer carer participation he was walked the walk and his legacy will hopefully continue for many years to come.

## Selected Presentations

- 2018 Presentation on Creating systemic change within the mainstream mental health sector through collaborations to: Second National Indigenous Mental Health and Wellbeing Forum
- 2016 Presentation on Youth Mental Health to: World Health Organisation Think Tank Conference: Crossroads of Change, Trieste.
- 2013 – 2017 Presentations on Youth Mental Health to: Western Australian Mental Health Advisory Council (2017), Western Australian Mental Health Conference (2017), Western Australian Rural and Remote Conference (2013), North Metropolitan Health Services Executive Group, SuMMat (South Metropolitan Mental Health Advisory Group), and South Metropolitan Perinatal Health Interest Group.
- 2014 Looking Forward Project presentation on Aboriginal Mental Health to: The Mental Health Service Conference of Australia and New Zealand TheMHS, Perth Conference 2014.
- 2012 Presentations on Individual Placement and Support (IPS) to: South Metropolitan Mental Health Advisory Group (SuMMat), and Ruah Vocational Advisory Group (State-wide Committee).
- 2012 Presentations on Partnership between Alcohol and Drug and Mental Health Services in the Southern Metropolitan Area (Presented by Park MHS and Southern Metropolitan Drug Service) to: Department of Health Conference (2012), Office of Drug and Alcohol Conference (2012).
- 2012 A Ten Year Strategic Approach to Meeting the Needs of Parents with a Mental Illness in Western Australia (Warwick Smith, Western Australia Department of Health, Carly Dolinski, WA Mental Health Commission). Third International World Congress on Children of Parents with Mental Illness; First International Young Carers Congress; First National Mental Health Conference, Vancouver Canada.

## Publications

During his career, Warwick has taken a leading role in providing a number of strategic directions for Mental Health Services at a Health Service, Regional and State level. He has had significant involvement in a number of planning processes, which have delivered a number of strategic plans and publications which include the following:

- Providing culturally-informed mental health services to Aboriginal youth: the YouthLink model in Western Australia. Australian and New Zealand Journal of Psychiatry. Sabbioni D, Feehan S, Nicholls C, Soong W, Rigoli D, Follett D, Carastathis G, Griffiths J, Curtis K, Smith W, Waters F. In press.
- Intensive Community Treatment and Support 'Youth Wraparound' service in Western Australia: A case and feasibility study. Early Intervention in Psychiatry. Smith W et al. In press.
- Mental Health Advisory Council Youth Mental Health Report. Youth Mental Health Sub Network. Smith W and Millett L. 2017.

- A newcomer to an old country: reflections of a youth mental health service participating in the Looking Forward Project. *New Community: Living with Mental Illness. Nyoongar ways of working & the Looking Forward Project. Vol. 13, No. 3, Iss. 51 (p37-40).* Soong W, Smith W et al. 2015.
- Youth Hospital In the Home Model of Care, Acute Care Service. North Metropolitan Health Service Mental Health. Smith W. 2015.
- Service Level Agreement to Support Integrated System of Care. North Metropolitan Health Service Mental Health, Child and Adolescent Mental Health Service, Department for Child Protection and Family Services. Smith W. 2015.
- Youth Intensive Community Treatment and Support Service – ‘Youth Wraparound’ Model of Care. Smith W. 2015.
- Integrated Procedural Guide – Guidelines for services for an adolescent in care having multiple complex needs which span across several agencies and types of service provision. Smith W, Jonikis A, Cohen S, et al. 2015.
- Background and Proposed Pilot Service model for Young People and Adults with Complex Attention Deficit and Hyperactivity Disorders. Youth Mental Health (NMHS MH). Smith W. 2014.
- Youth Subacute Model of Care. Mental Health Strategy and Leadership Unit. South Metropolitan Health Service. Moore, E, Smith W, Soong, W, et al. 2014.
- Youth Inpatient Unit Department of Psychiatry, Queen Elizabeth II Model of Care. North Metropolitan Health Service Mental Health. Smith W., Soong W., McAndrew, M., et al. 2014.
- Report to WA Mental Health Services Plan Project Management Group. Youth Mental Health Expert Reference Group. Smith W. 2013.
- Mental Health Hospital in the Home. South Metropolitan Area Health Service, Mental Health Business Case. 2012.
- Young Carers Project. Western Australian Association for Mental Health. White A & Smith W. 2010.
- Early Episode Psychosis. A Business Case for Statewide Service Delivery. Smith W, Shymko G, & Harrison T, et. al. 2011.
- Pathways to Resilience. Children of Parents with Mental Illness Project Report. Mental Health Division. Smith W and Nicholls D. 2002.

### **Executive Involvement**

Warwick has made a significant contribution through executive involvement in a number of strategic and operational planning and policy processes at a Health Service, Regional and State level. This is reflected in the committee roles he has held.

- |                |   |
|----------------|---|
| 2016 – Present | The Australian Council for Healthcare Standards Council (Member)                        |
| 2016 – Present | Youth Mental Health Sub Network Steering Group (Co-Convenor)                            |
| 2013 – Present | Youth Mental Health Steering Committee (Chair)  |
| 2013 – Present | Mental Health Executive Group, North Metropolitan Health Service Mental Health (Member) |
| 2014 – Present | Youth Mental Health Safety, Quality and Risk Committee (Chair)                          |

|                |  |
|----------------|--|
| 2014 – Present | Youth CLEAR Committee (Member)   |
| 2014 – 2016    | WA Collaboration for Substance Use and Mental Health Working Group (Member)  |
| 2013 – 2015    | Mental Health Advocacy Working Group, Mental Health Commission (Member)  |
| 2013 – 2014    | Statewide Placement and Support Steering Committee (Technical Advisor on Integrated Placement and Support (IPS))                             |
| 2012 – 2013    | Rockingham Kwinana Peel Group Health Executive (Member)  |
| 2009 – 2012    | National COPMI Reference group (member) (Australian Infant Child Adolescent and Family Mental health Association- AICAFMHA)                  |
| 2007 – 2013    | Access Housing (Director of the Board)   |
| 1994 – 2013    | Peel and Rockingham/Kwinana Mental Health Services Steering Committee (previously Rockingham Kwinana Mental Health Services) (Chair)         |
| 2003 – 2013    | South Metropolitan Area Health Service Mental Health Area Executive Group (Member)   |
| 2007 – 2012    | South Metropolitan Area Health Service Mental Health Clinical Governance (Member)  |
| 2007 – Present | Peel and Rockingham/Kwinana Mental Health Services Clinical Governance Committee (Member)  |
| 2007 – 2012    | Statewide Mental Health Clinical Documentation Steering Committee (Member)   |
| 2004 – 2010    | Children of Parents with Mental Illness State-wide Committee (Member)  |
| 2010           | Steering Committee, Early Episode Psychosis, State-wide Business Case Working Group (Chair)  |
| 2003 – 2004    | North Metropolitan Area Mental Health Service Executive Committee (Member)   |
| 2003 – 2004    | Child and Adolescent Mental Health Service Management Committee, North Metropolitan Area Mental Health Service (Chair)                       |
| 2003 – 2004    | Clinical Advisory Group, North Metropolitan Area Mental Health Service (Member)  |
| 2003           | Children of Parents with Mental Illness State-wide Committee (Chair)   |
| 2001 – 2003    | Milligan Foundation Housing Association Inc. (Director of the Board)   |
| 2001           | Whitby Falls Review Select Committee, Western Australia Parliament, Clinical Representative of the Metropolitan Mental Health Board (Member) |
| 2000 – 2002    | Peel and Rockingham Kwinana Health Services Medico Legal Review Committee (Member)   |
| 1998 – 1999    | Metropolitan Health Services Board Standing Committee on Psychiatry (Member)   |
| 1996 – 2013    | Rockingham Kwinana Early Episode Psychosis System of Care, Steering Committee (Chair)  |
| 1994 – 2003    | Peel and Rockingham Kwinana Health Service (Executive) (1994-1998 Rockingham Kwinana Health Executive)                                       |

## 6. Brief CV of the nominated person for the award

### Personal and Professional Skills

Warwick has proven ability as a committed, innovative and competent professional. He has broad experience working in the Western Australian mental health sector in private and government services from which he has developed a range of skills in clinical, management and service environments. He has demonstrated effective leadership of teams in various senior positions. He has excellent communication skills and relates well to people at all levels, including Chief Executive Officers, Ministers of Health and Mental Health, government and non-government agencies, community members, and consumers and carers. He has a sound track record in clinical practice and strategic and change management. He is adaptable and flexible to changing environments and has excellent organisational, problem solving, and time management skills. He has strong project management and planning skills.

### Professional Education and Qualifications

- |                 |  |
|-----------------|--|
| 1984            | Bachelor of Social Work, University of Western Australia   |
| 1982            | Bachelor of Arts (major in Psychology), Units completed at University of New England and University of Western Australia |
| 2017 to present | Member of the Australian Association of Social Workers, Western Australian Branch Management Committee.                  |
| 2012            | Certified Individual Placement and Support Trainer, Dartmouth, New Hampshire, USA.                                       |
| 2009 to present | Australian Council on Healthcare Standards Surveyor  |

### Employment History

*2013 – Present     Director, Youth Mental Health, North Metropolitan Health Service Mental Health*

Senior leadership and management of specialised youth mental health services across Western Australia. This included the planning for the development of youth services as part of the Mental Health and Drug and Alcohol Service Plan 2015-2025 developed by the Department of Health and the Mental Health Commission.

*2006 – 2013        Operations Manager, Peel and Rockingham Kwinana Mental Health Service*

Provision of senior leadership and management of mental health services to meet key performance objectives as outlined in the local and South Metropolitan Area Health Service operational plan. This included development and management of inpatient and community mental health services, including child and adolescent, youth, adult and older adult mental health services, and partnerships with primary care.

*2004 – 2006        Clinical Manager, Rockingham Kwinana Mental Health Service (Adult)*

Management of community adult mental health services including a number of community sector teams, early episode psychosis services, and an assertive community team.

2003-2004 *Interim Clinical Director, Child and Adolescent Mental Health Services, North Metropolitan Health Service*

Leadership of child and adolescent mental health services and integration into an area structure. Provision of clinical services to a range of clients and their families.

1998 – 2003 *Acting Director, Peel and Rockingham Kwinana Mental Health Service*

Provision of strategic leadership for community mental health services including the development of strategic partnerships with the non-government sector. Integrated Peel and Rockingham Kwinana Mental Health Service.

1997 – 1998 *Acting Director, Rockingham Kwinana Psychiatric Services*

Provision of strategic leadership for community mental health services including the development of community services for older adults. Oversaw the strategic partnerships with the non-government sector and the Divisions of General Practice.

1996 *Acting Senior Policy Officer – Mental Health Division*

Strategic planning for the accommodation needs of people with mental illness including the further development of the Independent Living Program with Homeswest.

1994 – 1997 *Clinical Coordinator – Rockingham Kwinana Psychiatric Services*

Provision of senior leadership and management for community mental health services and the development of a range of new services in Western Australia through the National Mental Health Strategy.

1994 *Acting Senior Social Worker – Warwick Child and Adolescent Clinic*

Provision of Senior Social Worker services in a child and adolescent mental health service.

1993 -1994 *Project Officer, North Metropolitan Psychiatric Services Health Department of WA*

Developed a number of accommodation models with the non-government sector and Homeswest which included the acquisition of 100 units from Homeswest for permanent housing for people with mental illness through the development of the Independent Living Program.

1992 – 1993 *Senior Social Worker, Child Development Centre, WA Health Department*

Provision of Senior Social Worker services at the Child Development Centre.

1990 – 1992 *Senior Social Worker, Graylands Hospital, WA Health Department*

Provision of Senior Social Worker services in an authorised mental health hospital including providing services to the mother baby unit.

1986 – 1990 *Coordinator, Assistant Director, and then Director Richmond Fellowship*

Provision of leadership and management for a service specialising in residential care for youth with severe mental illness. Coordinator of a therapeutic community for youth and younger adults.