FIRST CLASS COMMUNICATIONS DRAFT 3

Northern Territory Plan for

Mental Health and Wellbeing

DRAFT

Acknowledgement of Country

We respectfully acknowledge the Traditional Owners, Custodians and Elders past, present and emerging of the lands and seas on which we work. We show our recognition and respect for Aboriginal people, their culture, traditions and heritage by working towards Aboriginal health and wellbeing.

Please note that throughout this document the term Aboriginal should be taken to include Torres Strait Islander people. No disrespect is intended to our Torres Strait Islander colleagues and community.

Recognition of Lived Experience

This work recognises the individual and collective contributions of those recognise those people with lived and living experience of mental health ill health, trauma and suicide, and their families, kin, friends, and carers. Each person's journey is unique and a valued contribution to mental health sector.

Thankyou to all contributors

Thank you to all those who contributed to the development of this Plan through the input of valuable information, from personal, family and community experiences, to the Traditional Owners who welcomed us to Country to have these conversations and to everyone who gave their time to contribute.

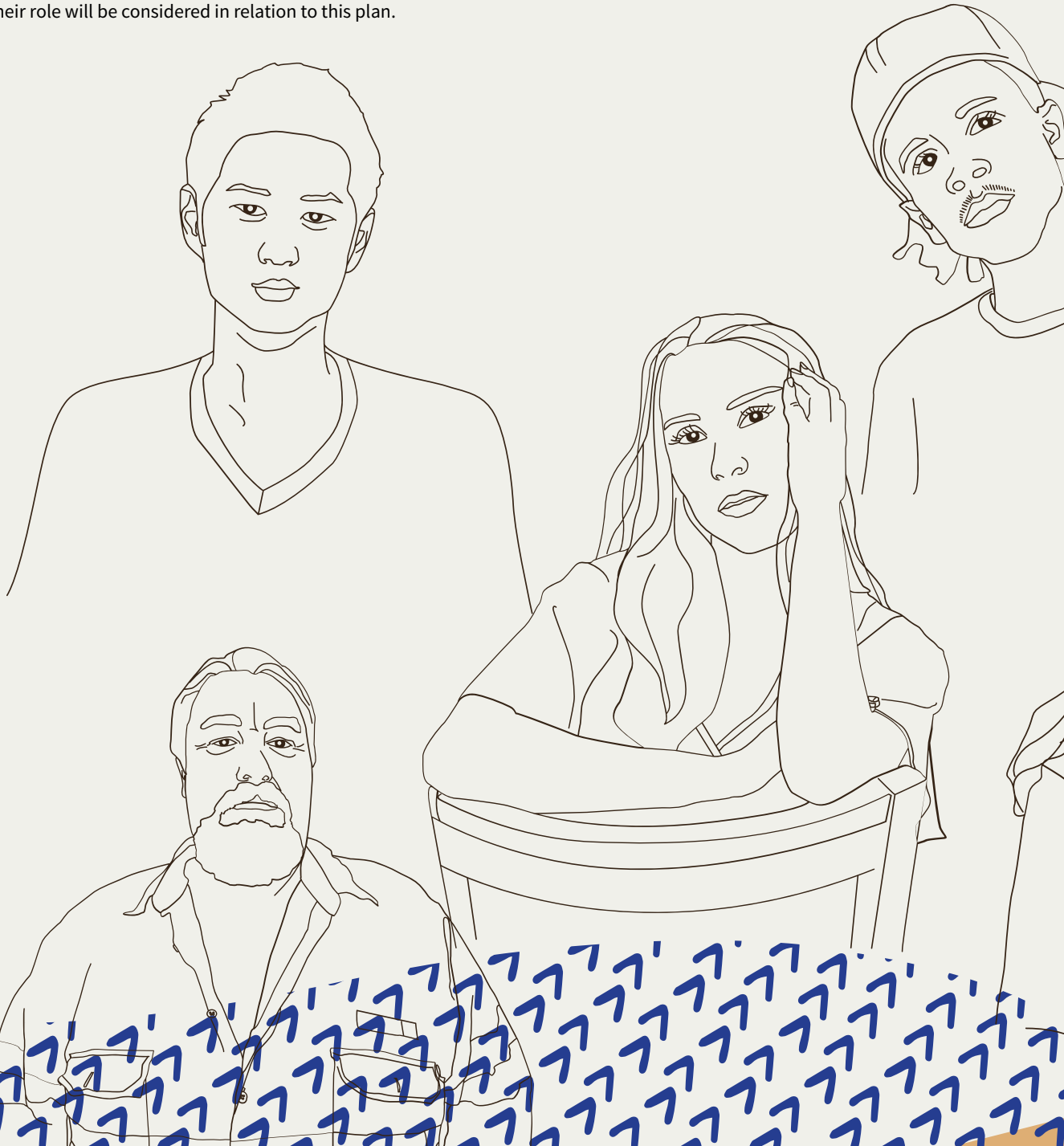
Contents

Who is this plan for?

The Northern Territory Plan for Mental Health and Wellbeing (the plan) will be used by Aboriginal Medical Services Alliance Northern Territory (AMSANT), NT Health, National Indigenous Australians Agency (NIAA), and the Northern Territory Primary Health Network (NTPHN) over the next five years to inform co-commissioning, reduce fragmentation and promote integrated mental health and wellbeing across the Northern Territory.

Implementation of this plan will occur in partnership across all five health regions with mental health service providers, people with lived experience, primary health care specialists and the Aboriginal Community Controlled sector.

As new commissioning bodies emerge in the Northern Territory, their role will be considered in relation to this plan.



About the plan

The plan reflects the collaborative planning undertaken by AMSANT, NT HEALTH, NIAA and NTPHN and provides a blueprint for improvement to the mental health service system in the Northern Territory for the next five years.

Working together ensures a coordinated approach to resource distribution and decision making that better addresses fragmentation to improve access to services and the mental health needs of the Northern Territory community.

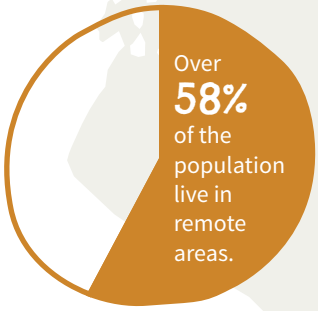
Setting the scene

The Northern Territory population

The Northern Territory covers an area of almost **1.4 million km²**

Aboriginal people make up approximately 26.3% or **61,000** of the total population in 2021[2].

Total population of approximately **250,000** (ABS 2022)[1]



The estimated gap in life expectancy between Aboriginal and non-Aboriginal Australians in the NT is

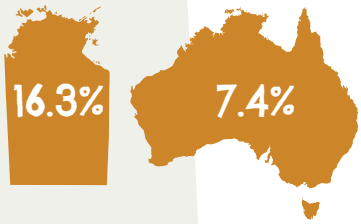
11.5 years for males **12.8** years for females

The national average (8.6 years for males and 7.8 years for females)[3].

Median age[4]

On an average day **6.4%** of daily GP consults in the NT primary healthcare system were related to mental health issues. (ref: AIHW GP, allied health, and other primary care services report, 2023)

Burden of disease rate



The Northern Territory has the highest rate of burden of disease in Australia. Mental health conditions contribute 16.3% of the burden of disease in the NT compared with 7.4% nationally by mental illness and substance use disorders[4, 5]

Mental health and substance use disorders including suicide and self-inflicted injuries, alcohol use disorders and depressive disorders make up approximately **39%** of total burden of disease for Aboriginal Territorians. For the Aboriginal population, overall contribution to DALY's was **6.2%**[6]

About 1 in 5

(25.7% vs. 11.4% nationally) children in Northern Territory are **developmentally vulnerable to 2 or more early childhood development milestones** (physical, social, emotional, language, and communication).

(Department of Education Skills and Employment. (2021). Australian Early Development Census National Report 2021. https://www.aedc.gov.au/).

1. Australian Bureau of Statistics (December 2022), National, state and territory population, ABS Website, accessed 5 September 2023.
2. Northern Territory: Aboriginal and Torres Strait Islander population summary Australian Bureau of Statistics 2021 (https://www.abs.gov.au/articles/northern-territory-aboriginal-and-torres-strait-islander-population-summary)
3. Australian Bureau of Statistics Life Tables for Aboriginal and Torres Strait Islander Australians, 2015 - 2017 | (abs.gov.au)
4. Northern Territory 2021 Census All persons Quick Stats https://www.abs.gov.au/census/find-census-data/quickstats/2021/7
5. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2015: fatal burden preliminary estimates. Cat. No. BOD 18. Canberra: AIHW (2018).
6. Northern Territory Primary Health Network. The NT PHN Mental Health and Suicide Prevention Needs Assessment. Canberra: Department of Health (2016).
7. Zhang X, Zhao Y, Guthridge S. 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.

National reform guiding documents

- Vision 2030
- Gayaa Dhuwi (Proud Spirit) Declaration National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2015
- The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing (SEWB)
- Productivity Commission- Mental Health Inquiry 2020
- National Aboriginal and Torres Strait Islander Health Plan 2023-2031
- Closing the Gap Agreement
- National Mental Health Commission Report 'Contributing Lives, Thriving Communities'
- Australian Government Response 'Contributing Lives, Thriving Communities'
- Equally Well Consensus Statement
- National Disability Insurance Scheme

Building on the Northern Territory Mental Health Strategic Plan 2019-2025 and the Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021 – 2022

The Northern Territory Mental Health Strategic Plan 2019-2025 outlines the path to create mental health promoting communities, schools, and workplaces for Territorians. This sets the strategic directions for the investment in services to protect and promote mental health in the community.

In 2021, the Foundation Plan was developed to identify priority areas for further action. This Joint Mental Health and Wellbeing Regional Plan, continues this work with three main objectives;

1. Service integration responses that improve consumer experiences and outcomes.
2. Better use of resources – investing in areas of significant gaps and identifying where there is duplication and fragmentation.
3. Aligning planning and commissioning processes to ensure contemporary models of care are implemented.

The Foundation Plan has five priority areas which have guided the development of the Joint Mental Health and Wellbeing Regional Plan.

These are:

1. Early engagement with at-risk populations.

2. Clear pathways for people with moderate mental illness.

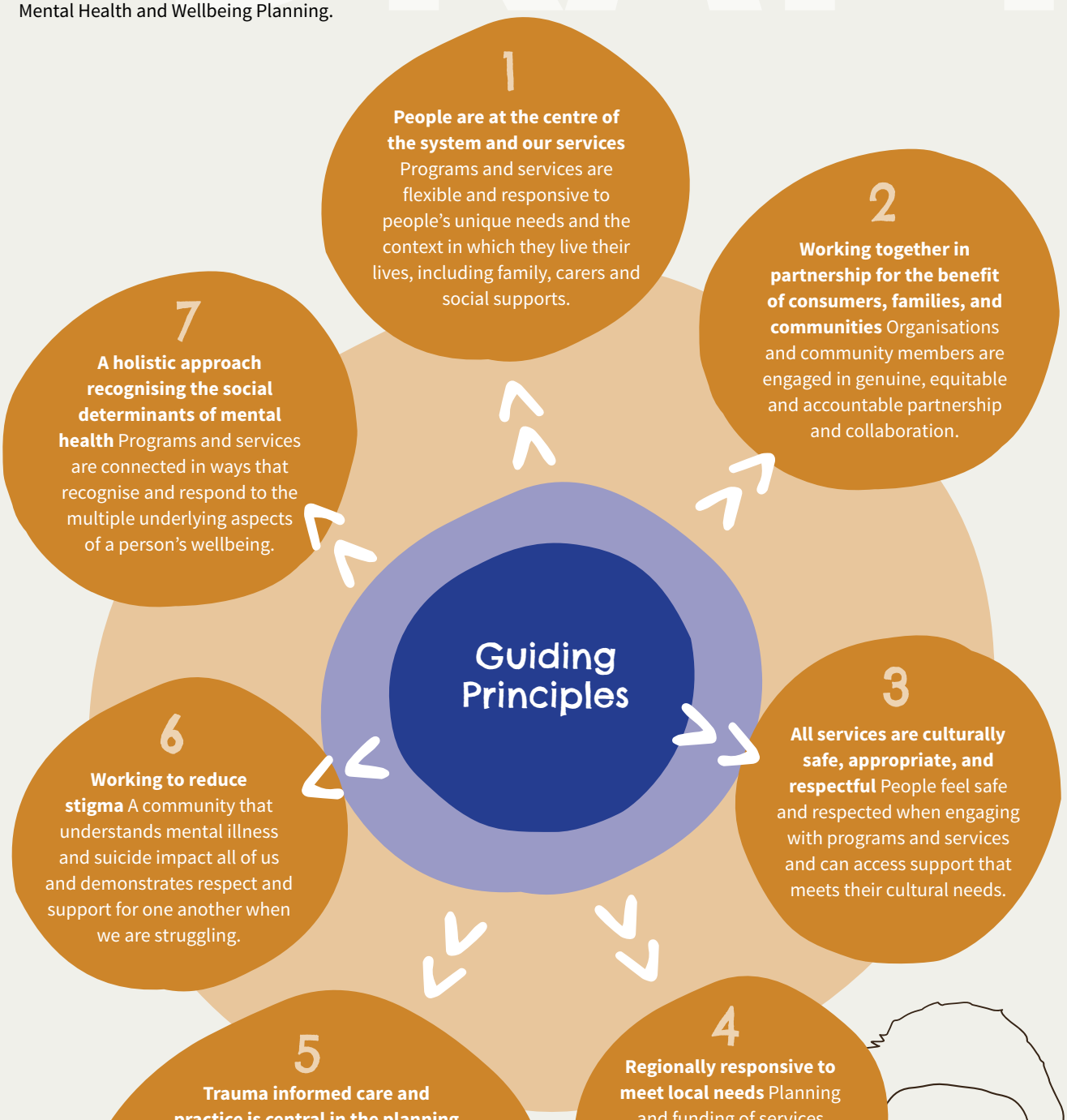
3. Greater support for people with severe and complex needs.

4. Joined-up services for children and young people.

5. Using technology for better outcomes.

What are our guiding principles for joint planning?

The following principles are central to joint regional Mental Health and Wellbeing Planning.



Important considerations

The Social and Emotional Wellbeing (SEWB) Framework

The SEWB framework outlines an Aboriginal and Torres Strait Islander view of mental health, identifying the importance of physical, cultural, spiritual health and connection to country. SEWB is a holistic concept that for individuals, can change across the life course. It links mental wellbeing to a broad range of other factors, and includes attention to the social determinants of health and wellbeing (e.g. housing, education, employment).

Figure 1 SEWB Diagram (Image source: https://timhwb.org.au/empowering-access/)

A Stepped Care Approach

In a stepped care approach, a person is offered interventions and supports at an intensity that best meets their needs and preferences. When these needs and preferences change, the treatments and supports are changed accordingly. It starts with self management followed by early and effective intervention when needed.

Stepped care encourages more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and prescribing of pharmaceuticals under the PBS. It also improves the use of evidence-based self-help and clinician-moderated digital mental health services.

The approach is person- centred and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time. The levels of need and service care provision should be understood as a continuum and be flexible, matching individuals with the right supports at the right time.

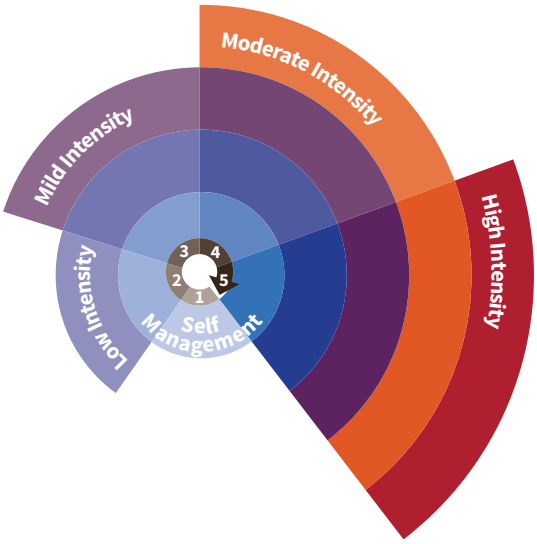
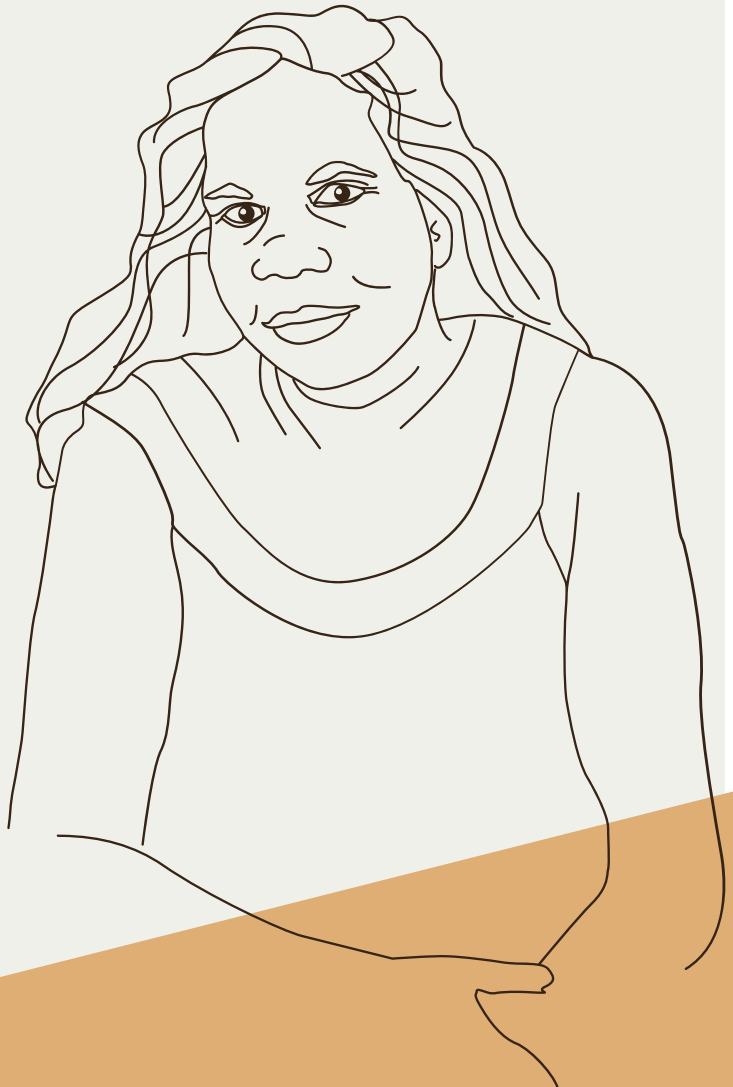


Figure 2: Stepped Care Model adapted in line with PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance for Stepped Care https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-primary-mental-health-care-guidance-stepped-care.pdf

Elevating Promising Practice

Promising practice can be defined as an "intervention, program, service, or strategy that shows potential (or "promise") for developing into a best practice"[8]. Promising practice is a key consideration of this plan, with the aim of identifying innovative approaches to mental health care. Early stages of project implementation can lack evidence informed practice and need strong evaluation and support to develop an evidence base. The stages of evidence creation are mapped in figure 3 below[9].

Figure 3 Stages of evidence creation (image source: The Healing Foundation (2019). A theory of change for healing. Canberra: The Healing Foundation.)



8 Promising Practices in Canada, Canadian Public Health Association https://www.cpha.ca/promising-practices-canada Site visited 23 March 2023 referenced in Promising Practices for Children's Unstructured Play: Emerging Programs, Initiatives, and Policies across Canada (July 2019)- Identify better reference

9 The Healing Foundation (2019). A theory of change for healing. Canberra: The Healing Foundation.

Lived Experience

Evidence shows that working in partnership with people with a lived experience leads to better health outcomes and improved services[10,11,12].

The role of a natural helper describes the fundamental benefit of lived experience inclusion. These individuals within a community provide informal support, guidance, and assistance to others based on their own personal experiences, skills, and knowledge. These individuals are not necessarily trained professionals but offer help and support in a more informal and often spontaneous manner. Families, and natural helpers are typically the first responders to people with mental illness, suicide risk and problematic drug and alcohol use.

Much of the care that happens in communities is provided by family members or significant others in the person's life, although they often do not see themselves as a formal 'care giver or helper.'

Service redesign and co-commissioning in all joint regional Mental Health and Wellbeing Planning will recognise:

- People with lived experience of using the NT's mental health system have the right to be recognised, respected and included in policy decision making.
- Partnerships with people with lived experience support co-development of systems and services is a key component of ongoing system reform in the NT.
- Lived experience engagement activities will address issues of safety, safe storytelling and power to promote, support and uphold meaningful, productive lived experience participation.
- Staff working in mental health, suicide prevention and community services in the NT will have a clear understanding of expectations, roles and responsibilities when undertaking engagement activities, and will be supported accordingly.

10 C. Bellamy, T. Schmutte, L. Davidson, *An update on the growing evidence base for peer support*. Mental Health Social Inclusion, 21 (3) (2017)

11 A.J. King, M.B. Simmons, *A systematic review of the attributes and outcomes of peer work and guidelines for reporting studies of peer interventions* Psychiatr. Serv., 69 (9) (2018), pp. 961-977

12 S. White, R. Foster, J. Marks, R. Morshead, L. Goldsmith, S. Barlow, et al. The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. BMC Psychiatry., 20 (1) (2020)

Elevate and enhance

The following resources already exist, with enhancement and improved roll-out, these will support the implementation of mental health priorities across the NT.

Initial Assessment and Referral (Intake, Assessment and Referral (IAR) tool)

The Intake, Assessment and Referral (IAR) tool provides a standardised, evidence-based and objective approach to assist GPs and mental health service providers and clinicians with mental health care recommendations. The tool will also be used in primary health care across all settings which will assist providers to know what level of care to refer the person to.

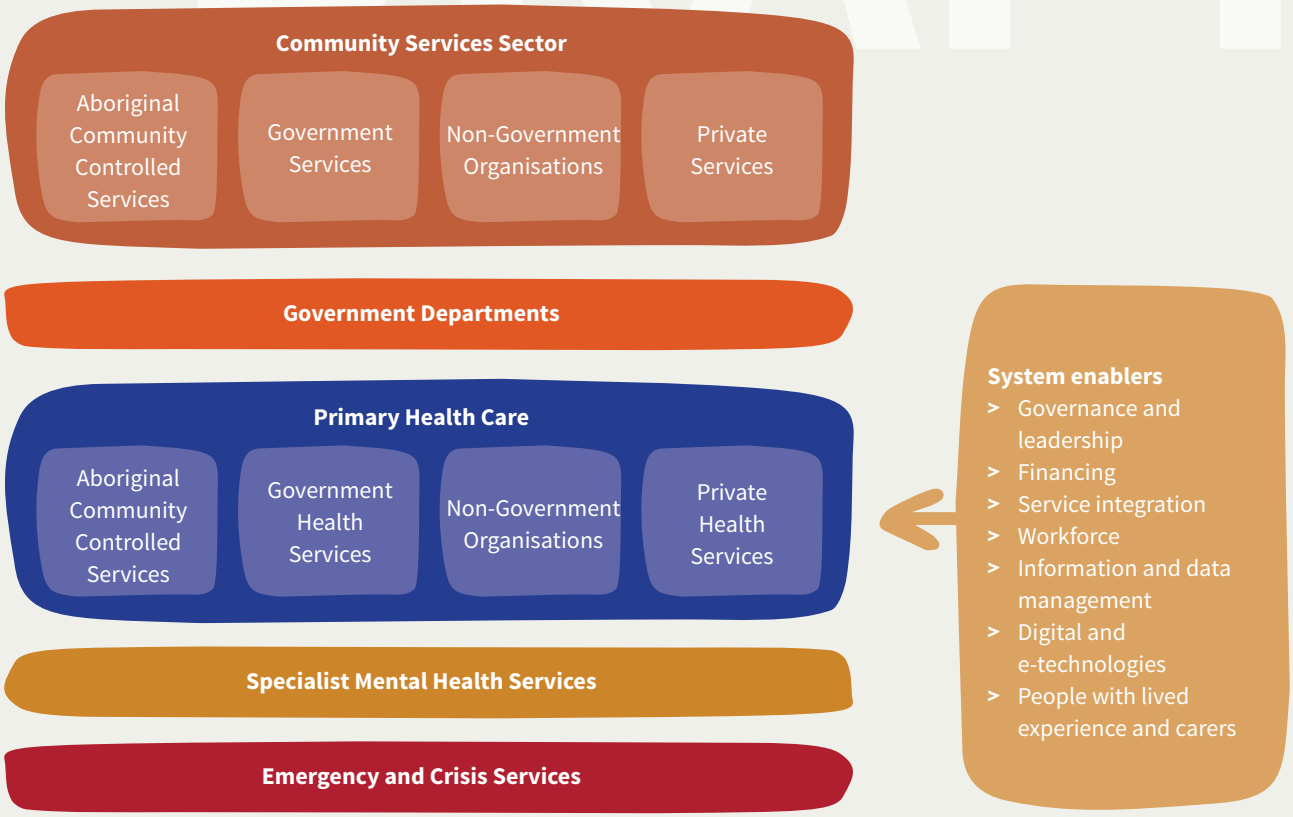
Pathways to Care

Pathways to Care used in the NT (Health Pathways as currently described) is a system maintained to help clinical teams, particularly GPs, navigate referral pathways in the NT and manage their patients' health conditions.

Mental Health NT website

This website platform is intended to build capacity of consumers and carers through education, as well as to improve pathways to mental health support.

Our mental health system



Northern Territory Priorities

The following priorities have been identified through a process of review, consultation and validation over many years and at a regional level. The Foundation Plan priorities have guided the scope and development of these priorities.

For NTPHN, the following priorities have been planned for based on our current Commonwealth Funding agreements. Commitment to these priorities will be subject to the ongoing funding commitment from the Commonwealth.

Key

Joint planning priority

- Integration priority
- Commissioning priority

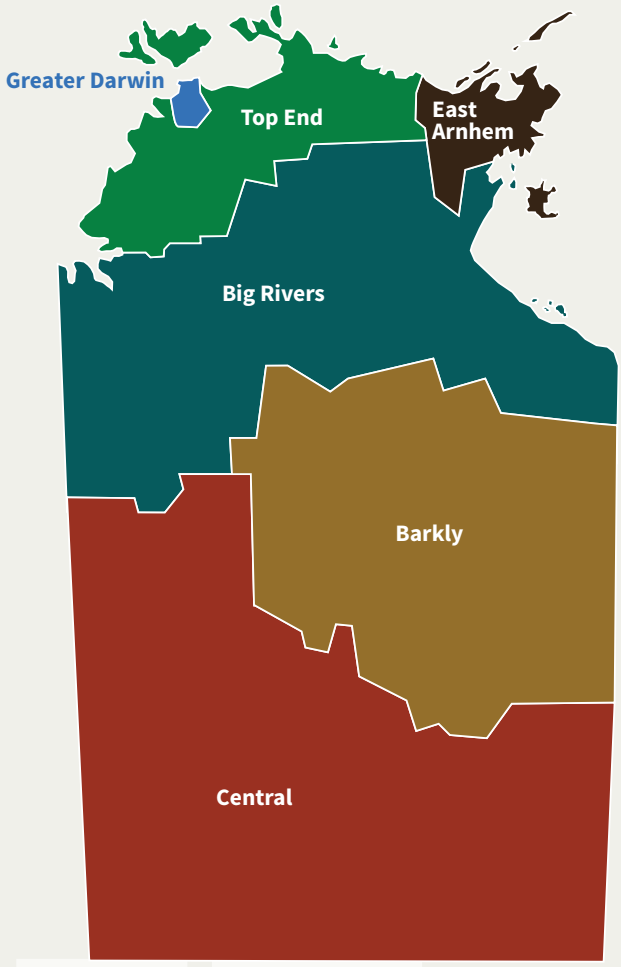
Foundation Planning priority

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.

Enablers

Timeframe

- Initial working stages/ planning
- Priority underway



Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	1. Integrate Aboriginal cultural health and healing practices into Primary Health Care and specialist service pathways.	1.1	Building awareness, appreciation, and readiness of the Mental Health sector to support integration of cultural health and healing practices.	NTPHN NT Health AMSANT	○	○	●	●	●
		1.2	Supporting an increase in the number of Aboriginal practitioners, with paid and properly recognised roles.	NTPHN NT Health AMSANT	○	○	●	●	●
		1.3	Identify opportunities for traditional healing practices to be embedded in service models and pathways.	NTPHN NT Health NIAA AMSANT	●	●	●	●	●
		1.4	Elevate emerging and promising practices with investment and support for further evaluation.	NTPHN NT Health NIAA AMSANT	●	●	●	●	●
		1.5	Increase SEWB principles and approaches within health care settings including aged care services and clinics.	AMSANT	○	○	●	●	●
		1.6	Work towards building clinical cultural safety in health services.	NTPHN NT Health AMSANT	○	○	○	○	○
	2. Expand lived experience in the mental health and wellbeing workforce.	2.1	Invest in and develop a supported workforce with lived experience.	NTPHN NT Health	○	●	●	●	●
		2.2	Increase lived experience roles across the service system (including recovery coaches), with governance structures and workplace supports in place.	NTPHN NT Health	○	●	●	●	●

KEY

Integration priority
Commissioning priority
1. Early engagement with at-risk populations.
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Enablers
Initial working stages/planning
Priority underway

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	3. Enhance the Lived Experience voice in higher level decision making.	3.1	Engage representatives with Lived experience early in planning cycles.	NTPHN	●	●	●	●	●
		3.1	Implement the Lived Experience framework.	NT Health	●	●	●	●	●
	4. Build capacity of communities to develop programs and mechanisms that build resilience of individuals, families, kin and community.	4.1	Support natural helpers, families, kin and carers more effectively.	AMSANT	○	●	●	●	●
		4.2	Promote support services and or tools and resources that support families and carers.	NTPHN NT Health	●	●	●	●	●
		4.3	Support micro credentialing of natural helpers who wish to gain skills and qualifications.	NT PHN NT Health AMSANT	○	○	●	●	●
	5. Work alongside communities to identify 'critical points' where preventative opportunities exist.	5.1	Implement peri-natal mental health screening in NT Health and family health centers.	NT Health	○	●	●	●	●
		5.2	Increase mental health supports and services for 0-11 years.	NTPHN NT Health	○	○	●	●	●
		5.3	Improve access to early diagnosis.	NTPHN NT Health	○	●	●	●	●
		5.4	Identify and promote effective youth diversion programs that are community lead and strength based.	NT Health NTPHN	○	○	●	●	●
		5.5	Advocate for and improve continuity of service provision for participants transitioning from NDIS to My Aged Care funding.	NTPHN	○	●	●	●	●
		5.6	Improve collaboration between social supports and community sector with health sector to better address social determinants of poor mental health.	NT Health AMSANT	○	●	●	●	●
		5.7	Identify and advocate for opportunities for joined up resources with Department of Education, integrating families in treatment methods/group therapy.	NT Health NT PHN	○	●	●	●	●

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	6. Support models that work holistically to address co-morbidity.	6.1	Identify and support models of care that address physical and mental health needs, recognising their co-benefit.	NTPHN NIAA NT Health					
		6.2	Training supports to ensure AOD workforces can care for people with MH needs. Increase dual skilled workforce.	NTPHN NT Health					
		6.3	Undertake needs assessment of number of people requiring mental health supports in AOD treatment facilities.	NT Health					
		6.4	Embed co-commissioning, emerging and promising practice, stepped up-stepped down service delivery and dual diagnosis in models of care.	NTPHN NT Health					
	7. Increase access to specialist services for remote areas 'on country'.	7.1	Improve support models for remote clinics to access mental health telehealth hub, to improve links to primary health care and specialist services.	NTPHN NT Health					
		7.2	Develop Territory wide remote Child and Youth Mental Health services (CYMHS).	NT Health					
	8. Empower individuals and carers with support tools and self-navigation.	8.1	Maintain the Mental Health NT website with timely and relevant information to support individuals and carers to self-navigate.	NTPHN					

KEY

Integration priority
Commissioning priority
1. Early engagement with at-risk populations.
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Enablers
Initial working stages/planning
Priority underway

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	9. Strengthen and promote localised pathways to care and education to Primary Health Care services to adequately triage, assess and refer appropriately.	9.1	Establish or enhance regional 'Places of Care' model- regional committees for case review improvement to enhance coordination between primary, secondary and tertiary services.	NT Health	○	●	●	●	●
		9.2	Focus on primary health care leading care coordination and connection to community-based referral pathways.	NTPHN	○	●	●	●	●
		9.3	Maintain and promote Pathways to Care, to support service navigation and referral pathways.	NTPHN	●	●	●	●	●
		9.4	Increase integration opportunities so that primary health care services have access to psychiatry supports. i.e., Dial a Psychiatrist Line for support.	NTPHN NT Health	○	○	●	●	●
		9.5	Support roll-out and promotion of the Intake Assessment Referral tool to ensure appropriate triaging.	NTPHN	●	●	●	●	●
		9.6	Improve access to clinical information systems for Primary Health Care and NGO sector to access patient information, discharge plans, prescriptions etc.	NTPHN NT Health	○	○	●	●	●
		9.7	Identify and maintain clear referral pathways for LGBTIQA+ people.	NTPHN NT Health	○	●	●	●	●
	10. Enhance or establish place-based, formalised partnerships across sectors that are informed by the needs of community, to improve integration.	10.1	Support regionalised collaboration to support needs of the community through Child Wellbeing and Safety Partnerships and other mechanisms.	NTPHN NT Health AMSANT	●	●	●	●	●
		10.2	Identify and formalise partnerships in commissioning contracts to compliment, integrate, minimise duplication and achieve better outcomes.	NTPHN NT Health NIAA	○	●	●	●	●

Priority	Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	**11. Facilitate access to targeted education, training and continuous quality improvement activities to build local capacity, competency and capability.**	11.1 Continue to provide Trauma informed care training across all sectors.	AMSANT NTPHN NT Health NIAA					
		11.2 Use tools such as the Clinical Services Capability Framework and Rural Workforce Agency workforce needs assessments to ensure adequate and equitable distribution of resources across the NT.	NTPHN NT Health					
		11.3 Advocate for localised training opportunities, with local trainers to ensure training is relevant and appropriate within an NT context. With priority given to Aboriginal people providing training to their communities.	NTPHN NIAA NT Health					
		11.4 Support regular and relevant training opportunities to maintain a competent and supported workforce.	NTPHN NIAA NT Health AMSANT					
		11.5 Increase education and training around Translation and Interpretation Service (TIS) use as well Multicultural supports to improve access to services for Culturally and Linguistically Diverse communities.	NTPHN					
		11.6 Increase education and training around appropriate and non-discriminatory approaches for working with members of the LGBTIQA+ community.	NTPHN NT Health					
		11.7 Increase opportunities for Aboriginal mental health practitioners to specialise in providing mental health care for 0-11 years.	NTPHN NT Health NIAA AMSANT					

KEY

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	12. Prioritise outcome-based commissioning decisions.	12.1	Develop outcome measures and funding models that align to support pilot programs.	NTPHN NIAA NT Health					
		12.2	Formalise service KPIs as part of funding and commissioning agreements to formalise service level agreements, MOUs and the operationalisation of the agreements.	NTPHN NIAA NT Health					
	13. Improve data reporting and use	13.1	Explore culturally appropriate and innovative mechanisms to capture meaningful data.	AMSANT NTPHN					
		13.2	Improve reporting to help inform future improvements in the planning and funding of primary mental health care services, including reporting for the Primary Mental Health Care Minimum Data Set (PMHC MDS).	NTPHN					

How will we measure our outcomes?

- The proportion of our workforce and by staff group that identifies as Aboriginal.
- The proportion of funded programs that integrate Aboriginal cultural health and healing practices.
- The proportion of Aboriginal staff and clients reporting feeling culturally safe.
- Workforce satisfaction surveys indicate high proportion of staff feeling supported, equipped and prepared for their role.
- The proportion of funded programs that identify as contributing to “emerging evidence” or “promising practices”.
- The proportion of programs that demonstrate holistic models of care and dual diagnosis.
- Community consultation that includes engagement with Lived Experience community and carers.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Achievement of delivery on the planned activities in this plan.
- Evidence of lived experience engagement into planning and commissioning processes.
- Use of telehealth by clinicians and patients.
- Primary Mental Health Care- Minimum Data Set.
- Through service provider consultation reports, data, evaluation and tracking of unmet needs.
- Evaluation of professional development, training opportunities and uptake.
- Trends and data analytics provided though Mental Health NT and Pathways to Care.
- Increase in available data through reporting.

Regions

1. Central

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	1.1 Co-commission Head to Health services.	1.1.1	Commission Head to Health Kids.	NT Health NTPHN	●	●			
		1.1.2	Commission Head to Health Adults.	NT Health NTPHN	○	●	●		
	1.2 Improve access to neurological assessment and therapeutic supports to better respond to the mental health and wellbeing of those with neurological diversity in remote communities.	1.2.1	Undertake needs assessment of communities requiring diagnostic assessment and therapeutic needs.	NTPHN	○	●			
		1.2.2	Develop and implement a plan to undertake more neurological diagnostic assessments in the region.	NTPHN AMSANT NT Health	○	●	●		
		1.2.3	Build capacity of the workforce in the region to support those with a neurodivergent disorder.	NTPHN AMSANT NT Health	○	●	●	●	●
	1.3 Improve access to mental health services for people from culturally and linguistically diverse backgrounds in Alice Springs.	1.3.1	Build capacity of the mental health sector in supporting the needs of newly arrived people who have experienced trauma and/or torture.	NTPHN	○	●	●		
	1.4 Sub-acute service re-development.	1.4.1	Redesign the current sub-acute care service and explore alternative location options including proximity to the new H2H Adult and Kids centres.	NTPHN NT Health	○	○	●		

KEY

- Integration priority
- Commissioning priority
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- 5. Using technology for better outcomes.
- Enablers
- Initial working stages/planning
- Priority underway

Priority		Activities		Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	**1.5 Improve mental health service provision and coordination in region.**	1.5.1	Service mapping and review of jurisdictional reach in remote communities to improve coordination of services.	NT Health	○				
		1.5.2	Integrate new funding so that it builds capacity of existing services in the region and enables new initiatives to integrate with existing programs.	NT Health NT PHN	○	●	●	●	●
	**1.6 Better support the needs of people in Central.**	1.6.1	Provide mental health training to community-based services providing wrap around support services for people experiencing mental illness.	NTPHN AMSANT	●	●	●	●	●
	**1.7 Focus on building place-based generalist SEWB workforce that are supported by outreach specialists.**	1.7.1	Capacity building approach and integration efforts supported.	AMSANT NTPHN NT Health	●	●	●	●	●

How will we measure our outcomes?

- Community consultation that includes engagement with people from culturally and linguistically diverse backgrounds, families and remote communities.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Use of telehealth by clinicians and patients.
- Primary Mental Health Care- Minimum Data Set.
- Through service provider consultation reports, data, evaluation and tracking of unmet needs.
- Evaluation of professional development, training opportunities and uptake.

2. Barkly

Priority		Activities	Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	2.1 Improve access to neurological assessment and therapeutic supports to better respond to the mental health and wellbeing of those with neurological diversity in remote communities.	2.1.1 Undertake needs assessment of communities requiring diagnostic assessment.	NTPHN	○	○	●	●	●
		2.1.2 Develop and implement a plan to undertake neurological diagnostic assessments in the region.	NTPHN	○	○	●	●	●
		2.1.3 Identify and advocate for opportunities for joined up resources with Department of Education, integrating families in treatment methods/group therapy.	NTPHN	○	○	●	●	●
		2.1.4 Build capacity of the workforce in the region to support those with a neurodivergent disorder.	NTPHN	○	○	●	●	●
	2.2 Support local workforce strategies aimed to improve access to remote area nurses, mental health workers, allied health, social workers and psychologists through rotational model workforce strategies.	2.2.1 Build capacity with Primary Health Services to embed models of; – Supervision/mentorship and buddy ship programs – Rotational workforce models – Succession planning	NTPHN AMSANT	○	○	●	●	●
	2.3 Improve access to Mental Health support in Alcohol and Other Drug treatment services (and vice versa) to better support dual diagnosis.	2.3.1 Establish an AOD in reach/ telehealth service for Tennant Creek mental health services.	NTPHN NT Health	○	●	●	●	●

KEY

Integration priority
Commissioning priority
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.
Enablers
Initial working stages/planning
Priority underway

Priority		Activities	Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	2.4 Formalise the coordination and integration pathways between PHC, Tennant Creek Hospital and Alice Springs Hospital.	2.4.1 Operationalise a partnership agreement between key services including clear performance indicators on care coordination including post discharge follow-up.	NTPHN	○	●	●	●	●
		2.4.2 Identify a lead Barkly agency for joint integration efforts.	NTPHN	○	●			
		2.4.3 Strengthen triaging of mental health presentations through use of the Intake Assessment Referral tool (IAR).	NTPHN	●	●	●	●	●
	2.5 Promote a better and collective understanding of SEWB across the Barkly region and benefits of SEWB focused services as an early intervention.	2.5.1 Education and capacity building approach.	AMSANT	○	○	●	●	●

How will we measure our outcomes?

- Community consultation that includes engagement with individuals, families and remote communities.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Use of telehealth by clinicians and patients.
- Through service provider consultation reports, data, evaluation and tracking of unmet needs.
- Evaluation of professional development, training opportunities and uptake.
- Workforce satisfaction surveys indicate high proportion of staff feeling supported, equipped and prepared for their role.
- Outcome measures from holistic models of care and dual diagnosis services.

3. Big Rivers

Priority	Activities	Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
3.1 Co-commission Head to Health service.	3.1.1 Commission Adult Head to Health service.	NTPHN	●				
3.2 Build community capacity and capability of Big Rivers service sector and community.	3.2.1 Identify opportunities for new programs to be incorporated into existing services.	NTPHN NIAA NT Health	○	●	●	●	●
	3.2.2 Build capacity of social support services in the community to enhance an earlier response to Mental Health.	NTPHN	○	○	●	●	●
	3.2.3 Enhance SEWB workforce in Big Rivers.	AMSANT	○	●	●	●	●
	3.2.4 Support community efforts to develop a Big Rivers mental health promotion strategy.	NTPHN	○	●	●	●	●
	3.2.5 Support service providers with risk governance.	NTPHN	○	●	●	●	●

How will we measure our outcomes?

- Community consultation that includes engagement with individuals, families and remote communities.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Through service provider consultation reports, data, evaluation and tracking of unmet needs.
- Proportion of SEWB workforce in the region.

KEY

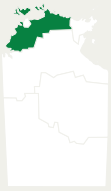
Integration priority
Commissioning priority
1. Early engagement with at-risk populations.
2. Clear pathways for people with moderate mental illness
3. Greater support for people with severe and complex needs
4. Joined-up services for children and young people.
5. Using technology for better outcomes.
Enablers
Initial working stages/planning
Priority underway

4. East Arnhem

Priority		Activities	Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
	4.1 Support program models that identify local leaders and provide pathways for them.	4.1.1 Elevate local services and programs where capacity building models are embedded in practice.	NTPHN NIAA NT Health		●	●	●	●
		4.1.2 Develop and implement models of care that embed local traditional practices into clinics and service provision.	NTPHN NIAA NT Health		●	●	●	●
	4.2 Improve specialised youth programs/ services	4.2.1 Identify and promote targeted funding opportunities to support youth programs.	NTPHN NIAA	○	○	●	●	●
		4.2.2 Advocate for and encourage models of care that support youth needs.	NTPHN NIAA NT Health	○	●	●	●	●
	4.3 Build local mental health literacy through community led program design and education.	4.3.1 Identify local mechanisms for improving mental health literacy.	NTPHN	○	○	●		
	4.4 Support the establishment of community spaces for key groups.	4.4.1 Promote and expand peer support networks within current service systems to provide more holistic care supports to individuals.	NTPHN NT Health	○	○	●	●	●
		4.4.2 Support communities to maintain dedicated spaces for men's groups, women's group and youth to allow for local practices, support groups, models to emerge.	NTPHN NIAA NT Health	○	○	●	●	●
	4.5 Where possible, keep people in community and cared for on country.	4.5.1 Improve access to telehealth.	NT Health	○	●	●	●	●

How will we measure our outcomes?

- The proportion of our workforce who are local and identify as Aboriginal.
- The proportion of funded programs that integrate Aboriginal cultural health and healing practices.
- The proportion of funded programs that identify as contributing to "emerging evidence" or "promising practices".
- Community consultation that includes engagement with youth, Lived Experience community and carers.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Use of telehealth by clinicians and patients.
- Primary Mental Health Care- Minimum Data Set.
- Service provider outcome measures, consultation reports, data, evaluation and tracking of unmet needs.



5. Top End

Priority	Activities	Who	Year 1 23/24	Year 2 24/25	Year 3 25/26	Year 4 26/27	Year 5 28/29
5.1 Fund models with outreach capability-providing preventative MH interventions or de-escalation.	5.1.1 Identify enhancement opportunities within the current sector for after hours Mental Health support and/or outreach capacity.	NTPHN NIAA NT Health	○	○	●	●	●
	5.1.2 Fund intensive outreach services, after hours to support people who are homeless and need assistance to access services.	NTPHN	○	○	●	●	●
5.2 Increase sub-acute care services and referral pathways to avoid hospital admission and facilitate early discharge.	5.2.1 Identify and communicate clear referral pathways to ensure people get the right help at the right time.	NTPHN	○	●	●	●	●
	5.2.2 Increase capacity of sub acute services to support community need.	NTPHN NT Health	○	○	●	●	●
5.3 Recovery college-dual banded rehabilitation.	5.3.1 Undertake needs assessment and determine pilot activities.	NT Health	○	●	●		
5.4 Continued support for the GP liason role.	5.4.1 Increase opportunities for integration opportunities between GP's and consultant Psychiatrist.	NT Health NTPHN	○	●	●	●	●

How will we measure our outcomes?

- Community consultation that includes engagement with Lived Experience community, peer workers and carers.
- Proportion of patients and carers with positive experiences of mental health support and services (Consumer satisfaction surveys and satisfaction rates).
- Proportion of GP's feeling supported to care for their patients with mental health needs.

KEY

Integration priority
Commissioning priority
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.
Enablers
Initial working stages/planning
Priority underway

Disaster planning / preparedness and prevention

While this plan identifies our key priorities for Mental Health and Wellbeing over the next five years, we recognise that events may occur that impact this prioritisation.

In the context of changing environments and in the event of an emergency or disaster we will need to be adaptable and shift priority in line with the 'National Disaster Mental Health and Wellbeing Framework'.

Governance, monitoring and evaluation

Governance

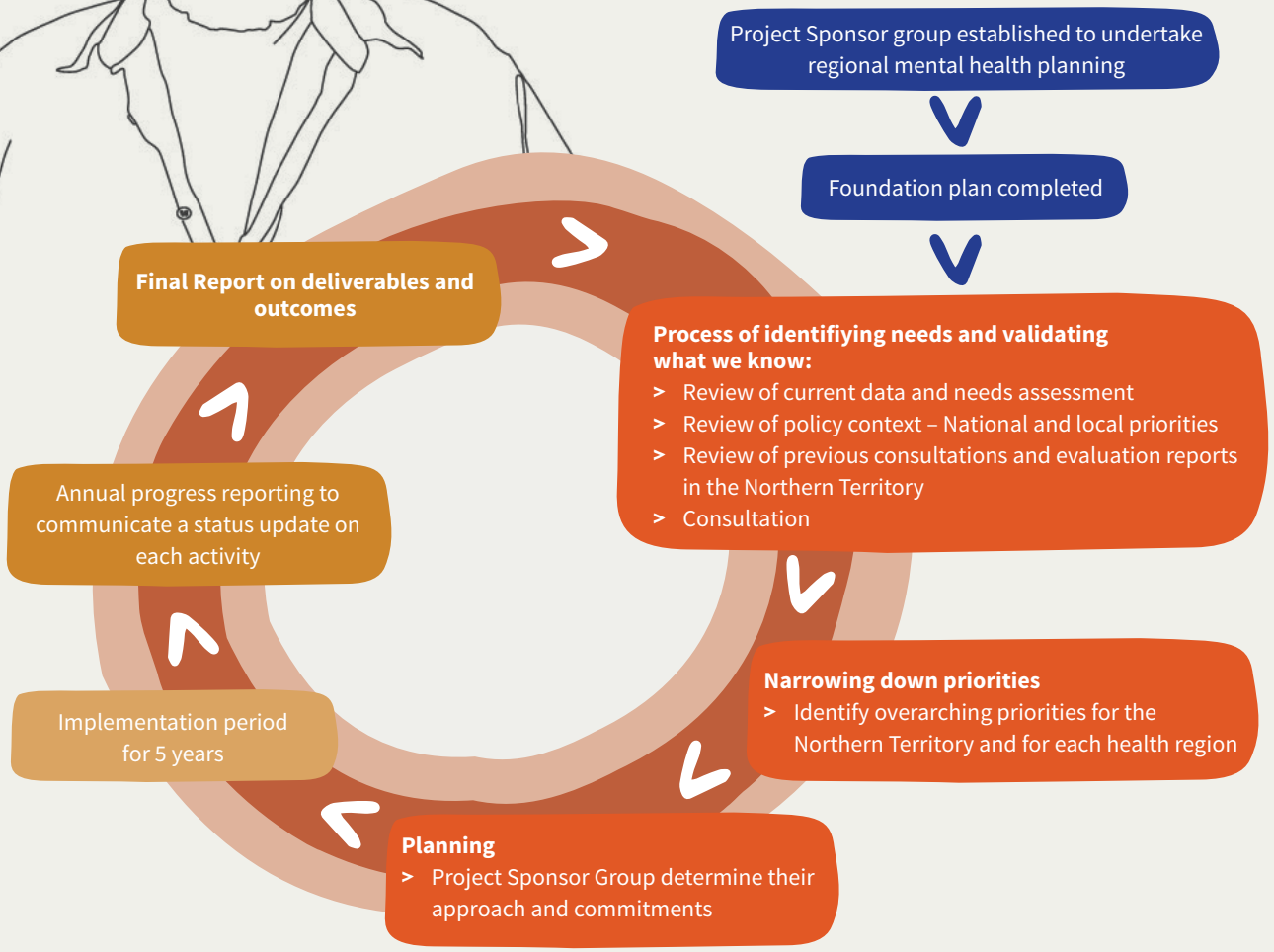
The development and continued responsibility of this plan is held with the Mental Health Project Sponsor Group, comprising of representation from AMSANT, NIAA, NT Health and NT PHN. In accordance with the mandate provided to all Primary Health Networks (PHNs), NT PHN have led the development of this plan and provided the final plan to the Australian Government. NT PHN will be responsible for the ongoing reporting and evaluation of this plan.

Reporting, monitoring and evaluation

The Project Sponsor group commit to implementing this plan over the next 5 years.

This group are accountable for coordinating and delivering on the activities outlined and provide annual progress reports on this to the community.

To ensure that we that we achieve the plans that we have described in this plan for the next five years we have committed to:



Appendix: Terminology

Aboriginal Medical Services (AMS) / Aboriginal Community Controlled Health Organisations (ACCHOs) primary health care services that deliver holistic, comprehensive and culturally appropriate health service to the Aboriginal and Torres Strait Islander community.

AOD Alcohol and Other Drug

Carer / support a person who cares for or otherwise supports a person living with mental illness and/ or alcohol and other drug use. A carer has a close relationship with the person they support and may be a family member, friend, neighbour, support worker or member of a broader community.

Consumer / client / individual / person / community member a person who accesses, has accessed mental health, suicide prevention and/or alcohol and other drug treatment services and support.

Commissioning is a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation.

Co-commissioning is a process where two or more commissioners come together to plan, co-design, procure, monitor and evaluate health care services.

Co-morbidity is when a person has more than one disease of condition at the same time.

Cultural safety identifies that health consumers are safest where health professionals have considered power relations, cultural differences and patient rights. Culturally safe services are respectful, inclusive and enable specific populations / communities to participate in decision-making. Most importantly, cultural safety is defined by the experience of the health consumer, not the health professional.

General practitioner (GP) a doctor based in the community who primarily treats patients with minor or chronic illnesses and refers individuals to secondary and tertiary care.

Pathways to Care used in the NT (Health Pathways as currently described) is a system led by the NTPHN for people with severe and complex mental illness will be established in collaboration with system partners, including NT Health, relevant peak bodies, and other key stakeholders. Through this process, NTPHN will ensure uniform and coordinated approaches are incorporated into clinical care for people with severe and complex mental illness.

Head to Health is a free confidential service from the Australian Government. It connects you with the help and support you need to keep mentally healthy. provides information, advice and links to free and low-cost phone and online mental health services, as well as supports to help you or someone you know.

LGBTIQA+ lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual

Lived Experience people who have lived or living experience of suicide, mental health concerns and/or alcohol and other drug use.

Mental Health Having good mental health or being mentally healthy involves a state of wellbeing. The World Health Organization defines this as a state in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community.

Mental illness A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities. Examples include anxiety disorders, depression, bipolar disorder, eating disorders, and schizophrenia.

Memorandum of Understanding (MOU) is a type of agreement between two or more parties.

My Aged Care is the main entry point to the aged care system in Australia. My Aged Care aims to make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to find and access services.

National Disability Insurance Scheme (NDIS) The NDIS is the national approach for providing life-long support to Australians with a disability, their carers and families. This includes people experiencing psychosocial disability because of a mental health condition.

Peer worker workers with lived experience who provide valuable contributions by sharing their experience of illness and recovery. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching, and running groups and activities.

Perinatal is the period of time when you become pregnant and up to a year after giving birth.

Primary Health Care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention to treatment and management of acute and chronic conditions.

Primary Health Networks (PHNs) Independent primary health care organisations largely funded by the Australian Government in 31 locations around the country. The role of PHNs is to commission health care services, rather than provide the services.

Primary Mental Health Care Minimum Data Set (PMHC-MDS) provides the basis for PHNs and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government**.**

Social and emotional wellbeing refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual and cultural wellbeing of people and the broader community.

Social determinants of health include all the factors (social, environmental, cultural and physical) different populations are born into, grow up and function with across the lifespan which potentially have a measurable impact on the health of human populations.

Stepped Care 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 transition up to higher-intensity services or transition down to lower intensity services as their needs change.

Trauma informed care and practice refers to an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.

Support is a tap away

www.mentalhealthnt.com.au