NORTHERN TERRITORY

Mental Health Strategic Plan

2019-2025

NORTHERN
TERRITORY
GOVERNMENT

The implementation of the *NT Mental Health Strategic Plan 2019-2025* will be informed, and guided by a continuous process of consultation with key stakeholders resulting in the refining of locally identified needs and resources and the national mental health reform agenda.

The strategy aligns to the reporting functions *of the Fifth National Mental Health and Suicide Prevention Plan 2017-2022.*

Please note that throughout this document the term Aboriginal should be taken to include Torres Strait Islander.

CONTENTS

MINISTER'S FOREWORD

The Northern Territory Government's vision is for a community that understands social and emotional health and wellbeing, mental health and mental illness, and the role that all Territorians have in supporting each other. All Territorians should have access to appropriate early intervention services, evidence-based treatment and care, and recovery focused community supports.

Social and emotional wellbeing is vital to being healthy, productive and resilient when coping with difficult times in our lives.

This strategic plan outlines the path to create mental health promoting communities, schools, and workplaces for Territorians. The plan also aims to set strategic directions for the investment in services to protect and promote mental health in the community.

The priority areas of the plan set the specific directions for action to be taken over the next six years to build on the current mental health service system and responses.

This involves services focused on the person, their family and the community across the whole continuum of care. We will build stronger linkages between mental health education, early intervention, treatment, postvention services and recovery services.

This plan focuses on enhancing the participation of individuals and carers, particularly those with lived experience to strengthen both clinical and non-clinical services. Linkages with non-government organisations, General Practitioners and Aboriginal Community Controlled Health Services are all key to strengthening our mental health system.

I am pleased to present the *Northern Territory Mental Health Strategic Plan 2019-2025*, to enhance the mental health and wellbeing of all who live and work in the Territory.

THE HON. NATASHA FYLES MLA

Minister for Health
Attorney-General and Minister for Justice
Minister for Disabilities
Minister for Arafura Games

CHIEF EXECUTIVE FOREWORD

There is a growing public awareness of the impact of mental illness, and the benefits of prevention and early intervention. NT Health is committed to working with the whole community and key stakeholders in building a mental health service system that invests in and supports the community to better understand how and when to seek help.

The strategic plan outlines a collaborative approach and incorporates the perspectives of individuals, carers, clinical and non clinical service providers. The plan has been developed in consultation with many members of the community including those with a lived experience and with a direct experience with services across the continuum of care. Key stakeholder forums occurred from January to March 2019 in Darwin, Katherine, Nhulunbuy, Tennant Creek and Alice Springs where the proposed principles and priority areas were tested. Over 156 individuals provided direct feedback through the consultation forums across the Territory.

This close collaboration with our stakeholders will continue as we work to develop more coordinated approaches to the delivery of mental health services in the Northern Territory. We will do this by leveraging the relationships already developed with the Australian Government, the Northern Territory Primary Health Network, the Aboriginal Medical Services Alliance of the NT and the Northern Territory Mental Health Coalition who supports the community based services sector.

There are several challenges that lie ahead with such major reforms in this area, including the introduction of joint regional service planning, the stepped care approach and the National Disability Insurance Scheme.

This Plan complements the *NT Suicide Prevention Strategic Framework 2018-2023* and aligns with national policy and reform agendas while taking into account the uniqueness of the Northern Territory.

We all have a role to play to improve the mental health of Territorians. Good mental health is as important as good physical health. Early intervention to prevent illness and coordinating services to meet the needs of individuals, and reducing stigma that continues to be associated with mental illness, are key priorities.

I thank all who contributed to the development of this strategic plan and look forward to seeing the achievement of its objectives for the benefit of our community.

PROFESSOR CATHERINE STODDART

Chief Executive
Northern Territory Department Of Health

1 in 5 Australians

aged between 16 and 18 are affected by mental illness each year

20%

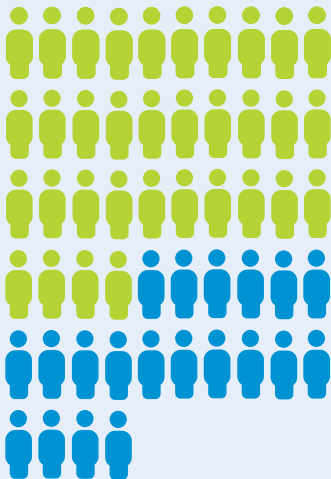Mental ill-health in the workplace costs an average of

$3,200

per employee, per year

1 in 10 ADULTS NATIONALLY

with a mental disorder also have a physical disorder.

30%

of the Northern Territory population identifies as Aboriginal

DARWIN 57%

10%
ALICE SPRINGS
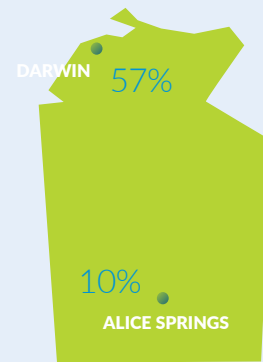
The two largest urban centres take 2/3 of the Nothern Territory population

A poorer and variable level of access to specialist services due to location remoteness.

Almost half of all Australians will experience a mental illness in their lifetime

45%

3x

Higher suicide rates of Aboriginal and Torres Strait Islander people in the Territory

The Nothern Territory experiences extreme socio-economic disadvantage within remote communities.

1. OUR VISION

A community that understands social and emotional health and wellbeing, mental health and mental illness, and that all Territorians, including the most marginalised have access to timely and appropriate early intervention services, integrated recovery-focused and evidence-based treatment and care, and community supports that enable and encourage full participation in the community.

2. OUR MISSION

To establish a better understanding of mental health and mental illness by increasing mental health literacy, reducing the stigma associated with mental illness and to ensure that the mental health service system is responsive, coordinated, provides timely and high quality, culturally safe and appropriate care at the right place and at the right time.
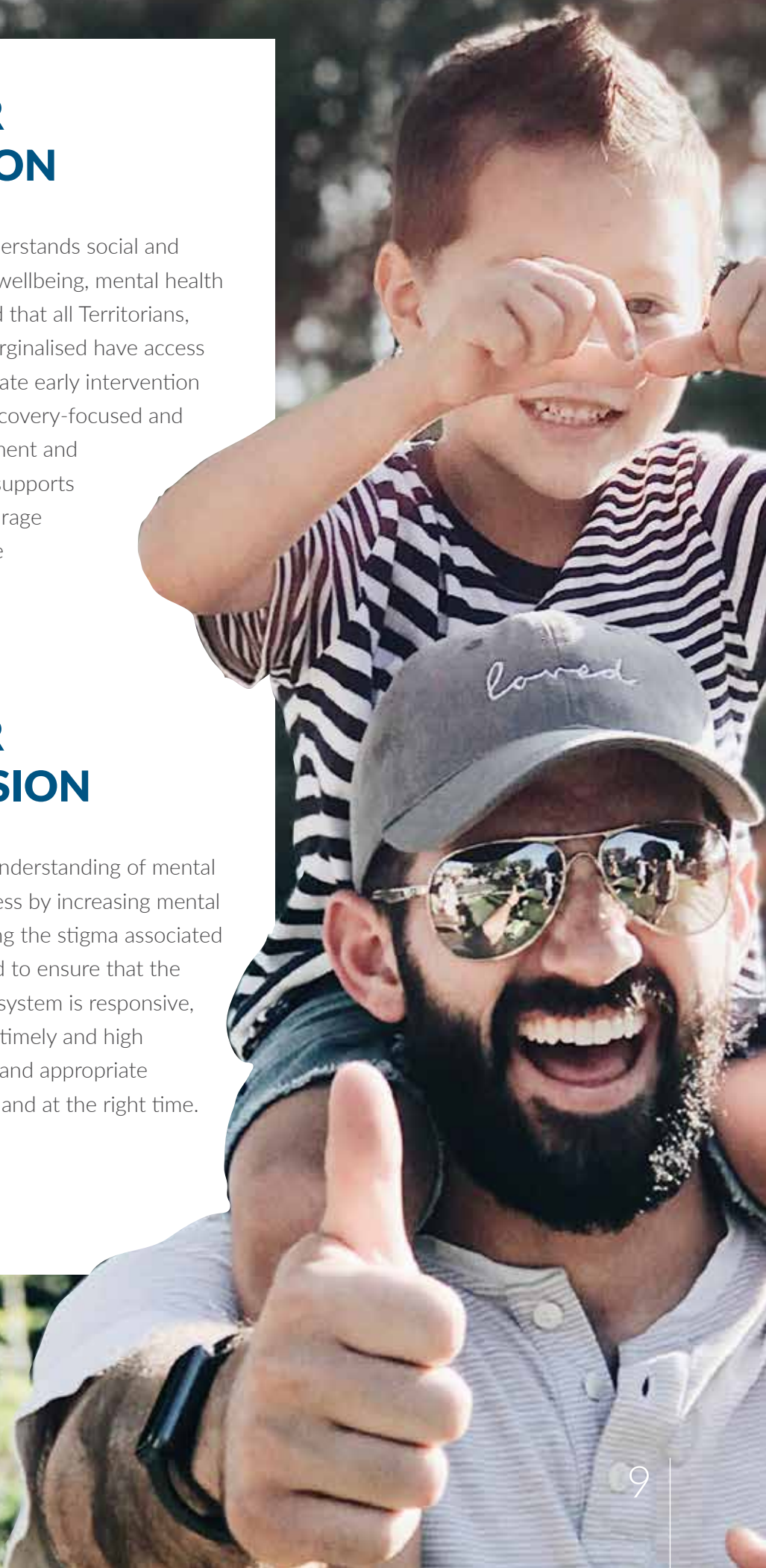
3. OUR PRINCIPLES

1. Equity and access
2. Dignity and respect
3. Uniqueness of the individual
4. Education and increasing mental health literacy
5. Partnerships and communication
6. Quality care at the right place and the right time

4. OUR PRIORITIES

1. Coordinated care through regional planning

2. Culturally secure, safe and trauma informed care focussed on recovery

3. Person centred supports and services with consumers and carers at the front and centre of care

4. Community information and education to increase mental health knowledge to reduce stigma

5. Safety, quality, data collection, evidence based service and investment in evaluation

6. Equity, sustainability and a stepped care approach

Priority Area 1

A comprehensive and coordinated response with formalised partnerships that work across multiple government and non-government sectors including health education, employment, judicial, housing and other relevant sectors such as private health. This approach will address the needs of an individual based on the social determinants of health. Regional planning will be led by the Northern Territory Primary Health Network (NTPHN) and will occur in partnership addressing the unique needs of each specific community.

Future planning will take into account the complexities and challenges of our geography, tailoring and focussing resources to the needs of particular communities, our diverse culture and the local and national health reform environment.

Delivering care that is integrated, seamless and delivered in partnership with consumers, carers, and service providers. All care partners in the service system will work together to ensure the needs of consumers and carers are met without duplicating effort or unnecessarily complicating the provision of services.

The NT Department of Health alongside all other jurisdictions, the NTPHN, Top End Health Service, and Central Australia Health Service will use the National Mental Health Services Planning Framework (NMHSPF) as a guide to assess the service development and workforce needs across the Northern Territory.

Commonwealth, State, and Territory Governments are required to support joint regional planning for integrated mental health and suicide prevention services as the first action from the *Fifth National Mental Health and Suicide Prevention Plan*. NT Health and NTPHN will develop and publicly release a joint regional mental health and suicide prevention plan by mid-2020.

From 2019 to 2025, the focus will be on:

Ensuring system sustainability and coordinated care

- Developing a joint regional plan for mental health services in the NT, which includes targets for the appropriate mix of services and the future infrastructure required to support service provision, especially in rural and remote areas.

Enhancing access and quality

- Improving the accessibility of mental health services including expanding use of new technologies like telehealth and telepsychiatry.

Strengthening system connections

- Working with other NT Government agencies such as Housing, Education, Attorney-General and Justice to address the wellbeing needs of people with mental illness

- Establishing partnerships at the local, Territory, inter-jurisdictional and national level to facilitate improvements to the mental health service system and to promote new and innovative approaches to service delivery

- Consolidating linkages between NT Government health service program areas with a focus on primary health care to ensure care coordination for individuals with complex needs and service delivery in remote areas

- Ensuring those with psychosocial disability gain entry to the National Disability Insurance Scheme (NDIS) and any issues with the mainstream interface with the NDIS and the health system are resolved

- Strengthening the integration of the service system to ensure smooth transitions for individuals between inpatient and community based mental health services, criminal justice and health system and between NT Government, non-government and private service providers

- Apply principles of co-design when commissioning services, with a focus on health promotion, early intervention and recovery oriented approaches

- Development of public policy that promotes and protects mental health with a focus on human rights.

Priority Area 2

Culturally secure, safe and trauma informed care focussed on recovery
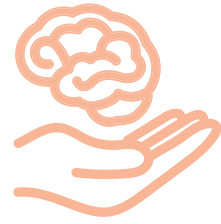
Services and programs are planned and delivered in a way that takes into account the unique needs of the NT population and respects culture and values. Approaches are identified and implemented to ensure culturally-appropriate service planning, implementation, delivery, evaluation and review. All services work from an evidence based recovery model from the perspective of the individual with mental illness. Recovery means gaining and retaining hope, understanding abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Individuals accessing services are informed of options and take the lead in their health care and recovery planning.

Person, family and community-centred treatment, care and support will be demonstrated by:

- Acknowledging the range of influences that affect a person, family and community's mental health and wellbeing
- Respecting and responding to different needs, goals and preferences
- Creating environments that enable people to direct their own lives and meet the needs and priorities that they have identified.

From 2019 to 2025, the focus will be on:

Promoting resilience, independence and self-management

- Developing, promoting and implementing strengths based recovery-oriented models of care that promote resilience, independence and self-management across the lifespan

- Systems will exist to ensure holistic care which includes support and treatment for any physical health condition.

Identifying and addressing the particular needs of the most vulnerable

- Assuring culturally safe and appropriate services by expanding the cultural competence of primary health care and mental health service staff

- Strengthening opportunity for partnership approaches by facilitating increased availability and use of interpreters

- Improving access to mental health services to people in prison, other correctional facilities and within the criminal justice system.

Creating a more inclusive community environment

- Increasing access to appropriate housing, supported accommodation and crisis respite for individuals as well as support for people in their own home

- Supporting people to engage in vocational activities, education, employment and meaningful activities in the community

- Implementation of the *NT Suicide Prevention Strategic Framework 2018-2023* and Implementation Plan.

Priority Area 3

Person centred supports and services with consumers and carers at the front and centre of care

Consumers and carers are engaged at all levels of advocacy, policy, service planning, legislation review, monitoring, research, and evaluation. Genuine and meaningful levels of engagement occur at a strategic level and in particular, where decisions about service planning are made.

Consumers and carers are people with a lived experience of mental illness and/or suicide and are at the heart of the mental health system. Consumers are people who access or could potentially access mental health services. Carers are people who provide personal care, support, and assistance to another person who has a mental health difficulty, has suicidal ideation, or has attempted suicide. Many people are both consumers and carers, and many carers provide support to more than one person.

The term consumer recognises a relationship with the mental health system that includes legal rights such as the right to have up to date information, to make informed choices about treatment and care and protection from unsafe services or treatments, and to have support to resolve a problem and to make a complaint.

Increased focus on promotion, prevention and early intervention in mental health is a key strategy for reducing the burden of disease associated with chronic mental illness and in reducing rates of suicide, particularly in young people.

Research suggests that the earlier we intervene, the greater potential there is to respond effectively and reduce longer-term dependence on the service system. We will work to build the capacity of local communities to understand the critical role they can play in early intervention and health promotion.

To enhance resilience at a community wide level, it is crucial that all service sectors invest in promoting mental health and wellbeing. *The NT Suicide Prevention Strategic Framework 2018-2023* acknowledges the important role of other service sectors, identifying cross-government actions for promoting resilience and prevention and responding to suicide in the community. We will work closely with these sectors to implement an integrated approach to mental health promotion and suicide prevention across the Territory.

From 2019 to 2025, the focus will be on:

Early intervention, health promotion and system responsiveness

- Improving linkages with general practitioners and other primary health care providers to support the provision of culturally appropriate mental health and wellbeing supports in the community for individuals who are at risk or who have emerging mental health problems

- Strengthening early intervention responses

- Ensuring all clinical and non clinical services adhere to and report compliance with the *NT Carers Recognition Act 2006*

- Supporting implementation of school based mental health programs and activities

- Supporting and leading implementation of workplace based mental health and wellbeing programs and activities.

Community capacity building

- Working with Aboriginal communities to establish mental health promotion programs and priorities, including best practice or evidence based suicide prevention activities

- Developing and supporting mental health promotion and community awareness activities and resources aimed at increasing mental health literacy and help seeking behaviour

- Increasing access to training for service providers, care providers and the general public in identifying and responding in a culturally appropriate way to mental health crisis situations

- Utilising available technology to plan and implement mental health promotion, prevention and early intervention activities.

Priority Area 4

Community information and education to increase mental health knowledge to reduce stigma
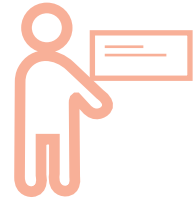
Mental health information, education services and support that is person centred and acknowledges the social determinants of health, including physical health, employment, education, housing, family support relationships, and social connectedness and their impact on mental health and wellbeing.

Accessibility to services

The valuable role that individuals, family members and carers who access services play in planning, monitoring and evaluating mental health services is well recognised. This has led to the establishment of a range of mechanisms for individuals, family members, and carers to engage with the mental health system, which includes:

- Increase mental health literacy and identify early intervention services to prevent mental illness developing

- Involvement throughout the information provision process to ensure shared understanding of concerns, aspirations, and recovery goals to maintain hope of recovery

- Empowerment which places the final decision in the hands of the individual, family members, friends and carers.

From 2019 to 2025, the focus will be on:

Empowering individuals as decision-makers in their care

- Establishing Territory-wide policies and practice protocols that enable individuals to take the lead in their care planning

- Ensuring that advocacy and peer support is available at all mental health services.

Engaging individuals and key stakeholders in system development redesign and reform

- Working with Aboriginal communities to establish mental health promotion programs and priorities, including suicide prevention activities.

- Ensuring carer and consumer representatives exist at governance and decision making meeting levels across the service system at the local level and continue to participate at a national level

- Ensuring carer and consumer representatives are appropriately appointed to all relevant committees, have the correct skills, training and support and are renumerated appropriately

- Ensuring consumer and carer consultant positions exist within NT Government mental health services

Recognising diversity

- Working towards representation in consumer and carer participation activities that recognise and represent the diversity of gender, age, sexual identity and cultural heritage of Territorians

- Engaging Aboriginal and multicultural individuals and their families and communities in the development and implementation of culturally appropriate mental health and wellbeing services.

Priority Area 5

Safety, quality, data collection, evidenced based service and investment in evaluation

Safety and quality will be central to mental health service delivery. Leverage digital technologies to enhance safety and quality. Evaluate the use of outcome measures in clinical and community-based services to improve mental health outcomes of Territorians. Monitor the alignment with agreed quality and safety standards across all services. Data collection will be streamlined and improved, including across inpatient and community services so as to enhance the capacity for comparison and reporting. This will be aided by new technologies and paperless health system.

An increased focus on mental health workforce planning is required to ensure that the right mix of skills and expertise is achieved across government, non-government and the private sectors. Work is also required on developing a workforce that reflects the diversity of the NT population and to establish employment arrangements that support the provision of mental health services closer to home.

Evidence-based practice is defined in terms of integrating three basic principles:

1. Accessing the best available research evidence bearing on whether and why a treatment or support option works for each unique individual.

2. Clinical expertise to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions.

3. Focus on the individual's values and preferences for care.

From 2019 to 2025, the focus will be on:

Assuring quality and safety

- Reviewing the *Mental Health and Related Services Act* to ensure that the legislation continues to reflect best practice in mental health treatment and care

- Ensuring appropriate organisational and clinical governance structures and systems are in place to support the delivery of safe, high quality treatment and care

- Ensuring mental health services achieve and maintain accreditation against national standards

- Utilising consumer outcome measurement tools and consumer perceptions of care surveys to inform quality improvement activities

### Using evidence-based practice to improve the mental health service system

- Improving data collection to support national reporting obligations and inform service improvement, development and planning

- National carer and consumer feedback surveys are available at all government and non-government mental health services

- Integrating mental health data to provide comprehensive system wide reporting

- Building the research and evidence-base for future mental health service planning

- Applying relevant standards to identify the scope of current and future infrastructure needs, including maintenance and refurbishment, to support the delivery of high performing mental health services

Supporting innovation

- Utilising new technologies to improve data and information sharing, including working towards a paperless system and use of tools such as the *My Health Record* to enable individuals to manage and participate in their own care needs.

Priority Area 6

Equity, sustainability and a stepped care approach
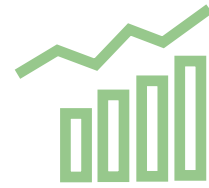
A comprehensive, evidenced based and contemporary mental health system that provides a full range of support and services, including mental health promotion, education, prevention, treatment, and support, postvention services, through a coordinated and planned approach providing the right care at the right time to those who need it. A skilled, capable, and committed workforce exists to provide services.

A skilled, capable, and committed workforce is essential for the planning, delivery and ongoing quality improvement of a mental health service system. The unique challenges and opportunities faced by the NT in attracting and retaining its mental health workforce makes investment in staff skills and capability a vital element to sustainable high-quality services.

The availability of more effective mental health treatments has increased the capacity of mental health services to do more and to do it well. Mental health services in the NT will continue to take advantage of these developments to implement targeted and more effective interventions with the aim of developing innovative programs and services to meet specific mental health needs within the population.

Advances in technology offer us opportunities to improve information collection, dissemination, communication and to better facilitate consumer self-management. Future developments in our information systems and reporting will need to be informed by developments at a national level to improve the mental health classification system and to develop costing models for service delivery.

From 2019 to 2025, the focus will be on:

Planning for a sustainable workforce

- All services plan for the sustainability of the NT mental health workforce including succession planning

- Development of the consumer and carer peer workforce in line with national Peer Workforce Guidelines in all services

- Support to the community mental health sector to transition staff to the new way services will be delivered under the National Disability Insurance Scheme

- Professional development opportunities for all staff and community education to encourage members of the community to join the workforce

- Career development pathways for Aboriginal and multicultural workers, including fostering leadership within services to promote recruitment and retention of Aboriginal staff and the development and implementation of culturally appropriate programs and services

- Use the outputs from the National Mental Health Services Planning Framework (NMHSPF), and other relevant data, to guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled staff.

Growing skills and capability

- Developing formal and informal training and development plans for staff in community services and mental health clinical staff

- Work with the NTPHN in the provision of training for primary health care staff in identifying and responding to mental health issues, especially in remote communities

- Building the capacity of non-government service providers in the provision of psychosocial rehabilitation and support services and supported accommodation, including establishment of minimum core competencies for staff working in these services

- Building the capacity of consumer and carer support services in providing peer support programs

- Developing and implementing cultural orientation programs for all staff across all sectors that are relevant to the region and communities they are working in and supporting staff to learn about the local culture and service context prior to working in that environment.

Providing a rewarding and safe work environment

- Ensuring there is high quality clinical supervision available to staff working in the mental health service system

- Ensuring staff are given appropriate training and support in identifying and responding to work health and safety issues.

5. PREVALENCE OF MENTAL ILLNESS, SUICIDE AND COMORBIDITY

Social determinants of health

There are significant socioeconomic factors that can contribute to health, mental health and wellbeing outcomes for Territorians, including the availability of health services, infrastructure, suitable and sustainable housing, adequate sanitation, clean water and food, and participation in employment and education.

Trauma

A known determinant of mental illness in the Territory is trauma. Exposure to traumatic events, particularly from a young age, is thought to have profound neurological, biological, and social effects on individuals, families, and communities. Such experiences also correlate with increased risk taking behaviours, problematic mechanisms for coping with stress and negative emotions leading to self-harm and antisocial behaviours including substance misuse and violence towards others.

Mental health and wellbeing

Good mental health and wellbeing means more than the absence of symptoms. It means the ability to manage life competently and to deal with the various challenges that living throws at us from time to time. It means being able to take satisfaction and pleasure in everyday life. This includes managing a range of feelings and thoughts in response to everyday life events. It is normal to feel sad, lonely, disappointed, or confused at times. Around half of Australians will experience a mental health problem at some stage of their life. This is normal and part of being human.

When these feelings persist but don't seem to have a cause that justifies them and interfere with the ability to lead and enjoy everyday life, is when an individual should consider talking to a trusted family member or friend, or a doctor or other health professional about any possible mental health problem that might need attention.

Understanding when something is not quite right and knowing when to seek help early is the best approach to enable recovery from an episode of being unwell.

Mental illness

Mental illness includes a wide range of conditions that affect how we feel and think. Most of these are first experienced in the late teens or early twenties, but may emerge later in life. Like many physical illnesses, mental illnesses are thought to arise from the interaction of genetic vulnerability, trauma and stresses in life. Mental illnesses include disorders such as anxiety and depression, as well as other far less common psychotic illnesses such as schizophrenia and schizoaffective disorder.

The Australian Bureau of Statistics (ABS, 2009) *National Survey of Mental Health and Wellbeing* (NSMHWB) provides the most current comprehensive estimates for mental disorders in Australian adults.

One in five (20%) Australians between 16 and 85 experience a mental illness in any year. The most common mental illnesses are depression, anxiety and substance use disorders, which can often occur in combination.

KPMG and Mental Health Australia looked at how much mental ill-health in the workplace costs Australian employers. The report found that mental ill-health in the workplace costs an annual average of $3,200 per employee with mental illness, and up to $5,600 for employees with severe mental illness. Overall, it was estimated that in 2015-16 the cost of workplace mental ill-health in Australia was $12.8 billion.

The 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) provides a range of information about the social and economic circumstances of Aboriginal people aged 15 years and over who said they had been told by a doctor or nurse that they have a mental health condition. Twenty-nine percent of Aboriginal people who self-reported depression, anxiety, behavioural or emotional problems, and/or harmful use of, or dependence on drugs or alcohol, are described as having a mental health condition. Almost one quarter (23%) of Aboriginal people reported having both a mental health condition and one or more other long-term health condition.

NATSISS indicates almost two thirds (65%) of Aboriginal people had a long-term health condition, including 29% who reported a diagnosed mental health condition (25% of males and 34% of females). Mental health conditions were less likely to have been reported by young people (22%) than by those in older age groups (ranging from 30% to 35%). In addition, mental health conditions were twice as likely to have been reported by Aboriginal people in non-remote areas than in remote areas (33% compared with 16%) (ABS 2015).

Suicide

In 2017, 51 Territorians took their own lives. In the NT, the age standardised rate of deaths by suicide is 20.3 per 100,000 population, with rates of Aboriginal people at 26.2 and non Aboriginal people at 14.9 per 100,000 population. The national age standardised rate of death by suicide is 12.6 per 100,000 population (ABS 2017).

Death from suicide amongst Aboriginal people is almost three times higher than for non-Indigenous people in the Territory, with an age standardised rate of 26.2 deaths per 100,000 compared to 14.9 deaths per 100,000 for non-Indigenous persons over the period 2013 to 2017 (ABS 2018).

The NT Government funds a range of suicide prevention activities focused on the provision of training and education of the signs, symptoms and promotion of awareness of suicide and suicidal behaviours.

The NT Government has developed the *Northern Territory Suicide Prevention Strategic Framework 2018-2023* Implementation Plan to support regional communities develop community action plans.

Comorbidity

The National Mental Health and Wellbeing Survey 2007 shows there is evidence that adults in the NT are at higher risk of alcohol misuse with 25.5% of NT adults exceeding the National Health and Medical Research Council lifetime risk guidelines for alcohol consumption in 2011/12 compared with 19% for Australians overall (ABS 2012a).

6. MENTAL HEALTH POLICY AND PLANNING CONTEXT

Over the last 25 years, there has been significant change and reform in mental health and suicide prevention policy to encourage people with mental illness to be active members of the community and to live meaningful, contributing, and productive lives.

The concept of recovery has become a guiding principle for the mental health service system, building on the recognition that people with mental illness and their families have a critical role to play in informing and guiding services.

A national approach

There is increasing recognition of the intersection between mental health and other service systems including housing, justice, employment and education and the critical importance of integrated and holistic approaches to support people in their recovery journeys.

Achieving best value out of available resources is a key driver to ensuring investment in services and programs based on evidence which shows that they will maximise opportunities for recovery and be sustainable into the future. Rethinking models of care has also been a priority, to ensure that services and programs reach people when and where they need them, regardless of where they live, and that care is delivered in the least restrictive setting.

The Australian Government has been supporting a coordinated national approach through national mental health regional planning processes and providing funding to support identified gaps in the service delivery system. There is recognition of the need for significant reform and the NT Government will work with our national and Territory colleagues over the life of this plan to ensure it reflects these national directions and meets the needs of people with mental illness, their families and significant others.

Key points of reference

The NT Health and mental health service system strategic policy and planning is guided by the *Northern Territory Health Strategic Plan* as well as *National Mental Health Strategy* and related publications.

NT Health Strategic Plan 2018-2022

The *NT Health Strategic Plan 2018-2022* establishes a vision of being a world leader in delivering remote health and areas of work that aim to improve the health and wellbeing of all Territorians.

The vision of healthy Territorians engaged and living in healthy communities provides a clear direction for mental health and wellbeing plans and strategies, focusing on a strong partnership between government, Aboriginal community controlled health services and non-government agencies, the NTPHN and the community to address health needs and build resilience.

National Mental Health Policy

The *National Mental Health Policy* provides a strategic vision for whole-of-government mental health reform across Australia to:

- promote the mental health and wellbeing of the Australian community and, where possible, prevent the development of mental health problems and mental illness
- reduce the impact of mental health problems and mental illness, including the effects of stigma, on individuals, families and the community
- promote recovery from mental health problems and mental illness
- assure the rights of people with mental health problems and mental illness, and enable them to participate meaningfully in society.

The Fifth National Mental Health and Suicide Prevention Plan 2017-2022

The *Fifth National Mental Health and Suicide Prevention Plan* was endorsed by the Council of Australian Governments (COAG) Health Council in August 2017.

The plan represents a commitment from all governments to work together to achieve integrated planning and delivery of mental health and suicide prevention services. The plan has consumers, carers and people with lived experience central to the planning, delivery, evaluation and continuous improvement of mental health and suicide prevention services.

This work will require collaboration between the Commonwealth, state and territory governments, public and private sector, community-managed organisations, and consumers and carers to improve the mental health system and outcomes for people with mental illness and their carers.

The *Fifth National Mental Health Plan* is accompanied by an implementation plan that sets the agenda for collaborative government action in mental health and suicide prevention. The plan provides a national framework for a system of care that intervenes early through a stepped care model and provides integrated services across health and social domains.

The plan has eight priority areas for government action in mental health which includes:

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Aboriginal mental health and suicide prevention
5. Improving the psychical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance are in place.

The National Mental Health Commission has been given responsibility for delivering an annual report to health ministers on the implementation progress of the Fifth Plan. All jurisdictions are required to report progress regarding the implementation of the Fifth Plan to the Commission.

Ten Year Roadmap for Mental Health Reform 2012-2022

In 2012, the Council of Australian Governments agreed to a Ten Year Roadmap for Mental Health Reform, establishing six priority areas to guide long term reform in mental health:

Priority 1: Promote person-centred approaches

Priority 2: Improve the mental health and social and emotional wellbeing of all Australians

Priority 3: Prevent mental illness

Priority 4: Focus on early detection and intervention

Priority 5: Improve access to high quality services and supports

Priority 6: Improve the social and economic participation of people with mental illness.

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023

This *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023* provides a dedicated focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. It sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Aboriginal specific and mainstream health services. It is designed to help guide and support Aboriginal mental health policy and practice over the next five years and be an important resource for policy makers, advocates, service providers, clients, consumers and researchers.

National Mental Health Commission

The National Mental Health Commission was established in 2012 to provide independent advice and information to government and the community regarding mental health services and programs. Each year, the commission publishes a National Report Card on Mental Health Services and Suicide Prevention. The Australian Government engaged the commission to undertake a national review to assess the efficiency and effectiveness of commonwealth-funded mental health services and programs across Australia in 2015. The key finding of the review was the need for system reform so that services are more closely aligned to people's needs, and funding is spread across the service continuum and spectrum of mental ill-health. It identified the need for governments to address the fragmentation, silos, and inefficiencies in the service system by clearly identifying roles and responsibilities through coordinated planning.

The review identified the need for greater focus on early intervention and coordinated community based care to promote a greater degree of social and economic participation of people who experience mental illness. It recommended the reallocation of resources across the service system to support earlier intervention and prevention. Aboriginal and Torres Strait Islander mental health was identified as the first priority, and the report called for a significant investment in this area through a social and emotional wellbeing approach and a greater emphasis on coordinated primary healthcare. The review also identified the specific challenges associated with providing mental health services in rural and remote locations.

The Living is for Everyone Framework

The Living is for Everyone (LIFE) Framework sets an overarching evidence based strategic policy framework for suicide prevention in Australia.

The revised 2007 framework provides support for national action to prevent suicide and promote mental health and resilience across the Australian population. It provides a practical suite of resources and research finding on how to address the complex issues of suicide and suicide prevention.

The framework is a resource designed to lead health and community services professionals, policy, political and academic personnel in suicide prevention strategy and action.

The six action areas of the framework are:

1. Improving the evidence base and understanding of suicide prevention
2. Building individual resilience and the capacity for self-help
3. Improving community strength, resilience and capacity in suicide prevention
4. Taking a coordinated approach to suicide prevention
5. Providing targeted suicide prevention activities
6. Implementing standards and quality in suicide prevention.

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

Suicide is one of the most common causes of death among Aboriginal and Torres Strait Islander people. On average, over 100 Aboriginal and Torres Strait Islander end their lives through suicide each year, with the rate of suicide twice as high as that recorded for other Australians.

Aboriginal and Torres Strait Islander suicide rates can vary markedly by age, gender and other factors.

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) was established to evaluate the effectiveness of existing suicide prevention services and programs.

ATSISPEP aims to:

- **Prioritise** Aboriginal and Torres Strait Islander ways of working
- **Establish** an Aboriginal and Torres Strait Islander youth forum
- **Strengthen** the evidence base for Aboriginal and Torres Strait Islander suicide prevention
- **Develop** an Aboriginal and Torres Strait Islander cultural framework for suicide prevention services and programs.

Mindframe

Mindframe encourages responsible, accurate, and sensitive representation of mental illness and suicide in the Australian media (i.e. online, print, broadcast and stage and screen). Mindframe involves building a collaborative relationship with the media and other sectors that influence the media. Program activities include national leadership, resource development and national dissemination, and ongoing contribution to the evidence-base.

National Framework for Recovery Orientated Mental Health Services

The framework describes the practice domains and key capabilities required for the mental health workforce to operate in accordance with the recovery approach. The framework also provides guidance on tailoring recovery-oriented services to respond to the diversity of people with mental health issues. Extensive research and consultation, as well as being informed by lived experience, underpin its development.

National LGBTI Mental Health and Suicide Prevention Strategy

The *National LGBTI Mental Health and Suicide Prevention Strategy* is a plan for strategic action to prevent mental ill health and suicide, and promote good mental health and wellbeing for LGBTI people and communities across Australia. This strategy includes recommendations across the breadth of approaches in Australian mental health work including promotion, prevention, intervention, treatment, and maintenance.

A COMPREHENSIVE MENTAL HEALTH SYSTEM

The importance of early interventions and population health has led to greater attention on the development of health systems that can respond to the level of need and changing community expectations of early intervention strategies, mental health treatment and care. It is well known that the best health outcomes are achieved by treating the signs and symptoms of mental illness as early as possible, holistically, and as close to the person's home and community as possible.

People with severe mental illness, moderate to severe depression, bipolar disorder, schizophrenia and other psychotic disorders, generally have a life-expectancy 10-20 years shorter than the general population. The majority of these premature deaths are due to comorbid physical health conditions. Access to comprehensive primary health services which offer health promotion, screening and treatment for physical as well as mental health conditions remain out of reach for the majority of people with severe mental illness.

A comprehensive mental health system includes the following core components:

1. Focus on increasing mental health literacy to maximise health and wellbeing and reduce the risks of physical health issues and mental illness.

2. Promote self-care and community care which creates resilience in the face of adversity, and which contributes to and sustains recovery from mental illness.

3. Health care service systems that offer the right balance of social and emotional wellbeing services, primary care, general hospital and community mental health services, long stay rehabilitation facilities and specialist psychiatric services (WHO 2018).

THE NORTHERN TERRITORY MENTAL HEALTH SERVICE SYSTEM

Primary health care

Primary health care is the frontline of Australia's health care system. It can be provided in the home or in community-based settings such as in general practices, private practices, community health, local government, and non-government service settings for example, Aboriginal community controlled health services.

While most individuals will receive primary health care through their General Practitioner, primary health care providers also include nurses (including general practice nurses, community nurses, and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, and Aboriginal Health Workers.

Services may be targeted to specific population groups such as: older persons, maternity and child health, youth health, people living in rural and remote areas, Aboriginal people, refugees, and people from culturally and linguistically diverse or low socio-economic backgrounds.

Primary health care services may also target specific health and lifestyle conditions, for example: sexual health, drug and alcohol services, oral health, cardiovascular disease, asthma, diabetes, mental health, obesity, and cancer.

Social determinants of health strongly influence the health of individuals and communities, and affect the sustainability and accessibility of health services. It is therefore important that primary health service planning and delivery recognises the influence that factors such as housing, education, employment, infrastructure, and transport can have on the health of those who live in the community, and build partnerships across sectors when there is a need to address specific issues affecting a community.

Aboriginal Community Controlled Health Services

Aboriginal community controlled health services currently comprise approximately half of all Aboriginal medical services in the NT, providing primary health care services across urban, rural and remote settings including clinical services, health promotion, advocacy, knowledge and research. The NT Government and Australian Government continue to support the Pathways to Community Control agenda, aimed at transitioning all Aboriginal medical services to community control. This is further defined by the Aboriginal Medical Services Alliance of the NT as "the ability for the people who are going to use health services to determine the nature of those services, and then participate in the planning, implementation and evaluation of those services".

Specialist Tertiary Mental Health Services

Specialist public mental health services provide a multidisciplinary approach to treatment and therapeutic interventions for people experiencing mental illness, or who are experiencing mental health problems. They provide assessment, treatment, and clinical interventions to individuals of all ages presenting with moderate to severe disability associated with mental illness or mental health problems in urban and remote communities.

Services are provided in accordance with the National Safety and Quality Health Service Standards, the National Standards for Mental Health Services and the *NT Mental Health and Related Services Act*.

Top End Mental Health Services (TEMHS)

TEMHS forms part of the Top End Health Service and has community teams based in Darwin, Katherine and Nhulunbuy. TEMHS also operates a 29 bed inpatient unit at Royal Darwin Hospital, Cowdy Ward (16 open beds) and the Joan Ridley Unit (eight secure beds) and a five-bed youth inpatient unit.

TEMHS also provide a Territory-wide mental health forensic service.

Central Australian Mental Health Services (CAMHS)

CAMHS forms part of the Central Australia Health Services and has community teams based in Alice Springs and Tennant Creek. CAMHS operates a 12 bed Mental Health Unit (Ward 1) at Alice Springs Hospital and a subacute facility, comprising of six subacute beds and two supported accommodation beds.

Non-government community managed mental health services

Non-government organisations funded by the NT Department of Health deliver a range of non-clinical recovery focused rehabilitation services including:

- Housing accommodation support
- Subacute care
- Residential rehabilitation
- Community based outreach support
- Consumer and carer participation National Consumer and Carer Forum

- Contribution to the Beyondblue and Life Line Services
- Carer education support and advocacy
- Suicide prevention education and training activities
- Mental health education and promotion.

These services are primarily located in Darwin and Alice Springs, with a small number of services provided in Katherine and Tennant Creek.

Australian Government funding to Non-government organisations including funding commissioned through Primary Health Networks

The Australian Government also provides funding to non-government organisations and other providers for provision of mental health services, health promotion, and supports including but not limited to:

- Personal Helpers and Mentors (PHaMs)
- Day to Day Living (D2DL)
- Partners in Recovery (PIR)
- Suicide prevention activities
- Communities for children
- Family and youth services
- Headspace
- Access to Allied Psychological Services
- Better Access initiative
- Beyondblue
- Mindmatters and Kidsmatter
- Mental Health Australia
- Living is For Everyone.

The Australian Government in January 2018 announced investment in mental health services with an additional $110 million to extend and expand mental health programs for young Australians including the following:

- Beyondblue will integrate school-based Mental Health in Education initiative
- Emerging Minds for the National Workforce Support in Child Mental Health initiative
- Evaluation of the National Support for Child and Youth Mental Health Program – extended until June 2021

- The headspace National Youth Mental Health Foundation for the headspace national program allowing it to provide further support to Primary Health Networks in commissioning headspace services

- Orygen for the operation of the National Centre of Excellence in Youth Mental Health to continue to provide national leadership for youth mental health in research, policy advice and workforce training

- The Australian Government provides four existing Commonwealth funded digital mental health services that provide telephone, webchat and other online support. These services are Kids Helpline, ReachOut, Suicide Callback Service and QLife.

National Disability Insurance Scheme

All governments have agreed to an inclusive vision where Australian society enables people with disability to fulfil their potential as equal citizens. NDIS and mental health service systems across Australia have a mutual obligation to work together to help achieve this outcome for people with a severe mental illness with significant and enduring psychosocial disability, their carers, families and communities.

COAG developed and agreed to a set of principles that define funding and delivery responsibilities between the NDIS and mainstream service systems and guide the way the NDIS and other service systems will work collaboratively with, and alongside, each other to support people with a disability.

The NDIS is the new 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.

Australian Government Community Based Mental Health Programs currently delivered through PHaMs, D2DL and PIR will transition to the national Continuity of Support (CoS) Program from 1 July 2019. CoS will provide psychosocial support services to people who are currently accessing these services and are ineligible for the NDIS.

MATES in Construction (MIC)

MATES in Construction (MIC) provides the national delivery of the MIC Suicide Prevention Program. MIC provides expertise in mental health and suicide prevention in blue collar workplaces. The program provides evidence based interventions focusing on stigma reduction, gatekeeper training and case management. MIC provides the connection between a worker's need(s) and the most appropriate level of service, whether clinical or social, in the local community. The program comprises:

- Raising suicide awareness by effective and direct communication with all levels of

industry through channels such as training, volunteer networks, printed and electronic material

- Building capacity by delivering onsite training programs

- Providing help by connecting workers to existing services and ensuring the services are both practical and useful for the individual

- Support research by gathering data and partnering with research institutions to build an evidence base for workplace based suicide prevention.

Health Pathways

The Clinical Care Coordination Strategy and clinical referral pathways through the Health Pathways 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.

E-Mental Health Strategy for Australia

In 2012 the *E-Mental Health Strategy* was released by the Australian Government. The primary aim of the strategy is moving from funding a small number of proven and successful online mental health and telephone crisis support services, to a respected, evidence based, accessible, professionally recognised and integrated e-mental health service environment.

Research in Australia and internationally shows that outcomes for those who participate in online therapies are broadly comparable to those of face to face services using similar treatment techniques. E-mental health services allows individuals to access online services at a time and place that is convenient to them, and offers an effective alternative to conventional treatments for people who live in areas with limited services, or who may have difficulty with transport, or are reluctant to engage with face to face service providers.

Head to Health

Funded by the Australian Government, Head to Health is an evidence-based and peer reviewed website that makes it easier for people to access free or low cost Australian digital mental health services. Developed in collaboration with people with mental illness and their carers, the community, mental health professionals and digital service providers,

the initial focus of the website is for people who experience mental illness, and those that support them. This includes offering greater support to health professionals to assist them in meeting the needs of their patients.

Core Clinical Systems Renewal Program

The NT Department of Health currently uses four core systems to support patient and client health services. These systems are between 15 and 25 years old, have reached end of life and are considered technically obsolete; support from the system vendors is ceasing in 2021.

In May 2017, the Core Clinical Systems Renewal Program (CCSRP) was funded by the NT Government for $259 million over five years. The CCSRP will create a single, secure, digitally enabled, Territory-wide electronic health record across NT Health services in hospitals, primary health care centres and community health services.

National Mental Health Services Planning Framework

The *Fourth National Mental Health Plan* identified the need to "develop a national service planning framework" that establishes targets for the mix and level of the full range of mental health services and packages of care required based a population basis. The Australian Government Department of Health funded New South Wales and Queensland Health over two years (2011 to 2013) to develop the first iteration of the *National Mental Health Services Planning Framework* (NMHSPF)

- NMHSPF is based on the Australian Burden of Disease data – Australian Institute of Health and Welfare (2003) and the National Survey of Mental Health and Wellbeing (ABS 2007).

- NMHMSPF is unique as it starts with epidemiology, and then plans services based on projected population growth for up to 10 years.

The Territory has invested in the future development of this national tool to be used in future service planning in partnership with the NTPHN.

7. IF YOU NEED HELP

If you or someone you care about needs help please use the below numbers to access support:

Mental Health Access Team (MHAT)

- Provides free and confidential 24/7 hotline – emergency help for anyone experiencing a mental health crisis or who needs mental health advice or support
- MHAT is contactable 24/7 on 1800 682 288.

If you, or someone you are with is in immediate danger please call 000 or go to your nearest hospital, emergency department or clinic.

National crisis services

Lifeline 13 11 14

or www.lifeline.org.au

Suicide Call Back Service 1300 659 467

or www.suicidecallbackservice.org.au

MensLine Australia 1300 78 99 78

National general support services

Beyond Blue Support Service 1300 22 46 36

or www.beyondblue.org.au

SANE Australia Helpline 1800 18 72 63

or www.sane.org.au

Kids Helpline 1800 55 18 00

or www.kidshelpline.com.au

Postvention support services

StandBy Response Service - Support after Suicide:

- Provides face to face and telephone support; and responds to those in need
- Provides information and referrals, support services and resources
- Provides locally tailored community awareness and training workshops
- **StandBy NT** is contactable 24/7 on 0418 575 680.

National Indigenous Critical Response Service (NICRS):

- Provides culturally responsive emotional and practical support to bereaved families and individuals impacted by suicide or other traumatic loss
- Strengthen community capacity to better recognise and respond to critical incidents and strengthen service systems coordination
- NICRS is contactable 24/7 on 1800 805 801.

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