

NORTHERN SYDNEY MENTAL HEALTH, SUICIDE PREVENTION AND ALCOHOL AND OTHER DRUGS REGIONAL PLAN

2021 – 2026



EXECUTIVE SUMMARY

The Northern Sydney Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan (the Regional Plan) is a joint initiative between Northern Sydney Primary Health Network (NSPHN) and Northern Sydney Local Health District (NSLHD). The 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 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, suicide prevention and alcohol and other drug needs.

The Regional Plan reflects 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 Regional Plan.

The priorities and actions are consistent with those identified in the Fifth National Mental Health and Suicide Prevention Plan and the recommendations from Living Well: A Strategic Plan for Mental Health in NSW.

The 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 and nutrition of people living with mental health and alcohol and other drug issues.
4. Improving health literacy through establishing and implementing opportunities to increase community awareness of services and improving access.
5. Improving mental health and alcohol and other drug outcomes of population priority groups.
6. Enhancing coordination and service access for people with alcohol and other drug issues.

The Regional Plan is a foundational document which aims to strengthen regional partnership and integration to support a more effective, human-centred service system, and help ensure resources are targeted to best respond to local mental health, suicide prevention, and alcohol and other drug 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 and alignment.

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 alcohol and other drug 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.

SUMMARY OF PRIORITIES

1.

Addressing system fragmentation through regional planning, co-design and partnership

2.

Building community capacity to prevent and respond to suicide attempts and deaths

3.

Improving the physical health and nutrition of people living with mental health and alcohol and other drug issues

4.

Improving health literacy by increasing community awareness of services and improving access

5.

Improving mental health and alcohol and other drug outcomes of priority population groups

6.

Enhancing coordination of service access for people with alcohol and other drug issues

CONTENTS

| | |
|---|-----------|
| SECTION 1: Overview | 5 |
| Profile of Northern Sydney Region | 5 |
| About this Plan | 6 |
| Vision | 6 |
| About Northern Sydney Primary Health Network | 7 |
| About Northern Sydney Local Health District | 8 |
| Stepped Care | 9 |
| The Policy Environment | 10 |
| Developing the Plan | 11 |
| SECTION 2: Local Needs and Services | 12 |
| Mental Health and Alcohol and other Drugs Needs in Northern Sydney region | 12 |
| Mental Health Services in Northern Sydney Region | 13 |
| Suicide in Northern Sydney Region | 14 |
| Suicide Prevention in Northern Sydney Region | 15 |
| Alcohol and Other Drugs in Northern Sydney Region | 16 |
| Consultation Findings | 17 |
| SECTION 3: Priority Areas | 18 |
| Priority Area 1 | 18 |
| Priority Area 2 | 19 |
| Priority Area 3 | 20 |
| Priority Area 4 | 21 |
| Priority Area 5 | 22 |
| Priority Area 6 | 23 |
| APPENDIX 1: Summary of priorities and action areas | 24 |

Section One

PROFILE OF NORTHERN SYDNEY REGION

Northern Sydney geographic area is 900 square kilometres, stretching north west through Hornsby, east towards the NSW coastline and south connecting to Sydney Harbour. The geographic boundaries align with Northern Sydney Local Health District and include nine Local Government Areas - Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Northern Beaches, Ryde and Willoughby.

The Northern Sydney region maintains a changing demographic with an ageing population and growing culturally and linguistically diverse (CALD) population. The largest CALD groups within the region are Chinese, Indian and South Korean, with Mandarin, Cantonese and

Korean being the most commonly spoken languages within the region. The proportion of people from CALD backgrounds varies across the region, with the highest proportion in Ryde, Willoughby and Hornsby LGAs.

The region generally enjoys a relative amount of socio-economic advantage with high rates of private health insurance coverage, however, there are pockets of disadvantage dispersed across the region with specific needs and barriers to accessing services.

Population cohorts, geographic hotspots and specific needs and barriers to accessing services exist and impact the health profile of the region in the context of mental health and alcohol and other drugs.



**Total
Population
971,504**
(2019 ERP)¹



18.7% increase in
total population
between
2021-2041 to
1,166,399.²



27.8% of the
population speak a
language other than
English at home.³
NSW:24.9%

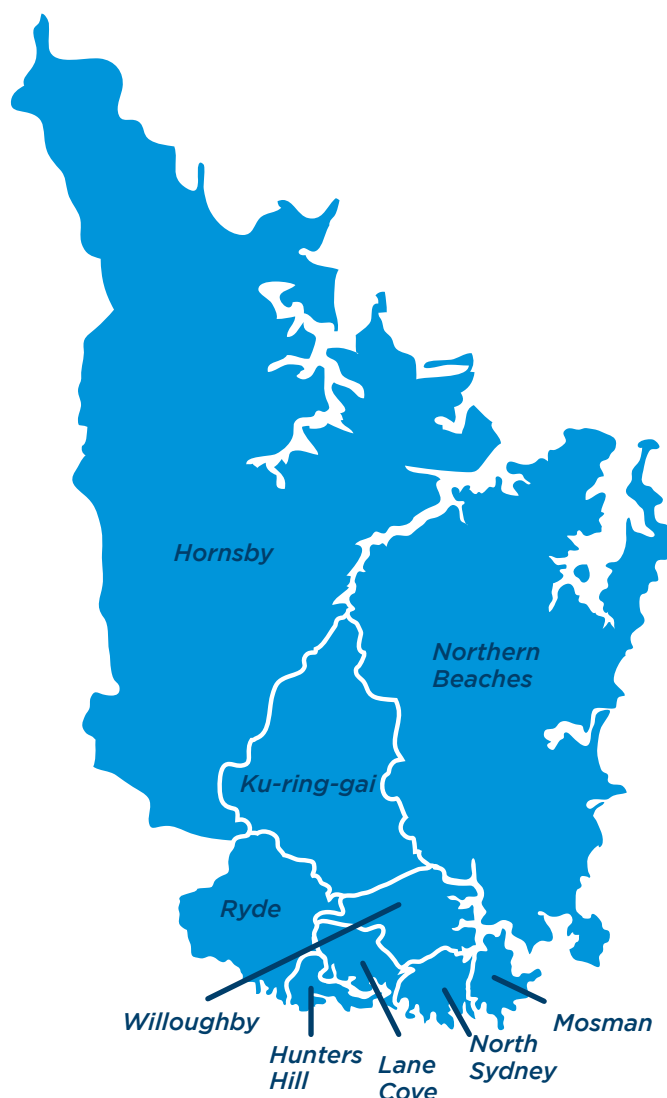


Pockets of socio-economic
disadvantage within the
region concentrated in **Ryde,
Hornsby and Northern
Beaches LGAs**.⁵



0.4% (4,080) of the population
identify as Aboriginal and Torres Strait
Islander.⁴

NB: The Aboriginal and Torres Strait
Islander community report that official
data sources under-represent the
actual population numbers.



¹ Australian Bureau of Statistics 2020, Regional Population by Age and Sex, Australia, 2019, ABS cat. No. 32535.0, viewed September 2020

² NSW: Department of Planning and Environment 2020. 2019 New South Wales State and Local Government Area population and household projections. NSW Planning Department of Planning and Environment, Sydney, viewed July 2020.

³ Australian Bureau of Statistics 2016, 2016 Census of Population and Housing, TableBuilder, accessed March 2018. Findings based on use of TableBuilder data.

⁴ Public Health Information Development Unit (PHIDU) 2020, Social Health Atlas of Australia September 2020 release, PHIDU, Adelaide, viewed October 2020

⁵ Australian Bureau of Statistics 2018, Census of Population and Housing: Socio-economic indexes for areas (SEIFA), Australia 2016, cat 2033.0.55.001, viewed October 2020



Artist: Kris Khamis, Nurturing Hands

ABOUT THIS PLAN

The Northern Sydney Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Plan (the Regional Plan) is a joint initiative of NSPHN and NSLHD. The 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, priorities and determine actions that are included within the

NSLHD Mental Health and Drug and Alcohol Clinical Service Plans 2017 – 2026 and the NSPHN Needs Assessment 2019 – 2022.

The 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, suicide prevention and alcohol and other drug needs.

VISION

The vision for the Northern Sydney Region is an agile and responsive mental health, alcohol and other drugs and suicide prevention system that:

- » is co-designed and emphasises partnership and regional coordination
- » enables recovery
- » is responsive to the diversity of need in the region, reducing inequities and addressing barriers to care
- » ensures that all community members experiencing a mental illness and/or alcohol and other drug problem can access effective and appropriate treatment and community support to enable them to participate fully in the community.

Guiding Principles:

- » care should be recovery oriented, trauma informed and human-centred
- » people with lived experience of mental health and/or alcohol and other drug issues, and their carers and loved ones, have vital contributions to make, and are key partners in planning and decision making
- » people with a lived experience are entitled to receive holistic, integrated services that are matched to need and incorporate smooth transitions
- » the region benefits when the mental health, alcohol and other drugs and suicide prevention workforce, including GPs, are valued and have access to high quality education and training
- » stronger communication and collaboration between agencies will enable sustainable solutions to complex issues facing our region

ABOUT NORTHERN SYDNEY PRIMARY HEALTH NETWORK (NSPHN)

NSPHN, operated by the Sydney North Health Network (SNHN), is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase the efficiency and effectiveness of health services for the community. Established on 1 July 2015 NSPHN has the key objectives of:

- » **Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and**
- » **Improving coordination of care to ensure patients receive the right care in the right place at the right time.**

Primary Health Networks have been set seven key priorities for targeted work: **mental health**, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care and **alcohol and other drugs**. In partnership with other healthcare providers NSPHN works to:

- » Strengthen primary health care
- » Integrate care
- » Improve access: and
- » Connect our community with the most appropriate services available.

OUR STRATEGIC PRIORITIES



OUR VALUES

INNOVATION **We create, we initiate, we inspire** - Creative solutions to advance healthcare delivery, navigation and improvement.

COLLABORATION **We listen, we understand, we respond** - We work together to provide advanced and efficient primary healthcare.

ACCOUNTABILITY **We define, we adapt, we deliver** - Being accountable and responsive to the health priorities and needs of our health professionals and patients.

RESPECT **We inspire trust, we are open, we act ethically** - Respect our colleagues, stakeholders and the community via engagement, delivery and consideration.

EXCELLENCE **We own it, we commit to it, we achieve it** - Lead the health sector, inspire excellence and strive for outstanding results

The NSPHN is informed by our local health professionals and communities through a range of committees, including the Mental Health, Alcohol and Other Drugs Advisory Committee, NSPHN Clinical Council and Community Council.

Using a stepped care continuum, NSPHN commissions (funds) a range of services for the Northern Sydney region communities across a number of key activity areas.

The services commissioned by NSPHN are targeted at people who are presenting with mental health and/or alcohol and other drug conditions in primary health care settings (e.g. through general practice). These services complement the specialist services delivered by Northern Sydney Local Health District.

ABOUT NORTHERN SYDNEY LOCAL HEALTH DISTRICT (NSLHD)

NSLHD provides critical specialist mental health services for people experiencing acute and/or severe, complex or long lasting mental health conditions. NSLHD provides services in the hospital (acute and sub-acute) and community settings (through Community Mental Health Teams).

The Community Mental Health Teams work across specialist areas including:

- » Adult Mental Health
- » Child and Adolescent Mental Health
- » Older People's Mental Health
- » Youth Mental Health
- » Perinatal and Infant Mental Health - for women who are pregnant and parents of children under 2
- » Consumer Advocacy and Peer support
- » Aboriginal Mental Health
- » Family and Carer Support
- » Eating Disorders
- » Intellectual Disability

NSLHD provides Drug and Alcohol services that include minimisation, promotion and prevention services, intake/triage, withdrawal management, Hepatitis C



Health
Northern Sydney
Local Health District

treatment and care, treatment under the Drug and Alcohol Treatment Act 2007, Magistrates Early Referral into Treatment (MERIT) program, Opioid Treatment Program Services (OTP) and Specialist Addiction Counselling.

The work of NSLHD is founded on its CORE values: Collaboration, Openness, Respect and Empowerment. The NSLHD Strategic Plan 2017-2022 outlines five strategic priority areas in the pursuit of its vision to be "Leaders in healthcare, partners in wellbeing". These priority areas are:

1. Healthy Communities
2. Connected Person-Centred Care
3. Evidence-Based Decision Making
4. Responsive and Adaptable Organisation
5. Engaged and Empowered Workforce

The NSLHD geographic region matches that of the NSPHN region.



STEPPED CARE

The intention of Stepped Care is that people presenting to the mental health and alcohol and other drugs system are supported to access the level and type of care which most appropriately meet their needs. The Stepped Care model relies on the availability of a continuum of mental health supports existing in a region and effective integration between the levels of care.

Support ranges from:

- » self-help resources and psychoeducation
- » online, eHealth technology and apps
- » face-to-face support delivered as group or individual interventions
- » team-based care and care coordination
- » medication, psychiatric and/or addiction review

» secondary and tertiary mental health

The Stepped Care model considers the whole person and also addresses other needs including physical health, education and employment, alcohol and other drug harm reduction, family and social functioning, and suicide and self-harm reduction. With an emphasis on collaborative care, Stepped Care involves the person receiving care, their GP, care team and significant others as appropriate.

An effective stepped care system facilitates building community resilience and takes into account the roles and contributions of public, private and not-for-profit service providers, promoting communication and collaboration between all.

STEPPED CARE MODEL



Adapted from *Stepped Care Principles* developed by NSW/ACT PHN Mental Health Network, guided by the 2016 Australian Government framework, PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: *Stepped Care*, available from the Department of Health website at www.health.gov.au

THE POLICY ENVIRONMENT

In October 2017, the Australian Government released the **Fifth National Mental Health and Suicide Prevention Plan**. The “Fifth Plan” emphasises the importance of effective regional planning to support better mental health and wellbeing for individuals and communities. Importantly, the Fifth Plan recognises the importance of local action to address suicide attempts and deaths.

The release of the Fifth Plan, follows on from the release of **Living Well - A Strategic Plan for Mental Health in NSW 2014-2024**. The NSW Plan also calls for local action to progress reform priorities.

The **Strategic Framework for Suicide Prevention in NSW 2018-2023** was released in October 2018 and represents the beginning of the journey towards a 20% reduction in suicide deaths in NSW. The framework identifies priorities and initiatives to achieve those priorities.

The **Equally Well Consensus Statement 2016** from the National Mental Health Commission provides both principles and strategies that focus on the importance of making changes that will improve the physical health of people living with mental illness.

People's Use and Experiences of Mental Health in NSW 2019 provides information and evidence to support continued discussions on what people in NSW need in mental health services and emphasises the urgent need for culturally appropriate mental health and social and emotional wellbeing services for Aboriginal people and communities in NSW.

The **Australian Government Productivity Commission Draft Report** issued in November 2019 suggests priority areas for reform that include more focus on earlier

interventions in schools, recognition of links between social determinants and mental health, improved care coordination and governance supported by online navigation platforms.

The Regional Plan has also been informed by the following reports and documents:

- Northern Sydney LHD Drug and Alcohol Service Plan 2017 – 2026
- Northern Sydney LHD Mental Health Service Plan 2017 – 2026
- Northern Sydney PHN Needs Assessment 2019 – 2022
- Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide 2017
- NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2020
- NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022
- New Horizons: The review of alcohol and other drug treatment services in Australia 2014
- NSW Special Commission of Inquiry into the Drug ‘Ice’ 2020

Along with the expectations of local clinicians, people with lived experience, carers and communities, the Regional Plan also includes actions identified by Government as requiring regional attention and brings together a range of strategies and ambitions under one plan. The focus of the plan, however, is on activities that are realistic and can be implemented.



DEVELOPING THE PLAN

A comprehensive consultation process has been built into the development of the Regional Plan.

The consultation process involved a range of strategies including:

- » Review of relevant local and national policy and planning documentation including recommendations from current planning and needs assessment documents
- » Interviews with key individuals and groups to assist in identifying priority areas for inclusion within the plan
- » Synthesis of findings to enable priority areas for the plan to be determined by the steering committee
- » Conduct of consultation Workshops/ Forums including:
 - NSPHN Clinical and Community Councils
 - NSLHD Aboriginal Advisory Committee
 - Local Government Authorities

- Various local interagency meetings including:
 - Mental Health and Drug and Alcohol
 - Youth Drug and Alcohol
 - Refugee and Settlement
 - Homelessness
 - Intellectual Disability
 - Community Drug Action Teams
- Lived experience and carer forum
- Suicide support group
- Service provider forum
- Various meetings with NSLHD clinicians / teams and facilities
- Individual meetings with Community Managed Organisations and other service providers

More than 400 people participated in consultation meetings for the Regional Plan, including more than 50 people identifying either as a carer or having lived experience of mental illness and/or alcohol and other drug use.

GOVERNANCE ARRANGEMENTS

NSPHN and NSLHD established a joint steering committee, reporting to the NSPHN and NSLHD Joint Executive Committee (Joint Executive), to oversee the development, implementation, evaluation and review of the Regional Plan. The steering committee is supported by a reference group and associated expert input.

MEASURING AND REPORTING ON CHANGE

In the Regional Plan implementation phase, NSPHN and NSLHD will develop performance indicators to measure the impact of initiatives. This process will be overseen by the Regional Plan Steering Committee. Reports will be made available on the NSPHN and NSLHD websites annually for the duration of the Regional Plan.

Section Two

MENTAL HEALTH AND ALCOHOL AND OTHER DRUGS NEEDS IN NORTHERN SYDNEY REGION

The prevalence of mental illness in the population is estimated using national data made available through National Mental Health Service Planning Framework (NMHSPF)⁸. Figure 1 below presents the prevalence of mental illness (analysed by severity) within the Northern Sydney region.

Figure 1: Number of people in Northern Sydney Region as at June 2019 with mental health issues by severity⁹

SEVERE 29,483 (3.1%)

MODERATE 43,749 (4.6%)

MILD 85,548 (9.1%)

EARLY INTERVENTION 219,698 (23.1%)

Key statistics



8.9% report high or very high psychological distress¹⁰



2,474 per 100,000 hospitalisations for mental disorders (NSW: 1,909 per 100,000)

Increased rate between 2008-09 to 2018-19¹¹



16.6% (18+ years) engage in high risk drinking

Higher rate in **Northern Beaches LGA** compared to NSW and Australia¹²



Alcohol was the principle drug of concern for **45%** of all alcohol and other drug hospital episodes¹³

⁸National Mental Health Services Planning Framework Planning Support Tool

⁹National Mental Health Services Planning Framework Planning Support Tool; Australian Bureau of Statistics 2020, Regional Population by Age and Sex, Australia, 2019, ABS cat. No. 32535.0, viewed September 2020

¹⁰Public Health Information Development Unit (PHIDU) 2020, Social Health Atlas of Australia September 2020 release, PHIDU, Adelaide, viewed October 2020

¹¹Centre for Epidemiology and Evidence 2020, Health Statistics New South Wales, Sydney: NSW Ministry of Health, viewed October 2020.

¹²Public Health Information Development Unit (PHIDU) 2020, Social Health Atlas of Australia September 2020 release, PHIDU, Adelaide, viewed October 2020

¹³Northern Sydney Local Health District

MENTAL HEALTH SERVICES IN NORTHERN SYDNEY REGION

DELIVERED

Mental health services in Northern Sydney are delivered by a variety of providers including Commonwealth government, NSW government, community managed organisations, schools and universities, private clinicians, general practices and private hospitals.

FUNDED

Mental health services are also funded by a variety of different funding sources. The funding is substantial, and it is important that investments are coordinated to avoid gaps, duplications and inefficiencies. This is the focus of Priority Area 1.

Artist: Kate Pettingell

The accessibility of health services, including mental health and alcohol and other drug services in the Northern Sydney region is influenced by the large footprint of private healthcare providers both in the primary and tertiary care sector across the region. The region has the highest proportion of people with private health insurance coverage nationally. In 2018-19, 82.4% (95% CI: 79.1-85.7) of adults reported being

covered by private health insurance in the preceding 12 months, compared to the national average of 57% (95% CI: 56-58)¹⁴. However, people with chronic health conditions (including mental health and alcohol and other drug issues) often experience challenges in maintaining adequate private health insurance coverage to meet their needs.

¹⁴ Australian Institute of Health and Welfare (AIHW) 2020, *Patient experiences in Australia by small geographic areas in 2018-19*, AIHW, viewed November 2020

Suicide

IN NORTHERN SYDNEY REGION

There are a number of groups identified as being at increased risk of suicide (Strategic Framework for Suicide Prevention in NSW 2018-2023). These include:

- » Young people aged 15-24
- » Aboriginal and Torres Strait Islander people
- » Men over 85 years of age
- » People who have been bereaved by suicide
- » Lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTIQ)
- » People experiencing mental illness
- » Residents of Aged Care Facilities
- » Prisoners and others in contact with the criminal justice system
- » People who have previously attempted suicide or who engage in self-harm
- » People who have experienced an unexpected situational stressor (e.g., job loss, relationship breakdown)

Local statistics

Suicide is defined as the death resulting from intentional self-harm. There were 72 deaths due to suicide in the Northern Sydney region in 2018, averaging one death every six days. There is regional variation in suicide death rates across Northern Sydney, with higher rates in North Sydney-Mosman and Hornsby SA3s*¹⁵.

The Northern Sydney region has lower rate of suicide deaths compared to other regions, however suicide death rates have remained at the same level over the past 10 years. Reduction in suicide death rates continues to be a priority within the region.

Middle aged men and women account for the majority of suicide deaths in the region. There are ongoing

concerns around self-harm and suicidality in young people in the region as highlighted in the data to follow.

- High rate of hospitalisations for intentional self-harm among people aged 15-24 years with a greater burden on females and higher rates among Aboriginal people. Intentional self-harm includes purposely self-inflicted poisoning or injury or attempted suicide with intent based on notes recorded by the treating clinician¹⁶.
- The rate of hospitalisations due to intentional self-harm is 3.5 times higher among those aged 15-24 years (241 per 100,000, 95% CI^{**}: 213-272) compared to the rate for all ages (69.3 per 100,000, 95% CI: 63.9-75.1).
- Females aged 15-24 years in the Northern Sydney region (376 per 100,000; 95% CI: 326-431) have a significantly higher rate of hospitalisations for intentional self-harm compared to males (112 per 100,000; 95% CI: 86-143).
- Aboriginal people aged 15-24 years in NSW have a higher rate of hospitalisations due to intentional self-harm (411 per 100,000; 95% CI: 359-469) compared to non-Aboriginal people (223 per 100,000; 95% CI: 213-233).
- Limited availability of local level data to identify cohorts with higher needs within the region.
- Intentional self-harm is the leading cause of death for people aged 15-24 years in NSW (12.9 per 100,000).¹⁷
- In 2019, rate of deaths from suicide among NSW males (19 per 100,000) was three times higher than the rate for NSW females (6.4 per 100,000).

*SA3- Statistical Area 3- A geographic area defined by the Australian Bureau of Statistics as generally having a population range between 30,000-130,000 people.

**CI- Confidence interval - At the 95% level, there is 95% chance that the true underlying population statistic will fall within the calculated confidence interval

¹⁵ Australian Institute of Health and Welfare (AIHW) 2020, Suicide and self-harm monitoring. AIHW, Canberra

¹⁶ Centre for Epidemiology and Evidence 2020, Health Statistics New South Wales, Sydney: NSW Ministry of Health, viewed October 2020

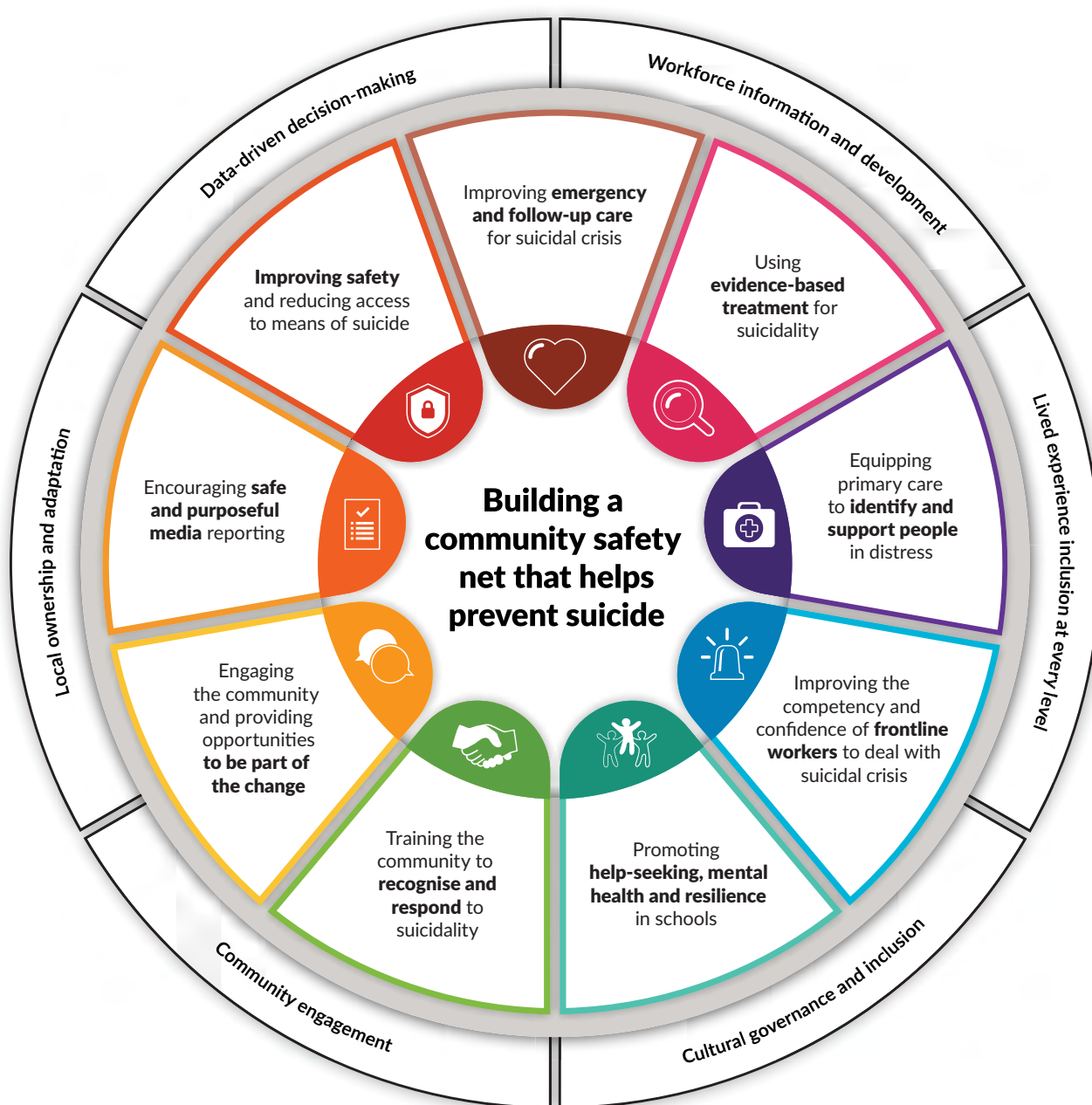
¹⁷ Australian Bureau of Statistics (ABS) 2020, Causes of Death, NSW, 2019, cat no. 3303, viewed October 2020

SUICIDE PREVENTION IN NORTHERN SYDNEY REGION

Based on the best available evidence, a systems approach acknowledges that single strategies alone have limited impact on reducing suicide deaths, but that multiple strategies implemented simultaneously are likely to reduce suicide deaths and attempts. Part of the Regional Plan includes a systems approach to suicide prevention and includes the evidence-based

actions shown to have the biggest impact on reducing suicide deaths and attempts. The Lifespan systems approach to suicide prevention, developed by the Black Dog Institute, is an evidence-based framework that has been adopted and funded by the NSW and Federal Governments.

LifeSpan framework for integrated suicide prevention¹⁸



¹⁸ The Black Dog Institute (BDI) & Centre for Evidence and Implementation 2017, *Life Span Implementation Framework – Implementing Integrated Suicide Prevention*, Sydney, BDI.

Alcohol and Other Drugs

IN NORTHERN SYDNEY REGION

Strategic partnerships between NSLHD Drug and Alcohol services, private hospital providers, other government agencies, community managed organisations and public and private primary care providers are central to delivering effective, integrated and responsive services for people, their families and carers.

The aim of services in the Region is to reduce the impact of alcohol and other drugs related harms through prevention and health promotion, early and brief intervention, treatment and recovery and aftercare.

Specific groups at risk include:

- » complex and severe alcohol and other drugs use
- » serious physical and mental health co-morbidities
- » social isolation / homelessness
- » children, young people, adolescents and their families
- » older persons

- » women – particularly in 39 – 65 age group
- » Aboriginal and Torres Strait Islander People
- » Lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTIQ)
- » Culturally and linguistically diverse communities
- » men - particularly living alone

Specific services are directed at:

- » triage and assessment
- » minimisation, promotion and prevention
- » withdrawal management
- » Hepatitis C treatment and care
- » specialised treatment under involuntary admission (IDAT) and court drug diversion (MERIT)
- » opioid treatment services
- » specialised addiction counselling



CONSULTATION FINDINGS

The NSPHN Needs Assessment and NSLHD Service Planning and consultation undertaken for the development of this plan identified the following **service gaps / challenges**:

- » The need for a region-wide approach to suicide prevention and postvention. Whilst the response in the Northern Beaches region is strong, there is no local governance group or framework to guide investment and activity across the rest of the region. This was identified as a gap particularly for special population groups.
- » Services and programs targeted to special population groups – particularly culturally and linguistically diverse (CALD) communities – were identified as a gap.
- » Strategies to improve physical health for people with mental health and alcohol and other drug issues across the spectrum of wellness, especially for those with clinical co-morbidities.

The NSPHN Needs Assessment and NSLHD Service Planning and consultation identified the following **system issues**:

- » Fragmentation in the delivery system with no clearly articulated regional vision or process for achieving this across service providers and the community. There are representative structures and committees but no region wide planning and strategy mechanism for identifying and driving regional mental health and alcohol and other drugs priorities across the stepped care continuum.
- » Lack of community knowledge of available services and lack of understanding about how to access them. This has been further complicated following the introduction of the National Disability Insurance Scheme (NDIS) which is creating greater confusion especially for carers and those with a lived experience of mental health and/or alcohol and other drug issues.
- » The need for an accessible, complete and regularly updated service directory for the region. The need for this to be available in different community languages was also identified.
- » Provision of culturally appropriate services and access to specialist cultural services for people who are Indigenous or from a CALD background. This includes

the availability of mental health and alcohol and other drugs services delivered in relevant community languages and specifically tailored interventions.

- » Lack of established mechanisms for culturally appropriate consultation with Indigenous communities. The social, emotional wellbeing model was suggested as being applicable to other communities across the region.
- » Transitions of care between secondary/tertiary systems and primary care are not always smooth or well joined-up for people receiving care or those involved in their care. Criteria for accessing care, communication and coordination were highlighted as issues.
- » Lack of access to affordable psychiatry.
- » Affordability and service availability for children aged 4-11.
- » Challenges for people with co-morbid conditions (intellectual disability, alcohol and other drug issues and mental health) to access appropriate, integrated care.

The consultation specifically identified the following additional issues:

Stigma and discrimination

- » Stigma and discrimination towards people with severe and enduring mental illness, people who self-harm, people with alcohol and other drug issues and people who have been given a diagnosis of personality disorder by health professionals, social care providers, and mainstream services.
- » Awareness of mental illness and suicide and where to access information and services. Multipronged approaches are required to enable people requiring care, their families and the broader community to access information about mental illness and suicide risk, and where services and supports are available. Suggested mechanisms include social media, coordinated in-school programs, media and interactive directories.

Engagement of people with lived experience

- » The early engagement of people with lived experience in planning processes was identified as an area which would add value to the development of strategy and solutions.

Section Three

PRIORITY AREA ONE: Addressing fragmentation through regional planning, co-design and partnership

Setting a strategic direction and leadership

The region has established strategic advisory committees within NSPHN and NSLHD that involve both service providers and people with lived experience and carers. These committees primarily focus on specific populations or discrete program areas, rather than the development and delivery of a regional mental health and alcohol and other drugs vision and strategy.

There are also a range of established networks and interagency groups within the region that are effective primarily as forums for information exchange and although these networks currently lack the authority in advocating for change beyond the immediate participants, there is an opportunity for the interagencies to form part of a stronger and more integrated regional structure for the implementation of this plan.

NSPHN and NSLHD will establish a regional leadership group to enable key stakeholders from the health, community and social sectors to develop a strategic approach to mental health and alcohol and other drug services for the region. This would strengthen the connection between local Councils, NSPHN, NSLHD, Department of Communities and Justice, Department of Education and other education providers (e.g. Catholic and Independent schools), housing services and community service providers and people with a lived experience. The leadership group will be responsible for:

- » Developing strategic regional vision
- » Developing the governance arrangements
- » Establishing articulation and accountability structures that would leverage the existing interagency networks
- » Establishing subgroups for specific purposes or activity areas

The regional leadership group will establish a regional forum that will meet biannually. Chairing of this forum will be shared between agencies with each meeting having a specific focus e.g. children and young people, housing and homelessness.

Further work will be undertaken on how to meaningfully include the broader range of private providers in the local region to support more effective collaboration and service integration.

Developing a shared regional needs assessment

NSPHN and NSLHD will undertake joint needs assessments to create consistent understanding of the regional needs, gaps and priorities. This will include mapping the relevant public, community based and private services providing care to people in the Northern Sydney region.

Partnering to develop and embed co-designed pathways and services

NSPHN and NSLHD will partner to form Clinical Design Groups to map and redesign existing care pathways.

In order to achieve a consistent regional approach NSPHN and NSLHD will undertake a scoping exercise to map and where appropriate update the existing referral pathways to better understand the gaps and hence the areas that will need further development. This will include special population pathway requirements including for people with intellectual disabilities and complex comorbidities, youth and older persons where some gaps have already been identified. It is anticipated that this will be an ongoing process.

NSPHN and NSLHD will work with local community managed organisations to explore the opportunities to develop shared intake forms and assessment processes that will support integration and more seamless transition of people with lived experience between services within the stepped care model.

NSPHN and NSLHD will support locally designed care pathways through the development of multi-agency agreements and processes. These pathways will specifically focus on those with complex support needs.

PRIORITY AREA TWO: Building community capacity to respond to suicide attempts and deaths

Establishing a regional framework, coordination and governance

Suicide prevention and postvention are recognised as one of the highest priorities within the region. Reducing suicide rates is a shared responsibility that involves NSPHN, NSLHD, Community Managed Organisations, other government agencies and local communities. Evidence from international and national programs such as LifeSpan and Towards Zero Suicides suggest that a range of responses within an overall framework provides the best strategy.

Within the region, the Northern Beaches Suicide Response Group is an example of how a local initiative has developed in response to a need. There are opportunities to build upon the success of this initiative and share learnings across the region.

In response to community and service provider suggestions, NSPHN and NSLHD will establish a regional group involving health and other service providers, people with lived experience and carers to develop, through a co-design process, a systems-based framework that will support an integrated approach to suicide prevention and postvention across the entire Northern Sydney region.

Ongoing governance arrangements will be developed by NSPHN and NSLHD to ensure that:

- » the framework underpins responses across the region
- » integrated and complementary postvention service delivery is in place for individuals and communities

- » communication protocols are developed for response and support for communities following a suicide
- » centralised information gathering and sharing is developed to inform responses
- » regular regional suicide prevention and postvention roundtable discussions are established between service providers to develop and review strategies to support communities
- » existing promotional materials are collated and a strategic approach to the use of these materials across all organisations is developed.

Enhancing training and capability across the region

There are a range of programs currently within the region targeted at both service providers, communities and individuals. Northern Beaches Council has secured funding from NSW Health to train community-based gatekeepers in the Northern Beaches LGA. Mental Health First Aid was identified as one program within the region that would benefit from a regional approach that incorporated delivery to specific communities in culturally appropriate ways.

NSPHN and NSLHD will establish a subgroup of the regional group to develop an education plan and strategy based on an assessment of the education currently available and the identified gaps. A central directory of education resources will be maintained and available on both NSPHN and NSLHD websites.



PRIORITY AREA THREE: Improving the physical health and nutrition of people living with mental health and alcohol and other drug issues

Developing GP shared care models

The life expectancy of people living with significant mental illness is 15-25 years less than the general population. Almost 75% of premature death of people with significant mental illness is caused by physical illness. Despite being at profound risk of cardiovascular disease, diabetes and related chronic conditions, people living with significant mental illness are less likely to be screened and treated for physical health problems than the general population.

Effective collaboration and communication between primary care services and secondary/tertiary services can improve physical health outcomes for people living with mental illness and/or alcohol and other drug issues. Shared care models involving GPs and specialist mental health services and clinicians can provide more holistic care for people experiencing mental illness through comprehensive physical health screening, agreement on roles and responsibilities, clear and consistent communication pathways and escalation strategies.

NSPHN and NSLHD will establish a working 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. Once designed, NSPHN and NSLHD will invite participation from GPs with an interest/experience in working with people with severe mental illness to implement the shared care approach.

Developing care pathways and models

There are service models in parts of the region that recognise and address comorbidities and learnings from these should be further explored to determine if

they could be shared more widely. NSPHN and NSLHD will work with local stakeholders to further develop care pathways for people requiring mental health and/or alcohol and other services, who have co-occurring physical health care needs.

NSPHN and NSLHD will work with service partners to support incorporation of physical health assessments into mental health services across the stepped care continuum through both structured and opportunistic approaches.

Building community and clinician capacity

GPs are the frontline to addressing many of the physical health issues experienced by people living with mental illness. Mental health clinicians and support workers have an important role in assisting people to establish and maintain links with primary care practitioners. NSPHN and NSLHD will continue to provide education for mental health clinicians, GPs and staff from community managed organisations on the interaction between mental illness and physical illness and the importance of assessing physical health and nutrition requirements.

Many people requiring care and family members report a lack of information on the physical health impacts of various prescribed medications and are not always sure of the options available to them or the support available to address health co-morbidities.

NSPHN and NSLHD will explore the development of resources to increase everyone's understanding of the physical health impacts of common medications and how physical health and nutrition can be addressed alongside mental health and alcohol and other drugs treatment.



PRIORITY AREA FOUR: Improving health literacy by increasing community awareness of services and improving access

Developing a shared strategic direction

NSPHN and NSLHD will work with regional service delivery partners to develop and implement a 'No Wrong Door' approach, providing practical assistance to people to access the services they need no matter where they enter the system. Implementation of this approach will require an agreed understanding of what 'No Wrong Door' means for the Northern Sydney region.

NSPHN and NSLHD will adopt an agreed Health Literacy Framework to establish consistent use of language and ways of approaching and engaging with people needing care and carers to improve their understanding of mental health issues and to better support access to appropriate services.

Developing resources to support health literacy

NSPHN and NSLHD will work with regional partners, including people with lived experience and carers, to review the available options for the development of a trusted regional directory of services. This directory could be available through a variety of technologies and processes to reflect the different community access

requirements, different community languages and culturally appropriate formats.

NSPHN and NSLHD will continue to undertake community capacity building activities to increase mental health and alcohol and other drugs literacy and support service access through training and engagement activities including Mental Health First Aid training and lived experience forums.

Addressing stigma

People living with mental illness and/or alcohol and other drug use disorders report experiencing high rates of stigma and discrimination in many important areas of their life. Stigma and discrimination can impact upon social inclusion, employment and education opportunities and the receipt of timely and appropriate physical health, mental health and alcohol and other drug care.

NSPHN and NSLHD will work with regional partners and people with lived experience of mental illness and alcohol and other drug use to co-design targeted stigma reduction messages and interventions for implementation across the local region.



PRIORITY AREA FIVE: Improving mental health and alcohol and other drug outcomes of priority population groups

Working together to develop a strategy and approach

Aboriginal and Torres Strait Islander People

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. The outcome of this work is expected to:

- » increase connection with the Northern Sydney Aboriginal and Torres Strait Islander community and to support their connection with each other
- » deliver culturally safe mental health and alcohol and other drug services that best meet community needs
- » create a shared use of mental health and alcohol and other drug language that is used across all service providers and aligns with Aboriginal and Torres Strait Islander language and understanding of social emotional wellbeing

Culturally and Linguistically Diverse Communities

NSPHN and NSLHD will partner with regional stakeholders including community and religious leaders to develop and implement a CALD mental health and alcohol and other drugs strategy. This strategy is intended to improve access to mental health and alcohol and other drug services and enhance culturally appropriate delivery, including increasing opportunities for provision of in-language support. The strategy will build on approaches developed for other health and social issues and addressing workforce and service promotion in formats and media relevant to local CALD communities.

Young People

The service landscape for young people is complex and there can be challenges for young people and their families in knowing where to enter the service system and how to access the most appropriate level of care. This can lead to unnecessary presentations to emergency departments or the avoidance or delay of care altogether.

NSPHN and NSLHD will work with local youth service providers, education providers, clinicians and young people to co-design solutions on how to effectively enhance access to services for young people and their families and improve communication and coordination at the local level.

Develop capability of local mental health and alcohol and other drugs workforce to work within agreed approaches

For population groups where specialist services are not located within the region, in-reach models to support local staff will be explored. The current capacity building for local staff to support services to populations with specialist needs will be enhanced to go beyond awareness training to include development programs and mentoring. Relevant specialist services may include NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Transcultural Mental Health Service, Twenty10, ACON and The Gender Centre.

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. This will include training in Trauma Informed Care, CALD Mental Health First Aid, Youth-specific approaches, LGBTIQ awareness, Aboriginal Cultural Competence and Aboriginal Mental Health First Aid.



PRIORITY AREA SIX: Enhancing coordination and service access for people with alcohol and other drug issues

Enhancing support for GP shared care initiatives

NSPHN and NSLHD have established a successful approach to GP Shared Care for Alcohol and Other Drugs. Clinical placements for GPs at NSLHD Drug and Alcohol facilities have increased opportunities for learning of new skills and approaches and the development of collaborative relationships. NSPHN and NSLHD will continue to undertake Alcohol and Other Drugs Shared Care activities including clinical attachments, education activities and development of nurse-led clinics in GP practices.

Building on the Alcohol and Other Drug Shared Care program, NSPHN and NSLHD will undertake additional activities to enhance communication and coordination between GPs and specialist alcohol and other drugs treatment providers. This may include exploring options to increase GP involvement in the Opioid Treatment Program and detox/withdrawal and enhancing communication between NSLHD Drug and Alcohol, pharmacies and GPs.

Setting regional governance, needs assessment and coordination

NSPHN, NSLHD and the regional leadership group (Priority 1) will establish a local alcohol and other drugs working group which will:

- » identify priority service needs and gaps
- » implement agreed strategies at the operational level
- » develop agreed care pathways
- » liaise with the broad range of community-based service providers and operational groups including local Community Drug Action Teams (CDATs) and NSLHD Health Promotion.

Enhancing education and support for responding to comorbidities

Co-occurring mental health issues are common in people with an alcohol and other drug use disorder and can significantly impact access to appropriate treatment and support.

NSPHN and NSLHD 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.

Education activities will focus on suicide, anxiety, depression, personality disorders, trauma and gambling. Education on the use of appropriate and shared language is intended to reduce stigma. Further training and support will be delivered to alcohol and other drugs service providers on smoking cessation and addressing physical health comorbidities including Hepatitis C and other chronic disease.



APPENDIX 1: Summary of priorities and action areas

| Priority 1- Addressing system fragmentation through regional planning, co-design and partnership. | |
|---|--|
| Action areas | Key actions |
| A. Setting a strategic direction and leadership | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will form a regional leadership group for mental health and alcohol and other drugs. Members will be sought from Department of Communities and Justice, Department of Education and other education providers (e.g. Catholic and Independent schools), Housing services, Community Managed Organisations, local councils and lived experience representatives. 2. The regional leadership group will establish subgroups or working groups for further collaboration and coordination at the service level. This will include an Alcohol and Other Drugs Working Group. 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 alcohol and other drugs services for the region. 4. The regional leadership group will explore co- commissioning opportunities and opportunities for joint investment. |
| B. Developing a shared regional needs assessment | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will undertake joint needs assessments to create consistent understanding of the regional needs, gaps and priorities. |
| C. Partnering to develop and embed co-designed pathways and services | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will partner to form Clinical Design Groups to: <ul style="list-style-type: none"> • Map existing referral pathways to better understand service gaps and areas of need • Clarify service criteria and support integration across stepped care continuum • Develop shared care pathways, triage protocols and information sharing protocols • Explore development of shared assessment and intake processes • Support development of multi-agency agreements and processes for people with complex presentations. |

Priority Area 2- Building community capacity to prevent and respond to suicide attempts and deaths.

| Action areas | Key actions |
|---|---|
| A. Establishing a regional framework, coordination and governance | <ol style="list-style-type: none"> 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. 2. The regional suicide prevention working group will develop a regional strategy/framework founded on the systems- based approach to suicide prevention. 3. NSPHN, NSLHD and Suicide Prevention working group will implement actions outlined in the regional strategy/framework. 4. NSPHN, NSLHD and other key stakeholders will develop data sharing and communication protocols to enable a shared understanding of needs and service gaps. |
| B. Enhancing training and capability across the region | <ol style="list-style-type: none"> 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. |

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

| Action areas | Key actions |
|--|--|
| A. Developing GP Shared Care Models | <ol style="list-style-type: none"> 1. NSPHN and NSLHD 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. 2. Upon development of the mental health shared care model, NSPHN and NSLHD will invite participation from GPs with an interest/experience in working with people with severe mental illness |
| B. Developing care pathways and models | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will work with local stakeholders to develop care pathways for people requiring mental health and/or alcohol and other drugs support services who have co-occurring physical health care needs. 2. NSPHN and NSLHD 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. |
| C. Building community and clinician capacity | <ol style="list-style-type: none"> 1. NSPHN and NSLHD 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 2. NSPHN and NSLHD will explore the development of resources to increase people requiring care and their families' understanding of the importance of physical health and nutrition on mental health and alcohol and other drug treatment (including medication). |

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

| Service areas | Key actions |
|--|--|
| A. Developing a shared strategic direction | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will work with regional service delivery partners to develop and implement a 'No Wrong Door' approach, providing practical assistance to people to access the services they need no matter where they enter the system. 2. NSPHN and NSLHD will adopt an agreed Health Literacy Framework to establish consistent use of language and ways of approaching and engaging with people requiring care and carers. |
| B. Developing resources to support health literacy | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will work with regional partners to review approaches to/options for region-wide service directories (public facing) 2. NSPHN and NSLHD will support development of service promotional material in relevant community languages 3. NSPHN and NSLHD will continue to undertake community capacity building activities to increase mental health and alcohol and other drugs literacy and support service access including Mental Health First Aid training and lived experience forums. |
| C. Addressing stigma | <ol style="list-style-type: none"> 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. |

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

| Service areas | Key actions |
|---|--|
| A. Working together to develop a strategy and approach | <ol style="list-style-type: none"> 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. 2. NSPHN and NSLHD will partner with regional stakeholders including community and religious leaders to develop and implement a CALD mental health and alcohol and other drugs strategy. 3. NSPHN and NSLHD will work with local youth service providers, education providers, clinicians and young people to enhance access to services and improve local coordination. |
| B. Develop capability of local mental health and alcohol and other drugs workforce to work within agreed approaches | <ol style="list-style-type: none"> 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. 2. NSPHN and NSLHD will explore options to increase provision of in-language support services 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. |

Priority 6 - Enhancing coordination and service access for people with alcohol and other drug issues

| Service areas | Key actions |
|--|---|
| A. Enhancing support for GP shared care initiatives | <ol style="list-style-type: none"> 1. NSPHN and NSLHD will continue to undertake Alcohol and Other Drug Shared Care activities including clinical attachments, education activities and development of nurse-led clinics in GP practices. 2. Building on the Alcohol and Other Drug Shared Care program, NSPHN and NSLHD will undertake activities to enhance communication and coordination between GPs and specialist alcohol and other drug treatment providers. |
| B. Setting regional governance, needs assessment and coordination | <ol style="list-style-type: none"> 1. NSPHN, NSLHD and regional leadership group will establish a local alcohol and other drugs working group to identify priority service needs and gaps and develop agreed care pathways. |
| C. Enhancing education and support for responding to comorbidities | <ol style="list-style-type: none"> 1. NSPHN and NSLHD 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. |

Artwork and images in this document are reproduced with permission.

