

## **Northern Sydney Joint Regional Mental Health, Suicide Prevention and Drug and Alcohol Plan Draft Priorities and Actions**

The Northern Sydney Joint Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan (the Joint Regional Plan) is a joint initiative between Northern Sydney Primary Health Network (NSPHN) and Northern Sydney Local Health District (NSLHD). The Joint Regional Plan is informed by the work that NSPHN and NSLHD have undertaken with local stakeholders, clinicians, people with a lived experience, carers and community members to explore local issues and determine actions for inclusion within the Plan.

The Northern Sydney Joint Regional Plan has a five year focus (2021 - 2026) and will guide high quality decision making, ensuring that resources are targeted to best respond to local mental health, drug and alcohol and suicide prevention needs.

The draft priorities and actions reflect the priorities, gaps and opportunities identified through the extensive consultation process undertaken throughout 2019 and 2020. To date, more than 400 local stakeholders have contributed to the development of the Joint Regional Plan.

The draft priorities and actions are consistent with those identified in the 5<sup>th</sup> National Mental Health and Suicide Prevention Plan and the recommendations from Living Well: A Strategic Plan for Mental Health in NSW.

The Northern Sydney Joint Regional Plan is underpinned by six priority areas:

1. Addressing fragmentation of service delivery, through regional planning processes that support systems approaches, co-design and partnership.
2. Building community capacity to prevent and respond to suicide attempts and deaths.
3. Improving the physical health of people living with mental health and alcohol and other drug issues.
4. Improving health literacy through establishing and implementing opportunities to increase consumer and community awareness of services and improve access.
5. Improving mental health and drug and alcohol outcomes of population priority groups.
6. Enhancing coordination and service access for people with drug and alcohol issues.

The Northern Sydney Joint Regional Plan is a foundational document which aims to strengthen regional partnership and integration to support a more effective, person-centred service system, and help ensure resources are targeted to best respond to local mental health, suicide prevention, and drug and alcohol needs. The identified priorities and actions recognise existing initiatives and collaboratives within Northern Sydney and seek to build upon these to develop a region-wide partnership-based approach to addressing complex issues which require multi-agency cooperation.

The identified priorities and actions seek to enhance coordination between primary care and secondary/tertiary services and make it easier for community members to access the mental health and drug and alcohol care they need in the right place, at the right time.

Additional actions and initiatives will be developed over time, including further work with vulnerable population groups who require targeted and specialist approaches.

**Identified Priorities and Actions**

<b>Priority 1 - Addressing fragmentation through regional planning, co-design and partnership</b>		
	<b>Proposed action areas</b>	<b>Key actions</b>
<b>A</b>	Partner to form a regional governance group to collaboratively set strategic direction, provide leadership and improve coordination	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will form a regional leadership group for mental health and AOD. Members will be sought from Department of Communities and Justice, Department of Education, Housing services, Community Managed Organisations, local councils and lived experience representatives.</li> <li>2. The regional leadership group will establish subgroups or working groups for further collaboration and coordination at the service level. This will include a Drug and Alcohol Working Group.</li> <li>3. The regional leadership group will establish a regional forum that would meet biannually to enable key stakeholders from the health, community and social sectors to develop and communicate a strategic approach to mental health and drug and alcohol services for the region.</li> <li>4. The regional leadership group will explore co-commissioning opportunities and opportunities for joint investment.</li> </ol>
<b>B</b>	Collaboratively undertake joint needs assessments to align and inform decision making and resource allocation	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will undertake joint needs assessments to create consistent understanding of the regional needs, gaps and priorities.</li> </ol>
<b>C</b>	Partner to develop and embed co-designed pathways and services	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will partner to form Clinical Design Groups to: <ul style="list-style-type: none"> <li>○ Map existing referral pathways to better understand service gaps and areas of need</li> <li>○ Clarify service criteria and support integration across stepped care continuum</li> <li>○ Develop shared care pathways, triage protocols and information sharing protocols</li> <li>○ Explore development of shared assessment and intake processes</li> <li>○ Support development of multi-agency agreements and processes for consumers with complex presentations</li> </ul> </li> </ol>

**Priority 2 – Building community capacity to prevent and respond to suicide attempts and deaths**

	Proposed action areas	Key actions
<b>A</b>	Agree on a Framework, coordination, approach and governance and communicate this	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will work with other local stakeholders to form a regional suicide prevention working group to support a coordinated and integrated approach to suicide prevention in the region.</li> <li>2. The regional suicide prevention working group will develop a regional strategy/framework founded on the systems-based approach to suicide prevention.</li> <li>3. NSPHN, NSLHD and Suicide Prevention working group will implement actions outlined in the regional strategy/framework.</li> <li>4. NSPHN, NSLHD and other key stakeholders will develop data sharing and communication protocols to enable a shared understanding of needs and service gaps.</li> </ol>
<b>B</b>	Promote training, capability and capacity development to health professionals and people working in the community	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will establish a subgroup of the regional suicide prevention group to develop an education plan and a promotional strategy based on an assessment of the education currently available and the identified gaps.</li> </ol>

**Priority 3 – Improving the physical health and nutrition of people living with mental health and alcohol and other drug issues**

	Proposed action areas	Key actions
<b>A</b>	Develop GP Shared Care Models and better integrate services	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will establish a working group/expert reference group to define the essential features of a GP mental health shared care model and protocol for the region, building on the learnings from previous shared care programs in the region.</li> <li>2. Upon development of the mental health shared care model, NSLHD and NSPHN will invite participation from GPs with an interest/experience in working with people with severe mental illness.</li> </ol>
<b>B</b>	Develop care pathways and models	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will work with local stakeholders to develop care pathways for mental health/drug and alcohol consumers with physical health care needs.</li> <li>2. NSLHD and NSPHN will explore opportunities to support commissioned Community Managed Organisations (CMOs) to undertake a consistent approach to physical health screening and follow up for physical health needs.</li> </ol>
<b>C</b>	Build consumer and clinician capacity to improve physical and nutritional health	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will continue to provide education for mental health clinicians, GPs and CMO staff on the interaction between mental illness and physical illness and the importance of assessing physical health and nutrition requirements</li> <li>2. NSLHD and NSPHN will explore the development of resources to increase consumer and families' understanding of the importance of physical health and nutrition on mental health and drug and alcohol treatment (including medication).</li> </ol>

**Priority 4 – Improving health literacy by increasing consumers and community awareness of services and improving access**

	<b>Proposed action areas</b>	<b>Key actions</b>
<b>A</b>	Set a strategic direction and develop plan to increase mental health literacy	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will work with regional service delivery partners to develop and implement a 'No Wrong Door' approach, providing practical assistance to consumers to access the services they need no matter where they enter the system.</li> <li>2. NSPHN and NSLHD will adopt an agreed Health Literacy Framework to establish co consistent use of language and ways of approaching and engaging with consumers and carers.</li> </ol>
<b>B</b>	Provide information to consumers to support health literacy and better access and uptake of care	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will work with regional partners to review approaches to/options for region-wide service directories (consumer facing)</li> <li>2. NSPHN and NSLHD will support development of service promotional material in relevant community languages</li> <li>3. NSPHN and NSLHD will continue to undertake community capacity building activities to increase mental health literacy and support service access including Mental Health First Aid training and consumer forums.</li> </ol>
<b>C</b>	Address mental health stigma	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will work with regional partners and people with lived experience of mental illness and substance use to co-design targeted stigma reduction messages and interventions.</li> </ol>

**Priority 5 – Improving mental health and drug & alcohol outcomes of population priority groups**

	<b>Proposed action areas</b>	<b>Key actions</b>
<b>A</b>	Collaboratively develop with the respective community an agreed strategy and approach	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will work with Aboriginal Health services and community members to increase Indigenous leadership and engagement in co-design, planning, delivery and evaluation of services and programs.</li> <li>2. NSPHN and NSLHD will partner with regional stakeholders including community and religious leaders to develop and implement a CALD mental health strategy.</li> <li>3. NSPHN and NSLHD will work with local youth service providers, clinicians and young people to enhance access to services and improve local coordination.</li> </ol>
<b>B</b>	Develop capability of staff working in the mental health and drug and alcohol services to work within these agreed approaches	<ol style="list-style-type: none"> <li>1. NSPHN and NSLHD will explore in-reach and mentoring models to support staff from specialist services to have a presence in the local region.</li> <li>2. NSPHN and NSLHD will explore options to increase provision of in-language support services</li> <li>3. NSPHN and NSLHD will continue efforts to increase cultural responsiveness amongst services and healthcare practitioners, including providing access to training and resources on culturally appropriate practice.</li> </ol>

**Priority 6 - Enhancing coordination and service access for people using alcohol and other drugs**

	<b>Proposed action areas</b>	<b>Key actions</b>
<b>A</b>	Supporting GPs as the centre of health care provision	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will continue to undertake AOD Shared Care activities including clinical attachments, education activities and development of nurse-led clinics in GP practices.</li> <li>2. Building on the AOD Shared Care program, NSLHD and NSPHN will undertake activities to enhance communication and coordination between GPs and specialist AOD treatment providers.</li> </ol>
<b>B</b>	Setting regional governance, needs assessment and coordination	<ol style="list-style-type: none"> <li>1. NSLHD, NSPHN and regional leadership group will establish a local drug and alcohol working group to identify priority service needs and gaps and develop agreed care pathways.</li> </ol>
<b>C</b>	Enhancing education and support for responding to comorbidities	<ol style="list-style-type: none"> <li>1. NSLHD and NSPHN will work with regional partners to continue to provide education and capacity building activities for clinicians and service providers on managing comorbidities and to support stigma reduction.</li> </ol>