NORTHERN TERRITORY
Mental Health and Wellbeing Plan for Integration and Co-Investment 2024-29

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

AMSANT

NORTHERN TERRITORY GOVERNMENT

Australian Government
National Indigenous Australians Agency

NIAA

Acknowledgements

Acknowledgement of Country

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

Partner organisations

The Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment 2024–29 (the Plan) has been developed through a collaborative partnership between Northern Territory Primary Health Network, NT Health (Northern Territory Government), the Aboriginal Medical Services Alliance Northern Territory, and the Australian Government National Indigenous Australians Agency.

Each organisation is recognised for the unique insights, contribution and commitment offered in developing this Plan and, in turn, serving the Northern Territory community.

Contributors

We thank all those who have contributed to the development of this Plan, including individuals, their families and friends with lived and living experience of mental health challenges. We thank the Traditional Owners of the lands on which we were welcomed to hold discussions with community. This input from the community is highly valued and has helped inform and shape the direction for co-investment and integration of mental health and wellbeing services in the Northern Territory.

Commitment to Closing the Gap

We are committed to honouring the principles of the National Closing the Gap Agreement through our intentions and aspirations to improve life expectancy, and health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

We demonstrate this through strengthened partnerships, authentic consultation and engagement with communities, and by working collectively with all parts of the health system. We understand that to make positive impacts in closing the health gap, we must be inclusive in our approach and engage with other sector agencies including education, housing, public safety, justice, local government, social services, and early childhood development. We commit to being bold, to question and to challenge the status quo, and to advocate for the health and wellbeing of all Aboriginal and Torres Strait Islander peoples.

Recognising lived experience

This Plan recognises the individual and collective contributions of people with lived and living experience of poor mental health and wellbeing, trauma and suicide, and the impacts of their experiences within the health system. It also recognises their families, kin, friends and carers. Each person's journey is unique and is at the forefront of all aspects of this Plan.

Contents

Foreword

In joint partnership, Northern Territory Primary Health Network (NT PHN), the Northern Territory Government (NT Health), the Aboriginal Medical Services Alliance Northern Territory (AMSANT), and the Australian Government National Indigenous Australians Agency (NIAA) are proud to deliver the Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment 2024–29 (the Plan).

This partnership between our organisations sees a new approach to investing in mental health and wellbeing services in the Northern Territory with a commitment to collaboration, joint planning and shared decision-making.

Aligning with the Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021–2022 (the Foundation Plan), the Plan provides a blueprint for improving service delivery across the mental health system in the Northern Territory for the next five years.

Place-based collaborative approaches work when they are characterised by partnering through a shared agenda, service design, stewardship and shared accountability for outcomes and impacts. In developing the Plan, it was important to engage the expert opinion of those living and working in communities across the Northern Territory. This was to ensure the Plan's focus areas and activities reflect the community's collective voice to improve outcomes for all people across the vast and unique landscape that is the NT.

We are committed to upholding the principles of Closing the Gap to address the disproportionate representation of Aboriginal and Torres Strait Islander peoples in mental health services and experiencing suicide. The Plan gives a platform from which organisations will be enabled to identify opportunities for co-investment through:

1. Formal partnerships and shared decision-making
2. Building the community-controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level.

The collective commitment by our partner organisations aims to achieve integrated care so that all consumers experience a journey that supports their recovery in a seamless way.

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Introduction

The joint Mental Health and Wellbeing Plan for Integration and Co-Investment provides strategic direction for partner organisations over the next five years to identify and to action opportunities for co-investment, to reduce fragmentation and to improve consumer experiences as they navigate mental health and wellbeing services in the Northern Territory.

The Plan is purposeful in its intent to bring health organisations together for authentic co-design and co-commissioning. The Plan will guide a collaborative approach to taking action that achieves improved mental health and wellbeing outcomes for all consumers.

Working together ensures a coordinated approach to resource distribution and decision-making.

Implementation of the Plan will occur in partnership across all five health regions with mental health service providers, people with lived experience, primary health care specialists and the Aboriginal community-controlled sector.

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

The development and continued responsibility of the Plan is held with the Mental Health Project Sponsor Group (PSG), comprising of representation from AMSANT, NIAA, NT Health and NT PHN.

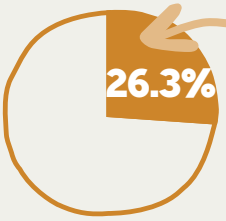
In accordance with the mandate for all Primary Health Networks, NT PHN has been provided resources to enable the organisation to steward the contributions required to develop this Plan and has provided the Plan to the Australian Government. NT PHN will be responsible for the ongoing reporting and evaluation of this Plan.

We recognise the distinction between improving mental health and wellbeing, and preventing suicide. The Northern Territory Suicide Prevention Implementation Plan Keeping Everyone Safe was developed specifically for suicide prevention. Keeping Everyone Safe aims to address both individual risk factors and community-level enablers, as well as implement system changes that focus on early intervention for those experiencing suicidal thoughts and behaviours. The goal of the plan is to reduce the number of lives lost through suicide.

Keeping Everyone Safe complements this Plan, and together, both aim to improve mental health and wellbeing in our community.

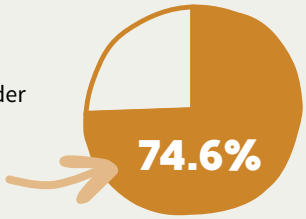
Mental health in the Northern Territory

The Northern Territory is home to about **253,634** people (NT DTF 2024).



Aboriginal and Torres Strait Islander peoples make up approximately **26.3%** (61,000) of the total population in 2021 (ABS 2022).

74.6% of the NT's Aboriginal and Torres Strait Islander population live in remote or very remote areas.



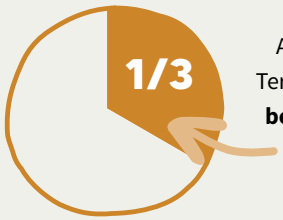
The estimated gap in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Aboriginal Australians in the NT is

13.5 years for males

13.8 years for females (ABS 2023).

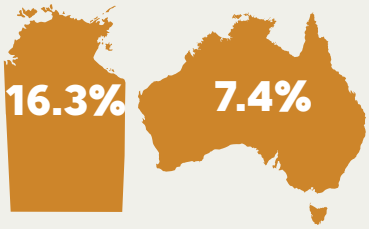
The national average gap in life expectancy is 8.8 years for males and 8.1 years for females.

95% of children in youth detention and **90%** of children in out-of-home care are Aboriginal and Torres Strait Islander in the NT (TFHC 2024).



Around a third of Territorians are **aged between 0 and 24**.

Burden of disease rate



The Northern Territory has the highest rate of burden of disease in Australia. Mental health conditions contribute **16.3%** of the burden of disease in the NT compared with **7.4%** nationally for mental illness and substance use disorders (AIHW 2018, NT PHN 2019).

Mental health and substance use disorders including suicide and self-inflicted injuries, alcohol use disorders and depressive disorders make up approximately **39%** of total burden of disease for Aboriginal and Torres Strait Islander Territorians. For the Aboriginal and Torres Strait Islander population, overall contribution to disability-adjusted life years is **6.2%** (Zhang et al. 2018)

3 in 5 people in the NT live in the capital city area of Greater Darwin (140,000).

1 in 5 Territorians were born overseas (Taylor and Shalley 2018).

1 in 3 young people in the NT are Aboriginal and/or Torres Strait Islander (De Vincentiis et al 2021).

1 in 4

children in the NT were developmentally vulnerable in two or more domains under the Australian Early Development Census (AEDC) when starting school, compared with one in nine across Australia (DESE 2021).

National priorities

The Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment has been developed to build upon the Northern Territory Mental Health Strategic Plan 2019–2025 and the Northern Territory Mental Health and Suicide Prevention Foundation Plan 2021–2022 (Foundation Plan).

In 2021, the Northern Territory Mental Health Strategic Plan was developed outlining the steps to ensure communities, schools and workplaces in the Territory promote good mental health and wellbeing. It set the strategic direction for investing in services that meet community needs, are sustainable and effective, and that foster healthy and well families and communities.

In 2021, the Foundation Plan was developed to identify priority areas for further action and follows the priorities of integration outlined in the Northern Territory Mental Health Strategic Plan.

The Mental Health and Wellbeing Plan for Integration and Co-Investment builds on these two plans to focus further on the principles and priorities outlined in these plans with three main objectives:

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

The Foundation Plan has five priority areas which have guided the development of the joint Mental Health and Wellbeing Plan for Integration and Co-Investment.

These are:

1. Early engagement with at-risk populations.

2. Clear pathways for people with moderate mental illness.

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

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

5. Using technology for better outcomes.

National reform guiding documents

The Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment is informed by the following national reform guiding documents:

- Vision 2030: Blueprint for Mental Health and Suicide Prevention
- Gayaa Dhuwi (Proud Spirit) Declaration – National Aboriginal and Torres Strait Islander Leadership in Mental Health, 2015
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (SEWB) 2017–2023
- Productivity Commission – Mental Health Inquiry 2020
- Australian Government National Aboriginal and Torres Strait Islander Health Plan 2023–2031
- Closing the Gap Agreement 2021–2031
- National Mental Health Commission Report 'Contributing Lives, Thriving Communities'
- Australian Government Response 'Contributing Lives, Thriving Communities'
- Equally Well Consensus Statement
- National Disability Insurance Scheme

Guiding principles for joint planning

Our shared vision

An integrated mental health care system that ensures all Territorians have access to culturally safe mental health support when needed, informed by the insights of those with lived experience.

Goals and objectives

Funding bodies support promising practice models of mental health care and provide resources for data collection and outcome measures.

People with lived experience, their families, friends and carers are able to participate in mental health care planning.

Programs that focus on families with children under 12 years increase.

Integrated service delivery pathways are identified and promoted.

Training and place-based capacity building that is responsive to community needs.

Regional mechanisms are established for partnerships, collaboration and coordination.

Aboriginal and Torres Strait Islander peoples can access culturally appropriate healing and mental health and wellbeing supports.

People with lived experience engage meaningfully in higher level decision-making and forums.

Children have their mental health needs identified and supported as early as possible.

Consumers, carers and health care providers are able to access information and referral pathways as needed.

People have access to place-based mental health and wellbeing supports.

People with co-occurring needs receive a more holistic care model.

Control of mental health services for Aboriginal and Torres Strait Islander peoples is with the community-controlled sector.

Focus areas of the Plan

Under this Plan, 13 focus areas have been identified as priorities for achieving the Plan's vision.

These focus areas have been identified through a process of review, consultation and validation at a regional level.

The Foundation Plan priorities have guided the initial scope and development of these focus areas.

Each Project Sponsor Group (PSG) member organisation has agreed to the focus areas and commit to working towards these in the timeframes documented.

The focus areas have been identified as either relevant for all regions of the Northern Territory or are region-specific.

There were clear needs that arose in every region where PSG members agreed investment could be planned and that these needs could be identified as Northern Territory wide focus areas.

Region-specific decisions were made based on the key needs identified in that region, factoring in anticipated Australian Government investment and future funding distributions. Due to these considerations, not all focus areas are, or can be, Northern Territory wide.

Enablers

There are several enablers that frame opportunities for change to improve how the mental health care system operates. These include:

- governance and leadership
- financing
- consumers, people with lived experience and carers
- workforce
- information and data management
- digital and e-technologies.

Refer to the section 'The Plan in action' on page 17 for more information about how these focus areas will be implemented.

01 Integrate Aboriginal and Torres Strait Islander cultural health and healing practices into primary health care and specialist service pathways, guided and led by Aboriginal and Torres Strait Islander peoples.

02 Expand lived experience of mental illness in the mental health and wellbeing workforce, recognising that the lived experience of Aboriginal and Torres Strait Islander peoples may be different to the experience of others.

03 Enhance the voice of lived experience in higher level decision-making.

04 Build capacity of communities to develop programs and mechanisms that build resilience of natural helpers, families, kin, friends and community.

05 Work alongside communities to identify 'critical points' where preventative opportunities exist.

06 Support models that work holistically to address co-morbidity.

07 Increase access to specialist mental health services for remote areas on Country.

08 Empower individuals and carers by providing tools for self-help and navigation supports.

09 Improve the capacity of primary health care services to adequately triage, assess and refer appropriately by strengthening and promoting localised care and education pathways.

10 Enhance or enable new place-based, formalised partnerships across sectors that are informed by the needs of community, and that ensure Aboriginal and Torres Strait Islander leadership.

11 Facilitate access to targeted education, training and continuous quality improvement activities to build local capacity, competency and capability.

12 Prioritise outcome-based commissioning decisions.

13 Improve data reporting and use.

How the Plan was developed

Collaboration and consultation

The development of this Plan was guided by the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan).

This led to the establishment of the Joint Regional Planning initiative in the Northern Territory, with collaboration led by key stakeholders including NT Health, NT PHN, NIAA and AMSANT.

In developing this Plan, consultation has been undertaken to engage with stakeholders, communities and individuals with lived and living experience of mental health challenges. This community engagement has played a pivotal role in shaping the Foundation Plan and subsequent Mental Health and Suicide Prevention Joint Regional Plans, along with this Plan.

The Foundation Plan's five identified priorities serve as the cornerstone of the consultation process.

Community input has been essential in ensuring that the Plan is responsive to local needs and culturally appropriate, fostering a sense of ownership and commitment among all involved.

The diagram below details the stages of consultation with key stakeholders and the community as well as collaboration between the joint agencies.

Stages of development

Under the Fifth National Mental Health Plan, Primary Health Networks and Local Health Districts are asked to develop regional mental health and suicide prevention plans.

Project Sponsor Group (PSG) established between AMSANT, NT Health, NIAA and NT PHN.

Foundation Plan established through a process of review of current local and national data and evidence, building on previous community consultations and working in partnership with key organisations and those with lived experience.

- PSG determines that a separate plan be developed for mental health and suicide prevention.
- Previous regional consultations reviewed and consolidated to establish key mental health and wellbeing priorities for each region and the NT.

Consultation and validation process commences with key stakeholders. AMSANT, NIAA, NT Health and NT PHN lead this process with their respective stakeholders. The scope of these consultations is guided by the five priorities identified through the Foundation Plan.

Consultation findings from each PSG member organisation is consolidated and key priorities brought forward, discussed and determined through a joint process.

Feedback reviewed, validated by PSG and subsequently integrated into the final iteration of the Plan.

The Plan approved by PSG and released to the public.

Draft Northern Territory Mental Health and Wellbeing Plan released publicly and circulated for comment.

Working with the community

Lived experience

Lived experience refers to people with lived and living experience of mental illness, trauma and suicide, and their families, kin, friends and carers. Working in partnership with people with lived experience of mental illness leads to better health outcomes and improved services (Bellamy, Schmutte and Davidson 2017, King and Simmons 2018, White et al. 2020).

The lived experience of Aboriginal and Torres Strait Islander peoples may be different to others. Aboriginal and Torres Strait Islander lived experience is contextualised within a history of colonisation that has resulted in disadvantage, racism, lack of acknowledgement of cultural differences and exclusion (Dudgeon et al. 2018). There is great diversity in the experience of Aboriginal and Torres Strait Islander peoples and these experiences are collectively and culturally based.

Natural helpers

Natural helpers are people who live in the community and are already well known as a reliable support person for anyone to reach out to during a time of crisis. These individuals provide informal support, guidance and assistance to others based on their own personal experiences, skills and knowledge.

Natural helpers are not necessarily trained professionals but offer help and support in a more informal and often spontaneous manner. Families and natural helpers are typically the first responders to people with mental illness, suicide risk and problematic drug and alcohol use.

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

For Aboriginal and Torres Strait Islander peoples, the concept of natural helpers is intertwined with cultural obligations of kinship and a deep-rooted collective approach to how communities ensure they care for other people and Country.

How will lived experience inform future activities

All joint regional mental health and wellbeing planning will recognise:

- People with lived experience of using the NT's mental health system have the right to be recognised, respected and included in policy decision-making.
- Partnerships with people with lived experience to support co-development of systems and services is a key component of ongoing system reform in the NT.

Lived experience engagement activities will address issues of safety and safe storytelling, and will promote, support and uphold meaningful and productive lived experience participation.

Staff working in mental health, suicide prevention and community services in the NT will have a clear understanding of expectations, roles and responsibilities when undertaking engagement activities, and will be supported accordingly.

Models of service delivery

Elevating promising practice

Commissioning and funding processes currently support models of service delivery with an evidence base or evidence-informed practice. While this requirement can set a gold standard of service delivery, this can limit opportunities for non-conventional or innovative models to arise.

Opportunities for innovative models to arise lie within earlier stages of evidence where trial and error occur, presenting possibilities and key outcomes. These stages are known as emerging practice and promising practice, and are the building blocks for establishing an evidence base and can be defined as an "intervention, program, service, or strategy that shows potential (or 'promise') for developing into a best practice" (CPHA 2019).

The unique nature of the Northern Territory means that innovation and place-based approaches should be explored to meet community need. To achieve this, changes are needed to requirements set by commissioning bodies around funding, data collection, reporting and outcome measures to ensure they are culturally responsive and flexible.

A key priority of this Plan is to support the growth of emerging and promising practices being funded and evaluated. It will be important to incorporate strong evaluation and support processes into new innovative models to develop an evidence base (The Healing Foundation 2019). A growing evidence base for NT driven models of service delivery and care will benefit the wider NT population.

Figure 3 Stages of evidence creation. Image source: The Healing Foundation (2019)

Models of care

Social and Emotional Wellbeing Framework

The Social and Emotional Wellbeing (SEWB) Framework outlines an Aboriginal and Torres Strait Islander view of mental health, identifying the importance of physical, cultural and spiritual health and connection to Country.

Social and emotional wellbeing is a holistic concept that for individuals can change across the life course. It links mental wellbeing to a broad range of other factors and includes attention to the social determinants of health and wellbeing e.g. housing, education and employment.

The SEWB model offers a cultural perspective on mental health, playing a pivotal role in shaping service provision and guiding the assessment and care of the mental wellbeing of Aboriginal and Torres Strait Islander communities.

Recognising the fundamental importance of family and kinship within a culture that values collective identity over individualism, it champions the resilience and cultural richness of these communities.

The development of this Plan acknowledges the practical application of these principles, domains and determinants at a grassroots level, ensuring that the identified priorities and actions are effectively implemented in a practical setting.

Source: SEWB diagram adapted by NT Health from Dudgeon et al. (2014).

Stepped care

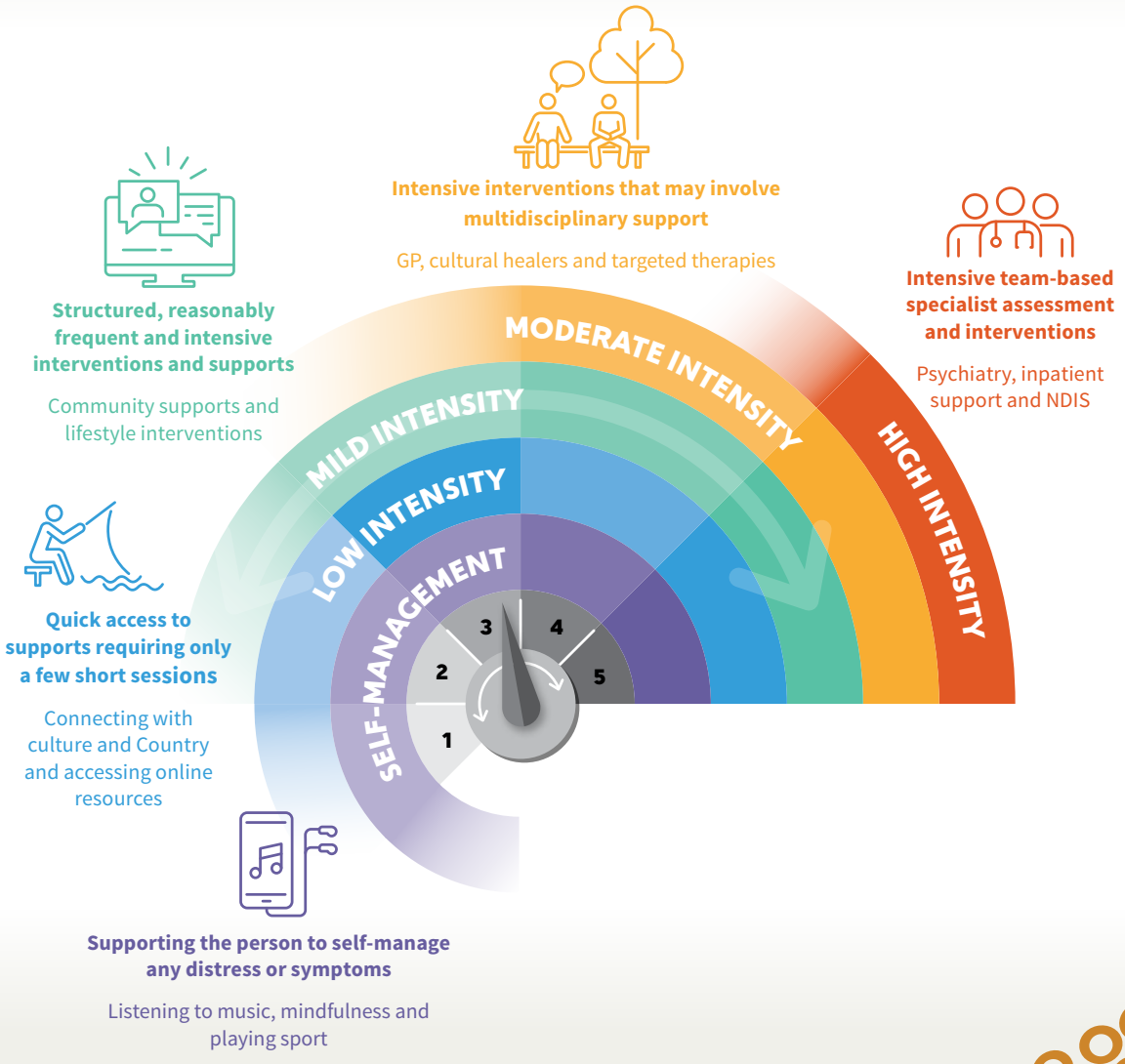
In a stepped care approach, a person is offered interventions and supports at an intensity that best meets their needs. When these needs change, the treatments and supports are changed accordingly. It starts with self-management followed by early and effective intervention when needed.

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

The approach is person–centred and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time.

The levels of need and service care provision should be understood as a continuum and be flexible, matching individuals with the right supports at the right time.

Mental health and wellbeing stepped care in the Northern Territory



Key resources

Under the Plan, the following mental health resources will be uplifted to support the implementation of the key focus areas and activities.

Initial Assessment and Referral Decision Support Tool

The Initial Assessment and Referral Decision Support Tool (IAR-DST) provides a standardised approach to assist GPs and mental health service providers and clinicians to offer evidence-based and objective mental health care recommendations to patients. The tool is also used to identify what level of care a person requires.

The IAR-DST is currently not considered to be safe or appropriate for some population groups. Development is underway to ensure the safety of this tool for Aboriginal and Torres Strait Islander peoples, older adults, culturally and linguistically diverse peoples, veterans and people with intellectual disability.

Pathways to Care

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

Mental Health NT website

The Mental Health NT website is intended to build capacity of consumers and carers through education, as well as to improve pathways to mental health support.

Programs and services

The Plan recognises the importance of the following services in ensuring the priorities and focus areas are delivered.

Forensic pathways

A forensic pathway in mental health refers to the structured process for individuals with mental health concerns who are involved with the criminal justice system.

We recognise that people in custody who have, or who develop mental health concerns should have access to the same high quality mental health supports as those living in the community.

Best practice forensic mental health care includes:

- secure inpatient mental health units covering all security levels i.e. high, medium and low
- supportive prison mental health services that encompass integrated care to ensure coordination with the criminal justice system and continuity of care
- accessible diversion services, particularly in court-based settings
- community forensic mental health services, including with supported community-based accommodation options.

Each of the above elements needs to be present and integrated for optimal functioning. Minimising delays and blockages to progression between stages and elements of the system is important to maintaining quality care. This includes the need for cohesive, well-resourced and supported community forensic mental health teams to provide specialist assessment and treatment to people exiting custody with a mental health concern.

Work is ongoing to increase access to therapeutic supports for people involved in the criminal justice system with mental health concerns.

Mental health phone service

Australian Government funded mental health phone services provide streamlined access to mental health care for individuals. Services follow a 'no wrong door' approach, providing a single point of entry to psychological services and offer intake, assessment, triage and referrals, connecting people with the right service at the right time.

National Disability Insurance Scheme

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

Mental health services interact with the NDIS in several ways:

- access and assessment
- planning and goal setting
- coordination of supports
- funding for mental health services
- integration with existing mental health systems
- capacity building and development.

The interaction between mental health services and the NDIS is aimed at ensuring that individuals with mental health conditions receive the appropriate support they need. Collaboration between the NDIS, mental health professionals and other service providers is essential to achieving this goal.

The Northern Territory presents unique challenges for the interaction between the NDIS and mental health services due to its geographical remoteness, sparse population density, cultural sensitivities and awareness, health and wellbeing disparities, and infrastructure and service gaps. Addressing these challenges requires a multi-faceted approach involving collaboration between government agencies, Aboriginal Community Controlled Health services and organisations, community stakeholders, and NDIS service providers.

Strategies around workforce development, cultural competency training and community engagement initiatives outlined in this Plan aim to work towards improving this interaction in the Northern Territory.

Governance and principles

Roles and responsibilities

Everyone in the mental health sector has a role in implementing the priorities in this Plan.

Project Sponsor Group (PSG) – AMSANT, NIAA, NT Health and NT PHN

- Jointly responsible for the plan implementation and reporting.
- Will meet regularly to co-plan, make decisions and discuss progress.

Facilitator / lead agencies

- Responsible and accountable for ensuring that the focus area/activity is implemented and reported on.
- Responsible for identification of and coordination of the key players in planning, implementation and evaluation of the focus area/activity.
- Oversees funding and commissioning decisions if required.
- Responsible for collection and tracking measurable outcomes as outlined in the evaluation plan alongside key partners.
- Responsible for reporting and providing progress updates to key partners, PSG and wider stakeholders.

Key partners (stakeholders)

- Will be engaged by the facilitator to co-plan the approach, implementation and evaluation of a focus area/activity.
- Responsible for engaging in planning and implementation, advocating for their region and community's needs.

How will this Plan be monitored?

The Project Sponsor Group commits to implementing this Plan over the next five years.

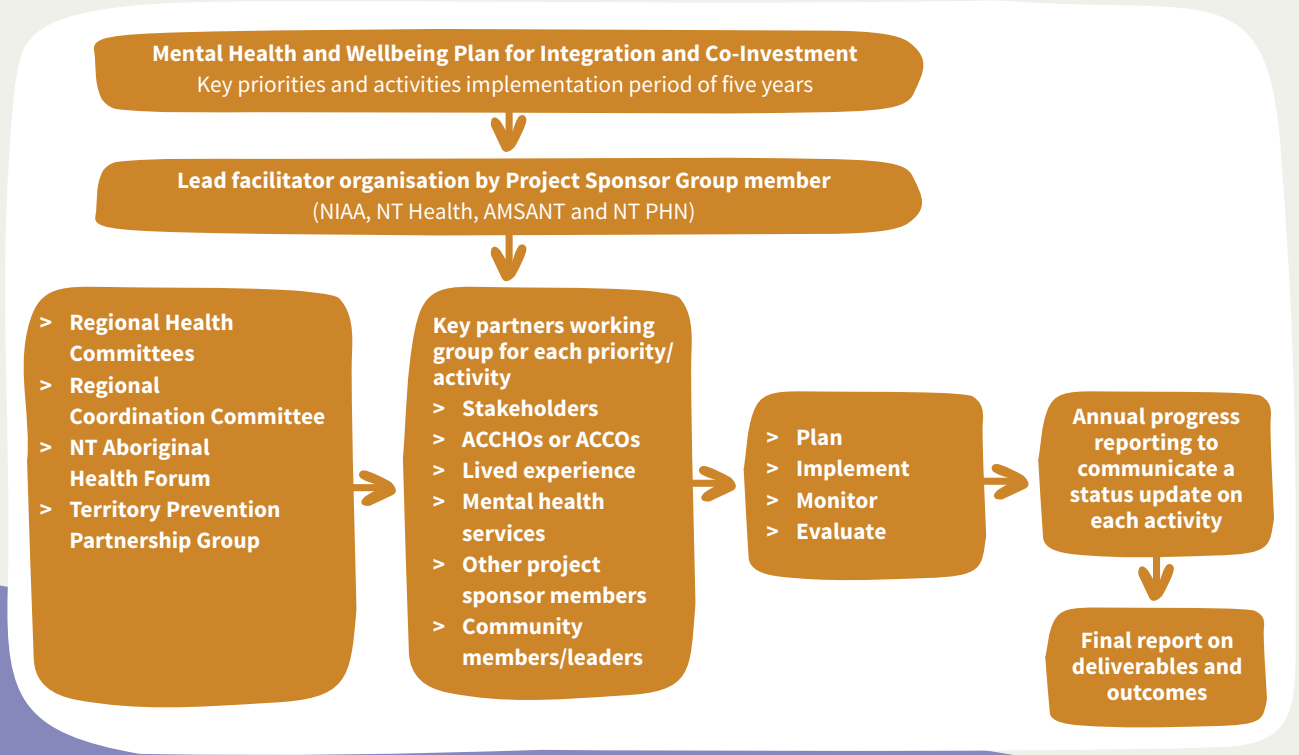
This group is accountable for coordinating and delivering on the activities outlined and provides annual progress reports to the community.

Disaster planning / preparedness and prevention

While this Plan identifies our key priorities for mental health and wellbeing over the next five years, we recognise that events may occur that impact this prioritisation.

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

Governance structure



The Plan in action

Implementing the Plan

The following information provides an overview of how the identified high-level priorities, focus areas and activities will be implemented.

These are listed for the whole of the Northern Territory and then broken down by each region. The regions are displayed on a map for ease of reference.

Each Foundation Plan priority and this Plan's focus areas are accompanied by specific activities detailing how they will be addressed, identifying lead facilitators and setting a target year for implementation.

While the facilitator or lead agency bears primary responsibility for achieving these priorities, their success depends on the collaborative effort of all joint agencies, the sector and the community to fully realise their potential and effectiveness.

The key below demonstrates where the objectives in this Plan align to the Foundation Plan priorities, enablers and timeframe.

Key

Foundation Plan priority

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

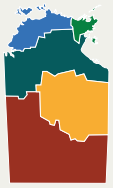
Closing the Gap priority

Enablers

Timeframe

- Initial working stages / planning
- Priority underway

Territory-wide priorities



Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**1. Integrate Aboriginal and Torres Strait Islander cultural health and healing practices into primary health care and specialist service pathways, guided and led by Aboriginal and Torres Strait Islander peoples.**	1.1	Build awareness, appreciation and readiness of the mental health sector to support integration of cultural health and healing practices and processes.	NT PHN NT Health AMSANT	●	●	●	●	●
		1.2	Support an increase in the number of Aboriginal and Torres Strait Islander practitioners with paid and properly recognised roles.	NT PHN NT Health AMSANT	○	○	●	●	●
		1.3	Identify opportunities for place-based traditional healing practices to be embedded in service models and pathways.	NT PHN NT Health NIAA AMSANT	●	●	●	●	●
		1.4	Elevate emerging and promising practices with investment and support for further evaluation.	NT PHN NT Health NIAA AMSANT	●	●	●	●	●
		1.5	Increase SEWB principles and approaches within health care settings including aged care services and clinics.	AMSANT	○	○	●	●	●
		1.6	Build clinical cultural safety in health services.	NT PHN NT Health AMSANT	●	●	●	●	●

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**2. Expand lived experience of mental illness in the mental health and wellbeing workforce, recognising that the lived experience of Aboriginal and Torres Strait Islander peoples may be different to the experience of others.**	2.1	Invest in and develop a supported workforce with lived or living experience of mental illness.	NT PHN NT Health	○	●	●	●	●
		2.2	Increase lived experience roles across the service system (including recovery coaches), with governance structures and workplace supports in place.	NT PHN NT Health	○	●	●	●	●
	**3. Enhance the voice of lived experience in higher level decision-making.**	3.1	Engage representatives with lived experience early in planning cycles.	NT PHN	●	●	●	●	●
		3.2	Implement the NT Lived Experience Engagement Framework.	NT Health	●	●	●	●	●
	**4. Build capacity of communities to develop programs and mechanisms that build resilience of natural helpers, families, kin, friends and community.**	4.1	Support natural helpers, families, kin, friends and carers more effectively.	AMSANT	○	●	●	●	●
		4.2	Promote support services and/or tools and resources that support families, friends and carers.	NT PHN NT Health	●	●	●	●	●
		4.3	Support micro-credentialing of natural helpers who wish to gain skills and qualifications.	NT PHN NT Health AMSANT	○	○	●	●	●

KEY

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

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**5. Work alongside communities to identify 'critical points' where preventative opportunities exist.**	5.1	Improve perinatal mental health screening in all maternal, and child and family health settings. Implement culturally safe and acceptable screening.	NT Health	○	●	●	●	●
		5.2	Increase mental health supports for families with children under 12 years.	NT PHN NT Health	○	○	●	●	●
		5.3	Improve access to neurological assessment and therapeutic supports to better respond to the mental health and wellbeing of those with neurological diversity.	NT PHN NT Health	○	●	●	●	●
		5.4	Identify and promote effective youth engagement programs that are community-led and strength-based.	NT Health AMSANT	○	○	●	●	●
		5.5	Work alongside service providers to ensure there is a smooth transition of program access if their participants are transitioning from NDIS to My Aged Care funding.	NT PHN	○	●	●	●	●
		5.6	Improve collaboration between the community sector and the health sector to better address people's needs, including the social determinants contributing to their poor mental health.	NT Health AMSANT	○	●	●	●	●
		5.7	Identify and advocate for opportunities for joined up resources with the Department of Education, integrating families in treatment methods / group therapy.	NT Health NT PHN	○	●	●	●	●

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**6. Support models that work holistically to address co-morbidity.**	6.1	Identify and support models of care that address physical and mental health needs, recognising their co-benefit.	NT PHN NIAA NT Health	○	●	●	●	●
		6.2	Implement training supports to ensure AOD workforces can care for people with mental health needs. Increase a dual-skilled workforce.	NT PHN NT Health	●	●			
		6.3	Undertake needs assessment of the number of people requiring mental health supports in AOD treatment facilities.	NT Health	●				
		6.4	Embed co-commissioning, emerging and promising practice, stepped up-stepped down service delivery and dual diagnosis in models of care.	NT PHN NT Health	●	●			
	7. Increase access to specialist mental health services for remote areas on Country.	7.1	Improve support models for remote clinics to access a mental health telehealth hub where there are complex needs and no local options, to improve links to primary health care and mental health specialist services.	NT PHN NT Health	●	●	●	●	●
		7.2	Develop Territory-wide remote services such as Child and Youth Mental Health Services and perinatal remote services.	NT Health	●	●	●		
	**8. Empower individuals and carers by providing tools for self-help and navigation supports.**	8.1	Maintain the Mental Health NT website with timely and relevant information to support individuals and carers to self-navigate.	NT PHN	●	●	●	●	●
		8.2	Increase and improve promotion and usage of mental health and wellbeing support phone and digital services.	NT PHN	●	●	●	●	●

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Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**9. Improve the capacity of primary health care services to adequately triage, assess and refer appropriately by strengthening and promoting localised care and education pathways.**	9.1	Establish or enhance regional 'places of care' model and regional committees for case review improvement to enhance coordination between primary, secondary and tertiary services.	NT Health	○	●	●	●	●
		9.2	Focus on primary health care leading care coordination and connection to community-based referral pathways.	NT PHN	○	●	●	●	●
		9.3	Maintain and promote Pathways to Care (HealthPathways) to support service navigation and referral pathways.	NT PHN	●	●	●	●	●
		9.4	Increase integration opportunities so that primary health care services have access to psychiatry supports i.e. Dial a Psychiatrist Line for support.	NT PHN NT Health	○	○	●	●	●
		9.5	Support roll-out and promotion of the IAR-DST, where suitable to ensure appropriate triaging. It is recognised that this tool is currently not culturally appropriate and development is in progress to address this.	NT PHN	●	●	●	●	●
		9.6	Improve access to clinical information systems for primary health care and non-government sector to access patient information, discharge plans, prescriptions etc.	NT PHN NT Health	○	○	●	●	●
		9.7	Identify and maintain clear referral pathways for people identifying as LGBTIQA+.	NT PHN NT Health	○	●	●	●	●

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**10. Enhance or enable new place-based, formalised partnerships across sectors that are informed by the needs of community, and that ensure Aboriginal and Torres Strait Islander leadership.**	10.1	Support regionalised collaboration to support the needs of the community through child wellbeing and safety partnerships, and other mechanisms.	NT PHN NT Health AMSANT					
		10.2	Identify and formalise partnerships and shared decision-making in contracts to ensure services complement each other, integrate, minimise duplication across sectors and achieve better outcomes.	NT PHN NT Health NIAA					

KEY


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Closing the Gap priority


Enablers


Initial working stages/planning


Priority underway

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**11. Facilitate access to targeted education, training and continuous quality improvement activities to build local capacity, competency and capability.**	11.1	Continue to provide trauma-informed care training and support integration of practice across all sectors.	AMSANT NT PHN NT Health NIAA	●	●	●	●	●
		11.2	Use tools such as the Clinical Services Capability Framework and Rural Workforce Agency workforce needs assessments to ensure adequate and equitable distribution of resources across the NT.	NT PHN NT Health	●	●	●	●	●
		11.3	Advocate for localised training opportunities with local trainers where possible, to ensure training is relevant and appropriate within an NT context, with priority given to Aboriginal and Torres Strait Islander peoples to provide training to their communities.	NT PHN NIAA NT Health	●	●	●	●	●
		11.4	Support regular and relevant sector training opportunities to maintain a competent and supported workforce.	NT PHN NIAA NT Health AMSANT	●	●	●	●	●
		11.5	Increase education and training around the Translation and Interpretation Service (TIS), as well multicultural supports to improve access to services for culturally and linguistically diverse (CALD) communities.	NT PHN	○	●	●	●	●
		11.6	Increase education and training around appropriate and non-discriminatory approaches for working with members of the LGBTIQA+ community.	NT PHN NT Health	○	●			
		11.7	Increase opportunities for Aboriginal and Torres Strait Islander mental health practitioners to specialise in providing mental health care for families with children under 12 years.	NT PHN NT Health AMSANT	○	●			

Priority	Focus area	Activities		Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**12. Prioritise outcome-based commissioning decisions.**	12.1	Collectively develop an outcome measures framework to support commissioning alignment across the mental health sector.	NT PHN NIAA NT Health	○	●			
	**13. Improve data reporting and use.**	13.1	Partner with stakeholders to identify culturally appropriate and innovative mechanisms to capture meaningful data.	AMSANT NT PHN	○	●	●	●	●
		13.2	Improve reporting to help inform future improvements in the planning and funding of primary mental health care services, including reporting for the PMHC MDS.	NT PHN	●	●	●	●	●

How will we measure our outcomes?

- The proportion of our workforce and staff that identify as Aboriginal and Torres Strait Islander.
- The proportion of funded programs that integrate Aboriginal and Torres Strait Islander cultural health and healing practices.
- The proportion of Aboriginal and Torres Strait Islander staff and clients reporting feeling culturally safe.
- The proportion of funded programs that identify as contributing to 'emerging evidence' or 'promising practices'.
- Increased number of services that provide culturally responsive services for individuals from culturally and linguistically diverse backgrounds.
- The proportion of programs that demonstrate holistic models of care and dual diagnosis.
- Community consultation that includes engagement with lived experience community and carers.
- Proportion of patients and carers with positive experiences of mental health support and services (consumer satisfaction surveys and satisfaction rates).
- Achievement of delivery on the planned activities in this Plan.
- Evidence of lived experience engagement into planning and commissioning processes.
- Use of telehealth by clinicians and patients.
- Primary Mental Health Care Minimum Data Set.
- Through service provider consultation reports, data, evaluation and tracking of unmet needs.
- Evaluation of professional development, training opportunities and uptake.
- Trends and data analytics provided though the Mental Health NT website and Pathways to Care website.
- Increase in available data through reporting.

KEY

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Closing the Gap priority
Enablers
Initial working stages/planning
Priority underway

Central Australia regional priorities

Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	1.1 Co-commission Head to Health services.	1.1.1 Co-commission Medicare Mental Health / Head to Health services.	NT Health NT PHN	●	●			
		1.1.2 Commission Medicare Mental Health Service Centres through joint decision-making.	NT Health NT PHN	○	●	●		
	1.2 Improve access to mental health services for people from culturally and linguistically diverse backgrounds in Central Australia.	1.2.1 Build capacity of the mental health sector in supporting the needs of people in the community who are culturally and linguistically diverse.	NT PHN	○	●	●		
	1.3 Sub-acute service redevelopment.	1.3.1 Redesign the current sub-acute care service and explore alternative location options including proximity to the new Medicare Mental Health and Kids Head to Health centres.	NT PHN NT Health	○	○	●		
	1.4 Improve mental health service provision and coordination in the region.	1.4.1 Map services and review jurisdictional reach in remote communities to improve coordination of services.	NT Health	○	●	●	●	●
		1.4.2 Integrate new funding so that it builds capacity of existing services in the region and enables new initiatives to integrate with existing programs.	NT Health NT PHN	○	●	●	●	●
	1.5 Provide mental health training to community-based services providing wrap-around support services for people experiencing mental illness.	1.5.1 Coordinate the delivery of mental health training to ensure equitable access across the region.	NT PHN AMSANT	●	●	●	●	●

Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**1.6 Focus on building a place-based generalist SEWB workforce that is supported by outreach specialists.**	1.6.1 Support capacity-building approaches and efforts that better integrate place-based SEWB workforce.	AMSANT NT PHN NT Health					

How will we measure our outcomes?

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

KEY

 1. Early engagement with at-risk populations.

 2. Clear pathways for people with moderate mental illness.

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

 5. Using technology for better outcomes.

 Closing the Gap priority

 Enablers

 Initial working stages/planning

 Priority underway

Barkly regional priorities

Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
▲	**2.1 Support local workforce strategies aimed to improve access to remote area nurses, mental health workers, allied health workers, social workers and psychologists through rotational model workforce strategies.**	2.1.1 Build capacity with primary health services to embed models of: – supervision/mentorship programs – rotational workforce models – succession planning.	NT PHN	○	○	●	●	●
⬭	**2.2 Improve access to mental health support in AOD treatment services (and vice versa) to better support dual diagnosis.**	2.2.1 Establish an AOD in reach / telehealth service for Tennant Creek mental health services.	NT PHN NT Health	○	●	●	●	●
⬭	**2.3 Formalise the coordination and integration pathways between primary health care services, Tennant Creek Hospital and Alice Springs Hospital.**	2.3.1 Operationalise a partnership agreement between key services with clear performance indicators on care coordination including post discharge follow-up.	NT PHN	○	●	●	●	●
		2.3.2 Identify a lead Barkly agency for joint integration efforts.	NT PHN	○	●			
		2.3.3 Strengthen triaging of mental health presentations through use of the IAR-DST.	NT PHN	●	●	●	●	●

Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	**2.4 Promote a better and collective understanding of SEWB across the Barkly region and the benefits of SEWB focused services as an early intervention.**	2.4.1 Build capacity and education in SEWB.	AMSANT	○	○	●	●	●

How will we measure our outcomes?

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

KEY

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Closing the Gap priority

Enablers

Initial working stages/planning

Priority underway

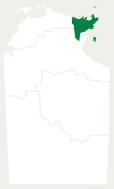
Big Rivers regional priorities

Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	3.1 Co-commission Medicare Mental Health / Head to Health services.	3.1.1 Commission Medicare Mental Health Service Centre.	NT PHN	●				
	3.2 Build community capacity and capability of Big Rivers service sector and community.	3.2.1 Identify opportunities for new programs to be incorporated into existing services.	NT PHN NIAA NT Health	○	●	●	●	●
		3.2.2 Build capacity of social support services in the community to enhance an earlier response to mental health.	NT PHN	○	○	●	●	●
		3.2.3 Support the further development of the SEWB workforce to enhance SEWB services.	AMSANT	○	●	●	●	●
		3.2.4 Support community efforts to develop a Big Rivers mental health promotion strategy.	NT PHN	○	●	●	●	●
		3.2.5 Support service providers with risk governance.	NT PHN	○	●	●	●	●
		3.2.6 Commission programs and services that support and respond to what communities determine will build community capacity and mental health literacy.	NT PHN NT Health NIAA	○	●	●	●	●

How will we measure our outcomes?

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

East Arnhem regional priorities



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

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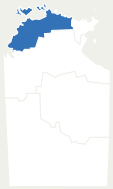
Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	4.5 Where possible, keep people in community and cared for on Country.	4.5.1 Improve access to telehealth.	NT Health	○	●	●	●	●
		4.5.2 Support SEWB place-based models and the development of a local workforce that builds capacity in communities.	AMSANT	○	●	●	●	●

How will we measure our outcomes?

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

Top End (including Darwin) regional priorities



Priority	Focus area	Activities	Facilitator (lead agency)	Year 1 24/25	Year 2 25/26	Year 3 26/27	Year 4 27/28	Year 5 28/29
	5.1 Fund models with outreach capability providing preventative mental health interventions or de-escalation.	5.1.1 Identify enhancement opportunities within the current sector for after-hours mental health support and/or outreach capacity.	NT PHN NT Health	○	○	●	●	●
		5.1.2 Integrate mental health supports into services targeted to people experiencing homelessness.	NT PHN AMSANT	○	○	●	●	●
	5.2 Increase sub-acute care services and referral pathways to avoid hospital admission and facilitate early discharge.	5.2.1 Identify and communicate clear referral pathways to ensure people get the right help at the right time.	NT PHN	○	●	●	●	●
		5.2.2 Increase capacity of sub-acute services to support community need.	NT PHN NT Health	○	○	●	●	●
		5.2.3 Improve access to culturally appropriate SEWB and mental health services for children and young people, and family-based therapies.	NT Health NT PHN	○	●	●	●	●
	5.3 Top End Integrated Care Service dual banded rehabilitation.	5.3.1 Undertake needs assessment and determine pilot activities, considering cultural appropriateness and delivery.	NT Health	○	●	●		
	5.4 Continued support for the GP liaison role.	5.4.1 Increase opportunities for integration between GPs and consultant psychiatrists.	NT Health NT PHN	○	●	●	●	●

How will we measure our outcomes?

- Community consultation that includes engagement with the lived experience community, peer workers and carers.
- Proportion of patients and carers with positive experiences of mental health support and services (measured through consumer satisfaction surveys and satisfaction rates).
- Proportion of GPs feeling supported to care for their patients with mental health needs (measured through surveys).
- Evaluation of outreach and after-hours models providing mental health interventions to homeless and vulnerable persons.
- Monitoring of presentations to Royal Darwin Hospital Emergency Department for mental health related episodes.
- Program outcome measures developed for Recovery College model.

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Closing the Gap priority

Enablers

Initial working stages/planning

Priority underway

Appendix

Terminology

Aboriginal Community Controlled Organisation (ACCO) is an independent, not-for-profit organisation that is incorporated as an Aboriginal organisation.

Aboriginal Medical Services (AMS) / Aboriginal Community Controlled Health Service (ACCH) is a primary health care service that delivers holistic, comprehensive and culturally appropriate health services to the Aboriginal and Torres Strait Islander community.

AOD: alcohol and other drug.

Burden of disease measures the impact of living with illness and injury, and dying prematurely.

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

Clinical cultural safety acknowledges the experience of the recipient of care. Its focus is on the level of clinical care interaction, focusing on the individual patient (based on feelings of being safe in health care interactions) and the practitioner's personal attitude (implying that personal attitudinal changes will of itself positively alter the health care situation). It is a health system that respects Aboriginal and Torres Strait Islander cultural values, strengths and differences, and also addresses racism and inequity.

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

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

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

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

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

Disability-adjusted life years (DALY) measures the years of healthy life lost from death and illness.

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

Medicare Mental Health / Head to Health services are free services from the Australian Government. They connect people with the help and support they need to keep mentally healthy. The service provides information, advice and links to free and low-cost phone and online mental health services, as well as supports to help people or someone they know.

LGBTIQA+ refers to lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and other sexual identities.

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

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

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

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

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

Natural helpers are people who already live in the community and are well known as a reliable support person for anyone to reach out to during a time of crisis.

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

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

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

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

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

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

Recovery coaches (or peer coaches) are people with lived experience who openly identify and use their lived experience of mental illness and recovery as part of their work. Professional peers are powerful role models for hope and demonstrate the possibility of successful recovery.

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

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

Stepped care is an evidence-based staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower intensity services as their needs change.

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

References

ABS (Australian Bureau of Statistics) (2022) Northern Territory: Aboriginal and Torres Strait Islander population summary, ABS

ABS (Australian Bureau of Statistics) (2023) Aboriginal and Torres Strait Islander Life Expectancy, ABS

AIHW (Australian Institute of Health and Welfare) (2018) Australian Burden of Disease Study 2015: fatal burden preliminary estimates, AIHW

Bellamy C, Schmutte Tand Davidson L (2017) An update on the growing evidence base for peer support, Mental Health Social Inclusion, 21(3): 161-167, doi.org/10.1108/MHSI-03-2017-0014

CPHA (Canadian Public Health Association) (2019) Promising Practices for Children's Unstructured Play: Emerging Programs, Initiatives, and Policies across Canada, CPHA, accessed 23 March 2023

De Vincentiis B, Gutheride S, Su j-Y, Harding, M, Williams, T (2021) Story of Our Children and Young People, Northern Territory, 2021, Menzies School of Health Research

DESE (Australian Government Department of Education, Skills and Employment) (2021) Australian Early Development Census, 2021

Dudgeon P, Darwin L, Hirvonen T, Boe M, Johnson R, Cox R, Gregory L, McKenna V, Smith D, Turner J, Von Helle S and Garrett L (2018) We are not the problem, we are part of the solution: Indigenous Lived Experience Project Report, University of Western Australia

Dudgeon P, Milroy H and Walker R (2014) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice Commonwealth of Australia

King A and Simmons M (2018) A systematic review of the attributes and outcomes of peer work and guidelines for reporting studies of peer interventions, Psychiatry Serv, 69(9): 961 – 977, doi: 10.1176/appi.ps.201700564

NT DTF (Northern Territory Department of Treasury and Finance) (2024) Population, NT DFT, accessed 11 June 2024

NT Health (Northern Territory Government) (n.d.) The Northern Territory Mental Health Lived Experience Engagement Framework, Northern Territory Government

NT PHN (Northern Territory Primary Health Network) (2019) NT PHN Program Needs Assessment 2019, NT PHN

Taylor A and Shalley F (2018) Northern Territory Multicultural Profile: Statistics from the 2016 Census, Charles Darwin University

TFHC (Northern Territory Government Department of Territory Families, Housing and Communities) (2024) Youth detention and out of-home care data, TFHC

The Healing Foundation (2019) A theory of change for healing, The Healing Foundation

White S, Foster R, Marks J, Morshead R, Goldsmith L, Barlow, Sin J and Gillard S (2020) The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis, PMC Psychiatry. 20 (534): 1-20, doi.org/10.1186/s12888-020-02923-3

Zhang X, Zhao Y and Guthridge S (2018) Burden of Disease and Injury Study Impact and causes of illness, injury and death in the Northern Territory, 2004-2013, Northern Territory Government

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