

Joint Regional Planning for Integrated Regional Mental Health and Suicide Prevention Services

A Compendium of Resources to assist Local Health Networks
(LHNs) and Primary Health Networks (PHNs)



October 2018

Table of Contents

1	The Fifth National Mental Health and Suicide Prevention Plan and other key national mental health policy documents.....	3
2	PHN and LHN alignment	4
3	PHN mental health tools and resources.....	6
4	Local, state and national data sources to support planning.....	7
5	Resources to support planning for suicide prevention.....	11
6	Resources to support planning for Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention.....	12
7	Introduction to the National Mental Health Service Planning Framework.....	10
8	Spectrum of public participation.....	15
9	Jurisdiction specific resources and priorities for joint regional mental health and suicide prevention planning.....	16

Introduction

This compendium of resources has been prepared as a companion document to support *Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services – A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs)*. The compendium may be updated from time to time to reflect changes in policies, new data sources, or new resource material which may be helpful to joint regional planning efforts.

1. Fifth National Mental Health and Suicide Prevention Plan and other key national mental health policy documents

The Fifth National Mental Health and Suicide Prevention Plan, and the Implementation Plan for the Fifth Plan are available at the following link:

- <https://www.coaghealthcouncil.gov.au/Publications/Reports>

Other important National Mental Health Strategy and broader national documents can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/publications-Mental+health> and include:

- National Mental Health Policy 2008
<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-pol08-toc>
- The Mental Health Statement of Rights and Responsibilities
<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-m-rights2>
- Contributing Lives: Thriving Communities - National Mental Health Commission Review of Mental Health Services, November 2014
<http://www.mentalhealthcommission.gov.au/our-reports>
- Living is For Everyone: A Framework for Suicide Prevention in Australia (The LIFE Framework), Australian Government, 2007.

2. PHN and LHN Alignment

The following tables identify the alignment between LHNs and PHNs for all states and territories. Victoria is presented separately, given the higher number of LHNs.

State	PHN Name	LHNs
NSW	Central and Eastern Sydney	Sydney South Eastern Sydney
NSW	Northern Sydney	Northern Sydney
NSW	Western Sydney	Western Sydney
NSW	Nepean Blue Mountains	Nepean Blue Mountains
NSW	South Western Sydney	South Western Sydney
NSW	South Eastern NSW – Coordiniare	Illawarra Shoalhaven Southern NSW
NSW	Western NSW	Western NSW Far West NSW
NSW	Hunter New England and Central Coast	Hunter NSW Mid North Coast
NSW	North Coast	Northern NSW Mid North Coast
NSW	Murrumbidgee	Murrumbidgee
QLD	Brisbane North	Metro North Children's Health Qld
QLD	Brisbane South	Metro South Children's Health Qld
QLD	Gold Coast	Gold Coast
QLD	Darling Downs and West Moreton	Darling Downs West Moreton
QLD	Western Queensland	North West Central West South West
QLD	Central Queensland, Wide Bay, Sunshine Coast	Central Queensland Wide Bay Sunshine Coast
QLD	Northern Queensland	Torres and Cape Cairns and Hinterland Townsville Mackay
SA	Adelaide	Northern Adelaide Central Adelaide Southern Adelaide
SA	Country SA (Note - changing July 2019 to 6 LHNs)	Country Health SA
WA	Perth North	North Metropolitan Health Service East Metro (part)

State	PHN Name	LHNs
WA	Perth South	South Metropolitan health Service East Metro (part)
WA	Country WA	WA Country Health Service
TAS	Primary Health Tasmania	Tasmanian Health Service
ACT	Capital Health Network	ACT Health
NT	Northern Territory	Central Australia Top End

Victoria has a total of 85 LHNs. The table below identifies those with whom PHNs are most likely to have full or partial alignment for mental health service delivery at a regional level, though it is noted that they are also likely to have relationships with other LHNs.

VIC	PHN NAME	LHNs with significant mental health service delivery responsibility in PHN region
VIC	North Western Melbourne	<ul style="list-style-type: none"> • Royal Melbourne Hospital • The Northern Hospital • Broadmeadows Health Service • Sunshine Hospital • Western Hospital (Footscray) • Orygen Youth Health • Mercy Public Hospital
VIC	Eastern Melbourne	<ul style="list-style-type: none"> • Heidelberg Repatriation Hospital • Box Hill Hospital • Austin Hospital
VIC	South Eastern Melbourne	<ul style="list-style-type: none"> • Alfred Hospital • Monash Medical Centre • Casey Hospital • Frankston Hospital
VIC	Gippsland	<ul style="list-style-type: none"> • Latrobe Regional Hospital
VIC	Murray (crosses into NSW)	<ul style="list-style-type: none"> • Mildura Base Hospital • Bendigo Hospital • Shepparton Hospital • North East Health Wangaratta • Albury and AWH, Wodonga • Albury Wodonga Health
	Western Victoria/Grampians	<ul style="list-style-type: none"> • University Hospital Geelong • Ballarat Hospital • Queen Elizabeth Centre • Grace McKellar Centre • South West Healthcare (Warrnambool)

About LHNs and PHNs

LHNs vary across states and territories. LHNs are entities established by state and territory governments to manage single or small groups of public hospital services, including managing budgets and being directly responsible for performance. Most, but not all, LHNs are responsible for managing public hospital services in a defined geographical area. At the discretion of states and territories, LHNs may also manage other health services such as community based health services.

This guide uses the term LHNs for ease of reference. However these local entities may have different names in some jurisdictions. For example, they are referred to as Local Health Districts in New South Wales, Hospital and Health Services in Queensland, and the Tasmanian Health Service in Tasmania. Generally, LHNs provide specialist mental health treatment services for people with severe mental illness.

PHNs are Commonwealth funded regional bodies which have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. Mental health has been identified as a key priority area for PHNs by the Commonwealth.

Statewide LHN Networks (secondary partners for PHNs)

There are also a number of statewide specialist health networks or services which work across PHNs regions and which are also important secondary partners in regional planning. Examples of these are Childrens' Health Queensland, Justice Health and Forensic Mental Health NSW and Women and Childrens' Health Network SA.

3. PHN Tools and Resources

Resources which may assist PHNs in joint regional planning with LHNs are available on the PHN website portal (<http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>). These resources may also be of assistance to LHNs.

These include:

- The PHN Needs Assessment guide;
- PHN Commissioning resources – particularly PHN Planning in a Commissioning Environment – Guide and Resources;
- PHN Mental Health Guidance materials;
- An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring as produced by the Black Dog Institute;

- PHN mental health data (see below);
- Primary Health Network and Aboriginal Community Controlled Health Organisations guiding principles.
- Primary Health Networks Performance Framework.

4. Local, state and national data sources to support planning

The following table provides a high-level summary of the type of data that can be useful, and where the data can be sourced. The emphasis is on data available at regional and subregional level rather than providing a comprehensive inventory of all mental health related data. PHNs will also have collated significant population level and local data as part of their needs assessments.

PHNs and LHNs and state/territory departments should develop arrangements and agreements for identifying and sharing information and data that may be relevant to regional planning. State based PHN/LHN forums or planning networks may be a useful vehicle to support this process.

Data content	Description of data	Data source(s):	How to access the data
Sociodemographic data	Data on population, cultural diversity, employment, disability and education status	ABS Census, 2011	Demographic data at PHN and SA3 levels are available on the Australian Government Dept of Health PHN portal http://www.health.gov.au/phn
Prevalence of mental illness in children and adolescents	Synthetic (modelled) estimates of rates of mental disorders in children and adolescents by PHN and SA3	Estimates modelled from <i>Young Minds Matter Survey</i> 2014 (Second child & adolescent national survey of children and adolescents)	Child/adolescent regional rates are available to PHN authorised personnel on Departmental secure PHN portal.
Population health level information	Psychological distress, community connection; social capital measures	National Health Survey 2014-15, State level population health surveys and reports eg Queensland 2016 Chief Health Officer report 2016 provides health service data by HHS	As advised by state and territory governments and AIHW website.. State Govt websites.

Data content	Description of data	Data source(s):	How to access the data
Mental health service use – Commonwealth funded programs	Utilisation of mental health specific MBS and PBS items. Provides patient counts by Provider Type (drug category for PBS), age group and number of services/prescriptions	MBS and PBS (Dept of Health analysis)	Australian Government Dept of health PHN portal http://www.health.gov.au/phn
	Utilisation of former ATAPS and MHNIP programs. Provides patient counts by age group and number of services	ATAPS Minimum Data Set	Australian Government Dept of health PHN portal http://www.health.gov.au/phn
	PHN service delivery data	Primary Mental Health Minimum Data Set	Authorised users in each PHN have access to a range of standards reports. General information on the PMHC MDS can be found at: https://pmhc-mds.com/
	Headspace centres activity	headspace Centres Minimum Data Set (MDS)	Data to be incorporated within the PMHC MDS and available to PHN authorised personnel. Expected to commence from December 2018
Mental health service use – state and territory public mental health services	Utilisation of specialised community mental health services (clinical services) Provides number of patients and service contacts by PHN region and SA3	Community Mental Health Care National Minimum Data Set	Data to be made available on AIHW <i>Mental Health Services in Australia</i> website, subject to endorsement by states and territories.

Data content	Description of data	Data source(s):	How to access the data
	Mental health related hospitalisations. Provides number of separations and patient days by PHN and SA3, 2015-16	AIHW publication <i>Hospitalisations for mental health conditions and intentional self-harm in 2015–16</i>	https://www.myhealthcommunities.gov.au/our-reports/mental-health-and-intentional-self-harm/november-2017
Private hospital services	Private mental health services provided through private facilities	Private hospitals	Local providers
Mental health service use – mapped to National Mental Health Service Planning Framework metrics	Data on service utilisation converted to resource units/metrics used by the NMHSPF.	Various. Currently mental health specific MBS service use has been mapped. Work is planned to include state and territory public hospital and community mental health services	Available to NMHSPF licensed users at http://www.nmhspf.org.au/
Suicide and self-harm	Number and age-standardised rate of deaths due to suicide (ICD-10 X60-X84, Y870) by PHN region and SA3, 2012-2016	ABS Causes of Death	Data prepared for Dept of Health. To be made available on Australian Government Dept of health PHN portal http://www.health.gov.au/phn
	Number and age-standardised rates of deaths due to suicide over the period 2012-16, at varying levels of geography (PHN, SA3, SA4, LGA)	AIHW Mortality Over Regions and Time (MORT) books. Based on ABS Causes of Death data, the MORT books present data on deaths for specific geographical areas.	https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books
	Trends in suicide and hospitalised self-harm to 2011. National level only	AIHW publication <i>Suicide and hospitalised self-harm in Australia: trends and analysis, 2014</i>	https://www.aihw.gov.au/reports/injury/suicide-hospitalised-self-harm-in-australia/contents/table-of-contents

Data content	Description of data	Data source(s):	How to access the data
	Hospitalisations for intentional self-harm in 2015–16, by PHN and SA3	AIHW publication <i>Hospitalisations for mental health conditions and intentional self-harm in 2015–16</i> Data from state level suicide registers (WA, Victoria, Tasmania and Queensland).	https://www.myhealthcommunities.gov.au/our-reports/mental-health-and-intentional-self-harm/november-2017 Contact with state or territory governments.
NGO community support services provided by Commonwealth and State	National data sources not available. Some state/territory governments hold information on publicly funded NGOs		Local information Request data from state/territory govts
Aboriginal and Torres Strait Islander mental health and drug and alcohol services	National data sources not available		Local information
Drug and alcohol services	Alcohol and other drug treatment services	NGO Treatment Grants (Commonwealth data) State service data. Alcohol and Other Drug Treatment Services National Minimum Data set	Local information AIHW https://www.aihw.gov.au/reports/australias-health/aodts
National Disability Insurance Scheme	NDIS uptake data at a state and territory levels, phasing information at regional level	National Disability Insurance Agency	https://www.ndis.gov.au
Health workforce	Health professional workforce registered by the Australian Health Practitioner Regulation Agency (AHPRA), in conjunction with the national boards. Covers 14 health professions	National Health Workforce Dataset (NHWDS)	http://hwd.health.gov.au/

5. Resources to support planning for suicide prevention

Planning for a regionally appropriate approach to structuring a system for reducing the impact of suicide on the community must be locally driven, but there are a number of national resources to draw upon.

Resource	Description
Regional approach to suicide prevention, Department of Health	Part of suite of guidance materials Departmental resources supporting planning activity
An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring, produced by the Black Dog Institute	Guidance for PHNs on evidence based strategies that have been found to prevent suicide. Available on PHN Mental Health Tools and Resources page. https://www.blackdoginstitute.org.au/.../evidence.../an-evidence-based-systems-approach .
LIFEinMind Website (a collection of resources including the Living is For Everyone or LIFE Framework)	A framework for prevention of suicide in Australia is available at the Hunter Institute of Mental Health website (https://www.lifeinmindaustralia.com.au).
Communities Matter Toolkit developed in partnership between the Mental Health Commission of NSW and Suicide Prevention Australia	Toolkit: Suicide prevention for small towns and local communities www.communitiesmatter.com.au
The Gayaa Dhuwii (Proud Spirit) declaration, launched August 2015.	The implementation of the Declaration was supported in the Fifth Plan. It provides a renewed call by Aboriginal and Torres Strait Islander people for linking mental health, social and emotional wellbeing, suicide prevention and substance misuse services
The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report, 2016	The Report summarises the evidence-base for what works in Indigenous community-led suicide prevention, including responses to the social determinants of health that are 'upstream' risk factors for suicide. It also presents tools to support Indigenous Suicide Prevention activity developed by ATSISPEP.
The National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing 2017 - 2023	Sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Indigenous specific and mainstream health services. The Framework was designed to complement the Fifth Plan

In addition there are a number of trials of system based approaches to suicide prevention underway at a regional level which will help to inform collaborative approaches to planning and implementation. Information about these trials and their locations can be obtained from individual states and territories or from the Commonwealth Department of Health.

6. Resources to support planning for Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention

In addition to state and territory frameworks and plans for Aboriginal and Torres Strait Islander health, the following resources may be of assistance to planning for integrated Aboriginal and Torres Strait Islander mental health and suicide prevention activity.

Resource	Description/Reference
Aboriginal and Torres Strait Islander Mental Health Services – PHN guidance	Part of suite of guidance materials provided by Department – see PHN Mental Health Tools and Resources
PHN and ACCHOs – guiding principles	Departmental guidance to PHNs on best practice in working with local Aboriginal Controlled Community Health Organisations.
National Aboriginal and Torres Strait Islander Leadership in Mental Health Gayaa Dhuwi (Proud Spirit) Declaration.	The implementation of the Declaration was supported in the Fifth Plan. It provides a renewed call by Aboriginal and Torres Strait Islander people for linking mental health, social and emotional wellbeing, suicide prevention and substance misuse services
Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report, 2016	The Report summarises the evidence-base for what works in Indigenous community-led suicide prevention, including responses to the social determinants of health that are ‘upstream’ risk factors for suicide. It also presents tools to support Indigenous Suicide Prevention activity developed by ATSISPEP.
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, 2013	The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy encompasses the Aboriginal and Torres Strait Islander peoples' holistic view of mental health, physical, cultural and spiritual health and has an early intervention focus that works to build strong communities through more community-focused and integrated approaches to suicide prevention.
Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention	The Centre will seek to build support and build the capacities of PHNs, Aboriginal and Torres Strait Islander organisations and Aboriginal and Torres Strait Islander communities to take

Resource	Description/Reference
	action in response to suicide and self-harm in their immediate region.

7. Introduction to the National Mental Health Service Planning Framework and its role in Regional Mental Health Service Planning

What is the National Mental Health Service Planning Framework? (NMHSPF)

The NMHSPF is an evidence-based framework designed to help users at the state and territory (jurisdiction), PHN and LHN level plan, to coordinate and resource mental health services to meet population needs. The development of the NMHSPF commenced under the 4th National Mental Health Plan and has involved input from over 100 experts in mental health or service modelling from around Australia in multiple phases of refinement. This has included representatives from the medical, nursing, allied health, consumer and carer fields, the NGO sector, peak bodies and research organisations. The Fifth National Mental Health and Suicide Prevention Plan (2017) has endorsed the continuing development of the NMHSPF and the use of NMHSPF planning tools to support integrated mental health service planning and the development of joint regional mental health and suicide prevention plans.

The NMHSPF provides a comprehensive model of the mental health service types and resources required to meet the needs of a given population, across the full spectrum from community focused programs to promote mental health and prevent the onset of mental health problems, to the most intensive services for people with severe disorders. The specific interventions required by individuals with mental health problems and mental illness are described across ages and levels of severity, showing the complementary roles, functions and target groups appropriate for the primary, private, public and nongovernment sectors. The NMHSPF Planning Support Tool (NMHSPF-PST) enables estimates of the services required by a particular geographic catchment to be generated for forward planning years, including estimates of the numbers of people requiring different types of treatment or care, the workforce required to deliver these services and the costs associated.

The NMHSPF is continuing to be refined, with ongoing development being undertaken to update and improve the service modelling encompassed in the framework and to improve user-friendliness of the NMHSPF-PST.

How can service planners get access to the NMHSPF and NMHSPF-PST?

The NMHSPF is a sophisticated model and successful application requires a sound understanding of its structure, underlying assumptions and limitations, as well as the development of appropriate skills in using the NMHSPF-PST. Access to the NMHSPF materials and NMSPF-PST has been restricted to employees of PHNs, LHNs and jurisdictions whose organisation has entered into a licence agreement and who have completed the required training. As at mid-2018, more than 200 users have completed training under the

initial 3-stage training model. A revised training model is likely to be introduced in 2019 to accommodate a newly developed version of the NMHSPF-PST.

How is the NMHSPF applied in regional planning?

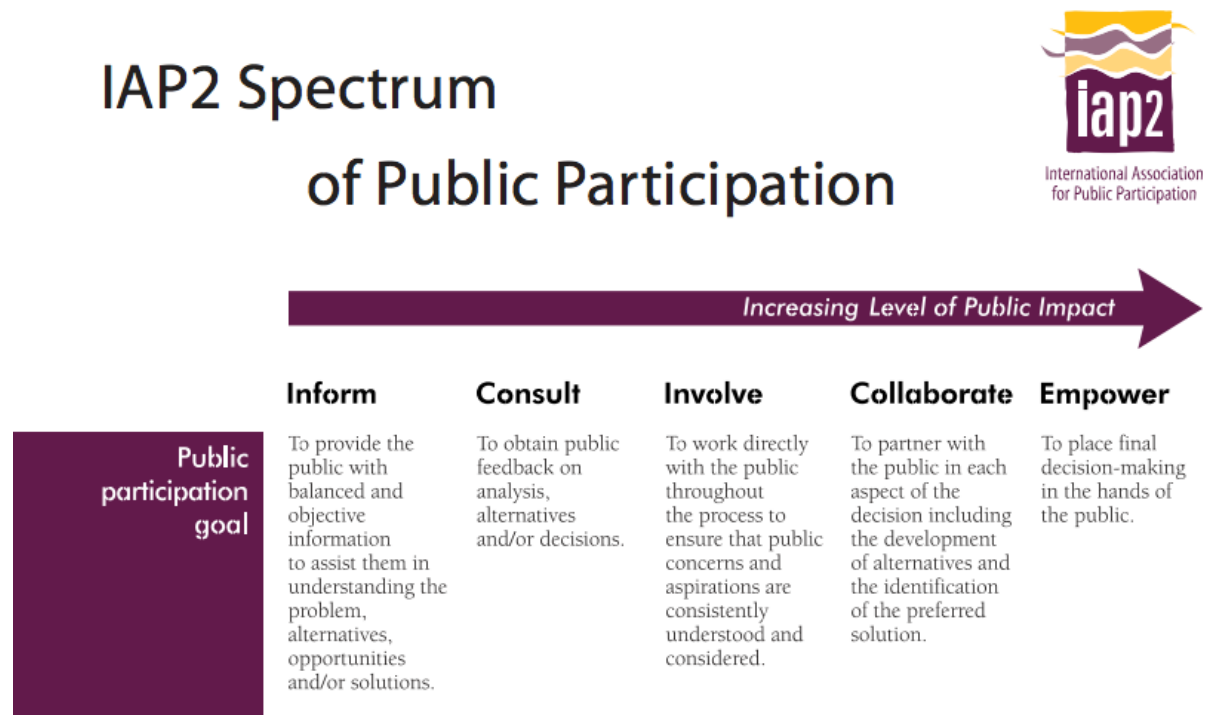
The NMHSPF provides a strong foundation for integrated regional planning across the primary health, specialised mental health and nongovernment sectors through its modelling of the full spectrum of needs and establishment of a consistent taxonomy and definitions of required service types. At the local level the NMHSPF through its taxonomy and service elements, offers a nationally consistent approach to estimating mental health service requirements and to inform identification of priorities for planning and service development. Good knowledge of the available service system and patterns of use is required to complete this process. At this stage, NMHSPF estimates reflect the age profile of the specific catchment, but do not adjust for variations in geographic or demographic attributes of the particular population. Adjustments to address these factors need to occur as a second stage of planning, based on local knowledge of the catchment population and service context. It is important that planners recognize this need for interpretation and application of the NMHSPF outputs to the local context and have access to appropriate knowledge and information about the target population and service system to undertake this process. To assist licensed users to conduct gap analyses against NMHSPF outputs, the Australian Institute of Health and Welfare is undertaking work to map data from existing national mental health data collections to the NMHSPF outputs, and enable reporting of these results at the PHN, LHN and SA3 level. Mapping of Medical Benefits Schedule funded services to NMHSPF outputs has already been completed and made available to licensed users.

Is ongoing support provided to users of the NMHSPF?

During the initial phase of implementation, the University of Queensland is providing tailored support to licenced users of the NMHSPF via a dedicated email (nmhspf@qcmhr.uq.edu.au) and website (www.nmhspf.org.au). A range of resources is provided on the website, including access to a forum for sharing of information and experience with other users. In future, the capacity within the cohort of users to contribute to building higher levels of expertise in others is to be extended through the formation of a Super User network, with the aim of building a sustainable system of ongoing training and skill development in the use of a national approach to mental health service planning.

8. Spectrum of Public Participation

The IAP2 Federation has developed the below Spectrum to help groups define the public's role in any public participation process¹



9. Jurisdiction specific plans, resources and priorities for joint regional mental health and suicide prevention planning

The following section provides jurisdiction by jurisdiction information about key policies, frameworks, resources and approaches which are relevant to joint regional mental health and suicide prevention planning. An overarching summary of jurisdictional plans and frameworks is below. More detailed state by state information follows.

¹ IAPT2 International Foundation, 2014 <https://www.iap2.org.au/>

Summary of State/Territory Mental Health Plans and Policies (as of August 2018)

Jurisdiction	Mental health plan or strategy
New South Wales	<i>Living well – a strategic plan for mental health in NSW 2014–2024, October 2014</i>
Northern Territory	<i>Northern Territory Mental Health Service Strategic Plan 2015–2021, August 2015</i>
Queensland	<i>Connecting care to recovery 2016–2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services, October 2016; Queensland mental health, drug and alcohol strategic plan 2014–2019, September 2014</i>
South Australia	<i>SA Strategic Mental Health Plan 2018 - 2022</i>
Tasmania	<i>Rethink mental health. Better mental health and wellbeing. A long-term plan for mental health in Tasmania 2015–2025, October 2015</i>
Victoria	<i>Victoria’s 10-year mental health plan, November 2015</i>
Western Australia	<i>Western Australian mental health, alcohol and other drug services plan 2015–2025, December 2015</i>
Australian Capital Territory	<i>ACT Strategic Framework for Mental Health and Suicide Prevention 2017-2022 (draft for internal use only) Mental Health Act 2015, March 2016</i>

Jurisdiction	Suicide Prevention Strategy
Australian Capital Territory	
Northern Territory	<i>NT suicide prevention strategic framework and Implementation Plan 2018-2023</i>
New South Wales	<i>Strategic Framework for Suicide Prevention for NSW (expected for release in 2018)</i>
Queensland	<i>Queensland Suicide Prevention Health Taskforce Phase 1 Action Plan action plan 2017</i>
South Australia	<i>South Australian suicide prevention strategy 2017-2021</i>
Tasmania	<i>Tasmanian suicide prevention strategy 2016-2020; Youth suicide prevention plan for Tasmania 2016-2020; and Suicide Prevention Workforce Development and Training Plan (SPWDTP) for Tasmania 2016-2020</i>
Victoria	<i>Victorian suicide prevention framework 2016-2025</i>
Western Australia	<i>Suicide prevention 2020 strategy</i>

Australian Government

Summary of Australian Government approach to regional mental health and suicide prevention planning

The Australian Government is committed to supporting joint regional mental health and suicide prevention planning. The Australian Government Department of Health is requiring Primary Health Networks to engage with Local Hospital Networks or equivalents and other key stakeholders in each region to develop and publicly release joint regional plans. The Department regards this activity as necessary to enable PHNs to commission services to best address needs, promote integration and undertake appropriate planning and service development with key partners in the region.

Australian Government mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

The key Australian Government policies, plans and frameworks which are relevant to joint planning are:

- Contributing Lives:Thriving Communities – Review of Mental Health Programmes and Services, National Mental Health Commission, November 2014, Australian Government
- Australian Government Response to Contributing Lives:Thriving Communities, November 2015
- Living is For Everyone: A Framework for Suicide Prevention in Australia (The LIFE Framework). (Date?)
- Equally Well: National consensus statement on physical health and mental illness, National Mental Health Commission, 2016

Broader Australian Government policies or frameworks relevant to regional planning

- Australia's National Digital Health Strategy, 2018
- Primary Health Networks Performance Framework (currently being revised)
- National Drug Strategy, 2017 - 2026
- National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing, 2017 – 2023.

Summary of key priorities for and approaches to mental health and suicide prevention planning for PHNs arising from these policies

In addition to regional mental health and suicide prevention planning, other key priorities identified for PHNs in relation to mental health and suicide are:

- Stepped care – providing services in a way which ensures a range of service types are available to match individual and population needs

- Providing low intensity mental health services for early intervention, including use of digital mental health services
- Providing psychological therapies for hard to reach, underserved groups (including residents of residential aged care facilities and people in drought impacted areas)
- Primary mental health care services for people with severe mental illness and the provision of psychosocial support (as per below)
- A regional systems based approach to suicide prevention
- Aboriginal and Torres Strait Islander mental health and suicide prevention
- Child and youth mental health services

The Australian Government is also committed to ensuring evidence based mental health planning at a regional level, particularly through development and promotion of the National Mental Health Service Planning Framework.

Issues arising from bilateral agreements relevant to regional planning

Coordinated Care bilateral agreements – The Coordinated Care reforms are intended to improve patient outcomes and reduce avoidable demands for services. The bilateral agreements include a focus on mental health and a commitment to explore potential trialling of joint commissioning of service delivery in mental health. Any mental health activities undertaken via the coordinated care bilateral agreement are required to be consistent with the priorities and objectives of the Fifth National Mental Health and Suicide Prevention Plan.

Psychosocial Support Bilateral Agreements – The Australian Government has entered into bilateral agreements with each state and territory regarding the provision of psychosocial support services for people with severe mental illness and reduced psychosocial functional capacity who are not eligible for the National Disability Insurance Scheme. The Government has provided specific funding to PHNs to implement new services in a way to complement State and Territory funded psychosocial support. Joint regional planning is a means of ensuring psychosocial support services are planned and developed in a complementary way which meets regional needs and jurisdictional priorities. PHNs should familiarise themselves with the particular priorities for psychosocial support identified in their jurisdiction's bilateral agreement.

Jurisdictional expectations or requirements in relation to the process of regional planning

PHNs have been required as part of the mental health schedules to their funding agreements to undertake regional mental health and suicide prevention planning in consultation with key stakeholders. The Australian Government will be directing PHNs to undertake **joint** regional mental health and suicide prevention planning with LHNs in line with the expectations of the Fifth Plan through the next revision of PHN Funding Schedules. The Government has communicated to PHNs a strong expectation of broad community engagement in developing joint regional mental health and suicide prevention plans and the importance of co-design of services and pathways with people with lived experience.

The Government will expect PHNs to continue to deliver on key priorities in primary mental health care which have been identified in Funding Schedules through regional planning. The Government supports PHNs in pursuing integrated approaches to improving service delivery which may include data sharing, coordinated commissioning and innovative use of digital technology.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The Australian Government is supporting the further development, promotion and use of the National Mental Health Service Planning Framework as an evidence based approach to planning and comprehensive service development. The Government is supporting its refinement for use in primary care, promoting opportunities for PHNs to gain skills in its use, and with other jurisdictions is committed to supporting further development and application.

Contacts for further information and advice on regional planning at a jurisdictional level.

For further information on Australian Government mental health policies and frameworks contact *mental.health.liaison@health.gov.au*.

NEW SOUTH WALES

Summary of jurisdictional approach to regional mental health and suicide prevention planning

In NSW, Local Health Districts (LHDs) and Specialty Health Networks (SHNs) have responsibility and accountability for managing all aspects of hospital and health service planning and delivery for their local district or specialty network.

Service agreements between LHDs/SHNs and NSW Health set out service and performance expectations and funding. It supports the devolution of decision making, responsibility and accountability for safe, high quality, patient centred care to local health districts, other health services and support organisations.

LHDs have progressed with establishing governance committees with local PHNs and other stakeholders (including consumers, carers and families) to approach integrated regional planning. These committees have been tasked with joint mental health service planning and commissioning. The NSW PHN – NSW Health Statewide Committee is the NSW Health led committee that provides a platform to work collaboratively between LHDs and PHNs to implement healthcare reforms across the health system.

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

The *Living Well: A Strategic Plan for Mental Health 2014-2024* plan was developed by the Mental Health Commission of NSW to set the direction to reform the mental health system in NSW. It has been adopted by the NSW government.

The NSW Government has committed to delivering on a number of strategic mental health reforms that have emerged from *Living Well*. These reforms include enablers that shift the focus of mental health care from hospitals to the community. Integrated service delivery is a key objective in mental health service planning in NSW.

Development of a Mental Health Workforce Plan was a recommendation of *Living Well* and an essential reform activity. The *NSW Strategic Framework for Mental Health (Framework) 2018-2022* and accompanying *NSW Mental Health Workforce Plan (Workforce Plan) 2018-2022* is due for release in 2018.

The Secretary of NSW Health enters into Service Agreements with each of the LHDs and SHNs. Through execution of the Agreement, the Secretary agrees to provide the funding and other support to the LHD/SHN as outlined in this Service Agreement.

The NSW Process of Facility Planning (POFP) provides a framework for planning and procuring capital infrastructure across the NSW public health system (PD2010_035). POFP guidelines have been developed for projects valued \$10 million and above, and projects valued less than \$10 million.

Broader state level policies or frameworks relevant to regional planning

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, in both lead and partnering agency capacities.

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time.

The NSW Health Strategic Priorities 2018-19 builds on and complements the NSW State Health Plan: Towards 2021 and aligns with the NSW State and Premier's Priorities. The approach outlined in the plan frames the Ministry's role as system manager for NSW Health, strengthens system governance and establishes a strategic planning framework

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

The NSW Ministry of Health and the NSW Mental Health Commission are leading the development of a Strategic Framework for Suicide Prevention in NSW. This Framework sets out the fundamental principles of suicide prevention, assisting communities to coordinate the essential elements in a way that suits their own local needs and conditions.

The Framework will help organisations to clearly understand their responsibilities and will enhance the ability of the system to respond to suicide. It will better coordinate services across Commonwealth, State and Local levels and between health and other critical service areas such as education, justice and family services. The Framework is due to be released in mid-2018.

Issues arising from bilateral agreements relevant to regional planning

The Commonwealth and NSW signed the *Bilateral Agreement on the National Psychosocial Support (NPS) Measure* on 30 May 2018. The agreement reflects both Governments' shared responsibility for the National Disability Insurance Scheme and specifies arrangements for both Governments to make ongoing, up-front funding contributions to the scheme.

The Commonwealth and NSW signed a *Bilateral Agreement on Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services* in late 2017.

The Bilateral Agreement is a key reform under the COAG National Health Reform Agreement (NHRA) Addendum 2017-20. It has eight priority areas with a total of 74 milestones to be delivered over the next two years (January 2018 to December 2019).

A number of the Bilateral Agreement milestones relate to joint/coordinated or collaborative commissioning of services and system integration through regional planning. Actions taken as part of the bilateral agreement are required to align with the priorities areas and objectives of the Fifth National Mental Health and Suicide Prevention Plan.

Jurisdictional expectations or requirements in relation to the process of regional planning

NSW Health is encouraging LHDs and PHNs to undertake joint planning as part of the implementation of the Fifth Plan. Under the Health Services Act 1997, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the District or Network and for approving these plans. Local Health Districts and Specialty Health Networks are responsible for developing the following Plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that each District and Network will implement local priorities to deliver the NSW Government and NSW Health priorities, and meet the needs of their respective populations.

NSW Ministry of Health continues to work with LHDs to develop strategic plans for services, such as clinical service plans. The Ministry's review of these plans will be used to reiterate the Ministry's expectations of LHDs and PHNs to undertake the joint regional planning as required by the Fifth National Mental Health and Suicide Prevention Plan.

NSW notes that regional plans will not override the requirements set forth for LHDs in service agreements and should be read in conjunction with these and other relevant planning documents. NSW will monitor and report on the process of joint regional plans between LHDs and PHNs through reporting to the Commonwealth Government on Fifth Plan implementation

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The National Mental Health Service Planning Framework (NMHSPF) is the specific mental health planning tool which is available to licenced users in the NSW Ministry of Health, PHN and LHDs. Given the high number of LHDs and SNs in NSW relative to other states and territories, approximately half of NSW LHDs and SHNs have trained in the NMHSPF.

Contacts for further information and advice on regional planning at a jurisdictional level.

Contact NSW Health through the NSW Health website at
<http://www.health.nsw.gov.au/pages/feedback-fs.aspx>

VICTORIA

Broader state level policies or frameworks relevant to regional planning

Statewide design, service and infrastructure plan for Victoria's health system 2017-2037

Integrating care across the health and social service system, and better supporting people who are vulnerable and have serious complex needs, is a priority area under *Victoria's statewide design, service and infrastructure plan for Victoria's health system 2017-2037* released in November 2017. This sets out:

- Infrastructure priorities, both in specific regions and statewide. For mental health, for example, this includes redevelopment of Orygen Youth Mental Health in Parkville (Melbourne), and expansion of forensic mental health (statewide).
- Regional partnership priorities in specific regions. For mental health, for example, this includes development of a new prevention and recovery care (PARC) service in Ballarat.
- Prevention priorities – for example school based mental health programs as a secondary prevention / early intervention tool

Closing critical gaps in mental health services is a key action within the plan. Victoria does not have enough mental health community and bed-based capacity to meet the growing demand and complexity of needs in our community. This means that only people with severe symptoms or very acute illness are able to get access to a bed, and opportunities to support them in the community are very limited. As a result, more people needing inpatient care are showing up at emergency departments after their condition has reached a crisis point. This crisis-driven response creates a vicious circle: increasing emergency presentations drives a need for more bed-based care, diverting more resources from community settings where care could have been provided sooner.

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

All planning should support the achievement of the Victorian Government's goal to halve Victoria's suicide rate by 2025, as well as the outcomes sought by *Victoria's 10-year mental health plan*.

Issues arising from bilateral agreements relevant to regional planning

National Psychosocial Support Measure - The Bilateral Agreement between the Commonwealth and Victoria for the national psychosocial support measure (the measure) has been signed by both parties in June 2018. The measure targets people with a severe mental illness who do not qualify for the National Disability Insurance Scheme (NDIS) because they do not have a significant, enduring psychosocial disability but require a level of specialist, less intensive and possibly shorter (non-clinical) psychosocial support to build their capacity for daily living and connectedness.

Victoria has continued to progressively invest in non-clinical mental health supports, with a focus on people experiencing homelessness and social exclusion. This funding, which has progressively increased from 2015-16, forms Victoria's co-contribution to the national psychosocial support measure. During the planning phase, PHNs will be considering how the funding they receive from the Commonwealth under the measure can complement or enhance clinical mental health services, including activities commissioned by the PHNs that target the clinical needs of people with a mental illness.

The Department of Health and Human Services will actively engage PHNs in planning for the measure to maximise potential synergies between Victoria's psychosocial investment package and supports funded through the Commonwealth contribution to the measure.

Coordinated care - Victoria's bilateral agreement with the Commonwealth on coordinated care was signed in May 2018. This agreement includes a commitment to explore potential trialling of joint commissioning of service delivery in mental health, and will help to support priority activities as identified within joint regional mental health and suicide prevention plan. Any mental health activities undertaken via the coordinated care bilateral agreement are required to be consistent with the priorities and objectives of the *Fifth National Mental Health and Suicide Prevention Plan* – this is expressly noted under the mental health component of the agreement.

Jurisdictional expectations or requirements in relation to the process of regional planning

Consistent with the commitments made under the Fifth National Mental Health Plan, Victoria is proactively supporting the development of regional and suicide prevention plans by PHNs and LHNs. For LHNs, expectations of health services are stipulated in the department's Policy and Funding Guidelines for Health Operations, which are issued each year. The Policy and Funding Guidelines for Health Operations 2017-18 (the guidelines) details the performance and financial framework within which state government-funded health sector entities (i.e. LHNs) operate. The guidelines represent the system-wide terms and conditions (for funding, administrative and clinical policy) of funding for government-funded healthcare organisations, including LHNs.

It will remain critical for Victorian health services to meet all conditions expected under the Policy and Funding Guidelines. Joint regional planning should serve to assist this.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

Victoria remains committed to the multilateral agreement and licence arrangements supporting the continued development of the NMHSPF and Planning Support Tool. Application of the NMHSPF to determine the requirements for Victoria will be crucial to informing gap analysis and needs that support joint regional mental health and suicide prevention plans across different region.

Additionally, Victoria – as chair of the National Suicide Prevention Project Reference Group (SPPRG) – will continue to lead and support planning activity in relation to suicide prevention under the Fifth National Mental Health and Suicide Prevention Plan.

QUEENSLAND

Summary of jurisdictional approach to regional mental health and suicide prevention planning

Queensland Health, through the Mental Health Alcohol and Other Drugs Branch (MHAODB), facilitates regional mental health and suicide prevention planning by supporting Hospital and Health Services (HHSs) to work with their respective PHNs and other stakeholders. Additionally, the MHAODB, as commissioner of mental health community support services delivered by NGOs, works with HHS and PHNs to ensure alignment of commissioning activities.

HHSs and their respective PHNs are encouraged to use the support provided by the MHAODB to:

- 1) ensure alignment of joint regional plans against national and jurisdictional planning strategies and frameworks;
- 2) ensure consistency in using the National Mental Health Service Planning Framework to inform regional planning; and
- 3) facilitate knowledge transfer between HHSs and PHNs in regional mental health and suicide prevention planning
- 4) support alignment and consistency in commissioning of mental health and suicide prevention services delivered by NGOs.

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

Connecting Care to Recovery 2016 – 2021: A plan for Queensland’s State-funded mental health, alcohol and other drug services.

Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016 – 2021.

Queensland Health, 2017. Suicide Prevention Health Taskforce Phase 1 Action Plan

Mental Health Alcohol and Other Drugs Workforce Development Strategy 2016-2021

Improving mental health and wellbeing: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019. (note: This is currently being renewed)

Broader state level policies or frameworks relevant to regional planning

Queensland Health Vision. My health, Queensland’s future Advancing health 2026.

Advancing health service delivery through workforce: A strategy for Queensland 2016 – 2026.

Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 – 2026.

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

Connecting Care to Recovery recognises that our State funded service system sits alongside and interfaces with an array of other specialist and generic clinical and non-clinical services and programs. Strengthening cross-sectoral partnerships, building collaborative relationships and coordinated and integrated services across the continuum are fundamental strategies under *Connecting Care to Recovery*.

These strategic priorities are consistent with other key plans, including *My health, Queensland's future: Advancing health 2026*, the Queensland Mental Health Commission whole-of-government State-wide Strategic Plan (currently being renewed), and the National Mental Health Commission *Contributing Lives, Thriving Communities Report*.

The Queensland Government emphasises the importance of a comprehensive cross-sectoral approach to suicide prevention. Within this context, Hospital and Health Services and Primary Health Networks play an important leadership role in partnering with other local service providers and people with a lived experience to improve the health system's capacity to respond to people at risk of suicide. The delivery of quality, timely, and appropriate suicide risk assessment, management and ongoing care is a vital component to a comprehensive cross-sectoral approach to suicide prevention.

Issues arising from bilateral agreements relevant to regional planning

The Commonwealth committed \$80 million nationally over four years from 2017–18 to 2020–21 to the *National Psychosocial Supports Measure* announced in the- 2017 federal budget. The Commonwealth's \$80 million will be provided to regional Primary Health Networks and informed by joint planning by PHNs and HHSs to meet community needs.

The *Bilateral Agreement between the Commonwealth and Queensland: National Psychosocial Support Measure* includes Queensland's matched commitment and an implementation plan which outlines supports and funding to be provided from 2017-18 to 2020-21.

Queensland Health is targeting its matched investment to service models providing individual and tailored non-clinical supports and which are integrated with clinical treatment services provided through HHS. This is also a key priority under *Connecting Care to Recovery 2016-2021* which prioritises integrated and streamlined service models to individuals with severe, persistent and complex mental illness.

In recognition of the importance of effectively targeting investment, Queensland Health, as commissioners of mental health community support services delivered by NGOs across the State, is working closely and collaboratively with HHS and PHNs to ensure alignment of commissioning and contracting processes.

Jurisdictional expectations or requirements in relation to the process of regional planning

Consistent with the commitments made under the Fifth National Mental Health Plan, Queensland Health is proactively supporting the development of regional and suicide prevention plans by HHS and PHNs. The MHAODB is working closely with HHS and PHNs to ensure the commitment to fulfil requirements for plans to be publicly released by mid-2020 and comprehensive plans to be publicly released by mid-2022.

This process supports HHSs and PHNs identifying and articulating roles and responsibilities for mental health services and suicide prevention initiatives in joint regional plans, and adopting (taking into account rural and regional considerations) the taxonomy and service elements used in the NMHSPF..

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The MHAODB supports HHSs to complete the training to use the National Mental Health Service Planning Framework (NMHSPF) Planning Support Tool, and provides ongoing technical support for HHSs to use the NMHSPF to inform mental health service planning activities, including joint regional planning.

The MHAODB supports the continuous development of the NMHSPF by participating in national development and training workshops to further refine the NMHSPF.

The MHAODB promotes the use and recognition of the NMHSPF as an evidence-based, nationally consistent framework for mental health service planning.

Queensland-based PHNs are represented on the Queensland Suicide Prevention Health Taskforce which was established to focus on the development of suicide prevention policy, strategies, services, and programs to be used in a health service delivery context in order to contribute to a measureable reduction in suicide and its impact on Queenslanders. Identifying and leading innovative partnerships between HHSs, PHNs and people with a lived experience to promote the delivery of high quality, evidence-based treatments for people identified with suicide risk is a key Taskforce objective.

Contacts for further information and advice on regional planning at a jurisdictional level.

*Associate Professor Dr John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch,
MHAODB-ED@health.qld.gov.au*

WESTERN AUSTRALIA

1. Summary of jurisdictional approach to regional mental health and suicide prevention planning

The Western Australian Mental Health Commission (MHC) released the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 in 2015 (available at <https://www.mhc.wa.gov.au/about-us/strategic-direction/the-plan-2015-2025/>). The underlying modelling is based on the first version of the National Mental Health Service Planning Framework (NMHSPF). In addition, Western Australian MHC has released the Suicide Prevention 2020 (available at <https://www.mhc.wa.gov.au/media/1220/suicide-prevention-2020-strategy-final.pdf>) to support the implementation of the State Suicide Strategy.

2. Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

The three key frameworks for Western Australia are the Western Australian Mental Health, Alcohol and Other Drug (AOD) Services Plan 2015-2025 (the Plan), Mental Health 2020: Making it personal and everybody's business and Suicide Prevention 2020.

The first Two Year Plan Update scheduled for release in 2018 will include modelling and a summary of progress towards key actions outlined in the original Plan. Whilst the original Plan continues to be the primary reference for mental health, alcohol and other drug services development, the Two Year Plan Update will provide the latest modelling and population demographics to ensure ongoing responsiveness to emerging trends.

3. Broader state level policies or frameworks relevant to regional planning

In Western Australia, the WA MHC is responsible for mental health, alcohol and other drug services planning. A key guiding document is the draft Western Australian Alcohol and Drug Interagency Strategy 2018-2022² (Interagency Strategy). The draft Interagency Strategy provides a guide for Government, non-government organisations and the community with the goal of reducing and preventing the impacts of alcohol and other drugs in the Western Australian community. It recognises that requirements for the development and implementation of initiatives that address the co-occurrence of mental health, alcohol and other drug issues.

Other key strategic references currently being finalised by the WA MHC include:

- Draft Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2015³;
- Draft Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018-2025⁴;

² Publication of final version pending ministerial endorsement.

³ Publication of final version pending.

⁴ Publication of final version pending.

- Draft Western Australian Mental Health, Alcohol and Other Drug Accommodation and Support Strategy 2018-2025⁵; and the
- Draft Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2018-2025⁶.

Other broad state level policies developed by State Government departments, including the Department of Health, that inform and integrate with the WA MHC's planning initiatives include:

- Sustainable Health Review Interim Report;
- Western Australian WA Health Clinical Services Framework 2014-2024;
- Western Australian WA Aboriginal Health and Wellbeing Framework 2015-2030;
- First Interim State Public Health Plan for Western Australia;
- Western Australian WA Youth Health Policy 2018-2023;
- Western Australian Women's Health Strategy 2018-2023;
- Western Australian WA Men's Health and Wellbeing Policy⁷; and
- Western Australian WA LGBTI Health Strategy⁸.

4. Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

The high level policies and frameworks referenced above reflect the prioritisation of a number of key issues for action including:

- rebalancing the system increasing focus on prevention and community based treatment and support options;
- increasing opportunities for consumer and carer engagement;
- reducing inequities in health outcomes for priority populations such as Aboriginal people and people living in regional areas;
- improving consumer access to, and navigation of, health and mental health systems;
- ensuring investment in technology improves efficiency and effective delivery of services;
- delivering flexible, patient-focused, models of service that support a shift in focus toward quality, accountable performance and collaboration; and
- developing a supported and flexible workforce.

The MHC and WA Primary Health Alliance (WAPHA) work together to ensure greater coordination and collaboration in AOD commissioning and program delivery in Western Australia.

The MHC recognises the need for greater coordination between general practitioners (GPs) and Health Service Providers and is working with WAPHA to advance innovative practices that will ensure a more cohesive continuum of care for patients.

5. Issues arising from bilateral agreements relevant to regional planning

⁵ Publication of final version pending.

⁶ Publication of final version pending.

⁷ Publication of final version pending.

⁸ Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI). Publication of final version pending.

The Bilateral Agreement between the Commonwealth and Western Australia for the Psychosocial Support Measure was completed in May 2018 and will support a range of psychosocial support programs and services currently commissioned by the WA MHC including:

- Community Mental Health Step Up/Step Down Services;
- Personalised Supports;
- Respite Services;
- Family and Carer Supports;
- Group Support Activities; and
- Accommodation and Support Services.

6. Jurisdictional expectations or requirements in relation to the process of regional planning

The WA MHC expects that regional plans will be developed in partnership between the MHC, LHNs and PHNs in line with Fifth National Mental Health and Suicide Prevention Plan.

The MHC contracted Suicide Prevention Coordinators are working closely with stakeholders including PHNs and LHNs, to coordinate suicide prevention planning and activity at a regional level.

Special attention is paid to ensuring that the local Aboriginal communities are appropriately consulted and that all planned responses are culturally secure.

7. Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The Western Australian MHC is committed to supporting the development of the NMHSPF for regional planning, including for the underlying modelling of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

8. Contacts for further information and advice on regional planning at a jurisdictional level.

Mental Health Commission: (08) 6553 0600, <https://www.mhc.wa.gov.au/>

Document or Page Title	URL (if applicable)	Author/Date Published	Most relevant section/pages
WA Sustainable Health Review	https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review	Government of Western Australia (June 2017)	p33-36
WA Health Clinical Services Framework 2014-2024	https://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Clinical-Services-Framework-2014-2024	Department of Health (2014)	
WA Aboriginal Health and Wellbeing Framework 2015-2030	https://ww2.health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/WA-Aboriginal-Health-and-Wellbeing-Framework-2015-2030	Department of Health (2015)	
First Interim State Public Health Plan for Western Australia	http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Public%20Health%20Act/First%20Interim%20State%20Public%20Health%20Plan.pdf	Department of Health (2017)	
WA Youth Health Policy 2018-2023	http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Youth-Policy/PDF/Youth-policy.pdf	Department of Health (2018)	
WA Women's Health Strategy 2018-2023	https://consultation.health.wa.gov.au/strategy/womens-health-strategy-consultation/	Department of Health (2018)	
Summary of MHC strategies in development.	https://www.mhc.wa.gov.au/about-us/strategic-direction/strategies-in-development/	WA Mental Health Commission (2018)	

SOUTH AUSTRALIA

Summary of jurisdictional approach to regional mental health and suicide prevention planning

The approach to be taken by SA will include:

- A statement of commitment and explanation of jurisdictional approach to regional planning.
- Recognition of the roles and responsibilities of various parties: State department, LHNs (new boards) and PHNs
- Arrangements for oversight will be established as well as any regional processes taking into account South Australia's geography and health service delivery arrangements and any other requirements arising from the Fifth Plan.
- Defining the regions, noting the catchment areas of metropolitan LHNs and PHNs, and proposed changes to governance structures in SA.

Country Health SA

Country Health SA and Country Primary Health Network are working collaboratively to support regional planning by developing a shared understanding and strong partnership in delivering the spectrum of mental health services to country people.

Activities to date include:

- Systematic gap analysis across the continuum of care, to clarify
 - 1) priority areas for service enhancement and
 - 2) shared understanding of stepped model of care in line with the 5th National Mental Health Plan.

Country Health SA will devolve on June 30 2019 to become 6 LHNs governed by new boards. These LHNs will need to partner with PHNs to generate their own regional plan.

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

1. SA Strategic Mental Health Plan 2018 - 2022
2. SA Health – Proposed Mental Health Services Plan
3. SA Health Partnering with Carers Strategic Action Plan 2017-2022
4. SA Mental Health Services Pathways to Care Policy (2014)
5. SA Health Strategic Plan 2017-2020
6. Action Plan for People Living with Borderline Personality Disorder 2017–2020.
7. [South Australian Suicide Prevention Strategy](#) 2017-2021.

Broader state level policies or frameworks relevant to regional planning

Document or Page Title	Author/Date Published	Most relevant section/pages
------------------------	-----------------------	-----------------------------

<i>South Australian Mental Health Strategic Plan 2017-2022</i>	SA Mental Health Commission December 2017	pp27-42
<i>South Australian Suicide Prevention Plan 2017-2021</i>	SA Government August 2017	
<i>South Australia: State of Wellbeing</i>	SA Government March 2017 DCSI-913	pp11-12
<i>South Australia: A Better Place to Live Promoting and protecting our community's health and wellbeing 2013</i>	SA Government SA Health July 2013	pp52-71 NB – A new State Plan is being developed currently
<i>South Australian Alcohol and Other Drugs Strategy 2017-2021</i>	SA Government Drug and Alcohol Services South Australia November 2016	p.6 and key strategic priorities
<i>South Australian Tobacco Control Strategy 2017-2020</i>	SA Government Drug and Alcohol Services South Australia May 2016	p.8 Priority Area 3, Action 4

At a regional level, LHNs and PHNs will work together to map providers across service system, develop stronger referral pathways and build community knowledge of the range of available services and how to access them. Key policy priorities are directed by the SA Suicide Prevention Plan 2017-2021. LHNs and PHNs will develop an integrated, whole-of-community approach to support mental health and suicide prevention.

- The 3 main areas are:
 - Making People the Priority - high quality treatment, improved follow-up and continuous care after discharge from acute care, and every discharge to be referred to Community Mental Health
 - Empowering Communities - Suicide Prevention (SP) Networks have been set up in a number of local government regions across the state
 - Translating evidence into practice

Issues arising from bilateral agreements relevant to regional planning

SA Health has facilitated funding to complement Commonwealth funding for the PHNs to deliver psychosocial support services to address gaps identified with the introduction of the NDIS.

Jurisdictional expectations or requirements in relation to the process of regional planning

In light of the SA Government's support of the Fifth Plan, the SA Health Department intends to direct LHNs to work with PHNs on regional planning.

- An overarching agreement between LHNs and PHNs to support regional planning
- Service agreements delineating service delivery requirements for LHNs (and newly constituted boards when introduced in 2019),
- The development of the Mental Health Service Plan is likely to influence the state-wide planning for acute mental facilities as well as for community mental services and other matters
- Defining agreed regions and sub-regions for regional planning and developing requirements for managing inter-agency relationships
- Collaboration across regions (especially between metropolitan and country regions) and across agencies.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The NMHSPF is to be used in the Mental Health Service Planning Framework at a state-wide level and will also be used by LHNs at the regional level in conjunction with PHNs. SA Health will use the NMHSPF to support regional mental planning efforts and provide assistance that may be available to regions in using these planning tools. SA Health will contribute advice based on its experiences about how the NMHSF, including any associated tools and resources, should be further developed, refined and applied.

The State Mental Health Service Planning Framework will establish governance arrangements for the planning process. State level planning resources to assist regional planning is a matter that may be considered

Contacts for further information and advice on regional planning at a jurisdictional level.

- Dr John Brayley, Chief Psychiatrist and Director, Mental Health Strategy, Department for Health and Wellbeing, Email: John.Brayley@sa.gov.au
- Mr Mark Leggett, Principal Manager, Strategy and Reform, Mental Health Strategy, Department for Health and Wellbeing, Email: Mark.Leggett@sa.gov.au

TASMANIA

Summary of jurisdictional approach to regional mental health and suicide prevention planning

There is a history of collaboration between the Department of Health and Human Services (DHHS) Tasmania, the Tasmanian Health Service (Tasmania's LHN) and Primary Health Tasmania (Tasmania's Primary Health Network).

A Memorandum of Understanding (MOU) formalises the commitment of all parties to working together for better health outcomes for Tasmanians. Although regional mental health planning is not specifically mandated and identified, it is through the MOU and the associated processes that regional mental health planning has commenced.

DHHS, PHT and THS are working in partnership to complete three key pieces of work relevant to the development of a Tasmanian regional mental health and suicide prevention plan. This will be comprised of:

- development of a joint regional mental health and suicide prevention plan for Tasmania that is informed by the National Mental Health Service Planning Framework and a joint mental health needs assessment to identify gaps, duplication and inefficiencies to make better use of existing resources and improve sustainability
- commissioning of services according to the joint regional mental health and suicide prevention plan

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

Rethink Mental Health Plan 2015-2025 – A long term plan for mental health in Tasmania

Tasmania's Suicide Prevention Strategy 2016-2020, Youth Suicide Prevention Plan for Tasmania 2016-2020 and Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020

Broader state level policies or frameworks relevant to regional planning

One State, One Health System, Better Outcomes reform for of Tasmania's health system.

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

Rethink Mental Health Plan 2015-2025 – A long term plan for mental health in Tasmania

- Reform Direction 4 – An Integrated Tasmanian Mental Health System
 - Better integration of key parts of the mental health system including public mental health services, primary health care, clinical and non-clinical services and private providers

- Reform Direction 5 – Shifting the focus from hospital based care to support in the community
 - Develop stepped models of mental health support in the community

Tasmania's Suicide Prevention Strategy 2016-2020, Youth Suicide Prevention Plan for Tasmania 2016-2020 and Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020

Issues arising from bilateral agreements relevant to regional planning

- National Psychosocial Support Measure to support people with severe mental illness and associated psychosocial functional impairment who are not more appropriately supported through the NDIS; and reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health system.
- Bilateral agreement will require:
 - a regional approach to target psychosocial support services to individual needs, creating flexible, efficient service delivery and may include individual and group support and rehabilitation and peer work
 - improved service coordination for individuals with severe mental illness and associated psychosocial functional impairment, while taking into account supports available across the levels of governments, the community and relevant sectors
- All activities undertaken under the bilateral agreement are required to be consistent with the priorities and objectives of the Fifth National Mental Health and Suicide Prevention Plan.

Jurisdictional expectations or requirements in relation to the process of regional planning

As per the information provided under “**Summary of jurisdictional approach to regional mental health and suicide prevention planning**”.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

Key people within DHHS, PHT and THS have been trained in using NMHSPF and are licensed users.

The following steps will be undertaken to support development and application of NMHSPF:

- joint mapping of current Tasmanian services against the NMHSPF taxonomy
- application of the NMHSPF to determine the requirements for Tasmania
- gap analysis between current services and identified requirements as per the NMHSPF
- development of joint regional mental health and suicide prevention plan to move Tasmania from current service delivery to required service delivery as determined through application of the NMHSPF

Contacts for further information and advice on regional planning at a jurisdictional level.

Dr Aaron Groves, Chief Psychiatrist – aaron.groves@dhhs.tas.gov.au

Narelle Butt, General Manager, Mental Health, Alcohol and Drug Directorate –
narelle.butt@dhhs.tas.gov.au

AUSTRALIAN CAPITAL TERRITORY

Summary of jurisdictional approach to regional mental health and suicide prevention planning

The establishment of an Office of Mental Health and Wellbeing (the Office) – The Office has comprehensive oversight of the mental health service system in the ACT, across government and community sectors. It focuses on co-ordination of services across the continuum of mental health treatment, care and support to ensure people can access services at the right place and the right time. The Office was established in 2018 and will play a significant role in integrated service planning.

ACT Regional Mental Health and Suicide Prevention Plan – This plan is in the process of being developed by Capital Health Network (CHN, the ACT's Primary Health Network), in partnership with ACT Health. This planning process is guided by and aligns with the Fifth Plan and other national strategic documents, the NMHSPF and local planning documents such as the CHN's Baseline Needs Assessment (2018), the recently released Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region and the ACT Health Strategic Framework for Mental Health and Suicide Prevention 2017-2023.

LifeSpan Framework for Suicide Prevention - Evidence points to the benefits of combining effective strategies into an integrated, systems based approach to suicide prevention. LifeSpan will be implemented across the ACT, in collaboration with The Black Dog Institute, and provides a framework for integrated, regionally based suicide prevention including nine evidence-based strategies, targeting population to individual- level risk.

Other

- All services in the mental health sector will be required to set practical steps to deliver on the Fifth Plan priorities including integrated planning and coordinated care.
- Development of infrastructure to support service delivery is a consideration in service planning.

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction:

- ACT Health Strategic Framework for Mental Health and Suicide Prevention 2017-2023 (Internal document at this stage)
- ACT Health Models of Care (Adult MH Rehabilitation Unit, Adult MH Day Service, CAMHS, Adult Community MH Services, Secure Mental Health Unit, Step Up Step Down)
- Eating Disorders Position Statement
- Capital Health Network Baseline Needs Assessment
- Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region (Internal document at this stage)

Broader state level policies or frameworks relevant to regional planning

Document or Page Title	URL (if applicable)	Author/Date Published
Better Services Blueprint	https://www.betterservices.act.gov.au/human-services-blueprint	ACT Government
ACT Multicultural Framework 2015-2020	http://www.communityservices.act.gov.au/_data/assets/pdf_file/0005/826817/ACT-Multicultural-Framework-2015-2020.pdf	ACT Health
ACT Aboriginal and Torres Strait Islander Agreement 2015-2018	http://www.communityservices.act.gov.au/_data/assets/pdf_file/0009/717975/ACT-Govt-Agreement.pdf	
Cross directorate Homelessness and Supported Accommodation Cohort Study	Internal Document at this stage	ACT Government
Justice Reinvestment Strategy	http://www.justice.act.gov.au/page/view/3829/title/justice-reinvestment-strategy	ACT Government

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

The *Draft ACT Health Strategic Framework for Mental Health and Suicide Prevention (2017-2023)* outlines ACT priorities, challenges and activities aligned with the Fifth Plan.

ACT Health Models of Care outline the vision, aims and operations of services including how they align with the Fifth Plan and support integrated and co-ordinated care.

Capital Health Network Baseline Needs Assessment highlights key priorities informed by quantitative and qualitative data.

Better Services Blueprint outlines the following aims:

- Creating a better service experience:
- Improving economic and social participation, especially amongst disadvantaged Canberrans:
- Making services sustainable

The *ACT Multicultural Framework 2015 – 2020* highlights accessibility and responsiveness of services in relation to culturally and linguistically diverse people.

The ACT Aboriginal and Torres Strait Islander Agreement 2015-2018 sets a quality life outcome of focused and effective services for Aboriginal and Torres Strait Islander peoples in the ACT – where service directorates and service partners will collaborate to provide culturally appropriate holistic service delivery.

The Homelessness and Supported Accommodation study will inform future facility planning. *The Justice Reinvestment Strategy* takes a cumulative approach that aims to deliver improved outcomes in the community and justice system.

Issues arising from bilateral agreements relevant to regional planning

Psychosocial Support Measure –The Bilateral Agreement between the ACT and Australian Government will enhance funding for psychosocial support measures for people with functional impairment resulting from severe mental illness who are not found eligible for the NDIS, or who are otherwise not engaged with the NDIS. Australian Government funding will be administered by the Capital Health Network Target areas will be informed by the Fifth Plan and priorities identified in the joint integrated regional planning process.

Partnership Agreement on Suicide Prevention - Highlighted lack of data on suicide hotspots in the ACT. Suicide Prevention data will be improved through ACT implementation of the LifeSpan Suicide Prevention Framework.

Jurisdictional expectations or requirements in relation to the process of regional planning

The CHN and ACT Health have agreed to develop the ACT Regional Mental Health and Suicide Prevention Plan in recognition of the importance of a strategic and coordinated approach to the provision of mental health and suicide prevention services across the ACT and the significant role these organisations play in commissioning and delivery of these services.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework, and other planning tools and resources available to assist regional planning

The NMHSPF is being used to inform the development of the ACT Regional Mental Health and Suicide Prevention Plan. ACT Health and Capital Health Network have a number of staff trained in the use of the NMHSPF Tool. A reference group has been established to look at the application of the tool for the ACT.

Other information such as national and local data and the Integrated Mental Health Atlas of the Australian Capital Territory Primary Health Network Region will also inform planning.

Contacts for further information and advice on regional planning

ACT Health <http://www.health.act.gov.au/our-services/mental-health>

ACT Health Mental Health Policy Unit 02 6205 4810

Capital Health Network <https://www.chnact.org.au/>

NORTHERN TERRITORY

Summary of jurisdictional approach to regional mental health and suicide prevention planning

The Mental Health and Alcohol and Other Drugs Branch (MHAOD), Northern Territory Government, Department of Health (NTG DOH), is the key driver of ongoing collaboration to planning urban, regional and remote mental health and suicide prevention approaches across the Northern Territory (NT).

The MHAOD has led the multisectoral, cross-agency development of the new NT Suicide Prevention Strategic Framework 2018-2023. This comprehensive framework provides for the collaborative design and ongoing implementation and evaluation of regional suicide prevention efforts across the NT. It aligns to both national and international recommendations. The Strategic Framework and the accompanying Implementation Plan were launched in August 2018.

The NT Government has made a commitment to reviewing the NT Mental Health Service Strategic Plan 2015-2021, and to update this plan to reflect contemporary standards and mental health reforms. An initial review has been completed with a full review and update to be concluded in 2019.

The MHAOD Branch has initiated a planning forum to provide coordination and transparency for funding investment and discussions relating to primary health and community managed services that meet the range of mental health and suicide prevention needs across the NT. The aim of the forum is to prevent a duplication of funding and to identify service gaps.

Core membership of this forum consists of the following:

- Australian Government Department of Health
- Prime Minister and Cabinet
- Department of Social Services
- NT Department of Health
- NT Primary Health Network

Jurisdiction level mental health policies, plans or frameworks which should inform regional planning in the jurisdiction

NT Suicide Prevention Strategic Framework 2018-2023 and Implementation Plan

NT Mental Health Service Strategic Plan 2015-2021

NT PHN Mental Health and Suicide Prevention Needs Assessment (2017)

NT PHN Drug and Alcohol Treatment Needs Assessment (2017)

Northern Territory Health Strategic Plan 2018 - 2022

Broader state level policies or frameworks relevant to regional planning

NT Health Aboriginal Cultural Security Framework 2016-2026

NT Strategic Children's Policy and Early Childhood Development Plan

NT Department of the Chief Minister Strategic Plan 2017-2020

NT Economic Development Framework

NT Remote Engagement and Coordination Strategy

Summary of key priorities for and approaches to mental health and suicide prevention planning for LHNs and PHNs arising from these policies

Regional planning will take into account the current NT Strategic Plan and Suicide Prevention Strategic Framework and Implementation Plan, the current investment in LHNs, Aboriginal Medical Services, Aboriginal Community Controlled Health Services, and community based services.

This work is in early stages of reviewing current services and gaps to inform regional planning opportunities and consideration around potential governance arrangements.

Issues arising from bilateral agreements relevant to regional planning

The Bilateral Agreement between the Australian Government and the Northern Territory Government to provide the National Psychosocial Support Measure was signed in July 2018. Careful consideration during the needs assessment, planning and commissioning process will be required to provide any effective outcomes for Territorians with psychosocial disability who are not eligible for the National Disability Insurance Scheme.

Jurisdictional expectations or requirements in relation to the process of regional planning

The NTG DOH is committed to working collaboratively and in partnership with LHNs, Aboriginal Medical Services, Aboriginal Community Controlled Health Services, NTPHN, consumers and carers and other relevant stakeholders in regional planning consistent with the Fifth National Mental Health and Suicide Prevention Plan to identify service gaps, reduce duplication and explore opportunity for efficiencies. The NTG DOH will request LHNs to jointly develop and publically release joint regional plans with LHNs.

Jurisdictional approach to supporting development and application of the National Mental Health Service Planning Framework (NMHSPF), and other planning tools and resources available to assist regional planning

The NT DOH will work closely with the NTPHN and LHNs in the use of the NMHSPF and has contributed to further investment and development of the tool. Due to the unique demographics of the NT, application of the NMHSPF in its current form is limited and is likely to be used as a baseline in needs assessment work and to assess current investment of workforce in urban centres. This NMHSPF will be more effectively applied when further iterations are completed to deal with rural and remote areas.

Contacts for further information and advice on regional planning at a jurisdictional level.

Cecelia Gore, Senior Director, Alcohol and Other Drugs Branch, Department of Health, Northern Territory Government

[E: MHAOD.DoH@nt.gov.au](mailto:E:MHAOD.DoH@nt.gov.au)

Phone: 08 8999 2691

Maggie Jamieson, Deputy Chief Executive, Health Policy & Strategy Division, Department of Health, Northern Territory Government

[E: HPSCorrespondence.DOH@nt.gov.au](mailto:E:HPSCorrespondence.DOH@nt.gov.au)