NSW GOVERNMENT

phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

South Western Sydney

Regional Mental Health and Suicide Prevention Plan

to 2025

Map of South Western Sydney

Foreword

It is vital that mental health services across South Western Sydney share the same passion and collaborate to provide the best possible care to their consumers.

The South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2025 is a commitment from both the South Western Sydney Primary Health Network and South Western Sydney Local Health District to work together and help make care feel seamless regardless of who is providing it.

To inform the five-year plan, we consulted people with mental illness, along with their families and carers, who all took the time to share their personal experiences.

We also invited service providers including general practitioners, clinicians, mental health workers and community members to offer their input.

This early collaboration has been critical in the development phase, ensuring all thoughts and opinions were considered.

Feedback from our community paints a clear picture of a complex service system and the need for leadership and direction across all facets of mental health care.

During the next five years, the regional plan will establish a number of key priority areas with significant actions to advance the integration of mental health and related services across South Western Sydney.

Our stakeholders outlined a vision which sees people in South Western Sydney receive timely, accessible, affordable, family-inclusive mental health services that are free from stigma and discrimination. The plan reflects this as well as the expectations set by the Fifth Mental Health and Suicide Prevention Plan.

We would like to thank everyone who contributed to the plan by providing opinions, feedback and wisdom. Your words have been instrumental in achieving a cohesive plan that advocates for improved mental health outcomes for people living in South Western Sydney.

Amanda Larkin
Chief Executive
South Western Sydney Local Health District

Dr Keith McDonald
Chief Executive Officer
South Western Sydney Primary Health Network

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A lived experience perspective - **KIM**

Kim has been living with paranoid schizophrenia and depression, and his early 20s saw him cycling in and out of mental health inpatient units, sometimes for involuntary admissions.

It was a painful period for Kim and his family. Kim comes from a non-English speaking background – his parents came to Australia from Vietnam during the war – and they had a really hard time trying to understand what was going on for him. They struggled a lot when he was admitted. In Vietnam there is no word or concept for mental health, and he was the only one in his extended family who has experienced a serious mental health issue.

Despite all the barriers his family faced, his mum was a huge part of his recovery together, with the rest of his family.

Over the course of his hospitalisations, Kim tried "four or five" medications that didn't provide any relief. Then finally, Kim and his treating team found one that "settled down his racing thoughts and settled down the voices". Over time, it gave Kim the ability to pursue the things he loves and that help keep him well, like work, sleep, going fishing and having time to himself.

Today, Kim is employed as a peer worker with South Western Sydney Local Health District's Macarthur Assertive Treatment Team, going out into the community every day to meet people with mental health issues and "support them in whatever they want to do". He is proud to have found his career path.

"It's about having your say in the person's care and being part of trying to achieve the best outcomes you can for them," he says.

A lived experience perspective - **SUE**

Sue is a 23-year-old female living in the Southern Highlands with her mother. Sue has a family history of mental illness, including depression and anxiety. Over the past four years, Sue has been travelling overseas and has spent time attending spiritual retreats and self-help groups. Since returning home, Sue has resumed work in cafes, and works long hours. On her two days off, Sue usually meets friends in Sydney or stays local. She has maintained some friendships from school, however describes high school as a source of distress due to targeted and sustained bullying at 14 years of age. Sue believes it was during this time that she became depressed and experienced chronic suicidal thoughts, but did not receive treatment.

Sue became a client of the SWSPHN funded service, providing psychological therapy for people who experience barriers accessing MBS-subsidised services. During this time Sue was consuming alcohol and stimulants, and whilst driving home became overwhelmed with memories, causing a panic attack and disorientation. Following this, Sue visited a local GP practice she had never been to before and was seen by the doctor immediately. The doctor assessed her mental state, noting Sue's uncertainty about receiving mental health treatment. Sue agreed to meet a mental health professional under a 'provisional' referral, meaning she would be able to attend up to three sessions without a Mental Health Treatment Plan, during which time a therapeutic relationship may be developed between Sue and the clinician and questions around therapy could be answered. Ultimately this option for soft entry empowered Sue to take control of her health while being provided a quick and responsive service.

After completing three sessions, Sue agreed to return to the GP to have a Mental Health Treatment Plan developed so she could access the remaining nine sessions of psychological therapy.

Sue is regularly attending therapy and is making positive progress.

A Snapshot of South Western Sydney's Population

The population is set to grow

from 962,877 in 2016 to over **1.3 million** by 2031, an increase of 37%

The highest population growth is in Camden and Liverpool LGAs

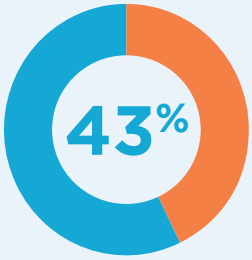
The number of children

aged **0 - 14 years** will increase **by 32% by 2031**

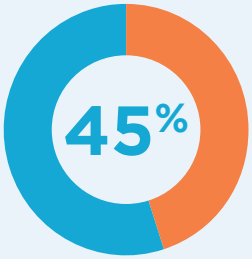
The number of young people aged **15 - 24 years** will increase **by 22% by 2031**

An increase of 80%

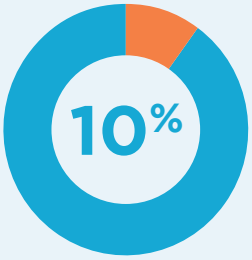
in the number of people **aged 65+ years by 2031**



of the population are **born overseas**



of the population **speak a language other than English** at home



of the population **don't speak English well or not at all**

2% of the population or **20,000** people **identify as Aboriginal.**

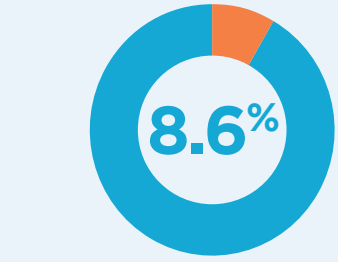
More than half of the region's Aboriginal population live in the Macarthur area

More than **2,500 refugees** settle *in SWS every year, mostly from Iraq, Syria, Afghanistan and Burma*

The largest proportion of refugees settles in Fairfield and Liverpool LGAs

61,000
people are living with a disability

85,000
people describe themselves as carers of people with disability



of adults experience food insecurity

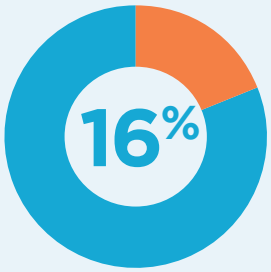
A high proportion of children and young people reported to be at **'risk of significant harm'**

A number of suburbs in the Fairfield, Canterbury-Bankstown, Liverpool and Campbelltown LGAs are among the **most disadvantaged in NSW**

5,700
people are homeless or living in insecure housing across the region

Approximately
9%
of residents live in metropolitan fringes of Wingecarribee and Wollondilly Shire in smaller towns and on rural properties

A Snapshot of South Western Sydney's Mental Health Services



of the adult population self-reported high or very high psychological distress

In any given year, up to **166,000 people** could be impacted by mental illness at different levels of severity

Between 2001 and 2017,

1171

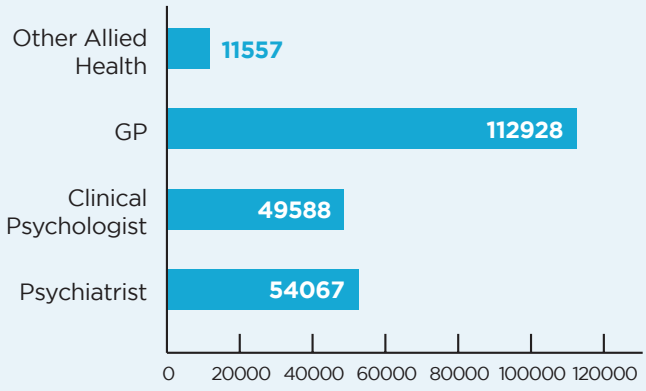
people lost their lives to suicide

High suicide rates for males in the Southern Highlands and Wollondilly (18.6 and 15 suicide deaths per 100,000 population)

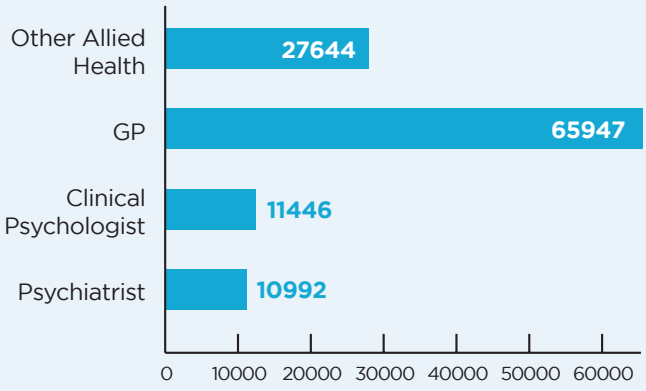
Hospitalisations: Number of overnight mental health-related hospitalisations per 10,000 population by SA3:

South Western Sydney 97
Campbelltown 144
Southern Highlands 139
Liverpool 114
Camden 87
Bankstown 82
Fairfield 81
Wollondilly 80
Bringelly - Green Valley 77

Occasions of MBS services provided by professional, SWS 2016-17

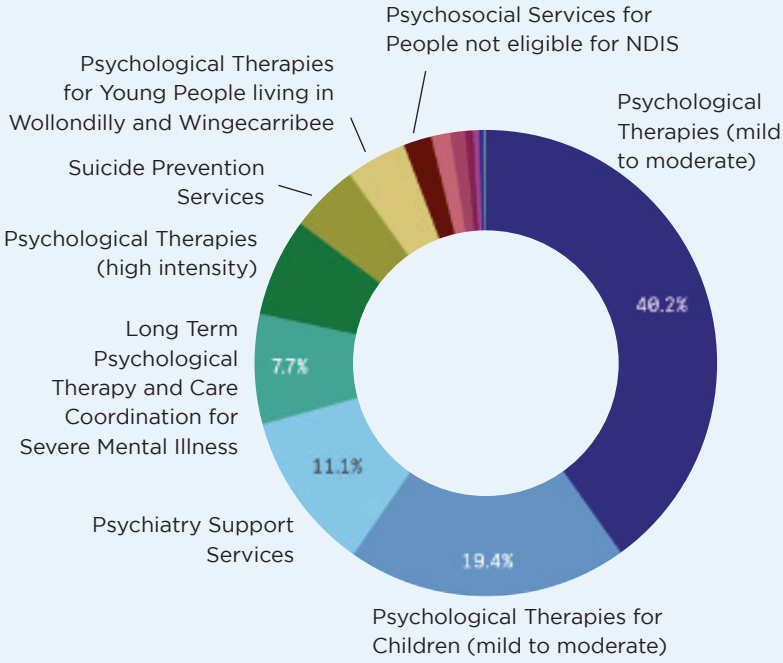


Number of patients received MBS services by professional, SWS 2016-17

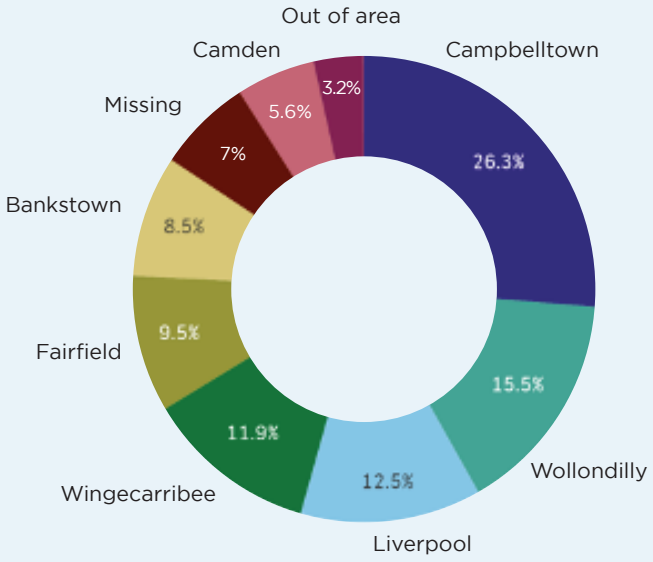


SA3 - Statistical Areas Level 3 *MBS - Medicare Benefits Schedule*

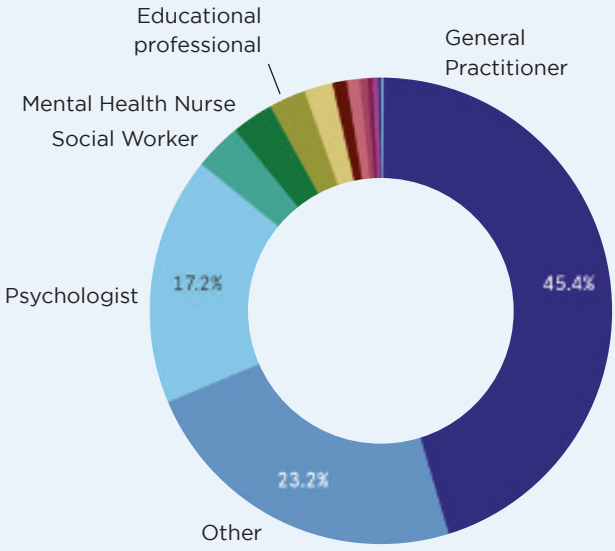
Breakdown of services provided by SWSPHN funded services 2017-19



Referrals by LGA 2017-19



Key referral sources 2017-19



ED Presentations

9,222 Mental Health presentations to SWSLHD Emergency Departments within the last 12 months

5% of Campbelltown Hospital ED presentations are mental health-related

Community Mental Health

117,068 community mental health service contacts in 12 months

Average service contacts per client **27.3 (25.1 for NSW)**

South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2025 at a glance

INTENT

People in South Western Sydney (SWS) have easy access to high quality, integrated, responsive and consumer-centred mental health services which promote, protect and improve mental health and wellbeing at the individual and the community level.

PRINCIPLES

- Promotion, prevention and early intervention are the foundations of a stepped care approach.
- Planning and service delivery is recovery oriented, trauma informed, and consumer centred - where consumers, families and carers are active partners in their own care.
- Services are effectively coordinated across health and social care settings, and throughout the consumer journey - effective care in the community, timely follow-up and transition of care.
- Services adopt a collaborative approach to service planning and delivery - working closely with consumers and service providers to achieve better outcomes.
- Partnerships, alliances and networks are driven by shared values to achieve meaningful outcomes for consumers and community.
- Mental health services are aligned with the stepped care approach - matching the level of consumer need with the right service type and intensity.
- Services adopt an integrated and holistic approach to physical and mental health and wellbeing.
- Services are safe, culturally appropriate and of high quality, delivered at the right time, in the right place.

PRIORITY AREAS

1. Integrating regional service delivery
2. Strengthening suicide prevention and aftercare
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving mental health and suicide prevention for Aboriginal and Torres Strait Islander Peoples
5. Improving mental health and suicide prevention of diverse communities
6. Supporting and developing mental health workforce
7. Empowering and supporting individuals and communities

GOVERNANCE

Implementation, monitoring and reporting will be overseen and supported by a Steering Committee. The Steering Committee will include representation from consumers, carers, and mental health leaders from the Primary Health Network (PHN), Local Health District (LHD) and Community Managed Organisations (CMOs). To progress work outlined in the Regional Plan, we will develop an Implementation Framework. The Implementation Framework will include more details about how actions will be implemented, who is responsible for the implementation, and will identify the key deliverables and prioritise activities and timeframes.

TIMEFRAME

This Regional Plan will be implemented over a five-year period, from 2020 to 2025. The Steering Committee will update and refresh the Regional Plan as required to ensure continuing relevance.

Executive Summary

There is a commitment at the national, state and local level to the development of regional mental health and suicide prevention plans, created in partnership between Local Health Districts (LHDs) and Primary Health Networks (PHNs), to promote integrated service delivery and planning. At a national level, the Fifth National Mental Health and Suicide Prevention Plan (2017-2022)[1] identifies integrated regional planning led by PHNs and LHDs as a key priority and a vital step towards addressing fragmentation in service delivery.

Values

South Western Sydney Primary Health Network (SWSPHN) and South Western Sydney Local Health District (SWSLHD) have based this Regional Plan on a foundation of strong values, these include:

Recovery, hope and optimism	We communicate and convey positive expectations, promote hope and optimism in all that we do. The actions within this Regional Plan are focused on this primary value - that all people can live a meaningful and contributing life.
Empowerment	At the individual level, we ensure that consumers and carers participate in decision-making, and are treated with dignity and respect, and are supported to develop capabilities and self-reliance. At the community level, we ensure that communities are meaningfully involved in decision-making processes and have access to resources that benefit the wider community.
Collaboration	We believe in people working together towards shared goals. Collaboration built on trusted and valued partnerships with consumers, carers, communities, within and across organisations and the workforce will be key to the implementation of all actions in this Regional Plan.
Integrity	We are committed to ethical and transparent implementation of this Regional Plan and will communicate progress (or barriers to progress) regularly, openly and publicly.
Community	We purposefully and proactively listen and respond to the needs of the communities in South Western Sydney, through effective needs assessment and consultation processes.
Excellence	We strive for excellence in service planning and delivery through a commitment to consumer and carer partnerships, workforce development, and quality improvement activities.
Courage	We demonstrate courage in pursuing the actions in this Regional Plan, irrespective of the challenges, resistance or barriers we may encounter along the way.

Developing this plan

This Regional Plan was developed by the SWSLHD and the SWSPHN, expertly guided by the Steering Committee. The Steering Committee included representation from consumers, carers, and mental health leaders from the PHN, LHD and CMOs.

The Regional Plan has been based on extensive consultation with people with a lived experience of mental health issues and suicidal thoughts, carers, families, the wider community, healthcare providers and practitioners. The consultation process included a series of face-to-face consultation workshops, focus groups and interviews involving more than 200 participants. The consultation process directly informed the development of priority areas, objectives and actions in the Regional Plan.

The Regional Plan establishes a set of regionally agreed actions to achieve measurable and meaningful change. The Regional Plan has a five year focus (2020-2025) and will guide collaborative decision-making, ensuring optimal use of available resources.

Why do we need this Regional Plan?

Over recent years, significant reforms have occurred in the planning, funding and delivery of mental health and suicide prevention initiatives. At a national level, the *Fifth National Mental Health and Suicide Prevention Plan (2017-2022)*[1] or the Fifth Plan identifies integrated regional planning led by PHNs and LHDs as a key priority and a vital step towards addressing fragmentation in service delivery.

The *Fifth Plan* recognises and incorporates two other flagship national plans - the *National Strategic Framework for Aboriginal and Torres Strait Islanders' People Mental Health and Social and Emotional Wellbeing*[3] and the *Equally Well Consensus Statement*[4] for improving the physical health and wellbeing of people living with mental illness in Australia. These national plans have provided a strong foundation for regional planning.

This Regional Plan also considers the *Gayaa Dhuwi (Proud Spirit) Declaration*[5] required to help restore, maintain and promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and the *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.*

At the state level, the New South Wales (NSW) Government has adopted *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024.*[6] In 2018, the NSW Government also adopted the *Strategic Framework for Suicide Prevention in NSW 2018-2023*[7] and the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022.*[8]

NSW Older People's Mental Health Services Service Plan 2017-2027 focuses on the delivery of care for older people with mental illness by inpatient and community older people's mental health (OPMH) services in NSW Local Health Districts. It is also relevant for adult mental health services and other partner services such as GPs and PHNs, aged health services and aged care services.

In addition, NSW Service Plan for People with Eating Disorders 2013 – 2018, funded by NSW Health has made eating disorders core business for the NSW health system.

Each of these national and state plans include actions and strategies that require regional coordination and implementation. This Regional Plan aligns with and includes these key policy expectations. A more detailed overview of key national and state-wide strategic drivers and plans is included in *Appendix 1*.

At the regional level, SWSLHD and SWSPHN have developed several significant and relevant plans, all of which inform this Regional Plan, including:

- **SWSLHD Strategic Plan 2018-2021**
- **SWSLHD Mental Health Strategic Plan 2015-2024**
- **SWSLHD Mental Health Operational Plan 2018-2020**
- **SWSPHN Strategic Plan 2016-2021**
- **SWSPHN Activity Workplan Alcohol and Drug Treatment 2019-2022**
- **SWSPHN Activity Workplan Primary Mental Health Care 2019-2022**

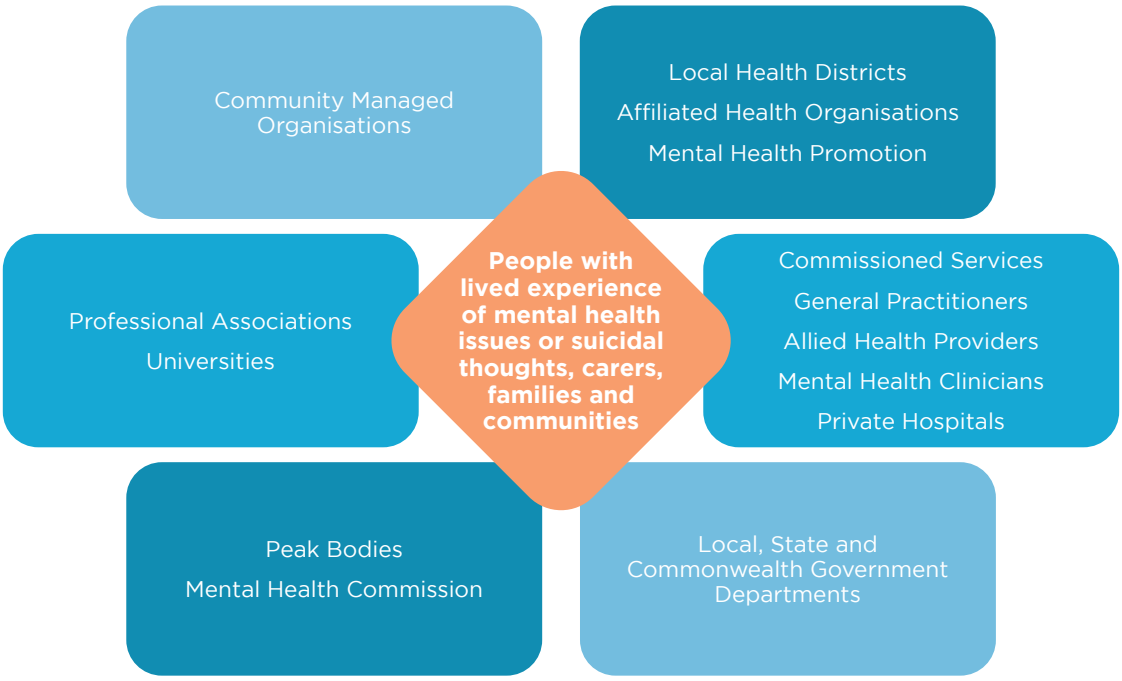
This Regional Plan will also ensure that the necessary regional coordination structures are in place to connect with, and leverage off, key initiatives occurring outside the mental health sector, including alcohol and other drugs (AOD), carer supports, the introduction of the National Disability Insurance Scheme (NDIS), employment, education, child safety, youth justice, domestic and family violence and other key areas.

Implementation of the Regional Plan will be monitored through a reporting framework which captures the ongoing progress against each action and established performance indicators.

Key Strategic Partners

A partnership approach across the whole of the community is required to address growing mental health needs of the South Western Sydney's population. SWSLHD and the SWSPHN will continue to provide a leadership and coordination role, working together with our partnership network both within and external to the mental health sector and more broadly to implement actions within this Regional Plan.

Figure 1: Key strategic partnerships



This Regional Plan will also strengthen our existing partnerships and develop new partnerships to improve mental health and wellbeing of consumers, carers, families and the community.

Priority Areas

The Regional Plan is underpinned by seven key priority areas.

Figure 2: Priority Areas and Objectives

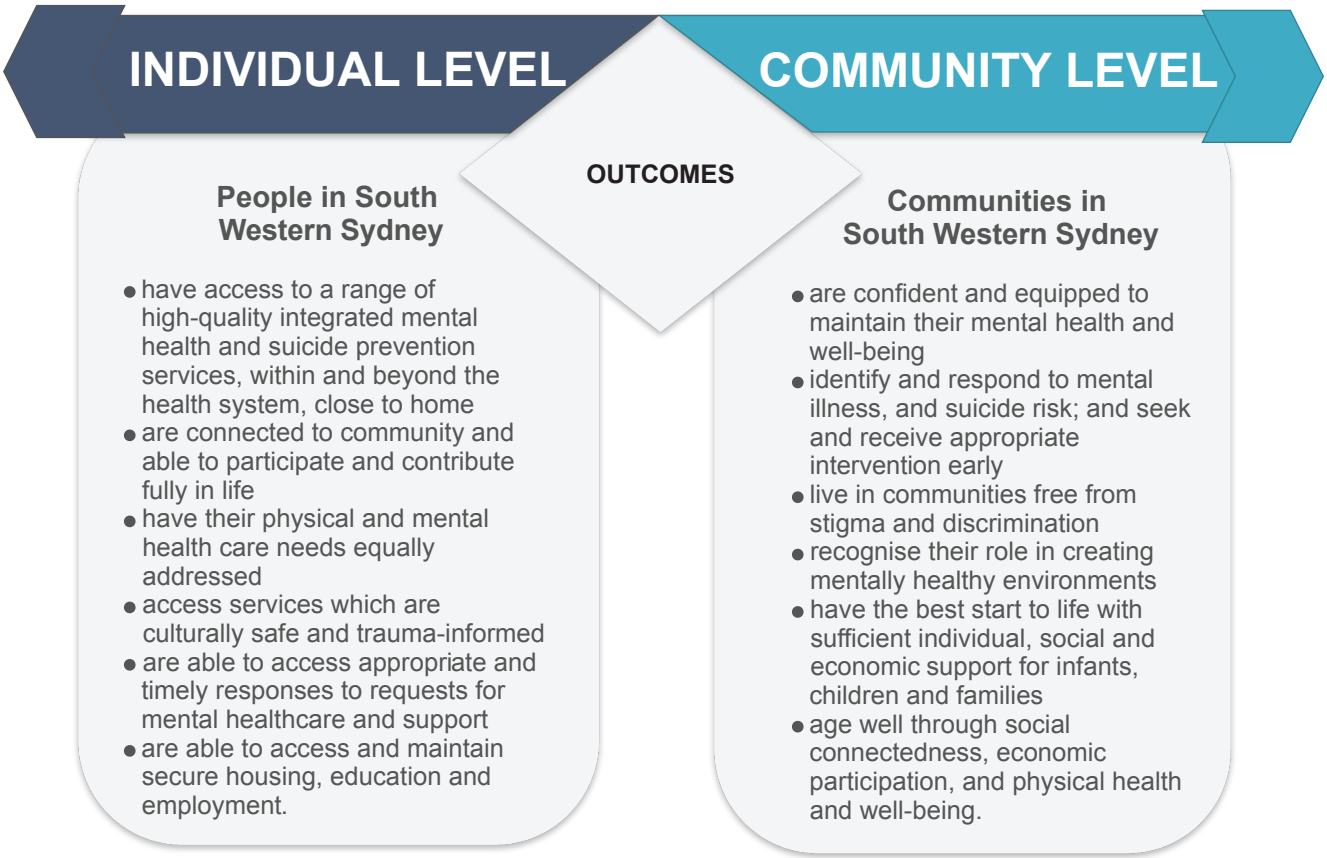
Priority area	Objective
Integrating regional service delivery	Greater connection and integration within and between health and other sectors services, including disability, housing, education and employment.
Strengthening suicide prevention and aftercare	The SWSPHN and SWSLHD will work together to map service providers, develop stronger referral pathways and build community knowledge of the range of available services and how to access them.
Coordinating treatment and supports for people with severe and complex mental illness	People with severe and complex mental illness will have access to the health and community services required to live a well and contributing life. Services are focussed on delivering person-centred and collaborative care. Services work together with clients and carers to improve physical health care and wellbeing of consumers with mental illness.

Improving mental health and suicide prevention of Aboriginal and Torres Strait Islander Peoples	Aboriginal and Torres Strait Islander Peoples have better access to, and improved experiences with, culturally safe and capable mental health and wellbeing services.
Improving mental health and suicide prevention of diverse communities	The system works to help sustain and improve the mental health, wellbeing and quality of all community members, and is especially mindful of the additional needs of diverse communities.
Supporting and developing mental health workforce	The workforce has the knowledge, experience and tools to effectively support community and individual wellbeing, detect mental illness and distress and intervene early, treat and provide ongoing care for people experiencing mental ill health and/or distress.
Empowering and supporting individuals and communities	The community is equipped with the knowledge and resources needed to promote and protect community and individual wellbeing.

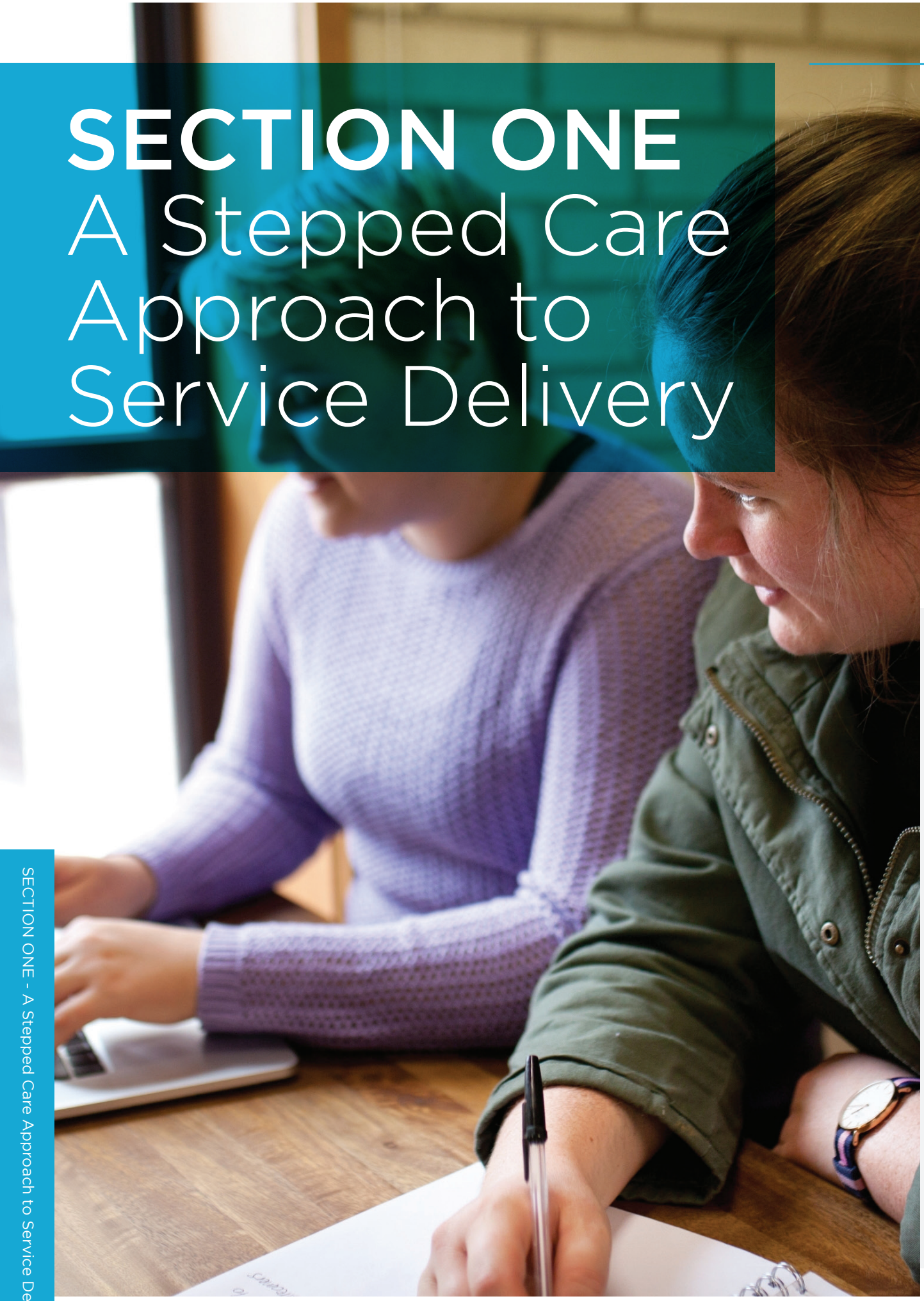
Outcomes

It is expected that progress towards the proposed priority areas will support the achievement of the following outcomes for individuals and the broader communities.

Figure 3: Regional Plan Outcomes[2]



SECTION ONE
A Stepped Care Approach to Service Delivery



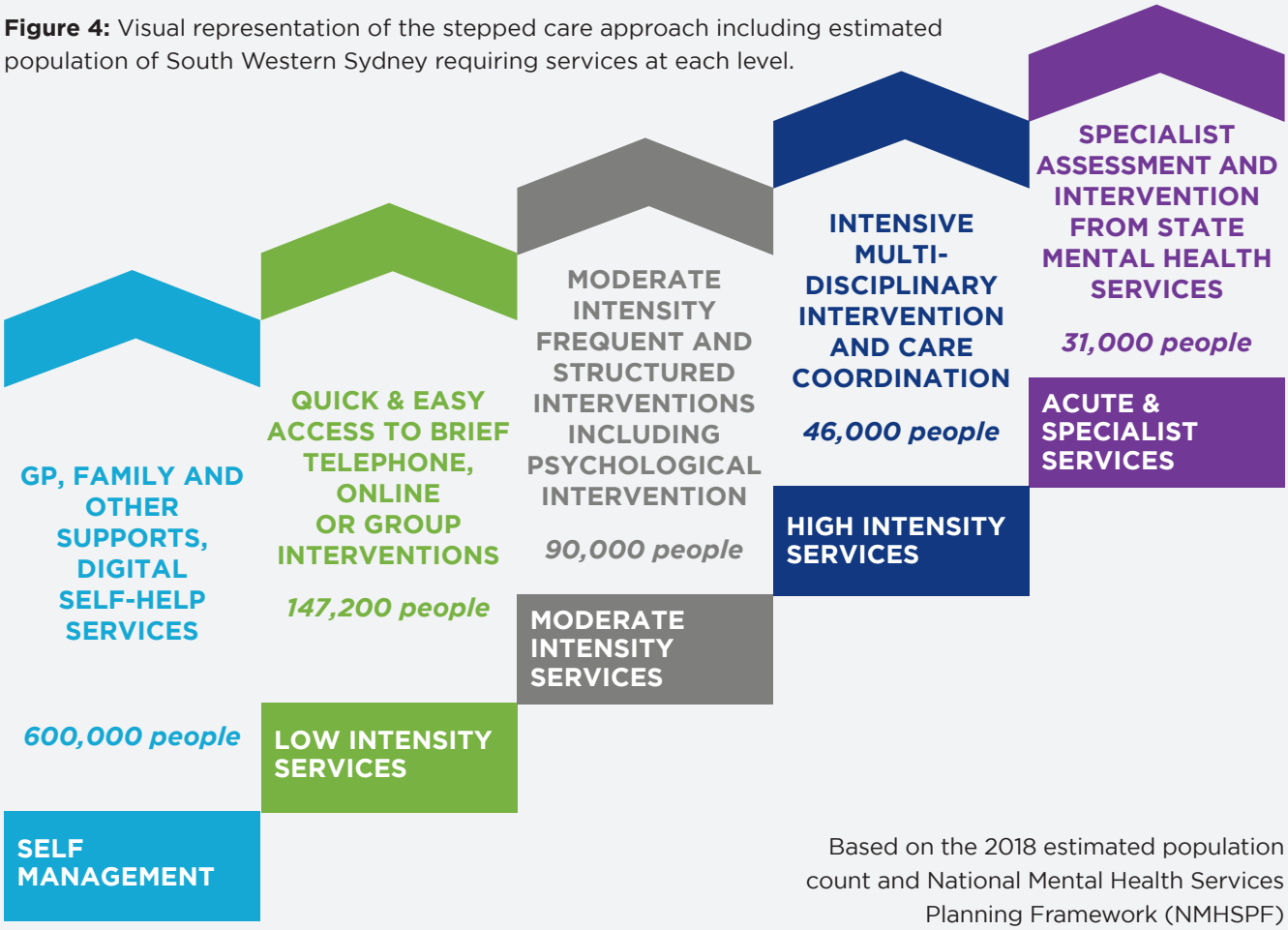
This Regional Plan is underpinned by the principles of stepped care. Stepped care is an evidence-based model of mental healthcare delivery where the service intensity is matched to an individual's treatment need and severity of their mental health issue, ensuring that the right service is delivered at the right place, at the right time. The ideal intervention is the least intensive and least intrusive - minimising the treatment burden for the individual. Importantly, the treatment decision is driven by a person-centred approach as opposed to a one-size-fits-all approach. The continuum of care is correcting - requiring monitoring of the individual's outcomes so that step-up or step-down may be implemented as appropriate.[11]

In a stepped care approach, a person presenting to the health system is matched to the least intensive level of care that most suits their current treatment need. A comprehensive stepped care model should encompass a whole of system approach and consider the full range of interventions needed by the individual.

A stepped care approach also presumes early intervention – providing the right service at the right time and having lower intensity steps available to support individuals before illness manifests. A stepped care approach does not preclude an individual from accessing more than one different service at a time, where clinically appropriate. The stepped care model covers the full spectrum of interventions from self-help, digital and low intensity interventions, to primary and specialist clinical treatment and psychosocial disability support.

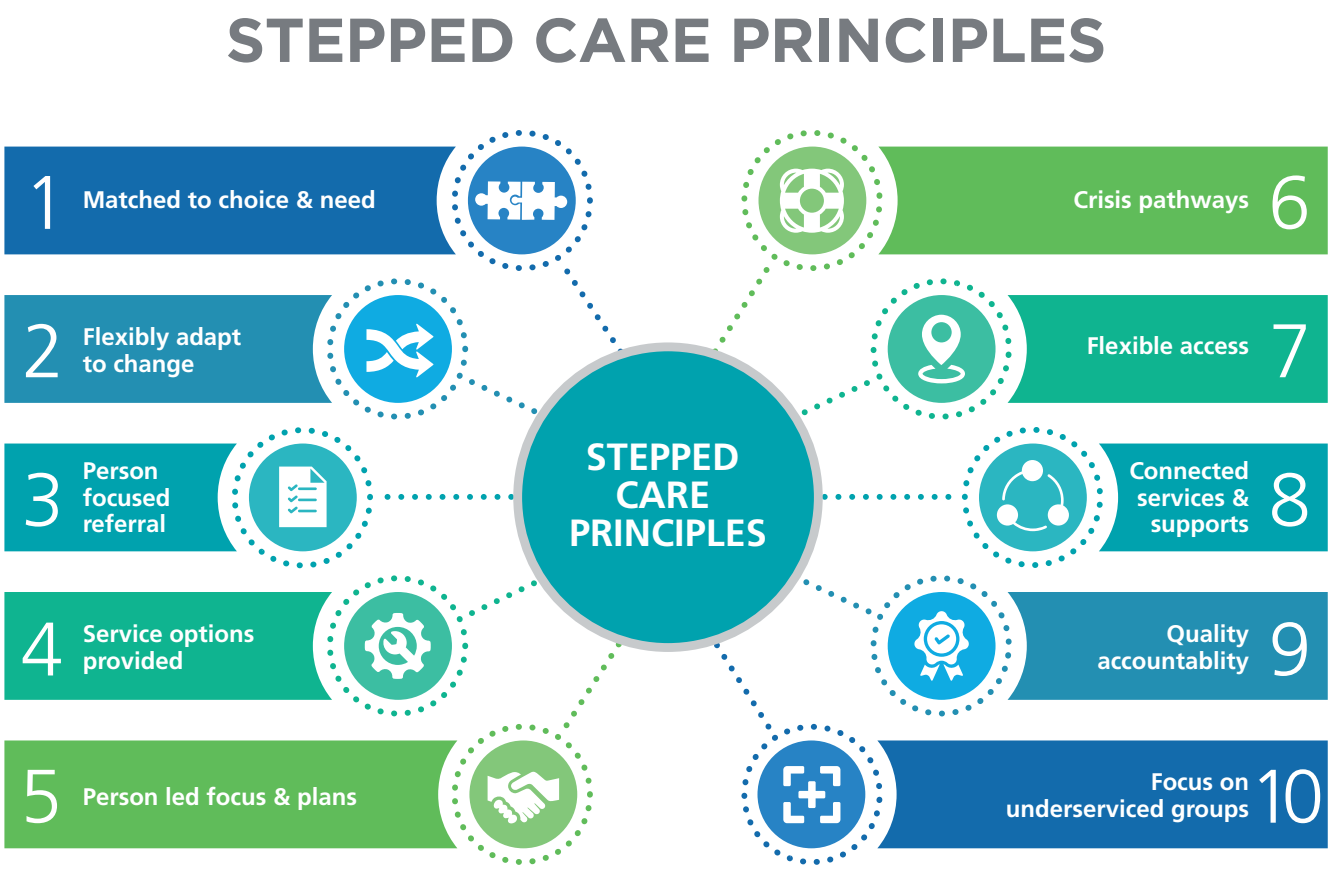
The stepped care approach is central to the South Western Sydney regional planning approach. A visual representation of the stepped care model is included in Figure 4 below. This figure also includes the estimated population numbers of South Western Sydney that may require services at each level of care.

Figure 4: Visual representation of the stepped care approach including estimated population of South Western Sydney requiring services at each level.



Based on the 2018 estimated population count and National Mental Health Services Planning Framework (NMHSPF)

Figure 5: Ten Stepped Care Principles[11]



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

The stepped care model is intended to support and provide assistance to GPs and is not intended to replace GP care. The GP role continues to ensure a patient receives guided and coordinated care across the care continuum either as a referrer, as a service provider or as a care coordinator.[12] This Regional Plan recognises and supports integrated care with consumer centeredness, involvement of family/carer and with a central role of a GP in the care team.

Mental Health Promotion and Prevention

Mental health promotion, prevention and early intervention are the foundation of a stepped care approach. Mental health promotion aims to improve the mental wellbeing of the population before mental health problems arise.

Building communities that are individually and collectively resilient supports greater individual wellbeing and improved mental health. There are multiple protective factors that moderate risk factors and minimise the likelihood that individuals will experience mental health issues, mental illness or suicidal thoughts. Like risk factors, protective factors can be short term or long term, and vary across the lifespan. Protective factors include robust self-esteem, emotional resilience and strong social networks.

PREVENTION FIRST:

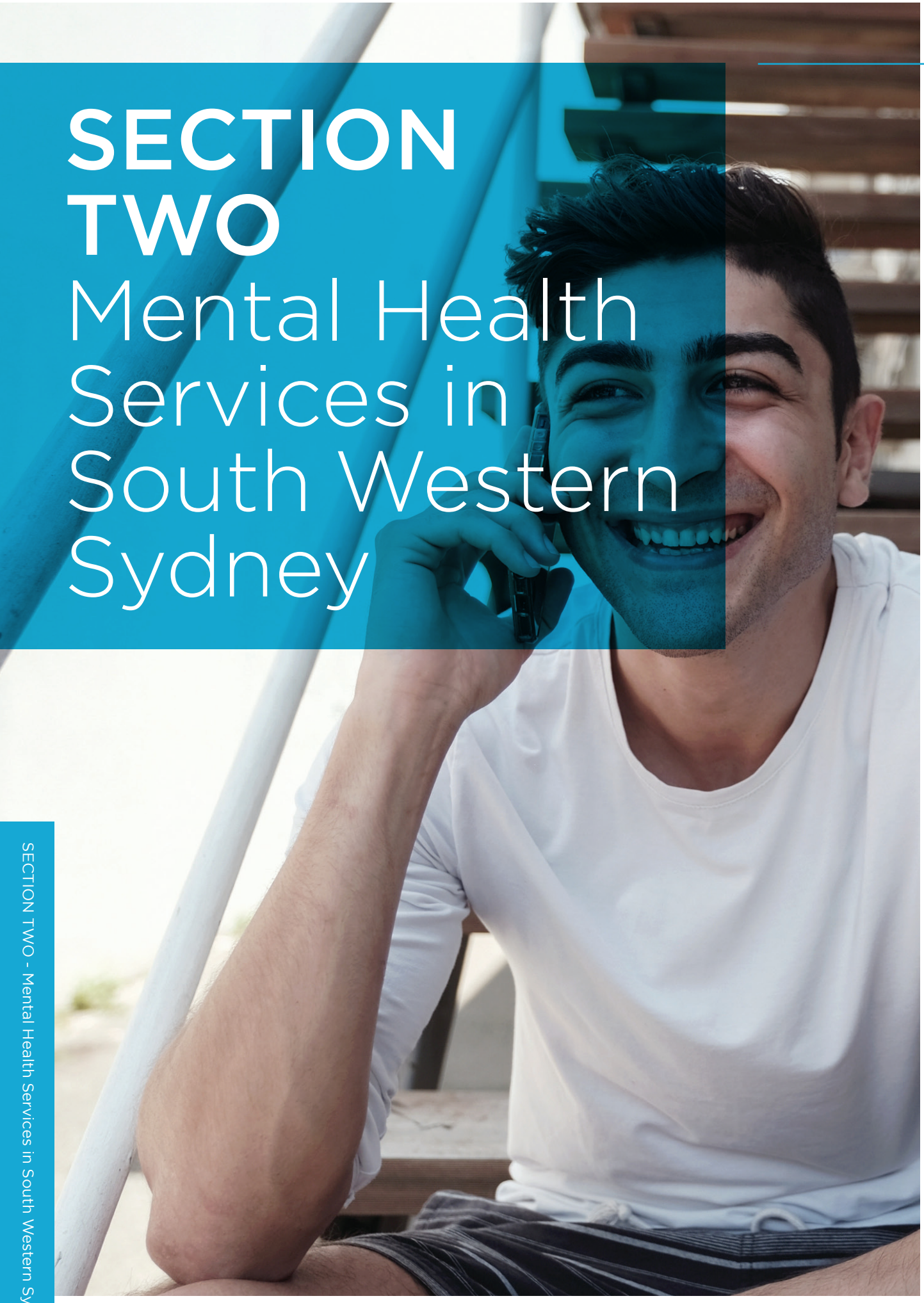
A Prevention and Promotion Framework for Mental Health[13] identifies the need to target mental health promotion and intervention initiatives at five groups:

- **The whole community/community groups**
- **Identified at-risk populations**
- **People showing early signs of mental illness**
- **People experiencing a mental health issue or mental illness for the first time**
- **People who are experiencing early indications of a relapse or recurrence of illness.**

Successful early identification and intervention requires clear service pathways and a coordinated approach which is suited to individual life stages and situations and takes into account the impact of environmental and social factors on mental health and wellbeing. Early intervention involves a range of health and other sectors, carers, advocates and families, and requires appropriate services accessible by well-supported referral pathways.

Improving the mental wellbeing of Arabic speaking refugees: piloting a culturally sensitive mental health promotion program is a partnership between the Western Sydney University and the SWSLHD Mental Health Promotion.

It includes interactive educational sessions delivered in Arabic by bilingual community educators and supported by mental health clinicians with an aim to improve early help seeking behaviour and promote mental health wellbeing. A broader implementation of the program will be undertaken following the evaluation.



SECTION TWO
Mental Health Services in South Western Sydney

The Commonwealth Government, NSW Government, public sector agencies, the private sector, and community-managed organisations all contribute to care and support for people experiencing mental health issues. This section provides an overview of the mental health care system in South Western Sydney.

Figure 6: Mental health care service system overview-AIHW[14]

MEDICARE SUBSIDISED SERVICES		
General Practitioners	Psychiatrists	Mental Health Clinicians (e.g. Psychologists)
SPECIALIST COMMUNITY MENTAL HEALTH SERVICES		
Public and Private Hospitals	Community Mental Health Services	Residential Mental Health Services
SUPPORT SERVICES		
Disability Support Services	Homelessness Support Services	Mental Health Programs

South Western Sydney PHN

SWSPHN was established by the Commonwealth Government and is responsible for planning and commissioning mental health and suicide prevention services.

In 2015 the Australian Government released its response to the Review of Mental Health Programmes and Services. The response set a new and broad ranging role for PHNs in the mental health reform process through the planning and commissioning of primary mental health services at a regional level, supported by a flexible funding pool for mental health and suicide prevention services.

SWSPHN undertook extensive consultation and engagement with consumers, carers, health professionals and other stakeholders to develop a range of commissioned mental health and suicide prevention services. The services accommodate the primary mental health care and suicide prevention needs of people in the region who are unlikely to access mental health services through Medicare's Better Access initiative (MBS Subsidised). These services span the continuum of need from support for people with, or at risk of, mild mental illness, to services for people with enduring and complex mental illness.

SWSPHN is also responsible for contributing to a region-wide, evidence-based systems approach to suicide prevention. This includes a focus on improved access to clinical services for people at risk of suicide and support services for people following a suicide attempt.

The range of services commissioned by SWSPHN includes:

- Low intensity mental health services for people with, or at risk of, mild mental illness
- Psychological interventions for people who experience barriers accessing MBS-subsidised services
- Coordinated care for people with severe mental health conditions who are being supported in primary care (including clinical care coordination, psychological interventions and psychosocial supports)
- Services for children and young people, including services for young people with severe mental illness
- Aboriginal and Torres Strait Islander mental health services
- Community based suicide prevention.

SWSPHN also has a role in capacity building of primary care providers, with an aim to improve accessibility of primary care services for people experiencing mental health issues.

> **COMMUNITY LINKS CLIENT**
>
> *It was definitely a game changer for me. I feel like I don't have any burdens at the moment and I feel like life has just opened up to be like, you've got a second chance, it's definitely looking like a* ***brighter future****.*

General Practitioners

In Australia, people in distress frequently seek help from GPs, with one in four consultations in general practice related to a mental health issue such as depression, mood disorders and anxiety.[15]

General practice provides a holistic, whole-of-person approach across various ages and stages including population-based mental health promotion activities and stigma reduction. General practice has a role in the continuing care of all people who have experienced mental health issues, irrespective of the severity and chronicity of the mental illness. Within the healthcare system, general practice also bridges the gap between the community and hospitals, mental health outpatient services, and drug and alcohol rehabilitation facilities.

Many people who have experienced mental health issues and/or distress only access support through their GP. For other people the GP will form an essential part of a wider team of mental health service providers. GPs provide ongoing mental health care in several different ways: through direct care, shared care, and referral to specialist services.[16]

SWSPHN provides assistance to local GPs in navigating care and accessing PHN's commissioned and non-commissioned mental health and support services. The Psychiatry Support Service provides face-to-face and online access to psychiatrists, as well as support to GPs in treating clients and managing their care.

The *HealthPathways South Western Sydney* is an online clinical and referral information portal which contains a number of mental health referral pathways with the aim of supporting GPs and consumers and carers in accessing services and resources.

Provision of GP's training and upskilling in mental health care is pivotal for their central role in the continuum of care for people who are experiencing mental ill health. Training accredited through the General Practice Mental Health Standards Collaboration has shown to be successful in increasing GPs' skills and knowledge in assessing, diagnosing and managing mental illnesses. In addition, mental health guidelines have been produced to support general practitioners, their teams and mental health professionals, to provide quality care to patients with mental health issues.[17]

PEOPLE EXPERIENCING SEVERE MENTAL ILLNESS WITH COMPLEX NEEDS

MH Nurse: *"I monitor their medication, work with their GP and ensure their physical health is taken care of. I can do Cognitive Behaviour Therapy and help the consumer acknowledge what their strengths are, and what they actually want to work on."*

OTHER EXAMPLES OF INNOVATION:

headspace Campbelltown is a youth service that supports young people aged 12-25 with concerns relating to mental health and wellbeing, physical and sexual health, alcohol and other drugs and social and vocational issues. headspace offers:

- **Outreach services in Oran Park** as a partnership with Elizabeth Macarthur High School and with Camden Council to service the growing needs of young people in the new housing developments.
- **Pacific Islander Leadership and Community Development project** to make headspace services more accessible for a large proportion of Pacific Islander young people residing in Campbelltown.

South Western Sydney LHD

SWSLHD Mental Health Service (MHS) delivers a comprehensive range of clinical care and support services to residents of South Western Sydney. These services are provided across a continuum from health promotion (focussing on mental health, wellbeing and resilience) through to care for people with severe mental health and complex needs.

Inpatient Services provide acute care treatment which is trauma-informed and recovery-focused. Inpatient services work with the Community Mental Health and other community-based providers to achieve effective transfer of care and ongoing treatment.

Community Mental Health Services are provided across the age range (perinatal; infant, child and adolescent; young people; adults and older persons), often through collaboration with other SWSLHD services, including hospital Emergency Departments, Drug Health and Aged Care and Rehabilitation services as well as with the community managed sector.

SWSLHD PEER-STOC (SUPPORT TRANSFER OF CARE) PROGRAM

The Peer-STOC Worker works with consumers with complex needs who are receiving inpatient mental health care at Banks House and from the Bankstown Community Mental Health Service, with limited support networks and difficulties in engaging with the Mental Health Service, and at high risk of re-admission to hospital.

The program has an impact on increasing:

- MHS Peer Workforce
- Access to peer workers in Banks House and Bankstown Community Mental Health Service
- Transfer of care supports for vulnerable mental health consumers
- Knowledge and recognition of the peer support worker role within the MHS.

The **SWSLHD Mental Wellbeing team** focuses on promoting wellbeing and raising awareness about the need to address the social determinants of mental wellbeing; reducing stigma; building resilience and strengthening protective factors across priority population groups.

The team works in partnership with community organisations, councils, faith groups, schools and universities to strengthen protective factors across life span through various interventions.

Specialised services are provided for **Aboriginal and Torres Strait Islander Peoples** through the Aboriginal mental health staff who work across community and inpatient services and assist Aboriginal clients with care coordination, consultation and liaison. Specialised mental health assessment and treatment services are also provided at Tharawal Aboriginal Corporation and Miller Community Health Centre to improve accessibility. Services for people from **culturally and linguistically diverse backgrounds** (CALD) are integrated into all inpatient and community services.

The **SWSLHD Mental Health Consumer, Carer and Community Committee** (MHCCCC) is a strategic link between the communities within SWSLHD catchment, Mental Health Services and the LHD Board. The Committee oversees and guides consumer and community engagement in the planning, development, monitoring and evaluation of the mental health services in the SWSLHD.

Affiliated Health Organisations are significant partners in the development and delivery of mental health services for the local community. Braeside Hospital is colocated with Fairfield Hospital and operated by HammondCare. Braeside Hospital provides subacute care for older people with a mental health condition.

Karitane is a mothercraft organisation with bases in Carramar (Fairfield) and Camden, providing outreach, parenting clinics, day stay and residential services.

The NSW Service for the Treatment and Rehabilitation of Trauma and Torture Survivors (STARTTS) provides a state wide service to assist refugees and humanitarian entrants recover from their experience and build a new life in Australia.

The Mental Health Service has active partnerships with several **community managed organisations (CMOs)**, which provide a range of services including health, accommodation support, leisure programs, vocational and educational training and carer education and support.

STRENGTHS MODEL IMPLEMENTATION IN THE SWSLHD COMMUNITY MENTAL HEALTH AND REHABILITATION SERVICES enables a person-centred approach to care planning, in which clinicians work with consumers and carers to develop and implement an action plan that assists in the achievement of unique and personal goals, essential to their process of recovery.

The primary objective of the project is to ensure that all consumers receiving SWSLHD Community Mental Health Services are supported to develop a strengths assessment and recovery plan.

The community managed sector

The community managed sector in South Western Sydney typically operates on a not-for-profit basis. Community managed organisations provide interventions for consumers and carers that include prevention and brief intervention, psychosocial support, advocacy, respite, and telephone and internet-based interventions. Funding for CMOs comes from both levels of government, directly through SWSPHN and SWSLHD and through philanthropy. CMOs are a crucial part of the entire mental health and suicide prevention system in NSW as well as in South Western Sydney, contributing to improved outcomes for people experiencing, or at risk of developing, mental health conditions or psychosocial disability. They play a key role in promotion, prevention, early intervention, and providing the supports that assist people to stay well in the community.[18]

CMOs provide a range of services, including self-help and peer support, information, advocacy and promotion, leisure and recreation, employment and education, accommodation support and outreach, family and carer support, primary healthcare, care and service coordination, help lines and psychosocial rehabilitation and clinical services.

> **CARER OF CHILD ACCESSING SWSPHN CHILD PSYCHOLOGICAL SUPPORT PROGRAM:**
>
> *For her to have this space where she has control over what's happening, it makes such a difference for her. For her to have a chance to process what she's dealing with and how she's feeling it is really important, I want her to feel like she has a place in the world and is comfortable with who she is.*

The No Wrong Door initiative is delivered by SWSPHN and brings together a diverse range of 50 government, non-government and CMOs with the mutual aim of reducing barriers and enhancing support for people with severe and persistent mental illness with complex needs, their carers, and families across South Western Sydney. This is achieved by:

- Ensuring a more streamlined service system by agreed referral protocols and approaches
- Building the capacity of organisations to embed recovery-oriented practice into service delivery
- Facilitating integration between service providers by providing a platform for communication and collaboration
- Supporting organisations servicing people with and without NDIS packages.

The private health sector

Currently, the majority[1] of Australians with a mental illness are receiving treatment and care in the private sector from a range of mental health professionals, including GPs, psychiatrists, psychologists, mental health nurses, social workers, and occupational therapists through Medicare Benefits Schedule (MBS) funding under an explicit care plan arrangement with general practice. Private health practitioners provide professional fee-based services in both inpatient and community settings. These services can include primary care, acute management, rehabilitation, psychological interventions and other allied health supports for the high prevalence mild-to-moderate mental disorders. Funding is provided by a mix of patient fees and Commonwealth Government rebates. Mental health services are also provided by private hospitals with psychiatric beds, private health insurers through chronic disease management programs, and by some government and non–government organisations.

The National Disability Insurance Scheme

The NDIS is the Commonwealth government's scheme for supporting people with a "permanent and significant disability" who are under the age of 65. NDIS funds supports for people with psychosocial disability. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery. The scheme provides opportunity for an ongoing, recovery-oriented community support for people with severe and persistent mental illness.[19] The NDIS funds non-clinical supports that focus on a person's functional ability. A large proportion of people living with severe mental health conditions who are not eligible for the NDIS will require ongoing support.

Other service providers

Other Australian and NSW government departments provide support and assistance to people with mental health issues, either directly or indirectly through funding of support services.

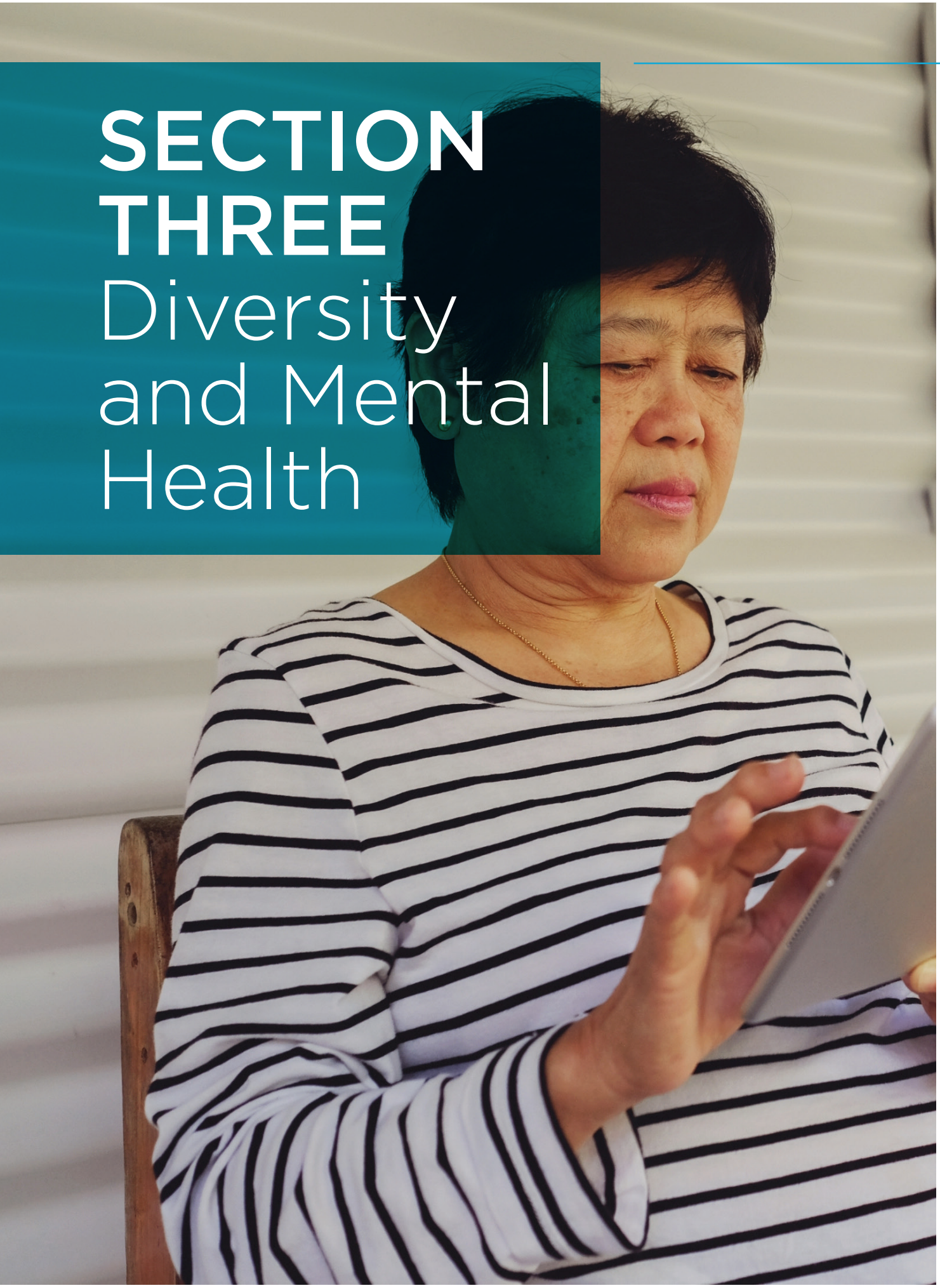
Key government agencies include the Australian Government Department of Human Services (through Centrelink), Department of Education, as well as the NSW Police Force and the Ambulance Service of NSW.

Figure 7: Map of mental health services in South Western Sydney

Mental Health Services in South Western Sydney

SWSLHD Inpatient Mental Health Services	SWSLHD Community Mental Health Services	SWSPHN Commissioned Services	SWSLHD Funded Mental Health Services and Programs
Acute Adult Mental Health Unit	Perinatal and Infant Mental Health Services	Low Intensity Mental Health Services	Community Links - Rock Solid COPMI Program
Adolescent Mental Health Unit	Child and Adolescent Mental Health Services	Child and Youth Mental Health Services	Lifeline Macarthur - Telephone Crisis Support Service
Youth Acute Mental Health Unit	Assertive Outreach Team	Moderate Intensity Psychological Therapies for Underserviced Groups	New Horizons - Accommodation Support
Extended Recovery Mental Health Unit	Community Mental Health Emergency Team	High Intensity Psychological Therapies	Grow Community - Residential Rehabilitation Program
Sub-acute Adult Mental Health Unit	Adult Community Mental Health Team	Long Term Psychological Therapy and Care Coordination for Severe Mental Illness	Disability Trust - Accommodation Support Services
Older People's Mental Health Unit	Aboriginal Mental Health Service	Suicide Prevention Services	
High Dependency Unit	Early Psychosis Intervention Program	Psychiatry Support Services	
Psychiatric Emergency Care Centre (PECC)	Anxiety Clinic	Aboriginal Mental Health Services	
	Therapy and Recovery Service	Psychosocial Support Services	
	Older People's Mental Health		
	Mental Wellbeing Team		
	Mental Health Consumer, Carer and Community Committee		

Affiliated Health Organisations	Private Providers	
Braeside Hospital	The Northside Group Macarthur Clinic	**Community Managed Organisations Sector - provides a range of communnity-based clinical and psychosocial support services**
Karitane	Psychiatrists	
STARTTS	General Practitioners	
	Psychologists & Allied Health Providers	



SECTION THREE
Diversity and Mental Health

Some population groups face greater challenges to their mental health than others. A person's mental health and many mental health conditions are shaped by various social, economic, and physical environments interacting at different stages of life.

We understand that people from all life stages, cultural backgrounds and circumstances access mental health services and will have different expectations of service delivery. By identifying the unique needs of these groups and customising our service responses we will strive to improve the overall mental health and wellbeing of those groups.

Aboriginal and Torres Strait Islander Peoples

South Western Sydney is home to both Aboriginal and Torres Strait Islander peoples and all services designed to target Aboriginal peoples and their families are equally available to people from the islands of the Torres Strait. In this document the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander' or 'Indigenous' in recognition that Aboriginal peoples are the original inhabitants of NSW.

For Aboriginal peoples, good mental health and social and emotional wellbeing, is founded on the basis of strong connections to community, family and land. Disruption to and destruction of these connections contributes to Aboriginal peoples experiencing a higher level of mental ill-health than the non-Aboriginal population and also to high levels of difficulty managing grief and loss. Aboriginal culture considers mental health part of a continuum that applies to individual people, extended families and entire communities. It is not separate from physical health and spirituality.[3, 20]

Poor mental health and suicide is one of the leading contributors to the burden of disease for Aboriginal peoples of all ages and is the second highest contributor to the health gap in life expectancy.

- There is a life expectancy gap of 10.6 years for females and 10.8 years for males between Aboriginal and non-Aboriginal people in Australia and mental health issues account for 10% of the gap. [21]
- Aboriginal peoples are three times as likely as non-Aboriginal people to be hospitalised for intentional self-harm.
- The suicide rate for Aboriginal peoples is nearly twice the rate of non-Aboriginal people in NSW.

It is already NSW Government policy that departments and agencies should work in formal partnership with Aboriginal communities to plan, design and implement health services, including the provision of mental health support. Our regional mental health plan builds on this commitment. Outreach services that are flexible, safe and close to home, can contribute to improving engagement with Aboriginal peoples and their families. In South Western Sydney, specialised mental health assessment and treatment services are provided at Tharawal Aboriginal Corporation and Miller Community Health Centre to improve accessibility to services.

Mr J is a 20-year-old Aboriginal male with a diagnosis of Bipolar Affective Disorder and Epilepsy and a history of reckless behaviour and suicide attempts. He left a domestic violence situation at home and was homeless, often having to resort to 'couch surfing'. In the twelve months prior to referral to the Integrated Sub–Specialty Clinic, he had four mental health inpatient admissions. At the clinic, Mr J was linked with a Care Coordinator who assessed his needs, liaised with his GP and developed a care plan. He was referred to a PHN psychological support service. The Care Coordinator assisted him with a housing application and referred him for a Housing and Support Initiative (HASI) package. sWith the HASI package, Mr J was allocated a Support Worker with New Horizons and a Care Coordinator with the SWSLHD Aboriginal Mental Health Team who provided clinical and cultural support. A Care Coordinator had also completed a Health Improvement Profile (HIP) with Mr J and referred him back to his GP to request metabolic monitoring. The GP has requested bloods and arranged for Jack to see the Chronic Disease Management Nurse for assessment for a Chronic Disease Management Plan.

New Horizons and the Mental Health Service will continue working with Mr J on his mental health and psychosocial goals, while the Care Coordinator will continue to coordinate his care and work further with him on his physical health goals.

People from culturally and linguistically diverse backgrounds

South Western Sydney is known for its cultural diversity. About 43% of the population were born overseas and 45% speak a language other than English at home. People from CALD backgrounds often have poorer mental health outcomes. Older people from CALD backgrounds have a higher risk of mental health problems than the Australian-born population and are less likely to access mental health services. Cultural differences, stigma and language barriers can contribute to a person's distress, confusion, or reluctance or delay in getting support.[22] Often, people from CALD backgrounds miss out on mental health and suicide prevention services because information is not available in community languages, or there is no culturally appropriate service available.

Issues requiring attention include provision of in-language counselling, access to interpreters, access to carer support services and the cultural competency of staff. Services provided by state-wide Transcultural Mental Health Centre complement public Mental Health Services provided in hospital and in the community and enhance pathways to care for culturally and linguistically diverse communities.

The Framework for Mental Health in Multicultural Australia (the Framework)[23] is a free, nationally available online resource. It has been developed to support Australian mental health services, practitioners, PHNs and others to work effectively in a multicultural context.

People from refugee backgrounds

The largest number of refugee and humanitarian entrants to NSW have settled in the South Western Sydney in the last 10-to-15 years.

People from refugee backgrounds, including asylum seekers, have often experienced a range of life changing and traumatic experiences such as the loss of loved ones, separation from home, family and community, uncertainty about the future, witnessing and/or being subject to violence and torture, gender based violence and disruption to education. These experiences can all have a dramatic impact on both psychological and physical wellbeing.[24]

It is important for mainstream services to explore how to work more effectively with refugee populations in a trauma informed and culturally competent way that promotes recovery and fosters feelings of trust, safety and control, while minimising the risk of re-traumatisation. A number of local interagency networks with representation from the community managed sector, mainstream mental health, multicultural health services, and two state-wide refugee specific services NSW Refugee Health Service and NSW STARTTS are working together to develop a better understanding of the mental health needs of refugee and CALD communities in South Western Sydney.

Lesbian, gay, bisexual, transgender, intersex and queer community

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities and individuals report higher levels of depression and other common mental health conditions than the general population. Multi-layered discrimination on the basis of gender identity and/or sexual orientation as well as mental illness can seriously impair access to wider support services and discourage people from seeking help.[25] This discrimination can extend to marginalisation of non-traditional families, which in turn can make it more difficult for carers and families to support their loved ones and maintain their own wellbeing. Mental health services working specifically with the LGBTIQ community are limited locally. However, the SWSLHD Youth Health Service facilitates support groups for young LGBTIQ people in Campbelltown and Bankstown, and the District's Health Promotion team has been working in partnership with local councils and community organisations developing networks to create supportive environments, and has provided training to build capacity in the community workforce to address identified issues in relation to service provision to the LGBTIQ community.

headspace/ One Door LGBTIQA+ individual and group work project specifically targets the LGBTIQA+ community and provides individual and group sessions one day per week in their Campbelltown office.

Gender differences in mental health

Gender can uniquely affect the way people experience mental health and mental illness.

Women experience disproportionate rates of domestic violence and sexual abuse and this has significant impacts on mental health and wellbeing. Women who experience intimate partner violence are more likely to suffer anxiety and depression. Women also have increased risks to their mental health during pregnancy and following childbirth. Data from the *2010 Australian National Infant Feeding Survey* showed that one in five mothers of children aged 24 months or less had been diagnosed with depression. More than half of these mothers reported that their diagnosed depression was perinatal.[26]

Men are less likely to seek treatment or other support for mental health issues. Men are three times more like to die by suicide than women.[7]

People living in regional communities

Approximately nine percent of residents in South Western Sydney live in the metropolitan fringes of Wingecarribee and Wollondilly. Many people living and working in smaller towns and rural properties experience geographic isolation and loneliness, financial hardship, a lack of employment opportunities and natural disasters and they may need extra support.

Frequently, mental health care in rural and remote communities is provided through community health centres, hospitals in major regional centres, and a small number of GPs. Many communities have no residential mental health services and must rely on visiting services or travelling to communities where services are available. The role of non-health services and community agencies is vital for preventing relapse in rural and remote communities.[27]

People living in the Wollondilly and Wingecarribee LGAs are known to experience a range of barriers to accessing GPs and specialist services. There is a comparative lack of services and supports in Wollondilly and Wingecarribee LGAs reducing the likelihood that individuals will access timely and appropriate care.

Implementation of new initiatives using technology, such as the Commonwealth telepsychiatry[28] initiative, that overcome issues of distance and isolation are essential to providing continuing mental health care within rural and remote communities.

People from low socioeconomic backgrounds

The people of South Western Sydney are socio-economically diverse with pockets of significant disadvantage. Research shows that people living in the lowest socio-economic areas of South Western Sydney are 1.4 times more likely to have mental health issues than those living in the highest socio-economic areas.[29]

Risk factors for many common mental disorders are heavily associated with social inequalities related to social connectivity, access to housing, employment, education and finance. It is of major importance that action is taken to improve the conditions of everyday life, beginning before birth and progressing into early childhood, older childhood and adolescence, during family building and working ages, and through to older age.[30] People experiencing socioeconomic disadvantage are further impacted by difficulties in meeting the costs associated with disease management, including access to private allied health providers and medical services.[31] Employment, education and training are recognised as significant factors in achieving recovery through improving self-esteem, reducing social isolation and achieving greater levels of financial security.[32]

People who experience social isolation and loneliness

Loneliness and lack of positive social connections are emerging issues of concern internationally, and their impact on mental and physical wellbeing can be profound.[33] Social isolation and loneliness can be an issue for individuals of any age, however for older people it is often exacerbated by social circumstances such as living alone (e.g. approximately one in four older people in Wingecarribee LGA live alone)[34] and many older people may be carers of their partners or family members. Physical health problems may also limit independence, wellbeing and social engagement. Long periods of social isolation and/or loneliness can have a negative impact on physical and mental health and wellbeing.

Social isolation and loneliness may also impact on the way people access support and services, their health literacy, health skills and their life choices, and may increase their risk of early death.[35] VicHealth studies have identified that one young person in eight also reports feeling lonely, and one in four was unable to find social support when it was needed. This is particularly true for younger people living in rural and remote communities, LGBTIQ younger people, Aboriginal and Torres Strait Islander peoples, and refugee and newly arrived communities. Reducing social isolation and loneliness requires partnership between government and non-government agencies who will work with communities to foster stronger social relationships and community connections.

> **CLIENT OF PSYCHOSOCIAL SUPPORT SERVICES:**
>
> *I've got a phobia of people, and going out. Just think, you're in your house, you've got four walls, that's all you see all day, from the time you get up in the morning until the time you go to bed, I'm a prisoner in my own house.*

Doing it differently – tackling Loneliness and Social Isolation is a small grants program funded by the SWSLHD Health Promotion Service and Bankstown Council to tackle social isolation. It includes a leadership program for female volunteers, a social housing meeting hub, a dance program for refugees and a social and information program for newly arrived parents through the school P&C association.

Older people

The population of South Western Sydney is ageing rapidly, with an increase of 80% in the number of people over 65 years of age by 2031. Differentiating mental health issues from 'normal' ageing has been one of the more important achievements of recent decades in the field of geriatric health. Depression, Alzheimer's disease, harmful alcohol use, anxiety, late-life schizophrenia, and other conditions can often go unrecognised, untreated or misdiagnosed, with severely impairing and sometimes fatal outcomes. Better diagnosis of both mental and physical health conditions and greater awareness of mental illness symptoms among older people are priorities.[36] It is important to foster partnerships with a variety of services and agencies including health promotion, general practice, geriatric medicine and residential aged care facilities to improve the health and wellbeing of our older people and reduce the need for hospital care.

People with drugs and alcohol issues

The misuse of drugs and alcohol may contribute to the onset of, and/or exacerbate the symptoms of mental health issues. Correspondingly, the existence of a mental health issues may also exacerbate drug and alcohol misuse. People with substance use disorders and those with severe mental illness have very high rates of comorbidity, or dual diagnosis. In 2015–16, drug and alcohol related hospitalisations represented 22% of all mental health hospitalisations and 11.6% of all mental health bed days in SWS.[37] Access to services can be challenging for this group due to demarcation of services into "mental health" and "addiction" services.[38] In order to improve responsiveness to the needs of people with a co-morbid mental health/substance misuse problem in South Western Sydney, co-morbidity positions have been established within the Drug Health Service, and the Mental Health Service funds rehabilitation programs provided by GROW Community.

> **CLIENT OF ALCOHOL AND OTHER DRUGS MENTAL HEALTH COUNSELLING SERVICE:**
>
> *Without the service in place, I wouldn't be where I am right now, a week sober, I honestly didn't believe I would be a week clean.*

People who are homeless or in insecure housing

The incidence of mental illness amongst the homeless population is significantly higher than amongst general population. In 2016/17, one third of people seeking assistance from specialist homelessness services (SHS) reported having a current mental health condition. The links between mental health issues, unstable housing and homelessness are significant, with estimates of between 50% and 80% of homeless youth having some experience of mental illness.[39] The number of people seeking specialist accommodation support

with mental health issues has increased by an average of 14.8% per year since 2012.[14] In South Western Sydney, there is a District Interagency Coordination Committee comprising of the Mental Health Service, housing and supported accommodation providers, which is responsible for providing a coordinated response for people with a mental illness requiring housing and accommodation support.

People with disability

About 61,000 people or 6.5% of South Western Sydney population reported they had a profound or severe disability which required them to have assistance in one or more of the three core activity of self-care, mobility and communication. Disability including cognitive or physical issues, may be either congenital or acquired, and may be the result of a long term health issue or ageing. People with a long-term disability are among the most disadvantaged and invisible groups in our community, with comparatively poor health status and a health system that often fails to meet their needs. This includes people with an intellectual disability, as well as people with other long-term physical and mental conditions, whether present at birth or acquired later in life.[40]

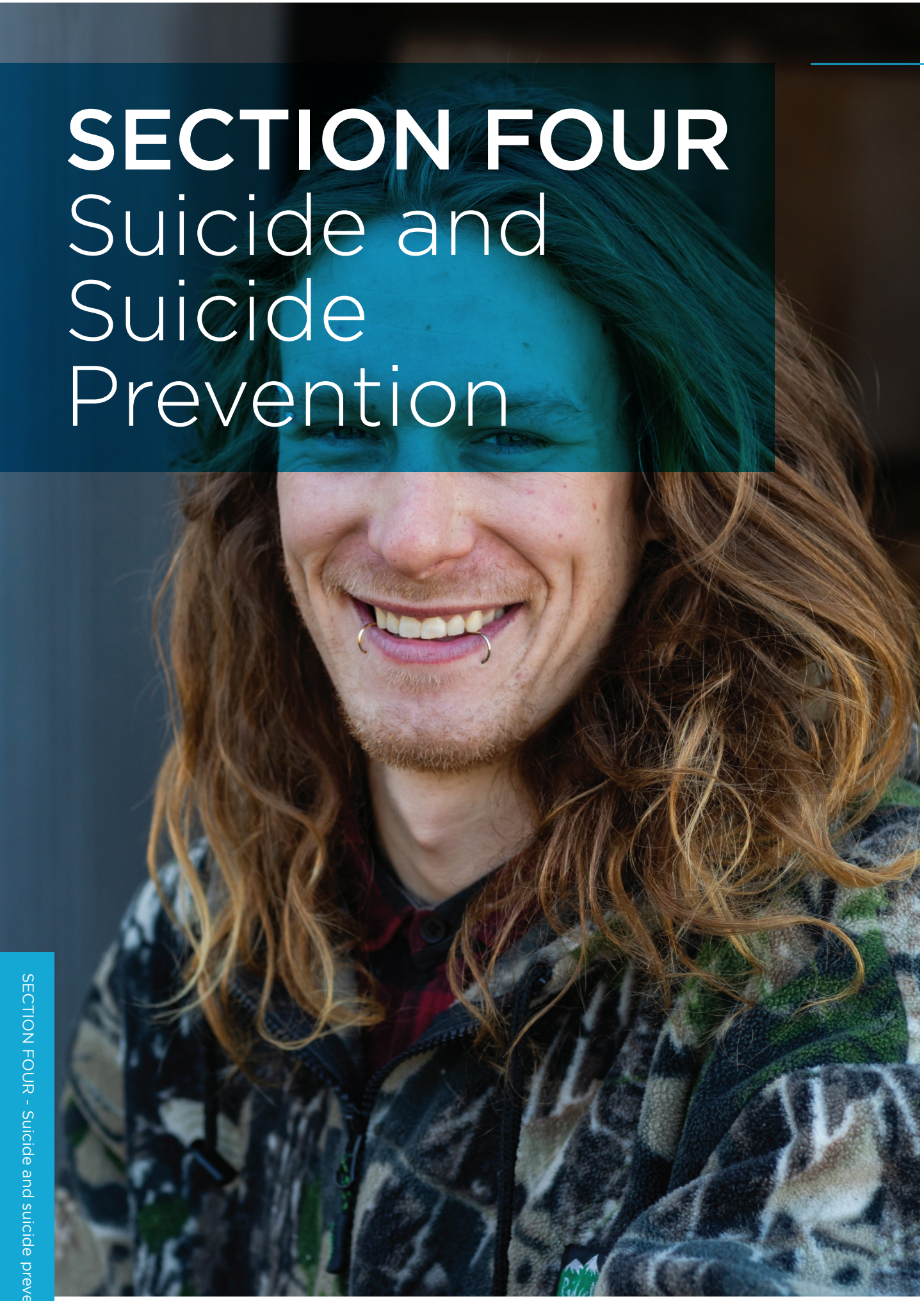
People who are carers

About 85,000 people in South Western Sydney provide unpaid care or assistance to people with a disability, long-term health condition or old age. These include carers of people with dementia and mental health conditions.

Carers and families play a significant role in the support and recovery of people with mental health conditions. Carers are integral partners in health care delivery in the planning and organising appointments and access, assisting with activities of daily living, and treatment and compliance. The experience of mental illness not only affects the individual but also those who care about them. Research shows that mental health carers have specific needs and challenges.[41]

Carers often experience health and wellbeing and financial difficulties. Formal services and supports available to carers of people with mental health conditions include respite services complemented by resources such as education and counselling. Given the large number of family members and friends providing care to people with mental health conditions, it is clear that the value of these services is significant and critical for both consumers and services. Mental health services focus on enhancing the skills of mental health service staff to work with families and carers as partners in care.

SECTION FOUR
Suicide and Suicide Prevention



The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) describes the personal impact of suicide in Australia as profound, with a significant impact on families, communities and society as a whole. This profound impact is demonstrated by an increase of over 20% in the number of deaths by suicide in Australia over the last decade.

Suicide is a significant public health issue in Australia, and includes suicide ideation, attempts, and suicide deaths. It is well recognised that the number of suicides and attempted suicides is likely to be underreported for a number of reasons including the practical problems of determining a person's intentions, reporting problems and the stigma around suicide and self-harm.

Suicide and suicide attempts are also experienced at higher levels in some communities than others:

- Suicide rates in South Western Sydney region between 2007 and 2016 were similar to the NSW rate, however suicide rates for males in the Southern Highlands (18.6 deaths per 100,000 population), Wollondilly (15 deaths per 100,000 population) and Campbelltown (14.8 deaths per 100,000 population) have been significantly higher than for the rest of SWS.[42]
- For Aboriginal and Torres Strait Islander peoples in Australia - suicide was the 5th leading cause of death, compared to the 12th leading cause of death for non-Aboriginal people.
- Men are three times more likely to die by suicide than women. Men aged 85 years and over also had the highest rate of suicide in Australia.
- LGBTIQ people have one of the highest estimated rates of suicide of any population in Australia, with LGBTIQ young people being five times more likely to attempt suicide.
- Suicide is the leading cause of death for people aged 15-44.
- NSW rural and remote communities have the suicide rate almost twice the rate in the cities.[7]

Additionally, refugees and asylum seekers are particularly vulnerable to self-harm and suicidal behaviours. The prevalence of self-harm among detained asylum seekers was reported to be higher than in the general Australian population and among asylum seekers in community-based settings.[24]

SWSPHN, through its deed of funding with the Commonwealth Department of Health, is responsible for contributing to a region-wide, evidence based, and systems approach to suicide prevention. This includes a focus on improved access to services for people following a suicide attempt.

Currently, SWSPHN commissions a range of services for people who have survived a suicide attempt or are bereaved from the loss of a loved one to suicide. These services include:

Lifeline Crisis Support Suicide Aftercare Program	Provides short term telephone crisis support for adults who have survived a suicide attempt, providing much needed support in the crucial time following the attempt.
Eclipse Support Group for suicide survivors	A support group for adults who have survived a suicide attempt, regardless of whether the attempt was recent or in the past. The group is a safe space where people can talk openly about their suicidal ideation and attempts with others with similar lived experience.
Suicide Bereavement Support Groups for those who have been bereaved by suicide	Provides a safe place to share thoughts, ideas and feelings with others who understand the enormity of the loss.
Suicide Prevention Network	Brings together health, education, emergency services, community members and community organisations to help save lives by identifying and establishing collaborative community responses and prevention strategies to increase suicide education and reduce stigma.
Corporate and Community Training	Offers a wide range of training courses to corporate businesses and community groups, facilitated by accredited trainers who work with participants to promote an inclusive culture or workplace that de-stigmatises suicide and mental health issues and encourages help-seeking.

SWSPHN also funds psychological interventions for people at risk of suicide – the Suicide Prevention Service. This approach provides priority access to services for people who have attempted suicide or have ideation of low to medium risk, over a two-month period, which is often a critical window for support for people that are at risk of suicide.

> **SUICIDE PREVENTION SERVICES CLIENT:**
>
> *People think they are so down, or they feel they're not loved, but they don't understand that taking their own life takes away every chance we've got to show them how much we do love them.*

Developing an integrated approach to preventing suicide

The Premier's priority is to reduce the rate of suicide deaths in NSW by 20% by 2023, from 10.9 per 100,000 population in 2017 to 8.7 per 100,000 population in 2023 as part of a journey towards zero suicides. There is strong evidence that collaboration between local medical and healthcare services; community services and those with lived experience to implement multiple strategies, locally and simultaneously, are likely to be effective in suicide prevention.

Figure 8: Nine evidence-based strategies have been included in the Australian systems approach model.

Source: An evidence –based systems approach to suicide prevention: guidance on planning, commissioning and monitoring. Black Dog Institute.[43]

According to the Black Dog Institute's Centre of Research Excellence in Suicide Prevention, strategies predicted to have the most impact on suicide deaths are:

- Strategy three – GP capacity building and support (6.3%)
- Strategy two – Psychosocial treatment (5.8%)
- Strategy five – Gatekeeper training (4.9%)
- Strategy nine – Means restriction (4.1%)

GP CAPACITY BUILDING AND SUPPORT

Excellent GP care together with other strategies has the most impact on decreasing suicide deaths and suicide attempts.[44] The decrease in total suicide rates related to excellent GP care is between 22% and 73%, suggesting that GP education and capacity building is one of the most promising interventions to reduce suicide rates.

People with suicidal behaviour frequently visit their GP in the weeks or days before suicide, which makes GPs the best positioned to identify suicidality, even in those not reporting distress.

UPSKILLING OF GPs SHOULD INCLUDE:

- Screening for suicidality, immediate risk management, and the identification of mental disorders such as depression
- Awareness and knowledge of evidence-based eHealth programs
- Training or experience in delivery of a culturally competent services for high-risk groups (referral pathways)
- Collaboration and networking with specialist mental health services including psychiatrists, psychologists and outpatient services
- The voice of lived experience.

PSYCHOSOCIAL TREATMENT

Mental illness, diagnosed or undiagnosed, is associated with the majority of suicide attempts. Providing accessible and appropriate mental health care is therefore essential to any suicide prevention plan. The two main therapeutic options include psychosocial and pharmacotherapy treatments,

GATEKEEPER TRAINING

Gatekeepers are those people who are likely to come into contact with at-risk individuals, and who might be influential in a suicidal person's decision to access care. This includes frontline staff members such as police and emergency department staff, clergy, pharmacists, teachers, counsellors, family and friends, school and work peers, and crisis line staff.

Many gatekeeper programs focus on increasing mental health literacy through developing knowledge, changing attitudes, building confidence in dealing with suicidal individuals, and teaching skills to assess risk level, manage the situation, and refer when appropriate.

MEANS RESTRICTION

Declines in general suicide rates have been reported after restricting access to firearms, toxic domestic gas, pesticides, barbiturates, erecting safety barriers, and introducing 'safe rooms' (which eliminate suspension points for hanging) in prisons and hospitals.

The actions within this Regional Plan align with the Strategic Framework for Suicide Prevention in NSW 2018-2023.[7]

Lifeline Macarthur Means Restriction

- Police identified three bridges on the M5 motorway where 11 suicides and 26 self-harm incidents happened between 2008 and 2016. In partnership with Wollondilly Council, the Macarthur Suicide Prevention Network and the Roads and Maritime Service, signs promoting help seeking with Lifelines Crisis Support number 13 11 14 were placed at either end of the bridge.
- The Suicide Prevention Network and Lifeline Macarthur have developed and distributed 29,000 help seeking cards across South Western Sydney which enabled people who were having suicidal ideation not having to verbalise their thoughts but instead hand the card to a trusted community member or loved one so they knew how best to support them.
- 12, 000 cards with translated help seeking messages were distributed among Chinese, Vietnamese and Arabic speaking communities in South Western Sydney.

SECTION FIVE Actions

Priority area one - Integrating regional service delivery

For consumers and carers, a lack of integration and agreement on care pathways and service entry thresholds creates frustration and leads to poor treatment continuity, difficulty in maintaining treatment and poorer treatment outcomes. It also leads to a loss of faith in the treatment system.

Integrated regional service delivery is focussed on building relationships between organisations that are seeking similar outcomes and experiences for consumers and carers. Critical to success will be the involvement of consumers and carers and the building of relationships with community-managed organisations, Aboriginal and Torres Strait Islander health services, GPs and private sector providers.

Integrated regional service delivery can happen at the individual consumer/carer level, service planning and delivery level, and funding level.

OBJECTIVE: There is greater connection and integration within and between health and other services and sectors including disability, housing, education and employment which will examine innovative service models to create the right incentives to focus on prevention, early intervention and recovery.	
ACTIONS	
Service Awareness	
1.1	Explore how existing central and integrated telephone support lines could support individuals in navigating mental health and support services.
1.2	Promote broadly the use of *Recovery Point* as a central source of information about mental health services among service providers and consumers.
1.3	Investigate opportunities to place service navigator roles at the point of help seeking and intake, focussed on personalised support to identify and access an appropriate service.
1.4	SWSPHN and SWSLHD will support opportunities for promoting e-health and telehealth to improve service integration: » promote to consumers the availability of digital online self-help programs that offer options for early intervention and is complementary to other primary care level mental health supports » enhance use of telehealth among service providers for the care coordination and professional development.
Partnerships	
1.5	Maintain a joint Mental Health and Alcohol and Other Drugs Roundtable to facilitate more integrated health service delivery.
1.6	Explore the adoption of Patient Centred Medical Home as a model of care which supports mental illness in addition to other chronic conditions.
1.7	Investigate and learn from virtual interagency networks and communities of practice to enhance cross-sectoral partnerships.
1.8	Explore opportunities for innovative funding models, such as joint commissioning of services and packages of care and support.
Multi-Agency Planning and Pathways	
1.9	SWSPHN and SWSLHD will develop region-wide multi-agency agreements, shared care pathways, and information-sharing protocols to improve integration and assist consumers and carers to navigate the system *(Action 9, Fifth National Mental Health and Suicide Prevention Plan)*. Initial areas of focus are: » people with severe mental illness who are not eligible or not accessing the NDIS » physical health of people with severe mental illness » older person's mental health » a carer and family support pathway » transition of care between service providers in the community and hospital settings » explore opportunities to make HealthPathways available to an audience broader than GPs including pharmacists and allied service providers.

Priority area two - Strengthening suicide prevention and aftercare

Suicide is a major health and social challenge and despite ongoing work to improve suicide prevention efforts in Australia, there has been no significant reduction in the suicide rate over the last decade. Between 2001 and 2016, 1,087 people died by suicide in South Western Sydney. The suicide rates in SWS over the years were similar to the rates in NSW. The rates were higher for males in the Southern Highlands, Wollondilly and Campbelltown.[42] SWSPHN and SWSLHD are working together to develop stronger referral pathways and build community knowledge of the range of available services and how to access them. *The Strategic Framework for Suicide Prevention in NSW 2018-23* is proposing a number of initiatives to be developed and delivered across local health districts with the involvement of people with lived experience of suicide and all key stakeholders. Together these initiatives will support communities around NSW to start the journey towards zero suicides.

OBJECTIVE: That South Western Sydney has a well defined, well resourced and evidence-based regional suicide prevention approach with timely access to support for people at risk of suicide including after a suicide attempt; and support for carers, families, and communities affected by suicide attempts and deaths.	
ACTIONS	
Prevention	
2.1	Undertake actions to support towards zero suicide initiatives: » provide timely population level data on suicide deaths and attempts » develop alternatives to presenting to the emergency departments during times of crisis » ensure that people get to the right service quickly through supported and compassionate referrals » build capacity of gatekeepers in the community such as teachers, youth workers, clergy, pharmacists, aged care workers, leaders of community groups and others; so they can support people in distress and help them link up to the services they need.
Aftercare	
2.2	Identify and address gaps and issues in the suicide aftercare pathway, including: » multi-agency protocols for management of care and support following a suicide attempt » awareness and uptake of existing suicide aftercare services » availability of practical psychosocial supports for people discharged following a suicide attempt.
Alternatives to Hospital	
2.3	Explore opportunities that provide an alternative to hospitalisation for individuals in suicidal crisis that includes: » holistic care in a home-like settings » a focus on addressing environmental stressors » a multi-disciplinary team approach including peer workers » assistance with providing continuity of care and establishing longer-term support resources » step up and/or down into other supports as required with clearly articulated pathways and protocols.
Drop-in Supports	
2.4	Promote increased access to comprehensive services for those vulnerable and experiencing a crisis and remove barriers to access.
2.5	Consider opportunities to provide suicide prevention training across the region for community members to de-escalate crisis situations and provide assistance for improved coping using trauma informed service models - this may include upskilling personnel within existing safe community spaces.

Supporting Children, Young People and Families in Schools and Education Settings	
2.6	Identify opportunities to address suicide prevention and aftercare in schools and education settings through: » preventative approaches to build resilience and emotional wellbeing in young people » early identification and early intervention to the identified mental health issues » supporting children, young people and their families in returning to education and employment after a suicide attempt.
Supporting Carers, Families and Loved Ones	
2.7	Promote and circulate resources designed for families, carers and loved ones of an individual who has attempted suicide.
Training and Education	
2.8	Facilitate a training program for identified gatekeepers such as GPs in managing people at risk of suicide and/or self-harm.

Priority area three - Coordinating treatment and supports for people with severe and complex mental illness

The estimated prevalence rate for severe mental illness in SWS is 3%, with approximately 31,000 persons affected in 2018. Overnight hospitalisation rates for schizophrenia and delusional disorders were higher for Campbelltown and Liverpool residents compared to the national rates.

Physical health conditions such as cardiovascular disease, respiratory conditions, and endocrine conditions such as diabetes and thyroid dysfunction contribute to an increase in morbidity and mortality in people living with mental illness, particularly with a severe mental illness. We also know that people living with a severe mental illness are more likely to die early and their life expectancy can be shortened by up to 23 years.

A major priority for the Australian and NSW Government, is achieving better and more coordinated treatment and supports for people with severe and complex mental illness. Consumers and carers often tell us they find it difficult to navigate a system that is (at times) complex, uncoordinated and not always suited to their needs. For some, the NDIS is making a positive difference. For others, the NDIS can be hard to access and confusing.

Until recently this cohort has also lacked access to tailored and appropriate clinical support including options for psychological therapy and consultant psychiatry.

OBJECTIVE: People with severe and complex mental illness will have access to the health and community services required to live a well and contributing life. Services are focussed on delivering person-centred and collaborative care.	
ACTIONS	
Care Coordination	
3.1	In partnership with general practitioners, ensure the development of care plans and HealthPathways for people with severe mental illness include strategies to support the early detection and treatment of co-existing physical and mental health conditions: » support consumer and carer access to community education and information to improve health literacy » promote existing evidence-based programs and initiatives that focus on good health and wellbeing including exercise, weight loss and smoking cessation programs.
3.2	Establish a mechanism for assisting care coordination for people not eligible for the NDIS or who are experiencing difficulty accessing the NDIS.
3.3	Monitor local NDIS uptake against predicted eligibility and prevalence for psychosocial disability, and work closely with the NDIA and other stakeholders to address issues relating to local uptake/access.

Access to Specialist Services	
3.4	Evaluate and explore other options and opportunities to increase affordable access to specialist level services such as psychiatry, tailored physical health and chronic disease support.
3.5	Build in options for secondary (specialist and non-specialist) consultation across mental health comorbidities including alcohol and other drugs addiction, intellectual disability, and possible side effects caused by prolong use of antipsychotic medication.
Transition of Care	
3.6	Seek options to further develop services that provide practical and psychosocial support through the discharge planning process and transition of care.
3.7	Build on approaches to ensure that GPs and mental health professionals are notified of a hospital admission and engaged in transition of care.
Co-occurring issues - particularly those with combinations of mental illness and physical health needs, drug and alcohol dependency, disability and complex living circumstances	
3.8	Develop service models that are holistic and flexible in their focus in order to: » promote collaboration and co-location of service providers both clinical and non-clinical » explore solutions to the environmental causes or contributors to co-occurring issues » include diverse representation from people with a lived experience (including from people with co-occurring issues) in service delivery and evaluation » identify opportunities for the role of Peer Workers in supporting improved physical health outcomes - recognising the strong connection between peer support, social interaction and physical activity.

Priority area four - Improving mental health and suicide prevention for Aboriginal and Torres Strait Islander Peoples

Aboriginal peoples make up 2.1% of South Western Sydney's population with about 20,000 people identifying as Aboriginal.[34] Aboriginal and Torres Strait Islander adults are almost three times more likely to experience high or very high levels of psychological distress than other Australians, they are two-and-a-half times more likely to be hospitalised for mental and behavioural disorders than non-Aboriginal people and have twice the rate of suicide compared to other Australians. In South Western Sydney, the rate of unplanned/unexpected hospital mental health readmission for Aboriginal peoples is (7.8%) compared to (6.3%) for non-Aboriginal people. The impact of trauma and social and economic disadvantage continues to challenge the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities.

The Fifth Plan's expectations for implementing integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples at the regional level are articulated in Action 10 of the plan, and include:

- Engaging Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery.
- Collaborating with service providers regionally to improve referral pathways between GPs, Aboriginal Community Controlled Health Services (ACCHCs), social and emotional wellbeing services, alcohol and other drug services and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points; connect culturally informed suicide prevention and postvention services locally and identify programs and services that support survivors of the Stolen Generation.
- Developing mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration.
- Clarifying roles and responsibilities across the health and community support service sectors.

Ensuring that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures.

OBJECTIVE: Aboriginal and Torres Strait Islander peoples have better access to and improved experiences with culturally safe and responsive mental health and wellbeing services which address social and emotional wellbeing and suicide amongst Aboriginal and Torres Strait Islander peoples.	
ACTIONS	
4.1	Work in partnership with communities to support community-led initiatives addressing emotional wellbeing, suicide and suicide prevention and facilitated by culturally safe Aboriginal leaders with a focus on: » family connections and wellbeing » suicide prevention » emotional wellbeing of young people » non-violent responses to and de-escalation of crisis situations in community.
4.2	Explore opportunities to » increase the availability of Aboriginal mental health workers across the region » extend availability of existing social and emotional wellbeing services in the community into the after-hours period, acknowledging that demand for crisis support often increases in this period.
4.3	Invest in interactive and practical cultural training and facilitate opportunities for workers to access ongoing, active, and experiential cultural competency learning through on-site orientation and/or co-location at ACCHSs. Cultural training will include a focus on: » Aboriginal perspective on the social and emotional wellbeing » effective engagement with Aboriginal and Torres Strait Islander communities » culturally responsive service provision » communication and language » engagement with families and elders.
4.4	Develop a transition of care protocol for Aboriginal and Torres Strait Islander peoples who present to or are admitted to hospital. The protocol will: » be developed with communities using co-design strategies » acknowledge the importance of a coordination point for discharge planning and post-discharge care and support » consider and include the needs of the extended family unit.
4.5	Improve the skills within community and across organisations to support people healing following grief and loss and impacts of transgenerational trauma, with a focus on: » workforce and community training in grief and loss » access to supervision and debriefing for ACCHSs and other key organisations.

Priority area five - Improving the mental health of diverse communities

This priority area is focussed on the mental health, wellbeing and service needs of population groups who are at higher risk of poor mental health, or who experience disadvantage when accessing the service system. These population groups include:

- Children and young people (including children and young people in out of home care)
- Older people
- People from culturally and linguistically diverse backgrounds
- People from refugee like backgrounds
- People suffering with an eating disorder
- People with disabilities
- Carers
- People who are lesbian, gay, bisexual, transgender, intersex and queer
- People living in semi-rural and rural communities.

This Regional Plan recognises that for many people their diverse experiences combine, overlap, or intersect. Increasingly people identify with more than one diverse group or community. Importantly, this Regional Plan acknowledges that discrimination, racism and stigma have the potential to impact significantly on the mental health and wellbeing of individuals and can also limit access to quality mental healthcare.

OBJECTIVE: The system works to help sustain and improve the mental health, wellbeing and quality of life of all community members, and is especially considering additional needs of diverse communities.	
ACTIONS	
5.1	Work closely with service providers and diverse communities to inform decisions about service models, referral pathways and availability of services through: » investigating the specific mental health and service needs of people from diverse community groups and include them in the annual needs assessment » co-designing of new services and initiatives which are culturally relevant and responsive.
5.2	Explore opportunities to invest in the workforce and community training to improve engagement with people from diverse communities and responsiveness of service providers.
5.3	Continue to improve strategies to better test an organisation's proficiency for working with diverse populations during the commissioning process.
5.4	Increase availability of culturally informed and accessible service information.
5.5	Consider opportunities to work in partnership with the Department of Education and school representatives when undertaking needs assessments, designing or reviewing services and referral pathways, and other mental health and wellbeing initiatives for children and young people: » supporting early intervention and mental health promotion activities that are protective for kids identified as at high risk.
5.6	Collaborate through a shared committee (chaired by LHD) and agree to progress a range of primary and tertiary care activities targeting eating disorders.
5.7	Examine options to work in partnership with GPs, specialist mental health and aged care services, Residential Aged Care Facilities (RACFs) and interagency networks focussed on the improving mental health and wellbeing of older people: » with a focus on early intervention » promote a recovery focus » integration across care settings.
5.8	Evaluate and further explore partnerships and improve communication with the multicultural and refugee specific services: TMHC, STARTTS and NSW Refugee Health Service to ensure offering culturally appropriate services.
5.9	Facilitate access to cultural competency training for mental health staff and general practice including access to interpreters.

Priority area six - Supporting and developing mental health workforce

Workforce planning is a vitally important part of regional planning and a critical component of service development. Workforce planning for mental health is closely connected to broader health workforce strategies and plans. It is necessary to ensure that service needs can be met across the stepped care spectrum. Use of the National Mental Health Services Planning Framework planning tools will support calculation of robust estimates of the nature and size of the workforce needed to deliver services to the region. Evidence from the regional plan development process can also be used to support shared efforts between primary care settings and LHD to grow particular elements of the workforce through recruitment, training and sometimes reallocation of resources. This Priority Area is focussed on building workforce (across agencies and sectors) that are skilled, experienced and supported through training, supervision, improved job satisfaction and positive culture.

OBJECTIVE: The mental health workforce has the knowledge, experience and tools to effectively support community and individual wellbeing, detect mental illness and distress and intervene early, and to treat and provide ongoing care for people experiencing mental ill health and/or distress.	
ACTIONS	
Support for Mental Health Workforce	
6.1	Refer to the National Mental Health Services Planning Framework to determine the optimal workforce required to meet the treatment needs of the population - with a focus on forecasting workforce that will be required for the rapidly growing population.
6.2	Develop multi-agency and cross-sector initiatives to improve professional development, wellbeing and self-care practices for service providers.
Support for Peer Workforce	
6.3	Support the development and local implementation of the National Peer Workforce Development Guidelines, with a regional focus on: » developing a regional peer workforce strategy, to grow the number of peer workers and invest in their training and skills development » exploring activities that will improve cross-disciplinary understanding and appreciation of the Peer Workforce.
Support for General Practice	
6.4	Work closely with local GPs to determine strategies to support the delivery of high-quality mental healthcare and improve connection with and communication between GPs and other professionals and agencies.
6.5	Explore GP liaison opportunities between community based mental health organisations and general practice.
6.6	Further consult with GPs on the following: » GP input into the design of all future service models and services specifications » options to provide GPs with access to medical records through interoperable solutions to share patient data between LHD and GPs » ongoing commitment to the GP training and support focussed on medication, medication side effects, managing side effects; and supporting optimal physical health for people with mental illness » promoting GP Mental Health training pathways including Training in Suicide Prevention and Mental Health Level 1 and 2.

Priority area seven - Empowering and supporting individuals and communities

There is abundant evidence that mental health status is strongly correlated with levels of participation in social and community life. The role of the community in supporting people who are experiencing mental illness and/or distress can not be underestimated. Public education and tackling stigma and/or discrimination is a perquisite to improve public understanding of mental health.

The community is where recovery happens. Being accepted and supported through the meaningful employment, education, income support and secure housing, provides the opportunity for mental health care and recovery and for leading meaningful and contributing life. This priority area is focussed on strengthening community responses and supports.

OBJECTIVE: The community is equipped with the knowledge and resources needed to promote and protect individual and community wellbeing.	
ACTIONS	
Stigma and Discrimination	
7.1	Explore opportunities to address stigma and discrimination towards people with mental illness: » amongst the community » amongst diverse population groups including CALD, LGBTIQ, young people and older people » people with severe and persistent mental illness » amongst Aboriginal and Torres Strait Islander communities.
7.2	Promote state initiatives locally to break down stigmatisation in the broader health and community based workforce towards people with mental illness and raise awareness and positive attitudes.
Mental Health Literacy	
7.3	Increase mental health literacy of community and individuals through initiatives designed in partnership with the community using the principles of co-design. Priority mental health literacy initiatives include: » tailored community education and training for consumers and carers » use of multifaceted strategies in providing information including digital solutions to improve connectivity across the integrated mental health system » leverage existing community-based approaches such as Recovery College.
Social Determinants	
7.4	Work in partnership with government, non-government and community organisations to support innovative projects addressing social determinants of mental health.
Trauma Informed Care	
7.5	Incorporate trauma informed practices[45] throughout mental health service delivery: » promoting a culture that is recovery focussed and trauma informed » ensure there is specific acknowledgement of an impact of transgenerational trauma on Aboriginal communities.

GOVERNANCE, IMPLEMENTATION AND MONITORING

Governance

SWSLHD and SWSPHN will maintain responsibility for overall implementation, monitoring and reporting of this Regional Plan.

Implementation, monitoring and reporting will be overseen and supported by a Steering Committee. The Steering Committee will include representation from consumers, carers, and mental health leaders from the PHN, LHD and CMOs.

Implementation and Monitoring

To progress work outlined in the Regional Plan, we will develop an Implementation Framework. The Implementation Framework will include more details about how actions will be implemented, who is responsible for the implementation, and will identify the key deliverables and prioritise activities and timeframes.

Implementation of the Regional Plan will be monitored through a reporting framework which captures the ongoing progress against each action and established performance indicators. Reporting will be consistent with existing operational plan reporting.

The SWSPHN and SWSLHD will coordinate regular updates on implementation progress to stakeholders and communities through the South Western Sydney Integrated Care Collaborative, LHD and PHN joint committee which oversees integrated care initiatives across South Western Sydney.

This Regional Plan is a five-year plan. Should significant policy and/or service delivery changes occur in this time period, the Steering Committee will update and refresh the Regional Plan as required to ensure continuing relevance.

Appendices

Appendix 1: Summary of national and state-wide strategy and policy drivers that provide context for this Plan

Policy/ Strategy	Key Areas
The Fifth National Mental Health and Suicide Prevention Plan	» Vision is for a mental health system that enables recovery; prevents and detects mental illness early; and ensures all Australians with a mental illness can access treatment and support, allowing them to participate in the community. » The Plan establishes eight priorities: 1. Achieving integrated regional planning and service delivery. 2. Effective suicide prevention. 3. Coordinating treatment and supports for people with severe and complex mental illness. 4. Improving Indigenous mental health and suicide prevention. 5. Improving the physical health of people living with mental illness and reducing early mortality. 6. Reducing stigma and discrimination. 7. Making safety and quality central to mental health service delivery. 8. Ensuring that the enablers of effective system performance and system improvement are in place.
Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Services and Programs	» Points to "fragmentation, inefficiency, duplication and a lack of planning and coordination at a local level" in the mental health service system. » Proposes service integration and an approach that is about: thinking nationally, acting locally; delivering services within a stepped care approach; and shifting the balance to provide the right care when it is needed. Outlines nine interconnected areas of reform: 1. Locally planned and commissioned mental health services through PHNs. 2. A new digital mental health gateway. 3. Refocusing primary mental health services to support a stepped care model. 4. Joined up support for child mental health. 5. An integrated and equitable approach to youth mental health. 6. Integrating Indigenous mental health and social and emotional wellbeing services. 7. A renewed approach to suicide intervention. 8. Improving services and coordination of care for people with severe and complex mental illness. 9. National leadership in mental health reform.
Healthy Active Lives (HeAL) Declaration	The HeAL Declaration aims to ensure that young people who experience psychosis have the same life expectancy of other young people in their community. It outlines ambitious five-year targets including: » 90% of those experiencing a serious mental illness receive advice on topics such as healthy eating, tobacco and substance use, and the detrimental effects of sedentary behaviour » 75% gaining no more than 7% of their pre-illness weight, two years after initiating antipsychotic treatment, known to be a contributing factor to clinically significant weight gain.

Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia	The Consensus Statement applies to all settings where people with mental illness require care or are in contact with services such as specialist mental health settings, medical and surgical wards, maternity and paediatric units, emergency departments, primary health care, not for profit organisations, community, education and employment settings, and the community at large. It outlines six essential elements: 1. A holistic, person centred approach to physical and mental health and wellbeing 2. Effective promotion, prevention and early intervention 3. Equity of access to all services 4. Improving quality of health care 5. Care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life 6. Monitoring of progress towards improved physical health and wellbeing.

Appendix 2: Summary of Consultation Themes

Theme 1 - Service awareness

Throughout all consultations the issue of service awareness was consistently raised by participants. Participants expressed uncertainty about what services are available and their eligibility criteria.

Theme 2 - Stigma and discrimination

Participants acknowledged the investment in stigma reduction campaigns at a national level but indicated these campaigns may be failing to connect with some populations in the local area, who may not "see themselves" in the campaign. This is particularly important for:

- Culturally and linguistically diverse communities
- Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities
- Young people
- Older people
- People with severe and persistent mental illness.

Theme 3 - Social determinants

Across most consultations, participants spoke about the importance of addressing the social determinants that contribute to the onset or maintenance of mental health issues and distress - with an emphasis on employment and housing.

Theme 4 - Communication

Previous attempts (e.g. case conferencing protocols, collaborative care arrangements) to improve communication between providers has not been sustained, this is particularly problematic:

- at the time of referral
- during care planning
- during key transitions
- when transferring care.

During individual consultations, stakeholders reinforced the importance of sharing and accessing real time service information at the individual consumer level. The inter-referral project was one solution to this. Primary care services including GPs could access feedback on the progress of clients. Integrated medical records between LHD, CMOs and private providers would improve communication.

Theme 5 - Partnerships

Increasingly, professionals in South Western Sydney are feeling more disconnected from each other. This was attributed to upheaval in the mental health sector and other sectors due to reform (e.g. NDIS, My Aged Care, PHN activity).

Theme 6 - Trauma informed care

Participants placed an emphasis on trauma informed service models delivered by professionals trained in trauma informed care. Trauma informed care is viewed as a core skill and many participants believe that training in trauma informed practice should be mandatory. Participants noted that one-off workshops and seminars are likely to be of limited benefit, reinforcing the importance of a trauma informed workforce strategy for South Western Sydney.

Theme 7 - GP led care

Participants identified and acknowledged that GPs represent the most available, accessible and consistent care option for people experiencing mental illness and/or distress. Participants were of the view that GPs do (or have the potential to) provide valuable and appropriate interventions in the least restrictive environment.

A strong theme during the individual consultations was GP led care - with GPs seen as a critical link in connecting people with services and building their knowledge of and confidence in services was essential to achieving this.

Theme 8 - Hospital aftercare

Irrespective of the reason for hospitalisation (e.g. suicide attempt, severe mental illness, or other) participants identified that there was a significant lack of aftercare and supports for people following discharge from hospital. The gap in services and coordinated care was most profound for suicide attempt aftercare. For the most part, participants identified that Community Mental Health Teams are well placed to focus on symptom management and relapse planning - however there is a lack of support focussed on addressing environmental stressors and supporting return to previous/improved functioning.

Theme 9 - Place based multi-service hubs

Commonly, participants expressed an interest in seeing more “one-stop-shops” or place based integrated multi-service hubs for mental health - where a combination of primary care, clinical mental health care, psychosocial and peer supports were readily available with individual and group-based supports. Some participants likened the concept to headspace-like service models.

The concept of multi-service hubs was reinforced during the individual consultations. Stakeholders reinforced that current funding models are problematic as they didn’t always incentivise working across services or fund the time and resources required to work together in “hub” environments.

Theme 10 - Grief and loss

Participants at the consultations noted a lack of services designed for and staff capable of working with people who are experiencing grief and loss - particularly complex grief. All grief was recognised as requiring a high-quality response, but participants also noted that additional resources are required for:

- Older people whose partner has died or entered residential aged care
- People bereaved by suicide
- People who have experienced pregnancy and birth loss.

Theme 11 - Quality

Participants in the individual consultations reaffirmed the importance of implementing experience and outcome measurement across all mental health services in the region.

Theme 12 - Alternatives to hospital

Participants spoke frequently about a need for local services that offer an alternative to inpatient or emergency department services for a person in a suicidal crisis when there is no immediate threat to life or need for medical treatment. Invariably, the model was described as:

- Home-like residential settings
- A focus on addressing environmental stressors and along with addressing clinical needs
- Multi-disciplinary team with peers with lived experience of suicide as staff
- Assistance with providing continuity of care and establishing longer-term support resources
- Inclusion of evidence informed intervention (e.g. open dialogue)
- Step up and/or down into other supports as required with clearly articulated pathways and protocols.

Theme 13 - Drop in supports

Throughout the consultations, participants noted the importance of being able to "drop in" casually for support if experiencing distress - this may be an existing service that is equipped to provide comfort and support to individuals experiencing suicidal distress - with additional support to access other services.

Theme 14 - Supporting children, young people, families in schools

The discussions throughout most consultations focussed on the centrality of school life for children and young people (CYP) - acknowledging that CYP spend significant time at school, and that identity is shaped by their experiences at school. This is particularly relevant when considering the needs of CYP who have attempted suicide or have been bereaved by suicide. Participants noted the following key focal points:

- Supporting a student returning to school following a suicide attempt
- Supporting CYP and teachers bereaved by the suicide attempt or suicide of a peer
- Training and support needs of teachers and year advisors.

Theme 15 - Supporting families, carers and loved ones

There was strong representation from families, carers and loved ones who asked for improved involvement in and communication with the care team.

Theme 16 - Crisis responses

Participants emphasised the importance of having improved responses for people experiencing a mental health related crisis.

Theme 17 - Co-occurring issues and service delivery

Not surprisingly, participants made several recommendations about how services are planned, designed and procured seeking better holistic and integrated services.

Consultation participants reinforced that workforce training and development is still needed to improve skills in working with people who have co-occurring issues, whilst also addressing perceived issues relating to stigma and discrimination across the workforce.

Theme 18 - Engagement with teachers and schools

Across the consultations, participants commonly identified that schools are very difficult to connect and engage with, and often too busy to respond to engagement with the mental health sector and various initiatives. However, representatives from schools who attended the consultations cautioned that this is a dangerous assumption and asked that each school be approached on an individual basis and not let a lack of response from some schools result in a drop off in engagement with all schools.

Theme 19 - Prevention through practical skill development

Many participants noted the lack of practical skill development initiatives for young people, which may lead to difficulty coping with life in later adolescence and adulthood - getting a head start by teaching skills that help young people cope with stresses in later life.

Theme 20 - Post-discharge planning and support
Returning home and to school following discharge from hospital was noted as a potentially stressful and problematic for children and young people. Participants spoke about needing to identify and alter the environment that may have contributed to or exacerbated a child or young person's mental health issues, and may contribute to risk of relapse.
Theme 21 - Empowering communities
Education and training for professionals, schools, parents and carers was a frequent recommendation across consultations.
Theme 22 - Older people
During the consultations, many participants focussed on the importance of activities that improve connectedness, reduce isolation and minimise loneliness. Furthermore, participants highlighted the lack of an interagency structure or network to improve collaboration and integration between aged care, mental health and other key sectors.
Theme 23 - Peer workers
Participants across all consultations recognised and reinforced the value of peer workers but expressed concerns about workforce sustainability (due to burnout), lack of understanding about the role of peer workers, poorly defined scope of practice and issues with inconsistent pay rates/awards.
Theme 24 - Mental health recruitment and retention
Unfilled vacancies, loss of older/more experienced clinicians and issues accessing quality training and supervision were widely reported by participants.
Theme 25 - People with the experience of severe and complex mental health issues
Issues relating to accessing clinical care coordination were frequently raised across consultations, and these issues were reported as being more significant for people who are not eligible or who have not yet tested eligibility for the NDIS. Participants expressed concern about the lack of collaboration between services, for people who experience severe mental illness, have other complex needs and present with risk to themselves or others. Access to affordable or bulk-billed psychiatry was noted at all consultations as an issue, however these concerns were amplified during semi-rural consultations. There was evidence of a strong desire for increased multi-agency planning and service delivery.

Appendix 3: Key Terminology

Carer	Carers are people who provide unpaid care and support to family members and friends who have a mental illness.
Chronic disease	Chronic diseases are long lasting conditions with persistent effects.
Clinical governance	Clinical governance are responsibilities set by a service to ensure good clinical outcomes. Clinical governance helps to ensure that systems are in place to deliver safe and high-quality care, and continuously improve services.
Co-design	Engagement of consumers, carers and people with lived experience as partners in development and delivery of stepped care services is vital to get the best results and ensure that stepped care genuinely promotes person centred care. Ideally, consumer and carer co-design commences at the beginning of service design and must be appropriately resourced.
Commissioning	Commissioning is a term used to describe how services are purchased or funded. Commissioning includes needs assessment, priority setting, procurement through contracts, monitoring of service delivery, and review and evaluation.
Consumer	A person who is currently using, or has previously used, a mental health service. Consumer may also be used to describe a person who might need to use mental health service.
Integration	There are lots of different definitions of integration and integrated care - in its simplest form, integration is how services work together, communicate together and create an experience of care for the consumer that is seamless and connected.
Lived experience	A person is considered to have a lived experience if they: » have a direct personal experience of mental illness » are a family member, carer or support person, and have regularly provided unpaid care or support for a person living with a mental illness » have experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, or been bereaved by suicide.
Model of care	A model of care is a defined way of delivering a service - the model of care describes the tasks, activities and the way the service is delivered.
Multi-agency	Where a group of agencies work together and combine resources.
Multidisciplinary care	Multidisciplinary care occurs when professionals from a range of disciplines bring complimentary skills, knowledge and experience to provide the best possible care for an individual.
National Mental Health Services Planning Framework	The NMHSPF is used by governments and service providers to estimate need and expected demand for mental health care and the level and mix of mental health services required for a given population.
No wrong door	The National Mental Health Commission describes a “no wrong door” approach as *“every door in the service system should be the right door with a range of services being accessible to everyone from multiple points of entry. This commits all services to respond to the individual's needs through either providing direct services for both their mental health and drug and alcohol problems or linkage and case co-ordination, rather than sending a person from one agency to another.”*
Peer work	A mental health peer worker is someone employed on the basis of their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker).

Primary mental healthcare	Primary mental health care has general practice at its core. Primary mental health care services are based in the community, are broad-ranging and include health promotion, prevention and screening, early intervention and treatment.
Referral pathways	A referral pathway is a resource that helps consumers and referrers to understand their assessment and intervention options and provides information on how to refer to local services. People with a lived experience are able to create and live a meaningful and contributing life, with or without the presence of mental health problems or illness.
Recovery - oriented approach	Recovery principles focus on the uniqueness of the individual, real choices, attitudes and rights, dignity and respect, communication and partnership, and evaluating recovery.
Shared decision making	In partnership with their clinician, patients are encouraged to consider available screening, treatment, or management options and the likely benefits and harms of each, to communicate their preferences, and help select the course of action that best fits these.
Stepped care	A stepped care approach promotes person centred care which targets the needs of the individual. Rather than offering a one size fits all approach to care, individuals will be more likely to receive a service which more optimally matches their needs, does not under or over service them, and also makes the best use of workforce and technology. A stepped care approach also presumes early intervention – providing the right service at the right time, and having lower intensity steps available to support individuals before an illness develops or gets worse.
Trauma - informed care	Trauma-informed care is where services and interventions are organised and responsive to the impact of trauma. It emphasises the physical, psychological and emotional safety for people who require support, their families, carers and service providers. Trauma can arise from single or repeated event that threatens to overwhelm a person's ability to cope. When it is repeated and extreme, occurs over a long time, or is perpetrated in childhood by caregivers it is called complex trauma.

Appendix 4: Glossary

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACI	Agency for Clinical Innovation
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drugs
BEACH	Bettering the Evaluation and Care of Health
CALD	Culturally and Linguistically Diverse
CMH	Community Mental Health
CMO	Community Managed Organisation
COPMI	Children of Parents with Mental Illness
CPD	Continuing Professional Development
CYP	Children and Young People
ED	Emergency Department
GP	General Practitioner
ICT	Information and Communication Technology
LGA	Local Government Area
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
LHD	Local Health District
LHN	Local Hospital Network
MBS	Medicare Benefits Schedule
MHS	Mental Health Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NMHSPF	National Mental Health Services Planning Framework
NSW	New South Wales
PBS	Pharmaceutical Benefits Schedule
PCLI	The Pathways to Community Living Initiative
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measure
SHS	Specialist Homelessness Services
SWSLHD	South Western Sydney Local Health District
SWSPHN	South Western Sydney PHN
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
TMHC	Transcultural Mental Health Centre
YES	Your Experience of Service

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