Northern Territory Mental Health and Suicide Prevention
Foundation Plan 2021 - 2022

A move towards whole of system integration

Working collaboratively for all Territorians

AMSANT

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

NORTHERN TERRITORY GOVERNMENT

Acknowledgment of Country

Northern Territory PHN and all contributing stakeholders acknowledge Northern Territory First Nations peoples as the Traditional Custodians of the lands, seas, and waters on which we live and work, and pay our respect to Elders past, present and emerging.

In the spirit of reconciliation and partnerships, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of our communities.

Acknowledgment of lived experience

We acknowledge the lived experience of those impacted by mental health issues and suicide, as well as the experience and contributions made by carers, families, friends, and services provides to their recovery.

David Braines-Mead
Acting Chief Executive Officer, NT Health

John Paterson
Chief Executive Officer, AMSANT

Gill Yearsley
Chief Executive Officer, NT PHN

Executive Summary from Executive Project Sponsors

This Foundation Plan is the first step in a joint commitment to develop a Joint Regional Mental Health and Suicide Prevention Plan for the Northern Territory (NT).

This commitment follows a mandate provided to Primary Health Networks (PHNs) and Local Health Districts (LHDs) in the *Fifth National Mental Health and Suicide Prevention Plan ('the Fifth Plan')* and endorsed by the Australian Government and by State and Territory Health Ministers in August 2017. The plan is also linked and follows priorities of integration outlined in the *Northern Territory Mental Health Strategic Plan (2019–2025)*.

The plan is co-sponsored by NT PHN, NT Health and AMSANT and has been developed in collaboration with the Top End and Central Australia Health Services, Territory Families, the non-government community mental health sector, Aboriginal community-controlled sector and those with lived experience of mental illness and suicide.

The plan identifies a shared vison and agreed priority areas to focus our efforts to better integrate mental health services and suicide prevention responses, across our health and social service system. It will provide a platform for strengthening what we know works well, as well as identifying what needs to change in order to address systemic fragmentation and barriers to integration.

This Foundation Plan prioritises five key action areas:

1. Early engagement with at-risk populations
2. Clear pathways for people with moderate mental illness
3. Greater support for people with severe and complex needs
4. Joined-up services for children and young people
5. Using technology for better outcomes.

Ultimately, improved integration will be measured by improvements in consumers' experiences of mental health services. Our work to develop a regional plan will do this by enabling our communities, services and workforce to provide better coordinated and continued care so people receive and know how to access the right care, at the right time, no matter where they live.

Achieving a system of integrated care requires a shared vision and objectives for those across the system involved in planning, financing, and providing services in our communities. We are confident this Foundation Plan will foster a shared commitment in responding to the wellbeing needs of Territorians.

Contents

1. About the Plan

To ensure a comprehensive and coordinated approach to better promote community wellbeing, Northern Territory PHN (NT PHN), Aboriginal Medical Services Alliance Northern Territory (AMSANT) and the Northern Territory Government Department of Health (NT Health) are committed to the development and implementation of a Joint Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021 - 2022.

Foundation Plan

The Foundation Plan:

- Outlines key priority areas to focus integration activities.
- Describes our regional approach to joint systems and service planning improvement across the Territory's mental health, health and social service systems.
- Promotes integration across the service system by focusing on new ways working together in partnership can improve outcomes and positively impact the wellbeing of people across the Territory.

This plan will lay the foundation for a more comprehensive Joint Mental Health and Suicide Prevention Regional Plan for the NT region.

Joint Regional Plan

NT PHN, together with AMSANT and NT Health, have committed to the development of a comprehensive Joint Mental Health and Suicide Prevention Regional Plan by December 2022.

The joint regional plan will inform and support a coordinated approach to the commissioning of services across the stepped care spectrum and implementation of strategies to address identified priority areas across all regions of the NT.

The plan will also support the opportunity for coordinated regional implementation of national priority areas resulting from the *Fifth Mental Health and Suicide Prevention Plan (the Fifth Plan)*, which include: better coordination of services for people with severe and complex mental illness, a systems-based approach to suicide prevention, improving Aboriginal and Torres Strait Islander mental health and suicide prevention, and improving the physical health of people living with mental illness.

The joint regional plan:

- requires detailed system-wide service and workforce mapping across all regions of the NT
- will focus on population health needs, and service gaps
- will provide a comprehensive and localised integration plan for each NT region.

A new approach for the NT

Our approach to improving integration is unique for the Northern Territory. It is underpinned by a collective agreement that ensures future program and service planning is responsive to the mental health needs of our communities and done in partnership with all leading mental health commissioning agencies.

A connected and well-integrated health and social services system is essential to ensure people receive the help, information and support they need. This need has now been amplified by the impact that Coronavirus (COVID-19) has had both socially and economically across Australia (Further details on system responses to the COVID-19 pandemic in the NT see Appendix 1).

Because of the significant size of the NT and its dispersed population, the plan will provide a sustainable mechanism for local communities, including consumers, carers and people with a lived experience of mental illness and/or suicide, to meaningfully participate in initiatives that will enhance integration within a local context.

Working together is vital to address the complexity of delivering mental health and suicide prevention services in the Northern Territory, particularly with the complex and interconnected social determinants that exacerbate poor mental health outcomes of many Territorians.

2. Why service integration?

The lack of integration in the mental health system can have a detrimental effect on people at-risk of declining mental health and wellbeing. A system that doesn't work together can see people falling through the cracks; receiving inconsistent care, not knowing who to approach for help during a crisis, and potentially exacerbating mental health concerns.

The integration of mental health services and systems within the Northern Territory, will aim to improve health outcomes for consumers and carers by:

- Addressing the fragmentation of mental health services by providing connected pathways for consumers and preventing services operating in isolation from each other.
- Improving the experience of those accessing services ensuring timely access, person-centred care, improved navigation and non–stigmatising options.
- Supporting mental health reform priorities at a Territory, regional and local level to provide coordinated, joined-up and responsive person-centred care.
- Establishing a holistic system that addresses other factors such as social determinants, to improve health outcomes and enable consumers to maintain positive mental health.
- Shifting towards a population-based preventative and early intervention focus, providing consumers with services that support healthy wellbeing.
- Measuring success through coordinated person and community-centred outcomes.
- Measuring investment against health outcomes.

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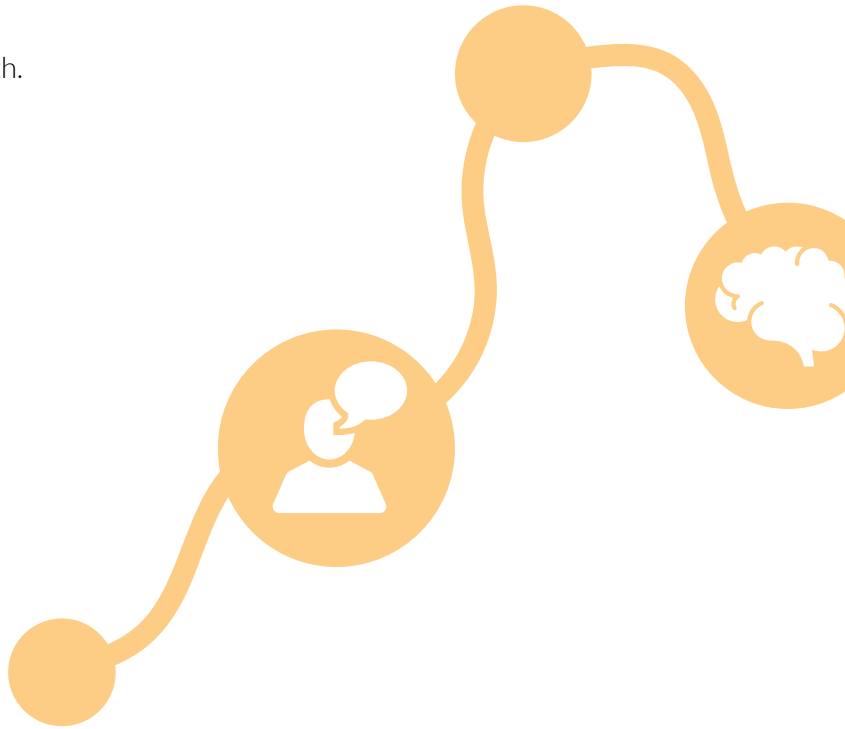
"A system that doesn't work together can see people falling through the cracks; receiving inconsistent care, not knowing who to approach for help during a crisis, and potentially exacerbating mental health concerns."



3. Scope of Foundation Plan

This plan focuses on opportunities for better integration across the mental health and suicide prevention system, including primary, secondary, and tertiary care, psycho-social support, and physical health services. It also seeks to acknowledge and incorporate the broader social, cultural and economic determinants of health and wellbeing, including housing, education, employment, and exposure to trauma, stigma and discrimination.

The Foundation Plan sets out our governance that will support the implementation of future regional planning activities, as well as our agreed priorities areas that will provide the focus for identifying opportunities in program, service, sector, and system improvement.

The plan supports an agreement for joint action across system enablers and priority areas and has been developed through:

- reviewing current local and national data and evidence on the mental wellbeing needs of our population
- building on previous community consultations relating to mental health and suicide prevention
- working in partnership with key organisations including government and community non-government mental health sectors and those with lived experience.

> *"The plan seeks to acknowledge and incorporate the broader social, cultural and economic determinants of health and wellbeing, including housing, education, employment, and exposure to trauma, stigma and discrimination."*

4. Context to the development of a Foundation Plan and what it means for the NT

GUIDING POLICY, FRAMEWORKS AND STRATEGIES

With an increased focus on mental health nationally, several policies, frameworks and strategies exist to address the impact of mental illness and suicide within our communities and help improve the delivery of services and activities to enable recovery and prevent suicide.

At a national level a key commitment is the better integration of planning and service delivery at a regional level.

This commitment is identified in the *Fifth Plan's* Priority Area 1: *Achieving integrated regional planning and service delivery*, which describes integration as a pivotal theme to ensure the experiences and outcomes for consumers and carers are improved.

This plan is informed by the Fifth Plan and several other key strategies and frameworks connecting their overarching commonalities of striving to ensure services are holistic, connected and person-centred.

Other key strategies and frameworks that have helped inform the development of this Foundation Plan are included at *Appendix 2*.

National Policy Context

The Fifth Mental Health and Suicide Prevention Plan (the Fifth Plan)

The *Fifth Plan* commits Commonwealth, State and Territory Governments to collaborate with regard to mental health service integration and the impact of suicide nationally through regionally-based planning partnerships.

The *Fifth Plan* aims to guide coordinated government action in mental health reform and service delivery across Australia, with the need for enhanced integration a pivotal underpinning theme.

The *Fifth Plan* outlines a vision for the Australian Mental Health System, that:

- enables recovery
- prevents and detects mental illness early, and
- ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

The *Fifth Plan* also sets eight priority areas:

- achieving integrated regional planning and service delivery
- effective suicide prevention
- coordinating treatment and supports for people with severe and complex mental illness
- improving Aboriginal and Torres Strait Islander mental health and suicide prevention
- improving the physical health of people living with mental illness and reducing early mortality
- reducing stigma and discrimination
- making safety and quality central to mental health service delivery
- ensuring that the enablers of effective system performance and system improvement are in place.

The *Fifth Plan's* first priority - *achieving integrated regional planning and service delivery* –provides Primary Health Networks (PHNs) and Local Health Networks (LHNs) nationally with the mandate to lead regional planning, recognising that PHNs and LHNs provide the core architecture to support integration and are positioned to work with local stakeholders critical to mental health service provision.

Gayaa Dhuwi (Proud Spirit) Australia Declaration

Gayaa Dhuwi (Proud Spirit) Australia is the national Aboriginal and Torres Strait Islander leadership body, governed and controlled by Aboriginal leaders and peak bodies with expertise in social and emotional wellbeing, mental health and suicide prevention. This leadership group is responsible for overseeing the development and implementation of:

- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing (SEWB) 2017-2023

The work of the Gayaa Dhuwi leadership group and the development of this plan is driven by the Gayaa Dhwui Declaration.

The declaration advocates for Aboriginal concepts of SEWB, mental health and healing to be recognised and supported in the Australian mental health system alongside clinical perspectives. It also recognises that improving mental health and suicide prevention outcomes for Aboriginal people requires Aboriginal leadership to be supported and visible across all parts of the mental health system.

Productivity Commission - Mental Health Inquiry 2020

In November 2020, the Australian Productivity Commission completed its inquiry into the role of mental health in the Australian economy and the best ways to support and improve national mental wellbeing.

The inquiry considered how mental illness could affect all aspects of a person's quality of life, including physical health, social participation, education, employment and financial status, and looked at how Australia's governments, employers, and professional and community groups in healthcare, education, employment, social services, housing and justice could contribute to improving mental health for people of all ages and cultural backgrounds.

This Foundation Plan takes into consideration and draws upon the commission's findings and recommendations, in particular, a commitment to regional planning to address gaps and improve integration across the service system.

Local Policy Context

The plan is also established in the context of the *Northern Territory Government's Mental Health Strategic Plan (2019–2025)* and the *NT Suicide Prevention Strategic Framework (2018)*. Both frameworks align with the *Fifth Plan* to promote wellness, service integration, health literacy, community engagement and a responsive service system.

The plan draws from the *Strengthening Our Health System Strategy (2020-2025)* that strategically sets in place actions to increase the use of digital health technologies to improve healthcare for Territorians.

5. Stakeholders and Governance

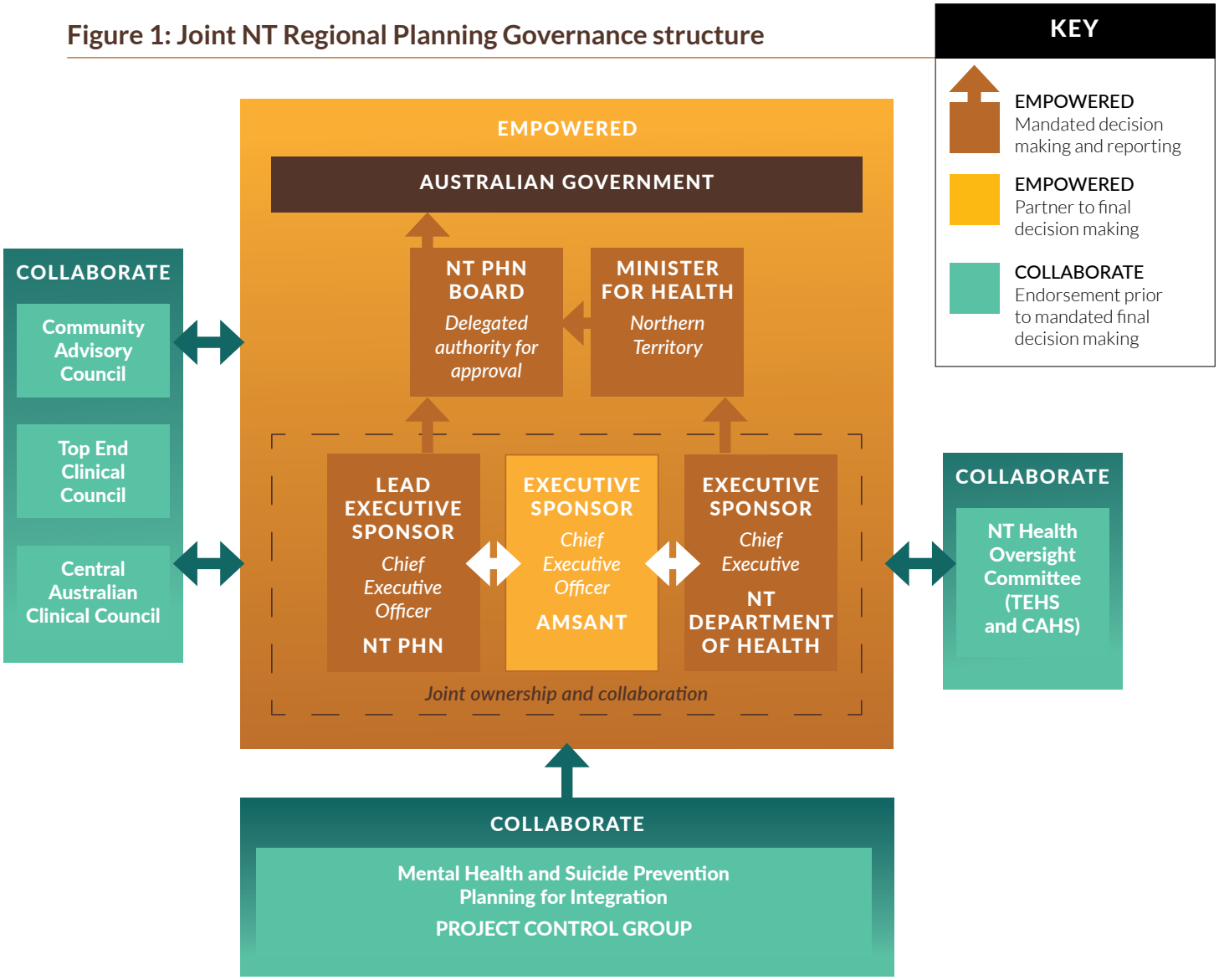
In accordance with the mandate provided to all Primary Health Networks (PHNs), NT PHN will lead the transformation work in partnership with NT Health, encompassing the Department of Health, Top End Health Service (TEHS) and Central Australia Health Service (CAHS) through a formal and joint collaborative partnership.

Given the disproportionate impact of mental illness, trauma, and suicide among Aboriginal and Torres Strait Islander Territorians, and the central role that Aboriginal Community Controlled Health Services (ACCHSs) play in providing primary mental health care to Aboriginal people across the NT, AMSANT are lead partners in regional planning alongside NT PHN and NT Health.

The development of this plan is guided by the Regional Planning Project Group (the Project Group).

The Project Group comprises of representatives from lead organisations NT PHN, AMSANT and NT Health, as well as Territory Families, the NT Mental Health Coalition, ACCHSs, and those with a lived experience of mental illness and suicide.

Figure 1: Joint NT Regional Planning Governance structure



6. Roles and Responsibilities of Sponsor Organisations

NT PHN

Northern Territory Primary Health Network (NT PHN) is a not-for-profit organisation funded by the Australian Government to work closely with the primary health sector to develop better coordination, support the health workforce and introduce new health programs and services.

The main objectives of the NT PHN are to:

- improve medical services for patients, particularly those at risk of poor health outcomes
- make sure government money is directed to where it's needed and is spent on health programs that will be most effective
- improve the links between local health services and hospitals, so that patients receive the right care, in the right place, at the right time.

AMSANT

Aboriginal Medical Services Alliance NT (AMSANT) is the peak body for Aboriginal Community Controlled Health Services (ACCHSs), representing 26 members across the NT. The ACCHSs sector is the largest provider of primary health care services to Aboriginal people in the NT.

ACCHSs deliver comprehensive primary health care that incorporates SEWB, mental health and AOD services, family support services and early childhood services, delivered by multi-disciplinary teams within a holistic service model.

As the peak body, the role of AMSANT is to lead and advocate for health equity and support the provision of high-quality comprehensive primary health care services for Aboriginal people across the Territory.

AMSANT's SEWB team provides advocacy and support for members in mental health, social and emotional wellbeing, suicide prevention and alcohol and other drugs, through input into local and national policy, leading research projects, and workforce training and development.

NT Health

The Northern Territory Department of Health is responsible for enacting mental health legislation, setting policy frameworks, and funding and delivering public mental health services that provide specialist care. The NT currently has two Local Health Networks (LHNs) which manage public hospital services and some community-based mental health services; Top End Health Service (TEHS) and Central Australia Health Service (CAHS).

These services include specialised mental health care delivered in public acute and psychiatric hospital settings, specialised community mental health care services and specialised residential mental health care services.

7. Our region

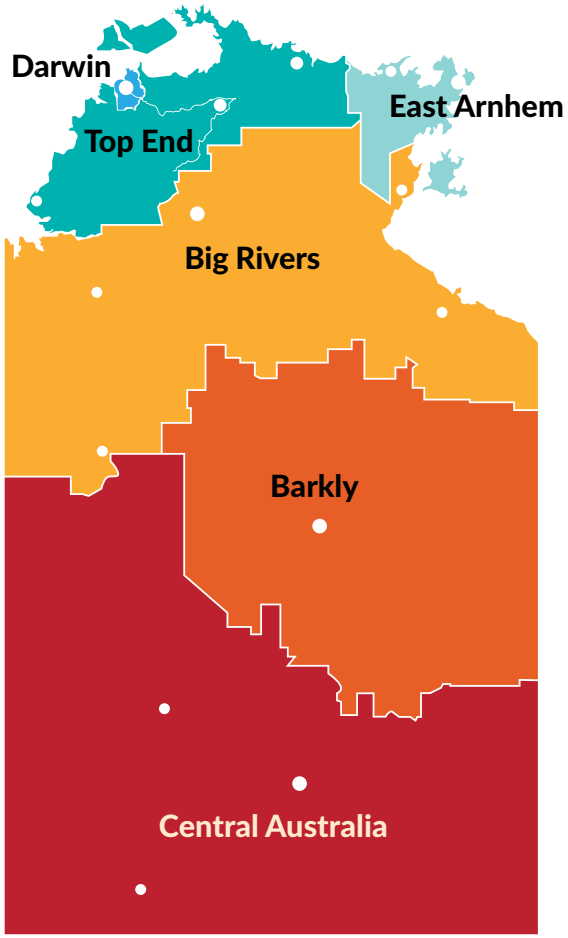
Population and Geography

Our region incorporates the entire Northern Territory (NT) – an area of some 1.4 million km2 which is home to a widely dispersed population of 246,000 people.

Forty percent of the population resides in remote and very remote areas, the majority of whom are Aboriginal and Torres Strait Islander peoples (hereafter Aboriginal). Aboriginal people make up 30% of the NT population compared to three percent across Australia. 13% of the NT population were born in predominately non-English-speaking countries.

The NT has a young age profile compared to other states and territories, with a median age of 32.

The population has decreased by six percent since 2011 due to interstate migration patterns, however it is projected to increase in the next decade, particularly in older people and Aboriginal people.

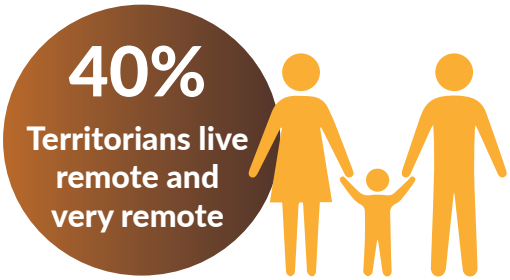


TOTAL AREA

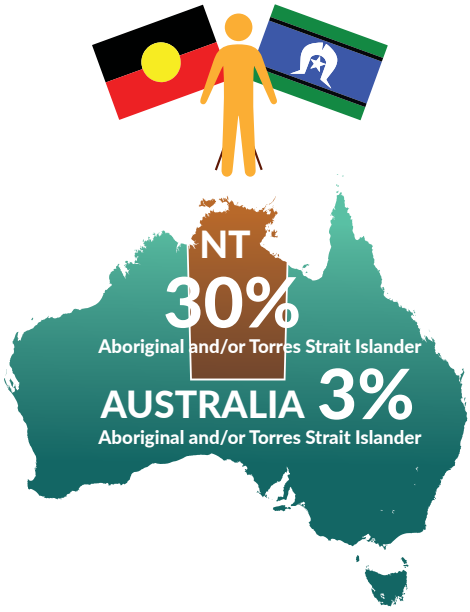
1.4 million km^2

TOTAL POPULATION

246,000



Majority are Aboriginal and/or Torres Straight Islander



SOCIODEMOGRAPHIC FACTORS:

- low income
- overcrowded housing
- unemployment
- no internet at home
- no motor vehicle

8. What we know about Mental Health in the Northern Territory

Mental Health

Approximately 20% of Australians are affected by some form of mental illness every year[1,2]. Mental health and substance misuse disorders including suicide and self-inflicted injuries, alcohol misuse disorders and depressive disorders make up approximately 12% of the total burden of disease in the NT[3].

In the NT, 40% of our total population and around 77% of our Aboriginal population live in remote and very remote areas[4]. Nationally, Aboriginal people in remote areas self-report higher levels of functional health, wellbeing and life satisfaction compared to those in urban areas, despite a higher burden of disease, physical ill-health and greater socio-economic disadvantage in these areas[5].

This is mirrored in 2018-19 data from the National Aboriginal and Torres Strait Islander Health Survey which found Aboriginal people in the NT had high self-reported health status, low rates of psychological distress and mental and behavioural conditions.[6]

Two important factors are likely to contribute to higher rates of self-reported wellbeing in remote Aboriginal communities of the NT:

1. The disproportionate impact of socio-economic disadvantage and low screening/ assessment rates in remote areas may mask the detection and diagnosis of some mental health issues.[7]
2. The strength of identity and culture that Aboriginal people maintain through their connections to culture and Country, particularly in terms of access to ancestral lands, may increase wellbeing and resiliency against mental health conditions.[8]

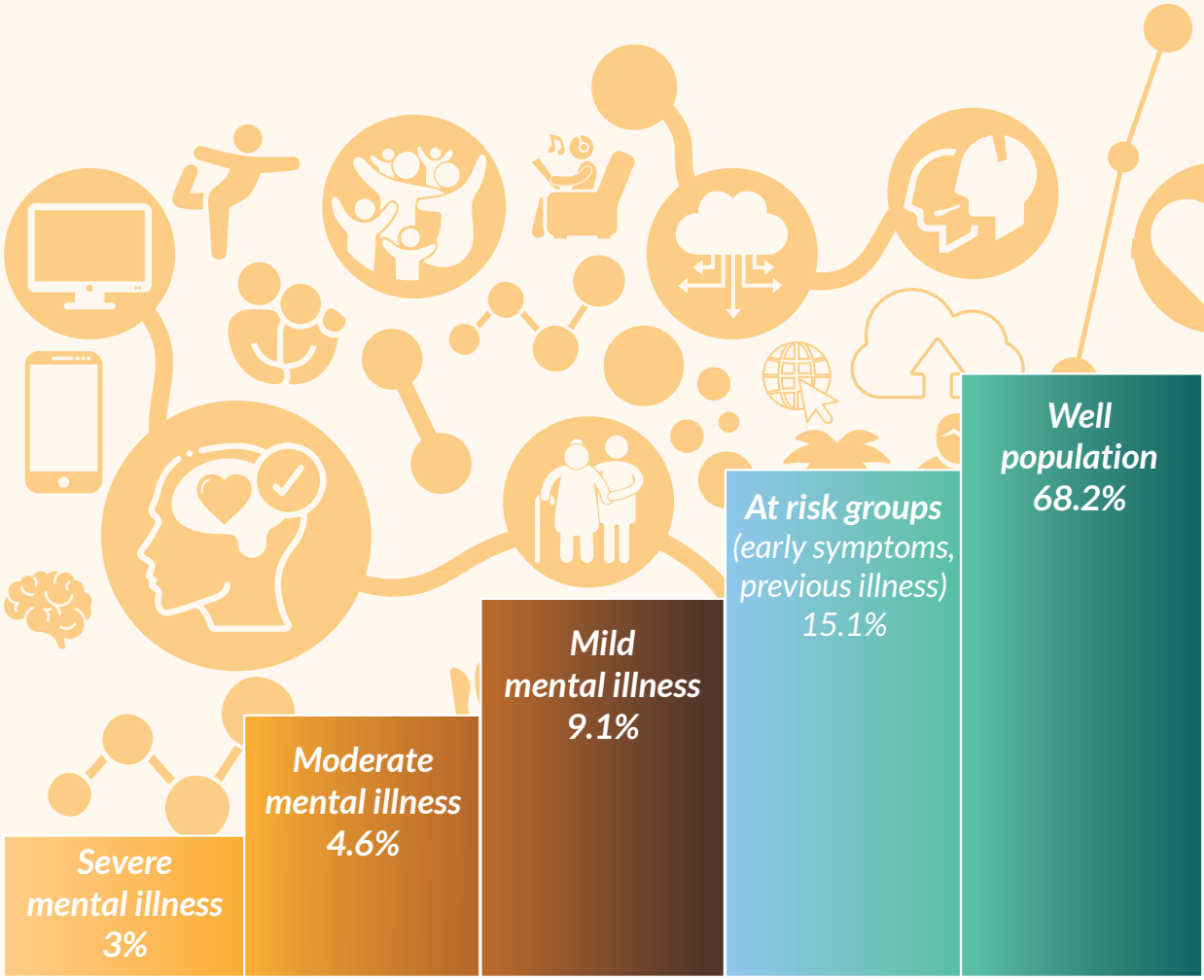
In 2018-19 the NT also had the lowest proportion of Aboriginal people who had seen a GP in the last 12 months[9], while the mental health hospitalisation rates (per 10,000 population) for Aboriginal people in 2018-19 were approximately 2.3 times the rate for non-Aboriginal people in the NT.[7]

Mental health care in the NT most often takes place in the primary health care setting, and there are limited specialist and acute care options. The current Australian and Northern Territory mental health systems have gaps and inefficiencies so that many people do not receive appropriate treatment and support.[10]

Figure 2 provides an insight into the estimated prevalence of mental health conditions in the NT and stepped care levels of need based on severity. We recognise the limitations in accurately estimating prevalence of mental health conditions. For the NT, this and other data used to determine prevalence of mental ill health is likely to be an underestimation due to the influence of low population size and remoteness in this jurisdiction; combined with the significant impact of the social determinants of health (*see Section 9*).

1. *Productivity Commission 2020, Mental Health, Report no. 95, Canberra*
2. *Australian Institute of Health and Welfare 2020. Australia's health 2020: in brief. Australia's health series no.17 Cat. No. AUS 232. Canberra*
3. *Zhang et. al, Burden of Disease and Injury Study: impact and causes of illness, injury and death in the Northern Territory, 2004-2013. Department of Health, Darwin, 2018*
4. *Department of Treasury and Finance. Northern Territory Economy. Retrieved from: https://nteconomy.nt.gov.au/population*
5. *ABS (2016). National Aboriginal and Torres Strait Islander Social Survey 2014-15*
6. *ABS (2019). National Aboriginal and Torres Strait Islander Health Survey.*
7. *AIHW (2021) Mental Health Services in Australia: Overnight admitted mental health related care 2018-19*
8. *Biddle N., and Swee H. (2012) The relationship between wellbeing and Indigenous Land, Language and Culture in Australia. Australian Geographer, 43(3), 215-232; ABS (2016). National Aboriginal and Torres Strait Islander Social Survey, 2014-15.*
9. *ABS (2019). 2018-2019 Aboriginal and Torres Strait Islander Health Survey*
10. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*
11. *Australian Bureau of Statistics, National Health Survey: First Results, 2017-18*
12. *Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Health Survey, Australia, 2018-19*

FIGURE 2: ESTIMATED PREVALENCE OF MENTAL HEALTH CONDITIONS AND STEPPED CARE LEVELS OF NEED BASED ON SEVERITY.



- Face-to-face clinical care using a combination of GP care, psychiatrists, mental health nurses and allied health
- Coordinated, multi-agency services for those with severe and complex mental illness

- Mainly face-to-face clinical services through primary care, backed up by psychiatrists when required
- Self-help resources, clinician assisted digital mental health services and other low intensive services for a minority

- Mix of self-help resources including digital menatal health and low intensitiy face-to-face services
- Pscychological servies for those who require them

Mainly self-help resources, including digital mental health

Mainly publicly available information and self-help resources

Source: Adapted from Figure 8, COAG Health Council (2017), The Fifth National Mental Health and Suicide Prevention Plan, Commonwealth on Australia.

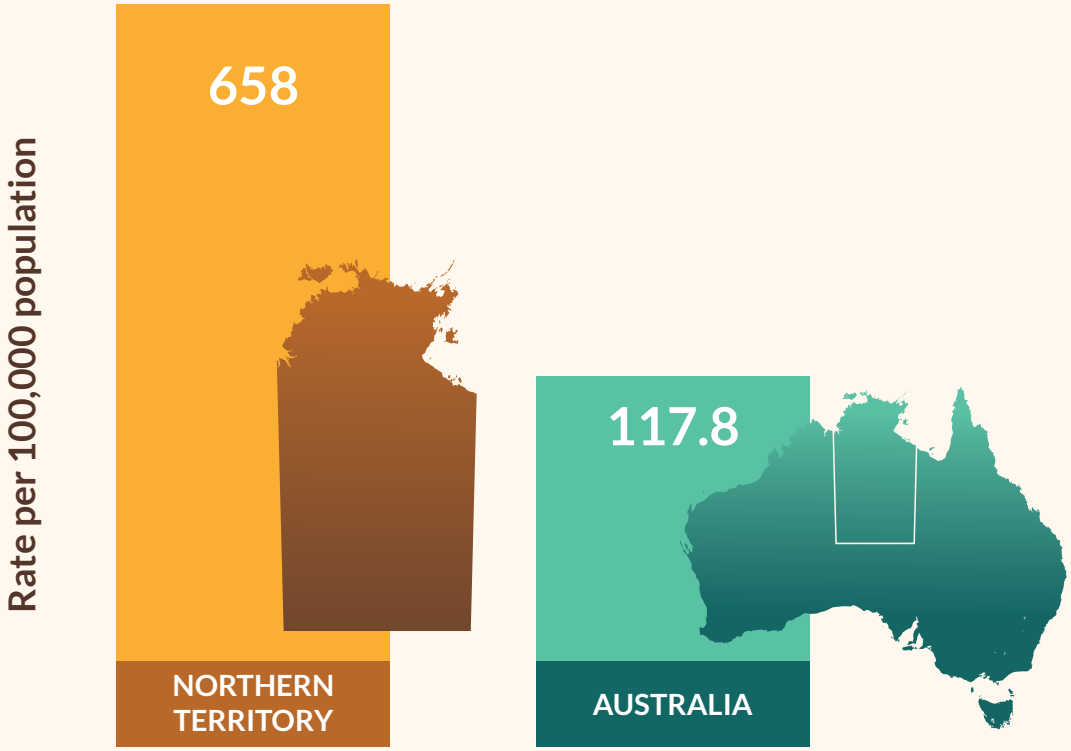
Psychological Distress

Measures of psychological distress provide an insight into the burden of mental illness in the community. Nationally, people living in the areas of most disadvantage report experiencing psychological distress at double the rate of those in areas of least disadvantage.[11]

The overall population in the NT with high or very high psychological distress is less than the national average (11.3 % vs 13.0 % respectively)[11] with 26.3% of Aboriginal and Torres Strait Islander people in the NT reporting high or very high psychological distress.[12]

In 2018-19, 658 hospitalisations were attributed to intentional self-harm in the NT. The NT has the highest rate of hospitalisations due to self-harm (266.0 per 100,000 population), at more than double the national rate (117.8) (Figure 3). This rate was highest in the 25 to 44-year age group (326.2 hospitalisations per 100,000 population), particularly in females.

FIGURE 3: INTENTIONAL SELF-HARM HOSPITALISATIONS PER 100,000 POPULATION, 2018-19.



Source: AIHW National Hospital Morbidity Database.

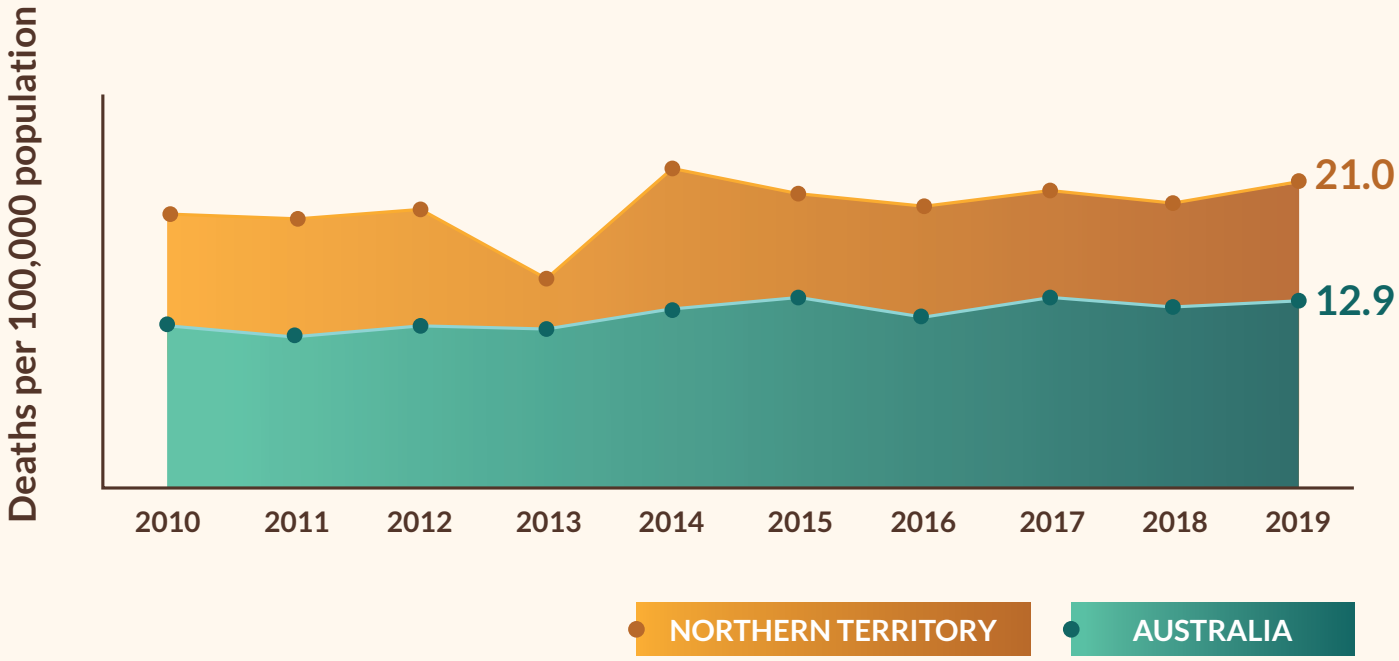
13. *AIHW National Mortality Database*
14. *PHIDU, Social Health Atlas of Australia, 2020*

Child and Adult Suicide

In 2019, 3,138 people died by suicide in Australia. This represents a six percent increase and equates to 9.1 deaths per day compared with 8.6 in recent years. Higher rates of suicide are observed with increasing remoteness and lower socio-economic status.[13]

The age-standardised rate of death due to suicide is consistently higher in the NT than the national average, (*see Figure 4*), and the rate of premature mortality due to suicide is almost double the national rate.[14] The rate of deaths of children (aged 5–17) from suicide in the NT for 2014–2018 was 5 times the national average.[15]

FIGURE 4: AGE-STANDARDISED DEATH RATES DUE TO SUICIDE IN NORTHERN TERRITORY AND AUSTRALIA, 2009 TO 2019.



Source: AIHW National Hospital Morbidity Database.

15. *Australian Bureau of Statistics, Causes of Death, Australia, 2018*

9. Social Determinants of Mental Health and Wellbeing

The Foundation Plan adopts a social and cultural determinants of health perspective, recognising that physical and mental health and wellbeing are profoundly affected by a range of interacting economic, social and cultural factors. The impact of socio-economic factors in the NT is significant, with ABS data from 2016 suggesting that the NT includes 41 of the 100 most disadvantaged regions in Australia. [16]

This plan also acknowledges factors unique to Aboriginal Territorians including historical and ongoing colonisation, loss of land, suppression of language and culture, forcible removal of children from families, and experiences of racism, which contribute to disadvantage and poor health and social outcomes.

This plan identifies eight key social determinants of mental health and suicide for the NT. While none of these factors are necessarily unique to individuals within the NT, the severity, reach and co-occurrence within a small population have a more significant and measurable impact on mental health, suicide and wellbeing at a population level.

1. Experiences of trauma

Traumatic experiences can have lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.

When trauma remains unresolved, it is often passed down from generation to generation as well as laterally across generations. This is known as trans-intergenerational trauma. Trans-intergenerational trauma compounds through and across the generations and is pervasive in nature.

The Adverse Childhood Experiences study has demonstrated that individuals exposed to four or more traumatic events during childhood are four times more likely to experience depression, and twelve times more likely to complete suicide [17].

2. Homelessness

Access to stable and adequate housing can influence both physical and mental health.

Rates of homelessness in the NT are twelve times higher than any other jurisdiction in Australia, with the highest rates of people residing in improvised dwellings, tents or sleeping rough, and extremely high rates of overcrowding[18].

The social stress associated with overcrowding is likely to be an aggravating factor in physical and mental illness, particularly with overcrowding in remote communities in the NT at endemic levels. The social stress associated with overcrowding is also a contributing factor to high rates of domestic violence[19].

16. *ABS (2016) Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016?OpenDocument*
17. *Felitti et al (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study. American Journal of Preventative Medicine. 14(4), pp 245-58. Doi: 10.1016/s0749-3797(98)00017-8*
18. *ABS (2018) Census of Population and Housing: Estimating homelessness, 2016. 2049.0. Retrieved from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2049.0Main+Features12016?OpenDocument*
19. *Bailie, R.S. and Wayte, K.J. (2006). Housing and health in Indigenous communities: Key issues in housing and health improvement in remote Aboriginal and Torres Strait Islander communities. Australian Journal of Rural Health. Vol. 14 pp. 178-183.*
20. *NT Department of Treasury and Finance, Northern Territory Economy. Retrieved from: https://nteconomy.nt.gov.au/population*
21. *NT Government (2018). NT Domestic, Family & Sexual Reduction Framework 2018-2028, Safe respected and free from violence*

3. Access to health services

With 40% of our total population and around 80% of our Aboriginal population living in remote and very remote areas[20], access to hospitals or doctors is often limited, with essential health services, including support for people with mental health issues, delivered through local or regionally-based primary health clinics.

Some specialist mental health outreach services are available to remote NT residents through visiting specialists, outpatient care at hospitals, and telehealth consultations, although these are limited.

Our diverse population means our health and social service sectors need to be aware of and responsive to differences in culture and language. When this is lacking, people may be reluctant to seek essential support from health or social services.

4. Experiences of discrimination, racism and social exclusion

Many people with mental illness experience stigma which can lead to differential treatment and discrimination. This experience can be magnified for people from diverse backgrounds who are already subject to systemic racism or discrimination. Racism, discrimination and social exclusion negatively impact an individual's sense of control, self-esteem, and wellbeing.

Racist and discriminatory attitudes, policies and practice have many layers of impact. They affect a person's physical and mental health, increase their need for support, diminish their capacity to engage in healthy and productive activities and simultaneously deter people from some of the help-seeking behaviours they need to manage and recover.

5. Violence

Domestic, family and sexual violence has profound physical, psychological, social and economic effects on victims. Witnessing family violence causes serious, lasting harm to children. It impacts on attitudes to relationships and violence, as well as behavioural, cognitive and emotional functioning, social development, learning and future employment pathways.

Victimisation rates for Aboriginal people in the Northern Territory are approximately 18 times higher than for non-Aboriginal people[21].

6. Alcohol and other drug use

The NT has the highest rates of alcohol consumption per capita in Australia[22], and is the jurisdiction with the highest rates of alcohol-related hospitalisations[23]. A recent report estimated that the total social cost of alcohol in 2015–16 in the NT was $1.386 million, with tangible costs of $701.3 million, and intangible costs of $685.5 million[24].

Several studies suggest that co-occurrence of harmful substance use and mental health problems, including exposure to trauma events and emotional distress, is common.[25]

22. *NT Department of Attorney General and Justice (2017). Northern Territory Wholesale Alcohol Supply 2008-2015, p. 3 retrieved from: https://justice.nt.gov.au/attorney-general-and-justice/statistics-and-strategy/wholesale-alcohol-supply-data*
23. *AIHW (2013). National Drug Strategy Household Survey. Canberra*
24. *Smith, J., Whetton, S. & d'Abbs, P. (2019). The social and economic costs and harms of alcohol consumption in the NT. Darwin, Menzies School of Health Research.*
25. *ABS (2007). National Survey of Mental Health and Wellbeing: Summary of Results. https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release; Commonwealth Department of Health and Aged Care (CDHAC), 2001. National Comorbidity Project. A report on the National Comorbidity Workshop prepared by M Teesson and L Burns (eds) of the National Drug and Alcohol Research Centre. Commonwealth of Australia, Canberra; Holmes, C. and McRae-Williams, E. (2008). An investigation into the influx of Indigenous 'visitors' to Darwin's Long Grass from Remote NT communities – Phase 2. Monograph Series No. 33. National Drug Law Enforcement Research Fund (NDLERF). Retrieved from: https://www.ndlerf.gov.au/publications/monographs/monograph-33*

7. Family breakdown and forced removal

Recognised effects of a child being removed from their family include loss and grief, reduced parenting skills, child and youth behavioural problems and youth suicide[26].

This is exemplified by studies examining outcomes for members of the stolen generation who are more likely to have been incarcerated in the last five years, be in poor health, have experienced homelessness; and have mental health problems[27].

Children in the NT are four times more likely than Australian children overall to come into contact with the child protection system[28].

Family breakdown resulting in divorce or separation from a partner is also an acute life event associated with suicide, particularly among men[29].

8. Disconnection from culture and identity

Cultural background and identity shape a person's understanding of mental health and wellbeing; how you are taught to cope with problems and difficult situations, how you talk about them, who you talk about them to, and how you seek support. Culture may also shape how a person relaxes, practises self-care, and resolves conflict.

Living in a community that rejects aspects of a person's culture – such as identity, beliefs, or sexual orientation – can have negative impacts on wellbeing.

Disconnection from cultural background and practice may result in feelings of loss and isolation. Alternatively, engaging with activities and practices that connect people to culture can have a positive impact on their sense of belonging and identity, and in-turn, on mental health and overall wellbeing[30].

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26. *Human Rights and Equal Opportunity Commission (1997). Chapter 18 – Mental Health Services. Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*
27. *AIHW (2018), Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Retrieved from: https://healingfoundation.org.au/stolen-generations/stolengenerationsreport/*
28. *Productivity Commission (2019). Expenditure on Children in the Northern Territory, Draft Report.*
29. *Kairi Kõlves, Eeva-Katri Kumpula and Diego De Leo (eds.) (2013) Suicidal behaviours in men: determinants and prevention. Australian Institute for Suicide Research and Prevention, Brisbane. https://www.griffith.edu.au/__data/assets/pdf_file/0033/359754/GriffithMen_WEB.pdf*
30. *Head to Health (2019). Connecting with culture. https://headtohealth.gov.au/meaningful-life/connectedness/culture*

10. Shared priorities and enablers for change - An Integration Framework for the Northern Territory

A strategic framework has been developed that will support the delivery of a more responsive, integrated and culturally appropriate mental health system that meets the needs of the NT's population.

The framework has been informed by the available evidence and through contribution across the sector from participating Project Group stakeholders. Its purpose is to set in place strategic drivers that will help identify areas where there are opportunities for:

- **service level integration** responses that improve consumer experiences and outcomes
- **better use of resources** by investing in areas of significant gaps and disinvestment where there is duplication
- **alignment of planning and commissioning processes** to ensure contemporary models of evidence-based care are implemented.

Our strategic framework outlines the vision, principles, enablers for change and our shared priority areas.

OUR VISION

> *Working together to support the social, emotional, and cultural wellbeing of people in the NT, no matter where they live.*

GUIDING PRINCIPLES

STRATEGIC PRIORITIES

Priority areas that will be the focus of action to better integrate our mental health system, have been informed by the available evidence relating to the prevalence of mental health in the NT, including: needs assessments, epidemiology, service-utilisation rates, evidence-informed service responses and mapping.

The five priority areas, include:

1. Early engagement with at-risk populations
2. Clear pathways for people with moderate mental illness
3. Greater support for people with severe and complex needs
4. Joined-up services for children and young people
5. Using technology for better outcomes.

Further details of each these priorities are provided in *Section 12* of the plan. Each strategic priority includes an explanation of why the priority is important, what we know from research and data, and potential opportunities for integration.

ENABLERS FOR CHANGE

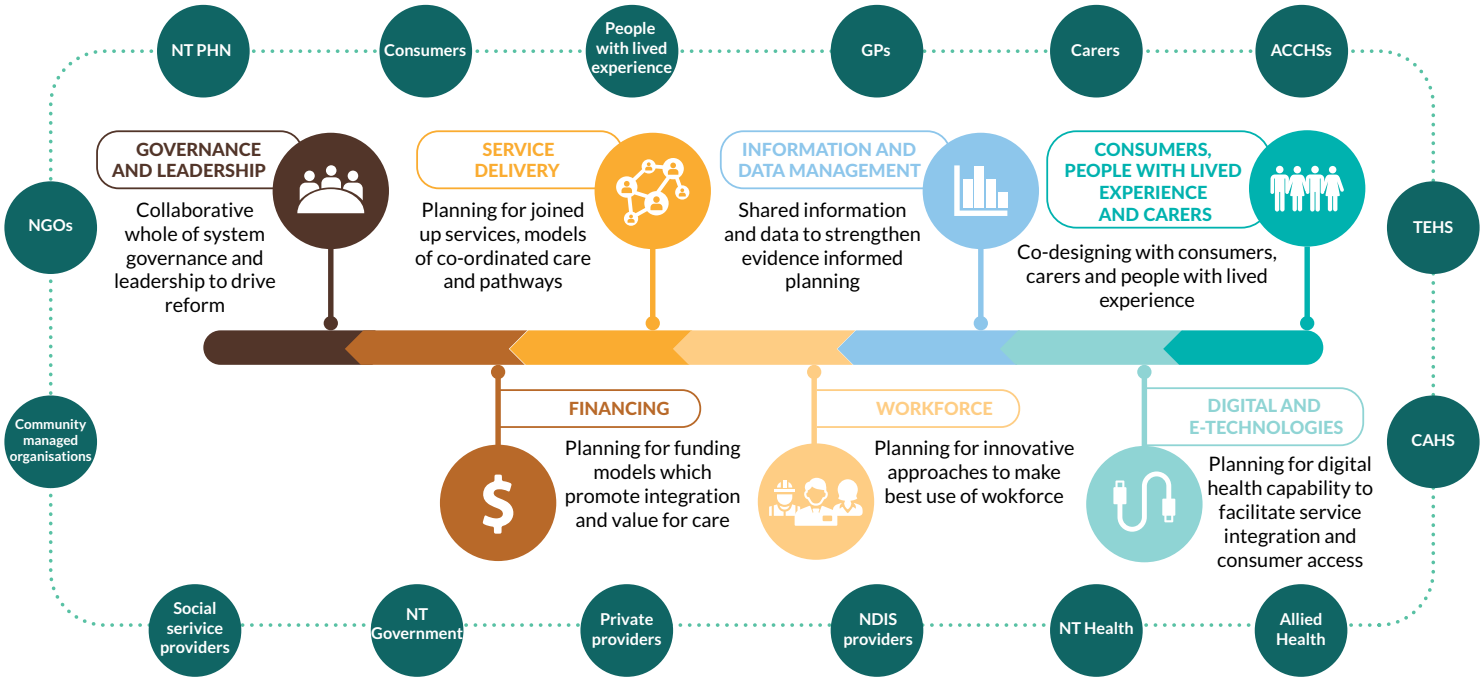
To support system-wide integration in the identified priority areas, seven underpinning 'system enablers' will be used to strengthen our capacity in improving outcomes for Territorians and to deliver holistic and innovative models of care.

The guiding actions corresponding to each enabler of change provide opportunities for system improvement across the Territory. Actions under each enabler will be considered and determined by regions based upon their local context and need.

Enablers that will frame opportunities for change to improve how the system operates, include:

1. Governance and leadership
2. Financing
3. Service integration
4. Workforce
5. Information and data management
6. Digital and e-technologies
7. Consumers, people with lived experience and carers.

FIGURE 5: SERVICE INTEGRATION FRAMEWORK



Whilst not exhaustive, the following guiding actions provide context for each system enabler to help guide decision making for each region whilst focusing on prioritising integration against the plans priorities.

GOVERNANCE AND LEADERSHIP

Guiding action:

Identify in each regional service system established leadership and governance structures, authorised to engage stakeholders in ongoing planning and ensure accountability.

SERVICE INTEGRATION

Guiding action:

Identify areas of service bottlenecks or gaps which can be addressed through change of practice.

Guiding action:

Conceptualising an integrated social emotional wellbeing and mental health service system within the regional context and developing indicators to measure it.

WORKFORCE

Guiding action:

Establish workforce benchmarks for each regional service system to determine priority mix of recruitment and development.

Guiding action:

Develop a strategy that builds pathways to growing a local workforce that includes training, professional development, and supporting the existing workforce to reduce burnout and high turnover.

FINANCING

Guiding action:

Identify co-commissioning opportunities or joint investment (reducing duplication) to improve efficiencies across the system.

INFORMATION AND DATA MANAGEMENT

Guiding action:

Establish a dashboard of relevant health and wellbeing indicators which can be shared publicly and transparently with the NT community to show how progress is being made.

DIGITAL / E-TECHNOLOGY

Guiding action:

Establish sustainable information hubs to inform ongoing service coordination and health literacy.

CONSUMERS AND PEOPLE WITH LIVED EXPERIENCE

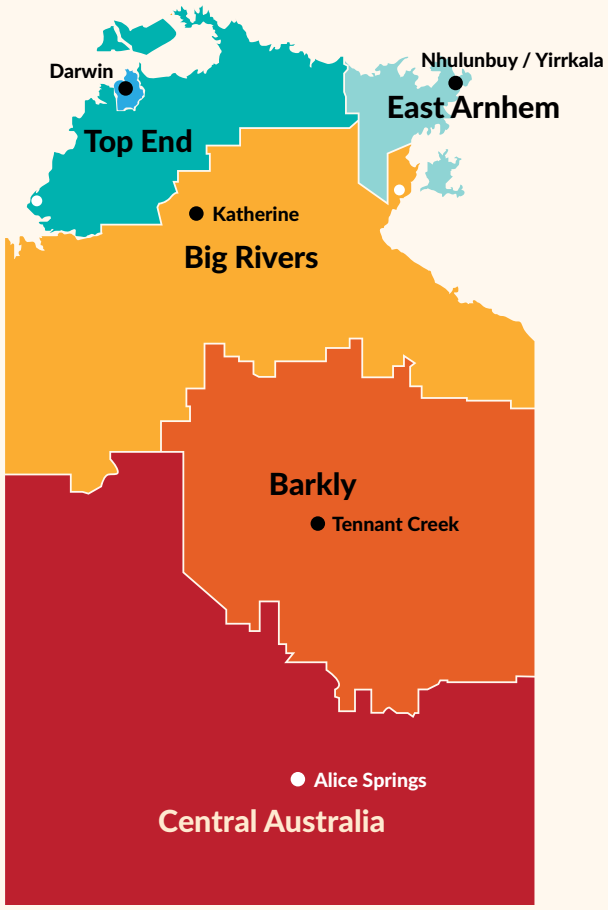
Guiding action:

Establish long-term strategy to support sustainable engagement of people with lived experience, prioritising pathways to employment that will assist to fill workforce gaps and build local capacity.

11. A Regional Approach to Service and System Integration

Our approach to improving integration will be focused on local planning to address the different needs of regional service centres and their surrounding regions. The service centres and corresponding regions, include:

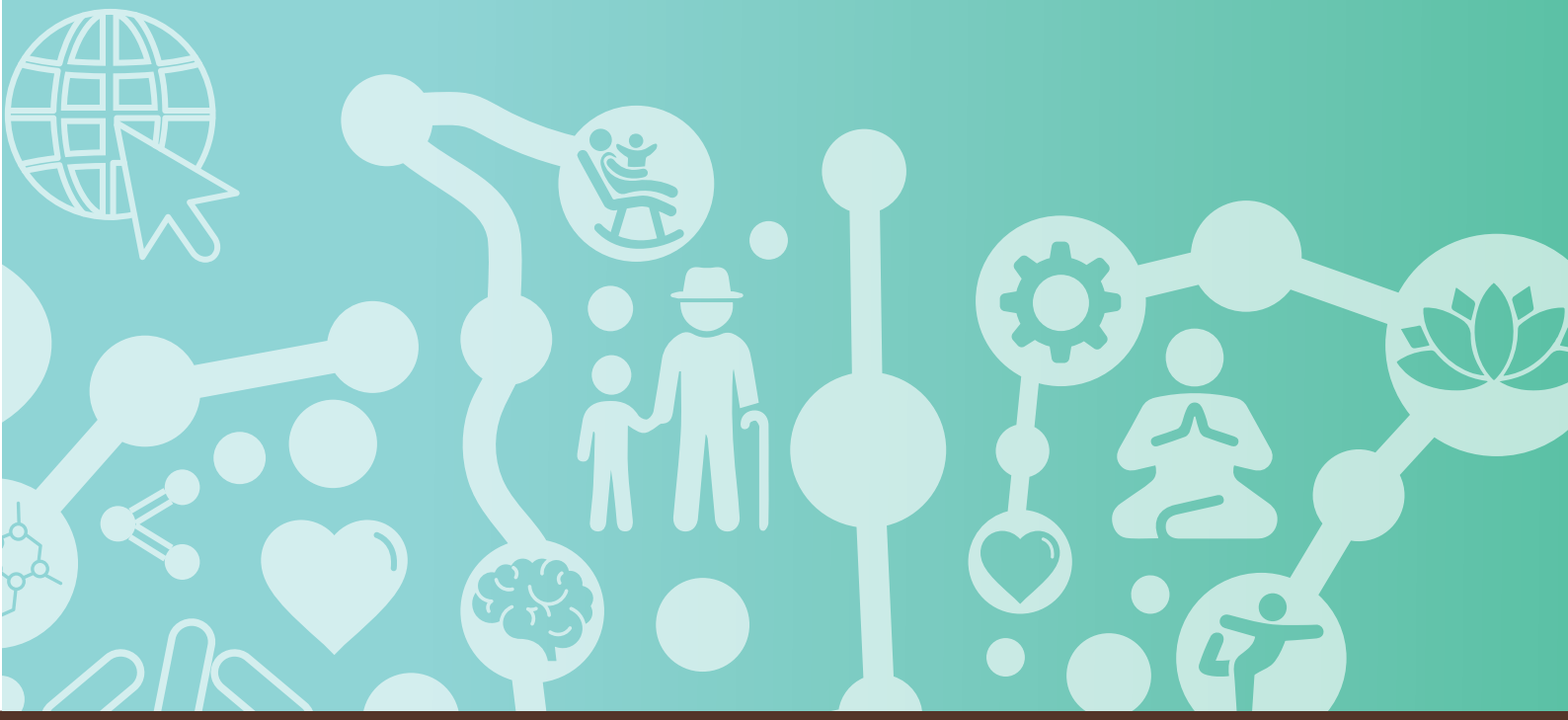
REGION	SERVICE CENTRE
Barkly	Tennant Creek
Big Rivers	Katherine
Central Australia	Alice Springs
Top End *Darwin, West Daly, Tiwi Islands and West Arnhem*	Darwin
East Arnhem	Nhulunbuy/Yirrkala



Addressing gaps and service inefficiencies to promote greater integration within our regions will be achieved through local governance arrangements within each region that include strong local Aboriginal representation.

The enablers and priorities identified within this Foundation Plan will provide guidance to the regions, to problem-solve locally and direct commissioning processes and service system design. Opportunities for integration and collaboration at the community level will be identified through regional planning processes in 2021-2022.

12. Priorities for the NT



1. Early engagement with at risk populations

Comprehensive and accessible primary health care is fundamental to engaging people early in mental illness and supporting the wellbeing of our community.

Intervening early in a person's mental health journey supports recovery and strengthens protective factors by providing people with tools to support their wellbeing. Early intervention can reduce future costs as well as ease the pressure at the acute end of the stepped care continuum. It can also reduce the long-term burden for at-risk individuals, their family and friends, and the broader community.

Engaging people early in their mental health journey with coordinated care requires primary mental health care to be linked-up with other activities and services in the community that support the social and cultural determinants of wellbeing.

What we know

- Based on national averages, the *National Mental Health Service Planning Framework* estimates that 23% of the population are at risk of experiencing mental illness.
- There is increased risk of mental illness for certain population groups, including young males, children and young people, Aboriginal and Torres Strait Islander peoples, people living in rural areas, veterans and those in contact with the justice system.
- People with lived experience of mental illness often report[31]:
  - first accessing a service in a time of crisis
  - having to wait a long time before receiving support
  - finding low English levels to be a barrier to identifying and accessing support.
- We know that Aboriginal people in the NT experience a much higher burden of disease due to mental illness and suicidality[32].
- People from migrant and refugee backgrounds are less likely to access mental health treatment for reasons which can include: stigma and shame, language barriers, low health literacy and lack of trust[33].
- People who are sexually and gender identity diverse experience mental health and substance misuse disorders at a significantly higher rate than the heterosexual population across both genders, and in both youth and adult populations. They are also at greater risk of suicide and self-harm[34].
- There is a high prevalence of anxiety, depression, post-traumatic stress disorder (PTSD) and suicide risk among current and former service personnel[35], with defence personnel making up a large portion of the NT's population.
- The Productivity Commission Mental Health Inquiry Report, (the Productivity Commission Report), has made a strong recommendation for a focus on prevention and early intervention; both early in life and early in illness.[36]

31. *Northern Territory Lived Experience Network, Adult Mental Health Centre Consultation, August 2020*
32. *NT PHN Program Needs Assessment, 2019*
33. *Minas H, Kakuma R, Too LS, Vayani H, Orapeleng S, Prasad-Ildes R, et al. Mental health research and evaluation in multicultural Australia: developing a culture of inclusion.(Research). International Journal of Mental Health Systems. 2013;7(1):23*
34. *Ritter A, Matthew-Simmons F, Carragher N. Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: a review of the literature. Drug Policy Modelling Program. 2012(Monograph 23).*
35. *NT PHN Program Needs Assessment, 2019*
36. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*

Opportunities for integration

Opportunities to ensure our system is connected and responsive so that the early engagement of those at risk of developing a mental illness is improved, include:

- Ensuring our primary health care system is the central point for coordination of mental health care, with links to social and community service providers
- Supporting General Practitioners with further training and support for early engagement with those at risk of developing mental health conditions
- Addressing social determinants of mental and physical ill-health, including experiences of trauma, alcohol and drug use, family violence and unstable and overcrowded housing through primary health care responses
- Recognising the Aboriginal Community Controlled Health Sector (ACCHS) as central to the delivery of culturally safe and coordinated primary mental health care to Aboriginal and Torres Strait Islander people
- Equipping schools, parents and teachers with resources and pathways to support the positive social and emotional development of students
- Implementing Social and Emotional Wellbeing Programs across primary health care settings, recognising the importance SEWB programs play in addressing social determinants and reducing burden of chronic disease
- Growing population-wide literacy about mental health and ensuring available services are accessible to all Territorians
- Establishing collaborative partnerships that support accessible forensic mental health treatment and people's transition from prison back into successful community living
- Promoting proactive early screening and wellbeing checks for identified at-risk or vulnerable individuals
- Supporting health promotion activities to reduce stigma and increase understanding of mental health and suicide to support people to recognise signs and access help early
- Further developing the evidence base for preventative complementary therapies and therapeutic approaches that incorporate traditional healing in partnership with conventional mental health services.

2. Clear pathways for people with moderate mental illness

Often referred to as the 'missing middle' between primary and acute/specialist care, people with moderate mental illness often have needs that are too complex or long-term to be effectively treated by primary health care services, but not severe enough to access specialist mental health services.

People with moderate mental illness may require a range of supports alongside a GP or psychologist that are coordinated and integrated and provide longer-term, comprehensive care.

Improving information about the availability, location and the accessibility of services; how services communicate and work together, as well as ensuring services are matched to the community's needs, will guarantee a more comprehensive approach to supporting people before they require hospital or specialist care.

What we know

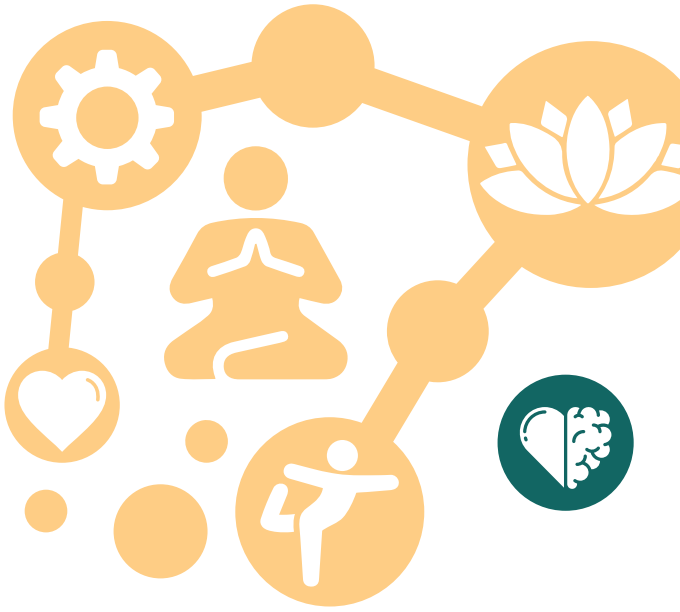
- Based on national averages, the *National Mental Health Services Planning Framework*[37] estimates that 4.6% of the population may have a moderate mental illness.
- The *Productivity Commission Report* has identified major gaps in services for those who have symptoms that are too complex to be adequately treated by a GP and the limited MBS-rebated individual sessions with psychologists.[38]
- The Productivity Commission has assessed that the 'missing middle' gap primarily reflects a lack of community mental health services, but this gap is larger for some groups of people and in some parts of Australia.[39]
- Mental health-related emergency department (ED) presentations in the NT are more than double the national rate (120.5 per 10,000 population) suggesting a gap in community mental health services.[40]
- Recent consultation[41] has identified that service system barriers reported by people with lived experience of mental illness include:
  - Having to self-navigate the service system
  - Being denied service due to various criteria
  - No follow-up or referral pathways to other services
  - Having to retell their story
  - Absence of person-centred care
  - Reliance on pharmacotherapy.
- The *Mental Health and Suicide Prevention Services Review*[42] identified system fragmentation as a significant concern among providers, including:
  - Poor integration among mental health, SEWB and auxiliary services
  - Poor continuity of care for clients
  - Lack of follow-up when transitioning to or from acute admissions.

37. *AIHW, National Mental Health Service Planning Framework Tool*
38. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*
39. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*
40. *AIHW, Mental Health Services in Australia, Community Mental Health Care Services 2018-19*
41. *Northern Territory Lived Experience Network, Adult Mental Health Centre Consultation, August 2020*
42. *NT Mental Health Coalition, Mental Health and Suicide Prevention Services Review, 2017*

Opportunities for Integration

Opportunities to establish comprehensive community support that operates in balance to the clinical care system, whilst creating clearer pathways so people with moderate mental illness can access available services before they reach crisis and require hospitalisation, include:

- Supporting General Practitioners with further training and access to specialist clinical advice to enhance mental health care response to persons with moderate mental illness to prevent crisis requiring acute intervention
- Improving the coordination of care between hospital and community based mental health services
- Improving population-wide health literacy of evidence-based treatments and healing outside of pharmaceutical options
- Targeting harder to reach populations to capture those at risk of falling into the 'missing middle'
- Developing models of alternative care to emergency departments whilst taking into consideration the vastly different pathways to care for people who live remotely when compared to those in larger townships/cities
- Developing the capabilities of the service sector in understanding the importance of building relationships and trust with people experiencing moderate mental illness and their families/carers
- Improving cultural safety and support for Aboriginal and Torres Strait Islander people accessing mental health and community support services, including through increased recognition of, and access to, traditional healing
- Adopting models of care that recognise the common underlying determinants of physical and mental illness and work holistically to address them
- Investing in a workforce with lived experience to support health system navigation
- Engaging with service sector to improve and broaden health pathways for GPs when making referrals
- Supporting improved communication between service providers to improve continuity of care
- Expanding ambulatory care treatment and healing options
- Mapping patient journeys and barriers through our service system to establish key actions to improve the accessibility and integration of treatment for people with mild to moderate mental illness
- Exploring options for non-acute bed-based services for people with moderate mental illness to support recovery and rehabilitation
- Developing regional definitions of social and emotional wellbeing and mental health needs to inform workforce development and role definition that are better able to address client needs.



3. Greater support for people with severe and complex needs

People with severe and complex mental health needs should be supported to live as independently as possible in their community. Care should be coordinated to meet an individual's multiple needs and ensure that they feel supported at all stages in their mental health journey.

Improving outcomes for people with complex needs is about ensuring they have access to the clinical and social services they need, when they are needed, with effective information flows and coordination between clinicians and other services.

It is critical that services for our Aboriginal and Torres Strait Islander communities are trauma and culturally informed and work as system navigators to provide different pathways of care for people who live outside of major urban centres. Services need to achieve a holistic and coordinated approach to care that addresses the multiple social determinants Aboriginal and Torres Strait Islander populations experience.

What we know

- The *National Mental Health Services Planning Framework*[43] estimates that 3% of the population may have severe mental illness, based on national averages.
- The NT experiences higher rates of residential mental health care admissions compared to national averages.[44]
- The NT is the only jurisdiction in which Aboriginal Australians experience greater episodes of schizophrenic disorders than non-Indigenous Australians.[45]
- The NT Office of the Public Guardian found high incidence of cognitive impairment and mental illness among Aboriginal and Torres Strait Islander people in the criminal justice system[46].
- The NT Royal Commission into the Protection and Detention of Children in the Northern Territory heard that the NT has some of the highest rates in Australia of children self-harming or attempting suicide in custody[47].
- There is a shortage of psychiatrists and psychologists in the NT to meet the clinical needs of this population, as evidenced by low rates of Medicare billing compared to national averages.[48]
- Coordinated and integrated care is particularly important to meet the needs of people with severe and complex mental illness which often embody[49]:
  - experiences of social adversity such as poverty, unemployment, social isolation, housing instability or complex family situations where coordination is required with the relevant social service providers
  - impairments in psycho-social functioning, requiring coordination between the disability support provider (possibly through the NDIS) and the clinical treatment system
  - co-morbid physical health needs, including substance misuse, requiring coordination between primary care, specialist services and other clinical service providers
- Addressing complex mental illness in the community, the National Psychosocial Support Measure identified the following priorities:[50]
  - Homelessness
  - Mental health/AOD co-morbidity
  - Peer support workforce
  - Engagement with non-mental health services
  - Carer support

- Complex mental health youth services.

Opportunities for Integration

Opportunities for system and service integration that will better support those with severe and complex mental illness, include:

- Increasing options for community treatment and residential care to support people with severe and complex mental illness to live in the community, as an alternative to respite in a hospital or specialist mental health accommodation
- Expanding collaborative case management approaches that can holistically address the physical, psychological and socio-cultural needs of those with severe and complex mental health illness, and advocate that this is considered for recognition in the criteria for the Medicare rebates scheme
- Improving coordination of clinical care during emergency retrievals
- Supporting models of service delivery that integrate alcohol and other drug and mental health interventions
- Increasing focus and investment in workforce capability and strengthening for remote primary health care workers ensuring access to the skills and supports required to respond to the needs of those with severe and complex mental illness
- Ensuring the NT workforce are trauma-informed, culturally secure and are responsive to, and respectful of, the cultural rights, values, beliefs and expectations of Aboriginal people
- Improving communication and information sharing at hospital discharge between hospitals, primary health care providers and community-based services and family to enhance continuity of care management
- Establishing alternatives to hospital emergency admissions
- Prioritising transition for those with severe and complex needs to the NDIS and plan for ongoing support for people with psycho-social disability who are not eligible
- Providing multi-disciplinary case management services across a stepped model of care
- Coordinating postvention services (including follow up care for community and family) for those who have attempted suicide.

43. *AIHW, National Mental Health Service Planning Framework Tool*
44. *AIHW, Mental Health Services in Australia, Residential Mental Health Care 2018-19*
45. *AIHW, Mental Health Services in Australia, Residential Mental Health Care 2018-19*
46. *Office of the Public Guardian (2017) Submission to the Australian Law Reform Commission Inquiry into the Incarceration Rates of Aboriginal and Torres Strait Islander People. https://www.alrc.gov.au/wp-content/uploads/2019/08/72._northern_territory_office_of_the_public_guardian.pdf*
47. *NT Royal Commission, Volume 2A, Chapter 15, pp 365*
48. *AIHW, Mental Health Services in Australia, Mental Health Workforce 2018-19*
49. *Productivity Commission Report*
50. *NT PHN Program Needs Assessment, 2019*

4. Joined-up services for children and young people

Mental health is central to healthy childhood development. It underpins children and young people's social and emotional development and their sense of wellbeing, and enables them to thrive and grow.

Strong and safe relationships are fundamental to a child's healthy development. This means that the social supports and therapeutic interventions that we provide to improve mental health and prevent suicide should involve the child's family and community.

Ensuring the healthy development of children and young people by providing early intervention opportunities and giving families the tools to support their development will help to provide children with the social and emotional skills to cope better with challenges arising from the environment they live in, external stressors and the journey of growing up.

For those children experiencing mental illness or who are most at risk, improving how services work together will support more effective responses so that these children are given the very best opportunity to improve their mental, social and emotional wellbeing, as well as decrease the risk of self-harm and suicide.

What we know

- Rates of psychological distress remain high among Australian young people, with one in three reporting high or very high levels of distress (34%). [51]
- Mental illness is the leading cause of disability for 10-24-year-olds, accounting for almost half (45%) of the disease burden in this age group.[52] In young people aged 12–24 years, severe mental illness can be exacerbated by lack of access to appropriate treatment or reluctance to seek help from mainstream services. These effects are magnified for youth living outside of major population centres.[53]
- Suicide is the leading cause of death among children and young people in Australia. Young people living in remote areas and Aboriginal youth are overrepresented in these statistics. Tragically, the Northern Territory reported the highest jurisdictional rate of child deaths due to suicide between 2013 and 2017[54].
- The *Australian Early Development Census* results for 2018[3] show an extremely high proportion of NT children are disadvantaged at school entry, with over 70% of children in some regions assessed as vulnerable in one or more of the measured domains.
- Despite the high level of need among young people in the NT, it is estimated that approximately 70% of young people who experience mental health and substance misuse problems do not actively seek services.[55]
- The *Productivity Commission Report* recommends that the mental health of children and families should be a priority [56].
- The *NT Mental Health and Suicide Prevention Services Review*[57] identified issues related to youth access of mental health services, including:
  - Services often do not serve the full age range of young people
  - Services are often not mental health or youth-specific and do not necessarily include a full specialist workforce
  - After hours services are limited
  - Young people considered too 'high-risk' for available community services, but not unwell enough to access acute care, are not well supported
  - Services where access is not restricted by diagnosis (i.e. that can offer early intervention) are needed to limit progression of symptoms and reduce potential harm
  - Limited availability of co-morbidity (dual diagnosis) services that include physical illness and/or AOD and volatile substances

Opportunities for Integration

Opportunities to engage children, young people, their families and communities early about the importance of mental health in a child's early development, and ensure those children experiencing significant mental health challenges and life experiences are supported by a trauma-informed, linked-up service system, may include:

- Increasing mental health literacy and available support pathways for students, parents and workforces within school and education settings
- Supporting collaborative partnerships between primary health care services and other community-based support services and socially inclusive programs
- Supporting culturally safe therapeutic approaches that engage with the child's family
- Ensuring multi-agency interventions are coordinated, culturally safe and trauma-informed
- Improving access to specialist child and adolescent mental health services across the Territory for children and youth who have experienced sexual, physical, emotional, neglect and complex trauma, including exposure to family and community violence
- Providing specialised and integrated health and social supports for children and young people within the out-of-home-care system, to prevent mental illness, avoid homelessness and enable healthy community living
- Promoting greater use of NDIS Early Childhood Early Intervention funding to support children with developmental challenges
- Increasing use of effective and culturally appropriate screening and assessment tools to identify and respond to childhood needs
- Improving coordination of multi-disciplinary services dedicated to supporting vulnerable and at-risk children and families.

51. *Headspace, headspace national youth mental health survey 2020*
52. *AIHW, Mental Health Services in Australia, Residential Mental Health Care 2018-19*
53. *AIHW, Mental Health Services in Australia, Residential Mental Health Care 2018-19*
54. *ABS (2018). Causes of Death, Australia, 2017, 3303.0. ABS, Canberra*
55. *Northern Territory Department of Health. Mental health service strategic plan for 2015-2021. Darwin: NTG; 2015*
56. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*
57. *NT Mental Health Coalition, Mental Health and Suicide Prevention Services Review, 2017*

5. Using technology for better outcomes

Digital technologies present opportunities to deliver mental health services that enable more people to access treatments and supports they need.

The ability to provide services via digital technology is particularly important for the Northern Territory due to the geographical barriers people face when accessing support and treatment, as well as workforce challenges inherent in the recruitment, retention and training of skilled and trauma-informed mental health practitioners.

Increased use of technology has the potential to improve coordination and integration, particularly with the establishment of:

- **electronic client record systems** - to enable greater continuity of care
- **telehealth services** - to enhance access to specialist services, as well as access to training and supervision for remote clinicians
- **online information and self-help advice** to support people's mental health and wellbeing

What we know

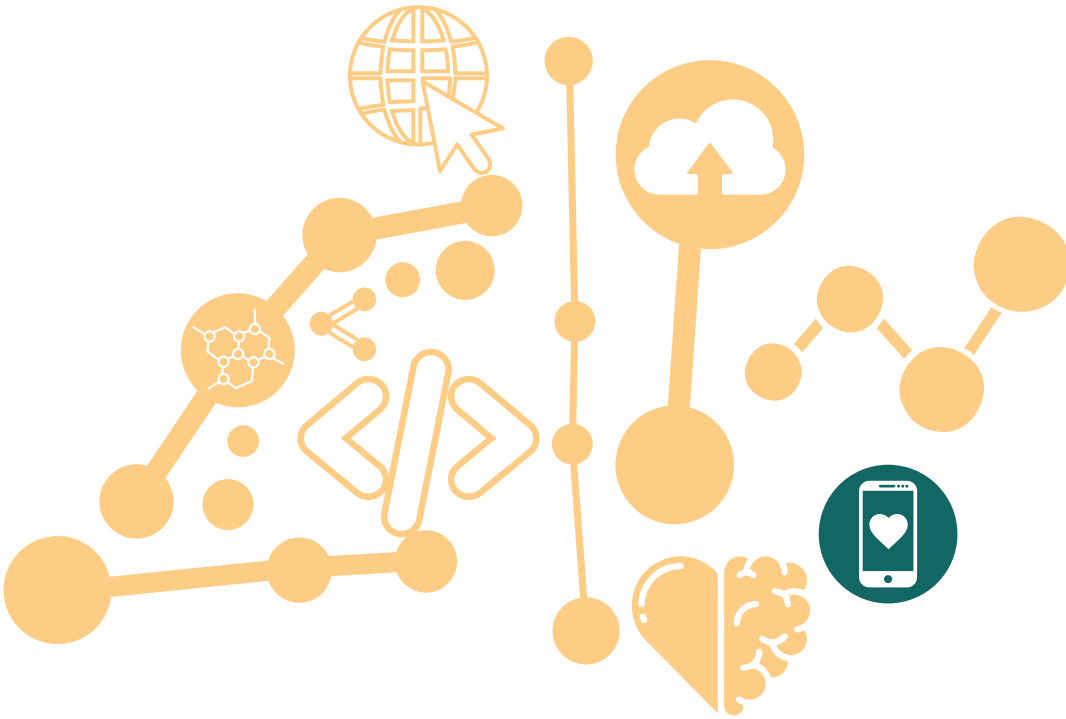
- Nearly 50% of the NT population resides in remote and very remote areas, compared to 22% nationally.
- Providing health care to those living in remote locations is costly and challenging to resource.
- The *Productivity Commission Report* specifies an increased role for technology to drive improvements in assessment and referrals as well as access to a range of treatments and supports.[58]
- The expansion of digital mental health technology nationally is focussed on two discrete components:
  1. The provision of mental health services online through apps, websites, self-help, and peer support.
  2. The use of technology to increase access to more intensive supports, through telehealth and other connecting mechanisms
- An *NT Digital Health 'Strengthening our Health System' Strategy 2020–2025* has been developed in partnership with AMSANT, NT Health and NT PHN. This strategy has four strategic goals:
  1. Building healthier communities by empowering our people and communities to actively engage in their healthcare journey.
  2. Enabling our workforce to improve current healthcare delivery approaches and embrace new ways of working.
  3. Connecting our health system to ensure effective digital connections between systems, people and processes.
  4. Harnessing innovation to pursue technological advancements and innovation that will benefit our health system.

58. *Productivity Commission 2020, Mental health, Report no. 95, Canberra*

Opportunities for Integration

In line with the *NT Digital Health Strategy 2020–2025*, opportunities to increase the use of technology so that Territorians can access mental health support and treatment more easily, include:

- Establishing a NT mental health consumer website to promote increased mental health literacy and needs-based pathways to care
- Enabling services to increase the use of technology to improve access to primary health care and specialist services for people who live in regional and remote locations
- Identifying areas where investment in digital infrastructure may be required to expand digital mental health activities
- Supporting the digital literacy of our health workforce so they are enabled to make use of technologies for professional development, as well as to support their client's mental health and wellbeing
- Advocating for the ongoing use of telehealth MBS items for Mental Health Services and Primary Health Care
- Exploring opportunities for the use of telehealth and digital technologies in improving workforce support, supervision, mentoring and collaboration
- Supporting research to improve the evidence base for digital mental health technology that is therapeutically valid and culturally safe for Aboriginal people
- Promoting the use of health pathways to support clinicians with assessment, management and local referral information.



13. Our partnership so far

Since forming the partnership for the development of this regional plan, the NT PHN, AMSANT and NT Health have achieved the following key milestones.

AUGUST 2019

Signed Partnership Agreement between NT PHN and NT Health

Partnership agreement signed between lead organisations responsible for the commissioning of mental health and suicide prevention services outlining shared accountabilities and commitments in working together to implement agreed actions of this plan.

OCTOBER 2019 ↓ DECEMBER 2020

Regional Planning and Executive Oversight

The Regional Planning Project Group was formed and monthly meetings were held to guide the development of the plan including establishing vision, principles of action and guiding priority areas.

Executives from lead organisations have met quarterly for high level oversight and guidance to the development and future implementation of the plan.

JULY 2020

Formal agreement and endorsement of Regional Planning Integration Framework

Regional Planning Project Group endorsed an Integration Framework to guide future service and system-level planning.

APRIL 2020 ↓ JULY 2020

Joint response to COVID-19 pandemic

Joint communications campaign delivered to assist public health response – with a mental health focus - during the early stages of the COVID-19 pandemic.

DECEMBER 2020

MentalHealthNT.com.au

New mental health and suicide prevention consumer website delivered to increase mental health literacy and guide people to mental health services that meet their needs.

DECEMBER 2020

NT Digital Health Strengthening our Health System Strategy (2020 – 2025)

Completion of a jointly developed digital health strategy to drive and coordinate opportunities to improve health outcomes for Territorians through digital technologies.

DECEMBER 2020

Joint Development of Darwin Adult Mental Health Centre (AMHC)

Planning for the joint commissioning and development of a new Adult Mental Health Centre to address the increased need for mental health services.

14. Next Steps in building a Joint Regional Plan

Future Governance and Implementation

Over the next two years NT PHN, AMSANT and NT Health and other key stakeholders will continue to work in partnership to develop a more comprehensive joint regional plan, whilst focusing on implementing opportunities for long-term system and service-level integration against the identified priority areas.

Implementation of the Foundation Plan will be driven by the needs and identified service gaps of each of our regions and through the application of our strategic drivers. These include:

- **service-level integration** responses that improve consumer experiences and outcomes
- **better use of resources** – investing in areas of significant gaps, and disinvestment where there is duplication
- the **alignment of planning and commissioning processes** to ensure contemporary models of evidence-based care are implemented.

In addition, the examination of different funding models and opportunities for joint commissioning, development of multi-agency agreements, information sharing protocols and shared clinical governance models, will also fall within scope in our work to develop a joint regional plan.

The development of a joint regional plan will be led by a guiding Project Group comprised of lead organisations as well as representatives across the service sector including Territory Families, the NT Mental Health Coalition, Aboriginal Community Controlled Health Services, and those with a lived experience of mental illness and suicide.

Appendix 1: Mental Health System responses to CoVID pandemic

The National Mental Health and Wellbeing Pandemic Response Plan (the Plan), was endorsed by National Cabinet on 15 May 2020. The Plan was established by an awareness of the increased need for an expanded and coordinated mental health response to the impacts of the COVID-19 pandemic on all Australians, including those with severe and complex mental illness. As responses evolve, its application to the NT will be a key consideration in the longer-term development of the joint regional plan.

Responses to the challenges of COVID-19 pandemic to date have included:

- Introducing dedicated support services to aid with mental health needs arising from the pandemic.
- Expanding or enhancing the capacity of existing mental health support services to meet increased demand and service creep.
- Enhancing access to telephone and online mental health services (including through supporting services to transition from predominantly face-to-face delivery to phone and online delivery) and providing additional resources for longer hours, increased capacity and infrastructure.
- Providing targeted mental health support to vulnerable and at-risk groups.
- Developing public communication campaigns, including dedicated webpages through which people in the community can access information about mental health and available services.
- Establishing structures (such as dedicated roles, teams or committees) to oversee and drive coordinated mental health responses to the pandemic.
- Consolidating the delivery of community-based service models and activities and sustaining new service models (including digital mental health services).
- Leveraging existing local SEWB workforce and infrastructure to respond to service demands
- Designing and implementing response plans that allow for community controlled contingency planning in preparing for any future COVID-19 outbreaks.
- Returning to country, providing the necessary support for people to return to their homelands.

As we move into the recovery phase of the COVID-19 response, ongoing action and transformation will be required. Of concern is the potential for economic and social disruption causing ongoing hardship and distress for wide sections of the community. Whole of government and joined up approaches to suicide prevention need to be further strengthened to ensure mental health and wellbeing is well supported.

While the response to COVID-19 presents an ongoing challenge to existing ways of working, it has also highlighted integration opportunities and possibilities for reform. There is now an opportunity to build on the strong leadership and innovative responses that have already emerged in response to the pandemic.

Appendix 2: Guiding Frameworks – Mental Health and Suicide prevention

MENTAL HEALTH

The implementation of a stepped care approach within regional planning provides the basis to promote effectiveness and efficiency by allocating resources in accordance with population need.

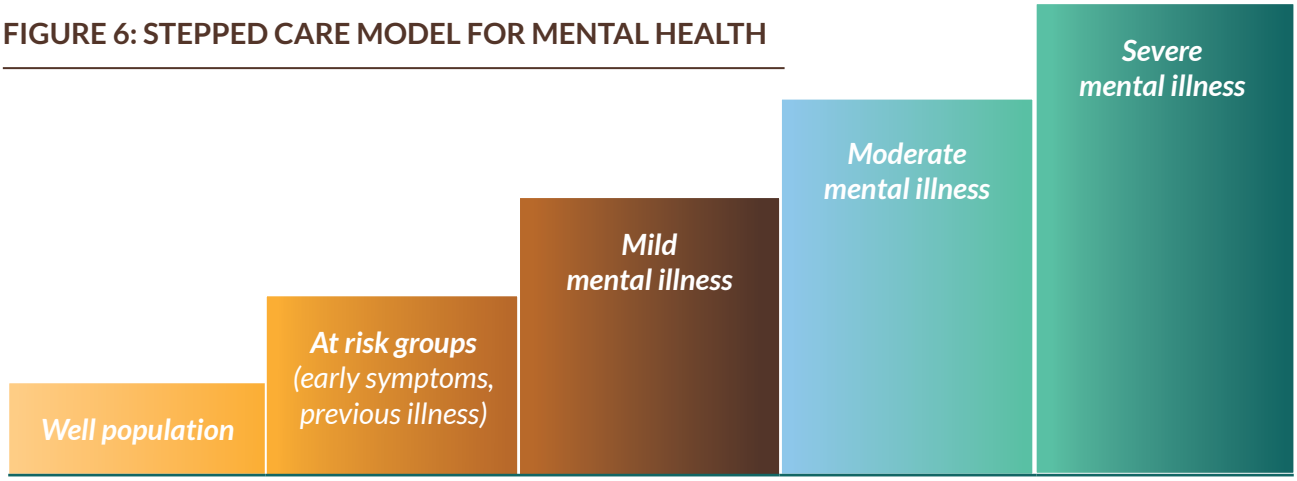
The stepped care model for mental health is an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to access higher-intensity services or lower-intensity services as their needs change.

Stepped care involves providing person-centred care, targeted at the individual needs of consumers for mental health services across this spectrum. It involves moving from a provider-driven approach to a service system genuinely designed with, and for, consumers and carers.

Whilst the national mental health reforms in relation to stepped care may be a relatively contemporary commitment, we acknowledge that stepped care is a framework well understood in the NT and many individual parts of the system already operate and support models of service in this way.

Given the significant impact that the social determinants have on increasing the burden of poor mental health and wellbeing, our own model is responsive to this. It recognises that integration within a stepped care model is not only about creating links up and down through the 'steps' of the health service system (primary health care, community service providers, hospital-based care), but also about improving the connections that exist between the health system and other agencies and organisations that are invested in the social and cultural systems that help to keep us well.

FIGURE 6: STEPPED CARE MODEL FOR MENTAL HEALTH



What do we need to achieve?

Focus on promotion and prevention by providing access of information, advice and self-help resources	Increase early intervention through access to past effective, evidence-based mental health services	Increase service access rates maximising the number of people receiving evidence-based intervention	Improve access to adequate level of primary mental healthcare invention to maximise recovery and prevent escalation. Provide wrap-around coordinate care for people with complex needs

SUICIDE PREVENTION

The NT Government's *Suicide Prevention Strategic Framework 2018–2023* provides a comprehensive approach to the design and ongoing implementation and evaluation of suicide prevention efforts across the NT. The framework covers the whole NT with a focus on regional planning and identifying 12 priority groups, including Aboriginal people.

The strategic framework identifies three priority areas for focus:

- Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma
- Informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the Territory
- Focused, and evidence-informed support for the most vulnerable groups of people.

A joint regional plan for the NT will allow for greater collaboration to pursue a determined course of action that considers an understanding of the role of social determinants and situational crisis and a whole-of-agency or 'everybody's business' approach to reducing suicide behaviours.

Working collaboratively across government and non-government agencies is central to increasing broad awareness, collaborative practice and solutions-focused programs. By coming together, we can target and refine our efforts towards high priority communities and at-risk groups, help to track the progress of community initiatives and programs that are in place to address these high rates and to guide future response initiatives.

NT SUICIDE PREVENTION STRATEGY AT A GLANCE

THE NT SUICIDE PREVENTION STRATEGIC FRAMEWORK 2018-2023

VISION

Where fewer lives are lost through suicide, and where individuals and communities are enabled to improve their mental health and wellbeing

GOALS

[1] Building stronger communities that have increased capacity to respond to and prevent suicidal behavior through raising awareness and reducing stigma

[2] Informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the NT

[3] Focused and evidence informed support for the most vulnerable groups of people

OUTCOMES

Reduced suicide rate in the whole population and among particularly vulnerable groups

Reduced stigmatised attitudes to mental health and suicidal behaviour at population level and across vulnerable groups

PRINCIPLES

- build hope and resilience
- apply a public health approach
- trauma-informed
- recovery focused
- underpinned by human rights
- equity
- complement current initiatives in suicide prevention

NT

- NT Suicide Prevention Strategic Action Plan 2015-2018
- NT Mental Health Strategic Plan 2015-2021
- NT Health Aboriginal Cultural Security Framework 2016-2026
- Gone Too Soon: A Report into Youth Suicide in the Northern Territory 2012

AUSTRALIA

- LIFE framework (2007) (Life in Mind)
- A National Framework for recovery-oriented mental health services (2013)
- Fifth National Mental Health and Suicide Prevention Plan 2017-2022
- ATSISPEP Final Report (2016)
- Cultural Respect Framework 2016-2026
- Consumer and Carer Participation Policy
- Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services 2014
- Trauma Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia (2013)
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013)
- National Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing Framework 2017-2023
- LifeSpan Integrated Suicide Prevention (Black Dog Institute)
- National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health & Suicide Prevention Strategy (2016)

INTERNATIONAL

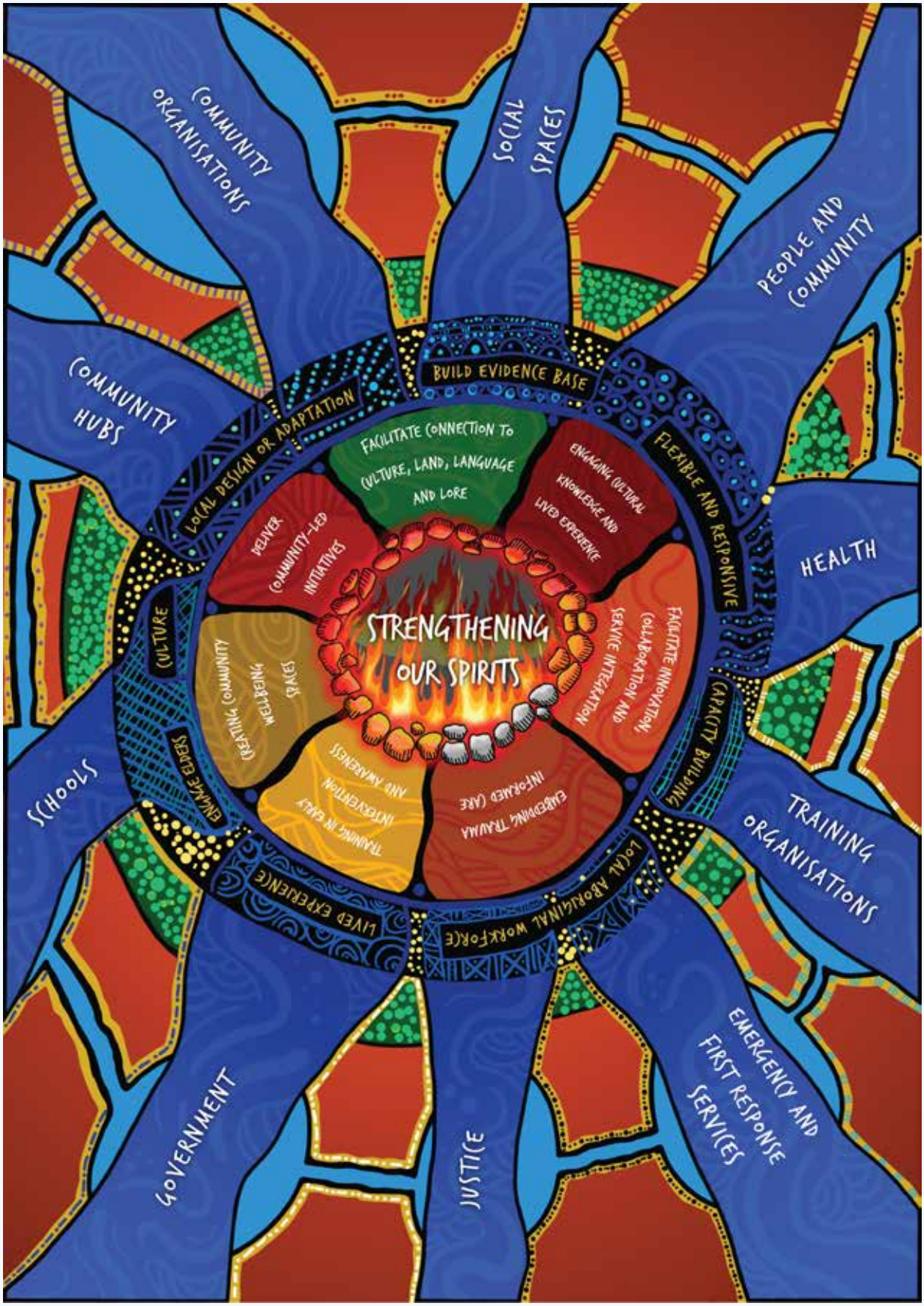
- UN Principle for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care
- Convention on the Rights of Persons with Disabilities
- International Covenant on Civil and Political Rights
- Convention on the Rights of the Child
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- WHO Preventing suicide: A global imperative
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of All Forms of Discrimination Against Women
- International Convention on Elimination of All Forms of Racial Discrimination
- UN Declaration on the Rights of Indigenous Peoples
- WHO Comprehensive Mental Health Action Plan

STRENGTHENING OUR SPIRITS

The *Strengthening Our Spirits* model was designed by members of the Greater Darwin region's Aboriginal and Torres Strait Islander community as part of the Darwin National Suicide Prevention Trial. It is a systems-based approach to suicide prevention, meaning it considers the many people, systems and processes which need to work together to help prevent suicide.

Importantly, the *Strengthening Our Spirits* model draws on the concepts and symbols that are meaningful to the Aboriginal and Torres Strait Islander community in the Greater Darwin region and links these two key elements believed to be important when taking a systems-based approach to the prevention of self-harm and suicide. The model is based on the guiding principles that suicide prevention activities will:

- be flexible and responsive
- build capacity
- develop the local Aboriginal workforce
- engage culture, elders and lived experience
- involve local design or adaptation


COMMUNITY ORGANISATIONS
SOCIAL SPACES
PEOPLE AND COMMUNITY
COMMUNITY HUBS
HEALTH
SCHOOLS
TRAINING ORGANISATIONS
GOVERNMENT
JUSTICE
EMERGENCY AND FIRST RESPONSE SERVICES
BUILD EVIDENCE BASE
FLEXIBLE AND RESPONSIVE
CAPACITY BUILDING
LOCAL ABORIGINAL WORKFORCE
LIVED EXPERIENCE
ENGAGE ELDERS
CULTURE
LOCAL DESIGN OR ADAPTATION
FACILITATE CONNECTION TO CULTURE, LAND, LANGUAGE AND LORE
ENGAGING CULTURAL KNOWLEDGE AND LIVED EXPERIENCE
FACILITATE INNOVATION, COLLABORATION AND SERVICE INTEGRATION
EMBEDDING TRAUMA INFORMED CARE
TRAINING IN EARLY INTERVENTION AND AWARENESS
CREATING COMMUNITY WELLBEING SPACES
DELIVER COMMUNITY-LED INITIATIVES
STRENGTHENING OUR SPIRITS

SOCIAL AND EMOTIONAL WELLBEING

Aboriginal people have maintained physical and mental health through beliefs, practices and ways of life that supported their social and emotional wellbeing (SEWB) across generations.

SEWB is a holistic concept which results from a network of relationships between individuals, family, kin and community. It recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect a person's physical and mental health.

Effective programs that support SEWB require multi-disciplinary, culturally and trauma-informed teams that can support individuals, families and communities in all aspects of life that strengthen wellbeing and build connection.

The aims of service integration are aligned with the SEWB model. Instead of providing care and support in isolation, an integrated approach seeks to wrap services seamlessly around the client to meet their holistic physical, social and wellbeing needs.

FIGURE 7: SOCIAL AND EMOTIONAL WELLBEING FROM AN ABORIGINAL AND TORRES STRAIGHT ISLANDER PERSPECTIVE

Reference: Gee, Dudgeon, Schultz, Hart and Kelly 2013 on behalf of APA.
Artist: Tristan Schultz