Northern Territory
Mental Health Service Strategic Plan
2015 – 2021
Northern Territory Mental Health Service Strategic Plan 2015 – 2021

THE HON JOHN ELFERINK MLA

Social and emotional health and wellbeing are vital to our capacity to be happy and productive, and to be resilient when coping with difficult times in our lives. Emotional health and wellbeing is enabled and supported by living in a safe and inclusive environment where community members feel supported and encouraged to contribute.

This Strategic Plan outlines the path that Government will follow to create health-promoting community, school and workplace environments for Territorians. The Plan also aims to ensure the availability of the range of services they need to protect their mental health.

Our unique Territory-specific considerations have been factored into the development of this Strategic Plan through input sought from a variety of service users and stakeholders. This has resulted in a plan which integrates the priorities of the National Mental Health Reform Agenda with the Territory’s needs and requirements in a way which will deliver sustainable and accessible supports and services.

The priority areas of this Strategic Plan detail the specific actions that will be taken over the next six years to build and sustain a better mental health service system. This involves a commitment to care that is focused on the person, their family and the community across the whole continuum of care from mental health promotion to care and recovery. Stronger participation of consumers and carers, and engagement with Non-Government Organisations and Aboriginal communities is also a key element in strengthening our mental health system, along with building a sustainable workforce and evidence-based quality assurance.

I am pleased to present the Northern Territory Mental Health Service Strategic Plan 2015-2021, which outlines a program of work by Government to enhance the mental health and wellbeing of all who live and work in the Territory.

The Hon John Elferink MLA
MINISTER FOR HEALTH
MINISTER FOR MENTAL HEALTH SERVICES
MINISTER FOR DISABILITY SERVICES
The Northern Territory Mental Health Service Strategic Plan 2015-2021 sets priorities to support and increase the capacity of the mental health system to meet the needs of mental health consumers in the Northern Territory.

There is a growing public awareness of the impact of mental illness, and the benefits of prevention and early intervention to minimise its potential negative effects. Northern Territory Health is committed to working with key stakeholders in building a robust framework to provide appropriate supports to consumers, carers and service providers.

The Strategic Plan outlines a comprehensive and collaborative approach and incorporates the perspectives of our consumers, carers, service providers, and other stakeholders. The Plan has been developed in consultation with a wide array of stakeholders. This close collaboration with our stakeholders will continue through the implementation of the Strategic Plan and strengthen our partnerships and ensure a coordinated approach to delivery of mental health services.

Our vision is to provide high quality, culturally appropriate and holistic programs and services to all Territorians and their families in ways which support them to enjoy the highest quality of life. This Strategic Plan details the key steps to achieve our vision and outlines a process for planning and measuring our progress along the way.

I thank all who contributed to the development of this Strategic Plan and look forward to seeing its implementation and the success of its objectives for the benefit of our community.

Dr Len Notaras AM
CHIEF EXECUTIVE
NORTHERN TERRITORY DEPARTMENT OF HEALTH
1 Vision

The Northern Territory’s vision is to promote, protect and enhance the mental health of all Territorians across all stages of life.

2 Mission

The mission of the Northern Territory Government is to establish a mental health system that provides high quality, culturally appropriate and holistic programs and services that respond to the changing needs and expectations of Territorians.
Six principles underpin the strategies in this NT Mental Health Strategic Plan 2015-2021 (the Plan):

1. **Person-centred holistic care** – care is person centred and acknowledges the impact on mental health of all areas of life, including physical health, employment, education, housing, family relationships and social connectedness.

2. **Care that is culturally safe and appropriate** – services and programs are planned and delivered in ways that recognise and respect differences in culture and values within our diverse population.

3. **Partnering with consumers and carers** – consumers and carers are partners in planning and decision-making in the service system across the continuum from their own care and local service delivery to system-wide policy and planning.

4. **A recovery paradigm** – care approaches enable self-determination and self-management as part of achieving recovery and enhancing the wellbeing of people with mental illness.

5. **High quality, safe services** – clinical governance frameworks facilitate a culture of safety and quality which assures the provision of mental health care.

6. **Equity, sustainability and a stepped-care approach** – multiple levels of care and support are available to meet the changing needs of the population.
Population and geography

The small, culturally diverse population dispersed over a large geographic area poses unique challenges to the Northern Territory (NT) in delivering mental health services to individuals and communities, particularly those living in rural and remote areas.

Covering approximately eighteen percent of Australia’s landmass, the NT is home to just one percent of the total national population. About two thirds of the Territory population lives in its two large urban centres, Darwin (57%) and Alice Springs (10%). The remaining third (33%) of the population lives in areas that are classified by the Accessibility/Remoteness Index of Australia (ARIA+) as remote or very remote. The most remote communities in the NT are hundreds of kilometres from the nearest regional centre, have no access to public transport and lack basic infrastructure.

Thirty percent (30%) of the NT population is Indigenous, a significantly higher proportion than in any other Australian jurisdiction. The vast majority (81%) of Indigenous people in the NT live in remote or very remote areas (Australian Bureau of Statistics, 2007) and English is often a second or third language.

The NT also has the youngest population in Australia. Territorians under the age of 25 constitute 37% of the population, compared to 32% nationally.

As in most other parts of Australia, the NT population is culturally diverse with a high immigrant population.

Prevalence of Mental Disorder, Suicide and Comorbidity

Social determinants

There are significant socioeconomic factors that can contribute to health and wellbeing outcomes in the NT, including health infrastructure, housing, sanitation, clean water and food, homelessness and participation in education. There are particular challenges in relation to social determinants of health in remote communities. The levels of unemployment in the NT are low compared to the rest of Australia, and the participation of individuals with severe and persistent mental illness in the workforce also remains low.

Another known determinant of mental ill health in the NT is trauma. Exposure to traumatic events, particularly from a young age, is thought to have profound neurological, biological and social effects on individuals, families and communities. It is thought that such experiences also correlate with increased risk taking behaviours and problematic mechanisms for coping with stress and negative emotions such as self-harm and antisocial behaviours including violence towards others.

Mental illness

Worldwide, mental illness and substance use disorders have been estimated as being responsible for 7.4% of total disease burden and were the leading cause of non-fatal burden of disease in 2010 (Whiteford et al 2013, p.1579). The ABS 2007 National Survey of Mental Health and Wellbeing found that 20% of Australians between 16 and 85 years of age had experienced a mental disorder in the 12 months prior to the survey, with only 35% of these individuals using a health service during the same period (ABS 2007a).

For Aboriginal and Torres Strait Islander people, there is a greater prevalence of mental health
Death from suicide amongst Aboriginal and Torres Strait Islanders is almost three times higher than for non-Indigenous people in the Territory, with an age standardised rate of 30.8 deaths per 100,000 compared to 16.4 deaths per 100,000 for non-Indigenous persons over the period 2000 to 2010 (ABS 2012b).

**Comorbidity**

The National Mental Health and Wellbeing Survey 2007 results show a high correlation between smoking and alcohol misuse and mental illness (ABS 2007b). There is evidence that adults in the NT are at higher risk of alcohol misuse with 25.5% of NT adults exceeding the National Health and Medical Research Council lifetime risk guidelines for alcohol consumption in 2011/12 compared to 19% for Australians overall (ABS 2012a).

A high level of alcohol and other substance misuse in the NT correlates with high rates of comorbidity between mental illness and substance misuse. Approximately 24.8% of all mental health inpatient separations in the NT in 2012/13 had a diagnosis of mental health and behavioural disorders due to psychoactive substance use. Approximately 7% of all mental health inpatient separations identified this as the primary diagnosis (DoH 2014). The high rates of substance misuse and injury in the Territory also result in higher rates of Acquired Brain Injury (ABI), which require intensive and expensive specialist services and a high support response.

**Suicide**

The rate of suicide in the NT over the period 2008 to 2012 was 18.1 deaths per 100,000, which is significantly higher than the Australian rate of 10.8 deaths per 100,000 (ABS 2014). However, this does show a significant reduction of the rate of suicide in the NT when compared with 22.8 deaths per 100,000 in 2007.
Over the last twenty years there has been significant change in mental health and suicide prevention policy and service systems to encourage people with mental illness to be active members of the community and support them to live meaningful and productive lives.

The concept of recovery has become a guiding principle for the mental health service system, building on the recognition that people with mental illness and their families have a critical role to play in informing and guiding the service system. Recovery oriented approaches support individualised approaches and active involvement of people experiencing mental ill health and their families in planning and decision-making about their care and support.

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

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

The federal government has been increasingly involved in supporting a coordinated national approach through National Mental Health Planning processes and providing funding to support identified gaps in the service delivery system. At a national level there is recognition of the need for significant reform and the NT Government will work with our national colleagues over the life of this plan to ensure it reflects these national directions and meets the needs of people with mental illness and their families and support networks.

**Key points of reference**

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

**Northern Territory Strategic Plan**

*Framing the Future* establishes the four strategic goals of the NT Government’s vision for the future of the Territory:

1. A prosperous economy
2. A strong society
3. A balanced environment
4. A confident culture.

Progress in achieving these goals will lead to improved mental health for all Territorians by creating an environment that prevents or delays the onset of mental illness through outcomes such as:

- Well-designed services that meet people’s needs for housing, employment, learning and health;
- Integrated and accessible services that focus on early intervention and prevention, and delivery of services to the most vulnerable that achieve long-term outcomes;
- An environment that is safe, connected and encourages community participation and engagement.

**Northern Territory Health Strategic Plan 2014-2017**

The NT Health Strategic Plan 2014-2017 establishes a shared vision and areas of work that aim to improve the health and wellbeing of Territorians. The vision of *Healthy Territorians living in Healthy Communities* provides clear direction for mental health and wellbeing plans.
and strategies, focusing on a strong partnership between government and non-government organisation and the community to address health needs and build resilience.

**National Mental Health Policy**

The National Mental Health Policy 2008 provides a strategic vision for whole-of-government mental health reform across Australia, being to:

- Promote the mental health and well-being of the Australian community and, where possible, prevent the development of mental health problems and mental illness;
- Reduce the impact of mental health problems and mental illness, including the effects of stigma, on individuals, families and the community;
- Promote recovery from mental health problems and mental illness; and to
- Assure the rights of people with mental health problems and mental illness, and enable them to participate meaningfully in society.

**The Fourth National Mental Health Plan 2009-2014**

The Fourth National Mental Health Plan set an agenda for collaborative government action in mental health and provided a framework for a system of care that intervenes early and provides integrated services across health and social domains. The plan had five priority areas for government action in mental health:

1. Social inclusion and recovery
2. Prevention and early intervention
3. Service access, coordination and continuity of care
4. Quality improvement and innovation and
5. Accountability - measuring and reporting progress.

**Ten Year Roadmap for Mental Health Reform 2012-2022**

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

Priority 1: Promote person-centred approaches.

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

Priority 3: Prevent mental illness.

Priority 4: Focus on early detection and intervention.

Priority 5: Improve access to high quality services and supports.

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

**National Mental Health Commission review**

The National Mental Health Commission was established in 2012. In 2014 the Australian Government engaged the Commission to undertake a national review to assess the efficiency and effectiveness of Commonwealth funded mental health services and programs across Australia (The Review). The Review has identified the need for governments to address the fragmentation and inefficiencies in the service system by clearly identifying their roles and responsibilities and through coordinated planning; a need for greater focus on early intervention and coordinated community based care; prioritise Aboriginal and Torres Strait Islander Mental Health; Remote mental health; and a greater emphasis on coordinated primary healthcare.
Core components of a comprehensive mental health system

The growing understanding of the importance of population mental health has led to greater attention on the development of mental health systems that can respond to the level of need and changing community expectations of mental health treatment and care. It is now accepted that the best health outcomes are achieved by treating mental disorders as early as possible, holistically, and close to the person’s home and community.

A comprehensive mental health system should include the following core components:

1. Focus on mental health promoting environment for all of its citizens to maximise health and wellbeing and reduce the risks of mental illness.
2. Promoting self-care and community care which creates resilience in the face of adversity, and which contributes and sustains recovery.
3. Mental health care service systems that offer the right balance of primary care, general hospital and community mental health services, long stay facilities and specialist psychiatric services (WHO 2009).

The NT mental health service system

Specialist mental health services

Specialist public mental health services provide a multidisciplinary approach to treatment and therapeutic intervention for people experiencing mental illness or mental health problems. They provide assessment, treatment and clinical intervention to consumers of all ages presenting with moderate to severe disability associated with mental illness or mental health problems in urban and remote communities. Services are provided in accordance with the National Safety and Quality Health Service Standards, the National Standards for Mental Health Services and the NT Mental Health and Related Services Act.

Top End Mental Health Services (TEMHS)

TEMHS forms part of the Top End Health Service and has community teams based in Darwin, Katherine and Nhulunbuy. TEMHS also operates a 29 bed Inpatient Unit at Royal Darwin Hospital, comprised of Cowdy Ward (16 open beds), Joan Ridley Unit (8 secure Beds) and a Youth Inpatient Program.

Central Australian Mental Health Services (CAMHS)

CAMHS forms part of the Central Australian Health Services and has community teams based in Alice Springs and Tennant Creek. CAMHS operates a 12 bed Mental Health Unit (Ward 1) at Alice Springs Hospital (ASH) and a Subacute Facility, comprising of 6 subacute beds and 2 supported accommodation beds.

Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services currently comprise approximately half of all Aboriginal medical services in the NT, providing primary health care services across urban, rural and remote settings including clinical services, health promotion, advocacy, knowledge and research. The NT and Australian Governments continue to support the Pathways to Community Control agenda, aimed at transitioning all Aboriginal medical services to community control, which is defined by the Aboriginal Medical Services Alliance of the NT as “the ability for the people who are going to use health services to determine the nature of those services, and then participate in the planning, implementation and evaluation of those services.”
Northern Territory Government funding to Non-Government Organisations (NGOs)

NGOs funded by the NT Department of Health deliver a range of non-clinical services including:
- Subacute care;
- Supported accommodation;
- Psychosocial rehabilitation and recovery services;
- Consumer and carer support and advocacy;
- Suicide prevention activities; and
- Mental health promotion.

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

Australian Government funding to NGOs

The Australian Government also provides funding to non-government organisations and other providers for provision of mental health services and supports including but not limited to:
- Personal Helpers and Mentors;
- Day to Day Living;
- Suicide prevention activities;
- Communities for children;
- Family and youth services;
- Headspace;
- Access to Allied Psychological Services;
- Better Access initiative;
- Partners in Recovery;
- Beyondblue;
- Mindmatters and Kidsmatter;
- Mental Health Australia; and
- Living is For Everyone.

Primary Care providers

The 2013 Northern Territory Medicare Local Primary Health Care Needs Assessment Report (NTML 2013) identified that 19% of doctors in the NT are working in private general practice, mostly in Greater Darwin and Alice Springs. Primary care practitioners covering remote NT are mostly employed by NT Government and Aboriginal Medical Services. There is a relative lack of primary mental health services (GP, psychiatry and allied health clinicians) in the NT that places increased pressure on specialist mental health services.

Mental Health Directorate

The Mental Health Directorate facilitates the strategic policy and planning agenda for mental health in the NT in partnership with health services, clinicians, consumers and their carers. The Directorate forms part of the Department of Health’s planning, policy and performance function.

The Directorate also has responsibility for monitoring the implementation of mental health legislation, NGO service development and coordinates monitoring and reporting progress on all National Mental Health Strategy initiatives.
Initial scoping for this Plan was undertaken by the Mental Health Directorate and the Northern Territory Mental Health Coordination Group (NTMHCG) comprising key mental health service leaders from within NT Health. The need for a focus on ensuring that services remain integrated, that services are delivered in partnership to ensure a holistic approach, and that critical gaps in services and in the mental health workforce in the NT are addressed to ensure the sustainability of the service system were considered priorities for further discussion with stakeholders.

A Discussion Paper was developed and circulated to key stakeholders in September 2014, during which time Consultation Forums were also held in Darwin, Katherine, Nhulunbuy, Tennant Creek and Alice Springs and Client/Patient Focus Groups as well as Carer Focus Groups were held in Darwin and Alice Springs. Additional meetings and forums were held with key stakeholders in October and November 2014 to further explore issues raised in consultation forums and at the request of stakeholders.

A total of 30 written submissions to the Discussion Paper were received and over 100 individuals participated in consultation forums and meetings across the NT assisting to shape the final priorities and action plan.
Priority Area 1:

Shaping our mental health system for the future

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

Focus will be on delivering care that is integrated, seamless and delivered in partnership with other mental health providers, consumers and carers. All care partners in the service system will need to work together to ensure the system meet the needs of consumers without duplicating effort or unnecessarily complicating provision of services.

Mental health services in the NT will continue to develop and maintain the excellent inter-sectorial linkages that it currently enjoys and will work with less well engaged sectors to best meet the mental health needs of the wider community.

From 2015-2021 the focus will be on:

Ensuring system sustainability

- Developing and implementing a sustainability plan for mental health services in the NT, which includes targets for the appropriate mix and size of services and the future infrastructure required to support service provision, especially in rural and remote areas
- Establishing a funding, performance and review framework for investment in services in the Non-Government sector

Enhancing access and quality

- Establishing a clinical service framework for public mental health services in the NT
- Improving the accessibility of mental health services including expanding use of new technologies

Strengthening system connections

- Working with other NT Government agencies such as housing and education to address the psychosocial wellbeing needs of mental health clients
- Establishing partnerships at the local, Territory, inter-jurisdictional and national level to facilitate improvements to the mental health service system and to promote new and innovative approaches to service delivery
- Consolidating linkages between NT Government health service program areas to ensure care coordination for clients with complex needs and service delivery in remote areas
- Strengthening the integration of the service system to ensure smooth transitions for clients between inpatient and community based mental health services, criminal justice and health system and between NT Government and non-government and private service providers.
Priority Area 2:

Embedding person, family and community-centred practice in the NT mental health system

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

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

Mental health services that support the recovery of their clients actively create opportunities for choices which lead to a satisfying and purposeful life as a valued member of the community. A key role is to support people to regain their place in their own communities and to participate in social, educational, training and employment opportunities along with everyone else. A person-centred mental health system also works with the broader social system to create an environment of greater social inclusion of people in recovery from mental illness.

From 2015-2021 the focus will be on:

Promoting resilience, independence and self-management

- Developing, promoting and implementing recovery-oriented models of care that promote resilience, independence and self-management across the lifespan
- Establishing core standards that ensure NT service models recognise the need for unique approaches for particular population groups and regions and at different stages of life
- Putting systems in place which ensure holistic care which includes facilitation of support and treatment for any physical health related to a client’s mental illness

Identifying and addressing the particular needs of the most vulnerable

- Assuring culturally appropriate services by expanding the cultural competence of mental health service staff providing services to clients who are Indigenous or from culturally and linguistically diverse backgrounds
- Strengthening opportunity for partnership approaches to recovery by facilitating increased availability and use of interpreters
- Improving access to mental health services to people in the prison, other correctional facilities and within the criminal justice system

Creating a more inclusive community environment

- Increasing access to appropriate housing, supported accommodation and crisis respite for individuals with mental illness as well as support for clients in their own home
- Supporting clients to engage in education and employment and meaningful activities in the community to promote their recovery
Priority Area 3:

Promotion, prevention and early intervention

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

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

To enhance resilience at a community wide level, it is crucial that all service sectors invest in promoting mental health and wellbeing. The NT Suicide Prevention Strategic Action Plan 2015-2018 acknowledges the important role of other service sectors, identifying cross government actions for promoting resilience and prevention and responding to suicide in the community. We will work closely with these sectors to implement an integrated approach to Suicide Prevention across the Territory.

From 2015-2021 the focus will be on:

Early intervention

- Improving linkages with general practitioners and other primary health care providers to support the provision of culturally appropriate mental health and wellbeing supports in the community for individuals who are at risk or who have emerging mental health problems
- Strengthening early intervention responses for children and young people
- Supporting implementation of school based mental health programs and activities
- Supporting and leading implementation of workplace based mental health and wellbeing programs and activities

Community capacity building

- Working with Aboriginal communities to establish mental health promotion programs and priorities, including suicide prevention activities
- Developing and supporting mental health promotion and community awareness activities and resources aimed at increasing mental health literacy and help seeking behaviour
- Increasing access to training for service providers, care providers and the general public in identifying and responding in a culturally appropriate way to mental health crisis situations
- Utilising available technology to plan and implement mental health promotion, prevention and early intervention activities

Strengthening system connections

- Development of public policy that promotes and protects mental health
- Working with NT Government agencies, the Commonwealth, non-government organisations and private providers to reduce the rates of suicide in the NT through implementation of the NT Suicide Prevention Action Plan
Priority Area 4: Enabling participation and engagement

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

- provision of information to assist understanding of the problems and alternative solutions;
- consultation to obtain feedback on plans, alternatives and decisions;
- involvement throughout the process to ensure shared understanding of concerns, aspirations,
- collaboration on the identification of alternatives and preferred solutions; and
- empowerment which places the final decision in the hands of consumers, family members and carers.

While there has been some progress towards developing consumer and carer participation mechanisms in mental health in the NT, there is need to grow this capacity further.

Engagement and participation of the range of service providers with which we work is also a key element in planning and coordinating effective and holistic systems of care which meet the expressed needs and preferences of consumers in the most efficient and effective ways.

Establishing formal arrangements to consult and collaborate with Aboriginal communities and elders will also be crucial to ensuring that NT mental health services of the future reflect the particular expectations and needs of Indigenous communities.

From 2015-2021 the focus will be on:

**Empowering consumers as decision-makers in their care**

- Establishing Territory-wide policies and practice and protocols that standardise processes which enable individual clients take the lead in their care planning
- Strengthening peer support and advocacy services for clients of mental health services

**Engaging consumers and key stakeholders in system development**

- Developing Territory-wide policies to drive the engagement of consumers and carers in service development, quality improvement, planning, implementation and review activities including provision of appropriate training and support for their participation
- Establish consumer and carer consultant positions within NT Government mental health services and evaluate the benefit delivered after two years’ operation

**Recognising diversity**

- Working towards representation in consumer and carer participation activities that recognise and represent the diversity of gender, age, sexual identity and cultural heritage of Territorians
- Engaging Indigenous and multicultural clients and their families and communities in the development and implementation of culturally appropriate mental health and wellbeing services
Priority Area 5:

Developing our mental health workforce

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

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

From 2015-2021 the focus will be on:

Planning for a sustainable workforce

- Planning for the sustainability of the NT mental health workforce including succession planning
- Career development pathways for Indigenous and multicultural workers, including fostering leadership within services to promote recruitment and retention of Indigenous staff and the development and implementation of culturally appropriate programs and services

Growing skills and capability

- Developing formal and informal training and development plans for mental health staff
- Provision of training for primary health care staff in identifying and responding to mental health issues, especially in remote communities
- Building the capacity of non-government service providers in the provision of psychosocial rehabilitation and support services and supported accommodation, including establishment of minimum core competencies for staff working in these services
- Building the capacity of consumer and carer support services in providing peer support programs
- Developing and implementing cultural orientation programs for staff that are relevant to the region and communities they are working in and supporting staff to learn about the local culture and service context

Providing a rewarding and safe work environment

- Ensuring there is high quality clinical supervision available to staff working in the mental health service system
- Ensuring staff are given appropriate training and support in identifying and responding to work health and safety issues
Priority Area 6:

Using knowledge to drive quality and innovation

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

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

From 2015-2021 the focus will be on:

Assuring quality & safety

- Reviewing the Mental Health and Related Services Act to ensure that the legislation continues to reflect best practice in mental health treatment and care
- Ensuring appropriate organisational and clinical governance structures and systems are in place to support the delivery of safe, high quality treatment and care
- Ensuring mental health services achieve and maintain accreditation against National Standards
- Utilising consumer outcome measurement tools and consumer perceptions of care surveys to inform quality improvement activities

Using the evidence to improve the mental health service system

- Improving data collection to support national reporting obligations and inform service improvement, development and planning
- Integrating mental health data from inpatient and community to provide comprehensive system wide reporting
- Building the research and evidence base for future mental health service planning
- Applying relevant standards to identify the scope of current and future infrastructure needs, including the maintenance and refurbishment, to support the delivery of high performing mental health services

Supporting innovation

- Utilising new technologies to improve data and information, including working towards a paperless system for recording of client data
Implementation and Evaluation

The implementation of the NT Mental Health Services Strategic Plan 2015-2021 will be informed, influenced and guided by a continuous process of consultation with key stakeholders resulting in the refining of actions in line with locally identified needs and resources and national mental health reform agenda.

Each year, an annual action plan, outlining the work agenda for the financial year will be developed. These plans will be the result of ongoing consultation and guidance from the NT Mental Health Coordination Group, the primary health care sector and wider stakeholders.

At the end of each financial year, a progress report will be prepared against key action areas in the preceding year and towards the overall achievement of the expected outcomes of each Priority Area in the Strategic Plan.
Appendix 1

Mental Health Services in the NT over time

1988 ► Community mental health services established in the NT

1992 ► National Mental Health Strategy endorsed by the Australian Health Ministers Conference

NTCAG established in accordance with the First National Mental Health Plan

1998 ► A review of forensic mental health services commenced to cater for the establishment of the new Alice Springs Prison

1998 ► An NT Mental Health Coordination Committee was established to improve strategic planning and allocation of NT Mental Health funds and service mix

1998 ► New Mental Health and Related Services Bill passed by the Legislative Assembly, reforming NT mental health legislation in line with national agreements

1999 ► Implementation of a new mental health information system as a platform for improved consumer, case management and clinical care across the NT.

2000 ► Mental health service delivery units in Katherine, East Arnhem, Darwin Urban and Darwin Rural joined to create the Top End Mental Health Service with the aim of improving the service mix, access to and coordination of specialist mental health services in the Top End

NT School of Psychiatry commenced operation as a collaborative partnership between Flinders University, Royal Darwin Hospital and Mental Health Services

Mental Health and Related Services Act came into effect and Mental Health Review Tribunal established

2001 ► Position of Principal Community Visitor, a statutory role under the Mental Health and Related Services Act, established under the Anti-Discrimination Commission

Suicide prevention Life Promotion Program established across the NT, employing Indigenous and non-Indigenous Life Promotion Officers in the Top End and Central Australia.

Mental Health, Alcohol and Other Drugs and Health Promotion Programs combined to form the new Social and Emotional Wellness (SOEWell) Branch

Mental Health Information Management Group (MHIMG) established

Approved Procedures and Quality Improvement Committee established under the provisions of the Mental Health and Related Services Act

Top End Mental Health Services and the Top End Division of GPs established a collocated clinic at Tamarind Centre to provide complimentary medical care to clients

2003 ► NT Strategic Framework for Suicide Prevention launched

Release of the NT Service System Development Strategy Project and the Bansemer Review of the NT Government Department of Health and Community Services, leading to a significant increase in recurrent funding for mental health
2004 ► Agreement established with South Australia to provide mental health services in the APY lands

2004 ► NT Mental Health Coalition recognised as the peak body for mental health in the NT

2005 ► Top End Mental Health Services achieve accreditation with the Australian Council on Healthcare Standards

2007 ► Cross Government Coordinating Committee for suicide prevention established

2008 ► Amendments to the Mental Health and Related Services Act came into effect

2012 ► Legislative amendments to the Mental Health and Related Services Act made to provide for the commencement of Tier 1 services under the secure care initiative

2013 ► Top End and Central Australian Mental Health Services transition to management under the Health and Hospital Services as part of the New Service Framework

2014 ► New 8 bed mental health supported accommodation facility established in Darwin

NT Mental Health Services achieved NT wide accreditation headspace Top End commenced operations

New 8 bed subacute residential facility ‘Papaya’ commenced operations in Darwin

NT Perinatal Depression Initiative Project commenced with funding under the National Perinatal Depression Initiative

2009 ► Suicide Prevention Action Plan 2009-2011 launched headspace Central Australia commenced operations

2010 ► Commencement of a 24 hour NT Crisis Assessment and Telephone Triage line

2011 ► Additional funding allocated for suicide prevention and enhanced child and adolescent clinical services

2007 ► New funding allocated for the establishment of forensic mental health supported accommodation beds

2008 ► New Alice Springs Mental Health Subacute Facility commenced operations, funded under the National Partnership Agreement on Improving Public Hospital Services

2009 ► New mental health clinical positions created with Central Australian Mental Health Services to be based in the Alice Springs Hospital Emergency Department, with funding under the National Partnership Agreement on Mental Health Reform

2010 ► Inaugural NT Suicide Prevention and Wellbeing Conference held in Darwin.
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